Health and Wellbeing Board

Date **Wednesday 27 November 2019**

Time **9.30 am**

Venue **Committee Room 2, County Hall, Durham**

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. Apologies for Absence
2. Substitute Members
3. Declarations of Interest
4. Minutes of the meeting held on 17 September 2019 (Pages 5 - 14)
5. Child Death Overview Panel (CDOP) Annual Report: Report of Deputy Director of Public Health, Durham County Council (Pages 15 - 50)
6. Draft Joint Health and Wellbeing Strategy: Report of Head of Partnerships and Community Engagement, Durham County Council (Pages 51 - 96)
7. Developing County Durham's Approach to Wellbeing: Report of Corporate Director of Adult and Health Services, Durham County Council, and Director of Public Health, Durham County Council (Pages 97 - 124)
8. Health and Social Care Plan (standard item): Verbal update from Corporate Director Adult and Health Services, Durham County Council; Chief Officer, North Durham and Durham Dales, Easington & Sedgefield Clinical Commissioning Groups; and Director of Integrated Community Services, NHS County Durham and Durham County Council

9. Director of Public Health Annual Report 2019: Report of Director of Public Health, Durham County Council (Pages 125 - 160)
10. County Durham and Darlington Flu Prevention Board update: Report of Director of Public Health, Durham County Council (Pages 161 - 180)
11. Better Care Fund Plan: Report of Corporate Director, Adult and Health Services, Durham County Council, and Chief Officer, Durham Dales, Easington & Sedgefield Clinical Commissioning Group and North Durham Clinical Commissioning Group (Pages 181 - 188)
12. Health and Wellbeing Board membership: Report of Head of Legal and Democratic Services, Durham County Council (Pages 189 - 192)
13. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration
14. 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)

15. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration

Helen Lynch
Head of Legal and Democratic Services

County Hall
Durham
19 November 2019

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

Councillors L Hovvels, O Gunn and J Allen

J Robinson	**Adult and Health Services, Durham County Council**
M Whellans	**Children and Young People's Services, Durham County Council**
A Healy	**Public Health, County Durham Adult and Health Services, Durham County Council**
N Bailey	**North Durham and Durham Dales Easington and Sedgefield Clinical Commissioning Groups**
Dr D Smart	**North Durham Clinical Commissioning Group**

Dr S Findlay	**Durham Dales, Easington and Sedgefield Clinical Commissioning Group**
Dr J Smith	**Durham Dales, Easington and Sedgefield Clinical Commissioning Group**
S Jacques	**County Durham and Darlington NHS Foundation Trust**
J Gillon	**North Tees and Hartlepool NHS Foundation Trust**
L Buckley	**Tees, Esk and Wear Valleys NHS Foundation Trust**
V Mitchell	**City Hospitals Sunderland NHS Foundation Trust**
B Jackson	**Healthwatch County Durham**
R Chillery	**Harrogate and District NHS Foundation Trust**
L Jeavons	**North Durham and Durham Dales, Easingt and Sedgefield Clinical Commissioning Groups and Durham County Council**
S White	**Office of the Police, Crime, and Victim's Commissioner**
D Brown	**County Durham and Darlington Fire and Rescue Service**

Contact: Jackie Graham **Email: 03000 269704**

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DURHAM COUNTY COUNCIL

At a Meeting of **Health and Wellbeing Board** held in **County Hall, Durham** on **Tuesday 17 September 2019 at 9.30 am**

Present:

Councillor L Hovvels (Chairman)

Members of the Board:

Councillors O Gunn, A Healy, S Jacques, L Jeavons, J Robinson, Dr D Smart, Dr J Smith

1 Apologies for Absence

Apologies for absence were received from Councillor Allen, N Bailey, D Brown, L Buckley, R Chillery, Dr S Findlay, J Gillon, B Jackson, V Mitchell, J Pearce and S White.

2 Substitute Members

P Acheson for J Gillon, J Murray for L Buckley, A Smith for R Chillery and R Turnbull for D Brown

3 Declarations of Interest

There were no declarations of interest.

4 Minutes

The minutes of the meeting held on 30 July 2019 were agreed as a correct record and signed by the Chair.

5 Health and Social Care Plan (standard item)

The Board received an update on the Health and Social Care Plan.

Dr Smith provided an overview of the work taking place regionally at Integrated Care Partnership level including collaborative working between Durham, Sunderland and South Tyneside. In addition, there is work taking place at a local level for Durham's population. Dr Smith outlined that the merger of the Durham CCGs had been approved by both boards.

The Corporate Director of Adult and Health Services, Durham County Council added that the North East and North Cumbria integrated care system had held a number of workshops with NHS HR directors. Areas of commonality included wellbeing and workforce and any areas that can be taken forward at scale will be part of the ICS plan. A forthcoming Cabinet paper would consider the integrated commissioning function with an implementation date from April 2020.

Resolved:
That the update be noted.

6 Health and Wellbeing Board Annual Report

The Board considered a report of the Strategic Manager Partnerships, Transformation and Partnerships, Durham County Council that presented the Health and Wellbeing Board Annual Report 2017/18 for agreement (for copy of report see file of Minutes).

The Strategic Manager Partnerships highlighted the initiatives that had taken place to achieve the strategic objectives in the Joint Health and Wellbeing Strategy and gave some examples across the following priorities:-

- Children and young people make healthy choices and have the best start in life
- Reduce health inequalities and early deaths
- Improve the quality of life, independence and care and support for people with long term conditions
- Improve the mental and physical wellbeing of the population
- Protect vulnerable people from harm
- Support people to die in the place of their choice with the care and support that they need

Future challenges were also highlighted and the continued threat of cuts to Public Health funding.

The Director of Integrated Community Services said that this highlighted the volume of work that the Board were involved in and played a part in. She added her concerns regarding the Public Health funding. With regards to the good news stories included within the annual report she asked if there would be any press releases and suggested that some quotes from the partners would be good to incorporate.

Councillor Gunn thanked officers for a good report that served as a reminder of what had been carried out in the last year. She praised the valuable work of the board, working in partnership and agreed that a press release would highlight to residents that we were trying to make life better for them.

Resolved:

(i) That the Health and Wellbeing Board Annual Report 2018/19 be agreed.

(ii) That the timeline and next steps outlined in the report be noted.

(iii) That the intention to include more performance information in the Annual Report to demonstrate the impact, be noted.

7 Learning Disabilities and Transforming Care Update

The Board considered a report of the Director of Learning Disabilities and Mental Health Commissioning, North Durham Clinical Commissioning Group that provided an update in relating to the progress against the Transforming Care Programme and local implementation (for copy of report see file of Minutes).

The Director of Corporate Programmes, Delivery and Operations highlighted Table 1 of the report showing the number of patients within the CCG in commissioned inpatient care and those with specialised commissioning inpatient care. He went on to inform the board about health check arrangements and about the dedicated resources in relation to people with learning disabilities and autism through the Durham Darlington and Tees Mental Health and Learning Disability Partnership. These would help to improve the quality of life for individuals and in some cases would result in savings which were re-invested back into the community provision.

Referring to the health inequalities, the Corporate Director of Adult and Health Services asked if there was anything that the Health and Wellbeing Board could do to support this area of work. The Director of Corporate Programmes, Delivery and Operations referred to details in the report in respect to the STOMP programme (Stopping The Over Medication of People with a learning disability) and agreed to circulate the report for information.

Linked to that the Right Care, Right Place Delivery Lead added that TEWV were working with some Primary Care Networks regarding health checks and how we could support that. The Corporate Director of Adult and Health Services said how important it was to also support from a social care perspective.

The Director of Integrated Community Services commented that it is important to build resilience within the community and to support people in their own homes for as long as possible. This is something that is being discussed with Primary Care Networks and the Voluntary and Community Sector. In addition, supporting people with learning disabilities into employment is a key area of focus.

Councillor Gunn asked what assurance was in place from a safeguarding perspective for inpatients with a learning disability and asked for further information about specialised commissioning arrangements. The Director of Integrated Community Services responded that the County Durham Safeguarding Partnership were involved in this work and that in relation to a recent safeguarding issue highlighted through the media, all patients had been reviewed, and that the Adult Care Service had been asked to undertake a review to look at residential provision within the County and also those people who are placed in residential services out of County.

From a specialist commissioning perspective, the Director of Corporate Programmes, Delivery and Operations said that it was very expensive as it is for those people who have very complex needs and that only a certain amount of provision is available to accommodation individuals.

The Director of Public Health said that it was important to look at how we reach the most vulnerable groups and incorporate this into the wider plan. Screening, immunisations and sexual health should all be available for people with a learning disability and a dedicated piece of work on this was being assessed against the wellbeing principles.

The Chair thanked officers for the report and the comments made and asked that a further report be brought to a future meeting which outlined a more rounded, joint approach across health and social care.

Resolved:

(i) That the content of the report and local progress be noted.

(ii) That the continuation of support to the collaborative development of new models of community care and support for this client group be noted.

8 Tobacco Dependency in Pregnancy

The Board received a presentation of Corporate Director of Adult and Health Services, Durham County Council and Public Health Advanced Practitioner, Durham County Council that provided an update from the North East and North Cumbria Integrated Care System of Reducing Smoking in Pregnancy – a health and social problem (for copy of report see file of minutes).

The Corporate Director of Adult and Health Services highlighted the presentation as follows:-

- The North East and North Cumbria team
- Scale of the problem nationally
- The local cost of smoking in pregnancy
- Scale of the problem – the local challenge

- Using the Yale Methodology
- Selecting the Strategy
- Building the products
- Creating our implementation plan

The Public Health Advanced Practitioner highlighted the following:

- What are we doing in County Durham to reduce tobacco dependency in pregnancy?
- A challenging ambition
- Work since January 2019
- What else needs to be done
- What is needed

On answering a question from Dr Smith, the Public Health Advanced Practitioner advised that Shildon was chosen as it had a good community base and was identified in the top areas for women smoking in pregnancy, alongside Newton Aycliffe, Coundon and Willington as areas to focus upon. She went on to confirm that the service were trialling this in a small area and would roll out to other areas with a high prevalence.

The Director of Public Health, Durham County Council commented that this was an in-depth piece of work that had made a huge difference, and that the approach could be used for other issues. The Corporate Director of Adults and Health Services explained that the group had identified a whole range of other areas where the same methodology could be applied. The Director of Corporate Programmes, Delivery and Operations, CCG advised that discussions had taken place with regards to severe mental illness and the service were looking to adapt this methodology.

Resolved:
That the presentation be noted.

9 Alcohol CLeaR Peer Assessment

The Board received a report from the Director of Public Health that provided the findings of the Alcohol CLeaR Peer Assessment on local alcohol partnership work and the action plan developed in response to the recommendations within the peer assessment report (for copy of presentation see file of minutes).

The Director of Public Health outlined that she would bring a report to a future Board meeting that outlined the impact of minimum unit pricing on County Durham, particularly those who are heavy drinkers.

The Chief Executive of County Durham and Darlington NHS Foundation Trust asked if Fresh and Balance formed part of the work being carried out and was advised that they were part of the assessment process.

In response to a question from Councillor Gunn, the Director of Public Health confirmed that the findings would be shared with a wider audience.

Resolved:

(i) That the contents of the report be noted.

(ii) That the update at a future meeting on actions on harm due to alcohol be received.

10 Health and Wellbeing Board Campaigns - Alcohol and Tobacco

The Board noted a presentation from the Director of Public Health, on the following public health campaigns (for copy of presentation see file of minutes):

- Alcohol
- Tobacco

11 Right Care, Right Place

The Board received a report and presentation of the Right Care, Right Place Delivery Lead, Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) that gave an overview of the Right Care, Right Place programme and that outlined short term care actions within County Durham (for copy see file of minutes).

The presentation highlighted the key drivers for change and the next steps over the next 3-4 months, including having a clear vision to build upon and linking in with key partners.

The Director of Integrated Community Services commented that she was supportive of practical testing but asked that the service look and consider the existing footprint of the Teams Around the Patients (TAP)/Primary Care Networks which was a current operable system. The Right Care, Right Place Delivery Lead agreed that this was critical and conversations had already taken place with TAP colleagues and that they would build on what was already in place.

Resolved:

(i) That the contents of the report and the direction of travel as it affects County Durham be noted.

(ii) To agree how the Board should be involved in the programme.

(iii) That further updates as the programme progresses be received.

12 Local Safeguarding Adults Board Annual Report

The Board considered a report of the Independent Chair of the Durham Local Safeguarding Adults Board (LSAB), which presented the Annual Report 2018/2019 (for copy see file of minutes).

The SAB Business Manager highlighted the work carried out with service users, Healthwatch and the Safeguarding Partnership. She informed the board that 30,000 members of staff had now accessed training in respect to safeguarding and 80 organisations had accessed information at shared events. She advised that there was now wider membership with the inclusion of the Probation and Prison Services and further links to Tees Valley Community Rehabilitation Company with a focus on the service user and looking at drivers around sexual exploitation.

The SAB Business Manager advised that they were keen to hear the voice of the practitioner, carry out audit activities and deep dives within the next year, together with strengthening arrangements with the advocacy provider.

The Director of Integrated Community Services thanked the manager and the business unit for the superb work carried out and their professional and committed approach.

Resolved:
That the annual report be received.

13 Local Safeguarding Children Board Annual Report

The Board considered a report of the Independent Chair of Durham Safeguarding Children Partnership that presented the final report of the Local Safeguarding Children Board (LSCB) prior to transitioning to the new partnership arrangement known as the Durham Safeguarding Children Partnership (DSCP) (for copy see file of Minutes).

The Independent Chair highlighted the achievements against 2018/19 LSCB priorities, JTAI (Joint Targeted Area Inspection) recommendations, action plan and achievements and the transition from LSCB to DSCP. He informed the board that domestic abuse continued to have a significant impact of a child being subject to a Child Protection Plan and that neglect continued to be the most frequent reason for them being on a Plan.

The Strategic Manager Partnerships advised that the one-year review following JTAI would outline the progress and impact of the actions undertaken. The Independent Chair thanked the Business Unit and the

Strategic Manager as they had ensured that the partnership was working to fulfil the vision and values.

Councillor Gunn commented that there had been an improvement since the transition and that business as usual and the JTAI issues had continued to be progressed. She found the development days during the transition very helpful and congratulated the Independent Chair and the business unit for making the transition as smooth as possible whilst dealing with some crucial issues.

The Chair agreed that the Independent Chair's expertise had been invaluable throughout the process.

The Independent Chair advised that the Child Death Review Annual Report would be presented to a future Health and Wellbeing Board meeting which would identify any modifiable factors for consideration and lessons learned.

Resolved:

(i) That the content of the report be noted.
(ii) That the Annual Report for 2018/19 be received.

14 Health and Wellbeing Board Campaigns - Mental Health and Flu

The Board noted a presentation from the Director of Public Health, on the following public health campaigns (for copy of presentation see file of minutes):

- Mental Health
- Flu

With regards to mental health, the Director of Corporate Programmes, Delivery and Operations, Clinical Commissioning Groups advised that the service had introduced an online access to counselling service for 11-18 year olds, and this early intervention had been rolled out to all schools.

The Director of Public Health challenged Board members to be Flu Champions which was agreed. It was also agreed that the Director of Public Health would co-ordinate a joint report for the next meeting which would identify what all partners were doing in relation to flu planning arrangements in HWB organisations.

15 Any other business - Launch of New Vision

The Strategic Manager, Partnerships, Durham County Council advised the board that the County Durham Partnership were launching their new vision

for 2035 on Friday 25 October 2019 at an event which would have a focus on culture, health and wellbeing.

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Health and Wellbeing Board

27 November 2019

Child Death Overview Panel Annual Report

Report of Gill O'Neill, Deputy Director of Public Health, Durham County Council

Electoral division(s) affected:

Countywide

Purpose of the Report

1 The purpose of the report is to present to Health and Wellbeing Board the 2018/19 County Durham and Darlington Child Death Overview Panel (CDOP) Annual Report (Attached at appendix two).

Executive summary

2 This report provides a summary of the CDOP Annual Report.

Recommendation(s)

3 Members of the Health and Wellbeing Board are recommended:

(a) To note the content of the annual report and the developments planned for 2019/20 and beyond.

(b) To note the importance of the work on reducing tobacco dependency in pregnancy as it is a clear modifiable factor in child deaths.

(c) To receive a presentation at the Health and Wellbeing Board on the 27 November 2019.

(d) To consider writing to other chairs of Health and Wellbeing Boards across the North East to endorse the importance of the regional thematic reviews proposed to be undertaken on:

(i) Suicide and self harm;
(ii) Sudden and unexpected deaths in infancy;
(iii) Trauma deaths;
(iv) Neonatal deaths.

Background

4 Over the last 12 months the Child Death Overview Panel (CDOP) has worked to ensure compliance against the Child death review: Statutory and Operational Guidance: Oct 2018. CDOP is a sub group of the Durham Safeguarding Children's Partnership and the Darlington Safeguarding Children's Partnership.

Role of CDOP

5 CDOPs role is as follows:

- It has a legal responsibility to ensure that the deaths of children normally resident in their area are reviewed;
- To analyse and identify matters relating to the death that are relevant to the welfare of children or to public health and safety and whether action is required;
- To consider modifiable factors which may prevent future deaths from occurring;
- It must enable local and national learning using standardised approaches (national templates);
- If it identifies any errors of deficiencies in an individual child's registered cause of death it must report them;
- To notify the Medical Examiner (once introduced) and the doctor who certified the cause of death;
- To provide data to NHS Digital and then, once established, to the National Child Mortality Database;
- To produce an annual report on local patterns and trends in child deaths, any lessons learnt and actions taken, and the effectiveness of the wider child death review process;
- To contribute to local, regional and national initiatives to improve learning from child death reviews including, where appropriate, approved research carried out within the requirements of data protection.

Membership of CDOP

6 As part of the review to ensure compliance with national guidance the terms of reference for CDOP were refreshed and membership updated. There is consistently good attendance at CDOP and members include:

- Public Health (chair as independent of key providers);
- Designated Doctor for Child Death;
- Social Services;
- Police;
- Designated Doctor and Nurse for Safeguarding;
- Health visiting/school nursing;
- Primary Care – GP;
- Nursing and/or midwifery;
- Lay representation (for thematic review meetings);

- Other professionals that CDRPs consider should be involved; (Education, mental health provider, NEAS etc).

2018/19 Annual report

7 This is the 8th annual report of CDOP and reflects activity from 1 April 2018 – 31 March 2019. Last years report (2017/18) saw 33 child deaths in Durham and 7 in Darlington. Fortunately, numbers remain low for 2018/19 with 24 children in Durham and 4 in Darlington dying during 2018/19.

8 There were 39 child death reviews considered by CDOP in 2018/19 (time period 2015 – 2019). The delays for deaths coming through CDOP are due to other proceedings taking place and cases are not reviewed until a case has completed all other processes such as serious case review, criminal or coronial proceedings.

9 Of the 39 cases reviewed there were modifiable factors in four deaths with two factors identified:

- Smoking in the home and smoking during pregnancy.

Categories of death

10 The majority of deaths relate to perinatal/neonatal deaths and life limiting conditions which is consistent with the national dataset.

11 69% of deaths are of children under one year of age and most are expected deaths.

12 74% are male deaths and the majority of deaths occurred at hospital (67%)

Contributory factors

13 These are factors that have contributed to the death and are not necessarily modifiable in the individual cases cause of death.

14 Childs needs: 18 health factors which were sufficient to explain death.

15 Family / environment: smoking during pregnancy, parental substance misuse, child's mental health, co – sleeping.

16 Service provision: access to health care and prior surgical intervention.

Key Issues to be considered

17 These are areas which CDOP remains interested in ensuring the work is progressed.

Babies with life limiting conditions

18 CDOP needs assurance that relevant teams within tertiary services, district and community health services are involved in discharge planning and health care plans to ensure the family receive support during the antenatal and postnatal period. There is a regional neonatal care comfort bundle checklist available that would improve communication across all health sectors.

Accidental deaths

19 As part of primary care and routine visits by the health visiting service reinforcement messages of safety outdoors and indoors should be given.

20 Improved communication and risk management of the use of paracetamol which public health are coordinating a public awareness programme involving pharmacies and schools.

Children with chronic medical conditions

21 There was a failure to recognise a critical and acute illness in a child with an underlying chronic and complex condition. In terms of learning, consideration should be given to implementing the difficulty airway society extubation guidelines. There was also a delay in the child receiving oxygen therapy prior to admission to hospital and assurances have been sought from the CCG in terms of issues identified for primary care and ambulance services.

Neonatal deaths

22 Similar themes have been previously identified from an external review of maternity services in terms of paediatric input in the management of a high risk mother and delivery of her baby. There is the need to undertake a regional thematic review of neonatal deaths to understand the issues across the integrated care system.

Good Practice

23 CDOP is a very well established process across County Durham and Darlington. It is important to draw out areas of good practice such as:

- Actions have been undertaken in the management of high risk mothers and delivery in terms of prompt transfer times to tertiary centres and subsequent interventions;
- 0 – 19 service have identified staff to take part in public health commissioned bereavement support training. This was following discussion at CDOP about how siblings and peers are better supported following the death of a sibling or friend;
- The rapid response team continue to be an essential support incredibly valued by families and partners.

Developments 2019/20

24 Now the transition has taken place and there is compliance with national guidance there is work to undertake to improve processes and to continue to challenge the system to prevent future child deaths and learning is proactively implemented when there are modifiable factors identified. The 2019/20 developmental areas include:

- Multi agency training on child death review processes;
- Bereavement support training to be delivered to the 0 – 19 staff and a programme of work rolled out across County Durham;
- Discussion with Tees CDOP about the establishment of twice a year joint thematic review sessions. This is to be fully compliant with national guidance which stipulates a CDOP should review 60 deaths a year.
- Commencement of the information sharing agreements with PHE and the four (now three) CDOPs to undertake regional thematic reviews:
    - Suicide and self harm;
    - Sudden and unexpected deaths in infancy;
    - Trauma deaths;
    - Neonatal deaths.

Main implications

25 Members of the Health and Wellbeing Board are requested to note that:

- The annual report is a statutory responsibility and highlights the child deaths for the year;
- CDOP is compliant with the new working together guidance and has refreshed the terms of reference and membership;
- There are areas of good practice as highlighted in paragraph 23;
- The developments being progressed will seek to undertake a number of thematic reviews across the north east region to develop a more robust data set which will provide more comprehensive recommendations.

Conclusion

26 The CDOP annual report is a statutory requirement and provides a strategic summary of the child deaths during the year and the outcomes of the child death reviews that have been considered by CDOP.

Background papers

- None

Author Gill O'Neill Tel: 03000 267696

Appendix 1: Implications

Legal Implications

Durham County Council meets its statutory requirement as a child death review partner by working in line with HM Government Child Death Review Statutory and Operational Guidance, October 2018 and Working Together to Safeguard Children 2018. In addition, working in line with Section 16Q of the Children Act 2004, as amended by the Children and Social Work Act 2017.

Finance

Statutory partners continue to work within financially challenging times. The CDOP requirement is a statutory obligation placed upon the Council to continue to meet. Staffing support is met by the Durham County Council and Durham Safeguarding Children Partnership arrangements.

Consultation

No implications.

Equality and Diversity / Public Sector Equality Duty

No implications.

Climate Change

No implications.

Human Rights

No implications.

Crime and Disorder

Close partnership working exists under the requirements of CDOP. The relevant statutory partners working together to address any requirements in relation to reporting and in the prevention and detection of crime.

Staffing

No direct implications.

Accommodation

No direct implications.

Risk

The risk to child death review partners, (the Council) is minimal due to the statute requirement.

Procurement

No direct implications.

The Child Death Review Process for County Durham and Darlington Annual Report

2018/19

Introduction

This is the 8th Annual Report of County Durham and Darlington Child Death Overview Panel (CDOP) and reflects the activity from 1 April 2018 to 31 March 2019.

The process of reviewing child deaths was established in April 2008 as outlined in Chapter 5 of Working Together to Safeguard Children 2015. It is the responsibility of Local Safeguarding Children Boards (LSCBs) to ensure that a review of every death of a child normally resident in their area in undertaken by a CDOP.

The overall purpose of County Durham and Darlington CDOP is to undertake a comprehensive and multi-disciplinary review of child deaths, in order to better understand how and why children in County Durham and Darlington die and use our findings to take action to prevent other deaths and improve the health, safety and wellbeing of children and young people in County Durham and Darlington.

Background to the Child Death Review Process

Working Together to Safeguard Children describes the process to be followed when a child dies in the Local Safeguarding Children Board (LSCB) area covered by a Child Death Overview Panel. The LSCB functions in relation to child deaths are set out in Regulation 6 of the Local Safeguarding Children Boards Regulations 2006, made under section 14(2) of the Children Act 2004. The LSCB is responsible for:

a) collecting and analysing information about each death with a view to identifying:
   i. any case giving rise to the need for a review mentioned in regulation 5(1)(e);
   ii. any matters of concern affecting the safety and welfare of children in the area of the authority;
   iii. any wider public health or safety concerns arising from a particular death or from a pattern of deaths in that area; *and*

b) putting in place procedures for ensuring that there is a coordinated response by the authority, their Board partners and other relevant persons to an unexpected death.

There are two interrelated processes for reviewing child deaths:

1. **Rapid Response** by a group of key professionals who come together for the purpose of enquiring into and evaluating each **unexpected death; *and***
2. An overview of **all deaths** up to the age of 18 years (excluding both those babies that are stillborn and planned terminations of pregnancy carried out within the law) in Durham and Darlington areas, undertaken by a panel.

The Child Death Overview Panel

A Child Death Overview Panel (CDOP) was jointly established by County Durham Local Safeguarding Children Board and Darlington Safeguarding Children Board. The Child Death Overview Panel is a sub-committee of both Durham and Darlington LSCBs. It is responsible for reviewing the available information on all child deaths and is accountable to the LSCB Chair.

The Panel has two distinct elements:

1. **Case reviews**
   The Panel categorise a likely/cause of death, identify any environmental, extrinsic, medical or personal modifiable factors that may have contributed to the death and consider any agency, Board, regional and/or national recommendations to prevent future deaths.

2. **Business**
   The Panel considers the business arising from case reviews and the other responsibilities and statutory functions of CDOP.

The disclosure of information about a deceased child is to enable the LSCBs to carry out its statutory functions relating to child deaths. The LSCBs use the findings from all child deaths, to inform local strategic planning on how best to safeguard and promote the welfare of children in County Durham and Darlington.

The CDOP must make a decision about whether or not a death was modifiable. Government guidance defines those in which modifiable factors may have contributed to the death. These factors are defined as those which, by means of nationally or locally achievable interventions, could be modified to reduce the risk of future child deaths.

The role of the Designated Doctor (child deaths) is carried out by a Consultant Paediatrician and the Rapid Response process is carried out by a team of senior nurses to manage and deliver the process for sudden and unexpected deaths. This ensures their active involvement at the onset of the review process in line with government guidance. The rapid review process augments the local review of all unexpected deaths and ensures that parents are engaged and received appropriate support during the process. The Rapid Response senior nurse also provides support to families following the expected death of a child, if invited to do so by the consultant paediatrician caring for the child.

The registrars of births and deaths are required by the Children and Young Persons Act 2008 to supply LSCBs with information which they have about the deaths of persons aged under 18 years.

The Child Death Review Process

Child Death Overview Panel

The CDOP has a fixed core membership with flexibility to co-opt other relevant professionals as and when appropriate. See Appendix 1.

The CDOP considers all outstanding reviews and collates actions and learning from Child Death Reviews into an action plan which is reviewed and updated at each CDOP meeting. This process increases accountability and provides written evidence of progress and completed actions with the facility to monitor deadlines. Experience has shown that over time it is possible to identify recurrent themes or issues.

Rapid Response

The national arrangements for a joint agency "rapid response" to unexpected child deaths and a review of all child deaths are a major step forward in helping to ensure that each bereaved family receives a thorough yet sensitive investigation of their child's death and that professionals from all agencies will respond appropriately when a child dies unexpectedly. A joint agency approach has been in place in County Durham and Darlington since October 2009.

Nursing Service

A senior nurse/manager provides in-depth specialist expertise in the field of unexpected child deaths and respond quickly to the unexplained death of a child and undertake reviews/investigations that are highly sensitive. In addition a key component of the role is to provide bereavement support for parents.

The post-holder provides the majority of hours for the service. However, this is supplemented with a small team of dedicated nurses to provide a round the clock service seven days a week including bank holidays. They are available to respond rapidly within a timely and flexible manner.

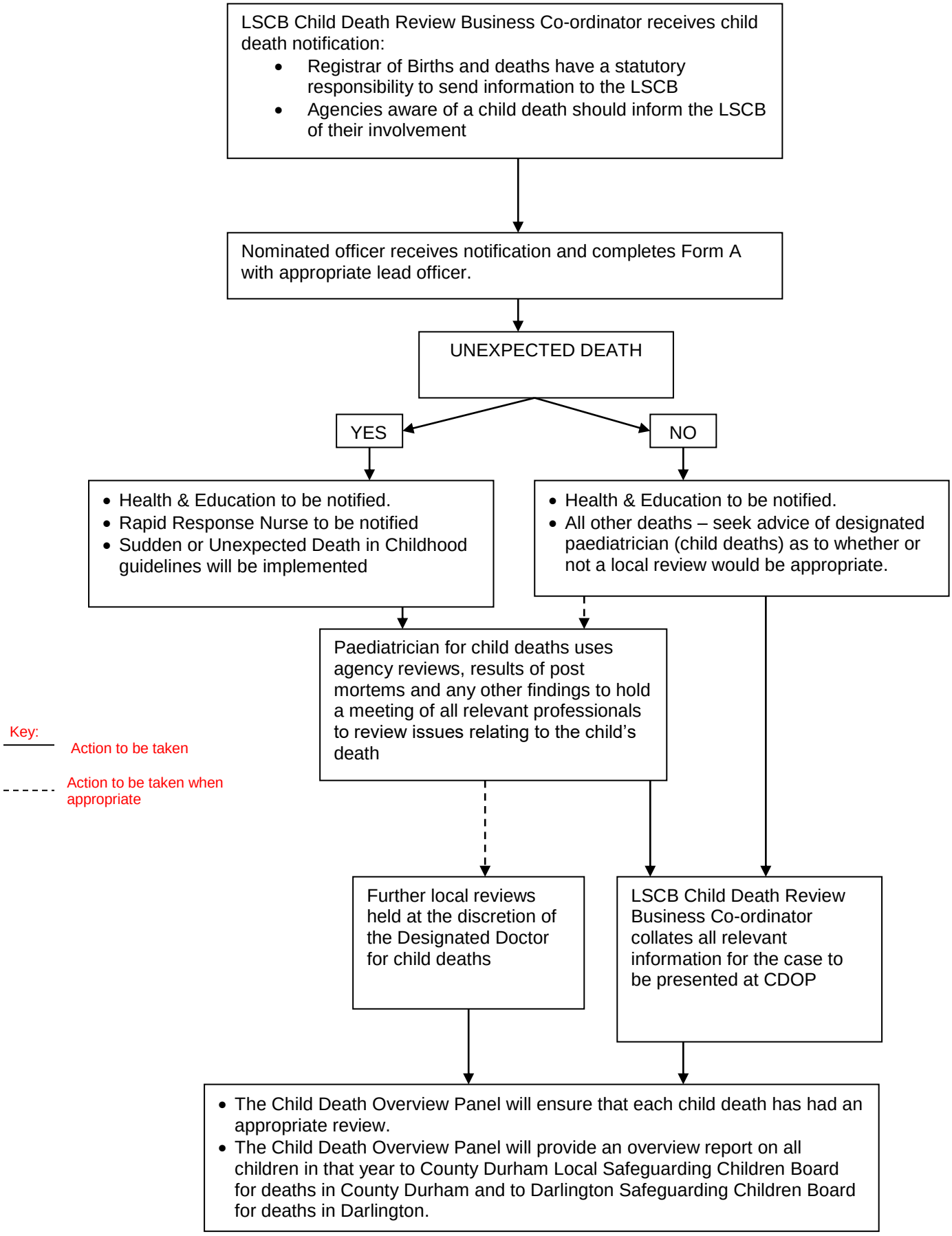
Local Case Discussions

For most unexpected deaths a local case discussion takes place at the discretion of the Designated Doctor for Child Deaths. Local Case Discussions are convened when the results of the post-mortem and other tests are known and when all the information has been gathered, including return of all requested Agency Report Forms (Form B). This will enable a discussion of all the issues and may give the best opportunity to identify the possible cause of death and any contributory factors. All agencies involved with the child and family before and at the time of their death are invited to the meeting.

The main purpose of the meeting is for sharing information to identify the cause of death and/or those factors that may have contributed to the death which includes modifiable factors and then to plan the future care for the family. Potential lessons to be learned may also be identified by this process.

After the meeting, the Designated Doctor will prepare a summary of the issues discussed, including any factors thought to have contributed to the child's death, lessons to be learned and action points. This summary will be forwarded to Durham/Darlington LSCB for consideration at the Child Death Overview Panel. Analysis Proforma will usually be completed after discussion at the Child Death Overview Panel.

Child Death Review Process

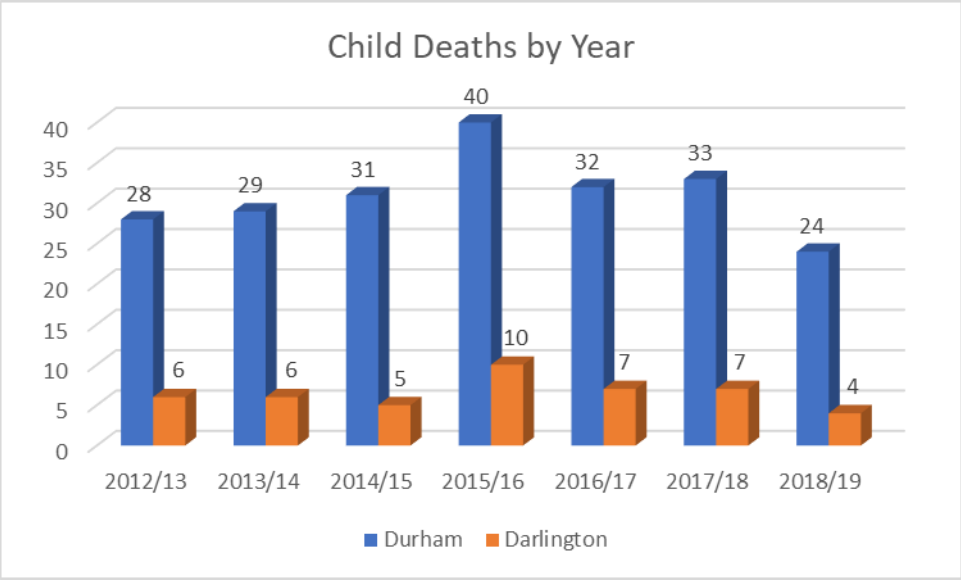


Child Death Review Activity

Child Death Review Notifications

24 children living in Durham and 4 children in Darlington died between 1 April 2018 and 31 March 2019.

Figure 1: The number of child deaths by Local Authority by year



Unexpected Child Deaths

An **unexpected death** is **defined** as the **death** of an infant or **child** (less than 18 years old) which was not anticipated as a significant possibility 24 hours before the **death** or where there was a similarly **unexpected** collapse or incident leading to or precipitating the events which led to the **death**.

Table 1: Rapid Response Activity

2014/15	2015/16	2016/17	2017/18	2018/19
25	25	20	21	20

Child Death Overview Panel Performance

Between April 2018 and March 2019 there were four Child Death Overview Panels in which 39 cases were reviewed.

The Panel does not review cases until all information is gathered and other processes have been completed such as Serious Incident Reviews, Root Cause Analysis, criminal proceedings and Serious Case Reviews. At each Child Death Overview Panel, the Designated Doctor for Child Deaths presents the circumstances of each death to the multi-agency panel. The case is reviewed in detail and recommendations/actions logged for monitoring purposes.

Of the 39 cases reviewed in 2018/19 the following table details the time period in which death occurred:

Number of deaths which occurred in 2015/16	Number of deaths which occurred in 2016/17	Number of deaths which occurred in 2017/18	Number of deaths which occurred in 2018/19
1	7	29	2

The CDOP determined out of the 39 cases reviewed there were modifiable factors in four deaths.

A statutory function of the CDOP is to identify and refer cases of concern to the relevant Local Safeguarding Children Board. There was one case referred by CDOP for consideration of a Serious Case Review which was not progressed. It is of note that there are other means of making a referral for a Serious Case Review before the formal CDOP process.

Timescale for Child Death Review Completion

Out of 39 completed reviews, 5% were completed in less than six months. There has been a 50% increase in the number of reviews completed between 8-11 months. Possible reasons for those taking longer than six months to complete include 18 cases subject to other proceedings. The Child Death Overview Panel has agreed to not complete a Child Death Review until all relevant information has been received. A monitoring system has been built into the Child Death Database to specifically identify the reasons for this as well as an escalation process to address agency report forms not submitted within a timely manner.

35 child death reviews have not yet been reviewed; one from 2014/15, two from 2016/17, eight from 2017/18 and 24 from 2018/19. These cases will continue to be monitored and regular updates provided to the CDOP throughout 2019/20.

Figure 2: Timeline between Child Death Notification and Completion

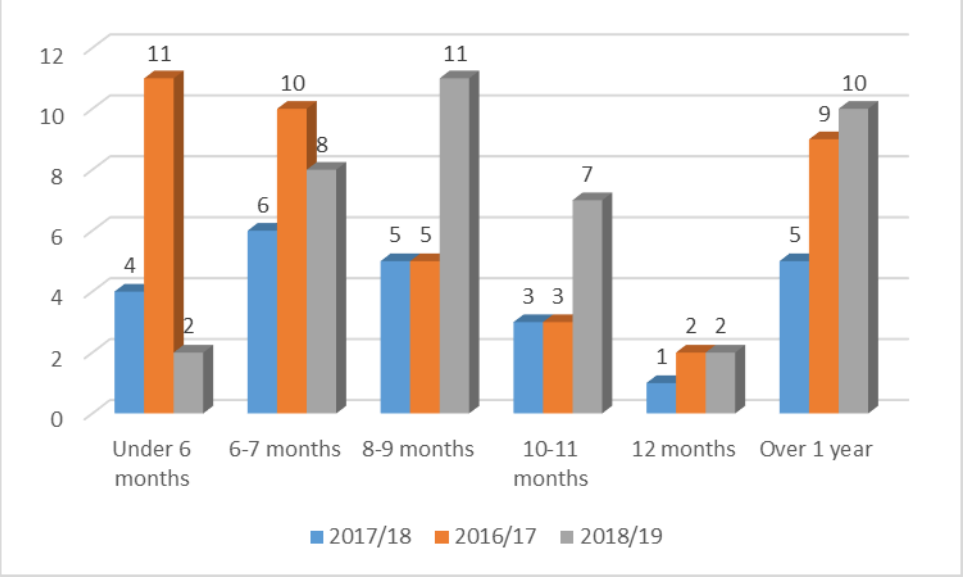
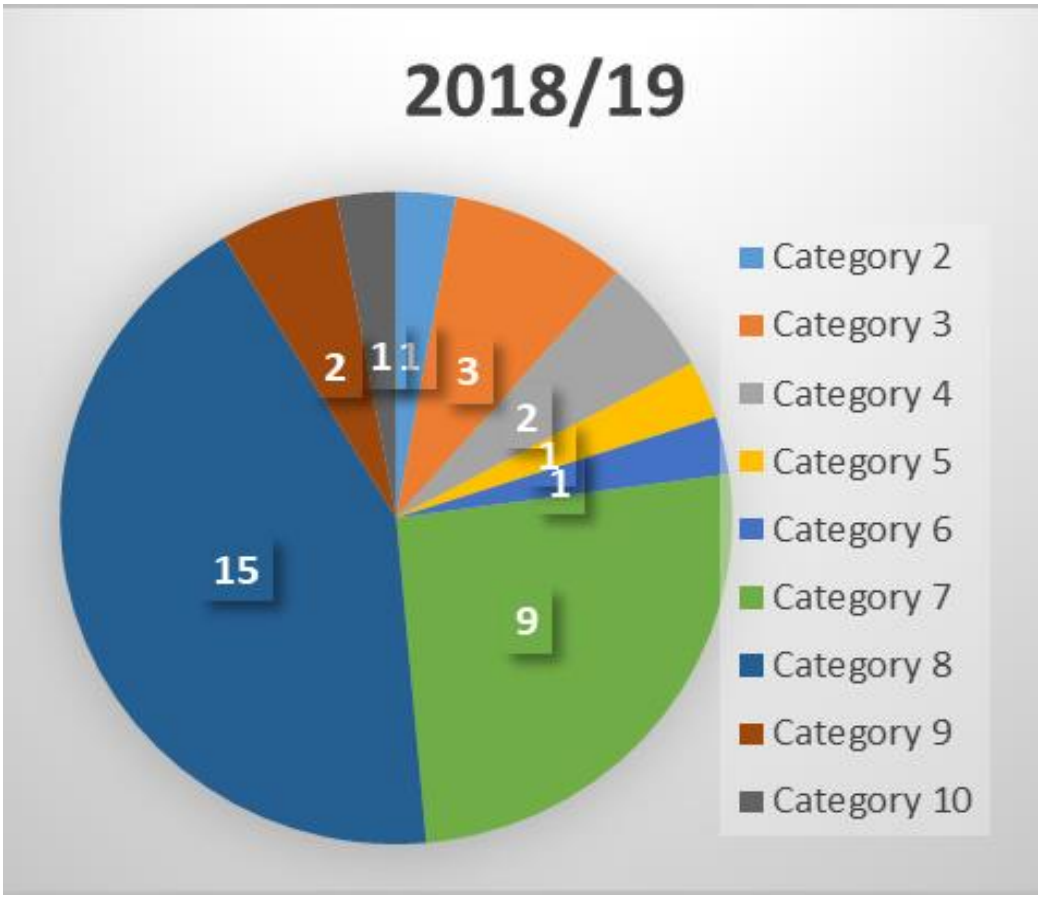


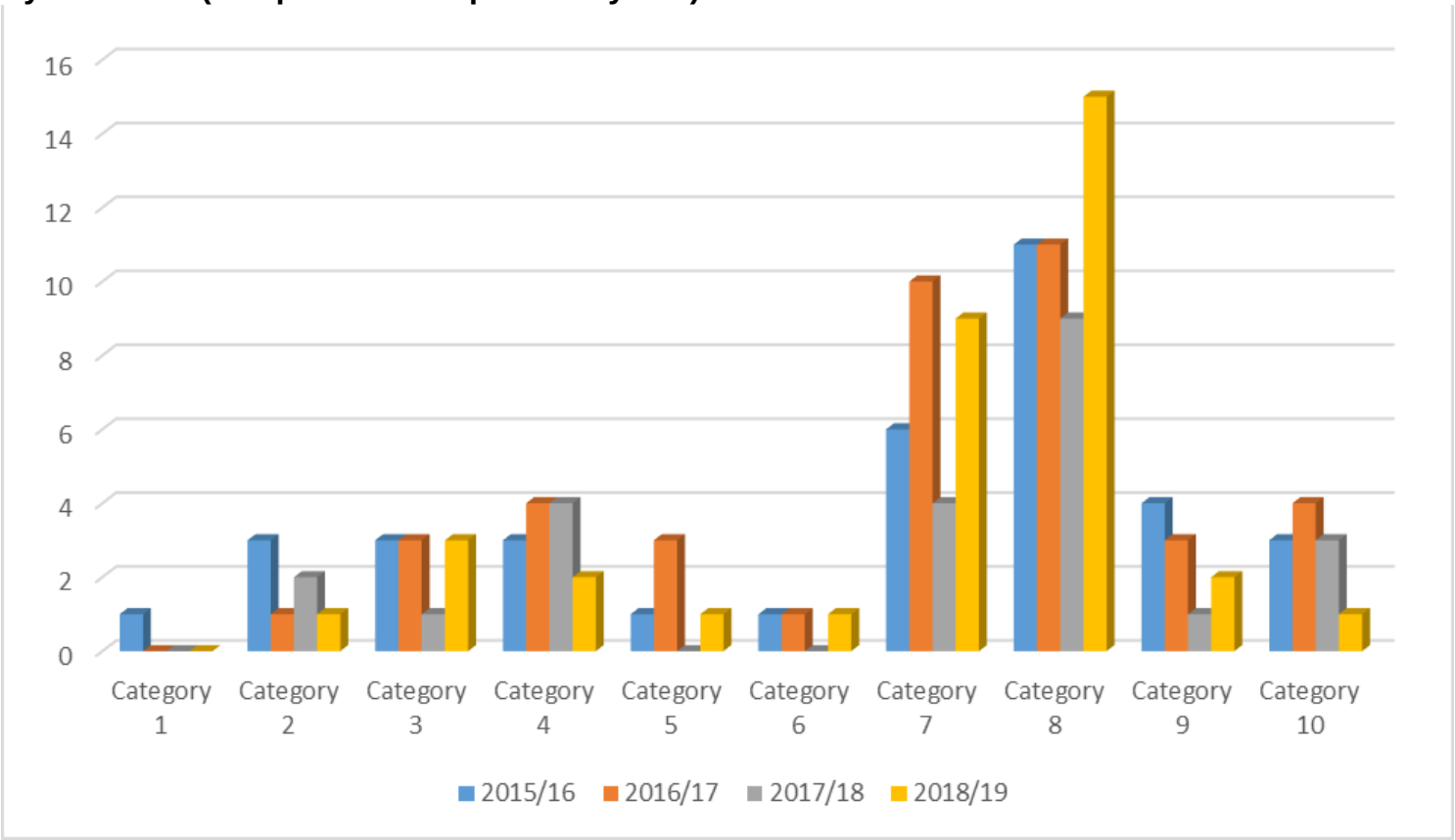
Figure 3: Category of Deaths
Categorisation is nationally determined and a glossary regarding the categorisation is found at Appendix 2.

The majority of deaths relate to life limiting conditions and perinatal/neonatal deaths which has consistently been the highest categories since the data has been collected. In this reporting period the CDOP determined that there were potentially modifiable factors three cases of sudden unexpected, unexplained deaths and two cases categorised as suicide or deliberate self-harm.



Category 2	Suicide or deliberate self-inflicted harm	**Category 9**	Infection
Category 3	Trauma and other external factors	**Category 10**	Sudden unexpected, unexplained death
Category 4	Malignancy		
Category 7	Chromosomal, genetic and congenital anomalies		
Category 8	Perinatal/neonatal event		

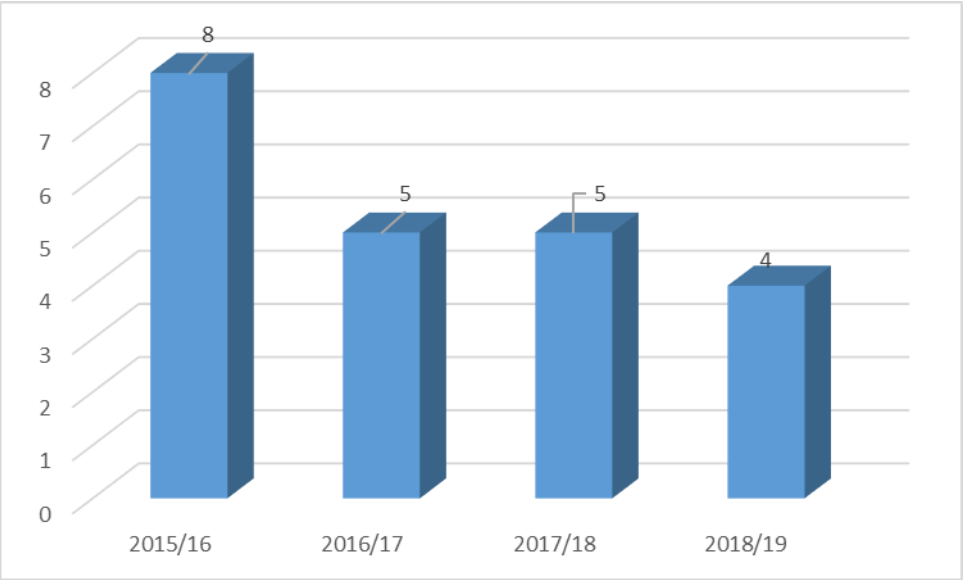
Chart 3: Category of Deaths (comparison with previous years)



Category 1	Deliberate inflicted injury, abuse or neglect	**Category 6**	Chronic medical condition
Category 2	Suicide or deliberate self-inflicted harm	**Category 7**	Chromosomal, genetic and congenital anomalies
Category 3	Trauma and other external factors	**Category 8**	Perinatal/neonatal event
Category 4	Malignancy	**Category 9**	Infection
Category 5	Acute medical or surgical condition	**Category 10**	Sudden unexpected, unexplained death

Chart 4: Modifiable Factors

Modifiable factors are factors that may have contributed to the death of the child and which, by means of locally or nationally achievable interventions could be modified to reduce the risk of future deaths.



Modifiable factors were identified in 4 deaths (10%) reviewed in 2018-19. Locally this is a slight decrease compared to 2017-18. Parental smoking in the household and smoking during pregnancy were identified as being modifiable factors.

Contributory Factors

The following findings relate to the child death reviews completed during the reporting period:

Child's Needs,

- 18 health factors were identified which was determined to provide a complete and sufficient explanation for the death.

Family and Environment,

- There were two cases where smoking during pregnancy was identified as to having contributed to the vulnerability, ill-health or death of the child
- There was one case where parental substance misuse was identified as to having contributed to the vulnerability, ill-health or death of the child.
- There was one case where the child's mental health and emotional wellbeing was identified as to having contributed to the vulnerability, ill-health or death of the child.
- There was one case where co-sleeping was identified as to having contributed to the vulnerability, ill-health or death of the child.

Service Provision,

- There were two cases where access to health care and prior surgical intervention was determined to provide a complete and sufficient explanation for the death.
- There was one case where access to health care was identified as to having contributed to the vulnerability, ill-health or death of the child.

Chart 5: Where the child was at the time of death

The majority of deaths considered by the Child Death Overview Panel during the reporting period occurred at hospital (67%); there were modifiable factors identified in two of these cases.

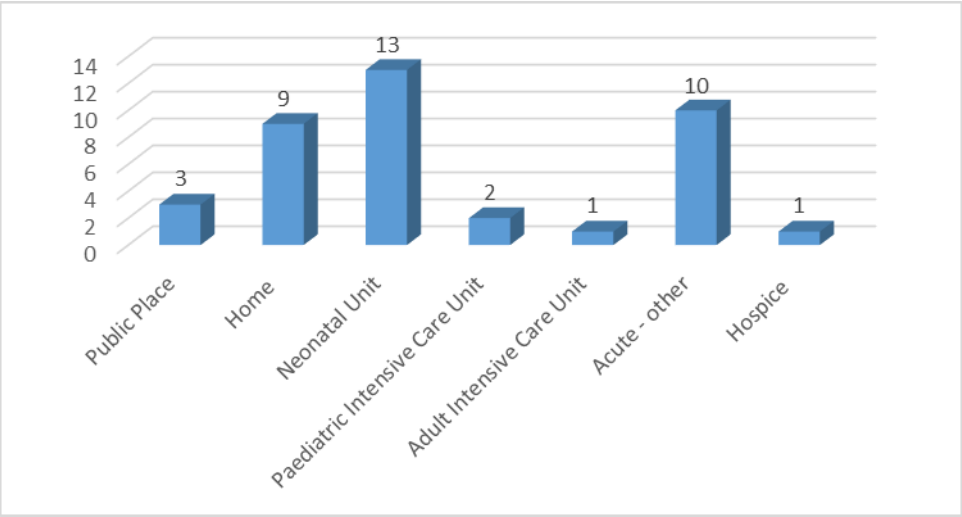


Chart 6: Ages of Children

The deaths of children under one year old (neonatal and post-neonatal) account for around 69% of all child deaths.

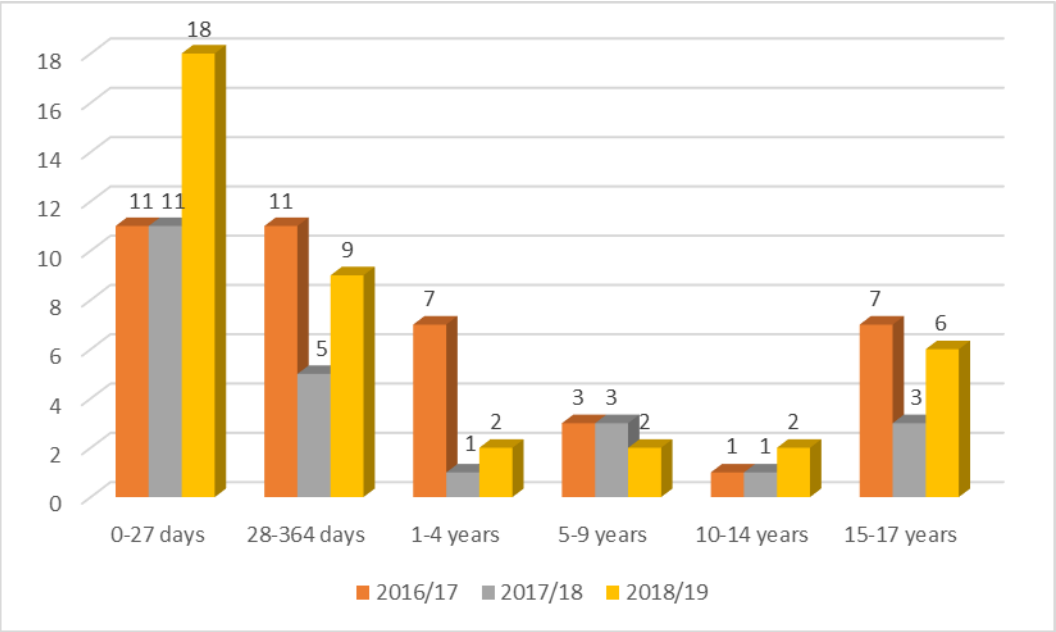
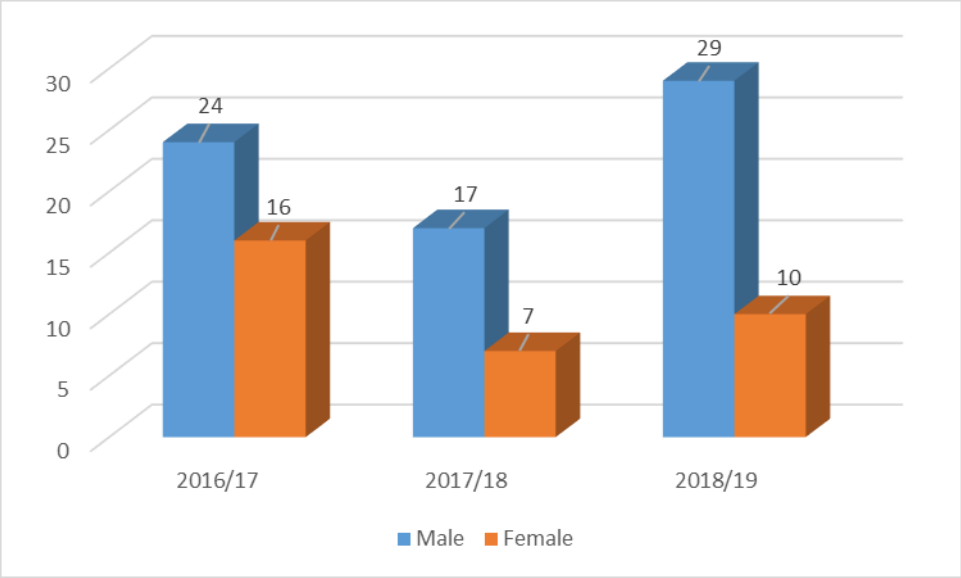


Table 7: Gender

The reporting period demonstrates 74% of completed cases being in relation to male deaths which is slightly higher than last year.



National and Regional Information

The Child Death Overview Panel has been reviewed and is compliant with new Working Together to Safeguard Children guidance 2018. Membership has been reviewed to include a GP at each meeting, and lay member engagement during thematic reviews.

To ensure robust scrutiny and challenge, Public Health England has agreed to work across four CDOPs in the north East of England, undertaking thematic reviews of: suicide and deliberate self-harm; sudden unexpected deaths; trauma and neonatal deaths.

Also, County Durham and Darlington CDOPs will share joint learning with Tees Valley CDOP via twice yearly challenge review meetings

Analysis of Key Learning

Key Issues & Learning Points from Child Death Reviews completed during 2018/19

Babies with life limiting conditions
There is a need to ensure that relevant teams within Tertiary Services, District and Community Health Services are involved in discharge planning and Health Care Plans to ensure that the family receive support during the antenatal and postnatal period and that documentation is shared across all services. There is regional Neonatal Care Comfort Bundle checklist available that would improve communication across all Health sectors.

Accidental Deaths
As part of Primary Care and routine visits by the Health Visiting Service consideration to be given to reinforcing safety outdoors as well as safety indoors.

One case was subject to a Serious Case Review which highlighted issues regarding the hazardous risks of paracetamol overdose and the need to understand the increasingly digital lives that children lead. Work is underway jointly with Public Health and the Safe Durham Partnership to consider ways of improving public awareness and methods of promoting healthy and positive online use.

Children with Chronic Medical Conditions
There was a failure to recognise a critical and acute illness in a child with an underlying chronic and complex condition. In terms of learning, consideration should be given to implementing the Difficulty Airway Society Extubation guidelines. There was also a delay in the child receiving oxygen therapy prior to admission to hospital and assurances have been sought from the CCG in terms of the issues identified for Primary Care and the Ambulance Service.

Neonatal Deaths
There were similar themes identified from a previous External Review of Maternity Services in terms of paediatric input in the management of a high risk mother and delivery of her baby and this will be subject of a Regional Thematic Review of Neonatal Deaths. In the meantime, a Standard Operating Procedure has been developed regarding the involvement of a Consultant Paediatrician which will be subject of the Thematic Review to ensure that it is fit for purpose.

Areas of Good Practice

There was early action taken in the management a high risk mother and delivery of her baby in terms of prompt transfer to a Tertiary Centre and subsequent interventions.

The 0-19 Service has commissioned specialist training for Health Visitors and School Nurses in respect of bereavement support with a view of providing support to the siblings who have experienced the loss of a family member. This is being supported by Public Health.

It was considered to be good practice that the Rapid Response Team and Designated Paediatrician strive to ensure that parents are kept informed at all stages of the investigation after an unexpected death and have the opportunity to ask questions and raise issues that can be considered at the case discussion.
The Rapid Response Nurse and Designated Paediatrician jointly meet with parents where appropriate to share the findings from the post mortem.

Developments during 2018/19

Training

Training continues to be delivered to individual staff groups in order to raise awareness regarding the Child Death Review process and the roles, responsibilities and expectations in respect of those requested to provide information.

Joint training has been delivered by the Police and Rapid Response Manager as part of the national training for Detective Inspectors regarding the Child Death Review process in County Durham.

Harrogate & District NHS Foundation Trust have secured funding to train up to 10 staff from the 0-19 in bereavement support for children and young people. It is envisaged that those trained will offer bereavement support for any child or young person who are struggling with a loss of a family member.

CDOP Identified Developments for 2019/20

1. **Regional Thematic Review –**
   - Suicide or deliberate self-inflicted harm – July 2019
   - Sudden & Unexpected Deaths in Infancy – October 2019
   - Trauma Deaths – December 2019**
   - Neonatal Deaths – March 2020

2. **Continuation of Service Provision for Child Death Review Administration for Unexpected Deaths 2019/20**
   A Service Level Agreement is ongoing between County Durham & Darlington NHS Foundation Trust and Durham LSCB for administration support to the Designated Doctor and Rapid Response Team for unexpected deaths and Local Case Discussions as this provides the benefit of seamless continuity.

3. **To operate effectively under the new Working Together guidance**

Appendix 1

CDOP Membership as at 31 March 2018	
Gill O'Neill (Chairperson)	Deputy Director of Public Health Durham County Council
Jacqui Doherty	Business Manager, Durham LSCB
Amanda Hugill	Business Manager, Darlington SCB
Emma Maynard	Admin Co-ordinator, Durham LSCB
Claire Wallace	Deputy Head of Safeguarding Harrogate & District NHS Foundation Trust
Dr Nnenna Cookey	Designated Paediatrician for Child Deaths County Durham & Darlington NHS Foundation Trust
Dr Nicola Cleghorn	Designated Paediatrician for Safeguarding North Durham, DDES & Darlington CCG
Catherine Hodgkiss	Rapid Response Manager County Durham & Darlington NHS Foundation Trust
Anne Holt	Associate Director of Nursing – Family Health County Durham & Darlington NHS Foundation Trust
Detective Superintendent Dave Ashton	Force Lead for Safeguarding Durham Constabulary
Chris Ring	Strategic Manager – Safeguarding & Professional Practice Durham Children & Young People's Service
Yvonne Coates	Head of First Contact & Locality Services Darlington Children's Services
Karen Arkle	Named Lead Professional for Safeguarding Children North East Ambulance Service NHS Foundation Trust
Heather McFarlane	Designated Nurse Safeguarding & Looked After Children North Durham, DDES & Darlington CCGs
Karen Agar	Associate Director of Nursing & Governance Tees, Esk & Wear Valleys NHS Foundation Trust

Appendix 2 – Glossary re Child Death Categorisation

Name & description of category
Deliberately inflicted injury, abuse or neglect This includes suffocation, shaking injury, knifing, shooting, poisoning & other means of probable or definite homicide; also deaths from war, terrorism or other mass violence; includes severe neglect leading to death.
Suicide or deliberate self-inflicted harm This includes hanging, shooting, self-poisoning with paracetamol, death by self-asphyxia, from solvent inhalation, alcohol or drug abuse, or other form of self-harm. It will usually apply to adolescents rather than younger children.
Trauma and other external factors This includes isolated head injury, other or multiple trauma, burn injury, drowning, unintentional self-poisoning in pre-school children, anaphylaxis & other extrinsic factors. **Excludes** Deliberately inflected injury, abuse or neglect. (category 1).
Malignancy Solid tumours, leukaemias & lymphomas, and malignant proliferative conditions such as histiocytosis, even if the final event leading to death was infection, haemorrhage etc.
Acute medical or surgical condition For example, Kawasaki disease, acute nephritis, intestinal volvulus, diabetic ketoacidosis, acute asthma, intussusception, appendicitis; sudden unexpected deaths with epilepsy.
Chronic medical condition For example, Crohn's disease, liver disease, immune deficiencies, even if the final event leading to death was infection, haemorrhage etc. **Includes** cerebral palsy with clear post-perinatal cause.
Chromosomal, genetic and congenital anomalies Trisomies, other chromosomal disorders, single gene defects, neurodegenerative disease,cystic fibrosis, and other congenital anomalies including cardiac.
Perinatal/neonatal event Death ultimately related to perinatal events, eg sequelae of prematurity, antepartum and intrapartum anoxia, bronchopulmonary dysplasia, post-haemorrhagic hydrocephalus, irrespective of age at death. It **includes** cerebral palsy without evidence of cause, and **includes** congenital or early-onset bacterial infection (onset in the first postnatal week).
Infection Any primary infection (ie, not a complication of one of the above categories), arising after the first postnatal week, or after discharge of a preterm baby. This would include septicaemia, pneumonia, meningitis, HIV infection etc.
Sudden unexpected, unexplained death Where the pathological diagnosis is either 'SIDS' or 'unascertained', at any age. **Excludes** Sudden Unexpected Death in Epilepsy (category 5).

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Health and Wellbeing Board

27 November 2019

Child Death Overview Panel (CDOP) Annual Report

Gill O'Neill

Deputy Director of Public Health

Role and Purpose of CDOP

- *Child death review: Statutory and Operational Guidance: Oct 2018 – compliant.*
- Legal responsibility to ensure that the deaths of children normally resident in their area are reviewed.
- Analyse and identify matters relating to the death that are relevant to the welfare of children or to public health and safety and whether action is required.
- To consider modifiable factors which may prevent future deaths from occurring.
- Must enable local and national learning using standardised approaches.(national templates)

Role and Purpose of CDOP (cont)

- To notify the Medical Examiner (once introduced) and the doctor who certified the cause of death.
- To provide data to NHS Digital and then, once established, to the National Child Mortality Database.
- To produce an annual report on local patterns and trends in child deaths, any lessons learnt and actions taken, and the effectiveness of the wider child death review process.
- To contribute to local, regional and national initiatives to improve learning from child death reviews.
- including, where appropriate, approved research carried out within the requirements of data protection.

CDOP Membership

- Public Health (chair as independent of key providers).
- Designated Doctor for Child Death.
- Social Services.
- Police.
- Designated Doctor and Nurse for Safeguarding.
- Health visiting/school nursing.
- Primary Care – GP.
- Nursing and/or midwifery.
- Lay representation (for thematic review meetings).
- Other professionals that CDRPs consider should be involved (Education, mental health provider, NEAS etc).

CDOP Annual Report (2018/19)

A joint Child Death Overview Panel (CDOP) is in place for Durham and Darlington, reporting to both children's safeguarding partnerships.

24 children in Durham and 4 in Darlington died during 2018/19.

There were 39 child death reviews considered by CDOP in 2018/19 (time period 2015 – 2019).

Of the 39 cases reviewed there were modifiable factors in four deaths:
Smoking in the home and smoking during pregnancy.

Timeline for Reviews

- 2 completed within 6 months.
- 28 completed within 6-12 months.
- 10 completed which were over 12 months old.

Categories of Death

- The majority of deaths relate to perinatal/neonatal deaths and life limiting conditions.
- 69% of deaths are of children under one year old.
- 74% are male deaths.
- Majority of deaths occurred at hospital (67%).

Contributory factors:

- Childs needs: 18 health factors which were sufficient to explain death.
- Family / environment: smoking during pregnancy, parental substance misuse, child's mental health, co – sleeping
- Service provision: access to health care and prior surgical intervention

Key Issues from Child Death Reviews 2018/19

Babies with life limiting conditions

- Ensure relevant teams within tertiary services, district and community health services are involved in discharge planning and health care plans to ensure the family receive support during the antenatal and postnatal period.
- There is a regional neonatal care comfort bundle checklist available that would improve communication across all health sectors.

Accidental deaths

- As part of primary care and routine visits by the health visiting service reinforcement messages of safety outdoors and indoors should be given.
- Improved communication and risk management of the use of paracetamol – public health to coordinate a public awareness programme.

Children with chronic medical conditions

- There was a failure to recognise a critical and acute illness in a child with an underlying chronic and complex condition. In terms of learning, consideration should be given to implementing the difficulty airway society extubation guidelines. There was also a delay in the child receiving oxygen therapy prior to admission to hospital and assurances have been sought from the CCG in terms of issues identified for primary care and ambulance services.

Neonatal deaths

- Similar themes have been previously identified from an external review of maternity services. In terms of paediatric input in the management of a high risk mother and delivery of her baby. Need to undertake a regional thematic review of neonatal deaths.

Good Practice

- Actions have been undertaken in the management of high risk mothers and delivery in terms of prompt transfer times to tertiary centres and subsequent interventions.
- 0 – 19 service have identified staff to take part in public health commissioned bereavement support training. This was following discussion at CDOP about how siblings and peers are better supported following the death of a sibling or friend.
- The rapid response team continue to be an essential support incredibly valued by families and partners.

Developments During 2018/19 – Roll into 2019/20

- Training on child death review process.
- Bereavement support training.
- Discussion with Tees CDOP about the establishment of twice a year joint thematic review sessions.

- Commencement of the information sharing agreements with PHE and the four (now three) CDOPs to undertake regional thematic reviews:
  - Suicide and self harm
  - Sudden and unexpected deaths in infancy
  - Trauma deaths
  - Neonatal deaths

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Health and Wellbeing Board

27 November 2019

Draft Joint Health and Wellbeing Strategy

Ordinary Decision

Report of Gordon Elliott, Head of Partnerships and Community Engagement, Durham County Council

Electoral division(s) affected:

Countywide

Purpose of the Report

1 The purpose of this report is to present the draft Joint Health and Wellbeing Strategy (JHWS) 2020-2025 for comment. The draft strategy is attached as Appendix 2.

Executive summary

2 The JHWS is a legal requirement under the Health and Social Care Act 2012, to ensure health and social care agencies work together to agree services and initiatives which should be prioritised.

3 The Health and Wellbeing Board has the responsibility to deliver the JHWS, which is informed by the Joint Strategic Needs Assessment (JSNA), as part of Durham Insight, which is an assessment of the current and future health, wellbeing and social care needs of residents in County Durham.

4 The current strategy runs until the end of 2019 and therefore a new strategy is required to meet this duty. An interim strategy will provide a holding position for a year while a strategic governance review of partnerships is undertaken, linked to the new County Durham Vision 2035 which has recently been agreed by the County Durham Partnership.

5 The JHWS has been aligned to the Director of Public Health Annual Report 2018, the new County Durham Vision 2035, the developing Five-Year Health and Care System Plan and the North East and North Cumbria Integrated Care System Plan.

Recommendation(s)

6 Members of the Health and Wellbeing Board are recommended to:

(a) Provide comment on the draft Joint Health and Wellbeing Strategy, prior to wider consultation.

(b) Agree the strategic priorities and objectives.

Background

7 The development of the JHWS has been aligned to the new County Durham Vison 2035, which is a document developed with partners as a shared vision for the next 15 years with the following three strategic ambitions:

(a) More and better jobs

(b) People live long and independent lives

(c) Connected communities

8 The JHWS will take forward aspects of the vision that are focussed on the health and wellbeing of residents of County Durham and will contribute to other areas, working in partnership with other strategic partnership boards.

9 At the Health and Wellbeing Board meeting in November 2018 the Board agreed the HWB vision and the JHWS. In addition, the Board agreed to focus on a small number of six strategic priorities for inclusion, and objectives on which to measure success.

10 Since November 2018, work has taken place through a strategy development group (comprising representatives from Durham County Council, Public Health and Culture and Leisure, Harrogate and District NHS Foundation Trust, Clinical Commissioning Groups, County Durham and Darlington Fire and Rescue Service and Area Action Partnerships) to ensure that the JHWS is fit for purpose and reflects the work being undertaken in partnership by organisations across the county.

11 A ***Wellbeing Approach*** has been developed for County Durham, which was informed by evidence and local conversations. The following six key wellbeing principles have been agreed, which will underpin the delivery of the JHWS and will be considered by partners when developing plans, commissioning services and delivering care:

(a) Working with communities to support their development and Empowerment

(b) Acknowledge the differing needs of communities as well as the potential of their assets

(c) Focus activities to support the most disadvantaged and vulnerable, helping to build their future resilience

(d) Align our related strategies, policies and services to reduce duplication and ensure greater impact

(e) Develop and deliver services and assets in a way that encourages co-design and co-production with the people who need services and those who provide support

(f) Make person-centred health and care interventions available, ensuring they are empowering rather than stigmatising.

Joint Health and Wellbeing Strategy

12 The vision for the Health and Wellbeing Board was agreed in November 2018 as ***'County Durham is a healthy place, where people live well for longer'.***

Health and Wellbeing Board Development Session in November 2019

13 A Health and Wellbeing Board development session took place on 14 November 2019. Professor David Hunter attended to provide an overview of his research, evaluating the leadership of Health and Wellbeing Boards. Work also took place on further developing the draft JHWS and ensuring the Five-Year Health and Care System Plan, which is a requirement of the NHS Long Term Plan, is aligned to the JHWS. The System Plan is a sub-part of the JHWS, outlining those work programmes and joint areas of work which will contribute to the integration of health and social care for 2020 and beyond.

Strategic priorities

14 At the development session there was broad agreement to look at reducing the number of priorities to ensure that as a Board we can see real outcomes.

15 The Board agreed that a life course approach was the preferred option for the JHWS.

16 It was discussed that supporting Positive Behaviours was addressed through all the priorities and that Better Quality of Life was more of an outcome.

17 The proposed strategic priorities are outlined below as two options:

Option 1 – please note the draft JHWS attached is currently formatted as this option

Proposed Strategic Priorities	Proposed High Level Objectives for Strategic Priorities
1. Improved mental health and wellbeing for everyone Having optimum mental health and resilience is important to people's quality of life and the capacity to cope with life's ups and downs. Poor mental health and wellbeing contributes to poorer outcomes across the life-course and reinforces inequalities.	We will have improved self-reported wellbeing.
2. Every child has the best start in life This starts with a baby's mother being healthy before and during pregnancy. There is a lasting impact in future years from what happens in the early years of a child's life.	Over 90% of pregnant women will not smoke at the time of delivery. Over 90% of children aged 4-5 years, and 79% of children aged 10-11 years are of a healthy weight
3. Living Well and Ageing Well Living well in the community involves more that an integrated health and social care system. Early detection of long-term conditions, the opportunity to be involved in coproducing services and support from the community around us makes a big difference to our ability to live well.	We will have a smoke free environment with over 95% of our residents not smoking
4. Good jobs and places to live, learn and play We know that a good job, poverty, the natural and built environment, the quality of housing and opportunities for active travel have a big influence on health and wellbeing.	We will close the gap in employment rates between those living with a long-term health condition, learning disability, or in contact with secondary mental health services and the overall employment rate
5. Promoting a healthy workforce Helping people with health issues to obtain or retain work and be happy and productive within the workplace is a crucial part of the economic success and wellbeing of our communities	Number of organisations involved in Better Health at Work Award

Option 2

18 The Board may also wish to reduce the priorities further and not have specific priorities relating to improving the mental health of everyone and good jobs, places to live learn and play and have these as cross cutting themes through all of the Board's work.

Proposed Strategic Priorities	**Proposed High Level Objectives for Strategic Priorities**
1. Start Well This starts with a baby's mother being healthy before and during pregnancy. There is a lasting impact in future years from what happens in the early years of a child's life.	Over 90% of pregnant women will not smoke at the time of delivery. Over 90% of children aged 4-5 years, and 79% of children aged 10-11 years are of a healthy weight
2. Live Well Living well in the community involves more that an integrated health and social care system. Early detection of long-term conditions, the opportunity to be involved in coproducing services and support from the community around us makes a big difference to our ability to live well.	We will have a smoke free environment with over 95% of our residents not smoking
3. Age Well Ageing Well includes ensuring all our communities are empowered to become dementia friendly as well as focusing on those people that are most vulnerable who are at risk of significant deterioration in their health and wellbeing, for example, the frail elderly. This priority also includes supporting people to die in the place of their choice with the care and support that they need	

19 In addition, a number of milestones are included in the JHWS for each strategic priority to identify the changes we expect to see each year in a number of performance areas.

20 Work will take place with relevant performance leads as part of the strategy development group meetings to ensure that key performance indicators are identified to ensure realistic, but challenging measures are in place. The aim is to streamline the previous arrangements so there is focus for the Board on those performance issues that are the hardest to address. Regular updates will be provided to the Health and Wellbeing Board as part of its work programme.

21 An Equality Impact Assessment (EIA) is being undertaken alongside the development of the JHWS.

Strategic Governance review

22 Following the agreement of the Vision 2035, a strategic governance review of the Partnerships Framework is currently taking place and will be completed by May 2020. This provides the opportunity to review how the work of the Board is taken forward to deliver the JHWS.

23 The Health and Wellbeing Board will be part of the strategic governance review consultation and will receive an update at the January 2020 meeting.

JHWS Consultation

24 Work has taken place with partners and the HWB to develop the JHWS, and the draft strategy has been shared within individual partner organisations.

25 The following will be utilised to provide comment, prior to sign off of the final JHWS in March 2020:

(a) Wider consultation via the Durham County Council website from **mid-December 2019 to February 2020**. In addition, consultation will take place with a number of groups and fora including the Area Action Partnerships, Better Together Forum, Armed Forces Forum, Local Councils working group, Investing in Children and the Learning Disabilities Parliament will be asked to comment. Public Health colleagues will also be instrumental in this consultation work.

(b) Overview and Scrutiny Committees (Adults Wellbeing and Health and Children and Young People's) in **January 2020**

(c) Final sign off of the JHWS will take place at the Health and Wellbeing Board meeting on **11 March 2020**.

Conclusion

26 The development of the JHWS has been led by the Health and Wellbeing Board, supported by a multi-agency working group. The Strategy has been informed by the Joint Strategic Needs Assessment which provides the evidence base on which the priorities have been developed. The JHWS is also aligned to the County Durham Vision 2035 and will be the delivery mechanism for some of the objectives, particularly relating to living long and independent lives. Further work

will take place with the Health and Wellbeing Board and with partners to develop the Strategy prior to agreement in March 2020.

Author: Julie Bradbrook Tel: 03000 267325

Appendix 1: Implications

Legal Implications
The Health and Social Care Act 2012 places clear duties on local authorities and Clinical Commissioning Groups (CCGs) to prepare a JHWS.

Finance
Ongoing pressure on the public services will challenge all agencies to consider how best to ensure effective services are delivered in the most efficient way.

The demographic profile of the County in terms of both an ageing and projected increase in population will present future budget pressures to the County Council and NHS partners for the commissioning of health and social care services.

Consultation
Details of consultation are provided in the report.

Equality and Diversity / Public Sector Equality Duty
An EIA is being undertaken alongside the development of the JHWS

Climate Change
There are no climate change implications

Human Rights
There are no adverse implications

Crime and Disorder
The JHWS is aligned with and contributes to the current priorities within the Safe Durham Partnership Plan which focuses on crime and disorder.

Staffing
There are no staffing implications.

Accommodation
There are no accommodation implications

Risk
There are no risk implications

Procurement
The Health and Social Care Act 2012 outlines that commissioners should take regard of the JHWS when exercising their functions in relation to the commissioning of health and social care services.

Appendix 2: Draft Joint Health and Wellbeing Strategy

Attached as a separate document

DRAFT

Joint Health and Wellbeing Strategy

2020 – 2025

(a review will take place in 2021)

Foreword

Welcome to the County Durham Health and Wellbeing Board's fifth Joint Health and Wellbeing Strategy.

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.

As Chair and Vice Chair we are pleased to say that the Board have had a successful year, having worked to improve people's health and reduce health inequalities across the county. We have delivered on the six priorities in the JHWS 2016-19, and achievements aligned to these include:

- Businesses signing up to the county's Breastfeeding Friendly scheme
- Continuing downward trends in under 18 conceptions
- Introduction of the 'Active 30' programme in schools
- Delivery of the Youth Aware of Mental Health programme to secondary school pupils to help them cope with anxiety, depression and encourage them to make healthy lifestyle choices
- Delivering the Prevention at scale pilot, which focuses on mental health
- Significant reductions in smoking prevalence across the county
- Take up of screening for breast, cervical and bowel cancer
- Good performance in preventing delayed transfers of care from hospital
- Good proportion of people using social care saying that they have enough choice and control over the care and services they receive
- Further development of 'Dementia Friendly Communities'
- Development of the three-year Pharmaceutical Needs Assessment (PNA), which considers the health needs of the population and the provision of pharmaceutical services.

Moving forward, we continue to be supported by partners to deliver our vision to ensure County Durham is a healthy place, where people live well for longer.

Councillor Lucy Hovvels MBE
Chair of the Health and Wellbeing Board
Cabinet Portfolio Holder for Adult and Health Services

Dr Stewart Findley
Vice Chair of the Health and Wellbeing Board
Chief Officer, North Durham and Durham Dales, Easington & Sedgefield Clinical Commissioning Group

What is the Health and Wellbeing Board?

Health and Wellbeing Boards were established under the Health and Social Care Act 2012. This legislation gives the County Durham Health and Wellbeing Board specific functions as follows:

- To develop a Joint Strategic Needs Assessment (JSNA), which provides an overview of the current and future health and wellbeing needs of the people of County Durham;
- To develop a Joint Health and Wellbeing Strategy (JHWS), which is based on evidence in the Joint Strategic Needs Assessment;
- 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;
- Power to encourage those who provide services related to social determinants of health to work closely with the Health and Wellbeing Board;
- To produce a 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.

County Durham Vision 2035

The County Durham Vision 2035 is a document developed with partners to provide a shared understanding of what everyone wants our county to look like in 15 years' time. It provides strategic direction and enables us to work more closely together, removing organisational boundaries and co-delivering services for the benefit of our residents.

The County Durham Vision 2035 contains three strategic ambitions to develop County Durham over the next 15 years:

- More and Better jobs
- People live long and independent lives
- Connected communities

The Joint Health and Wellbeing Strategy priorities were developed ahead of the County Durham Vision. The JHWS will have a rapid review after a year to ensure full alignment with the County Durham Vision implementation and the partnership review. This will ensure that the priorities set out in the Joint Health and Wellbeing Strategy are fully embedded with the refreshed partnerships and delivery plan of the vision.

The Health and Wellbeing Board's vision is underpinned by the JSNA and is:

'County Durham is a healthy place, where people live well for longer'

Joint Strategic Needs Assessment

The Joint Strategic Needs Assessment (JSNA) helps to inform the planning and improvement of local services and guides us in making the best use of funding available. It builds a picture of current and future health and wellbeing needs of local people. This is used to shape joint commissioning priorities to improve health and wellbeing as well as reduce health inequalities in our communities. Over the last year our JSNA has been transformed to create a tool that is fit for the future and rooted in intelligence and wider evidence about what drives health and wellbeing across the county.

The development of assets within the JSNA is a key priority. By focussing only on the "needs" of local communities we do not acknowledge the importance of the assets or take account of the protective factors and strength within individuals and across communities. This should incorporate practical skills, capacity and knowledge of residents and the networks and connections in a community. In short it should cover:

- Where we live
- Our Services
- Our community

The JSNA is now part of Durham Insight which is a shared intelligence, research and knowledge base for County Durham, informing strategic planning across Durham County Council and its partners. This site includes in depth JSNA and Insight factsheets, health needs assessments, health equity audits and lots of topic-based intelligence including infographics, maps and story maps. New intelligence content is regularly added, and the site is continuously being developed and improved. **www.durhaminsight.info**

During 2019 recent additions to Durham Insight include JSNA factsheets on Special Educational Needs and Disabilities (SEND), and Children Looked After (CLA) plus the development of a vulnerable children's landing page and infographics to support our new Primary Care Networks (PCNs).

The JSNA, along with the use of evidence and local conversations, helps us to focus on the most important issues for our communities across County Durham.

Durham Insight
Insight & intelligence to inform

Building on our assets

County Durham has many assets that can support and protect health, some of these are set out below.

*A Cree is County Durham's version of Australia's Men's Shed. Crees aim to engage with those at risk of suicide by tackling social isolation and self-harm through skill-sharing and informal learning to promote social interaction. Although Crees were originally aimed at men, some have developed for women and young people.

Evidence for our strategic priorities

Data and intelligence had been coupled with the evidence base and knowledge of local circumstances to prioritise the key areas of focus in the strategy.

Where are we in 2020?

The key health and factors which impact on health have been drawn out from the JSNA and utilised to inform the priorities for the Joint Health and Wellbeing Strategy.

This has been coupled with the major policy drivers for improving health and reducing health inequalities:

- Marmot Fair Society Healthy Lives
- NHS Long Term Plan
- Prevention Green Paper
- Future in Mind

Our strategy is focussed not only on extending the length of life but quality of life and reducing differences in health outcomes for our local residents.

Across County Durham there are major differences in the health that people experience and there remains differences between the health of local people and those across England. The JHWS is seeking to work with people to change these outcomes. The solutions to these differences are not to be found within health and care services alone and many other factors have an influence on people's health and wellbeing. These include the environment in which people live, access to a good education, housing, the food people eat, money and resources, family, friends and communities and good work. These are often called the social determinants of health.

These differences are unjust and unfair, and the Health and Wellbeing Board is committed to making a difference. The Board recognises that many of the social determinants of health require close working with key partners across County Durham who have responsibility for housing, schools and of course with our local communities. Achieving our objectives will rely on close working with these partners over the length of this strategy and beyond and in support of the County Durham vision 2035.

Health and wellbeing

Children born today in County Durham can expect to live until they are **81 years** old for a girl and **78 years** old for a boy.

They can both expect to live life in good health until they are **59 years old**.

1 in 4 adults experiences at least one diagnosable mental health problem in their lifetime…

… that's over **100,000 adults** in County Durham.

Nearly half of our population live in the **30% most deprived areas nationally**.

For children this rises to **54%**.

There are fewer people than ever ***smoking***, but ***obesity*** rates continue to rise.

Smoking prevalence has reduced to **15%** in County Durham

2 in 3 adults are overweight or obese.

1 in 10 children are estimated to have a mental health condition.

1 in 20 people over the age of 65 are recorded as having dementia.

2/3 of adult social care users are satisfied with their care.

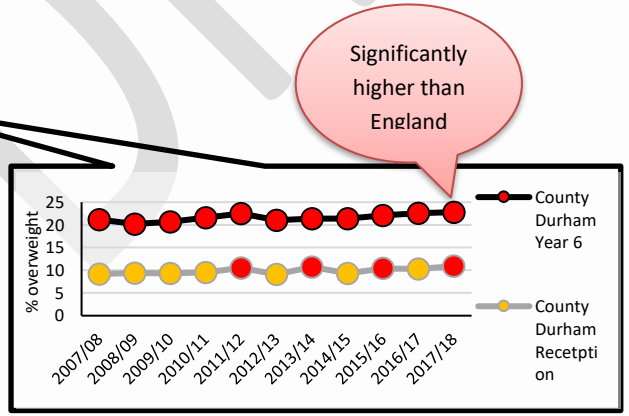
County Durham is ranked **4th best out of 151** local authorities for Delayed Transfers of Care rates per 100,00.

18% of mothers smoke while they are pregnant, that's nearly **900 babies** born to mothers who smoke a year.

Childhood obesity is increasing.

1 in 10 reception children …

… and **1 in 5** Year 6 children are obese.



Over **17,000** people are supported by adult social care services provided by the Council.

The average age at which people are admitted to permanent residential care has increased by nearly 2 years over the last decade.

Our Strategic Priorities

The Health and Wellbeing Board has five strategic priorities which set out what we will focus on to make County Durham a healthy place. These priorities are:

- Improved mental health and wellbeing for everyone
- Every child has the best start in life
- Living Well and Ageing Well
- Good jobs and places to live, learn and play
- Promoting a healthy workforce

Improved mental health and wellbeing for everyone

Mental health is defined as a state of wellbeing in which every individual realises his or her full potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to his or her community.

In County Durham is it estimated that 1 in 10 (over 10,000) children have a mental health disorder and that a quarter of adults will experience at least one diagnosable mental health problem in their lifetime.

Mental health can have a major impact on the quality of life, ability to work and sickness levels at work. Poor mental health has a major effect on our economy. However good mental health can also be a protective factor for good health in general.

There also remains stigma attached to mental health and being able to talk more openly about mental health conditions or feelings in the same way as physical health can really support improved mental health.

The scale of the issue and its impact on individuals, communities, economy and services is why mental health is a priority for the Health and Wellbeing Board.

Every child has the best start in life

The experiences that children have early in their life play a key part in their health as adults. While we have made progress in recent years in providing opportunities for our children including a good level of development for our children by the end of reception, reduction in teenage conceptions and levels of smoking our overall outcomes for children should and can be improved. This is even more so for children facing significant disadvantage or challenge.

The Health and Wellbeing Board will work closely with children and young people to achieve the best start in life and reduce health inequalities for children and their families.

Living Well and Ageing Well

While the length of life of local people continues to increase the years that people can expect to live a high quality of life sees significant differences across County Durham. The gap between the most deprived and least deprived areas within County Durham is 8.1 years for men and 6.9 years for women. This coupled with an ageing population and people living with a range of health conditions can affect people's ability to work and contribute to their communities and has an impact on our health and care services.

While we will continue to strive to extend length of life and seek to prevent major conditions including cancer, heart disease and respiratory conditions we will increase our focus on those issues which affect the quality of people's lives, for example, mental health, pain, multiple health conditions such as chronic obstructive pulmonary disease (COPD), diabetes and dementia. All these issues are compounded for certain groups within County Durham including those with a disability.

In County Durham, we recognise that for many people not smoking, having a healthy weight, being physically active, drinking moderate levels of alcohol and having good and supportive relationships is not a choice but shaped by the environment in which they live. While we have made good in-roads to some of these behaviours, for example, smoking, we still have a long way to go.

Good jobs and places to live, learn and play

People's health is closely connected to the ability to fulfil their potential and the opportunity of having a good job or a volunteering opportunity can significantly improve people's health.

Local people who have significant health issues face barriers to work and the Health and Wellbeing Board will work through the Economic Partnership to seek to overcome these barriers. The gap in the employment rate between those with a long-term health condition and the overall employment rate is 19.5% which is significantly worse than England and increasing over time.

The place where people live work and play also has a huge impact on people's health and wellbeing and the Health and Wellbeing Board is committed to shaping a healthy place which is smoke free, supportive of a healthy weight and gives access to physical activity opportunities with good homes**.**

Promoting a healthy workforce

Good work is vital for people's health and wellbeing, impacting both directly and indirectly on the individual, their families and communities. Healthier active and engaged employees are more productive and have lower levels of sickness absence and presenteeism. We know that almost 19% of sickness absence is due to mental health and over 15 million days are lost to depression every year nationally.

In County Durham, the key organisations which are part of the Health and Wellbeing Board employ a high number of people, many of whom live locally. Supporting people to stay well at work can impact on our local families and collectively the board are committed to having a healthy workforce which can also support the economy. As Health and Wellbeing Board

organisations we can model the way encouraging other workplaces to focus on health and wellbeing. This priority also links closely to good jobs, ensuring that the jobs we provide are of a good standard, that we seek to employ people who may otherwise not be able to access work and provide opportunities for volunteering and apprenticeships.

Alignment with other key strategic plans

The County Durham Health and Wellbeing Board takes a 'whole-system' approach to the health and wellbeing of our communities which requires coordination and collaboration across a wide variety of sectors. It is important that our priorities align to other plans to ensure our actions are delivered to meet the need of our local communities. Partners working across County Durham have developed a five-year County Durham Health and Wellbeing System Plan which identifies key programmes of work over the next five years for health and social care services.

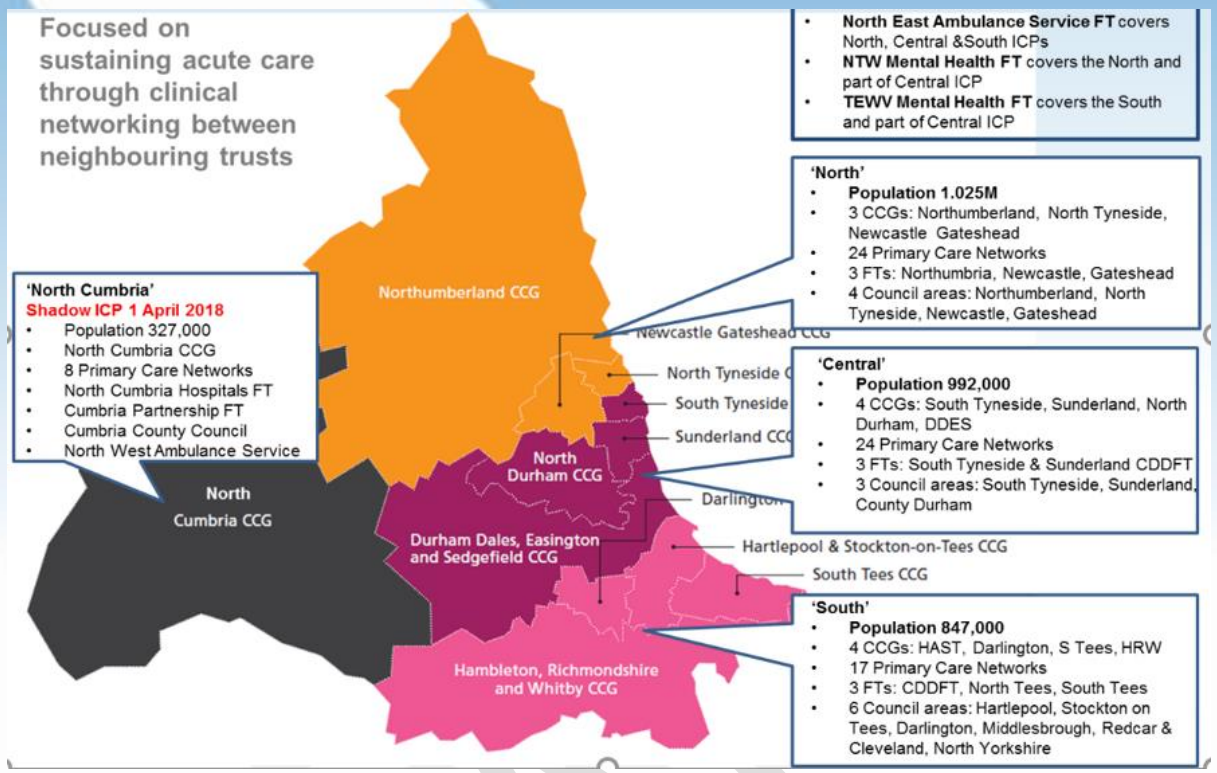
The County Durham 5-year Health and Wellbeing System plan is part of an Integrated Care Partnership which covers County Durham, Sunderland and South Tyneside which in turn is part of an Integrated Care System which covers the whole of the North East and Cumbria. This geography is shown at Figure 1.

An integrated health and social care system has an important role to play in terms of early intervention by preventing or reducing needs from deteriorating by providing the right care at the right time in the community and putting more people in control of their health; supporting the whole person – across mental and physical health – not just treating symptoms.

County Durham, our 'place' has primacy and will be where the majority of services will continue to be commissioned, planned and delivered, whilst also recognising that we will work together with our neighbours at scale where this genuinely adds value. The JHWS is about long-term health improvement and reducing health inequalities including the social determinants.

Please refer to Appendix 1 to see how the Joint Health and Wellbeing Strategy aligns to other plans.

Figure 1: Integrated Care System and Integrated Care Partnership geographies



Our objectives

We have chosen six objectives across our strategic priorities, that are of importance given the impact they have on people's health and of where we want to be in 2025. We recognise these are challenging but by working together across our partnerships and local communities we can make a difference.

- Improved Self-reported wellbeing
- Over 90% of children aged 4-5 years, and 79% of children aged 10-11 years are of a healthy weight
- Over 95% of pregnant women will not smoke at time of delivery
- We will have a smoke free environment with over 95% of our residents not smoking
- Close the gap in the employment rate between those living with a long-term health condition, learning disability, in contact with secondary mental health services and the overall employment rate
- Number of organisations involved in Better Health at Work Award

Approach to Wellbeing

There are many definitions of wellbeing, but in short it can be described as *'how well we are doing'* or *'how satisfied we are with our lives'*. As well as health, measures of wellbeing include our relationships; our work and finances; our levels of participation in sport, culture and community events, where we live and how safe we feel; and the services we can access. Wellbeing is starting to be an equivalent measure to economic growth, ensuring that we consider these important factors in people's lives alongside factors influencing economic development.

Wider influences such as finances, home, education, and environment can all have an impact on the health of our communities. However, communities also possess a number of assets available to them that help maintain and build their resilience and which in turn can protect challenges to their health or wellbeing.

Initiatives intended to encourage inclusive growth and improvements in wellbeing are founded on the engagement of communities and the devolution of power. County Durham has been at the vanguard in developing such approaches, engaging communities and sharing decision making through Area Action Partnerships. These have been operating since 2009, originally designed to give people a voice in how local services are provided. We know that this can make a difference and can build on these to close the gap and not leave people behind.

We will deliver this strategy together with our communities. We will operate to the following principles of working in order to improve the wellbeing of our residents:

- Solutions will be designed and produced together with service users
- We will work with communities and support their development and empowerment
- We will acknowledge the differing needs of our communities whilst acknowledging and building on their potential strengths
- We will direct our activities where they can make the biggest difference to those who are most vulnerable and help to build resilience
- We will make person centred interventions available, ensuring that they are empowering and not stigmatising
- We will align our related strategies, policies and services to reduce duplication and ensure greater impact.

Strategic priority 1: Improved mental health and wellbeing for everyone

Why is this important?

Mental health and resilience is the foundation for wellbeing and the effective functioning of individuals and communities. Having optimum mental health and resilience is important to people's quality of life and the capacity to cope with life's ups and downs. Poor mental health and wellbeing contributes to poorer outcomes across the lifecourse and reinforces inequalities.

County Durham will be a county where mental health is seen as equal to physical health.

County Durham has been one of 14 places across England to be part of a national programme of work called Prevention at Scale. In County Durham we chose a focus on mental health, prevention of suicide and tackling stigma and discrimination. We will continue to implement this programme in County Durham called 'Mental Health at Scale'.

We worked with students (aged 14-16) and men (aged 40-49) to gather their opinions, perspectives and thoughts on mental health stigma. Interviews were also held with professionals working in this area, so that we could learn more about the challenges they face and the success that they experience in their work. This learning highlighted the stigma that exists and how we require collective efforts to promote and protect mental health, provide help and support for those who need it, and a concerted effort to actively challenge stigma itself, to begin to make a difference. This learning has been fed through key mental health groups to inform their current practice and plans.

County Durham was successful in becoming a funded Time to Change Hub, enabling us to make positive progress in tackling mental health stigma and discrimination. The hub is co-ordinated by 'Investing in Children'. Hub Champions have been visible at many events across the County and a County Durham Volunteer's celebration event to raise awareness of issues around mental health stigma and discrimination has taken place.

We will work to ensure our communities have optimum mental health and wellbeing, so they know where they can get support and non-stigmatising help when required to help them build their resilience for the future.

What is our objective?

We will see improved self-reported wellbeing by 2025.

Improving mental health and wellbeing for everyone

1 in 4 adults experiences at least one diagnosable mental health problem in any given year.

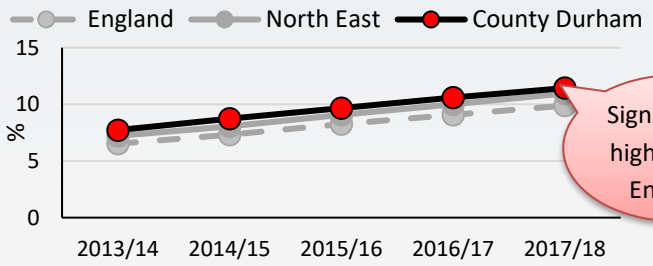
Mental health problems represent the largest single cause of disability in the UK year.

1 in 10 children have a mental health disorder.

Nearly **80,000 adults** have a common mental health disorder in County Durham, **12,500** of these are **over the age of 65.**

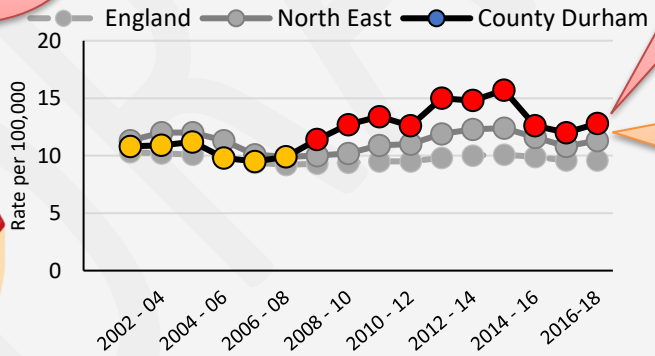
That's around **10,000 children** in County Durham.

Recorded prevalence of depression is increasing in over 18s:



Significantly higher than England

The suicide rate for County Durham is higher than England.



Significantly higher than England

Less than 60 deaths a year from suicide.

Male suicide rates in County Durham are *significantly higher* than England,

but for women the rate is *not significantly* different to England.

Referrals to adult mental health professional assessments increased **58%** between 2010/11 and 2018/19

Around **50%** of adult social care users have as much social contact as they want with people they like.

Nearly **950** people required an emergency admission to hospital as a result of self-harm in 2017/18.

1 in 10 15-16 year olds are predicted to have self-harmed in their lifetime.

In 2017/18 **326** 10-24 year olds were admitted to hospital as a result of self-harm.

1 in 5 people say they have high levels of anxiety…

… and **1 in 10** say they do not feel happy.

What changes can you expect to see?

By 2022:

- 10% reduction in suicides

By 2023:

- Increase in patients seen with face to face second contact within 9 weeks of referral to CAMHS

By 2024:

- Increase in the number of physical health checks for those people with a mental health condition or a learning disability

By 2025:

- Improved Self-reported wellbeing

Improved mental health and wellbeing for everyone

Objective: We will have improved Self-reported wellbeing by 2025	
• **Best start in life: Children and young people's mental health and emotional wellbeing is maximised** • **Resilient communities: Our mental health is valued equally with physical health and our communities are resilient** • **Suicide prevention is targeted**	
• Identify perinatal mental health issues during the antenatal period and embedded pathways for support into practice • Implement the Children and Young People Mental Health Emotional Wellbeing and Resilience local transformation plan to improve the mental health and emotional resilience of children and young people • Develop our countywide approach to reducing stigma and discrimination across communities, workplaces and schools though working with the Time to Change hub • Implement the approach to wellbeing which builds on the positive work in communities and involves communities in decisions about services • Encourage workplaces to sign the Time to Change Employer pledge • Better identify the rate of self-harm in County Durham • Reduce the levels of suicide across County Durham	
Delivery Plan mechanisms:	1. **Mental Health Strategic Plan** 2. **Children and Young People Mental Health Emotional Wellbeing and Resilience local transformation plan**

Strategic priority 2: Every child has the best start in life

Why is this important?

The best start in life starts with a baby's mother being healthy before and during pregnancy. There is a lasting impact in future years from what happens in the early years of a child's life.

Childhood is the springboard to a successful adulthood. It is the foundation on which our lives are built. We will provide the best support to expectant mothers and mothers of new born babies and their children. For our more vulnerable children and families we will provide a more targeted offer of support and reduce inequalities in outcomes. Our children and young people with Special Educational Needs and Disabilities will achieve the best possible outcomes.

We will improve health and wellbeing outcomes for all children and young people and help children and their families achieve and maintain their optimum mental health, resilience and wellbeing.

In addition to the direct feedback on health issues from young people to the Health and Wellbeing Board, we will look to coproduce work with young people and their families, for example in relation to mental health services. The Health and Wellbeing Board will also receive regular in-depth updates on the Local Transformation Plan to provide challenge and scrutiny.

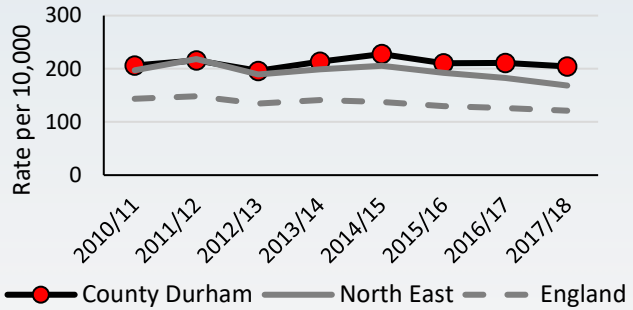
The Children and Young People's Strategy provides focus and clarity on the priorities for improving services and life opportunities for children and young people. The Health and Wellbeing Board will provide strategic oversight to ensure that improved health and wellbeing outcomes of our children is delivered within this strategy, including reducing unacceptable inequalities, which our more vulnerable children encounter like unintentional injuries in the home or being an unhealthy weight.

What is our objective?

By 2025, over 95% of pregnant women will not smoke at time of delivery. We will also endeavour that over 90% of children aged 4-5 years, and 79% of children aged 10-11 years are of a healthy weight.

Every child has the best start in life

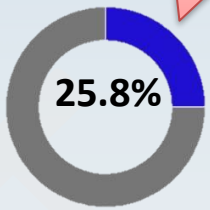
The rate of hospital admissions caused by unintentional and deliberate injuries in children (0-4) locally is **204.5 per 10,000**. This is *significantly higher* than the North East and England.



1 in 7

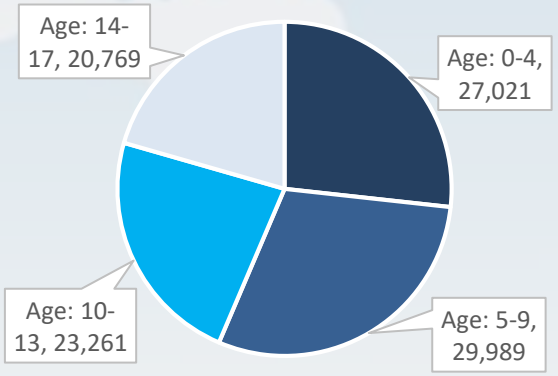
children and young people of school age in County Durham have special educational needs.

Significantly higher than England



A **quarter** of 5-year olds have one or more missing, filled or decayed teeth.

There are just over **100,000** children in County Durham.

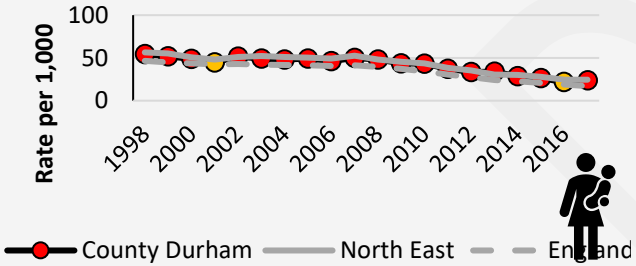


7 out of 10 children are achieving a good level of development at the end of reception.

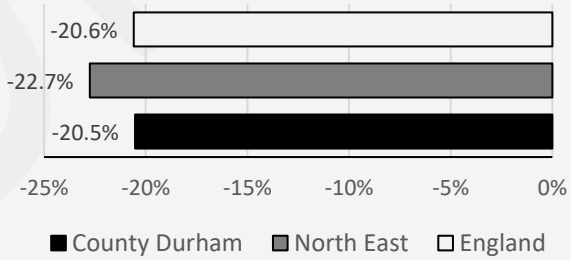
Significantly better than England

Significantly higher than England

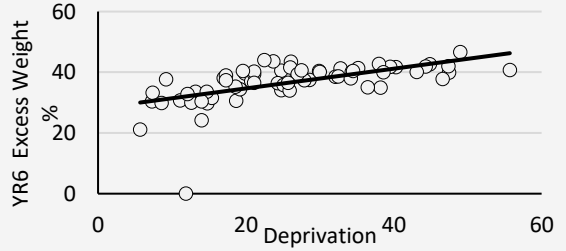
The rate of teenage conceptions has **decreased by 45%** since 2010.



Smoking at time of delivery has **decreased by 20%** since 2010/11, similar to England.



Childhood obesity is increasing, **one third of children** in year 6 are of excess weight… this is even higher in the more deprived areas of County Durham.



Nearly **1** in **3** mums are breastfeeding at 6-8 weeks after birth. This is significantly lower than England.

What changes can you expect to see?

By 2022:

- More breastfeeding friendly venues and organisational workplaces across County Durham that meet UNICEF Baby friendly Initiative Standards

By 2023:

- A reduction/downward trend in hospital admissions of children under 2 years of age, due to unintentional injuries

By 2024:

- Child development outcomes at age 2 to 2.5 years will be 90%

By 2025:

- Over 95% of pregnant women will not smoke at the time of delivery
- Over 90% of children aged 4-5 years, and 79% of children aged 10-11 years are of a healthy weight

Every child has the best start in life

Objectives: By 2025 over 95% of pregnant women will not smoke at the time of delivery Over 90% of children aged 4-5 years, and 79% of children aged 10-11 years are of a healthy weight		
• **1001 critical days – We will focus on the time from conception to when a child is two and a half years old** • **Transition into adulthood** **Note: Children and Young People's Mental Health is included in Strategic Objective 4**		
• Support women to achieve a smoke free pregnancy through whole system change and tackling tobacco dependency in pregnancy as an addiction not a lifestyle choice • Increase the percentage of women who initiate breastfeeding and continue at 6-8 weeks through the County Durham 'Call to Action' to change the culture of breastfeeding in our county, and our Growing Healthy Service maintaining UNICEF Gold Baby Friendly Accreditation • Adopt a 'think family' approach to ensure the needs of a child are met by taking into account their family and community • Reduce unintentional injuries in the 0-19 population, through the County Durham prevention of Unintentional Injuries Framework 0-19 • Consider a range of population approaches to improving children's oral health across County Durham including community water fluoridation • Promote the uptake of vaccinations through campaigns for children across County Durham, with more targeted work with our harder to reach children and young people, for example those who are educated at home. • Improve the quality, responsiveness and equity of access to our services to meet the needs of all children and young people, including those who have special needs and disabilities • Support the effective transition of identified vulnerable young people aged 14+ towards adulthood and their transition to adult services where required • Improve the transition for children and young people from Child and Adolescent Mental Health Services (CAMHS) into appropriate adult services • Ensure the voice of the child is reflected in our work at all levels • Work with partners and communities to create environments/green space and settings where children and young people can access good nutrition and lead active lives • Develop standards for physical literacy and school reading to improve the health of children • Work with a range of partners to increase physical activity by promoting active 30 in schools and encouraging use of green space		
Delivery plan mechanisms:	1. **Best Start in Life Steering Group action plan** 2. **County Durham Tobacco dependency in Pregnancy steering group action plan** 3. **Child and Family place-based community hub design group action plan**	4. **Special Educational Needs and Disabilities Strategic Partnership written statement of action** 5. **Earned autonomy (Early help and Think Family) action plan** 6. **Oral Health Framework** 7. **Unintentional Injuries Framework**

Strategic priority 3: Living Well and Ageing Well

Why is this important?

There are a broad range of behaviours that influence individual health and wellbeing, and most often these behaviours are associated with family and community settings in which people live, work and socialise. We will adopt a 'settings' approach which creates an environment for healthy behaviours, including schools, workplaces, community centres and primary care so people can live and age well.

We will enable our local communities to increase people's skills, knowledge and confidence to look after their own health and wellbeing. We will encourage people to eat healthily by promoting the five a day message and increase their physical activity. We will address the equity in screening across our County and make is easier for people to look after their sexual health.

People living in deprived communities are disproportionately affected by one or more harmful behaviours and this is mirrored in the significantly higher rates of illness and premature death in these populations. The Health and Wellbeing Board will work with the Poverty Action Group and our communities to improve our health and wellbeing through tackling the root causes of ill health and unhealthy behaviours and provide a targeted approach to those that are most vulnerable.

Engagement across County Durham has been positive and the benefits of improved networking and collaboration around joint working are focussing work around the most vulnerable who are at risk of significant deterioration in their health and wellbeing, for example, the frail elderly and those people with learning disabilities and dementia.

Early detection of long-term conditions will lead to better outcomes. To combat increasing chronic disease, we will need to shift towards preventative services and develop locally determined, community centred approaches which maximise community strength, build social capital and improve community wellbeing so people have the knowledge and skills to help them live healthier and happier lives.

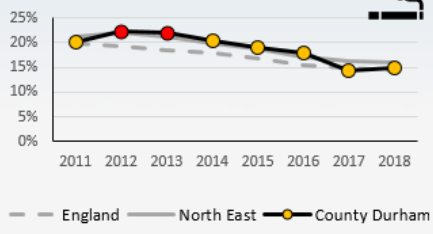
What is our objective?

We have a regional ambition to reduce smoking prevalence to 5% by 2025 and we are committed to reaching this. We will have a smoke free environment with over 95% of our residents not smoking.

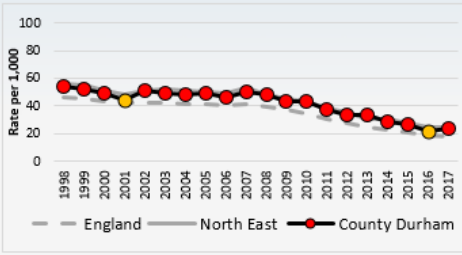
Living and ageing well to be developed following feedback at the HWB development session

Supporting Positive Behaviours

15% of adults are smokers. In 2018 there was an increase of 3,520 smokers in County Durham, whilst the region and England displayed decreases.



Teenage conceptions are *significantly worse* for County Durham **23.7** per 1,000 than England. There has been an increase of 8 conceptions over the last year.



Significantly lower than England

2,954 people were diagnosed with a sexually transmitted infection in 2018. This is **564** per 100,000.
This is *significantly lower* than the North East and England averages.

2 out of **3** adults are classed as overweight or obese.
This is *significantly* worse than England average.

91.9 per 100,000 people
aged 15-24 years were admitted to hospital for substance misuse over the period 2015/16 – 2017/18.

An average of 62 people a year in County Durham.

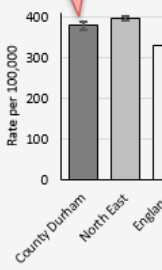
Around **3** in **5** adults are physically active (61.9%). This is **significantly worse** than the England average of 66.3%.

Significantly worse than England

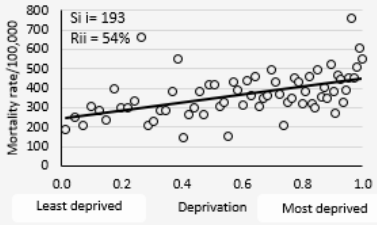
Hospital admissions for alcohol-related conditions are **significantly worse** than the England average.
This is **2,349 per 100,000 people.**

12,500 people were admitted to hospital in 2017/18 for alcohol related conditions.

Significantly worse than England

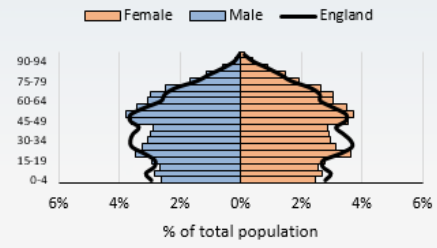


There is *inequality* in premature mortality within County Durham. The distribution is *unequal* as the rate is higher in the more deprived areas.



Better quality of life

County Durham has an older population profile than the England average.



Life expectancy and healthy life expectancy is ***significantly lower*** for County Durham than England for both men and women.

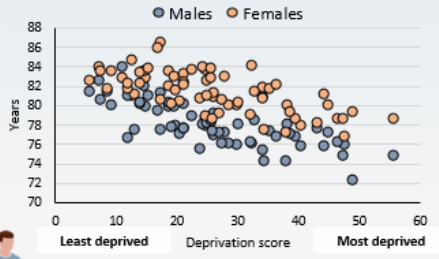
For women

Life expectancy is 81 years... | ... healthy life expectancy is 59 years. | That's 22 years in poor health

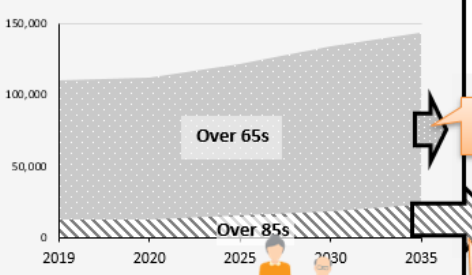
For men

Life expectancy is 78 years... | ... healthy life expectancy is 59 years. | That's 19 years in poor health

A person born in the most deprived areas can expect to live between **7 and 8 years less** than one in the least deprived areas...



The proportion of older people in the population is expected to increase.



31% increase for over 65s

82% increase for over 85s

1 in 20 people over the age of 65 are recorded as having dementia... that's nearly **5,000** people in County Durham.

This number is predicted to ***double*** over the next 15 years.

Permanent admission rates to residential and nursing care homes for over 65s are ***significantly higher*** for County Durham than England.

It is estimated that **2%** of the adult population has a learning disability... this is around **8,500** people in County Durham.
However in 2017/18 there were only just over **3,500** people registered with their GP as having a learning disability.
Potentially leaving **5,000** people undiagnosed.

In 2018/19,
94.6% of the Durham residents reported that their care and support services helped them have a better quality of life...
... and **90.1%** reported that their care and support services helped them have control over daily life

What changes can you expect to see?

By 2022:

- Increasing the equity of cancer screening programmes

By 2023:

- More adult carers having carers assessments

By 2024:

- Reduce the under 75 mortality rate from preventable cancers and reduction in the size of the gap in preventable cancer mortality between County Durham and England

By 2025:

- We will have a smoke free environment with over 95% of our residents not smoking

Living Well and Ageing Well

Objective: By 2025 we will have a smoke free environment with over 95% of our residents not smoking

- **Living well: Support services and healthy communities that enable people to participate, learn, connect, be active and be mindful**
- **Ageing well: Preventative services in the community**

- Work with a range of partners to deliver Making Every Contact Count to enable every contact to be a health contact
- Develop a Sexual Health strategy for County Durham to ensure equitable access and a strategic focus on STI reduction and good contraceptive health
- Reduce the prevalence of harm caused by smoking through tobacco control measures and redesigning the stop smoking service to improve the services to tackle tobacco-related ill health
- Increase the uptake of national/local screening programmes to reduce inequalities
- Help people to manage their own long-term conditions through self-management programmes through a range of methods, including digitally, to access advice, self-help in minor illnesses and health promotion
- Implement the Think Autism, "All Age" Strategy
- Increase the uptake of the flu vaccination especially in target groups by marketing campaigns
- Ensure dementia is identified and diagnosed at an early stage and families, carers and communities are helped to manage their condition
- Following the success of early adopters, increase the number of communities across the County who are empowered to become dementia friendly communities, with support from Dementia Action alliance, Alzheimer's Society and AAP's where engaged.
- Work with partners and providers to reduce the incidence of falls and fractures in older people by training and digital technology
- Work with Primary Care Networks to ensure social prescribing provides new opportunities for people to access the help they need
- Ensure that opportunities for service users and their carers to be involved in the development and co-production of services are maximised

Delivery plan mechanisms:	**1. Tobacco Control Alliance Action Plan** **2. Healthy Weight Alliance Action Plan** **3. County Durham Health and Social Care 5-year plan** **4. Health Protection and Assurance Action Plan** **5. Resilient Communities Action Plan** **6. MacMillan Joining the Dots programme**	**7. Active Durham Partnership Framework** **8. Sexual Health Strategy (when completed)** **9. Think Autism "All Age" Strategy** **10. Diabetes Prevention Programme** **11. Falls Prevention Strategy**

Strategic Priority 4: Good jobs and places to live, learn and play

Why is this important?

We know that a good job, health promoting environment, quality housing and opportunities for active travel have a positive influence on health and wellbeing.

Good jobs are good for good health. Having a health condition can put a barrier in place to accessing to work. Volunteering has many different elements, both for the individual and for the recipient and can offer a wide range of benefits to both. Building the capacity, skills and a strong CV for someone wanting to build up experience to compete for work is invaluable and the work the voluntary sector does to support individuals is very important. Volunteering is also important for strengthening communities.

The ambition in the County Durham Vision is to enjoy a thriving economy with more and better jobs and we will ensure access to jobs for those furthest from the jobs market.

We will work with partners and communities to maximise the quality of our local environment and clean air with opportunities to be physically active and achieve a healthy weight. We will encourage transport choices that are the most sustainable by improving the attractiveness of these modes of transport including cycling and walking for everyday journeys. We will ensure that access to opportunities are fair. NHS organisations who are members of the Health and Wellbeing Board will take the opportunity to impact on climate change by reducing the number of journeys undertaken.

Housing conditions can influence our physical and mental health, for example, a warm and dry house can improve general health outcomes and specifically reduce respiratory conditions and good housing promotes positive mental health. Where we live can promote our health if it is affordable and provides a stable and secure base, a place where we feel safe and comfortable, able to provide for all the household's requirements, connected to community, work and services.

What is our objective?

We will close the gap in employment rates between those living with a long-term health condition, learning disabilities or in contact with secondary mental health services and the overall employment rate[1]

[1] Focusing on the employment gap for people with long-term conditions or in contact with secondary mental health services provides an opportunity to reflect on how well the health and social care system is working with local partners, including employers, to support employment.

Good jobs and place to live, learn and play

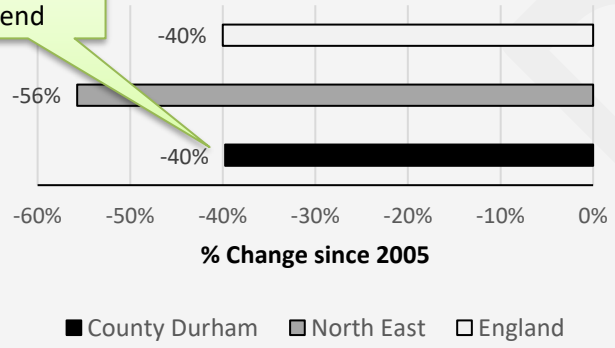
County Durham covers an area of **862** square miles.

One third of this is accessible natural green space…
… with 115 sites of special scientific interest.

There are **2,185 miles** of public rights of way…
… and North Pennines Area of Outstanding Natural beauty cover **335 square miles.**

There has been a **40% decrease** in carbon dioxide emissions since 2005.

Decreasing trend



Gross Value Added represents the value of goods and services produced in an area, nearly

£8.8 billion

per year for County Durham which is 17% of the total GVA for the whole of the North East

There were just over **1,500** homes built in the last year.

1 in 3

built last year were affordable homes

Around **197** people are killed or seriously injured on County Durham's roads every year.

This is not *significantly different* to the England average.

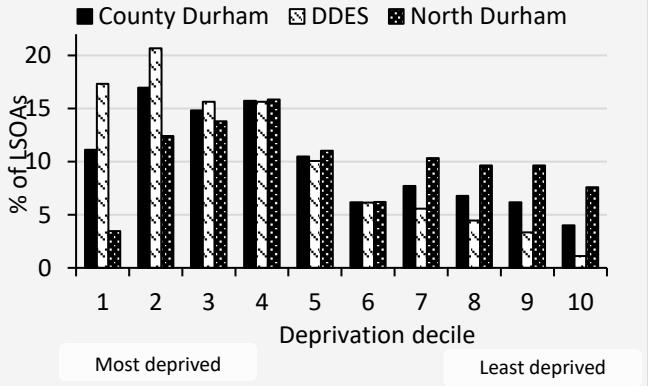
This has increased 7.5% since 2016

The employment rate is **74.2%**

1 in 4 children living in County Durham live in an income deprived household… that's over 20,000 children.

For England this figure is **1 in 5**.

Nearly 50% of our lower super output areas* are in the top 30% most deprived areas nationally.



What changes can you expect to see?

By 2022:

- Increased referrals and adaptations done by the warm and healthy homes programme

By 2023:

- Fewer applications for takeaways near schools

By 2024:

- A 20% reduction in business miles from the NHS to reduce carbon emissions

By 2025:

- Increase in young people taking up apprenticeships in County Durham
- Closing the gap in employment rates between those living with a long-term health condition, learning disabilities or in contact with secondary mental health services and the overall employment rate

Good jobs and places to live, learn and play

Objective: We will close the gap in employment rates between those living with a long-term health condition, learning disabilities or in contact with secondary mental health services and the overall employment rate		
• **Healthy place: Ensuring the built and natural environment and housing can encourage health and wellbeing** • **Contribute to reducing poverty in families**		
• Develop a countywide offer around physical activity and good nutrition to address the issues of holiday activities specifically targeting vulnerable communities and health inequalities • Increase the roll out in schools of 'poverty proofing the school day' which includes cutting the cost of the schools' day. • Encourage organisations sign County Durham Poverty pledge • Work with the Economic Partnership to maximise local opportunities for economic and job development, including apprenticeships, with a focus on closing the gap in employment opportunities for those with a long-term health condition or disability - Increase the number of people with learning disabilities in paid employment by the roll out a pilot with learning disability day services, which aims to support people from day services to employment/volunteering • Encourage employers to actively recruit people from vulnerable groups • Work with partners to create opportunities for people to have better jobs and a living wage • Increase the number of organisations using the volunteering kite mark, which is managed by Durham Community Action • Support spatial policy and regeneration programmes which aim to improve health and reduce health inequalities • NHS organisations will reduce the number of journeys by 20% to positively impact on climate change • Increase the use of active travel to encourage physical activity (including cycling and walking) to reduce traffic emissions related respiratory illness and carbon emissions • Work with planning and licensing to reduce the impact of an obesogenic environment • Establish new supported accommodation services for people with the most complex needs • Engage with housing colleagues to implement key actions in the housing strategy to improve health • Use the wellbeing principles to ensure our work with local communities is coproduced • Support the drive for a minimum unit price for alcohol to create a County Durham that has reduced harm from alcohol • Develop a healthy settings approach to support health improvement and reduced health inequalities across a range of settings, including early years schools, workplaces, pharmacies, leisure facilities and voluntary and community sector organisations		
Delivery plan mechanisms:	1. **Housing Strategy** 2. **Active Durham Framework**	3. **Healthy Weight Framework** 4. **Alcohol and Drug Harm Reduction Plan**

Strategic priority 5: Promoting a healthy workforce

Why is this important?

Businesses drive our economy and are rightly focused on growth, productivity and delivering a return on their investments.

Businesses play a vital role in our local communities providing jobs, opportunities and contributing to their local areas. We will work with businesses to help create a healthy community by offering employment and creating healthy workplaces to help ensure they retain their staff, attract new talent and help to keep the communities they work within healthier.

We must also recognise that health and care organisations employ a huge number of people. We must do all we can to promote the health and wellbeing of the workforce as many are also residents of County Durham.

We will work with businesses to put in place effective universal workplace health promotion programmes that can not only improve mental and physical health outcomes but can also have productivity benefits to business.

The longer someone is out of work, the more likely it is to impact on their health. Helping people with health issues to obtain or retain work and be happy and productive within the workplace is a crucial part of the economic success and wellbeing of our communities.

We will support businesses to implement effective preventative strategies, not only to promote better mental health but also help avoid some of the immediate substantial costs of absenteeism and reduced productivity at work which are associated with poor mental health. Sickness absence due to depression and anxiety also increases both the risk of early retirement from the labour force and premature death, particularly in men.

What is our objective?

We will increase the number of organisations involved in Better Health at Work Award.

Healthy workforce

Across the UK over 15 million days were lost in 2014 to stress, depression and anxiety…

… **19%** of ill health across England is attributed to mental health.

Less than **1 in 40** employees had at least one day off in the previous week.

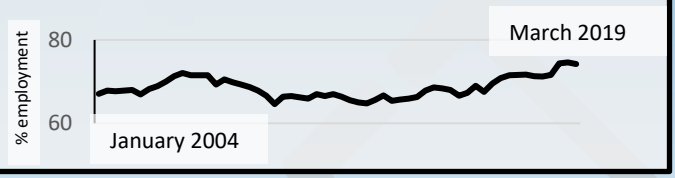
There are nearly **14,000 businesses** based in County Durham. This has increased nearly **20%** in the last 10 years.

There are over **18,000** jobs in the County.

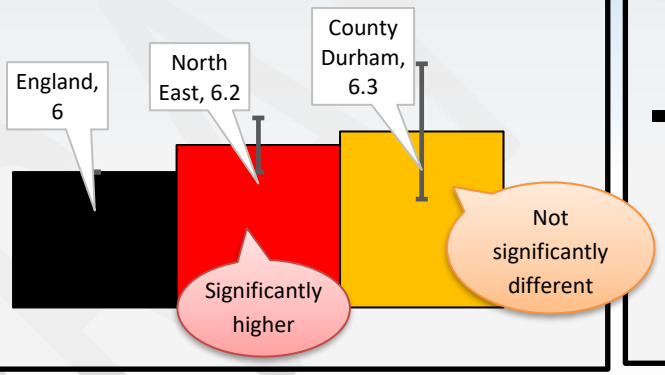
1 in 3 people are employed in public administration, health and education.

74% of people of working age are in employment…

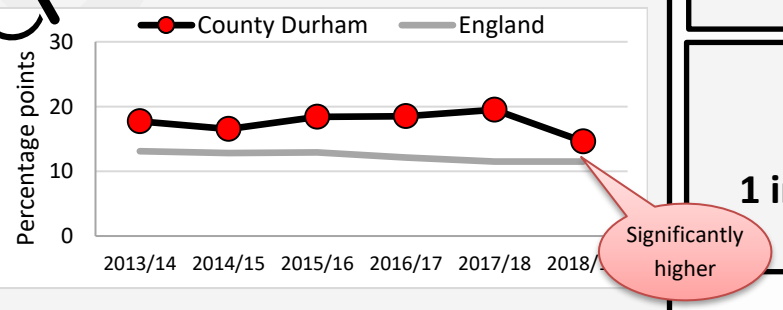
This is the ***highest*** it has been in over ***15 years***.



Just over **6%** of 16-17 year olds are not in education, employment or training.



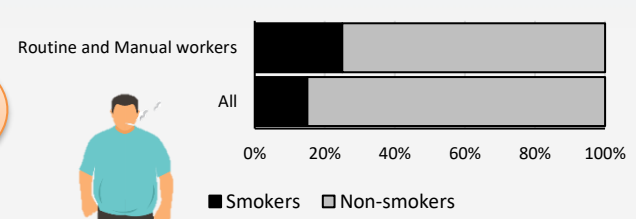
The gap in the employment rate between people with a long-term condition and the overall employment rate is significantly higher than England at **15 percentage points**.



1 in 5 adults walk for travel three days a week

There are fewer people than ever *smoking*, but *obesity* rates continue to rise.

15% of adults smoke. This figure increases to **25%** of those in routine and manual occupations.



2 in 3 adults are overweight or obese, this is ***significantly higher*** than England.

1 in 3 adults drink over 14 units of alcohol a week.

What changes can you expect to see?

By 2022:

- More businesses signing the Time to Change pledge to reduce mental health stigma and discrimination

By 2023:

- More businesses signing up to the Better Health at Work Award to improve health interventions at work

By 2024:

- More mental health champions across workplaces

By 2025:

- Increase the number of organisations involved in Better Health at Work Award

Promoting a healthy workforce

Objective: We will increase the number of organisations involved in Better Health at Work Award	
• **Healthy workforce** • **Healthy workplace**	
• Develop mental health awareness among employees • Support a range of marketing campaigns to promote health and wellbeing • Attract more businesses and the voluntary and community sector to participate and achieve the Better Health at Work award • Encourage and support progress through Better Health at Work award levels • Increase the number of mental health champions in the workplace to encourage open conversations about mental health and signpost to support available when employees are struggling • Produce, implement and communicate a healthy business framework through Business Durham • Write into every relevant contract that providers will commit to improving the health	
Delivery Plan mechanisms:	1. **County Durham Industrial Strategy** 2. **Resilient Communities Action Plan**

Enabling factors - There are a number of enabling factors that are relevant to all actions in this strategy to ensure that it is delivered.

Leadership and Advocacy

- Make health and wellbeing everyone's business through cross-sector capacity building
- Promote key health messages through strategic influence, advocacy and PR

Whole System Approach

- Multiagency working across County Durham to achieve the best outcomes to address health and wellbeing needs in an efficient and sustainable way
- Commission and deliver high quality, safe and integrated health and wellbeing services
- Strong partnership governance arrangements
- Effective communications and information sharing across partners and communities

Strategic focus on prevention and early help

- Encourage a resource shift towards prevention and early intervention for people to remain as independent as possible making the best use of resources
- Adopt a whole family approach and recognising the roles played by carers and significant others

Performance management and intelligence

- Use Joint Strategic Needs Assessment and Durham Insight to support analytical view of priorities for health
- Use the best available evidence to address local needs including accessing data to identify areas where targeted intervention is required to inform commissioning decisions

Targeted Approach

- Appropriate, systematic, coordinated and targeted interventions to improve the health and wellbeing of the most and disadvantaged groups fastest

Community Engagement

- Meaningful engagement with local communities, patients, service users, carers and the public in commissioning and delivery of health and wellbeing services
- Empowering and enabling communities and individuals to take responsibility for their own health and wellbeing
- Utilise community assets

Workforce

- Ensure staff have the right knowledge, skills and competencies

Co-production

- Services are co-designed and co-produced with the people who need them, as well as their carers

Equitable access

- Everyone has the same opportunities to access health and social care services

Performance management Framework

High level measures of success will be monitored through changes in life expectancy, healthy life expectancy and the life expectancy/healthy life expectancy gap between the most and least deprived communities.

The Health and Wellbeing Board will develop a set of performance indicators to measure the success of achieving the objectives and priorities in this strategy. Delivery of the actions in this strategy is by the Health and Wellbeing Board working with other partnership and the Health and Wellbeing Board sub groups who are responsible and accountable for the actions within this strategy.

Appendix 1: Joint Health and Wellbeing Strategy priorities and links to other strategic partnership plans

Joint Health and Wellbeing Strategy priorities and alignment to other Strategic Partnership Plans			
Joint Health and Wellbeing Strategy 2020 - 2025	**County Durham 5 Year System plan 2020 - 2025**	**Children and Young People's Strategy 2019 - 2022**	**Safe Durham Partnership Plan 2020 - 2025**
Good jobs and places to live, learn and play	Primary care Urgent care treatment centre review Development of place based 0-25 services	Young people gain the education, skills and experience to succeed in adulthood	Promote being safe and feeling safe in your community
Every child has the best start in life	Prevention Children and Young People's Strategy Children and Young People's mental health	All children and young people have a safe childhood Children and Young People enjoy the best start in life, good health and emotional wellbeing Children and young people with SEND achieve the best possible outcomes	
Support positive behaviours	Prevention		Reduction of alcohol and substance misuse
Improved mental health and wellbeing for everyone	Prevention Mental health Children and Young People's mental health		
Promoting a healthy workforce	Workforce		
Better quality of life	Prevention Learning disabilities Out of hospital care Urgent & emergency care Planned care End of Life		Protect vulnerable people from harm

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Health and Wellbeing Board

27 November 2019

Developing County Durham's Approach to Wellbeing

Report of Jane Robinson, Corporate Director of Adult and Health Services, Durham County Council, and Amanda Healy, Director of Public Health County Durham, Durham County Council

Electoral division(s) affected:

Countywide.

Purpose of the Report

1 The purpose of this report is to:

a) Provide an update on the development of the approach;
b) Highlight examples of where and how the approach is being used; and
c) Outline further areas to embed the approach.

Executive summary

2 There are many definitions of wellbeing, but in short it can be described as *'how well we are doing'* or *'how satisfied we are with our lives'*. As well as health, measures of wellbeing include our relationships; our work and finances; our levels of participation in sport, culture and community events, where we live and how safe we feel; and the services we can access. Wellbeing is starting to be seen as an equivalent measure to economic growth, ensuring that we consider these important factors in people's lives alongside factors influencing economic development.

3 Durham County Council has a statutory responsibility to improve and protect the health and wellbeing of local residents[1]. It also has a 'Wellbeing Power' that can be enacted in order to promote or improve the economic, social or environmental wellbeing of the area[2].

[1] Health and Social Care Act 2012
[2] The Local Government and Public Involvement in Health Act 2007

4 In recent years, we have seen many improvements in people's health and wellbeing, for example, as a result of targeted health improvement programmes and reductions in smoking rates. Consequently, our residents can expect to live longer lives than previously; however, they are not necessarily living happier and better quality lives and many still face a considerable number of challenges to their wellbeing.

5 For example, alcohol related deaths are increasing, and almost 17% of adults in Durham (14% in England) report levels of high anxiety. In addition, 12% of adults have a long term mental health problem, (only 9% across England), over 50,000 people in the county are diagnosed with depression and, it is estimated, that 1 in 10 children have a mental health disorder. Finally, healthy life expectancy (the years we can expect to live in good health) is only 58.7 years for women in Durham (60.4 in England), and 58.9 years for men (59.5 in England) and only 70% of people in Durham report a high level of wellbeing (or happiness), compared to 75% in England.

6 The CDP event in 2018 set us a challenge to move away from 'doing to' communities to 'working with'. This premise is now embedded in our County Durham Vision and is at the heart of the Wellbeing Approach. It builds on our long history of engaging with communities, through the work of our Area Action Partnerships and through initiatives such as the Voluntary and Community and Social Enterprise Sector Alliance and the co-production of services such as 'Joining the Dots'.

7 Many countries across the globe are recognising that the quest for economic growth can often result in widening inequalities where some groups of people being 'left behind'. Such groups then act as a "drag" on any further attempts at economic growth (OECD, 2015).[3] Consequently, the need for 'inclusive' growth and wellbeing is becoming increasingly important, with some suggesting that personal wellbeing rather than economic growth should be the primary aim of our Government's spending[4]. Certainly, this is now the approach being adopted in New Zealand.

8 Initiatives intended to encourage inclusive growth and improvements in wellbeing are founded on the engagement of communities and the devolution of power. County Durham has been at the vanguard in developing such approaches, engaging communities and sharing decision making through Area Action Partnerships. These have been originally designed to give people a voice in how local services are provided. We know that this can make a difference and can build on these to close the gap and not leave people behind.

[3] https://www.oecd.org/els/soc/OECD2015-In-It-Together-Chapter1-Overview-Inequality.pdf
[4] *A Spending Review to Increase Wellbeing: An open letter to the Chancellor (May 2019).* Report by the All-Party Parliamentary Group on Wellbeing Economics. www.wellbeingeconomics.co.uk

9 Our Approach to Wellbeing has been developed by colleagues working across DCC and with partners on the Mental Health Partnership Board, and the Resilient Communities Group, reporting into the Prevention Steering Group.

10 The Wellbeing Approach brings a shift in emphasis and resources from the delivery of wellbeing services to an approach that introduces greater devolution of decision making to communities and stronger community engagement. This can lead to better health and wellbeing outcomes for local people. The challenge is to embed wellbeing in everything we do.

11 Colleagues across DCC have begun to use the Wellbeing Principles, exploring their benefits in their day to day work. This has included working in Adults and Health Commissioning, Regeneration and Local Services, Resources and TAPs (via Area Action Partnerships). Examples of this work are shared in the report and further discussions are also planned with senior NHS colleagues to discuss alignment with the County Durham Health and Wellbeing System Plan; the Fire & rescue Service for their Prevention Strategy, the Joint Health and Wellbeing Strategy, and with Children and Young People's Services to evolve their place-based working.

12 Adopting the Approach to Wellbeing will challenge us to deliver services and programmes in a different way. It will also challenge us to measure our performance in a different way. It will mean services and assets that are developed with people rather than consulting with them during or after the event. Doing so, is not easy, and in some cases may not feel comfortable. It means handing over control and sharing decision making. But doing so, will result in improved outcomes for our communities.

Recommendation(s)

13 Members of the Health and Wellbeing Board are recommended to:

(a) Note the contents of this report and actively support the continuing development of the County Durham Approach to Wellbeing;

(b) Support the further development of the approach by considering its alignment with their own strategic programmes;

(c) Receive and update at each Health and Wellbeing Board meeting with an example of the how the wellbeing approach is being implemented.

Background

14 Our Approach to Wellbeing builds on the County Durham Partnership Event last year which focused on mental health and the work of Cormac Russell on asset based community development; highlighting the importance of greater engagement with communities.

15 It also builds on the success of our Area Action Partnerships and their long established work with communities across County Durham. Our 14 Area Action Partnerships have been working within communities for over 10 years encouraging the identification of priorities and shared decision making on the funding of local services. The strong relationships they have built with community representatives and the voluntary, community and social enterprise sector (VCSE) across County Durham have been key to the engagement and support that has been offered in the development of this Approach to Wellbeing.

16 In 2010, the UK, through the work of the Office for National Statistics (ONS), became one of the first countries in the world to track the wellbeing of its citizens using, amongst other things, measures of health, relationships, education, finances and the environment. There followed a United Nations resolution and report in 2012 on the importance of wellbeing and happiness in forming a 'new economic paradigm' with a World Happiness report now being published annually by the UN.

17 More recently, in May 2019, New Zealand declared itself the first country in the world to measure its success by its people's wellbeing. Its entire Treasury budget is now built around a series of wellbeing priorities[5] (mental health, child wellbeing, supporting Maori populations, building a productive nation, transforming the economy, and a supporting capital investment programme).

18 Wellbeing is therefore becoming of increasing importance, with an All Party Parliamentary Group also suggesting that personal wellbeing rather than economic growth should be the primary aim of our own UK Government spending[6].

19 Wellbeing includes everything that is important to people and their lives. Wellbeing, rather than levels of employment of economic growth, even determines how people vote[7]. In purely economic terms, it is

[5] The Wellbeing Budget, May 2019: https://treasury.govt.nz/sites/default/files/2019-06/b19-wellbeing-budget.pdf

[6] *A Spending Review to Increase Wellbeing: An open letter to the Chancellor (May 2019).* Report by the All-Party Parliamentary Group on Wellbeing Economics. https://wellbeingeconomics.co.uk/wp-content/uploads/2019/05/Spending-review-to-ncrease-wellbeing-APPG-2019.pdf

[7] Ward, G. Happiness and Voting Behaviour in *World Happiness Report* (2019), New York, NY. UN Sustainable Development Solutions Network

responsible for levels of productivity, benefit dependence and absenteeism. In human terms, it can simply be described as *'how well we are doing'*, and *'how satisfied we are with our lives'*. This can then impact on a persons physical or mental health.

20 In recent years, County Durham has seen many improvements in people's health and wellbeing, for example, as a result of targeted health improvement programmes, the reduction in smoking rates or improved screening programmes. Consequently, our residents can expect to live longer lives than previously; however, they are not necessarily living happier and healthier lives and many still face a considerable number of challenges to their wellbeing.

21 For example, alcohol related deaths are increasing, and almost 17% of adults in Durham (14% in England) report levels of high anxiety. In addition, 12% of adults have a long term mental health problem, (only 9% across England), over 50,000 people in the county are diagnosed with depression and, it is estimated, that 1 in 10 children have a mental health disorder. Finally, healthy life expectancy (the years we can expect to live in good health) is only 58.7 years for women in Durham (60.4 in England), and 58.9 years for men (59.5 in England) and only 70% of people in Durham report a high level of wellbeing (or happiness), compared to 75% in England.

22 Taken together, these figures highlight the fact that there is more we can do to improve people's wellbeing across County Durham, and that doing so through interventions that engage communities, devolve power, develop social capital and build resilience will not only improve people's lives but lengthen their lives and improve our economic and inclusive growth. This will also support the County Durham Vision of More and Better Jobs, Long and Independent Lives and Connected Communities.

Advantages to using this approach

23 **Reducing Inequalities** - Performance management within the public sector is often focused on setting goals in plans and strategies and ensuring that targets are achieved through a planning and control cycle. However, this traditional approach in isolation can lead to criticisms of hitting the target but missing the point and the problem of relying too heavily on achieving indicators of economic growth with the danger that this can result in widening inequalities. For example, the employment rate across County Durham has increased from 69% to 74% in the past three years, there has been strong business growth, and GVA per head continues to grow. However, the gap in employment rate between those with a long-term health condition and the overall employment rate has increased from 16.5% in 2014, to 19.5% in 2018 and continues to

widen. Such widening inequalities can then result in some groups and communities requiring a disproportionate spend from a range of agencies in comparison with their peers.

24 **Low cost solutions to complex problems** - Focusing on greater community engagement and empowerment, whilst supporting communities to identify solutions and mobilise assets that may already be available, can lead, not only to people feeling they have more control over their lives, but can also result in lower cost solutions to complex problems. For example, the transfer of assets such as leisure centres to communities themselves can result in savings to the Council but result in greater ownership and control of assets by communities themselves.

25 **Lower dependence on healthcare and welfare benefits** - People who feel they have greater control in their lives and are able to build social capital and resilience by connecting and working with others in their community are likely to experience improved feelings of wellbeing and hence may be able to contribute further to their communities, to the local economy generally and may result in lower dependence upon healthcare and welfare benefits.

Developing the Approach to Wellbeing

26 This Approach has been developed through a series of workshops exploring the evidence base for community engagement and how this could be applied to a number of challenges to wellbeing. Scenarios built around the Taylor family, were used to identify key protective factors that could prevent ill health and developed a number of wellbeing principles. Key messages from those workshops included:

- the importance of connectedness;
- signposting to local assets;
- the danger of stigmatising and 'pathologising' what is 'normal'; and,
- the need to do things 'with' rather than 'to' people (ie no quick solutions).

27 The model is built around three components.

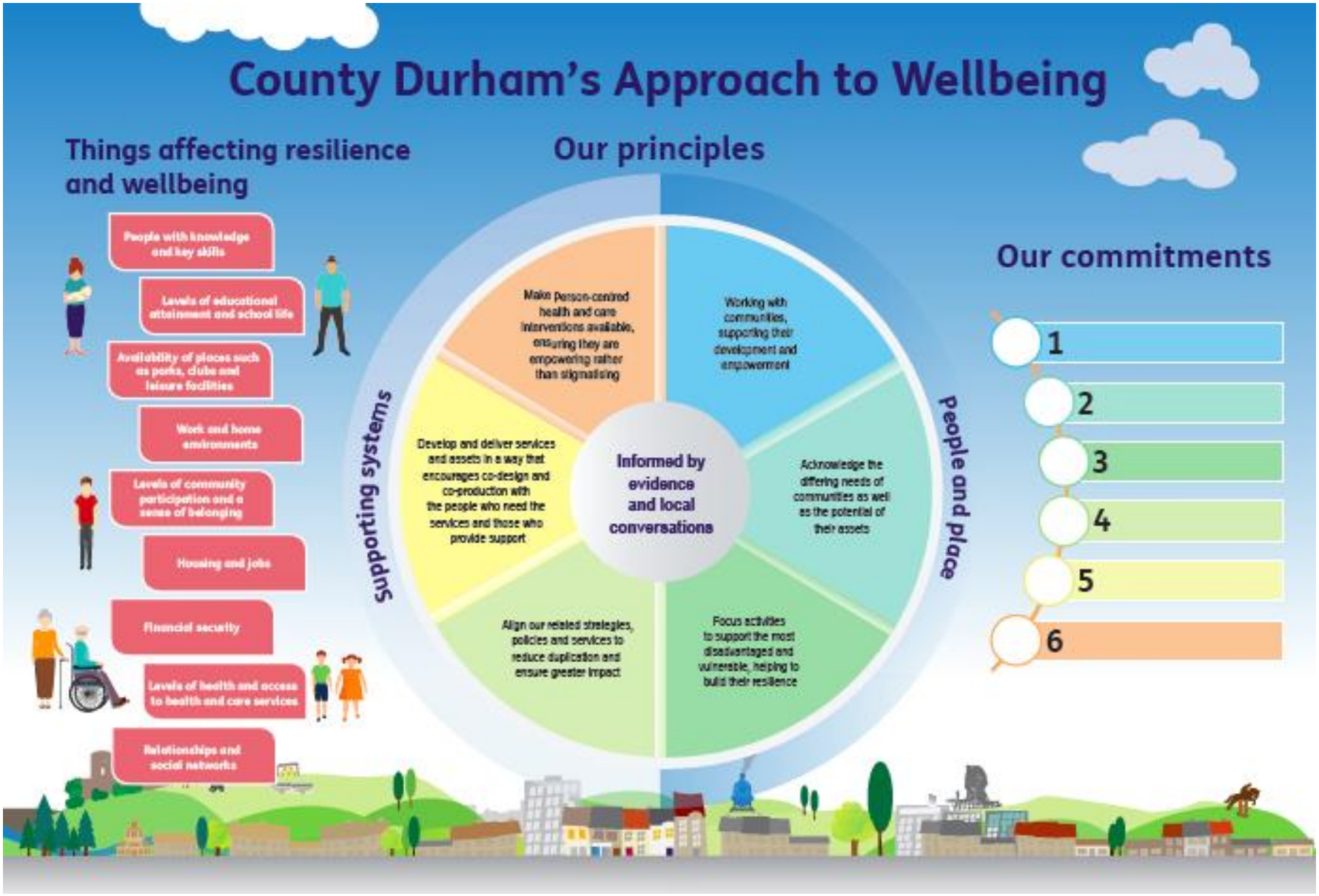
(i) It is ***Informed by Evidence and Local Conversations;*** highlighting the importance of ensuring a firm evidence base for our work, but at the same time, affirming the key role that communities play in supporting its own citizens, and the significant improvements in health and wellbeing outcomes that can result from involving communities more in decisions that affect them.

(ii) The approach has ***'people and place'*** at its heart. Working with communities, building on the assets of those communities, supporting the positive development of neighbourhoods that people live in, and fostering the resilience and empowerment of those communities through the support offered to everyone and, importantly, to those who are most vulnerable.

(iii) Finally, it highlights the importance of **'*supporting systems'***. Encouraging alignment of activities across agencies and sectors so that services are commissioned and delivered in a way that is collaborative and supportive; and that for those who require more formal interventions and perhaps NHS treatment, they are offered a person-centred approach with interventions that are empowering rather than stigmatising.

28 The three components of this Approach to Wellbeing are underpinned by a set of six principles, all included in the County Durham Vision.

29 These principles can be used in a number of ways. To support strategy and policy development, to review service provision and to support commissioning plans. They can also be used to gain feedback from communities themselves, testing out whether or not they feel they have been involved in making decisions that affect their lives. Finally they can be used to set out a commitment to change and do things in a different way.


County Durham's Approach to Wellbeing
Things affecting resilience and wellbeing
People with knowledge and key skills
Levels of educational attainment and school life
Availability of places such as parks, clubs and leisure facilities
Work and home environments
Levels of community participation and a sense of belonging
Housing and jobs
Financial security
Levels of health and access to health and care services
Relationships and social networks
Our principles
Supporting systems
People and place
Make person-centred health and care interventions available, ensuring they are empowering rather than stigmatising
Working with communities, supporting their development and empowerment
Develop and deliver services and assets in a way that encourages co-design and co-production with the people who need the services and those who provide support
Informed by evidence and local conversations
Acknowledge the differing needs of communities as well as the potential of their assets
Align our related strategies, policies and services to reduce duplication and ensure greater impact
Focus activities to support the most disadvantaged and vulnerable, helping to build their resilience
Our commitments
1
2
3
4
5
6

Using the Approach to Wellbeing

30 The Approach to Wellbeing model in intended to bring about change in the way we engage and work with communities. It is dynamic, adapting, changing and being shaped by local conversations with those who will both use it, and those who are intended to benefit from application of its Principles.

31 A tool has been developed for use as a 'self-assessment', with a number of colleagues and teams volunteering to review their practice and services against the Wellbeing Principles. These have helped to identify the scope of activities that can be supported by the wellbeing approach, as well as testing out the approach itself, subjecting it to changes that allow it to be understood and adopted more widely.

a) Adults and Health Commissioning and Corporate Procurement Teams

The team are looking at innovative ways to include the Wellbeing principles in contracts with mental health and wellbeing providers. Building on the Principle of co-production, they are working with colleagues in Corporate Procurement to:

- Explore a new approach to commissioning **(Alliance Contracting)**, building on agreed outcomes and a new model for community mental health services. This is intended to include collective ownership of opportunities, responsibilities and shared decision-making, rather than traditional forms of commissioning and contracting and has the potential to be applied to other services.

- Embed the Wellbeing Principles into all future contracts from service design stage through to contract monitoring.

- Agree outcome measures for Council-held community mental health services, based on the Wellbeing Principles and co-produced with health colleagues, providers, service users and carers.

b) Durham Health and Wellbeing System Plan

Senior NHS and DCC colleagues are looking to use the Wellbeing Principles to review the content of the Durham Health and Wellbeing System Plan. Whilst the System Plan is designed to align strategies and activities across agencies and to consult communities on major service change, there are further opportunities which can be explored to review and align the way in which assets are identified through Primary Care Network (PCN) link workers, the way health inequalities can be explicitly addressed through planned activities, and to consider greater alignment of the wellbeing principles with the personalisation agenda.

c) Area Action Partnerships

The lead AAP Co-ordinator for health and wellbeing volunteered to review the way in which AAPs approach their work against the principles of the wellbeing approach. This found close alignment between the wellbeing principles and the work of the AAPs as well as opportunities to:

- Use AAP funding processes to support greater identification and mobilisation of assets, as well as greater efforts to codesign and coproduce activities with communities.
- Develop a more systematic method of collating information about assets in order to inform the JSNA.
- More effectively address health inequalities through targeted call outs for projects.

As a result, changes are being considered to the wording of call outs and assessment forms for funding applications.

d) Regeneration and Local Services

The Wellbeing Principles have been used in two ways. Firstly, to review the high-level outcomes contained in the Housing Strategy, and secondly, to review the Housing Strategy's operational/ delivery based action plan. This enabled the team to identify:

- Which elements of their work were contributing to the improvement of wellbeing;
- Where language and terminology could be aligned to provide a clear link to the delivery of Wellbeing;
- Opportunities where the wellbeing principles could be used to inform and refine operational action plans, further detailed

action points and case studies, ensuring wellbeing principles are considered as part of partnership working and future delivery of the Housing Strategy.

e) Resilient Communities Group

Partners on the Resilient Communities Group are keen to explore the use of the Wellbeing Principles in the work of the Voluntary and Community sectors and a self-assessment is being undertaken with a commissioned service. Lessons can be learned from this which our commissioning teams can then apply to other commissioned services.

The RCG and AAPs are going to use the wellbeing principles as a means of testing out the degree to which communities actually feel involved in making decisions about things that affect their lives. This will be a vital element in enabling feedback to be given to those providing services to that community.

f) County Durham Fire and Rescue Services

Fire and Rescue Services – Discussions are taking place to determine how the Wellbeing Principles can be used in the development of the Fire and Rescue Services' Prevention Strategy. Consideration is being given to developing the Prevention Strategy with input from communities, as well as the revision of documentation and workforce training to ensure greater opportunity for person centred approaches and shared decision making for referrals.

32 Further actions include:

a) Transformation and Partnerships – The Wellbeing Principles are being used to help design the 'Holiday Activities with Food' programme. Funding is being disseminated by the 14 Area Action Partnerships to support parents and guardians in feeding young people during school holidays. The aim is to co-design the project using input from groups currently providing support to families, as well as engaging parents themselves.

b) The Civil Contingencies Unit – to consider assessing our current emergency planning against the wellbeing principles including the involvement of communities in designing those plans. The Cold Weather Plan and input to the development of the Humanitarian Assistance Centre Plan are two examples.

Next Steps

33 As the County Durham Vision is implemented, use of the Wellbeing Approach will become more systemic. We will continue to use the model across DCC and with partners in order to inform the steps that can be taken to improve the wellbeing of those living in County Durham. The approach is also congruent with other asset based approaches including “connecting people” and the development of the Durham Deal.

Knowing we have made a difference

34 It will be important to measure the impact of adopting this approach over time. This can be done in a number of ways including the use of data that is already collected nationally to measure wellbeing and is part of routine ‘performance monitoring’. However, it is important to also measure the impact of this approach on those communities and with those communities it is intended to support, gaining insight and feedback through local conversations and ensuring a dynamic approach to implementing this approach. It requires us to measure our success differently, for example in terms of building resilience within communities as well as social capital. Further consideration is required to embed existing and new ways of measuring wellbeing within our overall performance measurement framework.

What needs to change?

35 If this approach is to succeed, its implementation requires the support and commitment from partners working across all sectors and agencies. Each has a role to play in engaging and empowering communities, using the approach outlined in this document and aligning their activities with others, leading to greater gain. It is therefore important that the content of this document is shared widely, discussed and ‘owned’ by everyone across the County Durham Partnership. It will then be incumbent on each partner to support the Approach to Wellbeing, making organisational and personal commitments to help deliver supporting actions.

36 Ultimately, adopting these Wellbeing Principles will challenge us to deliver services and programmes in a different way. It will mean services and assets that are developed with people rather than consulting with them after the event. Doing so, is not easy, and in some cases may feel uncomfortable. It means handing over control and sharing decision making. But doing so, will result in improved outcomes for our communities.

Background papers

- Appendix 2: County Durham's approach to Wellbeing (Draft – 2 October)

Contact:	Amanda Healy	Tel: 03000 264323

Appendix 1: Implications

Legal Implications

This work supports the Council's statutory responsibility to improve and protect the health and wellbeing of local residents[8].

Adoption of this Approach to Wellbeing may have an impact on the way in which services are commissioned in the future. We will therefore need to ensure our work in this area complies with procurement legislation.

Finance

There are no financial implications arising from this approach at present.

Consultation

Formal consultation on this approach is not envisaged, however, proposals for wider engagement are highlighted in the main body of the report and will need to be considered further as part of a more detailed community engagement plan.

Equality and Diversity / Public Sector Equality Duty

Utilisation of this approach would support equality and diversity, emphasising the importance of citizens having equal opportunities regardless of where they belong, highlighting the need to address and reduce health inequalities, and valuing the diversity that people can bring to their communities as local assets.

Human Rights

This work would respect the human rights of citizens across County Durham, working with communities regardless of race, sex, nationality, ethnicity, language or any other status. In particular the work to engage communities would encourage freedom of opinion and expression.

Climate Change

None

Crime and Disorder

Improving community engagement and cohesion has the potential to reduce crime and disorder.

[8] Health and Social Care Act 2012

Staffing

There are no staffing implications arising from this approach at present.

Accommodation

There are no accommodation implications arising from this approach at present.

Risk

Partnership support will be required to take forward this Approach to Wellbeing and failure of this support may result in a risk to its adoption. The evidence base suggests that its introduction will result in improved health outcomes for communities, therefore the risk if it is not adopted is that improvement in health outcomes may be more limited.

Procurement

One of the key principles contained in this approach is the need to ensure collaborative commissioning and co-design of services. Adoption of this Approach to Wellbeing will therefore have an impact on the way in which services are commissioned in the future. These are considered in the paper.

Appendix 2: County Durham's approach to Wellbeing (draft 2 October)

Introduction

What is wellbeing?

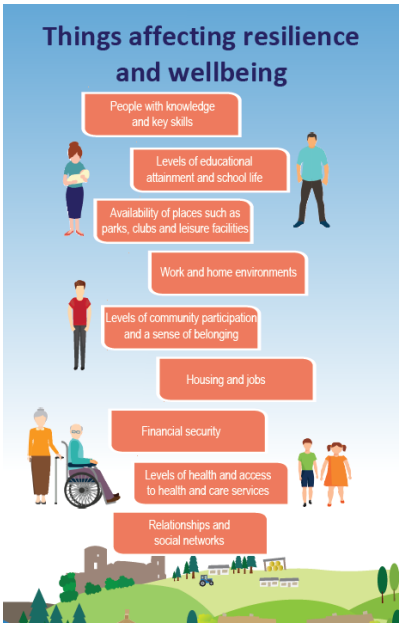
There are many definitions of wellbeing but in short it can be described as *'how we are doing'*, and *'how satisfied we are with our lives'*. Surveys are regularly used to measure our levels of wellbeing, and in County Durham, our residents report being less anxious compared to other areas, but they also report lower levels of happiness, and of satisfaction with their lives. In contrast, our young people generally report higher levels of satisfaction with their lives than their peers across the region (and nationally), and their mental wellbeing is the same as that reported in other areas.

There are other ways in which we can measure wellbeing including our relationships with family members; our health; our work and finances; our levels of participation in sport, culture and community events; where we live and how safe we feel; and the services we can access. Together, this information can provide us with a picture of the levels of wellbeing in our communities that we can use to measure changes over time.

Things that affect wellbeing and resilience

We all face challenges to our wellbeing as part of everyday life. Coping with stress at school, home or at work, having to deal with poor health or disability, and dealing with transitions in life such as leaving school, facing retirement or experiencing bereavement.

Many things affect our resilience and ability to cope. They include our levels of educational attainment; the support available within our neighbourhoods and the places we grow up in, work and play; the strength and quality of our relationships; our sense of belonging; our health; and our feelings of being in control of our lives.



Such factors often operate on a continuum and can change over time. For example, at some points in our life, we may have a number of strong relationships which make us feel positive and from which we can garner support if needed. At other times, the quality of our relationships may not be so strong, leading to feelings of isolation and loneliness. Similarly, our financial security, our health, our homes and jobs will change over time each of which bringing with it either challenges to our wellbeing or building our resilience.

Sometimes, however, challenges can be such difficult, prolonged or isolating experiences that people are simply unable to cope. As a result, they may feel stressed, low in mood and experience feelings of hopelessness. They may also try to cope by turning to unhealthy behaviours such as drinking, overeating or smoking which may then compound their feelings with those of low self esteem. At such times, it is important that they know where they can get help; help which is supportive and non-stigmatising, and enables them to build their resilience for the future. Whilst such help may include services offered by statutory agencies, it can also be found where we live, and amongst supportive communities themselves; communities that have identified ways in which its members can be protected from such challenges to wellbeing and have put in place the right support that is available at the right time.

Developing our Approach to Wellbeing

Building our approach

This approach is based around a number of broad principles, which we hope can be agreed by policy makers, service providers and commissioners across County Durham. Over time, it may develop into a more formal Consensus or Accord, lending itself to the development of a supporting action plan that partners can contribute to, each understanding their respective roles in realising outcomes associated with the introduction of the principles in this model.

The intention for this approach is to be as inclusive as possible, and free from jargon wherever possible, enabling it to be used not just with partner organisations, but to begin conversations with communities themselves, supporting their development and empowerment.

Conscious, however, that this has not been developed with communities, but that a starting point was needed, the development of this approach began with a dialogue between Durham County Council public health team and partners on the Resilient Communities Group (RCG). The RCG comprises a range of agencies, predominantly, those working in the Voluntary, Community and Social Enterprise sectors (VCSE) who have close links with communities and the challenges facing people in those communities. It was established by the Mental Health Strategic Partnership Board in response to consultation feedback on the need to improve action to address the wider determinants of mental health.

This document and model is therefore reflective of those conversations, with the intention of developing an approach to wellbeing and furthering our steps to working with communities more closely, supporting their development and empowerment.

Learning from others

We have also examined the development of similar approaches elsewhere. Many, who had originally developed health and wellbeing services that employed staff to offer 1:1 and group advice, have been seeking new approaches that work harder to develop and engage communities, and working in a more co-productive way.

The VCSE sectors have been a critical part of their success, helping to reach the most disadvantaged groups and it will be important to build on the strong foundations set by VCSE organisations and community groups in Durham in developing our own approach as we move towards more person and community centred ways of working.

Based on evidence; built around people and places; supported by systems

Our model is built around three components.

Firstly, the model is ***Informed by Evidence and Local Conversations***. This highlights the importance of having a firm evidence base for our work, but at the same time, affirms the key role that communities play in supporting its own citizens, and the significant improvements in health and wellbeing outcomes that can result from involving communities more in decisions that affect them. The aim is to ensure that 'No decision about me, without me' is a central tenet of this work, and that the emphasis is shifted to one where people are asked, 'What matters to you?', rather than 'What is the matter with you?'.

Secondly, this approach has ***'people and place'*** at its heart. Working with communities, building on the assets of those communities, supporting the positive development of the neighbourhoods that people live in, and fostering the resilience and empowerment of those communities through the support offered to everyone, and importantly to those who are most vulnerable. Such communities include groups of people that are linked by geography and place, but also groups that may be linked by characteristics such as being Lesbian, Gay, Bisexual or Transgender.

The final component highlights the importance of ***'supporting systems'***. Ensuring that this Approach to Wellbeing is supported through alignment of activities across agencies and sectors; that services are commissioned and delivered in a way that is collaborative and supportive; and that for those who require more formal interventions and perhaps NHS treatment, are offered a person-centred approach with interventions that are empowering rather than stigmatising.

Our actions need to be informed by local conversations with people and communities, using their knowledge, and learning from their experience. It is important that conversations are held with communities about what is important to them and in doing so, recognising that this model must be a dynamic one, adapting, changing and being shaped over time by County Durham residents.

Our Principles

The three components of this Approach to Wellbeing are underpinned by a set of six principles. These have been derived from the evidence base and then further informed by conversations with partners on the Resilient Communities Group.

People and Places

Principle 1. Working with communities, supporting their development and empowerment

Communities have a vital contribution to make to health and wellbeing. Community life, social connections and having a voice in local decisions are all factors that underpin good health and there is a growing body of evidence that supports community engagement as a strategy for health improvement.[9]

The neighbourhoods where people live, work, play and have a sense of belonging to are also important. The design of a neighbourhood can contribute to the health and well-being of the people living there. Several aspects of neighbourhood design (walkability and mixed land use) can also maximise opportunities for social engagement and active travel. Neighbourhood design can impact on our day-to-day decisions and therefore have a significant role in shaping our behaviours. Other positive aspects of a neighbourhood are: feelings of safety, having places to meet people, a sense of belonging and a sense of control and thriving communities. These community/people aspects of a place are important health promoting components.

Working with communities and handing over power (also called **devolution of power**) and decisions from statutory agencies enables people to gain a sense of control over their lives. This can happen at an individual level through the development of personal skills and self-confidence, but also at a community level as people work collectively to shape the decisions that influence their lives and health. The approach can also lead to the development of **social capital**; the bonds that link people together (families, friends and neighbours), enabling a shared sense of identity which can then in turn provide help and support emotionally, socially and economically when needed.

The Due North report summed this up in the following way:

> *"…community empowerment initiatives can produce positive outcomes for the individuals directly involved including: improved health, self-efficacy, self-esteem, social networks, community cohesion and improved access to education leading to increased skills and paid employment. Evidence from the 65 most deprived local authorities in England shows that, as the proportion of the population reporting that they can influence decisions in their local area increases, the average level of premature mortality and prevalence of mental illness in the area declines."* [10]

In order to achieve this, our work with communities means identifying priorities by focusing on the things that truly matter to them. As well as sharing power, it involves sharing knowledge; ensuring a full understanding of local issues and the

[9] National Institute for Health and Clinical Excellence. Community engagement to improve health. London: NICE, 2008.
[10] https://www.gmcvo.org.uk/system/files/Due-North-Report-of-the-Inquiry-on-Health-Equity-in-the-North-final.pdf

barriers to change so that informed decisions can be made. In sharing decision-making, it means supporting the development of their leadership role. Throughout our work, it is also important that ways are developed to reach out and seek those voices that aren't ordinarily heard.

Next steps

- Continually build and develop this approach by identifying which communities to begin to work with and how. This could include place based communities or communities of interest.
- Share these ideas and this approach to wellbeing, and begin conversations with communities on whether or not this feels the right approach for them, including how they can be supported in the development of their leadership role and in determining priorities for the future.

Principle 2. Acknowledge the differing needs of communities as well as the potential of their assets

Every Local Authority is required to undertake what is called a **Joint Strategic Needs Assessment** (JSNA). This is a process through which a comprehensive picture of current and future health and wellbeing needs for the area is formed and then used to inform decisions for the planning and improvement of local services with the aim of improving health and wellbeing in our communities.

Traditionally, JSNAs have adopted what is described as a **'deficit model'** of health and wellbeing, focusing on problems, needs and deficiencies in communities such as deprivation, illness and death. Whilst it is important that we continue to understand population health and wellbeing needs and health inequalities, it is also important to understand the **assets** (or strengths) in a community and work has begun to ensure the JSNA does this.

Whilst many people think of assets as being about buildings and services, assets also include people and their skills, social groups and networks, activities and spaces. For those who are facing challenges to their wellbeing, it can be just as important for them to be able to find the right person to talk to and to make a connection across their community, than it is for them to be offered a 'service'.

Assets may also be **'place-based'** and relate to our sense of belonging within a community, our cultural heritage, and the environment we live in. This may include, for example, the opportunities we have for good employment and education, our access to rail networks and transport to enable us to get to work or visit our families and friends, our leisure facilities and green space, and whether or not we live in areas that are safe and free from fear of crime.

Assets will differ from community to community, and each community, having different needs and assets, will find different solutions to the issues facing them. Mapping of assets and working to mobilise them for the good of the community means also looking at what already exists and then establishing what are the

gaps where further development is needed. This also means statutory agencies moving away from the idea that one solution fits all.

Next steps

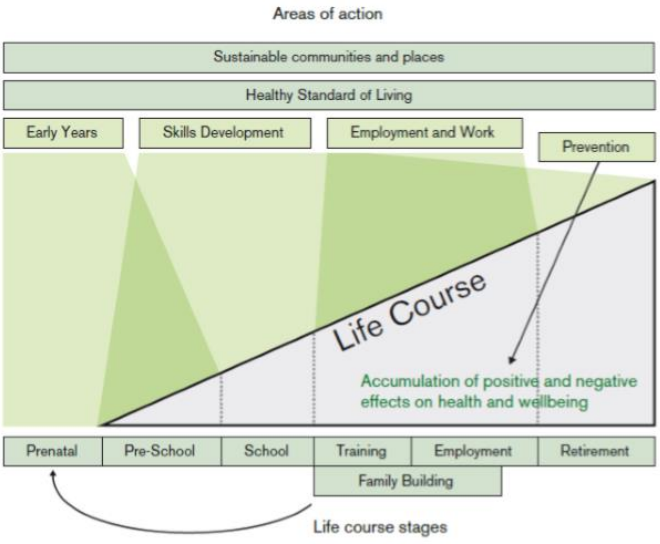
- Continue to develop the JSNA so it becomes more asset focused and place based.
- Share insights from the JSNA with communities to enable them to make informed decisions about the future.
- Pool information across partners on the assets and asset mapping that is currently known and then work with communities to enhance this.

Principle 3. Focus activities to support the most disadvantaged and vulnerable, helping to build their resilience

Some people living in our communities can face challenges and disadvantages, simply because of where they were born and raised. This may mean fewer opportunities being available to them as they grow and mature into adult life which can result in differences in their health and wellbeing compared to those born into more affluent families. Such differences are called **health inequalities**.

These inequalities and disadvantage can accumulate throughout life. For example, a child who suffers poor health and misses school, may leave school with fewer qualifications and therefore fewer job prospects. This accumulation of disadvantage emphasises the need to take action as early as possible in childhood and even before birth. This early intervention is key to breaking the cycle of health inequalities some of our communities face and is described as taking a **life course approach**[11]**.**

Marmot Review: Action across the life course model



[11] Fair Society, Healthy Lives. The Marmot review. Strategic Review of Health Inequalities in England post-2010.

Our approach to wellbeing will take these factors into consideration, focusing our activities where they can help support the most vulnerable and those at greatest risk of poor health, whilst helping to build both individual and community resilience. These activities will take place across a range of settings – in schools, workplaces, different types of communities, and at all stages of the life course.

Continued inequalities undermine resilience, however, reducing inequalities and the hardships people face can strengthen their ability to cope. Set alongside the building of social capital and the identification and use of local assets, these can work to build **resilience** to handle future challenges.

Next Steps

- Work with communities to identify those groups that are most vulnerable and consider actions that could support them.
- Review services and assets already available against those that it is felt are needed, and identify gaps where assets need to be mobilised, increased or commissioned.

Supporting Systems

Principle 4. Align our related strategies, policies and activities to reduce duplication and ensure greater impact

It is important that our wellbeing approach is aligned with, as well as supported by, other **strategies.** By doing so, we will ensure the support of key leaders who can influence and encourage its use, as well as a higher concentration and consistency of effort, resulting in a greater chance in achieving our goals and outcomes. The County Durham Vision, the Joint Health and Wellbeing Strategy, the Mental Health Strategy and Concordat and the Children and Young People Strategy are key strategies for the convergence of our principles and are also areas where this Approach can offer support.

Using strategy to influence **policy** is important too, so that we should be looking not just at health in all policies, but health and wellbeing in all policies.

Alignment and support for the most vulnerable should also extend beyond strategy and policy, but also in our actions, whether these are in the commissioning of services, the advice we give, the papers we write, and the influence we have on change.

Finally, aligning our **activities** can reduce duplication of effort, for example in reducing the number of strategies we have across partners, or in the number of asset mapping activities that are already done, the output and learning from which could be shared more widely and systematically. Alignment of activities also improves the ‘offer’ of services to communities. There are lots of services available across County Durham that can offer support for a range of needs. However, we need to ensure that they are responsive, visible, accessible and known to the communities they serve.

Next steps

- Use the outcomes from our discussions with communities to shape this wellbeing approach, as well as our related strategies, policies and activities.
- Consider how this approach to wellbeing can influence the way in which partners can work together with communities and improve the alignment of that work with one another.
- Ensure that the development of all new strategies that have an impact on community and individual wellbeing are aligned with our wellbeing approach.

Principle 5. Develop and deliver services and assets in a way that encourages co-design and co-production with the people who need services and those who provide support

This principle, whilst of relevance to people who commission services, has a far wider scope. Its adoption by those who deliver services too is vital, working with local communities to design those services together.

It should also be adopted by those responsible for the development of place-based assets such as the homes we live in, the parks that we walk and play in, the schools and libraries that our children study in and the transport links that maintain our social connections.

Our approach to this principle is underpinned by the concept of ***'Collaborative Commissioning'***. This term describes an approach where,

> *'Rather than being treated as the passive recipients of services designed elsewhere, the people of the community will be the active shapers of their own future, trusted to 'co-design' services, to direct commissioning decisions, and to play their part in making the service work.'*[12]

Collaborative commissioning requires **co-production**; a way of working that involves people, families, carers and communities being engaged and involved at the earliest stages of service design, development and evaluation. It acknowledges that people with 'lived experience' are often best placed to advise on what support and services will make a positive difference to their lives. It puts an end to 'them' and 'us' and instead, people pool different types of knowledge and skills, based on lived experience and professional learning. Done well, co-production helps to ground discussions in reality, and to maintain a person-centred perspective.

The VCSE sectors, with their close community connections and position outside of the statutory sector, are important contributors to the co-production of health and care services.

[12] https://www.gov.uk/government/publications/civil-society-strategy-building-a-future-that-works-for-everyone/5-the-public-sector-ensuring-collaborative-commissioning

The concept of collaborative commissioning is in keeping with our ethos of engaging communities, empowering them and working with them to develop an approach to wellbeing. In terms of collaboration, commissioning will be done across organisational silos, engaging the VCSE sectors, as well as public and private sectors, and creating an environment of greater user-led, community–led and staff-led delivery.

Next steps

- Use this wellbeing approach to increase community engagement in the review and co-design of:
  - the services we provide.
  - the services that we commission from others.
  - the assets that we can develop and mobilise.

Principle 6. Make person-centred health and care interventions available, ensuring that they are empowering rather than stigmatising

On those occasions when people need more support than they can get within their communities, they need to feel confident that a referral into health and care services will be safe, of a high quality and person-centred.

Taking a *'whole-system'* approach to the wellbeing of our communities requires coordination and collaboration across a wide variety of sectors. It needs to be consistent and responsive to an individual's needs and to recognise that life circumstances are not static. The need for support can be complex and changing whether an individual experiences a single acute episode of ill health, or requires ongoing support for a longer term condition.

NHS policy is being refocused to enable people to have greater control over their own health and the care they receive[13]. It also recognises the role played by community staff to help people stay independent for longer; and the need for greater collaboration so that individuals, health and social care services, and national and local governments work together, alongside communities and employers, to remove barriers to healthy lives.

NHS organisations are also working with their local partners, as 'Integrated Care Systems', to plan and deliver services, and develop strategies to meet the needs of their communities. The principles in this Wellbeing approach can help to guide the development of such strategies including the introduction of social interventions and other programmes of work with the intention of preventing ill health. It will also encourage greater supported self-management and shared decision making. [14]

[13] https://www.england.nhs.uk/long-term-plan/

[14] https://www.gov.uk/government/publications/prevention-is-better-than-cure-our-vision-to-help-you-live-well-for-longer

Too often, people receiving health care can feel disempowered through the relationships they have with the professionals involved in their care and in some case stigmatised by the type of treatment they may receive. It is important that professionals working in the health and care system use person-centred interventions, ensuring that the language they use and the actions they take empower people, rather than disempower them. It is also important that we all work together to remove the stigma that is associated with some forms of health care intervention such as treatment for people who may be obese or experience mental health issues.

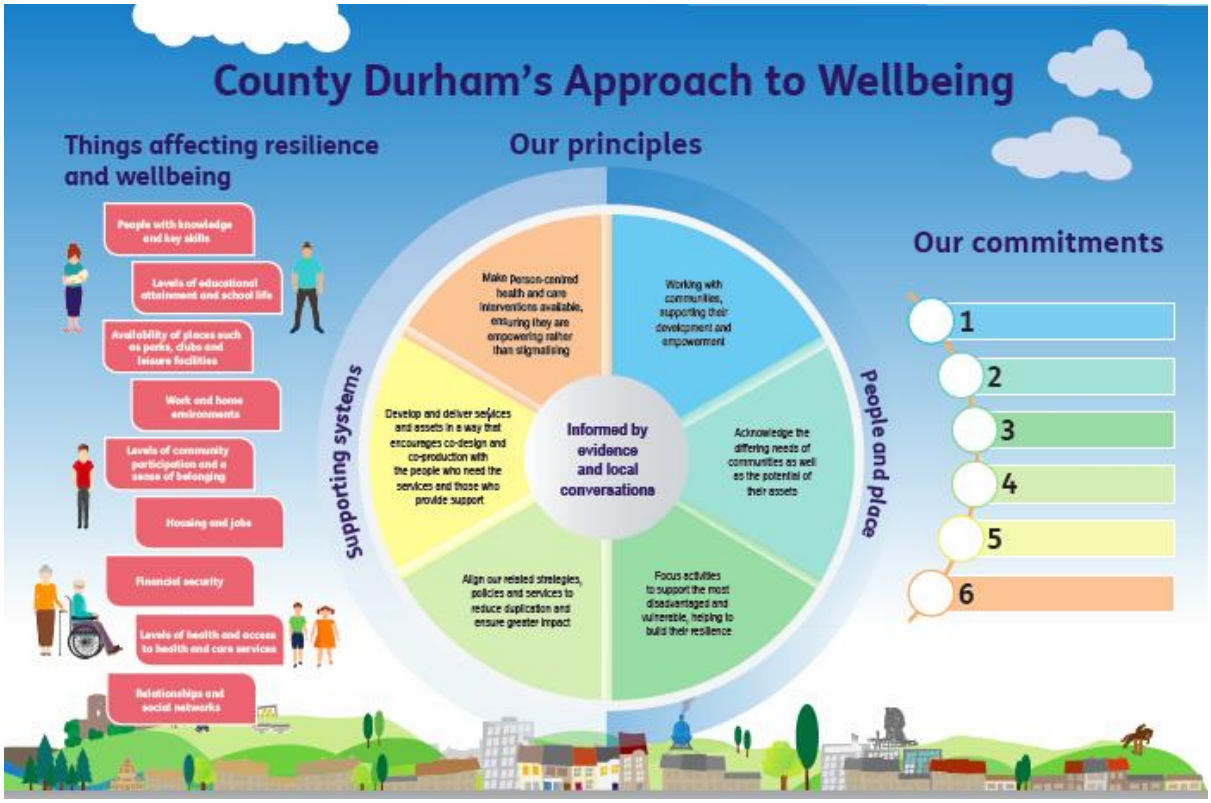
Next Steps

- Use this wellbeing approach to review and explore current and potential care and support pathways

The Wellbeing Model

The Wellbeing Model brings together all of elements into a single graphic highlighting the things that affect resilience and wellbeing, the evidence based that underpins this work and the six principles guiding our proposed actions.

The final section of the Wellbeing Model also refers to 'Your Commitments' and has been left blank. This section is intended to act as a starting point for discussions across partnerships, organisations and teams about the commitments they can make to support delivery of the model.



Implementing our Wellbeing Approach

A number of next steps are suggested throughout this document as a means of taking forward this Approach to Wellbeing. In summary they include:

- Continually building and developing this approach by identifying which communities to begin to work with and how. This could include place based communities or communities of interest.
- Sharing the ideas and approach to wellbeing contained in this document, to begin conversations with communities on whether or not this feels the right approach for them including how they can be supported in the development of their leadership role, and in determining priorities for the future.
- Continue to develop the JSNA so it becomes more asset focused and place based.
- Sharing insights from the County Durham JSNA with communities to enable them to make informed decisions about the future
- Pooling information across partners on the assets and asset mapping that is currently known and then working with communities to enhance this
- Working with communities to identify those groups that are most vulnerable and consider actions that could support them.
- Reviewing services and assets already available, against those that communities feel are needed, and identifying gaps where assets need to be mobilised, increased or commissioned.
- Use the outcomes from our discussions with communities to shape this wellbeing approach, as well as our related strategies, policies and activities.
- Considering how this approach to wellbeing can influence the way in which partners can work together with communities and improve the alignment of that work with one another.
- Ensuring that the development of all new strategies that have an impact on community and individual wellbeing are aligned with this approach to wellbeing.
- Use this wellbeing approach to increase community engagement in the review and co-design of:
    - the services we provide.
    - the services that we commission from others.
    - the assets that we can develop and mobilise.
- Using this wellbeing approach to review and explore current and potential care and support pathways.

It will also be important to measure the impact of adopting this approach over time. This can be done in a number of ways including the use of data that is already collected nationally to measure wellbeing and is part of routine ‘performance monitoring’. However, it is important to also measure the impact of this approach on those communities it is intended to support, gaining insight and feedback through local conversations and ensuring a dynamic approach to implementing this approach.

Making Commitments to Deliver Community Wellbeing

If this approach is to succeed, its implementation requires the support and commitment from partners working across all sectors and agencies. Each has a role to play in engaging and empowering communities, using the approach outlined in this document and aligning their activities with others, leading to greater gain. It is therefore important that the content of this document is shared widely, consulted upon and 'owned' by everyone across the County Durham Partnership. It will then be incumbent on each partner to support the *Principles for Wellbeing*, making organisational and personal commitments to help deliver the proposed actions.

These principles may also provide a starting point for conversations with communities themselves. Conversations that explore the value and appropriateness of this model itself, the needs and assets of each community, the identification of local priorities for action, and the support that can be offered by statutory and VCSE sectors. Working together to design solutions that are owned by communities themselves will create the environment for a lasting legacy of wellbeing in County Durham.

Health and Wellbeing Board

27 November 2019

Director of Public Health Annual Report 2019

Report of Jane Robinson, Corporate Director, Adult and Health Services, Durham County Council; Amanda Healy, Director of Public Health, County Durham, Durham County Council; and Councillor Lucy Hovvels, Portfolio Lead for Adult and Health Services

Electoral division(s) affected:

Countywide.

Purpose of the Report

1 The purpose of this report is for members of the Health and Wellbeing Board to receive the 2019 annual report of the Director of Public Health for County Durham (appendix 2).

Executive summary

2 Under the Health and Social Care Act 2012, one of the statutory requirements of the Director of Public Health is to produce an annual report about the health of the local population. The 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 The DPH annual report for 2019 focuses on the following:

(a) Joint Strategic Needs Assessment (JSNA) / Durham Insight;
(b) Update on recommendations from 2018 DPH annual report;
(c) The Taylor family (one year on);
(d) Mental health at scale;
(e) Healthy workforce.

Recommendations

4 Members of the Health and Wellbeing Board are recommended to:

(a) Receive the 2019 annual report of the Director of Public Health, County Durham;

Background

5 The 2018 report focused on the new vision for the public's health in County Durham. The report shared the work that has been done to set out a new vision for the health and wellbeing of County Durham.

6 The report was based around a fictional family 'The Taylors' and describes the challenges the family face and is focussed on the 'assets' that the family have and how these can protect health and wellbeing.

7 The 2018 reports set out seven strategic priorities and specific actions against each priority for the forthcoming year.

- Good jobs and places to live, learn and play
- Every child to have the best start in life
- Mental health at scale
- High quality drug and alcohol services
- Healthy workforce
- Promoting positive behaviours
- Better quality of life through integrated health and care services

8 The 2018 report ended with a set of recommendations.

9 The 2019, 2020 and 2021 DPH annual reports will provide updates on the seven strategic priorities detailed in the 2018 DPH annual report and outlined in paragraph 7.

10 The DPH annual report for 2019 includes the following:

(a) Health and wellbeing across County Durham which is based on evidence in the Joint Strategic Needs Assessment (JSNA) / Durham Insight;

(b) Building on our assets, for example, 12 miles of coastline, 9 dementia friendly communities and 150 breastfeeding cafes;

(c) Update on recommendations from our seven strategic priorities identified in the 2018 DPH annual report;

(d) The Taylor family (one year on);

(e) A focus on the following strategic priorities and recommendations for their future work:

(i) Mental health at scale;

(ii) Healthy workforce.

(f) A set of recommendations based on the two priority areas of focus.

11 The 2020 DPH annual report will focus on the following strategic priorities:

(a) Every child to have the best start in life;

(b) Good jobs and places to live, learn and play.

12 The 2021 DPH annual report will focus on the following strategic priorities:

(a) High quality drug and alcohol services;

(b) Better quality of life through integrated health and care services;

(c) Promoting positive behaviours.

13 The annual report will be uploaded onto the council website and copies provided to a range of organisations and individuals including the County Durham Clinical Commissioning Groups, NHS England, Voluntary, Community and Social Enterprise Sectors, Healthwatch, NHS Foundation Trusts and Public Health England. In addition, copies will be made available to the members library, to individual members (where requested), Cabinet, Overview & Scrutiny Committees and officers.

Main Implications

Legal

14 It is a statutory responsibility for the Director of Public Health in a local authority to prepare an annual report on the health of the local population.

Background papers

- DPH annual report 2018

https://www.durham.gov.uk/media/10077/Director-of-Public-Health-Annual-Report-2018/pdf/PublicHealthAnnualReport2018.pdf?m=636760677930970000

Other useful documents

- None

Contact: Amanda Healy Tel: 03000 264323

Appendix 1: Implications

Legal Implications
Section 73B (5) of the Health and Social Care Act 2012 amended the National Health Service Act 2006 to include the requirement that the Director of Public Health for a local authority must prepare an annual report on the health of the people in their area. Durham County Council must publish the report.

Finance
No impact at present. However, key public health interventions are dependent on the public health ring fenced grant.

Staffing
No impact.

Risk
No impact.

Equality and Diversity / Public Sector Equality Duty
No impact.

Accommodation
No impact.

Crime and Disorder
No impact.

Climate Change
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.

Director of Public Health Annual Report 2019

Time to Talk

… about mental health and wellbeing

Durham County Council

Acknowledgements

Many thanks to
Sean Barry – Public Health Practitioner
Julie Bradbrook – Partnerships Team Manager
Christine Edgar – PA to Director of Public Health
Joy Evans – Public Health Advanced Practitioner
Lisa Lynch – Public Health Programme Manager
Jane Marley – Better Health at Work Project Officer
Kirsty Roe – Public Health Intelligence Specialist
Mick Shannon – Public Health Advanced Practitioner
Tracey Sharp – Independent Consultant in Public Health
Chris Woodcock – Public Health Strategic Manager

Contents

Foreword

Amanda Healy

Welcome to my second annual report. It is my role as Director of Public Health to promote and protect the health and wellbeing of people in County Durham.

Last year I set out seven priorities to fulfil this role and in this year's report you will see an update on each of these.

These priorities are closely aligned to the County Durham Vision 2035 which is a document developed with partners as a shared vision for the next 15 years with three strategic ambitions of:

- More and better jobs;
- People live long and independent lives;
- Connected communities.

In this report you will also see a more in-depth focus on mental health at scale and healthy workforce. For both of these areas there has been a real emphasis supporting people to be able to talk more openly about mental health. A quarter of people will experience a mental health problem at some point in their life. In County Durham over 51,000 adults have depression and 1 in 10 of our children have a diagnosed mental health disorder.

You were also introduced to the "Taylor" family last year, and there is an update on how the work carried out has made a difference to them. This year will see the links that the family have into their local communities, workplaces and schools and how the work we are doing is making a difference to real people's lives.

Last year's report also had a focus on smoking with a recommendation to continue with the ambition of only 5% of our local residents smoking by 2025. I am pleased to report that our levels of smoking are now at 15% (compared to 22.1% in 2013). However, smoking during pregnancy remains a key concern with over 18% of babies born to women who smoke.

As ever, no work to improve public health can ever be achieved without working with others, our partners and most importantly our local communities. My role as Director of Public Health is about working on behalf of local communities and the elected members who represent those communities.

I trust you will see the commitment to making a difference to health and wellbeing in this year's report. Wellbeing will become more prominent as we work with our communities and partners in 2020. Some countries are starting to use wellbeing as an equivalent measure to economic growth when defining the success of their policies and I am keen to develop that concept here in County Durham.

Amanda

Amanda Healy
Director of Public Health

Health and wellbeing across County Durham

The Joint Strategic Needs Assessment (JSNA) helps to inform the planning and improvement of local services and guides us in making the best use of funding available. It builds a picture of current and future health and wellbeing needs of local people. This is used to shape joint commissioning priorities to improve health and wellbeing as well as reduce health inequalities in our communities. It is currently informing the refresh of our Joint Health and Wellbeing Strategy. Over the last year our JSNA has been transformed to create a tool that is fit for the future and rooted in intelligence and wider evidence about what drives health and wellbeing across the county.

The development of assets within the JSNA is a key priority. By focussing only on the "needs" of local communities we do not acknowledge the importance of the assets, or take account of the protective factors and strengths within individuals and across communities. This should incorporate practical skills, capacity and knowledge of residents and the networks and connections in a community. In short it should cover:

- Where we live
- Our services
- Our community

We are building assets into the JSNA and you will see them throughout this report.

Durham Insight
Insight & intelligence to inform

The JSNA is now part of Durham Insight which is a shared intelligence, research and knowledge base for County Durham, informing strategic planning across Durham County Council and its partners. This site includes in-depth JSNA and insight factsheets, health needs assessments, health equity audits and lots of topic based intelligence including infographics, maps and story maps. New intelligence content is regularly added, and the site is continuously being developed and improved. **www.durhaminsight.info**

During 2019 recent additions to Durham Insight include JSNA factsheets on Special Educational Needs and Disabilities (SEND), and Children Looked After (CLA) plus the development of a vulnerable children's landing page and infographics to support our new Primary Care Networks (PCNs).

The JSNA, along with the use of evidence and local conversations, helps us to focus on the most important issues for the Taylor family and our communities across County Durham.

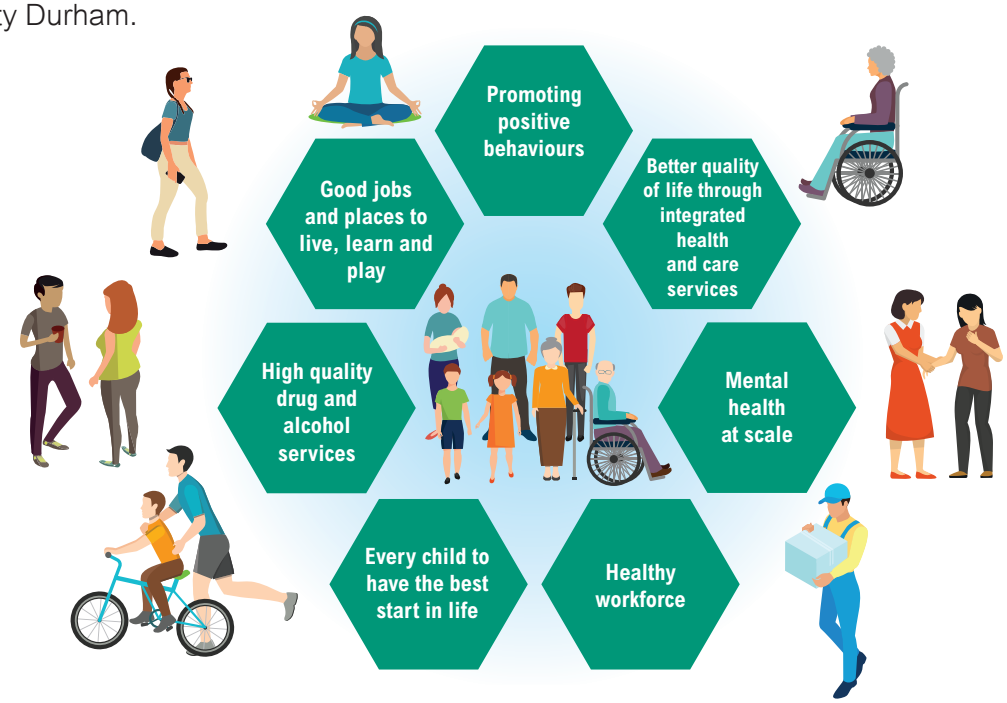
Where we live, our services, our communities

The many challenges to health and wellbeing were highlighted in my 2018 report. The emphasis on mental health and wellbeing in this year's report also reminds us we have a long way to go. However, County Durham also has many assets that can support and protect health, some of these are set out below:

*A Cree is County Durham's version of Australia's Men's Shed. Crees aim to engage with those at risk of suicide by tackling social isolation and self-harm through skill-sharing and informal learning to promote social interaction. Although Crees were originally aimed at men, some have developed for women and young people.

Update on Public Health priorities and actions

In my first annual report I identified seven key public health priorities for the Taylor family and local communities to lead healthier lives. These were based on the Joint Strategic Needs Assessment (JSNA) but also evidence of 'what works' to make a difference. A recommendation from 2018 was to implement the actions for each priority working with partners across County Durham.



Good jobs and places to live, learn and play

Action

1. To develop health standards for private landlords to implement.
2. Older people to have support to ensure their homes are warm and safe and not at risk of fuel poverty.
3. Set out a plan to restrict the increase in take-away food.

Progress

1. Linked with housing colleagues to incorporate heath priorities and standards within the new housing strategy.
2. Identified the most vulnerable older people with respiratory illness to access home improvements and financial advice. This contributes to benefits in health, a warmer home environment and protection against fuel poverty.
3. Published our 'Working towards a healthy weight in County Durham' (2018) to guide planning and licensing including hot food takeaways.

Every child to have the best start in life

Action

1. All schools in County Durham working towards healthy schools with emphasis on mental health.
2. Provide dedicated support for women smoking while pregnant and include support for their partners.
3. Introduce breastfeeding friendly venues.
4. To understand the health and wellbeing needs of children with special educational needs and disability.

Progress

1. Worked with schools to understand the health and wellbeing needs of children and young people. An improvement plan is being piloted across County Durham from Autumn 2019.
2. Made changes to services after listening to mothers and partners to understand their needs to stop smoking during pregnancy.
3. 155 local businesses are now signed up to the Breastfeeding Friendly County Durham scheme.
4. We have a much clearer understanding of the needs of children and young people with Special Educational Needs and Disability (SEND) in County Durham. A health needs assessment has been completed and this will inform our work moving into 2020.

High quality drug and alcohol services

Action

1. To support people needing help with our new drug and alcohol service.
2. To work with families to help them with drug and alcohol issues.
3. Promote awareness about sensible levels of alcohol intake.

Progress

1. Increased our focus on the physical and mental health needs of those with drug and alcohol problems with a particular focus on women.
2. To be more family focused and flexible to the individual needs of families we have reshaped services to improve outreach support within our local communities.
3. Making alcohol unit guidelines more visible through work with licencing.

Promoting positive behaviours

Action

1. Introduce the Active 30 to help children to become more active.
2. Reducing exposure to second hand smoke.
3. Increase awareness about the risks of alcohol.

Progress

1. 150 schools have pledged to provide children and young people with up to 30 minutes of fun physical activities every day in school.
2. The danger of second hand smoke is now part of all training delivered to people who work with families (this includes brief intervention training for midwives, health visitors and staff in children and family settings).
3. Reviewed and developed our partnership response to tackling and reducing harmful drinking through local campaigns such as *what's the harm*.

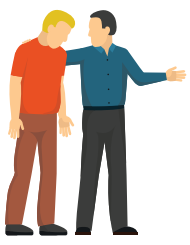
Better quality of life through integrated health and care services

Action

1. To encourage people to have the flu vaccination.
2. To work with health and social care organisations to integrate services to improve quality of life.
3. Support people to get involved in local social and physical activities to reduce social isolation.

Progress

1. Established a County Durham and Darlington Flu Board to promote flu immunisation and protect people most at risk from flu.
2. Worked towards and actively promoted integrated services including our work within the Joint Strategic Needs Assessment (JSNA).
3. Continue to fund local social activities and groups including Ways to Wellbeing, Crees/Men's Sheds, Area Action Partnerships (AAP) projects and Macmillan Joining the Dots. We are working with GP practices to develop link worker roles to support the most vulnerable in our communities.



Mental health at scale

Mental health is a focus for this annual report see pages 10-12.

Healthy workforce

Healthy workforce is a focus for this annual report see pages 13-15.

What our work has meant for the Taylor family

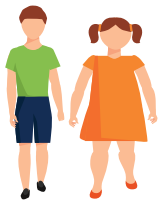
The Taylor family is a fictional County Durham family that I introduced in my 2018 report. The challenges they face represent the key health and wellbeing issues across County Durham.

John and Sarah

2018

A year ago

- John is in a low paid job and worries about money especially with a new baby on the way.
- Sarah is pregnant and has been drinking quite a lot to cope.
- They live in a privately rented house.
- John and Sarah are smokers.
- Strong sense of family and support for one another.
- John enjoys his job and has some great friends. He coaches at the local football team.
- Sarah is very caring and spends time helping out at Olivia's school.
- Sarah and John provide a loving, safe home for Olivia and Callum and keep in touch with Dan.



Callum and Olivia

2018

A year ago

- Callum has a learning disability and Olivia is overweight.
- They both eat lots of fast food and play video games for hours after school.
- Callum receives good support in school.

Dan

2018

A year ago

- Dan is Sarah's son from a previous relationship.
- He was doing well at school but felt under pressure to do better and ended up dropping out of school.
- He has been staying at a friend's house on the sofa and taking drugs to fit in with his friends.
- Dan enjoys physical activity and runs on a regular basis.

Jean and George

2018

A year ago

- Their house is always cold and damp and George was very ill with the flu last winter.
- Both struggle to move around their home safely.
- Jean has just had a fall and can no longer care for George.
- They often feel isolated from their community.
- Jean until recently volunteered at the knit and natter group, teaching others to knit.
- George enjoys researching his family history.

The work carried out over the last year will have started to make a difference to our local communities. Some priorities will take a long time to change and I hope you can see how the Taylor family have started to improve their health and wellbeing along with where they live, learn, work and play. We have made a commitment to test every decision we make in terms of the impact it will have on families such as the Taylors.

Good jobs and places to live, learn and play

- John's employer is working to achieve the Better Health at Work Award, this has changed the culture in the workplace enabling John to be more confident to discuss his mental health.
- Dan has a part time lifeguarding job and is also studying part-time for an NVQ.
- Jean and George have received help to improve the energy efficiency in their home.

High quality drug and alcohol services

- Dan has accessed services for his drug misuse. This support together with the responsibilities he has in his role as lifeguard has helped him to stay drug free.
- Sarah stopped drinking alcohol in early pregnancy with the support from her local children's centre.

Better quality of life through integrated health and care services

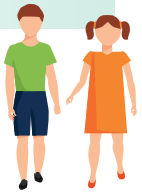
- Jean and George are finding it increasingly difficult to get out and about. An Area Action Partnership (AAP) funded car scheme helps them to travel to their classes.
- Jean and George have both taken up their free flu vaccination.
- Jean is showing signs of early dementia.
- Jean and George feel more connected to their community and are making new friends at their local classes.

Every child to have the best start in life

- Callum lacks confidence and his parents are finding it hard to understand how best to support his future needs in school and at home.
- Olivia is a healthy weight and has joined a brownie group to try and make more friends.
- Sarah suffered with post-natal depression and struggled to breastfeed.
- Due to the demands on Sarah's time, Sarah has not made all appointments for Charlie. Charlie is not up to date with all vaccinations.

Promoting positive behaviours

- Callum and Olivia's school has signed up to the Active 30 pledge and Callum and Olivia are enjoying being more active.
- John and Sarah both gave up smoking but unfortunately John started again as he was worried about the security of their home.
- Charlie is gaining weight and developing at a normal rate.
- John was worried he was drinking too much, so he has cut down on his alcohol intake during the week.



Mental health at scale

In my 2018/19 report I said we would:

- Support small businesses to take action about mental health, and train staff to become mental health first aiders;
- Get involved in Time to Change to reduce stigma and discrimination due to mental health.

County Durham has been one of 14 places across England to be part of a national programme of work called prevention at scale. In County Durham we chose a focus on mental health, prevention of suicide and tackling stigma and discrimination.

There was already a huge amount of work taking place across the county to improve mental health via a partnership group. This included work with children and young people, suicide prevention, crisis care, dementia and resilient communities. This work, while very challenging, has also seen success in 2019 including a £1 million mental health trailblazer bid for children's mental health. Mental health at scale has enabled us to build on all of that and encourage more people to talk about mental health.

Why is this important?

The figures below highlight the size of our challenge, and why we should not accept this situation. Participation in the mental health at scale programme allowed us to use national expertise and local knowledge and experience to begin to tackle some of the systemic challenges across County Durham.

In England **1 in 4** people are estimated to experience a mental health problem

It is estimated that in County Durham **1 in 10** children have a mental health disorder

That's over **10,000** children in County Durham

Levels of mental ill health are projected to increase…

Around **80,000** adults are estimated to have a common mental health disorder in County Durham

12% of adults in County Durham report having a long term mental health problem

Over **50,000** people in the county are diagnosed with depression

The rate of suicides across County Durham is significantly higher than England but it is decreasing over time

During this time, we have:

- Worked with businesses and organisations across County Durham partnership, including:

- These organisations have come together to help reduce the stigma and discrimination associated with mental health and to make it easier for people to talk about mental health. This includes training for staff, supporting Time to Change and ensuring support is available for staff in the workplace.

- Most of our businesses in County Durham are small or medium sized and they employ a significant proportion of our workforce. Working with Business Durham and the Federation of Small Businesses we have engaged a large network of employers and are using local knowledge to advise and help co-ordinate our approaches to improve mental wellbeing to ensure a consistent approach across all of our workforces.

- We have worked with Business Durham and its networks to find out how we can continue to support small and medium businesses to reduce mental health stigma and discrimination and achieve and sustain good mental health amongst their staff.

Behavioural insights

We worked with students (aged 14-16) and men (aged 40-49) to gather their opinions, perspectives and thoughts on mental health stigma. Interviews were also held with professionals working in this area, so that we could learn more about the challenges they face and the success that they experience in their work. This learning highlighted the stigma that exists and how we require collective efforts to promote and protect mental health, provide help and support for those who need it, and a concerted effort to actively challenge stigma itself, to begin to make a difference. This learning has been fed through key mental health groups to inform their current practice and plans.

Working with County Durham Time to Change Hub to tackle stigma and discrimination

Being part of mental health at scale has helped us to talk about mental health. On World Mental Health Day 2018, the County Durham Partnership held an event where Durham County Council and Pioneering Care Partnership signed the Time to Change employer pledge showing our commitment to change how colleagues think and act around mental health in the workplace. On Time to Talk day, in February 2019, senior leaders and staff across all areas from Durham County Council championed good mental health and endorsed our wide-ranging approach to improve good mental health. All partners committed to working towards the Time to Talk Employer Pledge.

The Time to Change Employer Pledge is a commitment to changing the way we all think and act about mental health in the workplace.

time to change county durham
let's end mental health discrimination

Time to Talk day, was also celebrated across County Durham. Time to Talk aims to encourage people to talk about mental health and opening up about their experiences, helping to diminish some of the stigma around mental health. A range of campaigns were run across County Durham in workplaces and community centres, which encouraged people to talk about mental health.

In March 2019, County Durham was successful in becoming a funded Time to Change Hub, enabling us to make positive progress in tackling mental health stigma and discrimination. The hub is co-ordinated by 'Investing in Children', a well-established partner of Durham County Council. Hub Champions have been visible at many events across the county including the Trimdon Community Festival, County Durham Children and Young People's Emotional Wellbeing Network, County Durham's Mental Health Provider Forum and a County Durham Volunteer's celebration event to raise awareness of issues around mental health stigma and discrimination.

How has this work benefitted the Taylors

John has become a Mental Health First Aider (MHFA) at work. This will help him access the support he needs and help him to offer support to his family and work colleagues, directing them to support services.

During his MHFA training, John learned about the stigma and discrimination that is often experienced by those who have had problems relating to anxiety, depression or due to stress of work or home life. As a result, people are less likely to talk about these issues with work colleagues, managers or their employers. John's employer has signed the Time to Change employer pledge to commit to changing the way everyone in the workplace thinks and acts about mental health. He has noticed posters and information around his work and is hoping that he will be able to use his new skills in MHFA if they are needed.

John feels his MHFA training has helped him to support Sarah through her postnatal depression.

Healthy Workforce

In my 2018/19 report I said we would:

- Support organisations to promote the wellbeing of their staff;
- Reach more organisations with our Better Health at Work award;
- Support a range of marketing campaigns to promote health and wellbeing.

Whilst a good working environment is good for health, a bad working environment may contribute to poor health. Effective prevention approaches at work can not only promote better mental health but also help avoid some of the immediate substantial costs of absenteeism and presenteeism that are associated with poor mental health.

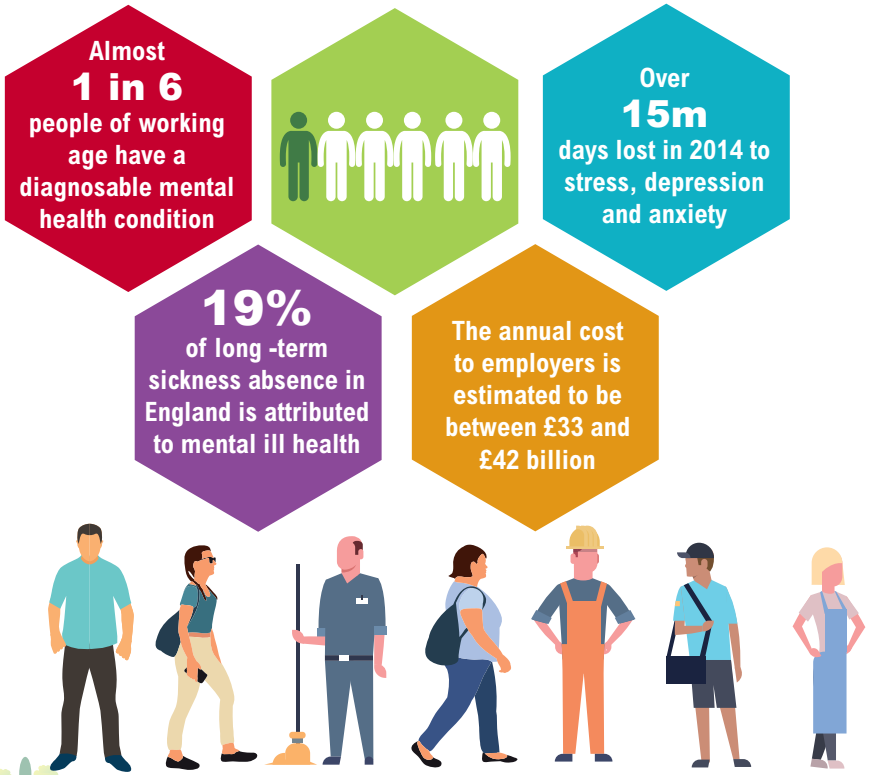
Why is this important?

We know that good work is vital for people's health and wellbeing, impacting both directly and indirectly on the individual, their families and communities.

Healthier, active and engaged employees are more productive and have lower levels of sickness absence and presenteeism. Organisations that take a positive, proactive approach to mental health can benefit from:

- Attracting the best talent;
- More engaged and motivated staff;
- Retaining staff, with less turnover;
- Reduction in absence;
- Improved professional reputation.

Poor mental health can have a large impact on a business, we know that nationally:



During 2018, and linked to mental health at scale, we have embedded mental health in the Better Health at Work Award (BHAWA). Equipping staff with the knowledge and skills to improve mental health and wellbeing and prevent mental illness and suicide is a specific recommendation within the NHS Five Year Forward View for Mental Health and Public Health England's (PHE) Public Mental Health Leadership and Workforce Development Framework.

The Better Health at Work Award gives a framework for workplace health. The award asks businesses to promote campaigns and deliver interventions and activities to promote positive health. 11 local authorities across the North East region support the delivery of the award.

The Better Health at Work Award

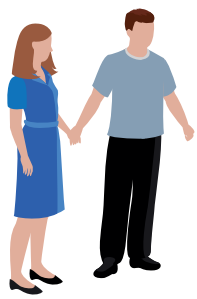
The award is a scheme which is available to all businesses

Pioneering Care Partnership oversees the County Durham BHAWA on behalf of the council. County Durham has 63 businesses currently registered on the scheme (the highest in the region). A variety of businesses ranging from voluntary organisations to large manufacturers and business sizes are involved in the award:

- **Small** (1-49 employees) – **17** businesses (27%)
- **Medium** (50-250 employees) – **28** businesses (44%)
- **Large** (250+ employees) – **18** businesses (29%)

Achievements 2018-2019 for the County Durham BHAWA:

- **13** new businesses recruited;
- **56** workplaces received mental health training;
- Over **320,000** contacts with a health campaign in a County Durham workplace e.g., stress and mental health, drug and alcohol awareness, stop smoking, healthy eating etc;
- **12** businesses achieved bronze status;
- **8** businesses achieved silver status;
- **6** businesses achieved gold status;
- **16** businesses achieved combined excellence.



Monitoring and evaluation of the award has shown that the participating businesses have reported:

- Reduced absenteeism;
- Increased productivity;
- Increased staff engagement.

This also has a direct influence on physical, mental, financial and social wellbeing of employees and their families.

Across County Durham, businesses have introduced mental health activities into their workplace in excellent and innovative ways

Hitachi ran a campaign to raise awareness of their mental health first aiders (MHFA) by giving them t-shirts as part of their uniforms which had 'don't bottle it up' on the back. This made it clear who the MHFAs were and to raise awareness of mental health.

Learning Curve mental health campaign included each employee being given a lollipop stick with a message on it. The message might be to 'hold a door open for a colleague', 'ask someone how they are', 'talk to someone you don't know'.

Pioneering Care Partnership encourage staff to go on walking meetings or take phone calls where appropriate outside in the garden.

Durham County Council
Workforce health and wellbeing is a strategic priority for the council with over 8000 staff, the majority of which live in County Durham. Staff wellbeing is vital to the smooth running of day to day business and delivering the best service to our residents.

A comprehensive approach across the authority has included senior figures championing mental health at work. Mental health awareness training has been delivered through all levels of management to almost 1000 staff. There are over 100 mental health first aiders and over 80 Time to Change Champions tackling stigma and discrimination. Our commitment to improving mental health has led to us signing the Time to Change Employer Pledge.

Durham County Council's work towards the BHAWA in 2019 includes:

- ✓ **1124** classes attended including yoga, pilates, metafit and get creative;
- ✓ **430** staff receiving cancer awareness training;
- ✓ **243** staff members participated in Dry January;
- ✓ **180** staff receiving financial wellbeing training;
- ✓ Over **80** personal pledges made for mental health awareness week.

How has this work benefitted the Taylors

John's employer has applied for the Better Health at Work Award and is promoting healthy eating and the benefits of physical activity to improve employee health. As a result, John has tried some of the healthy food options at work and has enjoyed cooking them at home with Sarah.

John has admitted that he worries about the family finances. Durham Savers delivered a financial wellbeing workshop at his team meeting. John intends to save money through the Credit Union and in future borrow from them, providing him with a low-cost lender and a financial safety net. John has supported Dan in seeking support and counselling for his mental health.

Recommendations

This report has provided an insight into the work across County Durham to support people to be able to talk about mental health and wellbeing.

We still have a long way to go to make a long term change to those who feel isolated, depressed or in a crisis. The work set out in this report is just the beginning. However, if we keep talking and working with our local people about mental health, we will make a difference.

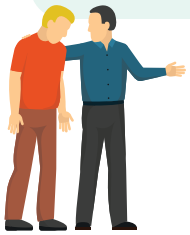
Following the information presented in my report this leads to a number of recommendations we will take forward next year.

Mental health at scale recommendations

1. Increase the number of organisations involved in our collective approach to workforce development on mental health.
2. Take a proactive approach to reaching more small and medium sized businesses.
3. Continue our focus on Time to Change and tackling stigma and discrimination by more employers signing the Time to Change Employers Pledge and support the Time to Change Hub.

Healthy workforce recommendations

1. Help create healthy workforces across County Durham by ensuring alignment with key strategies such as the County Durham Joint Health and Wellbeing Strategy.
2. Attract more businesses to participate and achieve the Better Health at Work award.
3. Encourage and support progress through Better Health at Work award levels.



The priorities identified and the work to achieve change are aligned to the County Durham Vision 2035 and will also support the refresh of the Joint Health and Wellbeing Strategy for County Durham.

What is coming up in future annual reports

In my next annual report I will focus on the following public health priorities:

2020

- Every child to have the best start in life;
- Good jobs and places to live, learn and play.

2021

- High quality drug and alcohol services;
- Better quality of life through integrated health and care services;
- Promoting positive behaviours.

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

Braille Audio AAA Large print

العربية Arabic (中文 (繁體字)) Chinese اردو Urdu

polski Polish ਪੰਜਾਬੀ Punjabi Español Spanish

বাংলা Bengali हिन्दी Hindi Deutsch German

Français French Türkçe Turkish Melayu Malay

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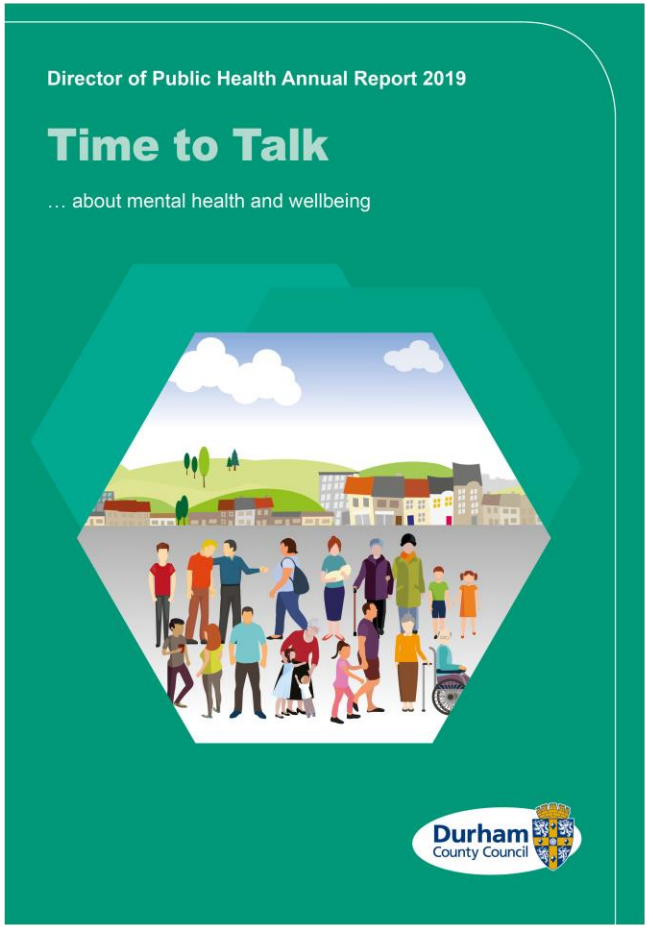
Director of Public Health Annual Report 2019

Health and Wellbeing Board 27 November 2019

Amanda Healy (Director of Public Health)



Health and wellbeing across County Durham

www.durhaminsight.info

- Special Educational Needs and Disabilities (SEND)
- Children Looked After (CLA)
- Infographics to support Primary Care Networks (PCNs)

Where we live, our services, our communities

Where we live

14,000 businesses

21 green flags for parks and open spaces

2 in **5** residents live in rural areas

12 miles of coastline

Durham Cathedral and Castle are world heritage sites

Heritage Coast
Sunderland-Durham-Hartlepool

150 miles of former railway paths

Building on our assets

523,000 people live here

9 Dementia friendly communities

43 Crees*

14 Area Action Partnerships

74% People of working age are in employment

59,000 adult carers in County Durham

Altogether better Durham
County Durham Partnership

Our communities

155 Breastfeeding friendly businesses

locate
Care and support in County Durham

online support information and advice

4 colleges

33 further education establishments

13 special educational needs schools

1 University

234 primary schools

52 secondary schools

65 GP Practices

39 libraries

12 council owned leisure centres

Our Services

Our priorities

Our priorities and progress towards them

	Action	Progress
Good jobs and places to live, learn and play	• Set out a plan to restrict the increase in take-away food.	• Published our 'Working towards a healthy weight in County Durham' (2018) to guide planning and licensing including hot food takeaways.
Every child to have the best start in life	• Introduce breastfeeding friendly venues.	• 155 local businesses are now signed up to the Breastfeeding Friendly County Durham scheme.
High quality drug and alcohol services	• Promote awareness about sensible levels of alcohol intake.	• Making alcohol unit guidelines more visible through work with licensing.

Our priorities and progress towards them

	Action	Progress
Promoting positive behaviours	• Introduce Active 30 to help children to become more active.	• 150 schools have pledged to provide children and young people with up to 30 minutes of fun physical activities every day in school.
Better quality of life through integrated health and care services	• Support people to get involved in local social and physical activities to reduce social isolation.	• Continue to fund local social activities and groups including Ways to Wellbeing, Crees/Men's Sheds, Area Action Partnerships (AAP) projects and Macmillan Joining the Dots. We are working with GP practices to develop link worker roles to support the most vulnerable in our communities.

What our work has meant for the Taylor family

John and Sarah

- John's employer is working to achieve the Better Health at Work Award, this has changed the culture in the workplace enabling John to be more confident to discuss his mental health.
- Sarah stopped drinking in early pregnancy with the support from her local children's centre.

Dan

- Dan has accessed services for his drug misuse. This support together with the responsibilities he has in his role as lifeguard has helped him to stay drug free.

Callum and Olivia

- Callum and Olivia's school has signed up to the Active 30 pledge and Callum and Olivia are enjoying being more active.

Jean and George

- Jean and George have both taken up their free flu vaccination

Mental health at scale

Why is this important?

Around 80,000 adults are estimated to have a common mental health disorder in County Durham

What we have done

- We have worked with Business Durham and its networks to find out how we can support small and medium businesses to reduce mental health stigma and discrimination.
- We worked with students (aged 14-16) and men (aged 40-49) to gather their opinions, perspectives and thoughts on mental health stigma.
- World Mental Health Day 2018 - Durham County Council and Pioneering Care Partnership signed the Time to Change employer pledge.
- In March 2019, County Durham was successful in becoming a funded Time to Change Hub.

Healthy workforce

Why is this important?

19%
of long -term sickness absence in England is attributed to mental ill health

The annual cost to employers is estimated to be between £33 and £42 billion

What we have done

- 56 workplaces received mental health training.
- Over 320,000 contacts with a health campaign in a County Durham workplace.
- Hitachi campaign to raise awareness of Mental Health First Aid.
- Durham County Council – 80 Time to Change Champions tackling stigma and discrimination.

How has this work benefitted the Taylors

- John has become a Mental Health First Aider (MHFA) at work. This will help him access the support he needs and help him to offer support to his family and work colleagues, directing them to support services.

- John feels his MHFA training has helped him to support Sarah through her postnatal depression.

- John has admitted that he worries about the family finances. Durham Savers delivered a financial wellbeing workshop at his team meeting. John intends to save money through the Credit Union and in future borrow from them, providing him with a low-cost lender and a financial safety net. John has supported Dan in seeking support and counselling for his mental health.

Recommendations

Mental health at scale:

1. Increase the number of organisations involved in our collective approach to workforce development on mental health.
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Healthy workforce:

1. Help create healthy workforces across County Durham by ensuring alignment with key strategies such as the County Durham Joint Health and Wellbeing Strategy.
2. Attract more businesses to participate and achieve the Better Health at Work award.
3. Encourage and support progress through Better Health at Work award levels.

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Health and Wellbeing Board

27 November 2019

County Durham and Darlington Flu Prevention Board

Report of Amanda Healy, Director of Public Health County Durham, Durham County Council

Electoral division(s) affected:

All.

Purpose of the Report

1 The purpose of this paper is to provide information and assurance on the progressing work of the County Durham and Darlington Flu Prevention Board ("Flu Board") to increase uptake of the flu vaccination in the local area.

Executive summary

2 Influenza (flu) is a viral infection affecting the lungs and airways. The symptoms can appear very quickly and include headache, fever, cough, sore throat and aching muscles and joints. Complications include bacterial pneumonia and can be life threatening especially in older people and those with certain underlying health conditions. Vaccination to prevent transmission and infection is an important public health intervention.

3 Uptake of vaccination amongst eligible groups in County Durham in 2018/19 was varied, and highest for people aged 65 years and above, pregnant women and children aged 2 years in a clinical risk group, and for patients with diabetes. It was lowest for patients not in clinical risk groups, including carers, children aged 2 years and patients with morbid obesity. As such, there is room for improvement in increasing uptake in the local area.

4 The Flu Board met for the first time in July 2019 and was chaired jointly by senior leads from Durham County Council (DCC) Public Health and the Clinical Commissioning Groups (CCG) covering the local area. Membership was subsequently extended to Darlington Borough Council Public Health.

5 Alongside DCC leads from Public Health, Adults and Health, commissioning and communications, membership includes representation from commissioners and providers involved in the local delivery of the flu immunisation programme: CCG including Medicines Optimisation, Foundation Trusts, General Practice and Pharmacy.

6 Terms of Reference (ToR) and a long-term plan have been drawn up.

7 Key actions overseen by the Flu Board so far this year include:

(a) Responding to a call from the Director of Public Health, Health and Wellbeing Board (HWB) members agreed to become Flu Champions;

(b) Engagement with members of the public through Healthwatch and use of the early findings to promote insights through volunteer networks and the DCC programme;

(c) Improvements in the DCC Staff scheme, such as the extension to an additional 300 staff working in integrated teams with the NHS, the introduction of an opt-out policy, and the promotion of the UNICEF *Get a Jab, Give a Jab* campaign;

(d) Extensive promotion of the vaccination programme through multiple routes, including health and social care and educational settings, the internet and public transport;

(e) Identification of priority groups, including pregnant women, children aged 2-3 years, people with respiratory conditions and people aged 65 and over, and using available opportunities to promote and improve uptake amongst these groups;

(f) Engagement and data sharing with GP practices and County Durham & Darlington Local Pharmaceutical Committee;

(g) Targeted work to improve vaccination uptake amongst people who access local services, including care homes, substance misuse and stop smoking services.

8 Members of the Flu Board have agreed that they should meet over the course of the whole year, recognising that activity does not and should not cease after the winter.

9 They have also agreed that they should be recognised as the County Durham and Darlington Flu Prevention Board, affirming their role in overseeing the immunisation programme rather than managing outbreaks and epidemics.

10 Whilst recognising existing links providing assurance on the protection of the health of the local population, the Flu Board wishes to be accountable to the Integrated Care Board.

Recommendation(s)

11 Members of the Health and Wellbeing Board are recommended to:

(a) Note the contents of this paper;

(b) Support the work of the County Durham and Darlington Flu Prevention Board;

(c) Receive the evaluation of the flu programme in Spring 2020.

Background

Local authority role in Health Protection

12 The local authority, and the Director of Public Health (DPH) acting on its behalf, play a critical role in ensuring relevant parties discharge their roles effectively for the protection of the local population.

13 Durham County Council (DCC)'s responsibilities for public health include ensuring that local arrangements to protect the health of the population are robust and fit for purpose. This includes assuring the delivery of screening and immunisation programmes.

14 In addition to the Flu Board, there are existing arrangements for the broad local oversight of immunisations programmes delivered to the local population, and planning for winter preparedness:

(a) DCC Public Health is linked with NHS England (NHSE) and Public Health England (PHE) meetings of the regional Public Health Oversight Group and local Screening and Immunisations Oversight Group. These meetings provide updates on the screening and immunisations programmes on relevant footprints and an opportunity to identify issues and discuss the potential for making improvements.

(b) The DPH chairs the quarterly Durham Health Protection Assurance and Development Group, which aims to enable the Director of Public Health to fulfil the statutory role in assuring the Council and Health and Wellbeing Board that satisfactory arrangements are in place to protect the health of the local population.

(c) DCC Public Health is represented at monthly meetings of the County Durham and Darlington Local A&E Delivery Board (LADB). The LADB acts as a forum where partners from across the health and social care system come together to agree a co-ordinated and integrated response to the provision of services that impact on the demand for emergency health and social care.

(d) DCC has an internal Employee Health and Wellbeing Group, and a Health, Safety and Wellbeing Strategic Group into which the Flu Board feeds, particularly on the planning and implantation of the DCC staff vaccination programme.

Aims of the Seasonal influenza immunisation programme

15 The national flu immunisation programme aims to provide direct protection to those who are at higher risk of flu associated morbidity and mortality. Groups eligible for flu vaccination include people aged 65 and over, pregnant women, and those with certain underlying medical conditions. From 2019, all children aged 2 to 10 are offered the vaccine.

16 Medical conditions indicating clinical risk for flu infection includes chronic respirator, heart, kidney, liver and neurological diseases, diabetes, dysfunction of the spleen, and problems with the immune system. From 2017/18, morbid obesity was included as a qualifying factor for those eligible for free flu vaccination.

17 Vaccination is also recommended for frontline health and social care workers for the prevention of the transmission of flu to help protect both staff and those that they care for.

Commissioning arrangements

18 The commissioning landscape for the flu programme is complicated.

19 At a national level, the responsibility for commissioning and quality assuring the parallel Seasonal influenza immunisation programmes for children and adults is delegated to NHS England by the Secretary of State (SoS) under section 7A of the National Health Service Act 2006. Within the region, this responsibility is discharged by the Cumbria and North East Screening and Immunisation Team comprising both NHSE and embedded PHE staff.

20 GPs are contracted to provide much of the programme through the Directed Enhanced Service (DES) specification for seasonal influenza and pneumococcal immunisation. Under the DES, people eligible for flu vaccination are those patients aged 65 and over on 31 March 2020, pregnant women, those aged six months to 64 years (excluding patients aged two and three on 31 August 2019) defined as at-risk, and carers. The DES also includes eligible health and social care workers and health care workers in the voluntary managed hospice sector.

21 There is a separate enhanced service specification for the childhood seasonal influenza vaccination programme delivered by GPs, covering the vaccination of children aged two and three years on 31 August 2019.

22 From 2015, all community pharmacies could register to provide flu vaccination to eligible adult patients (i.e. those aged 18 years and over, including those within clinical risk groups).

23 In the local area, Harrogate and District NHS Foundation Trust (HDFT) school-aged immunisation team are the providers of flu vaccination to primary school aged children (aged 4 to 10) across County Durham and Darlington local authorities.

24 For the first time in 2018/19, NHS England commissioned all local midwifery services across Cumbria and the North East to administer the flu vaccine to pregnant women (several Trusts delivered this service prior to 2018/19). County Durham and Darlington NHS Foundation Trust (CDDFT) began delivering this service in 2014/15 season. They utilise a GP-practice-based model of delivery, whereby midwives administer vaccines in clinics at GP practices. Each GP practice has a named midwife responsible for delivering the programme to its pregnant women. For the 2019/20 season CDDFT planned to extend their offer of vaccination to pregnant women to include via antenatal clinics at several secondary care settings.

25 Vaccination is also recommended for frontline health and social care workers, to be provided by their employer.

DCC staff programme

26 DCC has on ongoing targeted annual staff vaccination programme, which is led by the Public Health Pharmacy Adviser working in the Public Health Team. This is part of a 3-year plan for the Council, which was agreed in July 2018.

27 This programme targets staff who work with service users who are at risk of the complications of flu. Eligible staff are those employed staff members who routinely provide up close and personal care (i.e. assisting or prompting people with eating / drinking / toileting / bathing / dressing) to clients.

28 The two main elements of the programme are

(a) Onsite flu vaccinations to be provided by Occupational Health, and

(b) Provision of a voucher for staff unable to attend an onsite clinic or not located at a staff base.

29 The local evaluation of the 2018/19 flu programme in County Durham recommended that a local Flu Board be established to oversee the delivery of the flu programme to the whole eligible population (including the DCC staff scheme) in the local area. The evaluation identified priority areas including strengthened communications, and closer working across the health and social care system to promote and improve uptake amongst those most at risk.

County Durham and Darlington Flu Prevention Board

30 The Flu Board is co-chaired by a Consultant in Public Health from DCC and a Medical Director representing the Clinical Commissioning Groups covering the local area.

31 Due to cross-overs in the commissioning and delivery of the immunisation programme, membership has been extended to Public Health in Darlington Borough Council.

32 In October 2019, members agreed to name the group as the County Durham and Darlington Flu Prevention Board. The decision was taken to reflect the Board's role in overseeing the vaccination programme, and to recognise that activity is continuous and does not cease during the winter.

33 At the initial meetings of the Board, detailed data was shared on uptake amongst eligible groups, which supplemented the previous year's evaluation paper. The dataset included the number of eligible patients who did not receive the vaccine[1], and highlighted key issues such as:

(a) Uptake amongst pregnant women with a clinical risk (66.9%) rose far above those without (52.5%), and over 2,000 pregnant women in County Durham remained unvaccinated. The national ambition for uptake amongst pregnant women was 55%.

(b) Uptake amongst children aged 2-3 years old was as low as 40.3% for children aged 2 without a clinical risk, and over 3,000 children aged 2-3 years in County Durham were unvaccinated. The national ambition for uptake amongst children aged 2-3 years was 55% for those with a clinical risk and 48% for those without.

(c) Around 17,000 patients with chronic respiratory disease in the local authority area did not receive the vaccine. The national ambition for uptake amongst patients in this group was 55%. On the other hand, uptake amongst patients with diabetes was 65.4%.

(d) Although uptake amongst registered patients aged 65 and over was as high as 71.4%, over 30,000 people in this group were unvaccinated. The national ambition for uptake amongst patients aged 65 and over was 75%.

34 A copy of the dataset provided, summarised at Locality Level for the sake of readability, is included at **Appendix 2**.

[1] The reporting system providing this data does not yet record the number of patients in clinical risk categories who did not wish to receive the vaccine.

35 The evaluation of the DCC Staff campaign showed that uptake at on-site clinics amongst staff identified as eligible for vaccination at flu clinics was 17.7% (127 out of 717 identified).

36 Terms of Reference (ToR) and a long-term action plan were tabled at a meeting on the Board in October 2019 and are being finalised. This describes that the role of the Flu Board is to provide systems leadership in the oversight and assurance of flu programme delivery in the local area. The most recent version of the ToR is given in **Appendix 3**.

37 Membership includes representatives from a wide range of organisations from the health and social care system including those involved in the commissioning and delivery of the programme in the local area.

38 With respect to governance, it has been agreed that the Flu Board should be held accountable to the Integrated Care Board.

39 Members of the Flu Board will receive regular, detailed updates on uptake in order to highlight areas of good practice and opportunities for improvement. It is expected that these datasets will complement those prepared by NHSE and provided to CCG leads and LADBs.

40 The Flu Board has so far overseen a number of important improvements to the implementation of the local flu programme, which are captured within the Board's developing action plan.

41 With regards to engagement and communications, this includes:

(a) Engagement with the public by Healthwatch during summer 2019. Although the full report is awaited at the time of writing, early access to data has enabled the DCC Pharmacy Adviser to:

(i) use volunteer networks to support with the dissemination of key messages around flu to vulnerable groups, and

(ii) stress the message in the DCC programme that healthy front-line workers also need the flu jab.

(b) Promotion of flu, pneumococcal and shingles vaccinations within the Stay Well This Winter campaign distributed online and through Durham County News;

(c) Promotion of flu vaccination on buses operating within County Durham;

(d) Identification of a photo opportunity with the chair of the HWB and Corporate Director of Adult & Health at one of the DCC staff flu vaccination clinics;

(e) Verbal presentations to GPs attending the four Locality Prescribing Groups within County Durham by the DCC Consultant in Public Health, Pharmacy Adviser, and facilitated by the CCG Flu Leads. This provided an opportunity to highlight eligible patients, opportunities to improve uptake amongst priority groups and vaccine supply issues;

(f) The Childhood Immunisation Team sent out letters to parents highlighting impact of flu and visited every primary school, and attended summer fairs including Saturdays, sports days, parents' evenings and community events;

(g) Distribution of regular updates and key messages to GP Practices by the CCG Lead through Durham Flu News;

(h) Sharing of locality-level uptake data and key messages with County Durham & Darlington Local Pharmaceutical Committee to promote opportunities to improve uptake amongst eligible groups accessing community pharmacies (e.g., those accessing Nicotine Replacement Therapy);

(i) Distribution of NHSE/ PHE letters jointly signed by the DPH to promote uptake and infection control measures amongst early years, nursery and school settings;

(j) Strengthening links between the Regional Flu Board led by NHSE through DCC Public Health and CCG leads;

(k) The Flu Board also has oversight of partner organisations' staff vaccination campaigns.

42 For the DCC staff programme, key actions taken this year include:

(a) With the support of CDDFT, the extension of the programme to around 300 staff working in integrated teams with the NHS;

(b) The establishment of a steering group within the Employee Health and Wellbeing group to drive the programme forward;

(c) The introduction of an Opt-Out policy whereby staff members are approached on an individual basis by their managers / service leads with an offer for the flu vaccination;

(d) The introduction of an incentive scheme;

(e) Comprehensive promotion of the programme, including through Durham Buzz magazine;

(f) Promotion of the UNICEF *Get a Jab, Give a Jab* campaign to staff.

43 In addition to improved communications, specifically for priority groups, key actions include:

(a) Encouraging GP practices to promote uptake amongst pregnant women throughout the season up until 31st March 2020. The key message has been shared through the practice flu newsletter that if ladies present at the practice January to March 2020 then it is requested that the practice administer the flu vaccine as patients may not see the midwife before the 31st March 2020;

(b) For patients with respiratory conditions, giving consideration to asking community nurses to extend their current role to the hard to reach respiratory patients who did not attend following three invite letters;

(c) Consultants in hospital settings directly promoting vaccine uptake to patients under their care within clinical risk groups.

44 As regards vaccine supply, the Flu Board has sought assurance from NHSE and was informed that 80% of the flu vaccines ordered will be in England by 31st October 2019. In order to mitigate potential risks in the future, practices have been advised to order a mix of vaccines available for adults rather than from a single supplier.

45 Responding to a call from the Director of Public Health in September 2019, members of the HWB agreed to become Flu Champions within their organisations. Highlights from responses received so far are:

(a) Clear senior leadership of organisational flu programmes, including communisations;

(b) Commissioning for Quality and Innovation (CQUIN) indicators set by NHS England and NHS Improvement to incentivise Trusts to achieve 60-80% of staff uptake;

(c) Recruitment of peer vaccinators within Trusts to promote and provide flu vaccination, and

(d) Development of incentive schemes for individual members of staff.

46 An evaluation of the success of the flu immunisation programme delivered locally will be undertaken in Spring 2020.

Options

47 There is no legal duty to convene a local Flu Prevention Board and membership is voluntary.

Main implications

48 The establishment of a local Flu Board represents clear willingness amongst local partners to improve uptake and provide assurance to the DPH and local authority on the delivery of the flu immunisation programme in the local area.

Conclusion

49 The Flu Board has overseen and facilitated much coordinated activity to promote and improve vaccination uptake in its first year and first few months of existence.

50 The Flu Board wishes to be held accountable to the Integrated Care Board.

51 Representatives see the work of the Flu Board as part of a longer-term plan to improve the effectiveness and equity of the flu vaccination programme.

52 The forthcoming evaluation of the Flu Programme in the Spring 2020 will help inform discussion on its effectiveness, added value and future direction.

Background papers

- None

Other useful documents

- The national flu letter, and included reference material: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/788903/Annual_national_flu_programme_2019_to_2020_.pdf

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Appendix 1: Implications

Legal Implications

The local Flu Board does not hold statutory status. One of its core roles is to provide assurance on the delivery of the flu immunisation programme locally, as part of the local authority's shared responsibility (with the Secretary of State) for the protection of the health of the local population (discharged by the Director of Public Health).

Finance

There are no direct financial implications for the Council. There are indirect costs associated with representation and provision of secretarial support by DCC.

Consultation

The Flu Board does not directly consult with members of the public. However, its work has been and will be informed through local engagement activity, led by Healthwatch.

Equality and Diversity / Public Sector Equality Duty

The Flu Board aims to promote the equitable delivery of the flu vaccination programme in the local area.

Climate Change

There are no clear and obvious links between the work of the Flu Board and climate change.

Human Rights

There are no clear and obvious links between the work of the Flu Board and Human Rights. Consent is required for patients to receive the vaccination and the Flu Board is not involved in direct delivery.

Crime and Disorder

There are no clear and obvious links between the work of the Flu Board and Crime and Disorder.

Staffing

There are no staffing implications for Flu Board, as it makes use of existing staff.

Accommodation

There are limited implications for accommodation, as meetings of the Flu Board have been convened on DCC premises.

Risk

Improved uptake of flu vaccination in the local population has the potential to reduce the burden of morbidity and mortality associated with flu infection. Communications and engagement activity undertaken on behalf of the Flu Board provide an opportunity to enhance the reputation of the Council with partners and the public.

Procurement

There are no procurement implications linked to the work of the Flu Board. It is directly involved in the procurement of products or services.

Appendix 2: Uptake and number unvaccinated amongst eligible groups within County Durham during the 2018/19 campaign

Uptake	Dales	Easington	Sedgefield	CLS	Derwentside	Durham	County Durham
Chronic Heart Disease	48.12%	48.83%	49.64%	49.21%	51.04%	48.97%	49.29%
Chronic Respiratory Disease	49.27%	48.43%	49.17%	49.74%	50.24%	48.48%	49.18%
Chronic Kidney Disease	59.22%	47.28%	56.40%	58.52%	53.76%	60.29%	54.53%
Chronic Liver Disease	40.22%	43.53%	48.69%	42.64%	41.88%	47.55%	44.15%
Diabetes	67.47%	64.65%	65.57%	62.74%	65.13%	66.75%	65.54%
Immunosuppression	53.41%	48.83%	57.04%	57.04%	57.72%	58.79%	55.30%
Chronic Neurological Disease	52.72%	52.49%	54.03%	51.39%	55.44%	53.11%	53.34%
Asplenia or dysfunction of the spleen	46.71%	41.13%	46.50%	46.12%	41.31%	34.67%	42.41%
Morbid obesity AND in one or more clinical risk group	58.68%	57.24%	58.81%	58.65%	59.25%	58.53%	58.48%
Morbid obesity NO clinical risk group	20.60%	13.26%	22.95%	22.84%	23.92%	18.36%	19.93%
Pregnant and NOT IN a clinical risk group	44.29%	38.76%	55.36%	58.74%	59.66%	55.90%	52.32%
Pregnant and IN a clinical risk group	63.10%	46.39%	66.36%	78.26%	74.79%	72.62%	66.61%
Aged 2 years and NOT in a clinical risk group	44.77%	31.25%	41.80%	47.18%	34.14%	49.79%	40.68%
Aged 2 years and IN a clinical risk group	48.57%	47.37%	51.35%	57.14%	29.73%	68.18%	48.09%
Aged 3 years and NOT in a clinical risk group	49.01%	37.09%	50.10%	50.35%	44.98%	56.41%	47.52%
Aged 3 years and IN a clinical risk group	57.89%	52.78%	58.33%	38.89%	57.14%	45.10%	53.06%
16 years to under 65 years not at-risk who fulfil the 'carer' definition	40.00%	37.21%	42.29%	42.60%	34.07%	36.70%	38.87%
Total Combined - 6months to under 65 years: At-risk	49.44%	47.53%	49.89%	48.60%	49.88%	48.37%	48.97%
65 and over	71.69%	70.47%	72.40%	71.60%	70.67%	72.13%	71.51%

Unvaccinated	Dales	Easington	Sedgefield	CLS	Derwentside	Durham	County Durham
Chronic Heart Disease	1255	1353	1264	646	1083	943	6544
Chronic Respiratory Disease	3082	3440	3247	1634	2949	2705	17057
Chronic Kidney Disease	168	388	177	112	258	137	1240
Chronic Liver Disease	217	240	196	113	186	150	1102
Diabetes	880	1082	991	576	993	783	5305
Immunosuppression	287	351	287	186	249	265	1625
Chronic Neurological Disease	696	763	702	367	627	520	3675
Asplenia or dysfunction of the spleen	178	166	176	118	179	245	1062
Morbid obesity AND in one or more clinical risk group	383	496	416	196	414	294	2199
Morbid obesity NO clinical risk group	1106	1636	1205	608	1256	1036	6847
Pregnant and NOT IN a clinical risk group	434	414	416	222	361	314	2161
Pregnant and IN a clinical risk group	31	52	36	15	30	23	187
Aged 2 years and NOT in a clinical risk group	412	715	561	281	654	479	3102
Aged 2 years and IN a clinical risk group	18	20	18	6	26	7	95
Aged 3 years and NOT in a clinical risk group	360	665	496	282	548	408	2759
Aged 3 years and IN a clinical risk group	16	17	25	11	18	28	115
16 years to under 65 years not at-risk who fulfil the 'carer' definition	621	756	891	345	660	545	3818
Total Combined - 6months to under 65 years: At-risk	6150	7025	6361	3701	5997	5562	34796
65 and over	5999	5237	5601	3403	5457	4985	30682

Appendix 3: Terms of Reference for the County Durham and Darlington Flu Prevention Board

County Durham and Darlington Flu Prevention Board

Terms of Reference

1. Introduction

The role of the Flu Board is to provide systems leadership in the oversight and assurance of flu programme delivery in the local area. The Board will facilitate the sharing of good practice; ensure compliance with national guidance and effective scrutiny and feedback on uptake against ambitions.

2. Aim and Objectives

I. Oversee the effective and equitable implementation of flu vaccination in the local area;
II. In line with national and regional flu planning, agree priorities for action and incorporate these within a local flu plan;
III. Monitor and coordinate the local response to emerging issues with the implementation of the flu vaccination programme, such as vaccine supply;
IV. Escalate issues as appropriate to commissioners of the joint flu programmes for children and adults;
V. Review the implementation of the local flu programme annually, providing recommendations to improve the work of the Board and the flu programme.

Within the following aspects of the seasonal flu immunisation programme, the Board will:

Quality

- Ensure that the programme is safe and quality assured
- Provide comment and feedback to service providers

Performance

- Monitor uptake within local populations and support delivery against national and local ambitions
- Ensure that all those eligible for immunisation are identified and invited for immunisation in a timely way and that they are recorded

Development

- Provide professional leadership and support

Addressing health Inequalities

- Work with commissioners and providers to support the immunisation programmes and reduce health inequalities

Influenza immunisation programme

- Plan and oversee the implementation of the local programme, informed by national guidance and local need
- Provide leadership across the local area to improve influenza immunisation uptake, where possible, for the eligible patient and staff groups.
- Ensure a co-ordinated approach to communications and updates on progress; in particular to stakeholders, providers and public where appropriate.
- Ensure appropriate monitoring and reporting systems are put in place to track the level of uptake as a means of ensuring progress is made towards achieving the required level of coverage.
- Sign off reports as required including an interim and final evaluation of the programme and identify lessons learned
- Co-ordinate the necessary expertise to maximise the effectiveness of the campaign in the general local population.
- Co-ordinate the necessary expertise to maximise the effectiveness of the campaign in at-risk groups, health and social care staff and those working in the independent and VCSE sector
- Provide assurance to local Directors of Public Health with regards to the implementation of the programme

3. The remit of the group

- The programme board covers the population resident within, and patients registered with GP practices in, County Durham and Darlington.

4. Membership

The group is multiagency and multidisciplinary and it is an expert group and not one of representation. It will include the following:

Core membership – attendance or appropriate deputy expected

Consultant in Public Health, Durham County Council (DCC) (Co-Chair)	Chris Allan
Medical Director, Clinical Commissioning Group (CCG) (Co-Chair)	Dr James Carlton
Executive Director of Nursing, County Durham and Darlington NHS Foundation Trust (CDDFT)	Noel Scanlon
Chief Nurse, Harrogate and District NHS Foundation Trust	Jill Foster

Director of Integrated Community Services, CCG/CDDFT/DCC	Lesley Jeavons
Director of Nursing and Governance, Tees, Esk and Wear Valley NHS Foundation Trust	Elizabeth Moody
Darlington Public Health	Jon Lawler
Chief Officer, County Durham & Darlington Local Pharmaceutical Committee	Greg Burke
Flu Lead and Head of Medicines Optimisation, CCG	Kate Huddart/ Joan Sutherland
Practice Nurse Link, CCG	Caryl Bowie
Senior Commissioning Manager, NHS England and NHS Improvement	Kate Birkenhead
Head of Adult Care, DCC	Lee Alexander
Public Health Pharmacy Adviser, DCC	Claire Jones
Strategic Commissioning Manager, Adult and Health Services, DCC	Neil Jarvis
Public Health Practitioner, DCC	Sean Barry
Communications Lead, DCC	Stella Hindson/ Lynsey Fleming

Additional members with specific expertise may be co-opted to the programme board as required to provide specialist opinion e.g. public health analysts.

5. Accountability and reporting arrangements

The Flu Board is accountable to the Integrated Care Board.

Representatives attending the board are required to provide feedback appropriately within their own organisations/peers.

The board chair will collate a brief annual report detailing the overall performance, activity of the programme board, achievements of the immunisation programmes, significant events and learning points and horizon scanning for next year's work programme.

Method of Working

The programme board is chaired jointly by a Consultant in Public Health in County Durham Public Health and a Medical Director from the Clinical Commissioning Group.

All members must keep their contact details up to date and must inform the chair if they wish to withdraw from the group.

Membership of the board will be reviewed annually.

Attendance at Meetings

All core members are expected to make every effort to attend all meetings, and where unable to do so should nominate an appropriate deputy to attend in their place.

Frequency

Meetings will be held monthly. The chair of the group may convene special meetings whenever necessary and appropriate.

Roles and responsibilities

The role of the chair is to set the agenda and arrange for papers to be circulated. Action notes will be circulated one week prior to the meeting being held.

Standard Agenda

The agenda for meetings will include the following standing items:

a) Welcome and apologies
b) Action points of previous meeting and matters arising
c) Communications
d) Review of local flu plan as appropriate
e) Review of uptake in the local population and amongst priority groups
f) Epidemiological surveillance reports
g) AOB
h) Next meeting

Administration

Durham County Council will administer these meetings

6. Date Approved

Approved by the County Durham and Darlington Flu Board on 7th November 2019.

7. Date for Review

These Terms of Reference will be reviewed annually in Spring following the evaluation of the previous years' programme.

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Health and Wellbeing Board

27 November 2019

Better Care Fund Plan 2019/20

Report of Jane Robinson, Corporate Director, Adult and Health Services, Durham County Council, and Dr Stewart Findlay, Chief Officer, Durham Dales, Easington & Sedgefield Clinical Commissioning Group and North Durham Clinical Commissioning Group

Electoral division(s) affected:

Countywide

Purpose of the Report

1 The purpose of this report is to provide the Health and Wellbeing Board with a summary of the Better Care Fund (BCF) Plan for 2019/20 which was submitted to NHS England on 27 September 2019.

Executive summary

2 The BCF provides a mechanism for joint health, housing and social care planning and commissioning. It brings together ringfenced budgets from Clinical Commissioning Group (CCG) allocations, and funding paid to local government, including the Disabled Facilities Grant (DFG), the improved Better Care Fund (BCF) and the Winter Pressures Grant.

3 County Durham's BCF allocation for 2019/20 based upon the initial methodology is £49.2m plus additional monies through the iBCF allocation of £27.1m to support adult social care, and the Winter Pressures Grant of £2.8m to support the local health care system to manage demand pressures on the NHS.

4 BCF Planning and reporting incorporate the separate processes for iBCF and Winter Pressures Grants.

Recommendation(s)

5 Members of the Health and Wellbeing Board are recommended to:

(a) Note the contents of this report;

(b) Ratify the BCF Plan 2019/20 for County Durham;

Background

6 Since 2015, the Government's aims around integrating health, social care and housing, through the Better Care Fund (BCF), have played a key role in the journey towards person-centred integrated care

7 Integrated care is the key to strong, sustainable local health and care which prevent ill health (where possible) and the need for care, and avoid unnecessary hospital admissions. It also seeks to ensure that people receive high quality care and support in the community.

8 The BCF is the only mandatory policy to facilitate integration through a pooled budget and provides a mechanism for joint health and social care planning and commissioning bringing together ring-fenced budgets from Clinical Commissioning Groups (CCGs) and funding paid directly to local government for adult care services.

9 County Durham's BCF allocation based upon the initial methodology for 2019/20 is £49.2m plus additional monies though the improved Better Care Fund (iBCF) allocation to support adult social care of £27.1m and the Winter Pressures Grant of £2.8m to support the local health and care system to manage demand pressures on the NHS.

Policy and Planning Requirements

10 The Better Care Fund Policy Framework for 2019/20 provides continuity from the previous round of the programme.

11 The four national conditions set by the Policy Framework are:

(a) The BCF Plan including at least the minimum mandated funding to the pooled fund specified in the BCF allocations and grant determinations must be signed off by the Health and Wellbeing Board (HWB), and by the constituent local authority and CCGs;

(b) How the area will maintain the level of spending on social care services from the minimum CCG contribution in line with inflation;

(c) That a specific proportion of the area's allocation is invested in NHS commissioned out of hospital services, which may include seven day services and adult social care;

(d) Implementation of the High Impact Change Model for Managing Transfers of Care to support system wide expectations in maintaining or reducing rates of delayed transfers of care (DToC) during 2019/20.

12 The Policy Framework also sets out the four national metrics for the BCF:

(a) Non-elective admissions (specific acute);

(b) Admissions to residential and nursing care homes;

(c) Effectiveness of reablement;

(d) Delayed Transfers of Care (DToC).

13 The main change in the BCF Planning Requirements from 2017/19 were that separate narrative plans were replaced by a template which included narrative sections covering:

- The approach to integration
- Plans to achieve the metrics
- Ongoing plans to implement the High Impact Change Model for Managing Transfers of Care

BCF Work Programmes

14 There are seven main programmes within the BCF Plan which focus on health and social care initiatives to facilitate and enable the integration of a range of community services as follows;

(i) **Short Term Intervention Services** – provide a range of service responses including intermediate care and reablement which promote recovery from illness, prevent unnecessary admission to hospital or permanent admission to residential or nursing care homes, facilitate timely and safe discharge and support from hospital and maximise opportunities for independent living (£10, 088, 119)

(ii) **Equipment and Adaptations for independence** – joint funding of the home equipment loan service to improve access to equipment and adaptations and increasing opportunities for the use of assistive technology to help people remain or return to their own homes after a crisis following changes to their health and care needs (£12, 238, 175)

(iii) **Supporting Carers** – in recognition of the value and contribution that carers make to the health and social care system and economy, we are committed to improving carer support in order to enable carers to maintain their caring role and aid their health and wellbeing (£1,361,000)

(iv) **Supporting Independent Living** – includes mental health and recovery services which focus on the wider detriments

of health such as accommodation and employment which relate to good mental health and wellbeing. The programme aligns with the Five Year Forward View for Mental Health (2016) in that it prioritises, prevention, access, integration, quality and positive experiences of care (£5,004,959)

(v) **Social Inclusion** – through an asset based approach we have sought to increase community capacity and resilience working with the Voluntary and Community Sector in order to transfer services at a pre-health and care delivery stage through access to universal services, facilities and resources which promote wellbeing, respond to social isolation and help to avoid or delay the development of needs for health and care (£1,121,000)

(vi) **Care Home Support** – we are committed to high quality care home provision. Our endeavours focus the competency and capability of care homes to provide high quality care as part of a more integrated health and care system which ensures person centred care, dignity and safeguarding adults standards are met (£1,774,000)

(vii) **Transforming Care** – has a clear emphasis on new paradigms for integrated care delivery. An integrated Governance Framework has been implemented to unite stakeholders behind the vision of integration and developing a shared understanding of integration between partners, joining up service delivery where is makes sense for the service user, which is efficient, cost effective and outcome focussed with an emphasis on community based solutions and a whole system approach to early intervention and prevention which promotes independence and wellbeing (£17,513,514)

15 The approach to the use of the iBCF centres around three key initiatives:

(i) Supporting people with complex learning disability needs in the community

(ii) Supporting people with complex needs associated with dementia in the community

(iii) Social Care and system related support

16 The agreed approach to the use of the Winter Pressures Grant (WPG) supports the local health and care system to manage demand and create capacity, particularly in relation to seasonal winter pressures in

support of safe discharge from hospital and admission avoidance where appropriate. The WPG also supports Adult and Health Services in discharging it's duties to provide care and support under the Care Act 2014.

Delayed Transfers of Care (DToC)

17 Where areas have already met expectations for reducing DToC, they should continue to implement joint plans to manage discharge and patient flow to minimise delays. Progress in reducing DToC will continue to be monitored regularly by national partners. Expectations for reducing DToC in 2019/20 are articulated as a single Health and Wellbeing Board ambition and have not been split into separate NHS and social care expectations. This is intended to support joint working and accountability at system level collaboration.

BCF Timetable for Planning and Assurance

(i) BCF planning submission to be submitted to england.bettercaresupport@nhs.net by 27 September 2019

(ii) Scrutiny of BCF Plans by regional assurers, assurance panel meeting and regional moderation by 30 October 2019

(iii) Regionally moderated assurance outcomes sent to BCST by 30 October 2019

(iv) Cross Regional calibration by 5 November 2019

(v) Assurance recommendations considered by departments and NHSE between 5–15 November 2019

(vi) Approval letters issued week commencing 18 November 2019

(vii) Section 75 Agreements to be signed and in place by 15 December 2019

Agreement by the Health and Wellbeing Board

18 The BCF Plan 2019/20 was 'signed off' the chair of the Health and Wellbeing Board, the Corporate Director of Adult and Health Services and the Chief Operating Officer for North Durham and Durham Dales, Easington and Sedgefield Clinical Commissioning Groups to meet the submission deadline in the absence of a scheduled meeting of the Health and Wellbeing Board.

Background papers

- None

Other useful documents

- None

Author
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Appendix 1: Implications

Legal Implications

None.

Finance

The BCF 2019/20 Pooled Budget is £40.2m.

Consultation

As necessary through the Health and Wellbeing Board.

Equality and Diversity / Public Sector Equality Duty

The Equality Act 2010 require the Council to ensure that all decisions are reviewed for their particular impact upon people.

Human Rights

None.

Climate Change

Consideration of the impact by climate change in decision making and reporting has been considered.

Crime and Disorder

None.

Staffing

None.

Accommodation

None.

Risk

Failure to meet BCF performance metrics may result in reputational damage and increased national scrutiny.

Procurement

None.

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Health and Wellbeing Board

27 November 2019

Membership of County Durham Health and Wellbeing Board

Ordinary Decision

Report of Helen Lynch, Head of Legal and Democratic Services, Durham County Council

Electoral division affected:
None

Purpose of Report

1 To seek the views of members of the Board on inviting an additional representative to become a voting member of the Health and Wellbeing Board.

Executive Summary

2 There are clear links between the quality of housing and the influence this has on a person's health and wellbeing.

3 To ensure opportunities to work collaboratively for the good of our communities is maximised, it is recommended that representation from the housing sector on the Health and Wellbeing Board would assist in improving people's wellbeing, reducing health inequalities and achieving better outcomes.

Recommendations

4 Members of the Health and Wellbeing Board are requested to agree that a housing sector representative is invited to become an additional voting member of the Health and Wellbeing Board.

Background

5 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.

6 A new vision has been agreed for County Durham for 2035, which includes a number of objectives relating to housing. In addition, there is a link between where a person lives and their health and health outcomes. The HWB must encourage people who arrange for the provision of services related to the wider determinants of health such as housing, and this work has already started in Durham.

Health and Wellbeing Board membership

7 Article 16 of the Constitution of the Council outlines the rules for governing the Health and Wellbeing Board and includes its composition, role and function.

8 As required in the Health and Social Care Act 2012, the composition of the Health and Wellbeing Board is as follows:

- Representatives nominated by the Leader of the Council (being currently):
    a) Portfolio Holder for Adult and Health Services
    b) Portfolio Holder for Children and Young People's Services
    c) Portfolio Holder for Transformation;
- Representation from Clinical Commissioning Groups;
- A representative from Local Healthwatch;
- Corporate Director of Adult and Health Services
- Corporate Director of Children and Young People's Services
- Director of Public Health

9 In addition, it has also been agreed that the following attend as non-statutory, voting members of the Health and Wellbeing Board;

- Chief Executive, Office of the Durham Police Crime and Victims' Commissioner
- Director of Integrated Community Services, North Durham and Durham Dales, Easington & Sedgefield Clinical Commissioning Groups; Durham County Council, and County Durham and Darlington NHS Foundation Trust
- Operational Director, Harrogate and District NHS Foundation Trust
- Programme Manager, City Hospitals Sunderland NHS Foundation Trust
- Director of Operations, Tees, Esk & Wear Valley NHS Foundation Trust

- Interim Chief Executive, North Tees & Hartlepool NHS Foundation Trust
- Chief Executive, County Durham and Darlington NHS Foundation Trust
- Assistant Chief Fire Officer, County Durham and Darlington Fire and Rescue Service

10 In accordance with legislation additional members may be appointed and the Health and Social Care Act states that "at any time after a Health and Wellbeing Board is established, a local authority must, before appointing another person to be a member of the Board under s194 (2)(g), consult the Health and Wellbeing Board".

Housing

11 The value of collaborative working between housing and other partners to achieve positive outcomes is recognised, especially in relation to meeting the needs of older people and disabled people, and it is recommended that a representative from the housing sector is invited to become a voting member of the Health and Wellbeing Board and members of the Board are asked to provide their views.

12 If agreed, the Corporate Director of Regeneration and Local Services will be invited to become a member of the Health and Wellbeing Board. It is anticipated that Lynn Hall, Strategic Manager for Housing, Durham County Council will be identified as their nominated housing sector representative to attend Health and Wellbeing Board meetings.

Conclusion

13 Extended membership of the Health and Wellbeing Board to include housing, will ensure that partner representation is aligned to the priorities for the Health and Wellbeing Board as outlined in the Joint Health and Wellbeing Strategy 2020-25, and the vision for Durham 2035.

Background papers

- None

Other useful documents

- Joint Health and Wellbeing Strategy
- Vision for Durham 2035
- DPH Annual Report

Author

Ros Layfield Tel: 03000 269708

Appendix 1: Implications

Finance – No direct implications

Staffing – No direct implications

Risk – No direct implications

Equality and Diversity / Public Sector Equality Duty – No direct implications

Climate Change - No direct implications

Accommodation - No direct implications

Crime and Disorder - No direct implications

Human Rights – No direct implications

Consultation – As set out in the body of the report

Procurement - No direct implications

Disability Issues – No direct implications

Legal Implications – As set out in the body of the report