



Health and Wellbeing Board

Date Wednesday 29 January 2020

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 27 November 2019 (Pages 5 - 12)
5. Health Protection Assurance Annual Report: Report of Director of Public Health, Durham County Council (Pages 13 - 36)
6. Strategic Partnerships Governance review: Report and presentation of Head of Partnerships and Community Engagement (Pages 37 - 68)
7. Health and Social Care Integration: Verbal update of Corporate Director of Adult and Health Services
8. Digital developments to support integration arrangements: Report/Presentation of Head of Commissioning, Durham County Council (Pages 69 - 90)
9. Using County Durham's Approach to Wellbeing: Report and presentation of Director of Public Health, County Durham, Durham County Council (Pages 91 - 104)

10. Think Autism Strategy - update report: Report of Corporate Director of Adult and Health Services, Durham County Council, and Corporate Director of Children and Young People's Services, Durham County Council (Pages 105 - 122)
11. Mental Health Strategic Partnership update: Report of Director of Commissioning, Strategy and Delivery - Mental Health and Learning Disabilities, Clinical Commissioning Groups (Pages 123 - 172)
12. Housing, Homes and Health: Report of Director of Public Health, Durham County Council (Pages 173 - 220)
13. Health and Wellbeing Board campaigns: Presentation of Director of Public Health County Durham, Durham County Council (Pages 221 - 234)
14. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration
15. 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)

16. 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
21 January 2020

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
J Pearce	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
J Illingworth	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
J Carling	Office of the Police, Crime, and Victim's Commissioner
D Brown	County Durham and Darlington Fire and Rescue Service
L Hall	Housing Solutions

Contact: Jackie Graham

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DURHAM COUNTY COUNCIL

At a Meeting of **Health and Wellbeing Board** held in **Committee Room 2, County Hall, Durham** on **Wednesday 27 November 2019 at 9.30 am**

Present:

Councillor L Hovvels (Chairman)

Members of the Board:

Councillors J Allen and O Gunn and R Chillery, Dr S Findlay, A Healy, V Mitchell, J Pearce, J Robinson and Dr D Smart

1 Apologies for Absence

Apologies for absence were received from N Bailey, D Brown, L Buckley, J Gillon, B Jackson, S Jacques, L Jeavons, Dr J Smith and S White

2 Substitute Members

J Nadkarni for L Buckley, J Parkes for J Gillon, Dr Murthy for B Jackson, K Wanley for D Brown, C Oakley for S White

3 Declarations of Interest

There were no declarations of interest.

4 Minutes

The minutes of the meeting held on 17 September 2019 were agreed as a correct record and signed by the Chair.

5 Child Death Overview Panel (CDOP) Annual Report

The Board considered a report of the Deputy Director of Public Health, Durham County Council that presented the annual report of the County Durham and Darlington Child Death Overview Panel (CDOP) (for copy see file of Minutes).

The Deputy Director and Chair of CDOP gave a detailed presentation that included:

- The role and purpose of CDOP
- CDOP Membership

- CDOP Annual Report 2018/19
- Categories of Death
- Key Issues from Child Death Reviews 2018/19
- Good Practice
- Developments during 2018/19 – roll into 2019/20

Councillor Gunn thanked the officer for a very detailed presentation and asked if there were any identifiable reasons why 75% of child deaths were male. The Deputy Director of Public Health explained that there were a lot of risk-taking behaviour and accidents that contributed to this statistic for older males.

The Corporate Director of Adult and Health Services, Durham County Council asked how lessons learnt were shared with other CDOPs. The Deputy Director of Public Health said that this was not currently done, however a paper had been written for the Department of Public Health Network about the transition work coming through. It was recognised that there was a gap in this area at present.

Referring to the review of the number of deaths at 60 per year, the Assistant Chief Fire Officer was advised that the scale depended upon the population and that this was the minimum requirement to be reviewed to be fully compliant with national guidance.

Dr Murthy asked what the future would be for the relationship between the Integrated Care Partnership (ICP) and Integrated Care System (ICS) and was advised that there were a lot of discussions taking place, to determine the future relationships. The Chief Clinical Officer, North Durham and DDES CCG confirmed that there was a strong push to have the CCG mergers across the ICP areas including working more closely with South Tyneside and Sunderland. The Corporate Director of Adult and Health Services added that a lot of work had been carried out, for example tobacco dependency in pregnancy, and suggested that themes could be used at the ICS level.

The Deputy Director of Public Health said that neonatal services were key and that the panel would be looking at the pathway flow outside of the boundaries given. The Divisional Director of Family Care, City Hospitals Sunderland would take the comments back to the Neonatal network in terms of the ability to deliver more through the local maternity system.

The Corporate Director of Children and Young People's Service, Durham County Council commented that geography often clashed in some areas and he understood the conversations that were taking place with the Tees area to see if work could be carried out jointly. He suggested that this should be looked at on a larger scale by exploring themes and other systems that

already exist. The Deputy Director of Public Health explained that it was about understanding the different networks and utilising the strong workforce.

The Director of Public Health concluded that the Chair of this Board had wrote previously to the leads for the then Sustainability and Transformation Partnerships asking them to look at modifiable factors and to provide quality surveillance to report back to the board. She added that this would now be picked up at ICS and the regional level.

Resolved:

- (i) That the content of the annual report and the developments planned for 2019/20 and beyond be noted;
- (ii) That the importance of the work on reducing tobacco dependency in pregnancy as it is a clear modifiable factor in child deaths be noted;
- (iii) That contact be made with 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.

6 Draft Joint Health and Wellbeing Strategy

The Board considered a report of the Head of Partnerships and Community Engagement, Durham County Council that presented the draft Joint Health and Wellbeing Strategy (JHWS) for 2020-25 (for copy see file of Minutes).

The Head of Partnerships and Community Engagement informed the board that an away day had been held that had given some useful feedback and insight for the development of the strategy.

The Partnerships Team Manager explained that the draft Joint Health and Wellbeing Strategy had been aligned to other plans including the County Durham five year Health and Social Care system plan and the County Durham Vision. She also informed the board that a wellbeing approach had been developed for County Durham which was a key way to implement this strategy. She went on to highlight the two options for the strategy, both of which followed a lifecourse approach. The first option contained five strategic priorities including mental health and the social determinants of health and the second contained three strategic priorities with mental health and the social determinants of health embedded throughout the strategy. The consultation period would be from mid December to mid February, with sign off by the board in March 2020.

The board discussed the options and agreed that option two was the preference as it was clear and easy to remember – starting well, living well, ageing well. They did ask that the objectives were positively presented, for example, there was a suggestion that focus should be on the mother rather than the baby, i.e. babies born to smoke free mothers.

The Corporate Director of Children and Young People's Service, Durham County Council noted that there was a strong population perspective and to ensure that those vulnerabilities are included in the strategy.

The Director of Public Health advised that all of the objectives were included in the overall strategy and they could be re-shaped to place a more focused positive spin on them. The main aim was for people to live long and healthy lives .

The Office of the Police, Crime and Victims Commissioner representative commented that alcohol and drugs were not specifically mentioned in the priority objectives but was assured that this would be fed in through the Safe Durham Partnership.

Resolved:

- (i) That comments on the draft strategy be noted, prior to the wider consultation;
- (ii) That the strategic priorities and objectives be agreed.

7 Developing County Durham's Approach to Wellbeing

The Board considered a joint report of the Corporate Director of Adult and Health Services and the Director of Public Health, Durham County Council that provided an update on the development of the approach to wellbeing, highlighted examples of where and how the approach was being used and that outlined further areas to embed the approach (for copy see file of Minutes).

The Director of Public Health advised that the approach to wellbeing across County Durham was to improve physical and mental health with a community approach. There were significant challenges in health inequalities and a gap in some parts of the County. Countries such as New Zealand had recognised the importance of recognising personal wellbeing rather than economic growth to be the primary aim of government spending. Work was continuing with the Area Action Partnerships (AAPs) and all information was available through Durham Insight and supported by the Joint Strategic Needs Assessment, policies and plans.

The Chair welcomed the approach and said that this would enable communities to be more resilient and do more for themselves. She asked

how we could get the message out to people apart from using the AAPs. The Head of Partnerships and Community Engagement said that as an example the Holiday Activities with Food scheme had received £150,000 additional funding to make an impact during school holidays and would bring a report back to the board about who this had helped.

Councillor Gunn agreed that the community-based approach was the way to move forward and have connectiveness in communities. This was crucial to children and staff in residential homes and she urged people to read the Corporate Parenting Panel Annual report.

The Director of Public Health would share toolkit examples with the board members to use this approach with local communities.

Resolved:

- (i) That the contents of this report and actively support the continuing development of the County Durham Approach to Wellbeing be noted;
- (ii) That the further development of the approach by considering its alignment with their own strategic programmes;
- (iii) To receive update at each Health and Wellbeing Board meeting with an example of the how the wellbeing approach is being implemented.

8 Health and Social Care Plan (standard item)

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

The Chief Clinical Officer, North Durham and DDES CCG advised that the CCG governing body had agreed the plans at a meeting yesterday and the next stage would now progress. The engagement exercise with staff had commenced and included commissioning staff in the local authority and NHS. There was pressure on the NHS to merge the two Durham CCGs by next April and there would be a focus on ICP areas with a slightly different configuration.

The Corporate Director of Adult and Health Services, Durham County Council added that progression around the Integrated Commissioning function was taking place and the Board would receive further reports on this once it was operational.

The Chair was pleased that this board had contributed positively, and she was delighted with the progress, with Durham leading the way on how to proceed with this process. The Chief Clinical Officer added that we needed to get better at promoting ourselves as a place where people can come to learn.

Resolved:

That the update be noted.

9 Director of Public Health Annual Report 2019

The Committee received a report of the Director of Public Health for County Durham that presented the Annual Report for 2019 (for copy see file of Minutes).

The Director of Public Health gave a detailed presentation on the Annual Report that focused on the following:-

- Health and wellbeing across County Durham
- Where we live, our services and our communities
- Our priorities and progress towards them
- Mental health at scale
- Healthy workforce

The Director of Public Health reminded the Committee of the fictional family 'the Taylors' and how the priorities and progress had affected them and the communities they lived in and the benefits of this. She agreed to come back to a future meeting to update on progress and commented that next year's report would focus on the 'Best Start in Life' and 'Good jobs and places to live, learn and play'.

Councillor Gunn welcomed the report and enquired as to why young carers were not mentioned. She added that schools were doing well in terms of resilience and she asked how this would link with work ongoing. The Director of Public Health would look at this in terms of Durham Insight and she advised that the focus of next year's report would focus on the best start in life.

Resolved:

That the report be received.

10 County Durham and Darlington Flu Prevention Board update

The Board received a report from the Director of Public Health that provided information and assurance on the progressing work of the County Durham and Darlington Flu Prevention Board to increase the uptake of the flu vaccination in the local area (for copy see file of Minutes).

The Consultant in Public Health advised that the evaluation carried out had shown that the take up was low for the eligible groups however the board would continue to meet throughout the year to oversee the key actions. He

went on to highlight the key actions within the report and advised that County Durham and Darlington NHS Foundation Trust had introduced an opt out scheme. They also had a charitable option to promote UNICEF's get a jab, give a jab campaign.

He went on to inform the board that the Adults, Wellbeing and Health Overview and Scrutiny Committee had requested feedback on geographical area uptake and the benefits for those who have been vaccinated.

Members were advised that appropriate measures were in place in schools and messages from Public Health England were circulated from community teams.

The Corporate Director of Children and Young People's Services, referring to the Table at Appendix 2 of the report, commented that it was not surprising to see the take up from the over 65s as the highest group at 72%. He noted that the uptake in 2 and 3 year olds in a clinical risk group and those not in a clinical risk was not that different. He asked if there was any follow up for the 2 and 3 years olds that were not vaccinated, as a safeguarding measure. The Consultant in Public Health advised that the data was gathered at a practice level but he assured the board that this issue was being looked at. The Operational Director for Children's and County Wide Community Care Directorate at Harrogate and District NHS Foundation Trust advised that the vaccination was about choice and although questions would be asked as part of the prevention agenda via GPs, the service would not encourage singling out families who had not vaccinated their younger children.

The Director of Public Health said that this was the first year of having the Flu Prevention Board and there were many complexities around the take up and data available. The risks were now known, and general messages could be given about the take up.

With regards to the myths around the flu vaccination and the perception that you will catch the flu after the injection, the Corporate Director of Adult and Health Services asked how we could address that. The Chief Clinical Officer confirmed that it was a myth and that the vaccine could not give a person flu, as it was not a live vaccine. He added that it was great that the local authority had a campaign to immunise their frontline staff and that we should try to normalise the vaccination process. He also said how important it was for patients to inform their GPs if they had been immunised through other mechanisms, for example, at pharmacies, so that records were kept up-to-date.

Councillor Gunn agreed that normalising vaccinations was key, and she asked that information be publicised more widely in community and voluntary sector organisations, town and parish councils and leisure centres.

Councillor Allen also agreed and asked about incentives to increase take up. The Chief Clinical Officer advised that the CCG raffle an extra day's holiday for staff for those people who were immunised.

The board were informed that there was no shortage of the vaccines and that GPs had been encouraged to order appropriately to different age groups.

A discussion took place in relation to the possibility of supporting people in financial difficulties who were not eligible to have the vaccination free of cost. The Director of Public Health advised that the current take up of those in eligible groups needs to be higher as those people most at risk from getting flu.

Resolved:

- (i) That the report be noted;
- (ii) That the work of the County Durham and Darlington Flu Prevention Board be supported;
- (iii) That the evaluation of the flu programme in Spring 2020 be received.

11 Better Care Fund Plan

The Board considered a report of the Strategic Programme Manager Integration, Adult and Health Services, Durham County Council that provided an update on the Better Care Fund (BCF) Plan for 2019/20 submitted to NHS England in September 2019 (for copy see file of Minutes).

Resolved:

- (i) That the contents of this report be noted;
- (ii) That the BCF Plan 2019/20 for County Durham be ratified.

12 Health and Wellbeing Board membership

The Board considered a report of the Head of Legal and Democratic Services, Resources, Durham County Council that sought views on inviting a housing sector representative to become an additional voting member of the Board (for copy see file of Minutes).

Resolved:

That a representative from the housing sector as an additional voting member of the Health and Wellbeing Board be agreed.

The Chairman welcomed Lynn Hall, Housing Solutions Manager to the meeting.

Health and Wellbeing Board

29 January 2020

**Health Protection Assurance
Annual Report 2018-19**



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

Electoral division(s) affected:

All.

Purpose of the Report

- 1 This report provides an update to the Health and Wellbeing Board on health protection assurance arrangements in County Durham.
- 2 Updates come from the implementation of the health protection action plan, which is overseen by the Health Protection Assurance and Development Group (HPADG).

Executive summary

- 3 In County Durham, new health protection assurance arrangements were established in August 2018 following a cross-organisational event focusing on this topic.
- 4 The HPADG was subsequently convened and oversees the implementation of a local health protection action plan.
- 5 HPADG meets quarterly and seeks assurance on five main strands of health protection activity, in addition to data and communications which are threaded throughout:
 - (a) Screening programmes
 - (b) Immunisation programmes
 - (c) Outbreaks and communicable diseases
 - (d) Strategic regulation interventions
 - (e) Preparedness and response to incidents and emergencies
- 6 Key achievements overseen by HPADG to date include:
 - (a) Sustained local coverage of national cancer screening programmes above the national and regional averages

- (b) Sustained local uptake of national childhood vaccinations above the national and regional averages (see Appendix 2)
- (c) Working group established to raise awareness and increase uptake of vaccinations at Aycliffe Secure Centre, including promoting vaccination uptake amongst staff members
- (d) Establishing a County Durham and Darlington Flu Prevention Board to improve uptake, particularly amongst priority groups
- (e) Development of a local operating protocol to ensure a rapid response to non-routine outbreaks of infectious diseases – the first of its kind in the North East
- (f) Changes to licensing policy include encouragement of licensees to raise alcohol health awareness, make the offer of free tap water visible, and support local efforts to take action on obesity
- (g) Review of Scientific & Technical Advice Cell (STAC) arrangements to increase robustness of cover arrangements.

7 Areas for future development include

- (a) Improving uptake of certain vaccinations including shingles and pneumococcal
- (b) Ensuring equitable coverage and uptake of screening and immunisations programmes
- (c) Taking account of a national review of adult screening programmes, and a forthcoming national immunisations strategy
- (d) Development of a sexual health strategy for County Durham
- (e) Ensuring health protection and public health related emergency preparedness is assured during organisational change.

Recommendation(s)

8 Members of the Health and Wellbeing Board are requested to:

- (a) Note the content of the report
- (b) Note that local performance continues to be higher than England and regional averages and above target for most screening and immunisation programmes
- (c) Note that the report provides broad assurance that effective processes are in place for each of the key strands of health protection activity
- (d) Support the need for further assurance in relation to flu immunisation and the outcome of a national review of screening
- (e) Support further identification and response to emerging health protection priorities and be updated accordingly.

Background

- 9 The protection of the health of the population is one of the five mandated responsibilities given to local authorities as part of the Health and Social Care Act 2012. The Director of Public Health (DPH) for County Durham is responsible under legislation for the discharge of the local authority's public health functions.
- 10 The health protection element of these statutory responsibilities and the mandatory responsibilities of the DPH are as outlined below:
 - (a) The Secretary of State's public health protection functions
 - (b) Exercising the local authority's functions in planning for, and responding to, emergencies that present a risk to public health
 - (c) Such other public health functions as the Secretary of State specifies in regulations
 - (d) Responsibility for the local authority's public health response as a responsible authority under the Licensing Act 2003, such as making representations about licensing applications
 - (e) A duty to ensure plans are in place to protect their population including through screening and immunisation.
- 11 Within Durham County Council, the remit for health protection is delivered by Public Health in conjunction with the Community Protection Service (CPS) and the Civil Contingencies Unit (CCU). The local Clinical Commissioning Group employs an Infection Prevention and Control Team (IPCT) through an agreement with Public Health.
- 12 Public Health England (PHE)'s core functions include protecting the public from infectious diseases, chemicals, radiation and environmental hazards and supporting emergency preparedness, resilience and response. Teams responsible for delivering these functions in the North East sit within the PHE Centre based in Newcastle upon Tyne.
- 13 NHS England (NHSE), working jointly with PHE, is responsible for commissioning and quality assuring population screening and immunisation programmes. This includes a team covering the Cumbria and the North East, also based in Newcastle.
- 14 Regular liaison between Directors of Public Health (DsPH), the Centre Director of PHE in the North East, and the Head of Public Health for NHSE in Cumbria and the North East occurs via monthly North East DsPH meeting and monthly telephone catch ups as well as via the Public Health Oversight Group.

Health protection assurance arrangements in County Durham

- 15 The HPADG, chaired by the DPH, was established in 2018, and 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.
- 16 The HPADG has developed a detailed action plan built on five pillars of health protection, in addition to data and communications which are threaded throughout:
 - (a) Screening programmes
 - (b) Immunisation programmes
 - (c) Outbreaks and communicable diseases
 - (d) Strategic regulation interventions
 - (e) Preparedness and response to incidents and emergencies
- 17 The action plan is supported by a scorecard that includes a range of appropriate health protection indicators and outcomes (see Appendix 2).
- 18 The Health, Safety and Wellbeing Safety Strategic Group (HSWSG) is in place in DCC to ensure that suitable priority is given to the management of Health, Safety and Wellbeing across the Council. This includes representation from Public Health.
- 19 NHSE established a County Durham & Darlington Screening and Immunisations Oversight Group which provides assurance to the DPH in relation to screening and immunisation programmes. In addition, the management of incidents and the quality assurance for screening programmes are reported separately to the DPH. Programme boards have been established for each of the screening and immunisation programmes.
- 20 PHE established the County Durham and Darlington Area Health Protection Group and this brings together organisations involved in protecting the health of the population. The group meets quarterly and is attended by a Consultant in Public Health. The purpose of the group is to provide a forum to discuss strategic and operational health protection issues; review outbreaks and incidents (local, regional and national) and learn from lessons identified; provide a forum where cross-boundary and cross-organisational issues can be discussed and solutions identified; identify local priorities alongside implementing national policy and guidance, and identify any joint training and development needs. The group does not have a formal accountability or governance structure.

- 21 PHE NE has a bespoke surveillance system in place for communicable diseases with daily and weekly alerts for exceedances and identification of linked cases. The DPH is informed of outbreaks, incidents and exceedances via email alerts. The DPH is represented at all local outbreak control meetings and outbreak reports are also shared.
- 22 The DsPH for County Durham and Darlington established the County Durham and Darlington Healthcare Acquired Infections (HCAI) Assurance Group in 2004. This group is chaired by a DPH and has wide membership from all provider organisations, enabling the DsPH to have a clear line of sight to all providers in County Durham and Darlington. HCAI information is also reported directly to CCGs where action plans are put in place to address identified issues. These are reported to the CCGs' Governing Bodies as part of the regular quality reports.
- 23 County Durham has retained an in-house team of community IPCT nurses who can support the care homes, GP surgeries with infection control issues (especially reducing rates of reportable infections such as C difficile, MRSA and E.coli bacteraemia).The team also complete yearly environmental audits to ensure care homes and GP practices are compliant with current legislation. As a result of joint working with colleagues in Adult and Health Services, DCC training sessions have been provided for domiciliary care trainers.
- 24 The IPCT deal with alert organisms on a daily basis and offer advice and support to care homes, staff and patients on HCAI. Progress against national targets are fed back to the DPH on a monthly basis.
- 25 NHS England established the County Durham and Darlington and Tees Local Health Resilience Partnership (LHRP) in 2013. This has now merged with the LHRP in the north of the patch to form a North East group. One of the responsibilities of the LHRP is to provide the DPH with assurance that the health sector has well tested plans to respond to major incidents that contribute to multi-agency emergency planning. The LHRP is co-chaired by NHSE and a DPH and attended by a County Durham Consultant in Public Health.
- 26 NHSE and CCGs have a duty to cooperate with local authorities on health and well-being under the NHS Act 2006. This includes cooperating on health protection, including the sharing of plans. The 2012 Health and Social Care Act makes clear that both NHE England and the CCGs are under a duty to obtain appropriate advice in the protection of the public health. CCGs are also Category 2 responders under the Act giving them a duty to provide information and cooperate with civil contingency planning as needed.

- 27 The Civil Contingencies Unit (CCU) is essentially the local authority's point of contact for business continuity and emergency planning both internally and externally in response to incidents and emergencies. The CCU are also a conduit for information for multiple agencies through the Local Resilience Forum (LRF) and have a duty officer on call at all times.
- 28 CCU holds a community risk register which provides assurance to the DPH about key risks to the community including: pandemic influenza; flooding; adverse weather; emerging infectious disease; fuel shortage; widespread long duration electricity network failure; animal disease and building collapse.
- 29 The CCU produce extensive emergency preparedness plans on 'Resilience Direct' and work with the LRF to co-ordinate the training exercise calendar. This also includes running exercises for the local university.
- 30 All internal plans are reviewed on a regular basis. The DPH is involved in the initial development of relevant plans and is sent updates once plans are reviewed. Access to LRF plans is through 'Resilience Direct' from the LRF or the CCU. The DPH is a member of the LRF.
- 31 Durham County Council leads the recovery co-ordination group, responsible for community engagement and recovery assurance in the event of an incident (for example an extensive fire that may have led to land contamination).
- 32 PHE's Health Protection, NHSE's Screening and Immunisation and the local IPCT produce annual reports.
- 33 PHE's annual report covers the NE geography and includes details of the prevention and surveillance of communicable diseases, their response to communicable disease outbreaks and incidents; emergency preparedness, resilience and response, environmental issues and quality and health inequality issues in health protection. The annual report is supplemented by quarterly reports to the DPH that detail outbreaks and issues in County Durham.
- 34 NHSE's annual flu programme report describes uptake amongst eligible groups and highlights areas for improvement. This is preceded by a local evaluation of the flu programme delivered locally.
- 35 The IPCT annual report details the range of support and interventions initiated to reduce HCAI and reports in year activity details. This report also includes the work plan for the IPCT for the upcoming year.

- 36 The DCC Community Protection Service (CPS) provides assurance to national regulators including Department for Environment, Food & Rural Affairs (DEFRA), Food Standards Agency (FSA) and Health & Safety Executive (HSE) through the implementation and regular reporting on their air quality strategy; contaminated land strategy; food safety plan; food hygiene plan; annual enforcement programme; various licensing and enforcement policies and disease contingency plans. Services provided by CPS are regulated nationally by the FSA, HSE and DEFRA to provide further assurance on the quality of service provision.
- 37 A Local Air Quality Management Area currently exists within Durham City. Action and implementation plans are in place to reduce Nitrogen Dioxide emissions and improve air quality standards within that area.

Updates on key areas

- 38 Data provided below are collated from numerous sources and compiled in the scorecard attached at Appendix 2.

Screening and immunisations

Screening

- 39 Breast screening coverage rates in County Durham are consistently above the 70% minimum standard.
- 40 Coverage rates for cervical screening are higher than the England average, but fail to meet the 80% standard. Rates are showing a slight decline in recent years.
- 41 A Cervical Cancer Task and Finish Group has been set up by a Public Health Advanced Practitioner to increase and reduce inequalities in uptake. Actions to be taken forward by the Group include improving communications and community engagement and exploring incentives to service users and providers.
- 42 County Durham has the second highest coverage for bowel screening in Cumbria and the NE (above 60%) and is performing above the England and regional average.
- 43 Where data is available for the seven antenatal and new-born screening programmes, performance for the County Durham population is good. Some data is missing from CDDFT due to problems with their IT systems, which is currently being addressed although this remains a concern.

- 44 The diabetic retinopathy screening programme covering County Durham and Darlington consistently exceeds the national quality standard attendance rate of 80%.
- 45 The Abdominal Aortic Aneurysm (AAA) screening programme covers the North East and North Cumbria. By the end of March 2018, 100% of eligible individuals were offered AAA screening. Testing rates also reached the acceptable standard (77.2%).
- 46 A report on the independent review of adult screening programmes led by Professor Sir Mike Richards was published in October 2019. This stated that the national decline in bowel, breast and cervical cancer screening 'must be reversed' and made several recommendations to reform the current system. These include the creation of single a) advisory and b) commissioning/ quality assurance functions.

Immunisations

- 47 Overall, the universal childhood immunisation programmes demonstrate high uptake rates across County Durham, with rates generally above national targets and averages (see Appendix 2). This includes the following coverage:
 - (a) 97.3% of the combined diphtheria, tetanus, whooping cough, polio and Haemophilus influenzae type b (Dtap / IPV / Hib) vaccine at 1 year
 - (b) 97.4% of pneumococcal vaccine (PCV) at 1 year
 - (c) 98.8% of the Dtap / IPV / Hib vaccine at 2 years
 - (d) 97.5% of the PCV booster at 2 years
 - (e) 97.14% for one dose of Measles, Mumps and Rubella at 2 years
 - (f) 98.1% for one dose of MMR at 5 years
 - (g) 96.4% for two doses of MMR at 5 years
- 48 The World Health Organisation withdrew measles elimination status from the UK in 2018 (after granting it in 2017) as the percentage of children receiving a 2nd dose of MMR at 5 years old fell to 87.8% nationally.
- 49 The evaluation of the 2018/19 seasonal flu vaccination programme led to the establishment of a County Durham and Darlington Flu Prevention Board in July 2019. Separate papers are available on the flu programme evaluation and the development of the Board. Highlights from the work overseen by the Board are given in the following paragraphs.
- 50 The DCC staff vaccination programme, which is targeted at staff who provide up close and personal care, has been extended to include a

parallel scheme covering around 300 staff working in integrated teams with the NHS.

- 51 Preliminary results of the internal campaign indicate that:
- (a) Of the five staff teams that received a voucher only offer, 51% of identified eligible staff intended to receive a vaccination through the voucher scheme (or are eligible through the NHS). This compares with a 25% uptake of the voucher offer within the four staff teams last year.
 - (b) 55% of identified eligible staff intended to receive a vaccination at an on-site clinic (or are eligible through the NHS). This compares with a 18% uptake through on-site clinics in the previous year.
- 52 The Board has a coordinated action and communications plan that complements the plans of member organisations.
- 53 Members of the Health and Wellbeing Board were challenged to champion flu vaccination within their organisations and have fed this work back to the Board.
- 54 An evaluation of the 2019/20 campaign will be produced by the Board in Spring 2020. This will inform the flu programme for 2020/21.
- 55 Uptake of Shingles vaccine remains stubbornly low. Discussions have been held with NHSE on ways to improve uptake locally.
- 56 There is a national shortage of pneumococcal vaccine covering 23 strains of the bacteria that may be impacting on uptake.
- 57 There have been challenges in the delivery of the flu programme in 2019/20 relating to the complexity of commissioning arrangements and interdependencies within the vaccine supply chain. These issues have led to the DsPH in the region and the local Flu Prevention Board writing to NHSE to raise their concerns.
- 58 The recent Government Green Paper on prevention proposed a vaccine strategy in addition to the implementation of the existing Measles and Rubella Elimination Strategy. It was expected that the Department of Health and Social Care, working with PHE and NHS England, would deliver this comprehensive strategy this Autumn.

Communicable disease control and outbreaks

- 59 IPCT support a network of infection control champions provided by the care homes, who have the potential to attend regular study days depending on resources. This was particularly valuable in 2018/19 as, due to a reduction in capacity within the IPCT, care homes undertook

self-audits of infection control practices. Targeted homes were visited and re-audited against their returns. IPCT expect to be back at full capacity in Winter 2019.

- 60 In hours, information about infection exceedances and outbreaks is easily communicated between organisations. There are also good working arrangements between the health protection team and Environmental Health officers in hours.
- 61 The CCU provides a conduit for dissemination of information across the local authority both inside and outside of normal working hours. However, dissemination of information across and within CCGs, NHSE, local authorities, PHE and provider organisations can be challenging in the event of an outbreak when out of hours.
- 62 There is no formal environmental health officer rota out of hours, which can lead to delays in gathering the requisite information for risk assessments to be accurately undertaken in the event of an outbreak of infectious disease. Whilst the CCU cannot elicit information required for outbreak risk assessments, they are the best route for PHE to make contact with an EHO out of hours. A proposal relating to out of hours cover is currently being considered in DCC.
- 63 It can be challenging to mobilise NHS resources to respond to cases or outbreaks of infection such as influenza, pneumococcal outbreaks, meningococcal infection, hepatitis A in care homes or schools that require swab testing, or provision of antivirals, vaccination or antibiotics. Much of what happens currently works informally on the basis of longstanding relationships. There is no formal commissioning of services to meet these requirements besides the contract with Harrogate and District Foundation Trust, which provides vaccination services children. Work is well underway to develop a protocol to describe how the system will respond to these incidents.
- 64 The presence of several prison establishments in Durham presents challenges in the management of infectious diseases, particularly blood borne viruses and TB. Changes in IT systems expected in 2020 are expected to improve communications between primary care and prisons.
- 65 The Public Health in Prisons North East meetings have been held since June 2017. These are chaired by one of the Consultants in Health Protection. The meetings allow for the dissemination and discussion of key material and learning relating to health protection and infection control; opportunities for individual prisons to share learning and good practice in relation to public health; and CPD for prison staff and commissioners in relation to public health.

- 66 A working group has been established in relation to health protection at Aycliffe Secure Centre. Public Health (PH), Occupational Health (OH), and Adult Social Care attended an initial meeting.
- 67 Public health and colleagues from PHE developed a briefing programme around Blood Borne Virus, MMR and Flu. The briefing raised awareness and the implications of any illness and the importance of being vaccinated to protect against common and rarer viruses. Efforts are underway to improve vaccination rates through a combination of onsite delivery or signposting into primary care.
- 68 The Sexual and Reproductive Health Activity Dataset (SRHAD) together with Genito-urinary Medicine Clinic Activity Dataset (GUMCADv2), form the basis for the sexual health dataset collected from sexual health clinic settings. The integrated sexual health service (ISHS) is requested to provide data analysis relating to GUM attendances, activity and sexually transmitted infection (STI) trends on a quarterly basis.
- 69 PHE Sexual and Reproductive Health profiles continue to show County Durham as having a lower than average diagnosis rate for STI's.
- 70 Antimicrobial resistance (AMR) remains a growing threat to public health. At the time of writing, NHS Durham Dales, Easington And Sedgefield (DDES) ranked 10th highest amongst 191 CCGs in the number of prescribed antibiotic items per 1000 resident individuals. North Durham ranked 38th highest. The CCGs employ a Medicines Optimisations Team who take the lead on appropriate prescribing practices. PHE are leading campaign work on this and more in depth action is anticipated locally in 2020.
- 71 In September 2019, PHE published an Infectious Diseases Strategy 2020-2025. This is organised around six core functions: Prevent & protect; Detect & control; Prepare & respond; Build & apply; Advise & collaborate; Generate & share. Implications for practice will be considered at the next meeting of the HPADG in December 2019.

Strategic regulation intervention

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

Pathway Team who signpost into a variety of support services including addictions, mental health, alcohol and drug misuse and crisis services.

- 73 CPS' food safety team are integral to the management of cases and outbreaks of food-borne infection. The incidence of some gastrointestinal (GI) infections is similar higher in Durham compared to the England average. However, the latest annual data date back to 2017.
- 74 Despite team capacity issues and a constant uncertainty around workload (due to the nature of the work), the team work to deliver proactive projects alongside their statutory duties (including business and housing inspections, air water and land quality improvement work) and reactive work (including infectious disease outbreaks and accidents in the workplace etc.) These projects include a 'community action team', and the 'better business for all' initiative.
- 75 The team are also capitalising on their access to businesses and people in the community to deliver health improvement initiatives alongside their statutory duties. Examples of this include alcohol harm reduction linked to licensing applications, smoking cessation linked to illicit control work, and gas safety inspections linked to food hygiene inspections. Future opportunities include work on falls, and fuel poverty linked to housing inspections, including a recent empty property protocol to reduce the risk of arson and antisocial behaviour as well as improving the health of the wider community.
- 76 There may be challenges around succession planning, as 38% of staff are over 50.
- 77 In October 2019 DCC published a revised Licensing Act 2003 Statement of Licensing Policy for 2019 to 2024. Changes to licensing policy include the encouragement of licensees to raise alcohol health awareness, make the offer of free tap water visible, and support local efforts to take action on obesity.

Preparedness and response to incidents and emergencies

- 78 The LHRP has played a key role in coordinating communications between Government and health organisations across the North East region in planning and preparing for EU Exit. Representation from the Public Health team has ensured there is a clear line of communication into the local Brexit group.
- 79 There are now 2 Control of Major Accident Hazards (COMAH) sites in Durham.

- 80 The Cabinet Office has extended the period for the National Capabilities Survey (NCS) to 3 years. County Durham is due next in or around May 2020.
- 81 An Excess Death Framework has been written by the excess deaths task and finish group, co-chaired by Durham and Darlington DPHs. The next stage for the framework is for it to undergo an exercise. This will be in the form of a table top exercise, Exercise Coil, which will be held at in February 2020. Planning for the exercise is currently ongoing. The exercise will be focusing on excess deaths caused by a series of heatwaves.
- 82 The Director of Public Health, along with other DsPH across the North East are part of a Scientific & Technical Advice Cell rota in a major incident when a STAC is called by the Strategic Co-ordinating Group the DPH will chair the STAC. The DPH has undergone Major Incident Gold Command Training this year. This is to ensure the DPH can operate at SCG level and understands the working arrangements of STAC and the SCG.
- 83 Following a major incident on Teesside where a STAC was called changes have been made to the arrangements. These include a review of contractual arrangements with PHE and additional CPH training to ensure cover arrangements locally and across the North East.

Main implications

- 84 It is critical that the DPH receives assurance in relation to the health protection functions of: screening; Immunisation; outbreaks and communicable disease management; strategic regulation interventions and; preparedness and response to incidents and emergencies.
- 85 Following engagement with representatives from Public Health England, NHS England, DDES CCG and DCC Civil Contingencies Unit, Department for Environment, Health and Consumer Protection and community infection control assurance mechanisms are now in place through the formulation of a health protection action plan. This action plan has identified priority areas for action, achievement of which will be monitored through the HPADG and health protection scorecard. The HPADG group meets quarterly and reports to the HWB.

Conclusion

- 86 The health protection functions delivered by a range of organisations in County Durham continue to demonstrate good overall performance.
- 87 On the whole, good communication exists between the commissioners of the various programmes and the DPH and remedial and corrective

interventions are instigated when necessary. Escalation procedures are in place in the event the DPH needs to raise concerns. There have been some challenges this year in relation to the seasonal flu vaccination programme. Furthermore, the reporting of antenatal and newborn screening needs to be resolved.

- 88 There remain areas for potential improvement across screening and immunisation services, communicable disease control and outbreaks, strategic regulation intervention, and preparedness and response to incidents and emergencies. This includes understanding and addressing variation in access to services by sociodemographic characteristics. Monitoring towards achievement of the identified actions will be undertaken by the HPADG and using the health protection scorecard. The HPADG meets quarterly and reports to the HWB.

Background papers

- None

Other useful documents

- None

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Appendix 1: Implications

Legal Implications

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

The steps that may be taken include:

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

Finance

Funding for the staff flu vaccination programme comes from the Public Health (health protection) budget.

Consultation

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

Equality and Diversity / Public Sector Equality Duty

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

Climate Change

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

Human Rights

This report has no implications for human rights.

Crime and Disorder

This report has no implications for crime and disorder.

Staffing

This report has no implications for staffing.

Accommodation

Not applicable.

Risk

No risks are identified for the Council.

Procurement

Not applicable.

Appendix 2: Health protection scorecard

Attached as separate document

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Data updated since previous scorecard?	Indicator	Measure	Period	County Durham		North East	England	Recent trend
				No.	Measure			
12 months								
Y	D03b - Population vaccination coverage - Hepatitis B (1 year old)	%	2018/19	-	100%	-	-	
Y	D03c - Population vaccination coverage - Dtap / IPV / Hib (1 year old)	%	2018/19	4,958	97.3%	95.4%	92.1%	
N	3.03iv - Population vaccination coverage - MenC **From 1st July 2016 the dose of MenC offered at 3 months is to be discontinued and so the 1 year evaluation 3.03iv indicator will become obsolete within the next two years (data for 2016/17 will be the last collection) **	%	2015/16	5,399	98.7%	97.8%	*	
Y	D03f - Population vaccination coverage - PCV (1 year old)	%	2018/19	4,964	97.4%	95.7%	92.8%	
24 months								
Y	D03g - Population vaccination coverage - Hepatitis B (2 years old)	%	2018/19	-	100%	-	-	
Y	D03h - Population vaccination coverage - Dtap / IPV / Hib (2 years old)	%	2018/19	5,386	98.8%	96.7%	94.2%	
Y	D03m - Population vaccination coverage - Hib / MenC booster (2 years old)	%	2018/19	5,315	97.5%	94.7%	90.4%	
Y	D03k - Population vaccination coverage - PCV booster (2 years old)	%	2018/19	5,318	97.5%	94.7%	90.2%	
Y	D03j - Population vaccination coverage - MMR for one dose (2 years old)	%	2018/19	5,298	97.1%	94.5%	90.3%	
2-3 years								
Y	D03l - Population vaccination coverage - Flu (2-3 years old)	%	2018/19	4,874	44.0%	44.4	44.9%	
5 years								
Y	D04b - Population vaccination coverage - MMR for one dose (5 years old)	%	2018/19	5,164	98.1%	96.6%	94.5%	
N	3.03vi - Population vaccination coverage - Hib / Men C booster (5 years old)	%	2017/18	5,768	97.2%	95.1%	92.4%	
Y	D04c - Population vaccination coverage - MMR for two doses (5 years old)	%	2018/19	5,077	96.4%	91.4%	86.4%	
Other Children and young people								
N	D04e - Population vaccination coverage - HPV vaccination coverage for one dose (females 12-13 years old)	%	2017/18	2,487	89.7%	85.5%	86.9%	
N	D04f - Population vaccination coverage - HPV vaccination coverage for two doses (females 13-14 years old)	%	2017/18	2,325	87.9%	85.5%	83.8%	
Other								
N	Persons entering substance misuse treatment - Percentage of eligible persons completing a course of hepatitis B vacc		2016/17	32	3.6%	6.0%	8.1%	
Y	D05 - Population vaccination coverage - Flu (at risk individuals)	%	2018/19	33,857	49.0%	49.2%	48.0%	
Y	D06a - Population vaccination coverage - Flu (aged 65+)	%	2018/19	78,105	71.4%	73.1%	72.0%	
N	D06b - Population vaccination coverage - PPV (aged 65+)	%	2017/18	37,998	70.2%	71.0%	69.5%	
N	D06c - Population vaccination coverage - Shingles vaccination coverage (70 years old)	%	2017/18	3,513	47.6%	45.0%	44.4%	No trend

Imms and Vaccs

	Data updated since previous scorecard?	Indicator	Measure	Period	County Durham		North East	England	Recent trend
					No.	Measure			
Sexual health	N	D02a - Chlamydia detection rate / 100,000 aged 15-24	R/100,000	2018	980	1504	1815	1975	
			<1,900 1,900 to 2,300 ≥2,300						
	N	D02b - All new STI diagnoses (exc Chlamydia aged <25) / 100,000	R/100,000	2018	1944	586	640	851	
	N	Gonorrhoea diagnosis rate per 100,000 population	R/100,000	2018	288	55	66.5	98.5	
N	Syphilis diagnoses rate per 100,000 population	R/100,000	2018	32	6.1	9.3	13.1		
Y	D07 - HIV late diagnosis (%)	R/100,000	2016-18	20	33.3%	42.9	42.5		
Infectious diseases	N	Legionnaire's disease confirmed incidence rate / 100,000	R/100,000	2016	3	0.57	0.53	0.61	
	Y	Typhoid and paratyphoid confirmed incidence rate / 100,000	R/100,000	2018	2	38.0%	0.15	0.61	
	N	D08b - TB incidence (three year average)	R/100,000	2016-18	31	2	4.4	9.2	
	N	3.05i - Treatment completion for TB (%)*	%	2017	4	50	74.7	84.7	
	N	Measles (reported cases confirmed, Year to date)	R/100,000	Q2 2018	0	0	0.15	-	
	N	Measles new diagnosis rate	R/100,000	2018	1	0.2	0.5	1.7	
	N	<i>Mumps (confirmed cases, quarterly number and annualised rates)</i>	R/100,000	Q2 2019	14	10.4	1.3	-	
	N	<i>Whooping cough (confirmed cases, quarterly number and annualised rates)</i>	R/100,000	Q2 2019	6	4.55	3.31	-	
	N	<i>Rubella (confirmed cases, year to date)</i>	R/100,000	Q2 2019	0	0	0	-	No trend
	N	<i>Meningococcal Infection (confirmed cases, quarterly number and annualised rates)</i>	R/100,000	Q2 2019	1	0.76	1.2	-	
	N	<i>Scarlet Fever (all notifications)</i>	R/100,000	Q2 2019	20	15.2	27.2	-	
	N	<i>Haemophilus Influenzae Type B (HiB)</i>	R/100,000	Q2 2019	0	0	0	-	
	N	Non-typhoidal Salmonella (incidence)	R/100,000	2017	92	17.6	16.6	15.7	
	N	<i>Quarterly Salmonella Enteritidis (incidence)</i>	R/100,000	Q2 2019	5	3.8	3.2	-	
	N	<i>Quarterly Salmonella Typhimurium (incidence)</i>	R/100,000	Q2 2019	5	3.8	1.8	-	
	N	<i>Quarterly Salmonella other (incidence)</i>	R/100,000	Q2 2019	9	6.8	5.7	-	
	N	Campylobacter (incidence)	R/100,000	2017	689	132	123	97	
	N	<i>Quarterly Campylobacter (incidence)</i>	R/100,000	Q2 2019	168	127.5	126.7	-	
	N	Cryptosporidium (incidence)	R/100,000	2017	75	14.4	10.4	7.3	
	N	<i>Quarterly Cryptosporidium (incidence)</i>	R/100,000	Q2 2019	11	8.3	4.7	-	
	N	Giardia (incidence)	R/100,000	2017	35	6.7	11.9	8.5	
	N	<i>Quarterly Giardia (incidence)</i>	R/100,000	Q2 2019	10	7.6	8.6	-	
N	STEC serogroup O157 (incidence)	R/100,000	2017	10	1.9	1	1		

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	Data updated since previous scorecard?	Indicator	Measure	Period	North Durham CCG		North Durham recent trend	Durham Dales, Easington And Sedgefield CCG		STP Value	England Value	DDES recent trend
					Count	Value		Count	Value			
Health Care Acquired Infection	Y	All C. difficile rates by CCG and financial year	R/100,000	2018/19	48	19.3		60	21.9	28.8	22	
	Y	All MRSA bacteraemia rates by CCG and financial year	R/100,000	2018/19	3	1.2		2	0.7	1	1.4	
	N	CCG-assigned MRSA rates by CCG and financial year	R/100,000	2016/17	1	0.4		3	1.1	0.57	0.4	
	Y	All MSSA bacteraemia rates by CCG and financial year	R/100,000	2018/19	50	20.1		59	21.5	27.7	21.8	
	N	Trust-assigned MRSA counts by CCG and financial year	R/100,000	2016/17	3	3		4	4	-	315	
	N	Third party-assigned MRSA counts by CCG and financial year	R/100,000	2016/17	0	0		0	0	-	276	
	Y	All E. coli bacteraemia rates by CCG and financial year	R/100,000	2018/19	180	72.3		301	109.6	104.7	77.7	
	N	Counts and 12-month rolling rates of C. difficile infection, by CCG and month	R/100,000	Sep-18	8	20.2		8	22.2	28.7	23.8	
	N	Counts and 12-month rolling rates of all MRSA bacteraemia cases, by CCG and month	R/100,000	Sep-18	0	2		0	0.7	1.2	1.5	
	N	Counts and 12-month rolling rates of MSSA bacteraemia cases, by CCG and month	R/100,000	Sep-18	4	17.4		6	20.4	27.9	21.7	
	N	Counts and 12-month rolling rates of E. coli bacteraemia by CCG and month	R/100,000	Sep-18	17	71.1		22	91	101	76.2	
	N	Counts and 12-month rolling rates of hospital-onset E. coli bacteraemia, by CCG and month	R/100,000	Sep-18	8	17.1		3	10.1	20.1	13.8	
	N	Counts and 12-month rolling rates of community-onset E. coli bacteraemia, by CCG and month	R/100,000	Sep-18	14	61		17	73.9	81	62.4	

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Health and Wellbeing Board**29 January 2020****Strategic Partnerships Governance
Review 2019/20****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 item is to present board members with the current review of strategic partnership arrangements and request views and opinions to influence the review.

Executive summary

- 2 The County Durham Partnership has been in operation since 2009. Underpinning this is a framework of five thematic partnerships, statutory and non-statutory and supporting sub groups. This framework is structured to deliver the County Durham Partnership's previous vision of an "Altogether Better Durham" and was widely recognised as being effective and a strength in the County. However, partners are keen to build on this success and to further enhance partnership working in Durham.
- 3 In November 2018 the County Durham Partnership commenced an extensive public consultation exercise asking the people of County Durham what was important to them, and what would they would like County Durham to look like in fifteen years' time. A further two consultation opportunities took place and from this a new vision was developed. The vision is supported by three strategic ambitions:
 - (a) A place where there are more and better jobs
 - (b) People live long, and independent lives
 - (c) Our communities are well connected and supportive.

This final vision was agreed at the County Durham Partnership Board on the 3 September 2019 and ratified by the County Council's Cabinet meeting on the 11 September 2019.

- 4 When agreeing to refresh the County vision, the County Durham Partnership also recognised there would be a need to review its strategic governance arrangements.
- 5 The review is being carried out in the spirit of partnership and the views of partner agencies are being actively gathered as well as learning from best practice elsewhere. The review will conclude in May 2020 with the aim to ensure that partnership working within the County moves from good to great and that it adds significant value to the work of individuals, communities and partner organisations to deliver the new County Vision for 2035.

Recommendations

- 4 Members of the Health and Wellbeing Board are recommended to:
 - (a) Receive the presentation on the review of governance arrangements for County Durham's Strategic Partnership arrangements;
 - (b) Complete the survey which will be circulated following the meeting to contribute to the review.

Background

- 5 The County Durham Partnership has been in existence since 2009. The “Altogether Better” Framework (Appendix 2) consists of five thematic partnerships:
 - (a) Health and Wellbeing Board (Altogether Healthier)
 - (b) Safe Durham Partnership (Altogether Safer)
 - (c) Children and Families Partnership (Altogether Better for Children and Young People)
 - (d) Economic Partnership (Altogether Wealthier)
 - (e) Environment Partnership (Altogether Greener)
- 6 The existing partnership framework is based around these five themes and has been developed to implement the Altogether Better Vision as set out in the Sustainable Community Strategy for 2014 – 2030.
- 7 This structure represents the main partnerships that operate at a county level. The structure is also supported by the Safeguarding Boards (Durham Safeguarding Children Partnership and the Safeguarding Adults Board) and other partnerships that operate at a sub county/community level (such as Area Action Partnerships) and at a sub-regional/regional level (many of which have been created to forward the economic and health agendas).
- 8 In June 2017 the County Durham Partnership Board received a presentation that recognised the many achievements of the current partnership structure but acknowledged the potential to build on these strengths and to take partnership working from ‘Good to Great’ through:
 - Improved focus and leaner partnership working
 - Simpler and more streamlined coordination with involvement from all partners
 - More efficient use of resources and understanding of potential ‘cost shunts’
 - Better connectivity and improved share knowledge between partnerships
 - Increased opportunities for successful grassroots projects to be scaled up
 - Increased attraction of external funding
 - Improved communications
 - A more joined up approach in localities
 - Greater coordination of VCS commissioning by partners

- 9 In April 2018 the County Durham Partnership Board supported the development of a new vision for County Durham. In November 2018, the Board agreed that given the shared vision for the Partnership was to be revised, it would also be appropriate to review the governance arrangements.
- 10 The Wellbeing Approach brings a shift in emphasis and resources from the delivering 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 and this should be realised across the partnership structure.

People and Places	Supporting Systems
<p>Empowering communities working with communities to support their development and empowerment</p> 	<p>Working better together working together across sectors to reduce duplication and ensure greater impact</p> 
<p>Being asset focused acknowledging the different needs of communities and the potential of their assets</p> 	<p>Sharing decision making designing and developing services with the people who need them</p> 
<p>Building resilience helping the most disadvantaged and vulnerable, and building up their future resilience</p> 	<p>Doing with, not to making our health and care interventions, empowering and centred around you as an individual.</p> 
 <p>Using what works: everything we do is supported by evidence informed by local conversations.</p>	

Timeline

- 11 The timeline for the review is as follows:
- County Durham Vision 2035 ratified – September 2019
 - Governance review agreed at CDP – November 2019
 - Consultation with thematic partnerships:
 - Environment Partnership – 11 December 2019
 - Integrated Steering Group for Children – 16 December 2019

- Children and Families Partnership (by email) – w/c 16 December 2019
- Safe Durham Partnership - 23 January 2020
- Health and Wellbeing Board – 29 January 2020
- Integrated Care Board – 7 February 2020
- Economic Partnership – 28 February 2020
- Structure agreed at County Durham Partnership – July 2020

Background papers

- None

Other useful documents

- County Durham Vision 2035

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Appendix 1: Implications

Legal Implications

As set out in the main body of the report, the County Durham Partnership comprises both statutory and non-statutory partnerships. It provides useful engagement opportunities with the Council in delivering its statutory responsibilities and achieving its objectives.

Finance

Ongoing pressure on public services will challenge all agencies to consider how best to ensure effective services are delivered in the most efficient way. Corporate, service and financial planning are part of an integrated process which may influence resource allocation.

Staffing

Resources are allocated to the CDP and the Thematic partnerships.

Risk

There is a risk in terms of duplication and gaps within the CDP which could impact on the council's legal obligations.

Equality and Diversity / Public Sector Equality Duty

All partnerships consider equality and diversity by ensuring EIA's are undertaken for all strategies and plans.

Accommodation

There are no accommodation implications.

Crime and Disorder

Local authorities have a legal obligation to undertake duties relating to the Crime and Disorder Act 1998 S17.

Climate Change

Climate change has been identified as a key underlying them in the County Durham Vision.

Human Rights

There are no adverse implications.

Consultation

Members of the five thematic partnerships of the County Durham Partnership are being consulted between January and March 2020.

Procurement

There are no procurement implications.

Appendix 2: Current Governance Structure

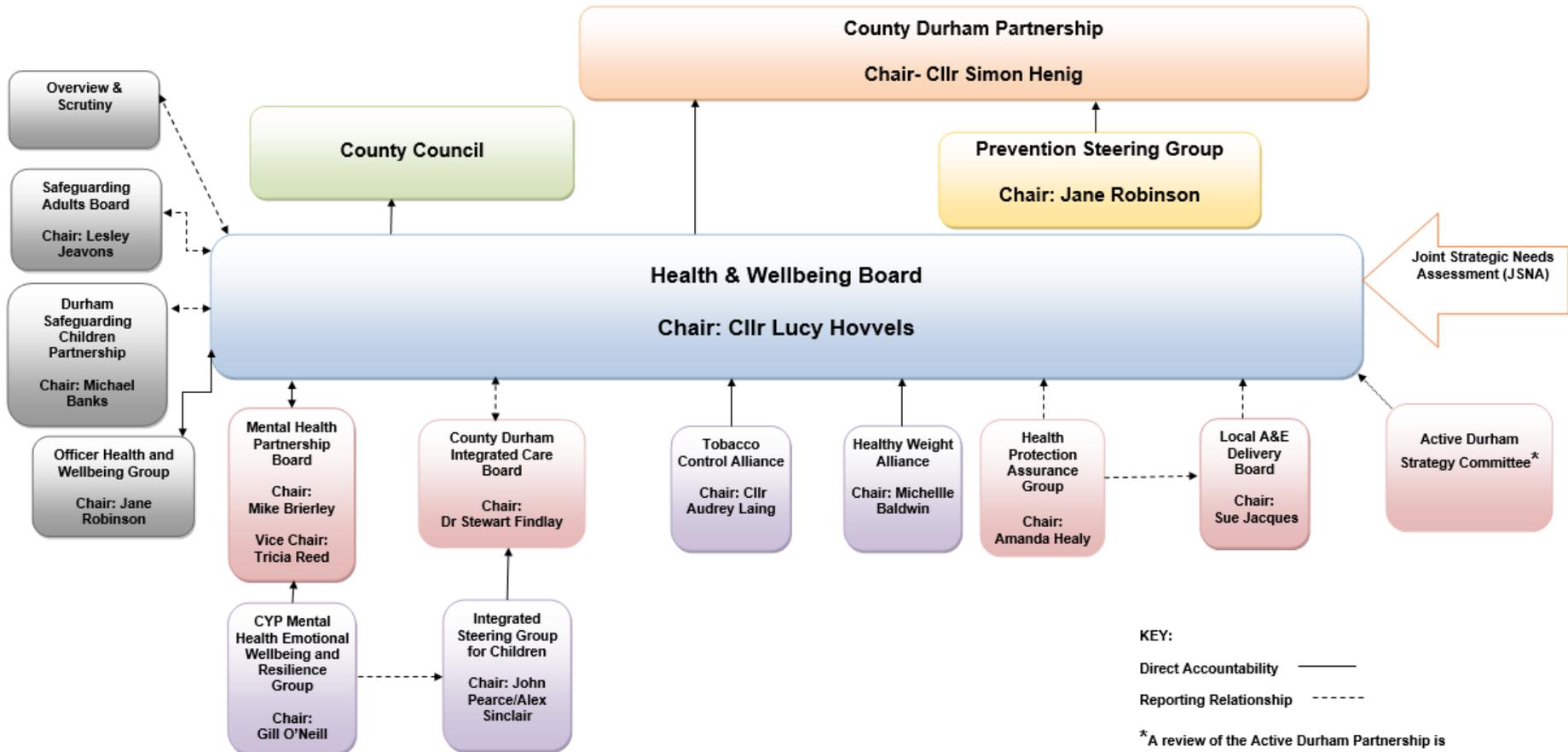


Altogether Healthier

Health & Wellbeing Board:

- Statutory Partnership;
- Promote 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;
- Encourage those who provide services related to wider determinants of health, such as housing, to work closely with the HWB;
- Develop and agree the JSNA, Joint Health and Wellbeing Strategy and Pharmaceutical Needs Assessment;
- Be involved throughout the process as CCGs develop their commissioning plans and ensure they take proper account of the JHWS when developing these plans;
- Provide advice and assistance or other support as it thinks appropriate for the purposes of encouraging the making of arrangements under Section 75 of the National Health Service Act 2006;
- Sign off the Better Care Fund Plan.

*LGA Peer Review 2015: “strong well established partnership relationships”
“effective systems and clear linkages”*



KEY:
 Direct Accountability ———
 Reporting Relationship - - - - -

*A review of the Active Durham Partnership is currently taking place and will include alignment with other strategic groups

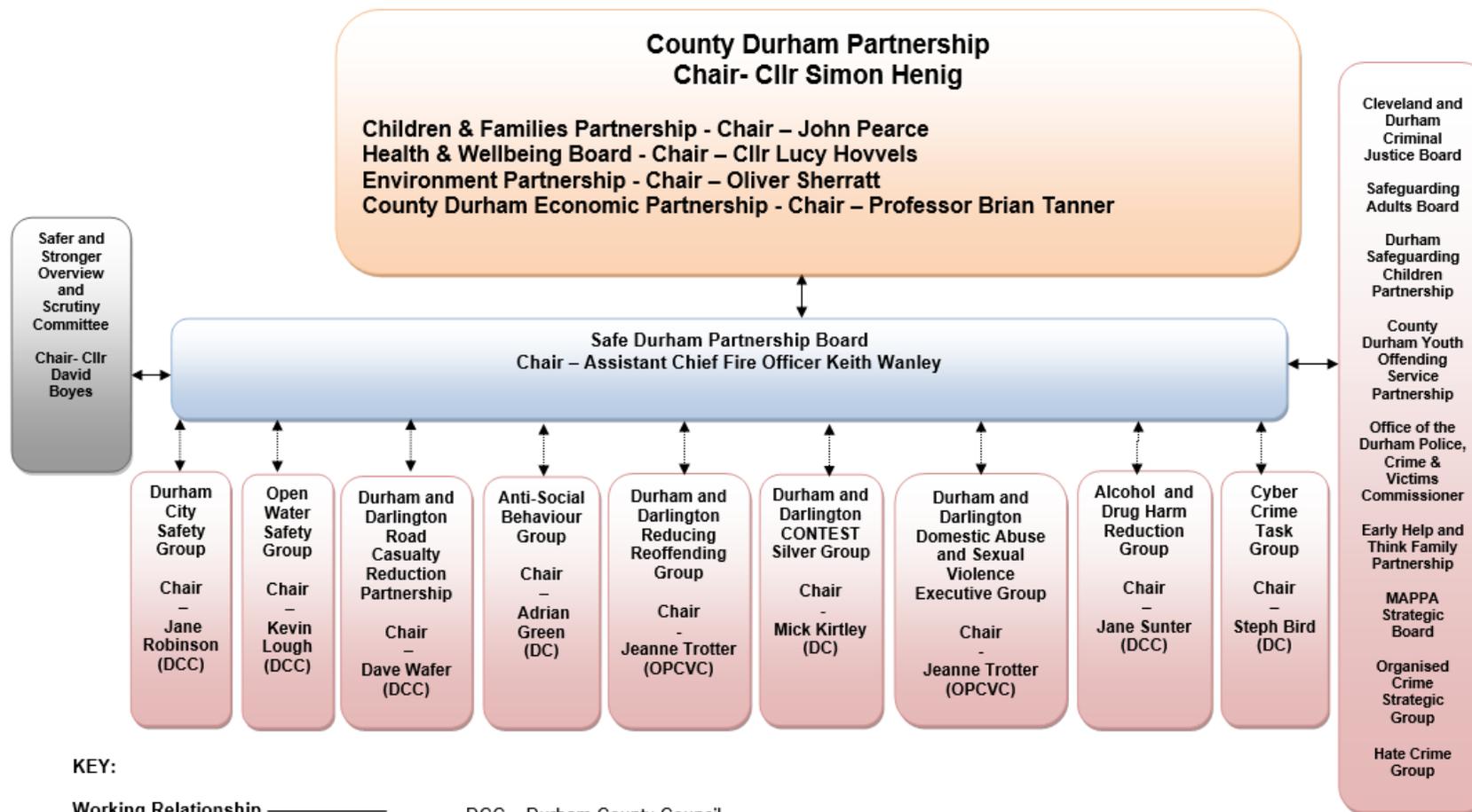
Altogether Safer

Safe Durham Partnership:

- Statutory Partnership;
- Provide strategic level leadership and co-ordination of the Community Safety agenda;
- Commission, co-ordinate and consider the strategic assessment in order to identify strategic priorities and inform the Safe Durham Partnership Plan;
- Work together to ensure that resources are directed to meet key priorities, so that outcomes are improved;
- Oversee performance targets and to agree key improvement actions;
- Ensure information sharing protocols are in place for the sharing of data;
- Consult the community about crime and disorder issues in County Durham and also about what priorities the partnership should tackle;
- The Chair, in consultation with local partners, to commission Domestic Homicide Reviews and oversee the implementation of the action plans arising from the lessons learned in line with the statutory guidance.

LGA Peer Review 2017: “Strong partnership culture displayed across the community safety family / partnership”

“Good structures in place which allow for vertical and horizontal connections”



KEY:

Working Relationship —————

Reporting Relationship - - - - -

DCC – Durham County Council

DC – Durham Constabulary

OPCVC – Office of the Police, Crime & Victims Commissioner

Altogether Greener

Environment Partnership:

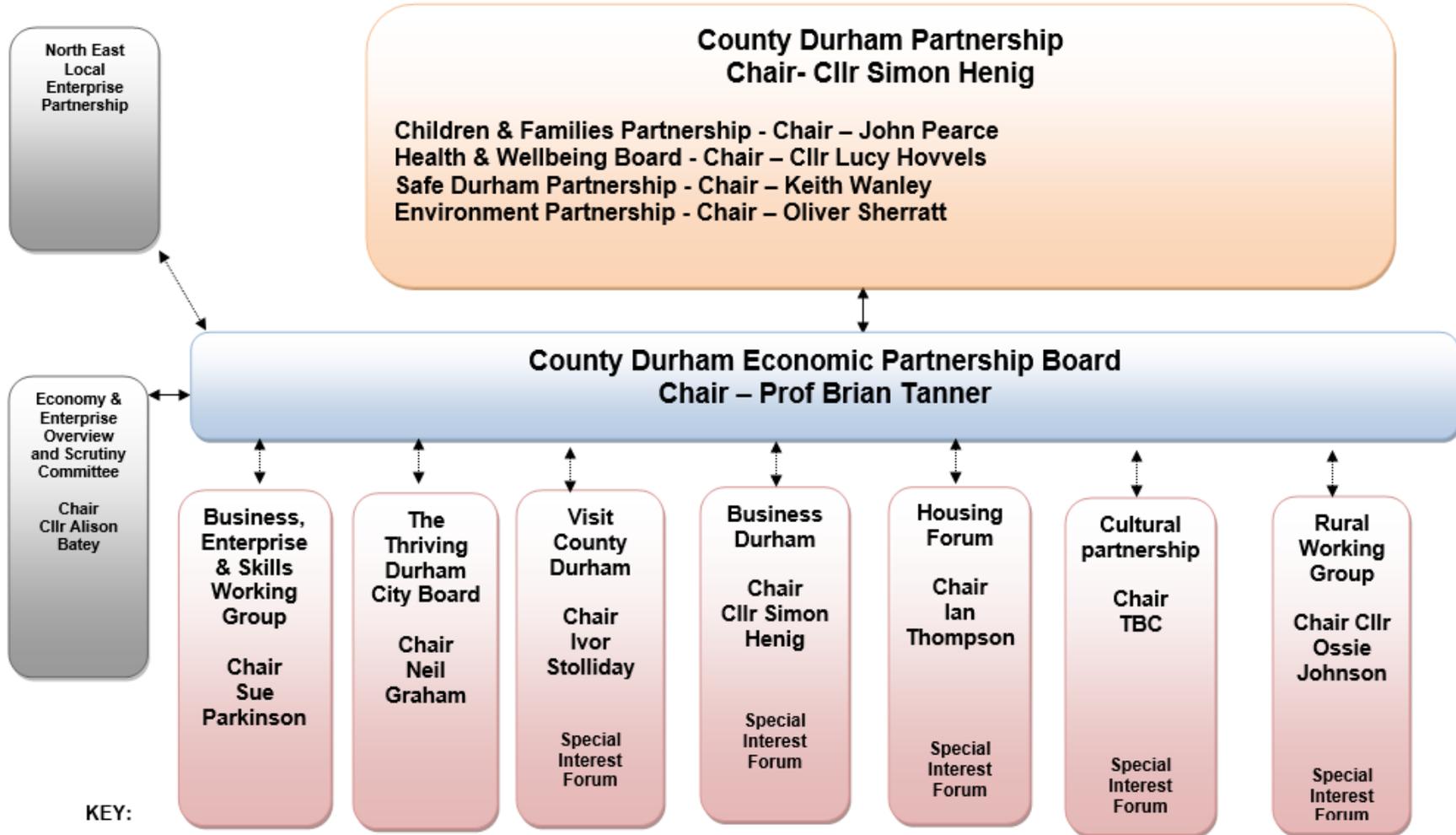
- Non-statutory;
- Agreed 2019 to be named Climate Change and Environment Partnership with a reviewed membership list and terms of reference being developed;
- Environment Plan on a Page and action plan;
- Brings together representatives from public, private and voluntary organisations throughout County Durham and the wider North East Region to work towards an 'Altogether Greener' County Durham;
- Vision to make Durham County a place where people want to live and visit because of the high quality of the natural and built environment;
- Strategic direction and planning on environmental issues;
- Action plan delivery of selected environmental projects through the sub groups;
- Engaging strategic and community partners to instigate local action;
- Annual Environment Awards.



Altogether Wealthier

Economic Partnership:

- Non-statutory;
- Governance Review undertaken 2019 aligned to the foundations of the national Industrial Strategy. Development of local Industrial Strategy;
- Membership rationalised - each member has responsibility for a priority area;
- Business led, with its Chair and Vice Chair coming from private enterprise;
- Works to stimulate investment in our business base, economic infrastructure and the skills of our people;
- The Board focuses on identifying opportunities, informing partners, influencing policy makers and coordinating responses to the opportunities;
- Main conduit between the County Durham Economic Partnership and the North East Local Enterprise Partnership;
- Provides a voice for County Durham in international, national and regional forums;
- Sets the performance framework and spatial policy framework for economic development and regeneration;
- Provides leadership in respect of the Durham European Transitional Programme;
- Identifies key risks to the economy of the County and identifying mitigating initiatives.



KEY:

Working Relationship —————

Reporting Relationship - - - - -

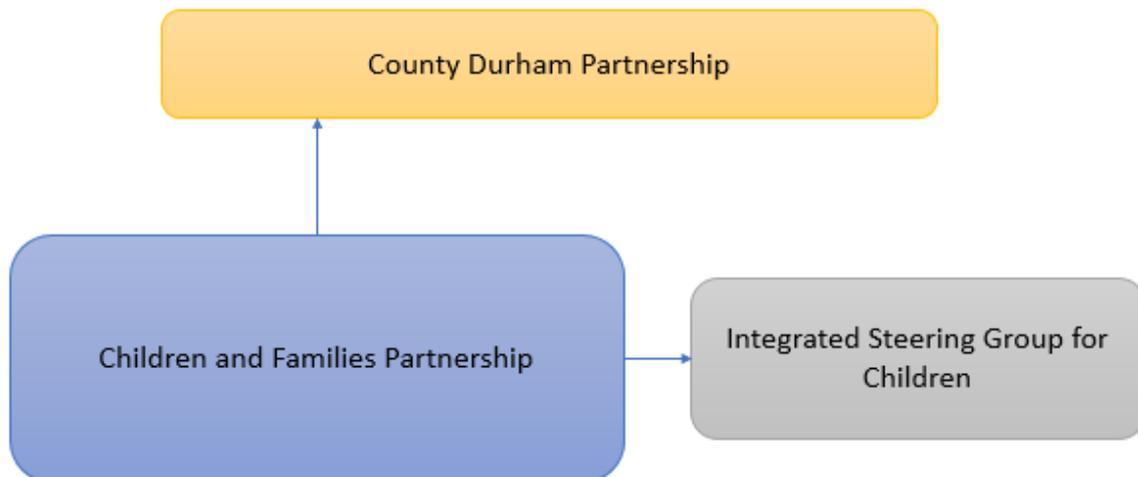
Altogether Better for Children and Young People

Children & Families Partnership:

- Non-statutory;
- Recently adopted a networking approach, engaging with CYP and using their voice to influence key priority areas;
- Directly engaging with CYP on current public consultation topics

E.g.

- Climate Change Plan
- Youth Engagement – Student Voice Survey, UK Youth Parliament, County Durham Youth Council, Countywide awards
- County Durham Vision 2035
- Youth Led Area Action Partnership Projects
- Investing in Children Membership Award
- No decision making or specific areas of priority for the partnership – decision making is through the Integrated Steering Group for Children.



Health and Social Care Integration

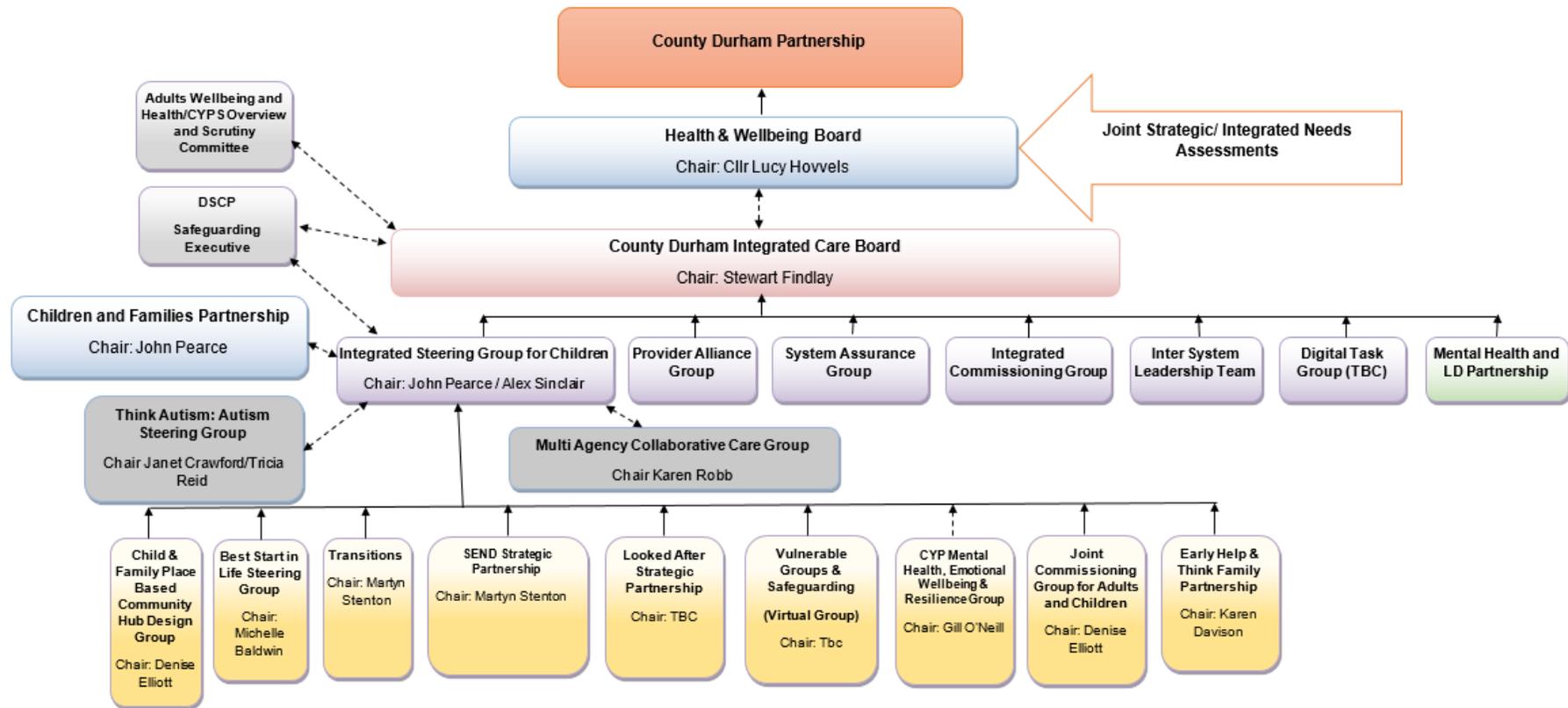
(not part of original Altogether Framework)

Integrated Care Board:

- To provide system wide leadership and accountability for the delivery of integrated service models within County Durham's health and care economy;
- Operates as a decision making body to set overall approach and direction within an Integrated Place Based Care Partnership for County Durham; the County Durham Care Partnership (CDCP);
- Ensures that partners adhere to the vision and direction for integrated care as set out in County Durham's Health and Care Plan.

Integrated Steering Group for Children:

- Aims to support and establish shifts and changes to build children's strategy across the locality to ensure high quality services which meet the needs of all children and young people;
- A performance assurance group, providing strategic accountability for performance, planning and commissioning, looking at pathways and outcomes with the support from the working groups.



KEY:
 Direct Accountability ———
 Reporting Relationship - - - - -

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Health and Wellbeing Board

Governance Review of Strategic Partnerships 2019/20

Background



Moving from Good to Great

We said in 2017 this would be:

- One Durham Approach
- Improved focus and leaner partnership working
- Simpler and more streamlined co-ordination with involvement from all partners
- More efficient use of resources and understanding of potential “cost shunts”
- Better connectivity and improved shared knowledge between partnerships
- Increased opportunities for successful grassroots projects to be scaled up
- Increased attraction of external funding
- Improved communications
- A more joined up approach in localities
- Greater co-ordination of VCS Commissioning by partners

5

thematics

Integrated
Steering
Group for
Children

Prevention
Steering
Group

Integrated
Care Board

14

Area Action
Partnerships

CDP

29+

sub groups of sub
groups

Better Together
Forum
Armed Forces
Forum
Faiths Network

34

sub groups
(inc thematics and ISGC)

County Durham Vision 2035

Ambitions:

- More and better jobs
- People live long and independent lives
- Our communities are well connected and supportive of each other

Underlying themes:

- **Climate change**
- **Environment**
- Rurality
- New technology

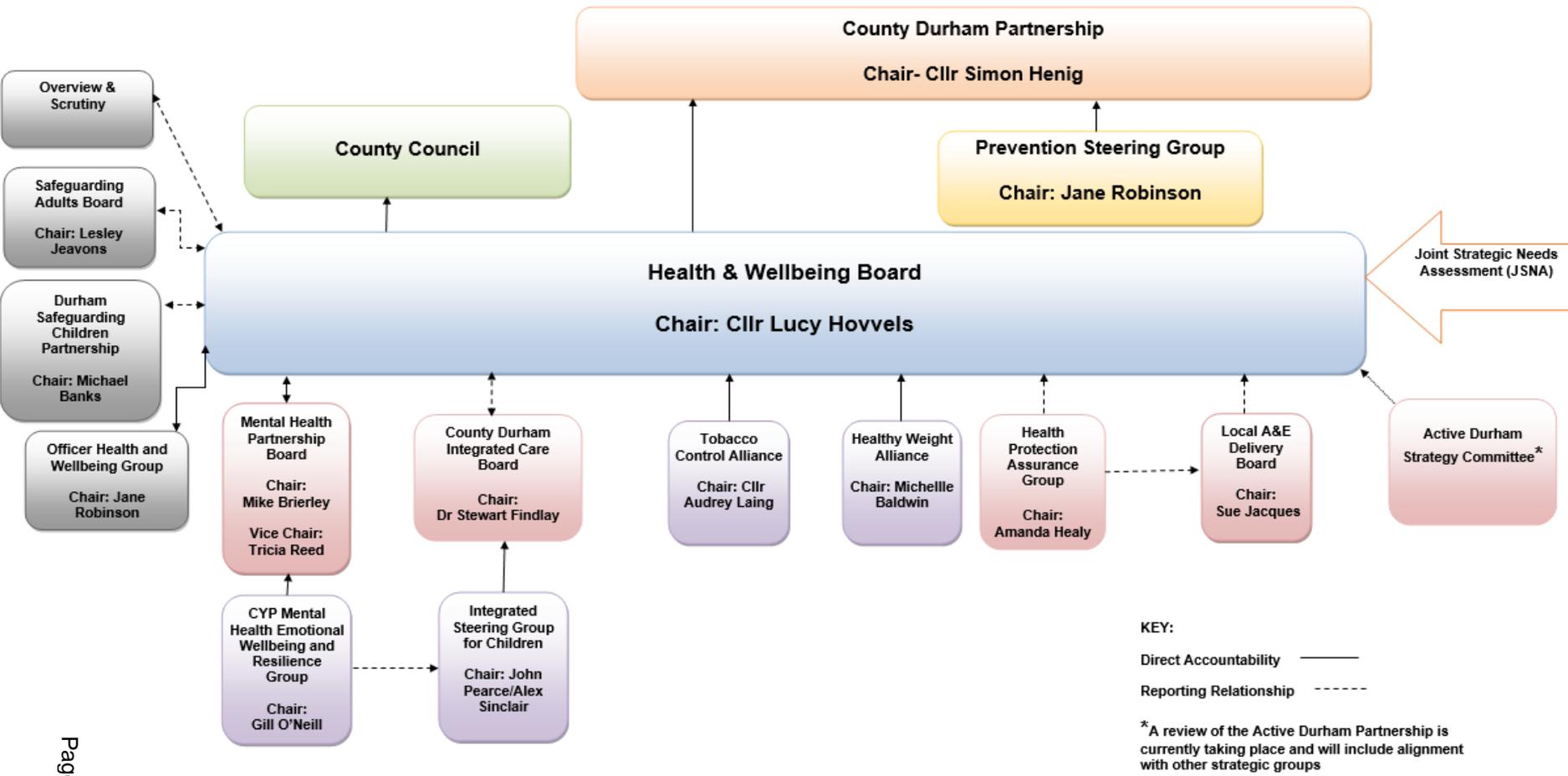
HWB Development Session

November 2019

Some themes from discussion at development session:

- Focus on HWB role as strategic decision maker
- ICB and ISGC as sub groups to HWB will take on responsibility for areas of work around health and care issues outlined in JHWS
- Fewer collectively owned priorities
- More of a CYP focus to agenda items
- Confusion around route that reporting needs to take
- System needs to be less complicated
- Need to ensure relevant cross thematic agendas
- What about the VCS?

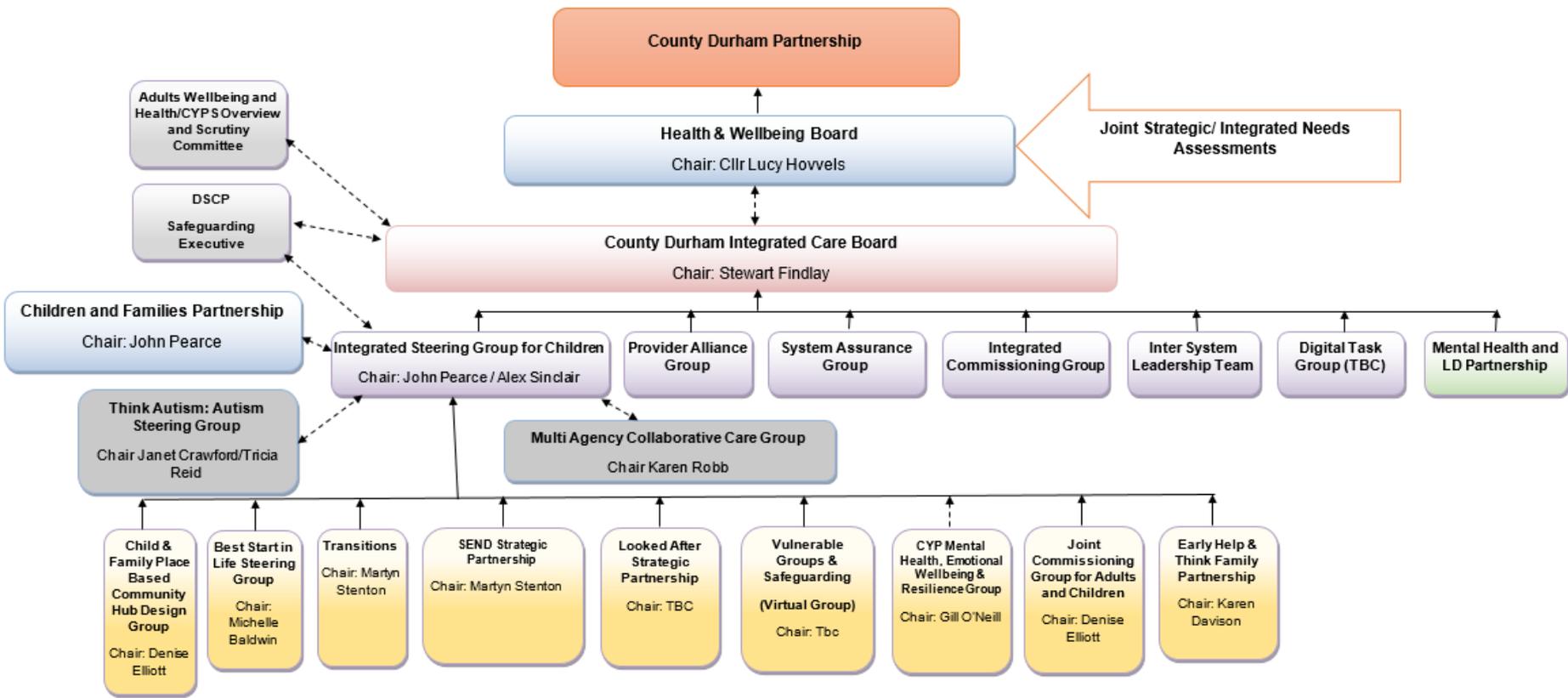
Health & Wellbeing Board Structure



KEY:
 Direct Accountability ———
 Reporting Relationship - - - - -

*A review of the Active Durham Partnership is currently taking place and will include alignment with other strategic groups

Integrated Care Board/Integrated Steering Group for Children Structure



KEY:
 Direct Accountability ———
 Reporting Relationship - - - - -

Benchmarking

We looked at the strategic partnership arrangements of 8 councils who have been noted by MJ/LGC award, peer review or inspection

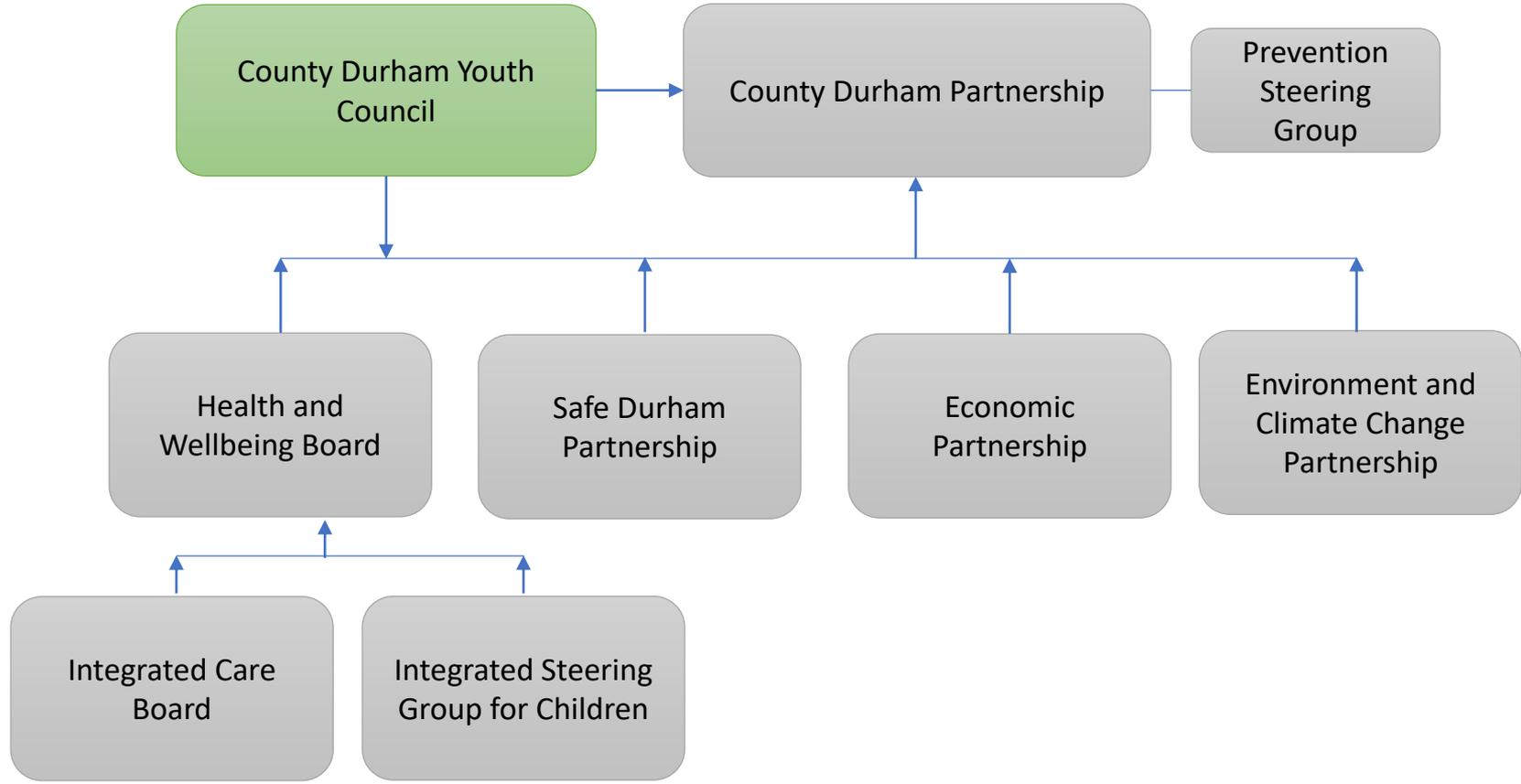
- **Some** areas have an overarching partnership overseeing the thematic partnerships, some do not.
- **Some** have a separate board which deals with children's issues, some deal with related issues through the Health and Wellbeing Board.
- **All** have the equivalent of an economic partnership or forum.
- **Some** have a strategic environment partnership, some have a number of partnerships which address specific environmental issues.

Examples:

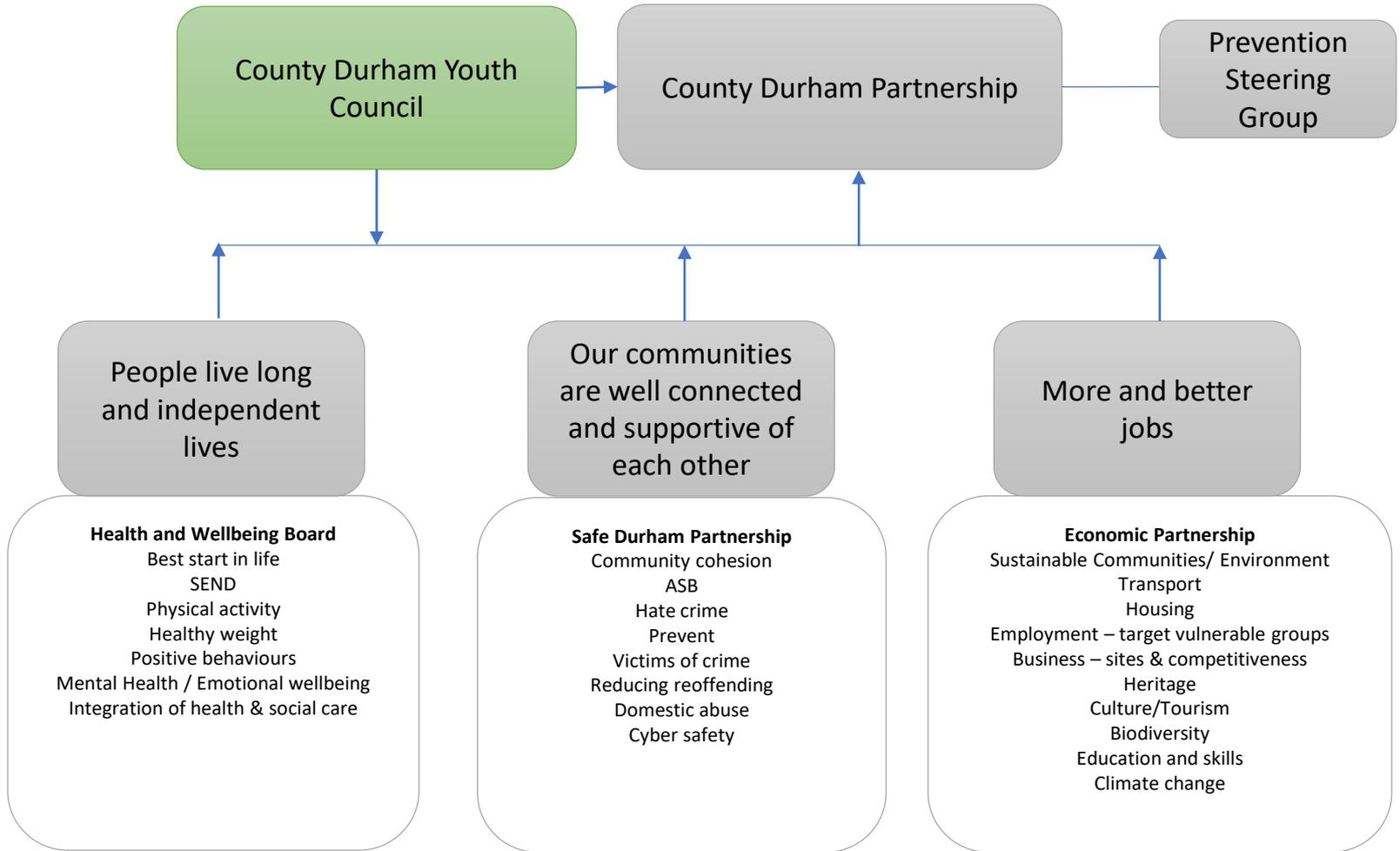
- *Barking & Dagenham Council (LGC Council of the Year 2018) has an overarching consultative forum and 5 thematics including a cultural partnership*
- *Southwark Council (LGC Council of the Year 2018 – highly commended) has 2 key strategic partnerships – Health and Wellbeing Board and Children and Families Trust*

Option 1

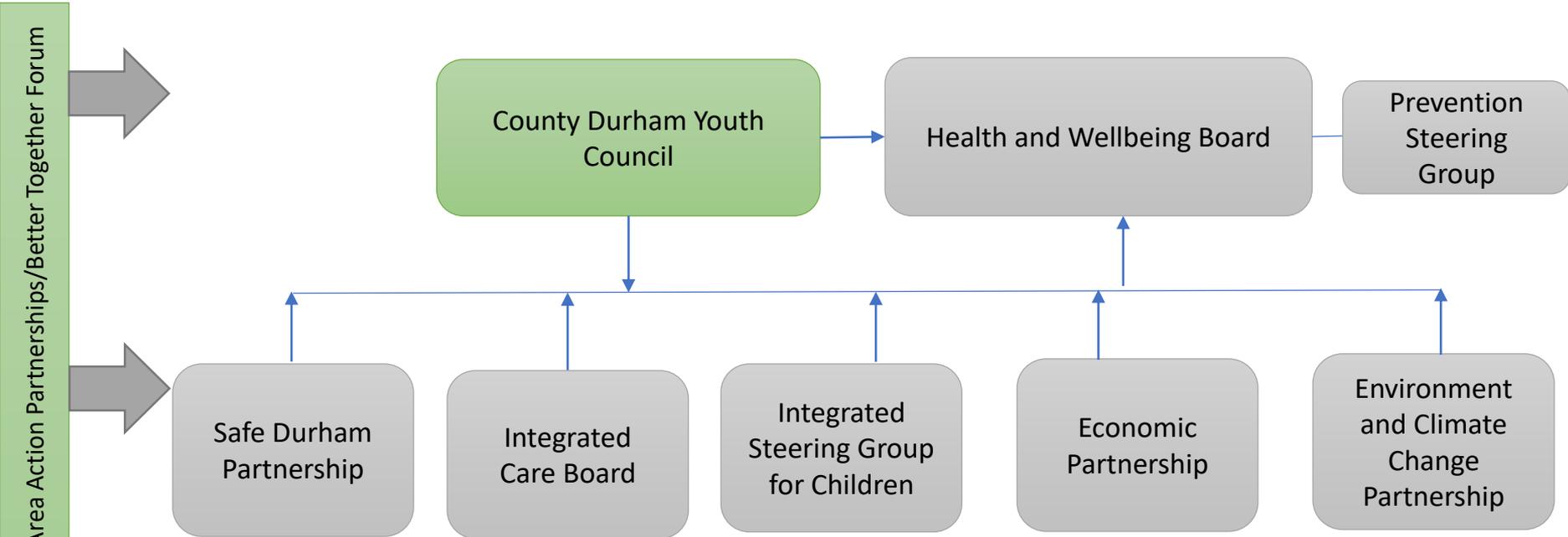
Children & Families Partnership/ Area Action Partnerships/Better Together Forum



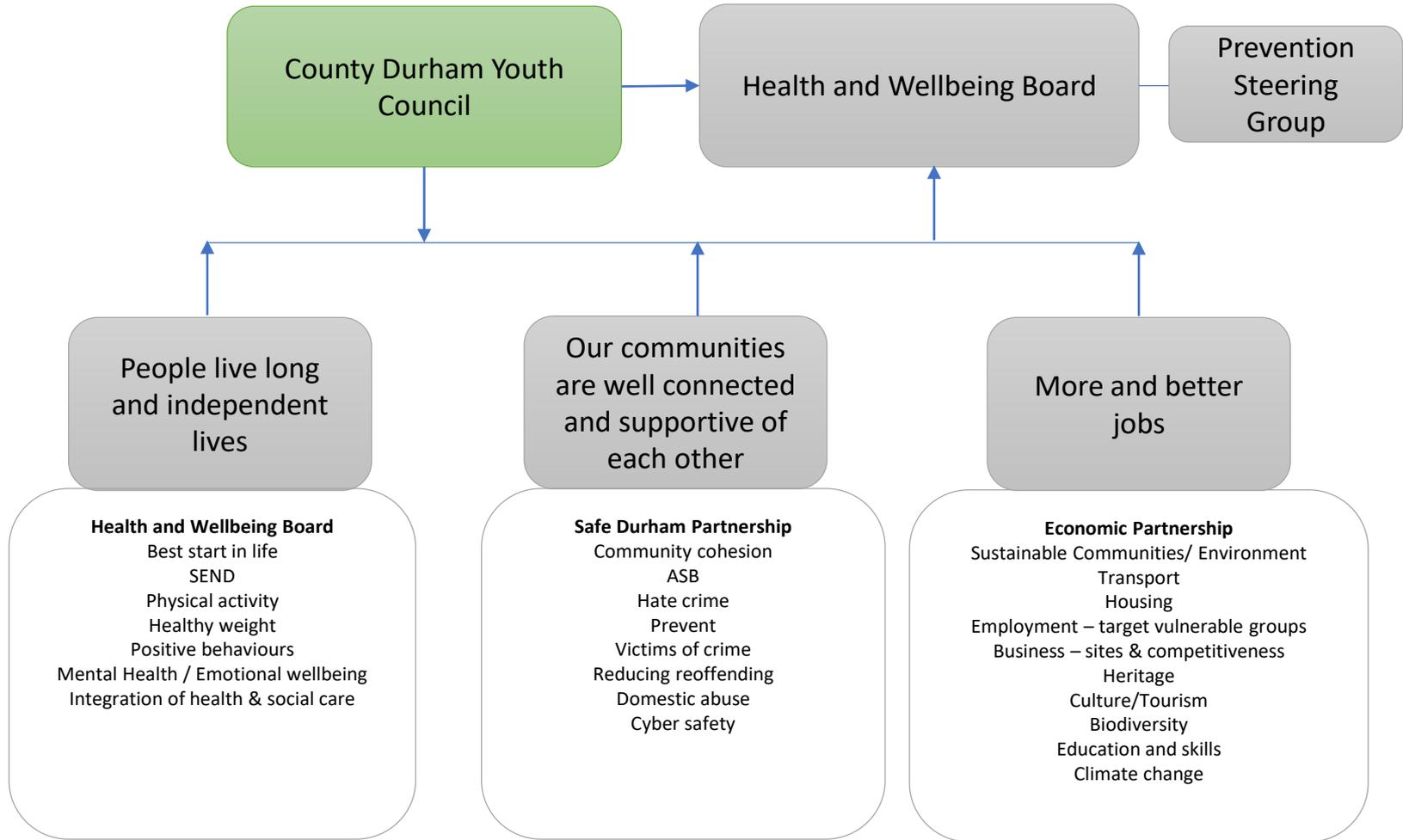
Option 2



Page 96
Option 3



Option 4



Streamlining and restructuring current arrangements

If we were to streamline current arrangements, which option do you think is more appropriate?

Which cross cutting elements of the County Durham Vision could this and other partnerships lead on?

- Rurality
- New technologies
- Poverty and deprivation
- Creating a physical environment that will contribute to good health
- Towns and villages will be vibrant, well used, clean, attractive and safe
- Communities will come together to accept and support each other
- Housing

Health and Wellbeing Board

29 January 2020

Update on digital developments within North East and Cumbria Integrated Care System and County Durham Integrated Care Partnership



Report of Denise Elliott, Head of Commissioning, Durham County Council

Electoral division(s) affected:

Countywide

Purpose of the Report

- 1 The purpose of this report is to
 - (a) Update the Health and Wellbeing Board on the work underway within the North East and Cumbria Integrated Care system (ICS), Integrated Care Partnerships (ICP), as well as activity within the County Durham Integrated Care Partnership (CDICP) in relation to digital projects.
 - (b) Notify members of the Board that a presentation will be given at the meeting on 29 January 2020.

Executive summary

- 2 Digital solutions can bring a range of benefits to the provision of care, they can help enable professionals to use the full range of their skills, to reduce bureaucracy, to stimulate research and to enable service transformation. Using digital tools, citizens can also have more control over the care they receive and be better able to manage their own health.
- 3 The North East and Cumbria Integrated Care System has developed a new regional digital strategy. The strategy is focused around 5 theme areas with 20 ICP projects aligned under these. Agencies within the CDICP are leading/contributing to these programmes, as well as delivering a range of local digital projects. This report provides an update on the local work underway in relation to digital development aligned to regional digital strategy priorities.

- 4 Building on the regional strategy and the County Durham 5-year plan, a CDICP digital action plan will be developed. This will be based on the principles of using digital technology to support individuals manage their wellbeing, strengthening cross agency working across the CDICP, and wherever possible leveraging expertise within the County.

Recommendation(s)

- 5 Members of the Health and Wellbeing Board are recommended to:
 - (a) Note contents of report
 - (b) Receive a presentation at the meeting and provide comment as necessary.

Background

- 6 Digital solutions can bring a range of benefits to the provision of care, including enabling professionals to use the full range of their skills, reducing bureaucracy, stimulating research and enabling service transformation. Using digital tools, citizens can also have more control over the care they receive and be better able to manage their own health.
- 7 Digital technologies can also be used to help prevent ill health in the first place and potentially help to identify 'at risk' patients, before they become ill.

North East and Cumbria Integrated Care System- Digital Developments

- 8 The North East and Cumbria Integrated Care system (ICS) have developed a new digital strategy (outlined below), this is being delivered through a framework of digital governance (appendix 2),
- 9 The strategy is focused around 5 theme areas with 20 projects aligned under these. The projects within the ICS Digital Strategy are focused at the ICS and Integrated Care Partnerships (ICPs) level and are primarily concerned with addressing patient and system level issue. Agencies within the CDICP are leading/contributing to these programmes.

Resources (Inputs)	Programmes/projects (Activities)	Programme Themes	Outcomes/Benefits	Objectives (Impacts)	Vision
<p>Policy: NHS 10 year plan</p> <p>Governance: Digital Strategy Group, Digital Delivery Group, ICP IT/Digital groups, GP IT Governance Group, CIO Forum & Technical Design Authority, CCIO Forum</p> <p>Key roles: SRO, CDO, Programme manager, Programme support, CCIO lead</p> <p>Interdependencies: GNCR/LHCR, GDE programmes, ETTF projects, HSLI programme, National programmes</p> <p>ICS priorities - Optimising Health Services, Prevention & Population Health Management, Workforce Transformation, Mental Health and Learning Disabilities.</p> <p>ICP service planning and transformation</p> <p>Clinical Networks</p>	HSCN Implementation - health and local government collaboration	Robust, secure and appropriate Infrastructure	Improved clinical outcomes	<p>Sustainable efficient health and care services</p> <p>Deliver high quality health and care services</p> <p>Improve the health and care of the population</p> <p>Patients empowered to make decisions about their own care</p>	<p><i>To enable the delivery of high quality, easily accessible and efficient health and care services, to the people of the North East and North Cumbria through digital solutions</i></p>
	Warranted systems & Cyber Security (Prevention)	Mature Digital Providers and associated services	Reduction in unnecessary/inappropriate diagnostics		
	Wi-Fi - a) Trusts: b) Primary care: c) Mobile (i.e. 5G)		Improved patient satisfaction and experience		
	Electronic Patient Records (EPRs)		Faster more efficient treatment		
	CareScan +		Reduction in avoidable admissions		
	Primary Care services maturity		Reduction in stationary costs		
	ePrescribing		Significant reduction in procurement, delivery management and business as usual costs		
	Pathology (inc. Haematology): integrated LIMS system/common IT platform and implementation of a new digital imaging solution (PACS)	Interoperable and Collaborative systems and resources	Improved staff satisfaction (efficient ways of working)		
	Great North Care Record (GNCR): HIE, Patient Engagement Platform and Population Health Management		Reduction in patient risk		
	GP Connect (National solution for limited record sharing)		Reduction in staffing costs		
	Transforming Radiology using appropriate technology		Efficiency savings/time re-invested into patient care		
	Maternity services - digital hand held records & interoperable systems		Reduction in repeated process and data collection		
	Frailty digital toolkit (i-CARE)				
	Digitally enabling our workforce & contribute to creating a learning health system	Digital innovations to deliver self-sufficient care delivered closer to home in neighbourhoods and communities			
	Enable Regional Passport (staff able to work across sites)				
	eConsultation and video conferencing (i.e. telemedicine)				
	Technology Enabled Care Services (Health Call, telecare, intelligent homes)				
	Digital First Primary Care	Dynamic system planning & delivery; use of robust data, effective analytical services underpinned by evidence & research			
	Expand Mobile Working				
	Artificial Intelligence and machine learning				
Enable Population Health Management					
Improve analytics capability across the region					
Clinical Digital Resource Collaborative					
Recorded data in a standard way (e.g SNOMED)					

Great North Care Record

- 10 Within the regional strategy and action plan, the Great North Care Record is identified as one of the main projects for delivery.
- 11 The aims of the Great North Care Record (GNCR) are to support the sharing of information to support frontline care, individual self-management, planning and research.
- 12 Within the County Durham CDICP, the GNCR will address several of the information sharing challenges we have across partner agencies ICT systems. This will help to improve many of the day to day issues patients/clients and operational staff experience. As such it is proposed that the implementation of the GNCR is one of the areas of key focus for partner agencies in the CDICP.

County Durham Integrated Care Partnership- Digital Developments

- 13 Within the CDICP, a cross agency digital workstream has been convened to focus on digital projects supporting health and social care integration. This group has undertaken a baselining exercise to gain an understanding of the current breadth of digital development work underway to support the integrated system.
- 14 Key projects to note are outlined below:

Robust, secure and appropriate infrastructure	
<i>Project</i>	<i>Actions in CDICP</i>
NHS Data Security and Protection Toolkit (DSPT)	<p>The Durham County Council (DCC) Supporting the Provider Market Team (STPM) have baselined the current position of care providers within the County in relation to the DSTP toolkit. The team are supporting a number of engagement events to encourage more providers to complete the toolkit. Completion of the toolkit will then enable providers to access the NHS Mail system enabling secure sharing of information with health agencies.</p> <p>Working with Clinical Commissioning Groups (CCG) colleagues the STPM team are also discussing with providers the potential of SystemOne Proxy access and access to the SystemOne Module.</p>

Mature Digital Providers and associated services	
<i>Project</i>	<i>Actions in CDICP</i>
Electronic patient records	<p>County Durham and Darlington Foundation Trust (CDDFT) are working on the business case and delivery of a new electronic patient record system within the Trust.</p> <p>DCC are currently implementing a new social care ICT case management system, called Azeus care. This will be implemented by early summer 2020.</p> <p>Tees Esk and Wear Valley (TEWV) are developing a Patient system (Cito) based on the clinical processes carried out by the Trust. The clinical services are leading on the design and a developing recovery focused, trauma informed processes that are collaborative in their approach and put the patient at the centre of the care.</p> <p>CCG – all GP Practices have electronic patient records. Some historic patient information is still held in Lloyd George paper records which are stored in the individual surgeries. Plans are being drawn up to scan these into the electronic record.</p>
E Prescribing	<p>CDDFT are currently implementing phase 2 of their hospital based ePMA project into paediatrics and community hospitals.</p> <p>CCG – all GP Practices have implemented electronic prescribing</p> <p>TEWV – Are will begin implementing ePrescribing in Q1 od 20/21</p>

Interoperable and collaborative systems and resources	
<i>Project</i>	<i>Actions in CDICP</i>
GNCR	DCC, CCG, CDDFT and TEWV are all engaged with the regional programme for implementation of the Great North Care Record.
Collaborative working	Two discovery projects are planned exploring opportunities for digital tools to support collaborative working across the Integrated County Durham health and social care system.
	TEWV are working with County Durham Council explore information touch points and seeing how processes can be streamline for the integrated teams.

Digital innovation to delivery self-sufficient care delivered closer to home in neighbourhood communities	
<i>Project</i>	<i>Actions in CDICP</i>
Online consultation and video conferencing	<p>TEWV are piloting the use of Skype and Attend Anywhere with patients and a number of consultations have taken place with patients. Clinical policies have been updated and it is expected that this will be one of the standard options offered to patients in the future.</p> <p>CCG All GP Practices have online consultation functionality enabled. Evideo consultations are being piloted nationally and will be installed as part of the existing GP software by April 2020</p>
Technology enabled care services	<p>CDDFT continue to develop the Health Call platform to support innovative ways in support of the effective delivery of health and care services.</p> <p>DCC have a project focused on supporting the provider market (STPM).</p> <p>The team are working on:</p> <ul style="list-style-type: none"> • Online NHS England Capacity Tracker: 91 of the 96 OP Care Homes in County

	<p>Durham now have fully registered for the Capacity Tracker. The tracker is designed to support minimising delayed transfers of care by enabling Care Homes to instantly share their live bed state and enable hospital discharge teams and other stakeholders to rapidly find available nursing and residential beds.</p> <ul style="list-style-type: none"> • Health Call: Health Call provides Care Homes with the ability to refer and provide real time vital sign readings through an 'app' allowing clinicians to prioritise caseloads and remotely monitor the condition of patients. 8 Care Homes have implemented Health Call with plans in place to implement in all 96 Older People Care Homes by the end of 31st March 2020. STPM are supporting with provider engagement, sourcing funding for the work, supporting the project delivery and gifting equipment to Care Homes. <p>DCC are also participating in a Local Government Association Technology project to develop a 'Enabled Care – Readiness Toolkit for Councils'.</p>
CITO	<p>TEWV are developing CITO to use with touch screen devices with the intention that patients will have the option to use devices with the clinician to complete assessments/ forms/ questionnaires etc.</p>

Conclusion

- 15 This report presents the results of an initial baselining exercise, and further work is planned through the County Durham Digital integration group to develop a digital action plan for the CDICP. This action plan will be aligned to the regional strategy as well as the County Durham 5-year system plan. The future action plan will be based on the principles of using digital technology to support individuals manage their wellbeing, strengthen cross agency working across the CDICP, and wherever possible leveraging expertise within County Durham.

Background papers

- None

Other useful documents

- Great North Care Record
<https://www.greatnorthcarerecord.org.uk/>

Author(s):

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Nicola Murray Tel: 07712 504909

Richard Yaldren Tel: 01642 374807

Appendix 1: Implications

Legal Implications

None directly

Finance

None directly

Consultation

None directly

Equality and Diversity / Public Sector Equality Duty

None directly

Climate Change

None directly

Human Rights

None directly

Crime and Disorder

None directly

Staffing

None directly

Accommodation

None directly

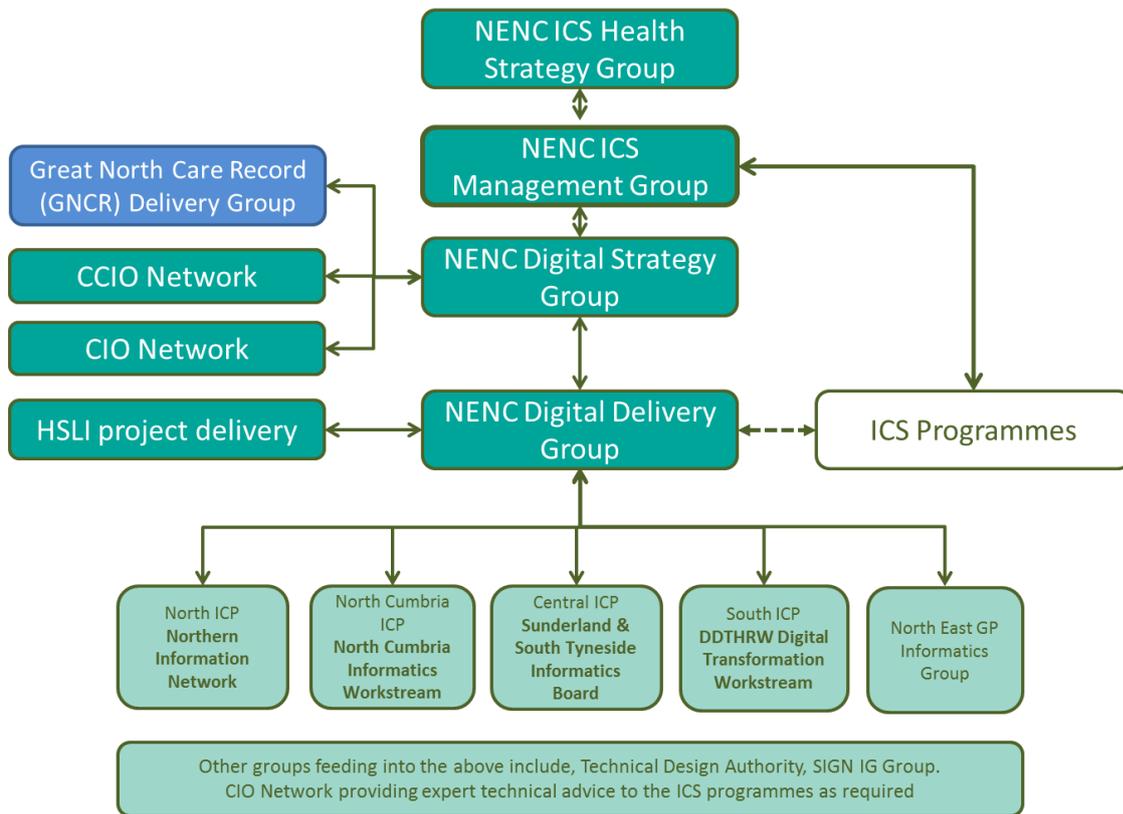
Risk

None directly

Procurement

None directly

Appendix 2: Integrated Care System Digital governance



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Update on digital developments within North East and Cumbria Integrated Care System and County Durham Integrated Care Partnership

A new regional digital strategy

- The North East and Cumbria Integrated Care System has developed a new strategy, which is focused around 5 theme areas with 20 projects aligned under these with activity being undertaken at ICP level.
- Agencies within the County Durham ICCP are leading/contributing to these programmes, as well as delivering a range of local digital projects
- Local County Durham Digital group in place



North East and Cumbria Integrated Care System - Digital Developments

- **Vision-** To enable the delivery of high quality, easy to access and efficient health and care services to the people of the North East and North Cumbria through digital solutions
- **Objectives-**
 - Sustainable, efficient health and care services
 - Patients empowered to make decisions about their own care
 - Deliver high quality health and care services
 - Improve the health and care of the population

North East and Cumbria Integrated Care System - Digital Developments

5 programme themes:

Robust, secure and appropriate infrastructure

Mature Digital Provers and associated services

Interoperable and Collaborative systems and resources

Digital innovations to deliver self-sufficient care delivered closer to home in neighbourhoods and communities

Dynamic system planning and delivery, use of robust data, effective analytical services underpinned by evidence and research

Altogether better

North East and Cumbria Integrated Care System - Digital Developments

20 Programmes (Activities)

Robust, secure
and appropriate
infrastructure

- HSCN Implementation – health and local government collaboration
- Warranted systems and cyber security
- WiFi (a) Trusts (b) Primary Care (c) Mobile (e.g 5G)

Mature Digital
Providers and
associated
services

- Electronic Patient Records (ERP)
- CareScan+
- Primary Care services maturity
- ePrescribing
- Pathology (inc. Haematology) Integrated LIMS common IT platform and implementation of a new digital imaging solution

North East and Cumbria Integrated Care System - Digital Developments

20 Programmes (Activities)

Interoperable and Collaborative systems and resources

- Great North Care Record (GNCR): HIE, Patient Engagement Platform and Population Health Management
- GP Connect (National solution for limited record sharing)
- Transforming radiology using appropriate technology
- Maternity services – digital hand held record and interoperable systems
- Fragility toolkit (i-CARE)
- Digitally enabling our workforce and contribute to creating a learning health system
- Enable Regional Passport (staff able to work across sites)

Digital innovations to deliver self-sufficient care delivered closer to home in neighbourhoods and communities

- online and video conferencing
- Technology Enabled Care Services (HealthCall, telecare, intelligent homes)
- Digital First Primary Care
- Expand Mobile Working
- Artificial Intelligence and machine learning

Altogether better



North East and Cumbria Integrated Care System - Digital Developments

20 Programmes (Activities)

Dynamic system
planning and
delivery, use of
robust data,
effective
analytical
services
underpinned by
evidence and
research

- Enable Population Health Management
- Improve analytics capability across the region
- Clinical Digital Resource Collaborative
- Recorded data in a standard way (e.g. SNOMED)

County Durham Integrated Care Partnership activity

- Durham partners are undertaking a range of activity to support the ICS strategy
- Key projects across partners include:

CDDFT, TEWV and DCC are all in the process of implementing their own new ICT case management systems

E Prescribing is implemented in all GP surgeries

GP Connect software to improve integration between SystemOne and Emis.

All CCG GP practices offer online consultation

Development and roll out of HealthCall

Supporting the provider market project is working with providers care providers to complete the NHS Data Security and Protection Toolkit (DSPT) toolkit, to enable access the NHS Mail

Great North Care Record

- Three elements-
 - Health Information Exchange- to support direct care providers to access patient information from other partners systems
 - Patient Engagement Forum- allow patients/clients to receive communications from the health and care system
 - Population management- use insights from patient data to improve population outcomes
- Phase 1- roll out of Health Information Exchange (HIE) with GPs, Global Digital Exemplar sites and Fast Followers, Sunderland council and North Tyneside Council
- Phase 2- rolling programme of HIE roll out with 6 agencies at a time.



Conclusion

- County Durham partners are delivering a range of digital projects at an ICS and ICP as well as ICCP level.
- Further work is planned to develop a County Durham ICCP digital strategy/action plan aligned to the 5-year system plan.

Health and Wellbeing Board

29 January 2020

County Durham's Approach to Wellbeing – Case Study 1



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

Electoral division(s) affected:

Countywide.

Purpose of the Report

- 1 The purpose of this report is to share the details of a case study in using the County Durham Approach to Wellbeing.

Executive summary

- 2 The Health and Wellbeing Board approved the County Durham Approach to Wellbeing on 27 November 2019 and proposed that case studies be presented at future meetings to highlight the way in which the wellbeing principles were being adopted by partners.
- 3 This case study highlights the use of the Wellbeing Approach in two areas that are in the early stages of developing services for young people.
- 4 In the first project, partners have been looking at new approaches to the delivery of early help through using a place-based approach. The second project aims to work with families to improve access to food for pupils during school holidays.
- 5 Using the Wellbeing Principles to guide project development, the working groups have been identifying communities to work with, highlighting opportunities to engage parents, and identify and mobilise local assets. The Wellbeing Principles have also been used to support a bid for a £1m Grant from DfE to roll out a coordinated approach to the delivery of holiday activities with healthy food across County Durham.

Recommendation

6 The Health & Wellbeing Board is recommended to:

- (a) Note the use of the Approach to Wellbeing in this case study and the opportunity it has brought to encourage greater community engagement and co-production in the development of new services.

Background papers

Contact: Amanda Healy Amanda.healy@durham.gov.uk

Appendix 1: Implications

Legal Implications

This work supports the Council's statutory responsibility to improve and protect the health and wellbeing of local residents¹.

Finance

There are no financial implications arising from adoption of the Approach to Wellbeing at present.

Consultation

Formal consultation on the Approach to Wellbeing is not appropriate, although adoption of the Approach does encourage partners to ensure greater community engagement in the development of services.

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.

Staffing

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

Accommodation

¹ Health and Social Care Act 2012

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.

Using County Durham's Approach to Wellbeing

Health and Wellbeing Board

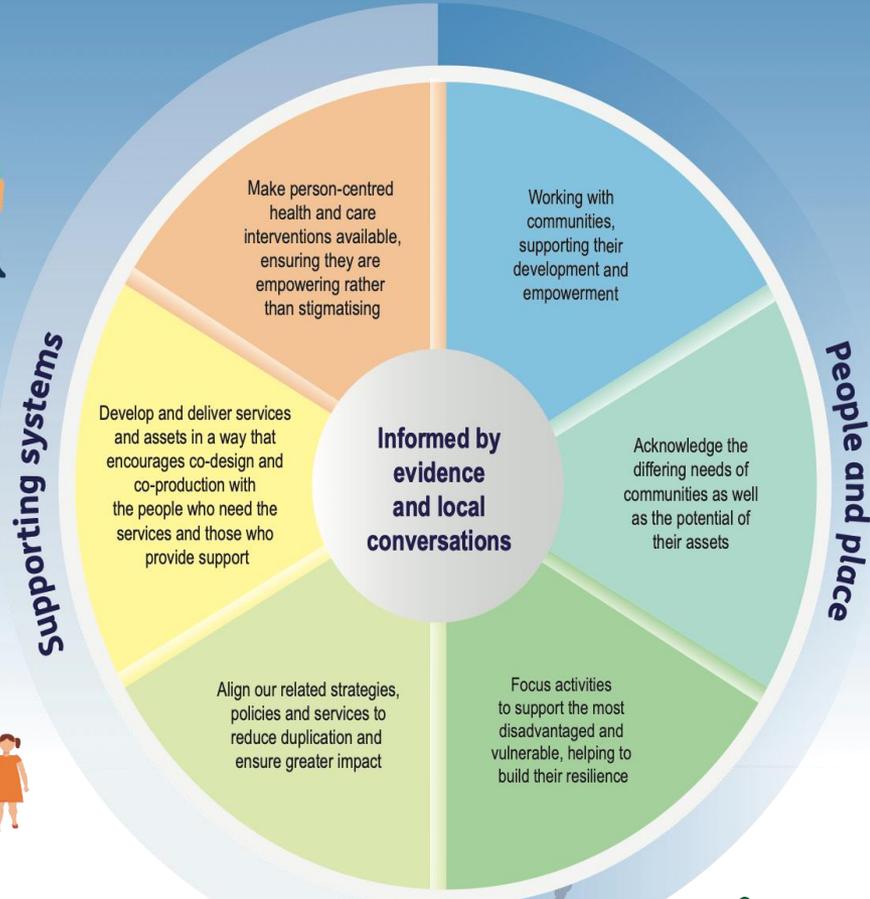
29 January 2020

County Durham's Approach to Wellbeing

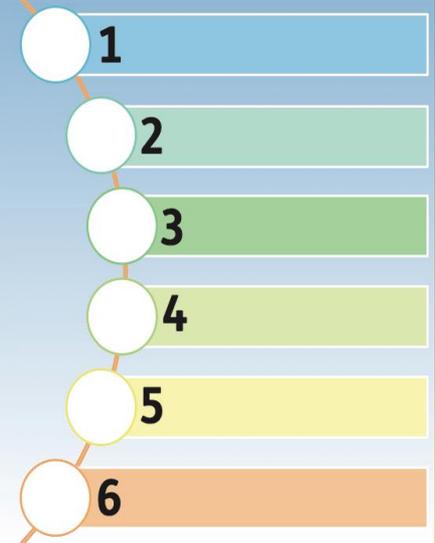
Things affecting resilience and wellbeing



Our principles



Our commitments



Wellbeing Approach

People and Places

Empowering communities

working with communities to support their development and empowerment

Being asset focused

acknowledging the different needs of communities and the potential of their assets

Building resilience

helping the most disadvantaged and vulnerable, and building up their future resilience

Supporting Systems

Working better together

working together across sectors to reduce duplication and ensure greater impact

Sharing decision making

designing and developing services with the people who need them

Doing with, not to

making our health and care interventions, empowering and centred around you as an individual

Using what works:

everything we do is supported by evidence informed by local conversations.

Project 2 – Holiday Activities with Food

- 21.4% of children under 16 live in low income families. Across County Durham this varies from a low of 0.8% to a high of 59%
- 13,000 school pupils eligible for free school meals across County Durham
- Issue identified in accessing food and positive activities during school holidays
- DCC is investing £300,000 in a range of initiatives
- Distribution via Area Action Partnerships
- DfE Grant bid submitted for £1m for summer 2020 to develop a coordinated approach to the delivery of holiday activities with healthy food across County Durham

Principles to be adopted

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- Clearly identify the community of interest
- Engage that community in identifying the issues that affect them and the local assets that can be mobilised
- Seek opportunities to devolve power and share decision-making
- Enable communities to co-design solutions
- Identify opportunities to address inequalities
- Ensure that any services you commission adopts the wellbeing principles
- What does the evidence tell us?

Altogether better



The Principles of County Durham's Approach to Wellbeing

Developing a Place Based Approach to 'Early Help'

Informed by Evidence and Local Conversations	Comments
Are your activities based on evidence and informed by conversations with the community you are working with?	A range of communities have been identified to work with but further discussions are needed to refine and confirm this. The evidence base for activities needs to be sourced and confirmed.
People and Place	Comments
1. Do you work with communities to support their development and empowerment?	A range of opportunities have been identified to engage parents (eg parent evenings, family centres, baby clinics). Discussions ongoing with regard to developing a consistent approach to engagement including structured interviews and focus groups.
2. How have you acknowledged the differing needs and assets of communities in your day to day work?	Needs have been identified via public health intelligence team. Event being planned to share information across agencies on assets available to communities. Consideration being given to scaling up current assets that have been found to help/work.
3. Do you focus your activities to support the most disadvantaged and vulnerable, helping to build their future resilience?	To be informed through engagement with professionals working in the field, parents, young people and communities.
Supporting Systems	Comments
4. Are your strategies, policies and services aligned with those of other sectors to ensure waste and duplication are reduced, and ensuring greater impact?	Identification of assets through the VCS Alliance to be shared more widely. Event planned to bring together agencies to look at duplication and gaps in services. Greater alignment of activities being considered, for example between family centres and schools, as well as hand-offs between health visiting and primary schools.
5. Are your services co-designed and co-produced with the people who need them, as well as their carers?	Engagement of parents and young people is planned to develop the approach to engagement (ie development of interview prompts).
6. Are your interventions person-centred and do they empower rather than stigmatise?	

The Principles of County Durham's Approach to Wellbeing

Developing the Holiday Activities with Food Programme

Informed by Evidence and Local Conversations	Comments
Are your activities based on evidence and informed by conversations with the community you are working with?	We have brought a range of stakeholders together to share evidence of what has worked previously.
People and Place	Comments
1. Do you work with communities to support their development and empowerment?	We have sought the engagement and ownership of young people in naming the project.
2. How have you acknowledged the differing needs and assets of communities in your day to day work?	We have identified the range of providers already working in this field but need to do more to refine this.
3. Do you focus your activities to support the most disadvantaged and vulnerable, helping to build their future resilience?	
Supporting Systems	Comments
4. Are your strategies, policies and services aligned with those of other sectors to ensure waste and duplication are reduced, and ensuring greater impact?	We have been working with providers to identify areas where there may be duplication as well as identifying potential 'cold spots' where services are sparse.
5. Are your services co-designed and co-produced with the people who need them, as well as their carers?	
6. Are your interventions person-centred and do they empower rather than stigmatise?	

Wellbeing – making a difference to Place Based Approach to Early Help Projects

The wellbeing approach has helped to:

- shape conversations and clearly define communities to work with;
- identify and share information on currently known assets through the VCS Alliance;
- highlight the potential for greater alignment of activities; and
- discuss approaches to community engagement including the development of a set of prompts and questions which can form a systematic approach to engagement.

Wellbeing – making a difference to Holiday Activities with Food

Our commitments are to:

- Work with families and seek their advice on how best to mobilise and target local assets more appropriately;
- Design and develop services with the people who need them, whilst seeking views on how we can best make those services sustainable;
- Work with intelligence colleagues as well as partners in local voluntary and community sectors to identify those who are most vulnerable and disadvantaged, for example targeting those with SEND or those who attend food banks;
- Work with families to develop an understanding of why some people either chose not to access, or are unable to access services; and
- Work with partners to firm up service delivery to prevent duplication and improve signposting.

Altogether better



Health and Wellbeing Board

29 January 2020

**'Think Autism' Strategy –
Update Report**



Report of Jane Robinson, Corporate Director of Adult and Health Services, Durham County Council, and John Pearce, Corporate Director of Children and Young People's Services, Durham County Council

Electoral Division affected

Countywide

Purpose of the report

- 1 This purpose of this report is to update the Health and Wellbeing Board as to progress following the launch of the all age 'Think Autism': Autism Strategy and Action Plan across County Durham (2018/19-2020/21).

Executive Summary

- 2 The 'Think Autism' all age joint strategy was formally launched at an event at County Hall on 5 April 2019, including a presentation event, information stalls and celebration activities. Since approval of the Strategy in April 2019, partners have championed this within their own organisations and an approach of co-production in progressing actions has been strong across partners.
- 3 Priorities from the action plan have been agreed and task and finish groups established to progress the development of solutions. Progress has been made in all six of the priority areas identified within the strategy although some developments are at an early stage of implementation.
- 4 The Autism Self-Assessment Framework (SAF) was completed in December 2018. Feedback was received by Public Health England in June 2019 and can be found at <https://www.gov.uk/government/publications/autism-self-assessment-framework-exercise>
- 5 The SAF has helped to shape the strategy action plan and agree priorities.

Highlights of Progress, in summary

- 6 **People on the autism spectrum and their families contribute to planning** – The autism steering group has parent/ carer representatives and an adult on the autism spectrum who attends the meetings with close links to Investing in Children working to ensure the views of children and young people are captured. There are also regular separate stakeholder engagement groups for people on the autism spectrum and parent/carers that feed into the steering group. Task and finish groups include parent/ carers representation and the Autism Employment Subgroup is led by carers.
- 7 **All staff working with people on the autism spectrum have the right knowledge and skills and staff who need more specialist training access it** - A task and finish group has been established with final workforce development recommendations reported for approval in November 2019 and forecast implementation across workforce from March 2020.
- 8 **There is timely and appropriate access to diagnostic pathways for those who need it** – there have been a number of improvements made in relation to the autism diagnostic pathway for children and young people, which are in line with NICE guidance.
- 9 **The support offer available is clear and appropriate to need** – a revision of the Local Offer is currently underway which will include an Autism ‘landing page’ which will ensure that appropriate information is available from a central point. It is anticipated that this will be completed by the end of March 2020.
- 10 **All support promotes well-being and independence** - Two prototype initiatives to support families of children on the autism spectrum are planned for later this autumn. Additionally, in response to requests Durham County Carers have set up a pilot for a new group in Consett on 18 September 2019. The impact of these groups will be monitored.
- 11 **There are reasonable adjustments enabling access to public services for people on the autism spectrum and people on the autism spectrum are able to participate fully in their local community** - A Strategic Review of short break opportunities within communities has been completed, which included a key line of enquiry in relation to this area of the strategy with recommendations will be made to management teams early in 2020.

- 12 **There is easy and positive access to employment and benefits pathways and there is support to help retain employment or access volunteering or learning** – Durham Works held an Employer Event to promote the benefits of employing young people with Autism in an attempt to increase the opportunities available with County Durham and have employed a Supported Internship Co-ordinator who are supporting the Autism Employment Sub group to develop models of social enterprise(s), Community Interest Companies (CICs) as well as the realistic views of developing a mainstream business model and/or self-employment status. The group hosted a partnership event on 4 October 2019.
- 13 A new strategic group led by DCC looking at Employment Opportunities for People with Disabilities, includes the needs of people with Autism, in line with the autism strategy.

Recommendation(s)

- 14 Members of the Health and Wellbeing Board are recommended to:
- (a) Note the findings of this report.
 - (b) Agree the next steps as outlined in the report
 - (c) Continue to support the implementation of the All Age Autism Strategy

Background

- 15 In September 2018, the Health and Wellbeing Board agreed that there should be a combined all age 'Think Autism in County Durham' Action Plan and an overarching all-age strategy for 2018-20. This has been developed with both the Autism Strategy Implementation Group (ASIG) and Children and Young People Autism Steering groups.
- 16 A new joint strategic approach was developed through partnership working with adult and health services and children and young people's services, which was later endorsed by Durham County Council's Cabinet on Wednesday 3 April 2019. National Autism Awareness Week (2 – 7 April 2019) saw partners across County Durham raising awareness with a focus on:
 - (a) The needs of people on the autism spectrum are known and understood
 - (b) The workforce understands and meets the needs of people on the autism spectrum
 - (c) People on the autism spectrum participate equally within their community
 - (d) The all age joint strategy was formally launched at an event at County Hall on the 5 April 2019, including a presentation event, information stalls and celebration activities.
 - (e) This was received extremely well from a number of partners, individuals on the autism spectrum and their families. The event was co-produced in partnership and feedback confirmed unanimously that this felt like a shared partnership approach, which should be repeated annually.

Current Position

- 17 Since approval of the Strategy in April 2019 partners have championed this within their own organisations and the approach of co-production in progressing actions has been strong across partners.
- 18 Priorities from the action plan have been agreed and task and finish groups established to progress the development of solutions. A clear methodology has been adopted to consider needs, review existing arrangements, identify gaps and co-produce options available to fulfil the action plan priority areas identified.
- 19 The over-all Strategy and progress against the Action Plan has been steered to date through the Autism Steering Group for Children and

Young People and the Autism Strategy Implementation Group for Adults 14+.

- 20 Appendix 2 highlights some of the progress against the six main aims outlined in the strategy. More detailed information is contained within the autism action plan which is available if required. An update on the 2018 Autism Self-Assessment Framework (SAF) including how Durham compared with other authorities is provided at appendix 3.

Next Steps

- 21 It has been agreed by members of the Steering Group for children and young people and the Autism Strategy Implementation Group for adults to merge both groups as a pilot exercise from November 2019. This will ensure a more streamlined approach and that cross-cutting areas are tackled in co-production.
- 22 Priorities for the next six months will be:-
- (a) Development of an over-arching communication plan across all partners to ensure this continues to be implemented and embedded across all Organisations.
 - (b) Develop a clear framework to enable the impact of the strategy actions to be captured.
 - (c) Recommend and approve a workforce development programme.
 - (d) Approve model for family resilience across County Durham.
 - (e) Develop a service specification for Autism champions in County Durham.
 - (f) Ensure autism pathway timescales are in line with NICE guidelines and continue to monitor this.
 - (g) To complete a strategic review of post diagnosis support and make recommendations to the all age Steering Group.
 - (h) Plan how World Autism Awareness week will be promoted across County Durham in April 2020.
 - (i) Identify wider communities and continue to grow partners sign up to the strategy

Conclusion

- 23 Progress is being made in several key areas of the autism strategy, with further work required to meet the full aims and objectives. The all age-approach will help facilitate further improvements as the scope of partnership working is widened. Information from the self-assessment and ongoing feedback from stakeholders, including during Autism

Awareness week in April, will help to shape and drive forward the strategy implementation plan and track progress.

Background papers

- None

Other useful documents

- None

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Appendix 1: Implications

Finance – No implications.

Staffing – No implications.

Risk – There is a risk that an opportunity is missed to improve the service by working more collaboratively

Equality and Diversity/Public Sector Equality Duty –Accommodation – None highlighted

Climate Change – No implications

Crime and disorder – It is hoped that by improving the service available to prisoners and ex-offenders that re-offending will reduce

Human rights – No implications

Consultation – No implications

Procurement – Approval will be required for a variation to Contract Procedure Rules to enter into a contract with the new healthcare provider in prisons to also provide social care in prisons.

Disability issues – No implications

Legal implications – No implications

Appendix 2:

1. The needs of people on the autism spectrum are known and understood

1.3 People on the autism spectrum and their families contribute to planning – The autism steering group has parent/ carer representatives and an adult on the autism spectrum who attends the meetings with close links to Investing in Children working to ensure the views of children and young people are captured. There are also regular separate stakeholder engagement groups for people on the autism spectrum and parent/carers that feed into the steering group. Task and finish groups which are created to complete actions always have parent/ carers invited to be part of these. The Autism Employment Subgroup is led by carers.

2. The workforce understands and meets the needs of people on the autism spectrum

2.1 All staff working with people on the autism spectrum have the right knowledge and skills & 2.2 Staff who need more specialist training access it - A task and finish group has been established to develop an appropriate workforce development programme. The initial recommendations of this group are to develop a graduated tailored programme of training appropriate to the level of involvement. Final workforce development recommendations will be reported for approval by November 2019 and forecast implementation across workforce from January 2020.

3. People on the autism spectrum have good physical and mental health

3.2 There is timely and appropriate access to diagnostic pathways for those who need it – there have been a number of improvements made in relation to the autism diagnostic pathway for children and young people, in line with NICE guidance.

4. People on the autism spectrum and their families receive the right amount of support at the right time

4.1 The support offer available is clear and appropriate to need – a revision of the Local Offer is currently underway. Part of this revision work will include an Autism 'landing page' which will ensure that appropriate information is available from a central point. It is anticipated that this will be completed by the end of March 2020.

4.2 All support promotes well-being and independence – A task and finish group has been established which is working jointly with parent/ carers and

professionals on a model for County Durham in relation to family resilience which considers what the needs are, what currently exists, identify gaps develop a options to best meet the needs of families and support independence and resilience. Two prototype initiatives to support families are planned for later this autumn.

Carers have requested/suggested more peer support Adult Carers groups across the county. Durham County Carers have set up a pilot for a new group in Consett Sept 18th 2019 The impact of this group will be monitored. The current post diagnostic service is being reviewed in line with the autism strategy.

5. People on the autism spectrum participate equally within their community

5.1 There are reasonable adjustments enabling access to public services for people on the autism spectrum & 5.2 People on the autism spectrum are able to participate fully in their local community – a Strategic Review of short break opportunities within communities has been completed, which included a key line of enquiry in relation to this area of the strategy. A number of key recommendations will be made early in 2020.

6. People on the autism spectrum access aspirational employment, volunteering or learning opportunities

6.3 There is easy and positive access to employment and benefits pathways -

A Supported Employment Service is planned which is specifically designed to offer an easy and positive route into paid employment, using the British Association for supported employment (BASE) model. Durham County Council's Human Resources Service is applying for Disability Confident Leader status, has amended the recruitment pack to identify applicants on the autism spectrum and is improving the process for reasonable adjustments to help applicants gain employment and then retain it. The Ausome Enterprise event on 4th November 2019 was well attended and discussions have started with Smile for Life to expand into Durham to provide jobs and training. Strong links have been established with Disability Employment Advisors and the Autism Passport has been promoted to enable benefit claimants to convey their difficulties to work coaches more easily.

6.4 There is support to help retain employment or access volunteering or learning – Durham Works held an Employer Event to promote the benefits of employing young people with Autism in an attempt to increase the opportunities available with County Durham and have employed a Supported Internship Co-ordinator. Currently a Team Leader (SEND Specialist) and our

Supported Internship Coordinator are supporting the Autism Employment Sub group to develop: *“the opportunities to seek and overcome historical barriers to enable a working group to develop a suitable range of employment opportunities for autistic people of all ages in Durham. This will focus on models of social enterprise(s), Community Interest Companies (CICs) as well as the realistic views of developing a mainstream business model and/or self-employment status.”* Some of these actions include the promotion of Social Enterprises for young people with SEND. The group hosted a partnership event on 4th October 2019.

A new strategic group led by DCC looking at Employment Opportunities for People with Disabilities, includes the needs of people with Autism, in line with the autism strategy

Appendix 3: Briefing on the Autism Self- Assessment Framework

Report of Paul McAdam Commissioning Policy and Planning Officer

Purpose of the report

- 1 This report provides an update on the 2018 Autism Self-Assessment Framework (SAF) including how Durham compared with other authorities.

Executive Summary

- 2 The 2018 Autism Self-Assessment Framework was the fifth autism self-assessment exercise on the implementation of the 2010 Adult Autism Strategy (as amended by Think Autism in 2014).
- 3 The purpose of the SAF is to enable local strategy groups to review their current processes in the implementation of the Autism Statutory Guidance and Autism Strategy locally, and to identify future priorities and plan in partnership with health partners, other key organisations and local people with autism and their families.
- 4 Completion of the SAF was co-ordinated by Commissioning in conjunction with staff from other stakeholders in DCC from Adult and Health Services, Children and Young Peoples Services, Culture and Sport and Housing. Health colleagues in Clinical Commissioning Groups and Tees Esk and Wear Valleys NHS Trust, other providers and service user and parent stakeholders also inputted into the SAF.
- 5 The SAF was completed and submitted in December 2018 and has been collated and analysed by Public Health England.

Background

- 6 The 2018 Autism Self-Assessment Framework was the fifth autism self-assessment exercise on the implementation of the 2010 Adult Autism Strategy (as amended by Think Autism in 2014).

- 7 Although the primary focus of the SAF is adults with autism it includes questions in relation to supporting young autistic people as they prepare for adulthood.
- 8 The purpose of the SAF is to enable local strategy groups to review their current processes in the implementation of the Autism Statutory Guidance and Autism Strategy locally, and to identify future priorities and plan in partnership with health partners, other key organisations and local people with autism and their families.
- 9 A large proportion of the SAF is RAG rated into Red, Amber and Green categories, with red being the poorest and green the best rating.
- 10 Completion of the SAF was co-ordinated by Commissioning in conjunction with staff from other stakeholders in DCC from Adult and Health Services, Children and Young Peoples Services, Culture and Sport, Housing.
- 11 Feedback was also received from other organisations such as Clinical Commissioning Groups, NECS, TEWV, Durham Police as well as providers such as MAIN.
- 12 The response was also discussed at Autism Strategy Implementation Group as well as stakeholder events with service users and parents of service users who were given the opportunity to contribute.
- 13 The SAF was completed and submitted in December 2018 and has been collated and analysed by Public Health England.

Current Position

National Level

- 14 Findings of the 2018 SAF have now been collated and shared by Public Health England and can be found at:
<https://www.gov.uk/government/publications/autism-self-assessment-framework-exercise>
- 15 Headline points from the SAF were

- 142 out of the 152 upper tier local authorities responded to the SAF
 - 55 local authorities reported on balance a net improvement (reported they had got better on more questions than they reported they had got worse)
 - 23 local authorities reported no net change
 - 74 reported a net worsening
 - Waiting times for diagnosis services rose in 63% of areas reporting the figure in both 2016 and 2018
 - The number of people receiving a positive diagnosis rose in 63% of areas, doubled or more in 35% and quadrupled or more in 17%
- 16 For 1 of the 8 sections of the SAF (housing and accommodation), the position improved in that more local authorities reported positive movement from their 2016 position than reported negative movement.
- 17 For 5 of the sections it worsened, with the employment and planning sections showing the largest net negative movement in responses.

Local Level

- 18 There were 2 questions where the Durham rating was Red
- Is specific training provided to staff that carry out statutory assessments on how to make adjustments in their approach and communication?
 - When will your area be able to meet NICE recommended waiting time and expect to be able to keep within them? (Red being : do not anticipate being able to reach NICE recommended waiting times by March 2019 and to be able to sustain this thereafter)
- 19 With regard to whole sections, it was found that in Durham the position regarding employment had deteriorated since 2016.
- 20 There were 4 questions in this section but only 2 of these had also been asked in the last SAF in 2016, and in both of these the self-assessment rating fell from green to amber.

Summary of Sections

Planning

- 21 Seven questions covered the information available for planners and the information published by the local authority and, for the 3 questions shown below, the proportion rating their position as good or adequate was smaller than in 2016
- Inclusion of autism in the local Joint Strategic Needs Assessment (JSNA)
 - Inclusion of the needs of autistic people in the local strategic commissioning plan
 - Overall assessment of the adequacy of available data for planning and commissioning services for autistic people
- 22 Four questions covered the community involved in planning. Three of these were established questions and to all 3, smaller proportions of authorities gave themselves the more satisfactory ratings.
- 23 Four questions asked about the extent of reasonable adjustments for autistic people in general council services, local health services, information support and advice for health and social care and other public services.
- 24 The first 3 showed some movement towards less satisfactory ratings, the fourth towards more satisfactory ratings.
- 25 Within the North East Region, Durham compared well with the other authorities and, in comparison with 2016, scored worse on 1 question with the others being unchanged.

Training

- 26 48% of responding authorities reported having a multi-agency autism training plan, almost unchanged from 2016.
- 27 A substantially increased proportion (75%, up from 66%) reported that they record the uptake of autism training by health and social care staff, but a substantially lower proportion (21%, down from 28%) reported a

satisfactory position on specific autism training for staff conducting statutory assessments.

- 28 42% (almost unchanged from 43%) of respondents reported that their CCGs ensured that health providers undertake autism training with their staff. However, for all three elements of the criminal justice system (police, court services and probation) a smaller proportion of responding authorities reported that their local service engaged in autism awareness training for staff.
- 29 Within the North East Region, Durham was similar to the other authorities although, in comparison with 2016, scored worse on 4 questions with the others being unchanged.
- 30 Durham scored 'Red' regarding there not being specific autism training for staff doing statutory assessments – with 5 of the other North East authorities also scoring red, making 6 out of 12 in total.

Diagnosis

- 31 For the first time, all local authorities responded that they had a diagnostic pathway. However, many downgraded their rating of their local diagnostic service, most commonly because the waiting time had risen to exceed the 3-month limit specified in NICE guidelines.
- 32 A major factor leading to increases in waiting times has been an increase in the volume of work. There was a 40% increase in the population-based rate of diagnoses. Of the 94 local authorities who provided usable data for this rate in both 2016 and 2018, 63% of them saw the number rise, 35% at least twofold and 17% by 4 times.
- 33 A higher proportion of authorities than in 2016 reported that their diagnostic pathway was a specialist service and not part of mainstream mental health services. However, a smaller proportion reported that a positive diagnosis actually triggered an offer of a care assessment.
- 34 Access to psychology, speech and language, and occupational therapy services after diagnosis was reported to be similar or better than in 2016.
- 35 Generally, access was reported to be better for people with learning disabilities than for those diagnosed with autism who do not have

learning disabilities. But access to psychology and occupational therapy assessments was reported to have improved in a substantial number of places for those without learning disabilities.

- 36 Within the North East Region, Durham was similar to the other authorities and scored a 'Red' regarding waiting times, as did 8 of the 12 authorities.
- 37 In comparison with 2016, Durham improved on 3 questions with the remainder remaining unchanged.

Care and Support

- 38 The reported number of autistic adults assessed as eligible for adult social care services rose. 116 local authorities provided usable figures in both years and for 66% of these, the numbers showed a rise.
- 39 Information availability, pathways to care assessments for autistic people without learning disabilities, information about support opportunities and access to carer assessments for carers of autistic people were all reported as satisfactory by smaller proportions of responding authorities than in 2016.
- 40 Within the North East region, results were quite similar overall, with Durham one of the better performers in most of the questions.
- 41 In comparison with the 2016 results there was no movement at all in Durham responses whereas overall for the North East there were 9 instances of a negative movement and 10 instances of a positive movement.

Housing and Accommodation

- 42 The number of authorities reporting that their local housing strategy identified the needs of autistic people rose slightly, although this was still satisfactory in only 13% of cases.
- 43 There has been very little progress since 2016 in ensuring that housing providers have autism-trained staff available.

Employment

- 44 Overall, efforts to promote employment of autistic people and the employment focus of transition from school to adult services were both

rated positively by a smaller proportion of responding authorities than in 2016.

- 45 Within the North East, Durham performance was quite consistent with other authorities, although reported performance was poorer than 2016 with 2 questions showing a negative movement.

Criminal Justice System

- 46 There were 2 questions on the criminal justice system – showing movement in opposite directions. A lower proportion of responding authorities reported that criminal justice agencies were engaged in local planning for autistic adults, while a higher proportion reported that appropriate adult services were available in custody suites.
- 47 Durham was the best reporting authority in the North East region in this area with performance unchanged since 2016.

Progress since the Self-Assessment

- 48 'Think Autism' in County Durham – An Autism Strategy for Children, Young People and Adults was launched in April 2019 and is an all-age strategy for 2018 – 2020.
- 49 The strategy was developed through partnership working between Children and Young Peoples Services and Adult and Health Services.
- 50 There have previously been 2 autism steering Groups – 1 for adults and 1 for children's – which include representation from social care, health, education, service providers, parents and carers.
- 51 A decision has now been taken to merge the 2 groups to have 1 Autism Steering Group with all-age membership.
- 52 A number of sub groups and Task and Finish Groups will meet and report to the Autism Steering Group.

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Health and Wellbeing Board

29 January 2020

**Mental Health Strategic
Partnership Board update**



Report of Mike Brierley, Director of Commissioning, Strategy and Delivery – Mental Health and Learning Disabilities, Clinical Commissioning Groups

Electoral division(s) affected:

None

Purpose of the report

- 1 The Mental Health Strategic Partnership Board (MHSPB) developed a one-page Strategic Plan for 2019/20 which was subsequently consulted upon across a range of community groups. This report outlines a number of key outcomes and deliverables against the plan by the five workstreams.

Executive summary

- 2 The challenges to the residents of County Durham in relation to mental health remain significant.
- 3 The Mental Health Strategic Partnership Board (MHSPB) plan details how partners and stakeholders continue to work together to identify and address the issues for our residents.
- 4 The five workstreams that sit under the MHSPB will continue to work together to deliver against the priorities agreed within the strategy, and, will look to sustain what we know works and focus on.
- 5 There has been huge progress and delivery of a number of key initiatives which are detailed in the report and it is recognised there are still challenges in respect to the Mental Health and Wellbeing of our residents.

Recommendations

- 6 Members of the Health and Wellbeing Board are recommended to:
- (a) Note the progress made.
 - (b) Agree to receive a further update relating to ambitions and priorities beyond 2020, linked to the developing new Joint Health & Wellbeing Strategy.

Background

- 7 The Mental Health Strategic Plan was developed from the emerging priorities of its five workstreams, dementia strategy implementation, children and young people, suicide prevention, Resilient Communities, and the Crisis Care Concordat.
- 8 The Plan set out a range of priorities being taken forward by each workstream along with details of key interventions and outcome indicators. It also included five cross-cutting themes: Think Family, Evidence and Intelligence, Workforce, Governance, and Communication and Engagement.
- 9 The Strategic Plan was presented to the Health and Wellbeing Board in November last year, following which two consultations have been undertaken on its content. The first pertaining to the all age Strategic Plan which ended in March 2018, the second pertaining to the work relating to children and young people which ended in September 2018.

Key Workstream Deliverables

Dementia

- 10 The Dementia Advisor Service in County Durham, which is commissioned by the Council, employs 5 dementia advisors and 2 dementia support workers. The service has been in place since February 2016 and has received over 3,000 referrals to the service, mostly coming from social work teams.
- 11 County Durham and Darlington Fire and Rescue Service continue to be a key partner of the service and regularly make referrals through their Safe and Wellbeing Visits.
- 12 One of the Dementia Advisors has obtained clearance to be allowed access to HMP Frankland to hold regular drop-ins on site, referrals have been made into the service for people living in prison. The Dementia Advisor is also training prisoners to be Dementia Friends Champions.
- 13 Referrals with GP surgeries remain low and a proposal integrating the Dementia Advisor Service with primary care is being considered. In the meantime the Dementia Advisor Service have identified a potential pilot working with a GP surgery in East Durham and possibly Durham Dales whereby all patients living with dementia registered at the practice will receive an offer of the Dementia Advisor Service.

- 14 As well as providing advice and support to people with memory problems and their carers, the Dementia Advisor Service offers help in the support of dementia friends training and dementia friendly communities and there are currently over 25,000 dementia friends in County Durham and 25 dementia friendly communities. An evaluation report for the Durham Advisor Service has been completed.
- 15 A questionnaire was sent to all organisations and professional on the service's contact list and a separate questionnaire was sent to service users. The overall response to the service was very positive.
- 16 There is a lot of working going on within communities throughout County Durham. Examples are, dementia café's, singing for the brain, games for the brain etc. Beamish Museum have Orchard Cottage, which do gardening and reminiscing days for people with dementia. East Durham Creates – have been given funding for a 30 week project - Dementia Art Group, for people with early onset dementia.
- 17 There has been another project which is based on Making Improvements for Carers, and there has been a workshop around this. At present those that have memory problems or a diagnosis of dementia are coded with a 'read code' by GP's this is being looked at as a way of keeping in contact by 'a read code' being used to issue a reminder letter together with the leaflet. This is issued automatically on a possible 3 – 6 month basis.

Children and Young People

- 18 There has been a lot of progress made on a number of key priority actions within the Local Transformation Plan (LTP):
- 19 The LTP is now co-chaired with a parent with experience Wendy Minhinnet and we are exploring establishing a CYP and parents advisory group to sit alongside the LTP
- 20 A detailed multi-agency action plan, which identifies activity taken forward to deliver against the LTP Plan on a Page, has been drafted and is being finalised at the next meeting of the LTP in August 2019. Once agreed by the LTP group this will be submitted to the ISGC for endorsement.
- 21 A performance product has been developed, which will sit alongside the action plan, this will detail key priority areas and demonstrate performance in terms of both quantitative and qualitative information. Again, this will be finalised by the LTP group at the meeting in August.

- 22 The LTP has undertaken a co-production approach to consider what a digital offer would look like for CYP across County Durham. The work with CYP developed a business case which went to the mental health and learning disabilities partnership commissioning group. We have been informed that we have been successful in securing recurrent NHS funding to commission Kooth – an online counselling programme for low to moderate mental health issues. This is now available to all 11 – 18 year olds across County Durham and began rollout in autumn 2019.
- 23 The wave two trailblazer bid for County Durham has been successful with just under £1 million investment secured for County Durham. This has been a strong multi-disciplinary area of work which will benefit up to 60 education establishments working with 5 – 18 year olds. The additional posts that make up the offer to schools are currently being recruited and trained.
- 24 The LTP has established a sub group to review the work being undertaken on self-harm prevention and management. This sub group has joint oversight with the suicide prevention alliance too. The first meeting is in September as up until now pre meets with individual partners have been taking place
- 25 Workforce remains an area where we are not making enough headway quick enough. PH are now working with CYP services training lead to establish a training programme for DCC children’s early help and social care teams. The workforce within education settings is being led by the educational psychology team. Work is underway with DCC’s Learning and Development Service to ensure that frontline staff are supporting to manage and maintain their own emotional wellbeing and mental health as well as developing the training offer which will enhance their confidence and self-esteem to support vulnerable children, young people and their families.
- 26 A workforce development programme has been implemented that aims to improve the emotional wellbeing of young people who are looked after or who have experienced care by improving access to and the quality of relationship, sexual health education that they have access to. Upskilling this area of the workforce ensures that staff supporting the most vulnerable young people in County Durham are equipped to help young people make more informed choices. The offer is open to all foster carers, residential staff and staff within the Young People’s Service. Work is ongoing to improve the offer to staff within the Families First and One Point Service.

- 27 Following the pathway review in April 2019, further development work under key priority areas has taken place
- 28 Work has been undertaken to ensure that the emotional wellbeing and mental health offer is co-ordinated in a format which is simple to understand and accessible. An interactive PDF is under development which maps current provision in line with the Thrive model and provides information on resources/services and how they can be accessed. Once completed, this will be shared with partners and work is ongoing with Durham County Council (DCC) Communications and Marketing Team to ensure that the document is housed in an accessible location.
- 29 It was agreed that services in County Durham should change the way professionals talk about children in care. The TACT Report, Language that Cares, published in March 2019 has been circulated to all partners and work is ongoing to ensure that this is reflected in frontline practice as well as strategic documents and policies.
- 30 Acting on direct feedback from young people who are members of the Children in Care Council, Harrogate and District NHS Foundation Trust (HDFT) Growing Healthy Service have committed to ensuring that the same practitioner will carry out each Review Health Assessment regardless of where the child or young person may live. In addition, the Strengths and Difficulties process has been updated and new guidance documentation produced. This has been launched with relevant staff and improvements in the quality and effectiveness of this tool should be visible in the near future.

Suicide prevention

- 31 The County Durham Suicide Prevention Alliance oversees the work of a multi-faceted approach to suicide prevention. Meeting quarterly the Suicide Prevention Alliance delivers outcomes against the Suicide Prevention Action Plan that works across the life course to address the needs of children, young people, adults' families and the wider community.
- 32 The Suicide Prevention Coordinator role has been pivotal to achieving a number of key actions identified in the Suicide Prevention Action Plan. The actions are based on recommendations made by Public Health England and include:
 - (a) Reduce the risk of suicide in key high-risk groups
 - (b) Tailor approaches to improve mental health in specific groups
 - (c) Reduce access to the means of suicide

- (d) Improve responses and provide better information and support to those bereaved or affected by suicide
 - (e) Support the media in delivering sensitive approaches to suicide and suicidal behaviour
 - (f) Support research, data collection and monitoring
- 33 The current Suicide Prevention Action Plan (2018-21) has 20 actions completed and archived and 11 ongoing actions. The Plan is due to be refreshed with several areas for action added in March 2020. This will require continued oversight until its completion and beyond in order to hit national reduction target requirements by 2021
- 34 Progress of the Alliance is reported to Public Health Senior Management Team, Adults and Health Management Team and on a quarterly to the Mental Health Strategic Partnership Board.
- Key Outcomes from Suicide Prevention Alliance Action Plan Delivery.**
- 35 The Suicide Prevention Coordinator role provides capacity within the Public Health team to deliver, with other partners on the key actions of the Suicide Prevention Alliance Action Plan.
- 36 The activity overseen by the Suicide Prevention Coordinator since July 2018 has included a number of key areas of work.
- 37 The role has contributed to an extensive review of the current Durham Early Alert System (December 2018 – April 2019). This review conducted with partners, now provides quality assurance for the County Durham’s system for data collection and the timely referral for post-vention support for those affected by potential suicide. This reflects the evidence of best practice; local infrastructure requirements; data surveillance, information governance responsibilities, workforce development and communications.
- 38 Additional work undertaken on the Real Time Data Surveillance (RTDS) system has included a development of a Standard Operating Procedure (SOP). There has also been a redesign of the signposting letter and support literature. The postvention pathways have been refreshed, new training is being developed for partners, and new models for exploring how best to support the at-risk individuals following a death by suicide is being embedded in these processes.
- 39 The Regional ICP has recently endorsed the SOP for the RTDS as an example of best practice for Suicide Prevention and have recommended its process be adopted by the north east region.

- 40 A suicide audit of HM Coroner's files relating to deaths by suicide and undetermined injury currently being undertaken. The Audit findings underpin the continued work of the Suicide Prevention Alliance and provide the evidence base for local need, key trends, high risk locations.
- 41 The identification of local areas requiring bespoke signage for suicide prevention has been undertaken. Three sites in County Durham received refreshed Samaritan signage in February 2019.
- 42 Working with Spatial Planning and Environmental Services to conduct a feasibility study for further developments of a potential high-risk site, completed during the summer 2019.
- 43 The initiation of a multi-agency task and finish group by the Suicide Prevention Coordinator has enabled the British Transport Police, Network Rail, LNER, TransPennine Express, Northern Rail, the Samaritans, a local AAP representative and TEWV to work together to keep people in mental health distress safe from harm at County Durham stations and railways.
- 44 The Suicide Prevention Coordinator has also established links with media colleagues to provide guidance for sensitive reporting on suicide in order to reduce suicidal behaviour in high risk groups. The Samaritans media guidance has been shared with many local media outlets reflecting their use by all national press organisations.
- 45 Building relationships and liaising with those commissioned to provide support for issues impacting on mental health and wellbeing, including local GP's, TEWV, If U Care Share, Welfare Rights, Relate, Cruse, AAP's, Voluntary and Community sector has also been achieved.
- 46 Any unexpected death of a child triggers a Rapid Response meeting to determine how to support the immediate family and understand the circumstances of the death. The Suicide Prevention Coordinator is the point of reference for bereavement support dissemination for this process on request.
- 47 The Suicide Prevention Coordinator has also been significant contributor to the delivery of Durham, Darlington, Tees, Hambleton, Richmond and Whitby (DDTHRW) ICS, Wave 1 funding management. In County Durham this has meant working with the Time to Change Hub to initiate small grants to reduce stigma and discrimination in local communities. This work has also required liaison with the national, regional and ICS Suicide Prevention leads and the County Durham Mental Health Strategic Partnership.

- 48 Further detail of the recommendations made in the Adults Wellbeing and Health Overview and Scrutiny (AWHOSC) review of Suicide Rates and Mental Health and Wellbeing in County Durham, undertaken in October 2018 can be found in Appendix three of the report.

Crisis Care Concordat

- 49 The crisis care concordat has been successful in securing funding through the national NHS crisis and liaison programme.
- 50 The focus for the initiatives developed for the bid was to develop alternatives to crisis services including the provision of a Mental Health 111 option and further develop community home treatment.
- 51 The proposal will provide Crisis and Home treatment response for older Adults with an organic presentation as well a more comprehensive response to older adults with complexity and functional needs. The current provision whilst delivering a response for older adults with a functional presentation has limitations regarding those who have multi-morbidity of both physical and mental health conditions and problems related to being at a later point in life . These are often of a different nature and require a different approach to treatment and will be included in the service model.

Specific functions within the service would include;

- (a) Admission avoidance and Post Discharge support for patients in Acute Hospital provision
 - (b) A gatekeeping function to Older Adults Mental Health Beds and an alternative option with Home Treatment support
 - (c) Positive Behavioural Support planning with Care Homes for patients with challenging behaviours to support management this would include initiation of plans on discharge from inpatient care to a Care Home
 - (d) 24 hour Crisis response and Assessment
 - (e) Home Treatment provision to accelerate discharge from Mental Health beds and support alternatives to 24 hour care.
 - (f) Support to management of patients in intermediate care beds
- 52 Work has been ongoing over the last 12 months to develop a system wide response to managing people that present across all service areas i.e. Police, Health, Social care. The work aims to support individuals who are, and services who encounter, high intensity users, in order to offer greater support and create reductions on services:-

- (a) Currently the project is still managing with existing resources with no dedicated staffing - however a member of the TEWV crisis service establishment provides some coordination of the system response into HIUs.
- (b) Referrals via TEWV, Police, voluntary sector, local authority, CDDFT and some voluntary sector providers.
- (c) We are aware that a small number of individuals create the greatest demand (s136 21 individuals create 33% of demand) – this work would further map demand and where reductions can be made.
- (d) Other schemes of work exist such as Positive Lives supporting HIU individuals.

53 The work aims to support existing services to expand their offer and grow offering places of safety, mainly for none medical mental health crisis

- (a) Various services are available in Durham and Darlington but don't fully act as "safe havens" – for example a range of day time drop-in services exist. These aren't effectively mapped.
- (b) No agreed referral or pathway into these services is in place – self referral or sign posting only.
- (c) We have evidence from engagement events undertaken in June 2018 and a workshop in December 2018 that access to a safe space/haven is a need identified by a range of stakeholders including service users

54 TEWV has a strategic priority to implement Trauma informed approaches; an element of the work has commenced with the Durham & Darlington crisis service by an internationally recognised USA based, Trauma informed expert by experience that has produced a report with recommendations to improve Trauma informed approaches within the crisis service

Resilient Communities

55 The Resilient Communities Group (RCG) is now well-established and brings together a broad cross-section of representatives from VCS and public-sector organisations. With a focus on the improvement of mental wellbeing and resilience in our communities, it has a key role in developing and progressing the County Durham Approach to Wellbeing. As well as monitoring the work of its members around key campaigns such as World Mental Health Day and Time to Talk Day, the RCG has several key oversight functions.

56 In relation to reducing mental health stigma and discrimination, the County Durham Time to Change hub is represented at the group and

provides ongoing update regarding its work in this area. The County Durham Workforce Leads Group feeds into the RCG, and reports on workforce training and development – including the development of a County Durham model of best practice for workplace mental health training and support provision. Furthermore, the workforce group updates the RCG regarding regional engagement with the Time to Change Employer Pledge.

- 57 The current RCG action plan predominantly comprises objectives which have been inherited from the Mental Health at Scale task and finish group, and progress against these actions has been swift. RCG members are in the process of developing further actions to directly address how the work of the group can promote positive health messages with vulnerable groups and review support for those with severe and enduring mental illness whilst ensuring that communities are engaging in developing and delivering the work programme.
- 58 In addition to the oversight and action planning work the Group has received several informative update presentations including Connecting People and the Community MH Crisis Care Transformation Funding. Right Care Right Place and Mental Health contracting for Wellbeing Outcomes are scheduled for the next meeting in January and in March the RCG will be able to contribute to the potential development of a Supported Employment Service for people with disabilities.

Mental Health at Scale – LGA Programme

- 59 Mental health at scale is a Local Government Association (LGA) pilot programme. The project has evolved based on partnership shared learning and reframed its goal as: “Tackling stigma and discrimination with a focus on young people, workforce and the community in order to build more resilient communities and reduce death by suicide.”
- 60 As the mental health at scale agenda develops, there are a number of initiatives and approaches underway which are seeking to promote good mental health across a variety of settings. Partnership support is required in order to develop a shared understanding and approach across County Durham.
- 61 The final Mental Health at Scale task and finish group sat in August 2019. Outstanding actions have now transitioned into various workstreams of the Mental Health Strategic Partnership Board – predominantly the CYP Mental Health Emotional Wellbeing and Resilience group and the Resilient Communities group. The full end of programme report including the outstanding handover action plan can be found in Appendix Two.

Monitoring Progress

- 62 Durham County Council commissioning service has developed a robust performance framework on behalf of the MHSPB to monitor and report progress on implementing the Strategic Plan. Quarterly highlight reports are prepared and progress is monitored through both longer term national outcome indicators and short term output indicators derived from the interventions and programme of work that are currently in place to take these objectives forward.

Conclusion

- 63 There has been a significant amount of work undertaken by the workstreams of the MHSPB.
- 64 We will continue to work to develop aspirational ambitions that all stakeholders are signed up to beyond 2020

Background papers

- None

Other useful documents

- None

Author

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Appendix 1: Implications

Legal Implications

None

Finance

The ACTIV fund is supporting the delivery of the various elements of the MHAS project.

Consultation

Workforce leads and wider partners are engaged in this project.

Equality and Diversity / Public Sector Equality Duty

Public health actively seeks to address health inequalities.

Climate Change

No implications

Human Rights

Not impacted by current activity.

Crime and Disorder

Improved mental health may impact upon crime and disorder.

Staffing

Currently delivered through existing resource across those agencies represented at the MHSPB

Accommodation

Not required.

Risk

Culture change around mental health may be a long term commitment.

Procurement

Should additional capacity or specialist services be identified, these will be procured accordingly.

Appendix 2: Mental Health at Scale Update

Attached as separate document

Appendix 3: Update report – Review of Suicide Rates and Mental Health and Wellbeing in County Durham

Attached as separate document

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Mental Health at Scale update

Report of Amanda Healy, Director of Public Health

Purpose of the report

- 1 To update the Prevention Steering Group on progress made against the mental health at scale agenda since the August Prevention Steering Group meeting.

Recommendation

- 2 The Prevention Steering Group is recommended
 - (a) to note the progress made,

Background

- 3 Mental health at scale is a Local Government Association (LGA) pilot programme. The project has evolved based on partnership shared learning and reframed its goal as: "Tackling stigma and discrimination with a focus on young people, workforce and the community in order to build more resilient communities and reduce death by suicide."
- 4 As the mental health at scale agenda develops, there are a number of initiatives and approaches underway which are seeking to promote good mental health across a variety of settings. Partnership support is required in order to develop a shared understanding and approach across County Durham.

Resilient Communities Group

- 5 The final Mental Health at Scale task and finish group sat in August 2019. Outstanding actions have now transitioned into various workstreams of the Mental Health Strategic Partnership Board – predominantly the CYP Mental Health Emotional Wellbeing and Resilience group and the Resilient Communities group.
- 6 The RCG 2019/20 action plan has been agreed and is in the final stages of development. It has been predominantly informed by relevant ongoing actions from the Mental Health at Scale Task and Finish group, as well as several suggestions from the group members. Furthermore,

the plan is both informed and underpinned by the County Durham Approach to Wellbeing and includes a specific action to test the process with a community-led project.

- 7 Whilst initial actions have been agreed, more actions are likely to be developed as the work of the group grows organically.
- 8 The group is very well attended with a broad cross section from VCSE, who have close links with communities and the challenges facing people in those communities

Workforce leads

- 9 The group continues to be well attended by representatives from the County Durham Partnership. Its plan for 2019/20 includes an action to extend membership to a selection of business organisations from across the county in order that its work will benefit from this sector's perspectives. Businesses from the SME sector will be particularly welcome.
- 10 Analysis of the workforce training audit was also presented at the last meeting and partners acknowledged the breadth of mental health training that is delivered across the county. This prompted some excellent discussion around development of these programmes through the group, with several members offering to share their resources at this early stage.
- 11 In its August meeting, the group agreed the 2019/20 action plan. The key objectives for this year include:
 - Group membership
 - Selection and promotion of a mental health toolkit for use by organisations across the county¹
 - Developing a county-wide integrated approach to mental health training provision
 - Establishing equitable access to employee assistance programmes for County Durham businesses and organisations
 - Ongoing commitment to promotion of the 'Time to Change' employer pledge
- 12 The group actions and objectives, particularly in relation to development of an integrated training model, will be shared via a press release to be published for World Mental Health Day on 10th October 2019.

¹ Business in the Community (2019) 'Mental health toolkit for employers' Available at https://wellbeing.bitc.org.uk/sites/default/files/mental_health_toolkit_for_employers_-_small.pdf

Time to Change employer pledge

- 13 Work promoting the employer pledge is ongoing, and as outlined above, the workforce leads group will focus upon increasing engagement as a key objective in its agenda.
- 14 To coincide with World Mental Health Day 2019, Business Durham, Durham Community Action and Karbon Homes will be signing the employer pledge. These will be promoted internally within each organisation and DCC communications are currently looking at how we can support wider promotion through the press. All three organisations are significant players within their respective sectors and promotion of their engagement will set an example for other employers within the county.
- 15 It is worth noting that Time to Change (the organisation itself) commented upon the “excellent” plan submitted by Karbon Homes. It has been reported as an exemplar.

County Durham Time to Change Hub

- 16 Final plans are being agreed to publish a wide-ranging public perception survey across County Durham to find out people’s opinions and beliefs relating to mental health, stigma and discrimination. This will give us an excellent baseline upon which we can develop the work of the hub, and in particular, target those areas where intervention is most required. This will be launched on World Mental Health Day 2019 and will be supported by DCC communications team as it is rolled-out. Funding for the survey, its publication and analysis will be provided through from the mental health at scale budget.
- 17 The Time to Change Champions Fund has been launched and applications are currently being assessed. The successful bids will be announced by the hub on World Mental Health Day 2019.

Small and medium enterprises

- 18 Collaboration with Business Durham is ongoing regarding development of an equitable mental health training and support offer to SMEs across County Durham.
- 19 The ‘Framework for good workforce mental health in County Durham businesses’ has been drafted. It outlines a vision, mission and set of strategic objectives (and associated actions) which will be addressed to help employers promote and support the mental health and wellbeing of their employees. Recognising the importance of our people in the success of organisations operating in County Durham, the framework has adopted the recognised ‘Powered by People’ brand.

- 20 The concept and ambitions of this framework will be launched via DCC communications department in a press release timed for World Mental Health Day 2019.
- 21 Plans have been agreed and finalised for a public health advanced practitioner (mental health at scale) to work with Business Durham one day per week. This will ensure ongoing contact with Business Durham managers and advisors who will be instrumental in implementing the workforce mental health framework. This close working relationship will ensure that the work which is being progressed is informed, credible and authentic in terms of the cross-sector objectives which it seeks to achieve.

World Mental Health Day/Comms

- 22 Some of the events being held to mark WMHD 2019 are outlined above. These include:
- Launch of framework for workforce mental health
 - Outline of plans for integrated mental health training
 - Launch of public perception survey regarding mental health, stigma and discrimination
 - Employer pledge signing and promotion
- 23 The main press release from DCC will cover the launch and details relating to the integrated training plan. There will be further copy relating to those signing the Time to Change employer pledge.
- 24 Further coverage will include Councillor Henig's column in the Durham Advertiser which will be on the subject of mental health. Our communications team will also give support to events which are supported by Investors in Children and Time to Change (Waddington Street event and Champions Fund beneficiaries).
- 25 The mental health at scale pilot was covered at last year's County Durham Partnership event which was held on World Mental Health Day. At this year's event, which is taking place on 25th October 2019, Mike Brierley will be presenting an update on both the pilot and its progress into the work of the current mental health at scale initiative. Whilst at County Hall, Ann Hoskins from the Local Government Association (LGA) also completed a VLOG which will be published at this event.

LGA programme

- 26 The original LGA pilot is subject to a ‘one year on’ evaluation which is being undertaken by Ann Hoskins, Independent Consultant in Public Health. Ann attended Durham County Council on 24th September 2019, where she met with various mental health at scale stakeholders to canvass feedback, opinions and perspectives.

Budget

- 27 Total allocated mental health at scale budget is £476,000.
- 28 Immediate projected spend includes £21,000 to Time to Change hub to support this year’s WMHD campaign (survey) and costs associated with production and promotion of the workforce mental health framework (design, production and promotion – exact costs not yet provided).
- 29 Accountability for this budget is direct to Durham County Council ACTIV board. A summary of the plan for total projected spend is shown in the table below.

Description	Year 1	Year 2	Total
	£	£	£
Public Health Advanced Practitioner	60,000	60,000	120,000
2 Trainers / 1 Administrator	80,000	80,000	160,000
Programme Costs	30,000	30,000	60,000
Awareness Campaign	22,000	22,000	44,000
Key Campaigns / Promotions	21,000	21,000	42,000
‘Social Movement’ Support	25,000	25,000	50,000
Total Funding Required	238,000	238,000	476,000

Handover of Actions

- 30 The final meeting of the Mental Health at Scale Task and Finish Group was held on Wednesday 21 August 2019. A Handover of Actions Log was created to ensure that those actions are taken forward by the relevant groups. See Appendix 3.

Contact: Mick Shannon, Public Health Advanced Practitioner **Tel:** 260485

Appendix 1: Implications

Legal Implications

None

Finance

The ACTIV fund is supporting the delivery of the various elements of the project.

Consultation

Workforce leads and wider partners are engaged in this project.

Equality and Diversity / Public Sector Equality Duty

Public health actively seeks to address health inequalities.

Human Rights

Not impacted by current activity.

Crime and Disorder

Improved mental health may impact upon crime and disorder.

Staffing

Currently delivered through existing resource across Durham County Council.

Accommodation

Not required.

Risk

Culture change around mental health may be a long term commitment.

Procurement

Should additional capacity or specialist services be identified, these will be procured accordingly.

Appendix 2: Durham County Council Communications Plan WMHD 2019)

Durham County Council: World Mental Health Day Communications Plan

Activity	Task	Responsible	Timescale
Targeting			
Analysis	<ul style="list-style-type: none"> Analyse BHAWA needs analysis Analyse DCC absenteeism Explore best practice approaches to tackling mental health 	PH	June 2019 September 2019
Using existing direct communications mechanisms with patients / public			
Develop website page/s	<ul style="list-style-type: none"> Develop consistent web page on Time to Change, provide information on local approaches and support services where required 	Comms	October 2018
Social media	<ul style="list-style-type: none"> Promote Time to Change. Retweet world mental health day activity from key partners i.e. Mind. 	Comms	October 2019
Marketing communications			
Brand development	<ul style="list-style-type: none"> The Time to Change brand will be adopted to promote our efforts to tackle stigma and discrimination 	Comms	October 2019

Marketing materials produced and distributed	<ul style="list-style-type: none"> • Develop Time for Change County Durham materials. (Logo available and templates free to amend) • Develop activities to be shared with TTC Champions and promote staff wellbeing • Identify needs and develop materials accordingly i.e. posters, bannerstands, merchandise • Develop and distribute through depots and sites • Use health advocates and TTC Champions to achieve reach • Create materials required for Time for Change champions i.e. lanyards, activity sheets 	PH/Comms/D&P	October 2019
Media relations			
Press releases	<ul style="list-style-type: none"> • Promote Time for Change Employer activities in local newspapers. • Specific case studies collated and distributed locally where applicable. • 	Comms	October 2019
Internal communications and engagement			
Updating and informing staff	<ul style="list-style-type: none"> • Vlogs by CMT to promote World Mental Health Day and activity starting on October 7th using Time to Change and 5 ways to wellbeing as an approach. • Director and HoS vlogs also highlighting the importance of good mental health • Promote Time to Change champions • Challenge all line manager to discuss mental health • Article in Buzz magazine 	Comms	October 2019

	<ul style="list-style-type: none"> • 'Mind your language' activity sheet to be circulated to Time to Change champions and placed in service areas to encourage staff to think about the language used when referring to mental ill health and the impact this can have. 	<p>Tier 4/5 Managers</p> <p>TTC Champions</p>	
Intranet	<ul style="list-style-type: none"> • Use branded intranet site to promote Time to Change • Promote all preventative/resilience approaches available to staff • Highlight promotional activities occurring around 10th October • Promote current training and support approaches such as Employee Assistance Programme. 	Comms	October 2019
Ensure partner staff are informed	<ul style="list-style-type: none"> • Use the Mental Health at Scale/Workforce Leads group to align efforts around Time to Change. Use the Employer Pledge to achieve a consistent approach. 	PH	October 2019
Research and evaluation			
Research and evaluation	<ul style="list-style-type: none"> • Evaluate uptake of champions offer • Uptake of support services • Uptake of preventative services • Long term impact upon staff wellbeing 	PH	November 2019

Appendix 3: Mental Health at Scale Task and Finish Group – Handover of Actions Log September 2019

At the final meeting of the Mental Health at Scale Task and Finish Group meeting held on Wednesday 21 August 2019, final actions were identified along with the groups which now take responsibility to ensure they are implemented.

Agenda Item Number	Action	Lead officer	Responsible group	Date actioned
2	Circulate the Behavioural Insights report from Social Engine to the group.	Chris Woodcock/ Mara Thompson	Prevention Steering Group	30/09/19
3	LGA Evaluation report - will require feedback and one year follow up with this group. Identify appropriate members.	Clare Marshall/ Mara Thompson	Prevention Steering Group	Meeting arranged with Ann Hoskins for 24/9/19
3	Set up a meeting with key staff to discuss Place based working including Right Time Right Place, Place Standard for HWB, CYP Mental Health Group. To include; Gill O'Neill, Jo Murray, Chris Woodcock, Karen Davison	Amanda Healy/ Mara Thompson	Mental Health Partnership Board	30/10/19
3	AH to discuss a completion date for the MH INA with Michael Fleming	Amanda Healy/ Mick Shannon	Prevention Steering Group	30/10/19

3	Share the new Time to Change Action Plan template for new applicants	Chris Affleck/ Mick Shannon	Prevention Steering Group	30/09/19
3	Check who the CYP rep is on the RCG and link to Karen Davison.	Mick Shannon	Resilient Communities Group	30/09/19
3	Ensure this work is actively linked to that of the Suicide Prevention Alliance e.g. Time to Change, WMH day	Mick Shannon /Jane Sunter	Suicide Prevention Alliance	30/11/19
3	Prepare a report on the ACTIF funding for the RCG to ensure they take on the accountability for it.	Chris Woodcock/ Mick Shannon	Resilient Communities Group	
3	MS to share the write up of the current approaches to workforce mental health support audit and any outcomes coming out of the group	Mick Shannon	Resilient Communities Group	
3	Map what is happening for WMH Day.	Mick Shannon	Mental Health Partnership Board	
3	Coordinate and discuss WMH Day activities between Mick Shannon, Carol Gaskarth and Stella Hindson (comms lead) and Chris Affleck. Report back to the MH Partnership.	Mick Shannon	Mental Health Partnership Board	
5	Lots of links between Right Time, Right Place work and that of the RCG so need to bring those together	Carol Gaskarth/ Jo Murray/ Mick Shannon	Resilient Communities Group	

5	Need to ensure that communities are involved in the development of the Wellbeing Charter and that these are taken on board. Its implied in the umbrella terms but needs to be specific in the sub actions.	Carol Gaskarth /Mick Shannon	Resilient Communities Group	
5	Feedback form RCG will test the wellbeing approach with communities.	Carol Gaskarth /Mick Shannon	Resilient Communities Group	
7	An updated report of WMH day activities will be needed for MHP Board.	Mick Shannon/ Chris Affleck	Mental Health Partnership Board	
8	CDP event 25 October - Share agenda in due course.	Mara Thompson		30/09/19

29 January 2020



An Update Report – Review of Suicide Rates and Mental Health and Wellbeing in County Durham

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

Purpose of the Report

- 1 To provide members of the Health and Wellbeing Board with an update on the recommendations made in the Adults Wellbeing and Health Overview and Scrutiny (AWHOSC) report undertaken in October 2018.
- 2 To highlight work completed towards the County Durham's Suicide Prevention Action Plan (2018 – 2021).

Executive summary

- 3 Between October 2016-March 2017, a review conducted by the AWHOSC examined suicide rates in County Durham. The rates had raised concerns by being above the national and North East average figures.
- 4 Members examined statistics around suicides and suicide rates during a three-year pooled data period 2012-14. They also assessed the measures that the Council and its partners had put in place to improve mental health and wellbeing across our local communities. The review report on suicide prevention went to Cabinet in November 2018.
- 5 The AWHOSC report made eight recommendations. This report provides an update on each of the individual recommendations which have been integrated into the County Durham Suicide Prevention Alliance Action Plan (2018-21).
- 6 In County Durham, the number of deaths by suicide in 2018 (69) registered by the Coroner was broadly similar to that of previous years¹, with the annual average for the previous 10 years being 60.7 registrations.

¹ Suicides in England and Wales by local authority, 2002 to 2018, ONS. September 2018.

- 7 The latest 3-year pooled national suicide data (2016-2018²) shows that:
- (a) In County Durham deaths by suicide are significantly higher for men than women, a trend reflected regionally and in England;
 - (b) Male deaths by suicide in County Durham are similar to the regional rate but statistically significantly higher than the rate seen in England;
 - (c) Female deaths by suicide in County Durham are similar to the rates seen regionally and in England;
 - (d) The rate of deaths by suicide for all persons (male & female) in County Durham are not statistically different from other North East Local Authorities.
- 8 Suicide is a complex issue, with individuals being ten times more likely to die by suicide in the lowest socio-economic areas compared to the highest (Public Health England (PHE), (Local Suicide Prevention Planning, 2016). Effective suicide prevention requires a whole system approach to reducing incidence.
- 9 Durham County Council, County Durham and Darlington Foundation Trust (CDDFT), primary care, Tees Esk and Wear Valley NHS Trust (TEWV), Durham Constabulary and regional policing partners, Area Action Partnerships (AAP's), wider community and voluntary organisations and local people affected by suicide can all contribute to suicide prevention work.
- 10 The Suicide Prevention Alliance was refreshed in May 2018 and the appointment of a Suicide Prevention Coordinator has been made to facilitate the delivery of the County Durham Suicide Prevention Action Plan (2018-2021).
- 11 An extensive review of the Public Health Early Alert System has been completed and Standard Operating Procedures are in development.
- 12 A suicide audit of Her Majesties Coroner's Office files has begun. The Audit findings will underpin the continued work of the Suicide Prevention Alliance.
- 13 Adult mental health services including Improving Access to Psychological Treatment (IAPT) pathways have a self-referral process in place.
- 14 The Liaison Service is a 24-hour service and a merger between Durham and Darlington Crisis Team will create a more centralised hub and spoke team.

² Suicide Prevention Profile, PHE Fingertips.

- 15 Early work has begun in developing a specification for a safe space, particularly out of hours and an application for further funding to support this has been submitted to the Crisis Care Transformation Funding.

Recommendation(s)

- 16 Members of the Health and Wellbeing Board are recommended to note this report and the updates provided.

Background

- 17 The original AWHOSC review for suicide prevention was undertaken between October 2016 and March 2017. The review considered evidence for work being undertaken on suicide prevention within Durham County Council; NHS partners and Safe Durham Partnership together with how the community and voluntary sector is involved in supporting the promotion of mental health and wellbeing.
- 18 Suicide is a significant cause of death in young adults, men between 35-49 and an indicator of underlying mental ill-health in all age groups. Suicide is often the end point of a complex history of risk factors which requires a multi-agency approach implement prevention and early intervention to reduce suicide ideation.
- 19 In May 2018, the Local Government Association urged councils to change their focus on mental illness to helping everyone stay mentally well. This included overhauling attitudes and approaches to mental health and mental health services, increasing investment in prevention, early intervention and lifetime support.
- 20 Durham County Council continue to work with partners on a Local Government Association pilot focused on Prevention at Scale. This work provides a backdrop for preventing suicides by promoting positive mental health across the workforce and tackling stigma and discrimination via Time to Change.
- 21 Durham County Council signed the employer pledge for Time to Change on 10th October 2018 as part of World Mental Health day. The council continues to prioritise mental health and wellbeing of the workforce. All partners within the County Durham Partnership are supporting the pledge.
- 22 The County Durham Suicide Alliance has been refreshed to deliver a multi-agency approach of the actions highlighted in the Suicide Alliance Prevention Action Plan (2018-21) This will include the recommendations from the AWHOSC review report into Suicide Rates and Mental Health and Wellbeing.
- 23 Two thirds of all people who die by suicide are not in contact with mental health services, therefore key areas for action relating to the Suicide Prevention Alliance include:
 - (a) Reduce the risk of suicide in key high-risk groups;
 - (b) Tailor approaches to improve mental health in specific groups;
 - (c) Reduce access to the means of suicide;
 - (d) Improve responses and provide better information and support to those bereaved or affected by suicide;

- (e) Support the media in delivering sensitive approaches to suicide and suicidal behaviour;
 - (f) Support research, data collection and monitoring.
- 24 A Suicide Prevention Coordinator was appointed in July 2018, to support the Suicide Prevention Alliance Action Plan to support the delivery of the plan and oversee referral for those bereaved or affected by suicides, including families and the wider community.
- 25 The national Mental Health Forward Plan has identified £25 million in funding allocated to NHS England to support the reduction in suicide rates by 2020/2021. The dissemination of this funding is being managed through the NHS England south hub for the County Durham, Darlington, Tees Valley and Hambleton Richmondshire and Whitby Suicide Prevention Group and is integrated into the development work of the County Durham Suicide Prevention Alliance Action Plan.
- 26 In September 2018, a review of all current commissioned services relating to suicide prevention has been undertaken by commissioning and public health to ensure all services remain effective in targeting appropriate communities and value for money is assured. These include If U Care Share, Wellbeing for Life, Welfare Rights, Relate, Cruse, Cree's and Papyrus.

The 2018 change in the standard of proof used by Coroners in England and Wales

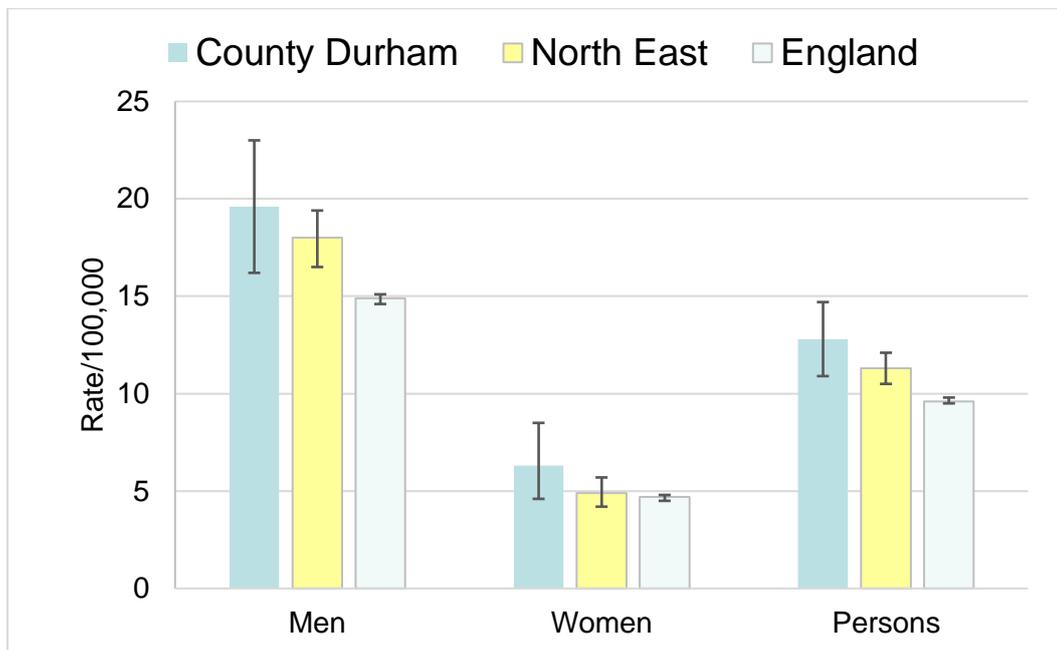
- 27 In England and Wales, all deaths by suicide are certified by a Coroner. In July 2018, the standard of proof used by coroners to determine whether a death was caused by suicide was lowered to the "civil standard" from the "criminal standard". Meaning a Coroner can now return a verdict of suicide based on the balance of probabilities rather than beyond all reasonable doubt.
- 28 It is likely that lowering the standard of proof will result in an increased number of deaths recorded as suicide, possibly creating a discontinuity in the ONS time series.
- 29 The ONS report 'Suicides in the UK: 2018 registrations' suggests that it is not possible to establish whether the higher number of recorded suicide deaths are a result of this change however, they will monitor and report the effect of this change when more evidence is available.
- 30 In 2018 there were 6,507 suicides registered in the UK, an age-standardised rate of 11.2 deaths per 100,000 population; the latest rate is higher than that in 2017. Within the UK suicide rates for 2018 are higher in Scotland (24.5 per 100,000) than Wales (19.1 per 100,000) and England (1.9 per 100,000). This has been consistent over time.

- 31 Males continue to account for three-quarters of suicide deaths in the UK 2018 (4,903 male deaths compared with 1,604 female deaths). The latest increase in the overall UK rate appears to be largely driven by males: in 2018, the rate was 17.2 deaths per 100,000 males, up significantly from the lowest observed rate in the previous year (15.5 deaths per 100,000). Despite being higher, the latest rate among females in 2018 (5.4 deaths per 100,000 females) was not found to be statistically different to that observed in the previous year (4.9 deaths per 100,000).
- 32 There has been little change in suicide rates per 100,000 over time in England. For the period 2001-03 the rate was 10.3 per 100,000 and for 2016-18 it was 9.6 per 100,000. However, numerically the number of annual suicide registrations in England has increased by almost 20%, from 4,202 in 2010 to 5,021 in 2018.

Suicide in County Durham

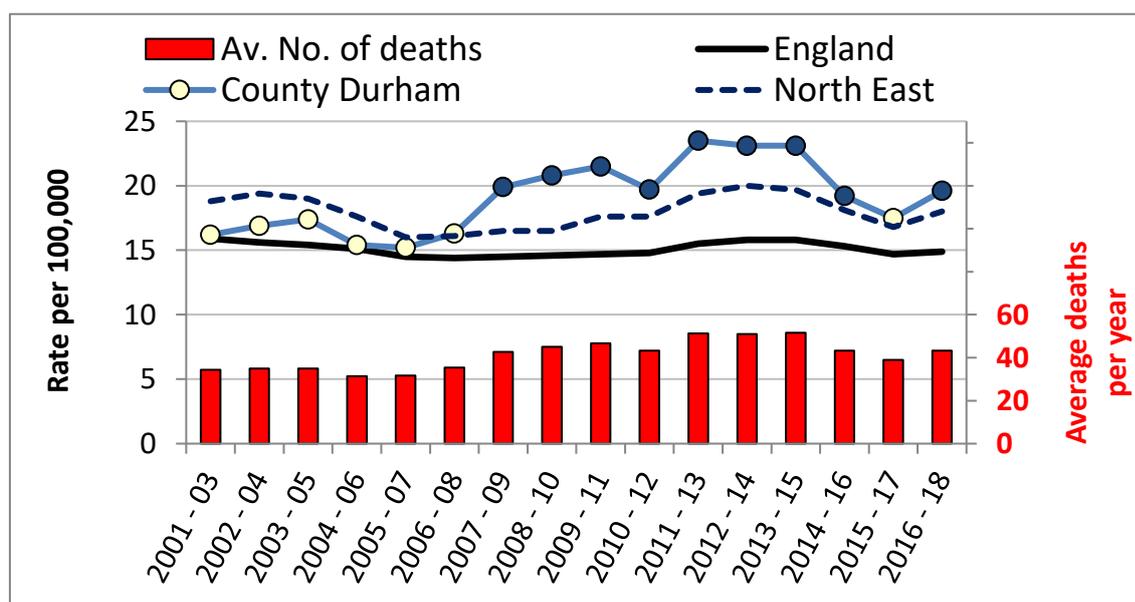
- 33 Rates of suicide in County Durham (2016-18) were statistically significantly higher for men (19.6 per 100,000) than women (6.3 per 100,000). This is the case both nationally and in the North East (figure 1).
- 34 The suicide rate for men in County Durham for 2016-18 (19.6 per 100,000) is statistically significantly higher than England (1.9 per 100,000) but not significantly different to the North East (18 per 100,000). For women the rate locally (6.3 per 100,000) is not statistically significantly different to England (4.7 per 100,000) or the North East (4.9 per 100,000).

Figure 1. Suicide and injury undetermined age-standardised rate per 100,000 (3 years pooled), with 95% confidence intervals, men, women and persons, County Durham, North East and England, 2016-18. Source. Suicide Prevention Profile, PHE Fingertips.



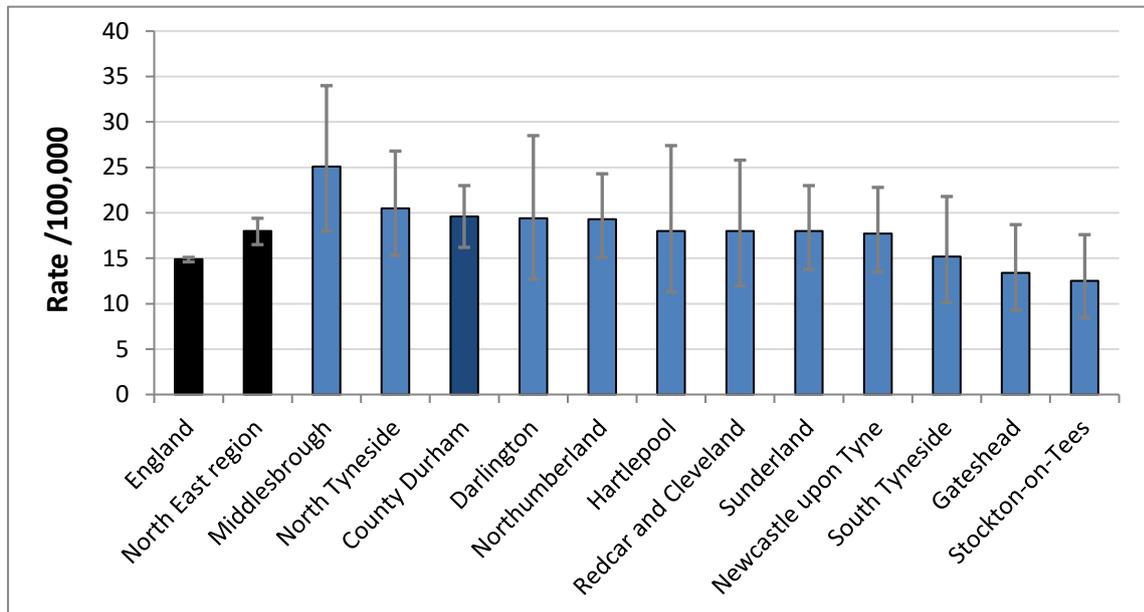
35 Male suicide rates in County Durham have been increasing over time (figure 2) and have shown significant variation over time, from a low of 15.2/100,000 (2005-07) to a high of 23.5/100,000 (2011-13). In comparison male rates nationally have experienced little change over time while rates for the North East have also shown significant variation over the same period.

Figure 2. Suicide age-standardised rate per 100,000 (3 years pooled) and average deaths per year, men, County Durham, North East and England, 2001-03 to 2016-18. Source. Suicide Prevention Profile, PHE Fingertips.



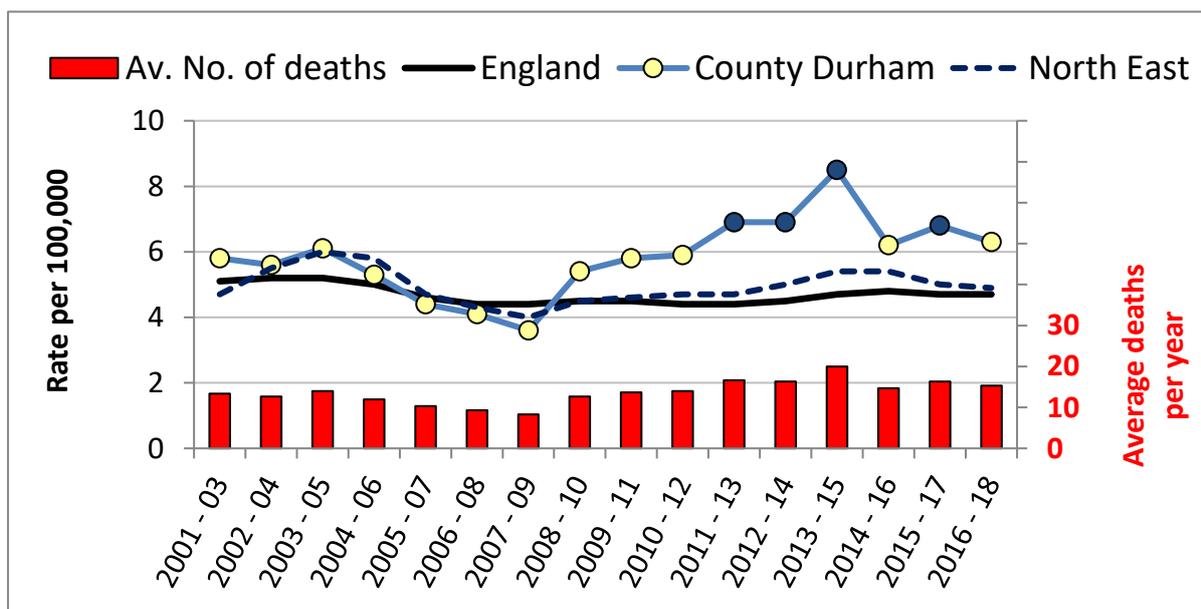
36 There is no statistically significant variation in male suicide rates across the North East (figure 3).

Figure 3. Suicide age-standardised rate per 100,000 (3 years pooled), with 95% confidence intervals, men, County Durham, North East and England, 2016-18. Source. Suicide Prevention Profile, PHE Fingertips



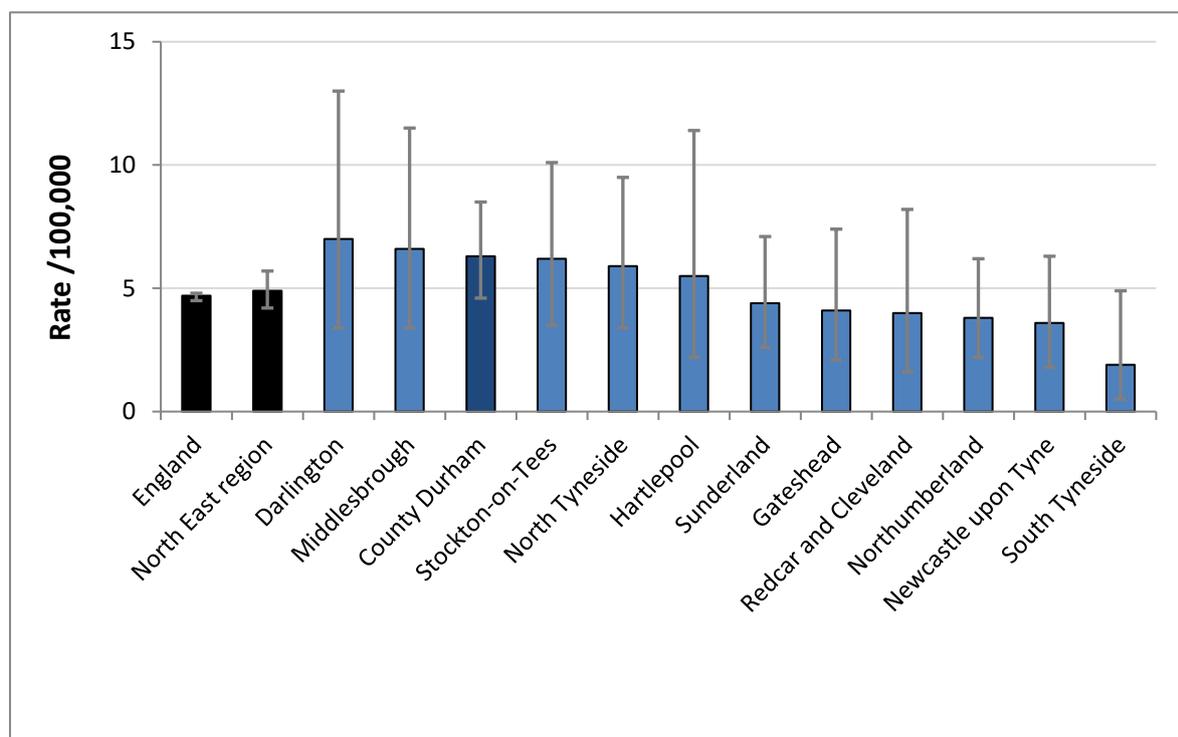
37 Female suicide rates in County Durham have shown significant variation over time (figure 4), from a low of 3.6/100,000 (2005-07) to a high of 8.5/100,000 (2013-15). In comparison female rates nationally or regionally have experienced little change over time.

Figure 4. Suicide age-standardised rate per 100,000 (3 years pooled), men, County Durham, North East and England, 2001-03 to 2016-18. Source. Suicide Prevention Profile, PHE Fingertips



38 There is no statistically significant variation in female suicide rates across the North East (figure 3).

Figure 5. Suicide age-standardised rate per 100,000 (3 years pooled), with 95% confidence intervals, men, County Durham, North East and England, 2016-18. Source. Suicide Prevention Profile, PHE Fingertips



Recommendations updates from the AWHOSC Review 2018 Report

- 39 The original AWHOSC review for suicide prevention was undertaken between October 2016 and March 2017. The review considered evidence for work being undertaken based on 4 key themes of service strategies, policies and plans of Durham County Council; NHS partners and Safe Durham Partnership together with how the community and voluntary sector is involved in supporting suicide prevention and the promotion of mental health and wellbeing.
- 40 There were eight recommendation made within the review report. This section provides an update on the progress made on those recommendations as of September 2019.

Recommendation 1

- 41 That a suicide prevention strategy and action plan be developed and implemented as part of the refresh of the Public Mental Health Strategy for County Durham and that progress against the action plan be monitored by the AHWOSC.
- 42 A Suicide Prevention Coordinator was appointed in July 2018 to support the work of the Suicide Prevention Alliance and ensure the delivery of the Suicide Prevention Action Plan outcomes. The role also provides assurance for post-vention support referral made for those bereaved or

affected by suicides. The post is funded by North Durham and DDES CCG the post holder sits within the County Durham Public Health Team.

- 43 Since the commission of the AHWOSC report, the Suicide Prevention Alliance has been refreshed, bringing together a partnership of providers including Durham Constabulary, the NHS, DCC services, community sector and voluntary sector organisation all committed to reducing the rate of suicide across County Durham.
- 44 The County Durham Suicide Prevention Alliance oversees the work of a multi-faceted approach to suicide prevention. Meeting quarterly the Suicide Prevention Alliance delivers outcomes against the Suicide Prevention Action Plan that works across the life course to address the needs of children, young people, adults' families and the wider community.
- (a) Reduce the risk of suicide in key high-risk groups;
 - (b) Tailor approaches to improve mental health in specific groups;
 - (c) Reduce access to the means of suicide;
 - (d) Improve responses and provide better information and support to those bereaved or affected by suicide;
 - (e) Support the media in delivering sensitive approaches to suicide and suicidal behaviour;
 - (f) Support research, data collection and monitoring.
- 45 The current Suicide Prevention Action Plan has 20 completed actions, now archived and 11 ongoing actions.
- 46 Progress is also reported to Public Health Senior Management Team, Adults and Health Management Team and on a quarterly to the Strategic Mental Health Partnership Board.

Recommendation 2

- 47 The existing suicide early alert system, whilst providing excellent support and interventions for those affected by suicide after the event, needs to develop appropriate systems to flag up those at risk of suicide and which could be used to target preventative mental health services and support to such individuals.
- 48 An extensive review of the current Durham Early Alert System was undertaken in December 2018 – April 2019. This review conducted with partners, now provides quality assurance for the County Durham's system in line with best practice; local infrastructure requirements; and information governance responsibilities.

- 49 Key recommendations from the review included actions for post-vention pathways, workforce development, protocols, surveillance, community response and communications.
- 50 The Early Alert Review concluded that the new operational system will be called the Real Time Data Surveillance System and become Coroner led. This will provide a standardised and more robust process for data surveillance undertaken by the Public Health Intelligence team and speed up the process for post-vention referral.
- 51 The new Real Time Data Surveillance System and associated Standard Operating Procedures have been successfully implemented and has been highlighted as an example of best practice across the region.
- 52 TEWV have undertaken a review into self-harm and their current consultation on access to Right Care, Right Place is engaging wider partners, including Primary Care Networks on the interface between GP practices, mental health services and an asset-based approach for CVS involvement in pathways for wellbeing.

Recommendation 3

- 53 A multi-agency approach to develop learning from suicides is needed with case conferences introduced for each incident with shared learning across partner agencies including adult and children's social care and health services, NHS services and those within the criminal justice system.
- 54 Findings from Coroners data indicate that about two-thirds of people who take their own lives are not in contact with mental health services in the year before they die (NCISH, 2018). However, a high percentage of people who die by suicide are in contact with their GP in the months before they die, with estimates ranging from 32-66%, in the month leading up to their death and 75% in the 6 months before (Leavey et al, 2017).
- 55 TEWV currently undertake a Serious Untoward Incident (SUI) for all deaths occurring within mental health services, including suicide. This process works in partnership with all services, including GP's to enhance learning and service improvement.
- 56 Work is on-going via the Mental Health Strategic Partnership to train NHS staff to increase awareness of suicide prevention within primary care. This is being delivered by the Wellbeing for Life Service commencing in September 2019.
- 57 Public Health are currently conducting a suicide audit of HM Coroner's files relating to deaths by suicide and undetermined injury. The Audit findings will underpin the continued work of the Suicide Prevention Alliance and provide the evidence base for local need, key trends, high

risk locations. This information will be shared with all partners to encourage learning and service improvement.

- 58 With an emphasis on the preventing the escalation to suicide ideation, the Durham Crisis Concordat High Intensity Users (HIU) programme of work coordinated by TEWV, receives referrals from the Police, the voluntary sector, CDDFT and TEWV aiming to support individuals who are high intensity users.
- 59 This HIU work in partnership with multiple agencies to support those creating the greatest demand on crisis and emergency services. This coordinated approach works to find alternative interventions to address needs and behaviours. The work is governed and monitored via the Crisis Care Concordat.
- 60 The Crisis Care Concordat has made an application for Crisis Care Transformation Funding to allow the further development of the HIU scheme.

Recommendation 4

- 61 The introduction of an appropriate coding/flagging system for self-harm/attempted suicide across all A&E department attendees should be promoted which identifies those potentially at risk of suicide and allows for proactive offers of access to mental health services and support.
- 62 This work is an ongoing requirement. The appointment of a Consultant in Public Health for TEWV and County Durham and Darlington NHS Trust along with other priorities can be used to review A&E data on self-harm and make future recommendations to progress this area of work.
- 63 In its infancy stage there is a joint self-harm task and finish group between the Suicide Prevention Alliance and the LTP. This work is being led by the new Public Health GP.

Recommendation 5

- 64 The current processes for referral into mental health services be reviewed to ensure that there is clarity available to potential service users to help them to identify the range of services.
- 65 Adult mental health services including the IAPT pathway have a self-referral processes in place. TEWV have set their target for first appointments at 4 weeks from the date of referral, which is shorter than the national targets in place but reflects the Trust's ambitions around delivery of care.

The TEWV programme of Right Care, Right Place has been through a full consultation process and work to implement a system wide to improve outcomes, experience and well-being for those experiencing mental health difficulties and continues to be progressed. As part of this a workshop was

held on 15 January to help partners identify how we can measure the impact of these changes

Recommendation 6

- 66 The accessibility of the out-of-hours mental health crisis service be reviewed to ensure that individuals suffering from crisis episodes have timely access to support and interventions.
- 67 The Liaison service is now a 24-hour service meaning there is no longer the need to handover to the crisis team. This streamlines the referral process and ensures support and interventions are maintained without interruption.
- 68 There is a planned alignment for the County Durham and Darlington crisis teams. Work for this is already ongoing, Auckland Park has been identified as a new hub and developments are being overseen by a TEWV service manager.
- 69 There is development work of a 111 option 2 (111/2) service for mental health currently being undertaken by the Durham and Darlington Crisis Concordat. Developing a 111/2 service for mental health with TEWV would ensure a single point of access is achieved and is consistent with the NHS long term plan (DOH 2019), highlighting the need for people to be “Provided with the right response when in a crisis”.
- 70 The Crisis Care Concordat have submitted a Community Crisis Care Transformation Funding bid application to further support the development of a 111/2 service for mental health.
- 71 The provision of an ‘option 2’ for callers contacting 111 will result in immediate access to trained workers offering support and triage for patients in mental health distress or crisis. Signposting to appropriate support will also be available. This puts the patient in control, reduces the steps required and is more ‘hand offs’ when accessing mental health support.

Recommendation 7

- 72 An audit of current health and wellbeing support and services within the CVS be undertaken to evaluate their effectiveness and enable resources to be targeted at those interventions where demonstrable outcomes for improved mental health and wellbeing and reduced suicide risk are evident.
- 73 Whilst this recommendation has not fully completed work has been ongoing to provide quality assurance within current commissions.
- 74 In September 2018, a review was undertaken by commissioning and Public Health to ensure all services affiliated to suicide prevention remain effective in targeting appropriate communities and that value for

money is assured. These included If U Care Share, Wellbeing for Life, Welfare Rights, Relate, Cruse, the Cree's and Papyrus.

- 75 Working in partnership with the NHS and VCSE Durham County Council are proposing a new approach to wellbeing, past of the mental health at scale work. The Wellbeing approach builds on the County Durham Partnership Event in 2018/19, which focused on mental health, highlighting the importance of greater engagement with communities.
- 76 The development of this approach is also intended to underpin the delivery of two key strategic developments across County Durham; the County Durham Vision, (Durham 2035 – a vision for our future) and the emerging Joint Health and Wellbeing Strategy.
- 77 Consultations with the Resilient Communities Group delivered as part of the Mental Health Strategic Partnership provided positive insight into the views of the community and voluntary sector to adopt and align the wellbeing approach within their everyday service delivery.
- 78 This approach will be an opportunity for a shared vision for the CVS workforce, including volunteers and paid staff to engage in their local assets to promote mental health and wellbeing. links are also being made with PCN's link workers, funded as part of the NHS Plan.
- 79 Adding in to this new approach, TEWV and the councils commissioning team have undertaken an engagement event regarding crisis provision and alternatives to hospital admissions. This identified that access to a safe space particularly out of hours is needed and valued.
- 80 Early work to develop a specification for a safe space has commenced and additional funding from Crisis Care Transformation Funding has been applied for. This funding would be utilised to complete this work and reach a position where the Commissioners could agree the next steps.
- 81 County Durham was one of 14 areas nationally taking part in the "Prevention at Scale" pilot. Durham's approach was a focus on mental health, suicide prevention and stigma and discrimination.
- 82 The prevention at scale work incorporated joint working from Children and Young People's workstreams, the Suicide Prevention Alliance, the Crisis Care Concordat, Dementia and the Resilient Communities' Group.
- 83 The pilot worked with students aged 14-19 and men aged 40-49 to gather perspectives and opinions. The learning highlighted the stigma that exists and how collective efforts to promote and protect mental health and improve wellbeing needs a concerted effort to actively challenge stigma itself, to begin to make a difference.
- 84 Time to Talk day, in February 2019, was 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 look after their own mental wellbeing and to talk about mental health.

- 85 Ongoing work and all recommendations from the original pilot is being imbedded into to existing County Council practices via the Resilient Communities group.

Recommendation 8

- 86 That a systematic review of the report and progress made against recommendations should be undertaken after consideration of this report, within six months.
- 87 This report provides a systematic report of the AWHOSC report and highlights process made on each recommendation.

An update on the wider work of the Suicide Prevention Alliance

- 88 The work of the Suicide Prevention Alliance is represented in a multi-agency plan. The plan follows the six key priority areas for suicide prevention as detailed by central Government and Public Health England. The following paragraphs give updates against each of the priority areas.

Reduce the risk of suicide in key high-risk areas

- 89 People bereaved by suicide re a high-risk group. Recent bereavement through suicide is also more likely to result in a suicide attempt. People who have been bereaved by suicide report that the trauma they experienced affected their ability to cope with everyday activities such as work, relationships and maintaining friendships.
- 90 Continued work with the commissioned postvention provider; If U Care Share and with wider partners including DDES CCG, TEWV and Humankind has explored the suicide bereaved as a high-risk group and has written in measures to reduce this risk within the overall new Real Time Data Surveillance System.
- 91 Reducing the risk of suicide in children is always a priority. Children are not a high-risk group for suicide but building resilience in young people and safeguarding their mental health acts as a protective factor in adolescence and adulthood.
- 92 The Children and Young People's Mental Health, emotional wellbeing and Resilience Local Transformation Plan (CYP MH LTP) for County Durham sets out the strategic vision and key deliverable actions and includes a range of interventions to support and build mental health including:

- (a) Youth Aware of Mental Health in County Durham (YAM) a universal programme offered to Year 9 students across County Durham;
 - (b) Durham Resilience Project - A universal offer to all schools to support them to understand the relationship between resilience, well-being and achievement and help them to implement a local response within their community;
 - (c) Commissioning of relevant support services, including Papyrus providing telephone advice service for children, young people and their families.
- 93 The suicide bereaved as an at-risk group face more profound challenges if the deceased is a child. Any unexpected death of a child triggers an immediate rapid response meeting to determine how to support the immediate family and understand the circumstances of the death.
- 94 County Durham implement the Child Death Review process which is overseen by the Child Death Overview Panel (CDOP). The role of CDOP is to consider how future deaths can be avoided ensuring that the whole-system learns together.

Tailor approaches to improve mental health in specific groups

- 95 The Prevention at Scale continues to provide a backdrop for preventing suicides by promoting positive mental health across the workforce and tackling stigma and discrimination via Time to Change.
- 96 The employer pledge for Time to Change signed on 10th October 2018 as part of World Mental Health day, highlights the council's prioritisation of mental health and wellbeing within the workforce. All partners within the Durham County Partnership are supporting the pledge.
- 97 The current Samaritans project "Think Samaritans" funded in part by the by the Department for Health, focuses on making the Samaritans service more accessible to people in contact with the NHS by working in partnership with NHS organisations.
- 98 Durham Samaritans and Tees Esk and Wear Valley NHS Trusts North Durham Mental Health Liaison Service based at University Hospital North Durham have agreed a working in partnership for people who Attend A & E in distress. The partnership commenced in July 2018. There had been 48 referrals initially and now an evaluation by an independent organisation is being undertaken.

Reduce access to the means of suicide

- 99 The identification of local areas requiring bespoke signage for suicide prevention was completed. Three sites in County Durham received refreshed signage in February 2019.
- 100 Signage in one area of the county was further developed, reacting to the local needs of the community and a feasibility study for further developments at this site has been completed during the summer.
- 101 Set up in February 2019 a multi-agency task and finish group including Public Health (SPC), the British Transport Police, Network Rail, LNER, TransPennine Express, Northern Rail, the Samaritans, a local AAP rep and TEWV staff are continually working to keep people in mental health distress safe from harm at County Durham stations and railways.
- 102 A station adoption scheme and a bespoke community action group has been set up in Chester-Le-Street in response to suicides in recent years. The Samaritans “Small Talk Saves Lives” and the Northern Rail “All Right?” campaign have been widely promoted in the town including an event by Northern Rail at the train station on Wednesday 3rd July for the England vs New Zealand during the ICC Cricket world cup.

Improve responses and provide better information and support to those bereaved or affected by suicide

- 103 Recent economic analysis by HM Government, 2017 estimates that each suicide costs the economy around £1.67 million, although these costs cannot be fully quantified it is estimated that the around 60% of the cost for each suicide is attributed to the impact on 13 lives of those bereaved by Suicide. (Preventing suicide in community and custodial settings: Postvention Evidence review for interventions to support people bereaved by suicides. NICE February 2018).
- 104 The newly proposed RTDS proposed enables Public Health to deliver a more robust and equitable surveillance system and post-vention support. Access to the commissioned postvention support, provided by the If U Care Share Foundation enables preventative work with those most at risk.
- 105 Additional work undertaken on the RTDS has included a Standard Operating Procedure. This has included the redesign of the signposting letter and support literature. The postvention pathways have been refreshed, new training is being developed for partners, and new models for exploring how best to support the at-risk individuals following a death by suicide will be imbedded in these processes.

Support the media in delivering sensitive approaches to suicide and suicidal behaviour

- 106 Irresponsible media reporting of suicide should always be challenged. There are established links between media coverage and an increase in suicidal behaviour. The Samaritans media guidance has been shared with many local media teams and are broadly used by all national press organisations.
- 107 The Suicide prevention Alliance and partners have been developing a bespoke County Durham Press protocol document to ensure the safe reporting of Suicide locally.
- 108 Reactive preventative work has been prepared for in the event of a high profile or celebrity death, especially a death of a young person in popular culture.
- 109 The Suicide Prevention Coordinator and Chair of the Suicide Prevention Alliance prepare press statements for every new ONS data release enabling a balanced view of the complexities of mental health and the Suicide Prevention agenda is given.
- 110 Partners of the Suicide Prevention Alliance are knowledgeable and up to date on the do's and don'ts of media reporting and are vigilant for reporting practices out with the scope of the Samaritans media guidelines.

Support research, data collection and monitoring

- 111 Now, every region in the United Kingdom has a suicide prevention strategy and most local authorities in England have a local Suicide Prevention Action Plan.
- 112 The Samaritans campaigned for all local authorities to have local suicide prevention plans. A review of these plans and what they included took place. The completed report "Local Suicide Prevention Planning in England - An Independent progress report by the Samaritans and Exeter University" was published in June 2019.
- 113 The County Durham Suicide Prevention Alliance along with its intelligence led approach were highlighted as examples of best practice within the report.
- 114 The revised RTDS process and affiliated Standard Operating Procedure have been submitted into a PHE commissioned review of all regional processes. each will be independently assessed by Teesside University.

Conclusions

- 115 There is no single reason why people take their own lives. Suicide is a complex and multi-faceted behaviour, resulting from a wide range of psychological, social, economic and cultural risk factors which interact and increase an individual's level of risk. Socioeconomic disadvantage is a key risk factor for suicidal behaviour³.
- 116 Suicide has a devastating impact on communities, and the economic costs are also high.
- 117 Suicide prevention measures require a whole system approach to reducing incidence. To provide information and assurance on this agenda, AWHOSC conducted a review in to suicide rates in County Durham between October 2016-March 2017.
- 118 The AWHOSC report made eight recommendations. The recommendations have been integrated into the County Durham Suicide Prevention Alliance Action Plan (2018-21). Of the 37 actions:
- 23 are complete
 - 11 are ongoing within timescale and remain current and ongoing
 - 1 is ongoing but out of the original timescale (audit)
 - 1 is outstanding (comms plan)
 - 1 is on hold until the new financial year (death by suicide review group)

Background papers

- Adults Wellbeing and Health Overview and Scrutiny Committee, Suicide Rates and Mental Health and Wellbeing in County Durham: Review Report [September 2018].
- Report of Lorraine O'Donnell, Director of Transformations and Partnerships for Cabinet 14 November 2018 - Adults Wellbeing and Health Overview and Scrutiny Committee. Suicide Rates and Mental Health and Wellbeing in County Durham: Cover Report [14 November 2018].

Other useful documents

- Suicide Early Alert System Review by Lorna Smith, Specialty Registrar, Durham County Council Durham Public Health Team, March 2019.
- Local suicide prevention planning: A practice resource (PHE) October 2016.
- Guidance for developing a local suicide prevention action plan (2014) PHE.
- Support after a suicide: A guide to providing local services (PHE) October 2016.
- Identifying and responding to suicide clusters and contagion: A practice resources (PHE) September 2015.

³ Socioeconomic disadvantage and suicidal behaviour, Samaritan, 2017.

- Preventing suicides in public places A practice resource (PHE) November 2015.
- Help is at Hand (DH) 2012 edition.
- Information sharing and suicide prevention (DH) January 2014.
- ONS Suicide Statistics 2006-2017.
- PHE Fingertips Suicide Prevention profile.
- National Confidential Inquiry into suicide and safety in Mental Health annual report (2018).
- Samaritans media guidelines for reporting suicide (Sep 2013).
- Local Suicide Prevention Planning in England - An Independent progress report by the Samaritans and Exeter University (2019).

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Appendix 1: Implications

This report is an update back to OSC on work completed following their original recommendations. As such, no new identified implications were identified.

Legal Implications

None.

Finance

Cost incurred in the update period have been minimal and from existing Public Health Budget.

Consultation

There have not been any projects requiring consultation.

Equality and Diversity / Public Sector Equality Duty

The equity and diversity is built into PH work and not an implication for this report.

Human Rights

Human right considerations will be made within the legal framework.

Crime and Disorder

There are no crime and disorder implications.

Staffing

Staffing has been provided within the review period from existing staffing resources.

Accommodation

No implications.

Risk

No implications.

Procurement

None.

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Health and Wellbeing Board**29 January 2020****Housing, Homes and Health****Report of Amanda Healy, Director of Public Health, and Geoff Paul, Corporate Director of Regeneration and Local Services, Durham County Council.****Purpose of the Report**

- 1 The purpose of this report is to provide the Health and Wellbeing Board with an overview of the importance of housing and the home environment in improving health outcomes for the population of County Durham.
- 2 The report provides an update on the work undertaken to address housing and health needs across the county. It also begins a conversation outlining the next steps for extending the action of the council and partners to promote a system-wide approach to promoting housing and health.

Executive summary

- 3 Housing is a key determinant to health and wellbeing. The Marmot Review commissioned by the Government concluded that housing is a 'social determinant of health', meaning that it can affect physical and mental health inequalities throughout life. Physical housing conditions (e.g. cold and damp) can affect health, as can factors such as the accessibility of the home.
- 4 The cost to the NHS from injuries and illness directly attributable to homes in poor condition is significant. The wider cost to society of leaving England's poor housing unimproved is £18.6 billion (BRE, 2016)
- 5 The County Durham Plan sets out a vision for housing, jobs and the environment until 2035, as well as the transport, schools and healthcare to support it. The plan aims to locate the new homes in the right places to contribute towards sustainable, balanced and regenerated communities across the county.

- 6 Measures are being introduced in County Durham to ensure a wide range of quality homes are built to meet the needs of residents. Opportunities for the improvement of physical accessibility, affordability and suitability are key factors when considering the impact of housing on the health of the local population.
- 7 In July 2019, the council proposed a new Housing Strategy for County Durham. Consultation with partners on the strategy has been used to consider housing issues in County Durham, including those relating to health and wellbeing. This process was undertaken by conducting a Health Impact Assessment (HIA) on the Housing Strategy.
- 8 An HIA process was also undertaken on the County Durham Homelessness Strategy (July 2019). This was to identify relevant strategic objectives which could be implemented to improve health outcomes for those at risk of becoming homeless or are rough sleeping.
- 9 One of the recommendations from the HIA on Homelessness was to undertake a Health Needs Assessment on those at risk of homelessness and rough sleepers. This was initiated in October 2019 and will be completed by Spring 2020.
- 10 The Health and Wellbeing Board have approved the development of a new Approach to Wellbeing for County Durham. This approach builds upon and strengthens community assets which places people and place at the centre of all activity. This will provide an opportunity to integrate the Wellbeing Approach into housing via Spatial Planning policy, housing support, working with housing providers, local communities and resident's groups.
- 11 There are still a number of housing support initiatives currently being implemented by Housing Solutions, housing providers, Public Health and CCG's which prioritise actions to promote housing and health.
- 12 With the advent of new strategies for Housing and Homelessness, the reinvigoration of a Housing and Health group could provide the strategic direction for opportunities to share learning and expand the delivery of health initiatives into other areas of the county.
- 13 This would provide opportunities for a range of partners including developers, private landlords, health and social care providers to create a system-wide approach to integrate health and wellbeing into housing, making it everyone's business.

Recommendation(s)

- 14 Members of the Health and Wellbeing Board are asked to:
- a) Note the content of the report
 - b) Consider the options for Housing Partnership groups to work collaboratively to further explore opportunities to initiate a strategic Housing and Health Group which will include the council, NHS and housing provider partners.

Background

- 15 The health and wellbeing of the people in County Durham has improved significantly over recent years but remains worse than the England average. Health inequalities remain persistent and pervasive. Levels of deprivation are higher and life expectancy is lower than the England average.
- 16 Mortality and morbidity, along with life expectancy and healthy life expectancy are influenced by wider determinants impacting on people throughout the life course. Many people in County Durham continue to engage in unhealthy behaviours when compared to England, directly linked to the social, economic and environmental factors such as their homes and communities.
- 17 Housing and a positive home environment is a key determinant to health and wellbeing. Poor quality housing is a risk to health - living in housing which is in poor condition, cold, overcrowded or unsuitable will adversely affect the health and wellbeing of individuals, families and communities. It can cause or exacerbate a range of underlying health conditions, from falls to poor mental health.
- 18 Housing plays an integral part in the health of individuals and the general population. The suitability of homes for people with a long-term condition, or the ability to adapt homes to changing needs as they get older makes a big difference to wellbeing, physical health, and independence.
- 19 It is therefore, important that all homes in County Durham provide a safe, inclusive and secure environment for people to live and grow within their local community.
- 20 Health and housing priorities within County Durham include social isolation associated with the scale and rurality of the county, fuel poverty associated with deprivation as well high hospital-related admissions associated with childhood injuries in the home; and falls and frailty in older people ([Durham Insight](#)).
- 21 Addressing the causes of homelessness and addressing people sleeping on the streets is a key public health priority within County Durham.
- 22 The cost to the NHS from injuries and illness directly attributable to homes in poor condition is calculated to be £1.4bn per year, and the wider cost to society (including medical costs, lost education and employment opportunities) of leaving England's poor housing unimproved is £18.6 billion.

The Impact of Housing on Health

- 23 Poor housing has a major impact on health throughout the life course. Evidence highlights children are more likely to live in overcrowded housing than working-age adults and pensioners. This relates particularly to children living in low income families. (Department for Communities and Local Government 2015).
- 24 Children living in overcrowded and unfit conditions are more likely to experience respiratory problems such as coughing and asthmatic wheezing. For many children this means losing sleep, restricted physical activity, and missing school. Children living in overcrowded housing can also be up to 10 times more likely to contract meningitis than children in general.
- 25 There is a direct link between childhood tuberculosis (TB) and overcrowding. TB can lead to serious medical problems and is sometimes fatal.
- 26 Children living in cold, overcrowded or unsafe housing are more likely to be bullied, to not see friends, to have a longstanding health problem, disability or infirmity and be below average in key academic areas as a direct consequence of living in poor-quality housing.
- 27 For people with a diagnosed mental health problem, high quality and stable housing is key to maintaining good mental health and is important for recovery. However, people with mental health problems are much more likely to live in poor-quality accommodation and are more at risk of becoming homeless.
- 28 Research undertaken in older populations found a significant correlation between cold temperature and cardiovascular and respiratory disease. There are also links with colds, flu and pneumonia, as well as arthritis. Experiencing cold conditions in the elderly can also affect mental health, which is likely to be exacerbated by worries about high energy bills.
- 29 Specific groups identified as being vulnerable to the impact of housing on their health can be identified within Appendix 2. These include care leavers, veterans, ex-offenders, those suffering domestic abuse, Gypsy, Roma, Travellers, substance misusers, those with long-term conditions, those with mental ill-health.
- 30 For the Taylor family having an affordable, warm, safe and accessible home impacts on the health and wellbeing of each member of the family. This includes the family home in which Sarah and John reside, creating a healthy environment in which their children Dan, Olivia and Callum are able to flourish.

31. The ability of Jean and George to live independent lives is also key to improving their health outcomes, with the provision of a home adapted for their needs being fundamental for their quality of life.

The Taylor Family, Director of Public Health Annual Report 2019



Those at Risk and Homelessness

- 32 People become homeless for multiple reasons. Circumstances include a lack of affordable housing, poverty and unemployment; refugee status, poor mental and physical health and life events.
- 33 Homelessness is a late marker of exclusion and disadvantage. It may also signal underlying emotional and physical abuse and involvement with the criminal justice system.
- 34 When trying to understand the reasons for homelessness, all available national evidence points to Local Housing Allowance, as part of Universal Credit reforms, as a major driver of this association between loss of private tenancies and homelessness.
- 35 The number of Universal Credit claimants who are private tenants is now some 5 per cent lower than when the Local Housing Allowance reforms began in 2011, despite the continuing strong growth of the private rented sector overall.
- 36 Alongside the narrowing opportunities to access the private rented sector, there is growing evidence of a squeeze on homeless households' ability to access social tenancies.

- 37 This arises from pressure on the diminished pool of socially rented properties, with an 11 per cent national drop in new lettings in the past year alone. There is also a reported increase in the anxieties of social landlords in letting to benefit-reliant households and those with complex needs (JRF, 2017)
- 38 The numbers of individuals sleeping rough is hard to estimate and experiences of rough sleeping vary enormously. Some individuals have a short and very limited experience of rough sleeping and some may only sleep rough for a few days. Other individuals return to the streets when their housing fails or after a spell in hospital or prison.
- 39 On a national basis, local authorities have assessed over 59,000 annual homelessness acceptances, totals have increased by 19,000 across England in 2016/17 when compared to 2009/10. With a rise of 2 per cent over the past year, acceptances now stand 48 per cent above their 2009/10 low point.
- 40 The presence of co-morbidity (2 or more diseases or disorders occurring in the same person) in people sleeping on the street indicates they are almost 17 times more likely to have been victims of violence. More than one in three people sleeping rough have been deliberately hit or kicked or experienced some other form of violence whilst homeless.
- 41 The longer a person experiences homelessness, particularly from young adulthood, the more likely their health and wellbeing will be at risk. Homeless people are over nine times more likely to take their own life than the general population.
- 42 People who sleep on the streets in England tend to be male; aged between 25 and 55 years old; and predominantly white. In the 2017 rough sleeper counts, 83% of people found sleeping rough were men, while 14% were women (3% was unknown).
- 43 Evidence suggests women who sleep on the streets are more likely to have specific support needs and to have experienced traumas, including domestic abuse, mental ill health, substance misuse, and to have self-harmed. Less is known about the needs of women who sleep rough as they make themselves less visible in order to stay safe (Crisis, 2017).
- 44 In the 2017 national counts, estimates, 81% of people found sleeping on the streets were aged over 25 years. However, evidence suggests most people who sleep rough first became homeless at a young age, often in their early twenties. This may explain the numbers of single homeless.

- 45 There were an estimated 726 deaths of homeless people in England and Wales registered in 2018, the highest year-to-year increase (22%) since the time series began in 2013 (last year there were 594 recorded). ONS, 2018.
- 46 Most of the deaths in 2018 were among men (641 estimated deaths; 88% of the total)
- 47 A key driver of the change is the number of deaths related to drug poisoning which are up by 55% since 2017 compared to a 16% increase since 2017 for the population as a whole. Two in five deaths of homeless people were related to drug poisoning in 2018 (294 estimated deaths)

Action on Property Standards for Housing and Health in County Durham

- 48 There are a range of activities currently being undertaken to assess and implement approaches to ensure the homes and buildings in County Durham are maintained to the highest standard to promote health and wellbeing.
- 49 This work needs to be identified and co-ordinated to using a system wide approach to help address where homes and buildings are causing health issues. By considering the provision of common definitions and approaches to policy, regulation and standards the gap in health inequalities can be reduced.
- 50 Growing the research and evidence base to develop a case for standards for new builds can set a precedent for taking account of the needs of vulnerable people and the ageing population.
- 51 Considering a review of housing and building standards to incorporate health and wellbeing into the core of housing and building design would be beneficial. However, national planning policy indicate technical standards for accessible and adaptable housing requires the identification of the need for such properties.
- 52 The All-Party Parliamentary Group for Housing and planning in 2019, called for a 'national renovation strategy', with some specific measures for the private rented sector being suggested, including a national registration system for the private rented sector in England. This is an option currently being considered as part of the Private Landlord Selective Licensing Scheme in County Durham.

The County Durham Plan

- 53 In order to ensure that County Durham is a successful place to live, work, invest and visit the County Durham Plan focusses on supporting and creating vibrant communities by delivering:
- (a) More and better jobs and sustained economic growth;
 - (b) A wide choice of high-quality homes that supports economic growth and meets the needs of all people;
 - (c) A high quality built and enhanced natural environment; and
 - (d) The necessary supporting infrastructure including transport, health and educational needs.
- 54 A Health Impact Assessment (HIA) was undertaken working with a range of colleagues to inform the development of the County Durham Plan.
- 55 This process assessed the health impacts of different policies, including spatial policy further enhances the collaborations between health and planning colleagues. This helps to identifying the need for specific housing types, promoting a balanced community.
- 56 Measures will be introduced as part of the plan to ensure that a wide range of quality homes are built to meet the needs of residents. This would see a requirement that 10% of all homes on developments would have to be designed for older people to better support an aging population.
- 57 Between 10% and 25% would also have to be affordable homes, depending on the location.

HIA's on County Durham Housing Strategy and Homelessness Strategy

- 58 Following on from the development of the Durham County Council Housing Strategy, opportunities to identify relevant strategic objectives to enhance population health priorities were considered. These included:
- (a) Better Housing Support for County Durham Residents
 - (b) Provide housing advice, assistance and support for older and vulnerable people
 - (c) Improve access to housing
 - (d) More and Better Homes
 - (e) Maintain and improve standards across county Durham's housing stock and wider housing environment

- 59 A HIA on the Housing Strategy has been undertaken, with the key recommendations made to help health outcomes for single people, families and older people highlighted within the outcome report (Appendix 3).
- 60 A HIA on factors leading to homelessness has also been completed. This was initiated to consider opportunities to address those most at risk and support those sleeping on the streets. The HIA considers health needs when supplying accommodation and ways improve health outcomes for people accessing housing support services.
- 61 Specific work on this agenda has been developed by working in partnership with Housing Solutions. This includes work on;
- (a) reducing social isolation;
 - (b) fuel poverty;
 - (c) childhood injuries in the home;
 - (d) falls and frailty in older people.
- 62 Recommendations within the HIA's for Housing and Homelessness have indicated future areas for development by working with relevant groups, including the Housing Support Group, Housing Poverty Group and the Rough Sleepers Working Group and will be supported by Public Health.
- 63 Prioritisation of key recommendations from both HIA processes include:
- (a) Roll-out of Make Every Contact Count (MECC) training to housing and welfare officers offering people brief advice on health or signposting to services in their community. This has now been actioned as part of the Wellbeing for Life training programme 2019/2
 - (b) Protecting non-smokers and children in communal areas or social settings by embedding Smoke-free Homes Standards into tenancy agreement. This action has been included within the Service Specification for the Stop Smoking Service procurement in 2019/20.
 - (c) Developing further links with partners and delivery groups to support new tenants with budget management and accessing resources, such as through furniture cooperatives.
 - (d) Identification for further consideration of the health needs of those at risk of homelessness, or those who are rough sleeping (see Appendix 4).
- 64 This best practice approach has been recognised regionally, when Durham's housing strategy HIA process and findings were selected for presentation at the Public Health England Health in All Policies North East event in April 2019.
- 65 The need to liaise with NHS colleagues to work in partnership to address hospital discharge and housing requirements for vulnerable people has

also been identified. This area of work will be progressed within future housing and health plans.

Approach to Wellbeing

- 65 There are many definitions of wellbeing but it can broadly be recognised as feeling good and functioning well; how we are doing, how satisfied we are with our lives and our sense that what we do in life is worthwhile.
- 66 Public Health are working with partners to develop a new approach to wellbeing that builds upon and strengthens community assets and which places people and place at the centre of all activity.
- 67 County Durham's approach to wellbeing is underpinned by six principles that have been derived from the evidence base, and further informed by conversations with local partners:

County Durham's Approach to Wellbeing



- 68 Consideration was given to the six principle of wellbeing, which included ways of enhancing engagement with local communities in the planning of developments, acknowledging the differing needs of local communities and aligning strategy and policies to reflect the population of County Durham.
- 69 The model for Wellbeing provides an opportunity to engage partners involved in housing from across the county to consider options for integrating the six principles for wellbeing into their policy work. The principles could also be used to benchmark project delivery work undertaken in partnership with tenants and local communities.

- 70 This work has commenced with housing providers who are now engaged in a programme of Making Every Contact Count (MECC) training. This provides an excellent introduction for housing workers in the mental health and wellbeing, engaging tenants in an effective conversation about their mental health and signposting to appropriate services.

Current Housing and Homeless Initiatives Impacting on Health

Housing Solutions

- 71 Despite the national challenges around homelessness, there has been significant progress made over the last three years to prevent homelessness in County Durham. Housing Solutions is based within the Regeneration and Local Services (REAL) area group at Durham County Council. The service area aims to help clients access a home, to assist clients to stay at home and live independently and to improve properties and housing management standards.
- 72 During 2017-18, Housing Solutions have helped almost 4000 households from becoming homeless by helping them to stay at home or find alternative accommodation (Homelessness Review, Housing Solutions. 2017).
- 73 Areas for the targeting of homeless prevention interventions have included people with vulnerabilities, specifically young people, women, older people, Gypsy Roma travellers and the protection of tenants through the Private Sector Landlord Accreditation Scheme within specified areas of the county.
- 74 In 2017-18, a review on homelessness indicated the main reasons for clients contacting Housing Solutions was for housing advice, which included financial hardship (868 individuals), domestic abuse (535 individuals) and being asked to leave by parents (249 individuals).
- 75 In the same period, there has been a slight decrease in the number of clients presenting due to rent arrears, but an increase in those sleeping and those suffering from fuel poverty in the county.
- 76 Durham have recently led on a funding bid for the region and have secured Government funding of £700,000. A Rough Sleeping Action Plan and Strategy has been developed and a meeting structure implemented to discuss the delivery of the strategic objectives and operationally the individual cases.
- 77 The funding has been used to employ two Rough Sleeper coordinators who work in partnership with the police, probation, housing solutions, the voluntary sector and public health. In addition, officers are working

in prisons to assist with planned release and substance misuse outreach working with Humankind.

- 78 A bi monthly Rough Sleeping Count will be undertaken to maintain an overview on the current position of those sleeping rough. An outreach worker is employed and over the last year has assisted over 100 people into finding accommodation.
- 79 Adoption of the six principle of wellbeing into all housing support work and the implementation of recommendations identified in the HIA on the Homelessness Strategy could provide further opportunities to promote the health and wellbeing of local residents, reducing levels on homelessness across the county.

Local Letting Agency (LLA)

- 80 The County Durham Review of Homelessness (2018) highlighted that there are not enough properties with intense support available for those people with low to medium support needs.
- 81 In response to this Durham are setting up a local letting's agency enabling the council to own or lease properties. Government funding was applied for through the Rapid Rehousing Pathway Programme and Durham were awarded £253,538 to set up the LLA. The funding will be used to establish the LLA and appoint tenancy sustainment and housing management officers.
- 82 The role of the officers is vital to ensure the clients are supported in their tenancy, with any health needs being assessed and addressed by referral on to other relevant services. This project will contribute to reducing the risk of homelessness for vulnerable individuals including those leaving care, prison releases, veterans and substance misuse.

Private Landlord Selective Licensing

- 83 One of the main aims of the Housing Strategy is to raise standards in the private sector. There are a large number of homes in the private rented sector which are in poor condition and this can have a serious impact on health including exacerbation of respiratory illness, accidents and mental ill-health.
- 84 It is proposed to introduce a selective licensing scheme across County Durham as a tool to improve housing standards. This would require private landlord to adhere to set criteria for maintaining the home environment in order to gain a license to rent.

- 85 Areas for the contribution to health outcomes including safe and warm homes with recommendations for a smoke-free environment could be stipulated as part of the licence criteria.

Warmer Homes

- 86 The County Durham Warm Homes Campaign is the promotion and delivery mechanism for the County Durham AW Strategy. It provides training for front line health and social care professionals from the statutory and voluntary sectors who visit patients/clients in their home.
- 87 Referrals are made to the councils Warmer Homes Team within Housing Solutions and through assessment offer a menu of interventions. These currently include; boiler replacements, central heating upgrades, loft and wall insulation measures; Managing Money Better service assisting households to access lower energy tariffs and to switch energy providers and grant assistance for boiler repairs and assistance with gap funding or any client contribution requirement for warmer homes.

Silverdale Pilot

- 88 This Public Health research project aims to test the impact of a range of fuel poverty interventions for patients with Chronic Obstructive Pulmonary Disease (COPD) and asthma. The Silverdale GP Practice in South Hetton was identified by the Housing and Health Matrix as having the highest prevalence of patients with the two conditions and was the most appropriate test site.
- 89 The full results of the research project suggest the promotion of the scheme could be increased to integrated into the primary care and housing providers offer. The project has already resulted in over £51,000 of energy efficient boilers and home insulation measures installed for Silverdale patients involved in the project.

Unintentional injuries / minor illness – targeted work with social housing

- 90 Multi-Agency workforce development training has been commissioned to deliver unintentional injury from August 2019 with a focus on reducing accidents in the home for the under-fives. The training offer is to be delivered 2019-2022 and will offer a monthly session across all parts of the County to reach a minimum of 100 participants across County Durham per year.
- 91 The 0-19 commissioned service will provide a quarterly progress report will be shared at the Unintentional Injuries Steering Group and reported through to the BSIL steering group. All training sessions for the rest of the year are now fully booked (150 places, exceeding the target of 100 in the first year).

- 92 A bespoke session is being delivered to housing colleagues in the first instance. It is expected that all housing colleagues will engage with the training offer.

NHS

- 93 The new Homelessness Act has introduced a new 'duty to refer', from October 2018, requiring specified public authorities in England to notify LHAs of individuals they think may be homeless or threatened with becoming homeless in 56 days, with the person's consent.
- 94 The health services that the new duty applies to are accident and emergency services provided in a hospital urgent treatment centres, hospital-based in-patient treatment services
- 95 Other public authorities to whom the duty to refer applies includes prisons, probation and Jobcentre Plus. The aim of the new duty is to help people who come into contact with a range of public services get access to homelessness services as soon as possible so their homelessness can be prevented from reaching crisis.
- 96 The HIA conducted on the Homelessness Strategy recommends a review of housing status as part of patient assessment processes for those individuals accessing primary care, with a robust mechanism for referral into Housing Solutions for those at risk.

Conclusion

- 97 Housing is a key determinant to health and wellbeing. The Marmot Review states housing is a 'social determinant of health', meaning that it can affect physical and mental health inequalities in populations throughout the life course.
- 98 The County Durham Plan sets out a vision for housing, jobs and the environment until 2035, as well as the transport, schools and healthcare to support it. The plan aims to locate the new homes in the right places to contribute towards sustainable, balanced and regenerated communities across the county. Health impact will now be a key factor included in this work.
- 99 Improving housing and the home environment is key to improving health outcomes for individuals, families and the elderly as identified by the HIA's conducted on the Housing and Homelessness Strategy's in 2018.
- 100 The consideration of physical and mental health needs should be addressed when supplying accommodation and housing support services for those most in need.

- 101 To progress this process the engagement of Housing Providers is essential to understand the issues presented when trying to address the health needs of tenants. This should also be extended to owner occupiers.
- 102 The advent of the new Housing and Homelessness strategies for the county, plus recommendations identified in the associated HIA's and findings from the proposed HNA on homelessness, could all provide a new starting point for improved partnership working on housing and health.
- 103 This will require engagement at a local level with NHS, CCG's commissioning, housing, planning, public health and Voluntary and Community Sector and housing providers to develop a plan of action to ensure the health needs of tenants, owner occupiers and those at risk of homelessness are addressed using a system-wide approach.
- 104 This work could be initiated by reinvigorating a county wide strategic group for Housing and Health.

Background papers

- County Durham Plan 2018-2035
- Health Impact Assessment on the Housing, June 2019
- Health Impact Assessment on Homelessness, July 2019

Other useful documents

- County Durham Housing Strategy 2018-21
- County Durham Homelessness Strategy 2018-21

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Appendix 1

Legal Implications

The Homes (Fitness for Human Habitation) Act 2018 received Royal Assent on 20 December 2018 and came into force on 20 March 2019. The Act amends the current fitness for human habitation found in the Landlord and Tenant Act 1985

The Homelessness Reduction Act published in 2017, signalled a significant change to homelessness protection across England over the next 3 years. The Act aims to reduce homelessness by joining up services to provide better support for people, especially those leaving prison/hospital and other groups at increased risk of homelessness, such as people fleeing domestic abuse and care leavers

Finance

No implications

Consultation

a consultation with housing provider will be required to

Equality and Diversity / Public Sector Equality Duty

Not applicable

Climate Change

A warm, but energy efficient home will contribute to the reduction of carbon emissions.

Human Rights

Does not impact on human rights.

Crime and Disorder

A reduction in homelessness and risk of homelessness will contribute to a reduction in antisocial behaviour in local communities.

Staffing

None.

Accommodation

Housing has a significant impact on health and wellbeing. The Housing Act contributes to ensuring tenants have a right to safe and warm housing.

Risk

None

Procurement

None.

Appendix 2: Population groups vulnerable to the impact of housing on their health

- Older people
- Children and young people
- Single person households
- People who have been in care and aged over 21
- People who have been in the armed forces
- People who have been in custody
- People / families fleeing violence or threats of violence
- People in receipt of welfare
- People who lack budgeting / numeracy skills
- People with debt or previous arrears
- Working poor (employed on low and / or inconsistent wages)
- Private renters
- People living in poverty
- Single parent families
- People with mental health problems
- People with physical disabilities and long term conditions
- People with chronic respiratory disease
- People with learning difficulties
- People receiving end of life care -
- People who smoke
- Analysis of public health intelligence data indicates that key priorities include:
 - Childhood Injuries
 - Fuel Poverty
 - Mental health and isolation
 - Falls and frailty in older people
 - Household smoking
 - Homelessness

Appendix 3: HIA on Housing Findings

Actions	Population Affected	Potential Impact	Health Implications		Recommendation
			Positive	Negative	
Provide care and support for older and vulnerable people					
1.1; 1,2	<p>Older people</p> <p>People with mental health problems</p> <p>People with learning difficulties</p> <p>Single person households</p> <p>People with physical disabilities and long term conditions</p> <p>Children (as occupants but not tenants)</p> <p>People receiving end of life care</p>	<p>People have different housing needs associated with their health and social context. These needs are not static and require review either due to significant life event (e.g. change in health, co-habitants status etc.) or on a routine basis over a life course.</p> <p>Physical impairments mean that people are more likely experience injuries or falls in the home, more likely to be isolated and less safe if they need to</p>	<p>Appropriate housing for people with additional health or social needs can reduce demand on acute services through improved mental wellbeing, reduced antisocial behaviour and less accidents in the home. Over time this can reduce the risk of long term conditions, premature mortality and promote community cohesion.</p>	<p>People may not identify as vulnerable or been known to services e.g. young adults in the private rental sectors; people in receipt of informal care; or owner-occupying older people. There is potential negative impacts to vulnerable groups if they can't easily access support services or aren't aware of how it can benefit them leading to inequalities.</p> <p>Systems and processes for</p>	<p>Assessments for additional support needs should consider mental and physical health needs equally and consider many people have multiple additional support needs.</p> <p>Explicit use of the Housing Act 1996 to define her/his vulnerability within support criteria.</p> <p>Identify children as vulnerable occupants within the home despite not directly being the tenant but who may have health needs and who are more vulnerable to housing quality by virtue of</p>

	<p>People who have been in care and aged over 21 People who have been in the armed forces People who have been in custody People / families fleeing violence or threats of violence Unspecified (other special reason)</p>	<p>evacuate the property quickly.</p> <p>People with chronic respiratory illnesses are particularly vulnerable to cold homes increase risk of flu and pneumonia, which may lead to excess winter mortality.</p> <p>Mental health problems and learning disabilities means that people are more likely to have less social support, are vulnerable to people entering their homes, may have reduced capacity to budget / manage a home and may be more disrupted by changes to their home environment.</p> <p>Smoking is associated with poor physical and mental health and</p>	<p>When efforts are made to understand the needs of individuals who require support, the allocated home is more likely to be fit for purpose and be less likely to require multiple moves, to the disruption of individuals and detriment communities.</p> <p>Appropriate homes improve wellbeing and reducing physical or social risks, promoting independence and self-efficacy.</p> <p>Many adaptations, technology and tailored support is available to improve people's experience in the home.</p>	<p>assessment and allocation of homes can increase inequalities if tailored support is not widely promoted and offered to accommodate range of cultural, physical, language and sensory needs.</p> <p>Children are particularly vulnerable to poor housing in relation to respiratory health (cold homes, poor ventilation, second-hand smoke and proximity to major roads) and household injuries but often only represented by-proxy unless they have a specific disability.</p> <p>Housing officers and providers may take on roles and responsibilities that are beyond the scope of their professional expertise or job</p>	<p>their age, physical size and autonomy. Extend criteria considerations to people with common long term conditions, and dementia explicitly.</p> <p>Explore the use of technology to ensure safety and promote inclusion for people with sensory impairments.</p> <p>Adapting homes to meet people's needs should be preferable to moving people in order to enable the maintenance of social networks and continuity of services within communities.</p> <p>Housing support available should be proactively promoted through a range of communications measures and in particular through health and social care interfaces such as discharge planning.</p>
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		<p>strongly patterned by deprivation. Smoking contributes to people living in poverty and in early deaths amongst the smoking population. Children are most vulnerable to second hand smoke harms, leading to approximately 30% increased asthma admissions to hospital.</p> <p>Inappropriate housing can mean that people are unable to receive the treatment and care that they need for example, choosing to die at home .</p>	<p>When people benefit from proportionate support to meet their needs it promotes equity and inclusion within Durham's communities, reducing inequalities and isolation.</p>	<p>description if asked to deal with health or social issues in relation to 'support'.</p> <p>Limited stock of 2 bedroomed bungalows and homes that are adaptable to make accessible for wheelchairs etc.</p> <p>Some properties in the current stock are incapable of being adapted meaning people may have to move homes (that they may have been in for many years) to meet their needs.</p> <p>Older people and single person households do not necessarily have additional needs. This group could experience positive discrimination whereby vulnerability</p>	<p>Promote the support available for the housing application process and housing support that is available through community based services (i.e. not only health and social care) through a range of media formats and communications at community and voluntary sector locations / services.</p> <p>Ensure eligibility for carers (informal / formal) to represent people who may require for additional support within processes.</p> <p>Ensure that system and procedures proactively enquiry regarding additional needs that individuals may have, including a range of physical, mental and social examples, so the emphasis of responsibility is not on the individual to only self-identify.</p>
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				<p>is assumed and autonomy compromised.</p>	<p>Ensure that housing officers receive appropriate training on relevant aspects of their job and client groups' e.g. MECC, mental health first aid; dementia-friendly training; domestic violence etc. with support from health and social care partners.</p> <p>Private and social landlords to include smoke free homes standards as part of their tenancy agreement to improve the health of non-smokers in the home, particularly children.</p> <p>Communal outdoor areas within housing estates should be protected fresh-air spaces where smoking is prohibited for the protection of children and vulnerable groups.</p> <p>Where tenants are identified as smokers, landlords should consider</p>
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					<p>a referral to fire & rescue services for appropriate risk assessment and advice.</p> <p>Increase the number of DKO properties with wrap around support to support vulnerable people to achieve and maintain tenancies.</p> <p>Ensure people know about what succession tenancies are and how they can apply for them.</p> <p>Encourage the benefits of smoke-free, accessible and safe greenspace and garden areas to health and wellbeing of residents to housing providers, including physical activity promotion, play in childhood and mental wellbeing.</p>
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Addressing poverty and the impacts of welfare reform in a housing context					
2.1-2.4	<p>People in receipt of welfare Single occupant households</p> <p>Older people</p> <p>People with disabilities</p> <p>People with long term conditions</p> <p>Single parents families</p> <p>Home-owners not in contact with services</p> <p>People who lack budgeting / numeracy skills</p> <p>People who regularly smoke</p>	<p>Over the life course, people are most likely to experience poverty as young people, as a young family and in retirement. Supporting young families and older people out of poverty is strongly associated with reduced inequalities.</p> <p>People who have long term conditions, older people, people with disabilities and the unemployed are among those most likely to live in poor housing.</p> <p>Individuals living in poverty are more likely to live in a cold home, leading to risk of reduced mental wellbeing, isolation and respiratory illness. People living in</p>	<p>Addressing poverty can support people to maintain a warm and safe home and prevent homelessness.</p> <p>Addressing poverty can reduce crime and antisocial behaviour, giving children the best start in life in healthy communities.</p> <p>Smoking is highly associated with deprivation and increasing poverty. Social landlords are a previously under-utilised setting for targeting smokers to support them to stop.</p>	<p>Financial problems and increased housing costs are associated with increased suicide and crime.</p> <p>Increased housing costs are associated with people having poorer diets as healthy food becomes less affordable.</p> <p>Families may be excluded from close proximity where no affordable or appropriate housing is identified. This can lead to reduced social support and displacement.</p> <p>Not everyone is able to routinely budget due to a range of issues such as inconsistent income</p>	<p>Build on existing good practice to support people find appropriate energy suppliers and assessment for fuel poverty support (top ups/discounts) – see below.</p> <p>Support for new tenants / people moving into their first independent home should be given an understanding/ knowledge of budgeting skills for people in the social/private rented sector.</p> <p>Allocations of homes should be considered in relation to access to support, including services and informal family support.</p> <p>Where money management and budgeting is found to be difficult for individuals, or can be anticipated to be</p>

	<p>People with debt or previous arrears</p> <p>Working poor (those in employments on low and / or inconsistent wages)</p> <p>Children growing up in poor households</p> <p>Ex-offenders</p>	<p>poverty tend to spend long periods of time indoors at home, exposed to potentially hazardous environments if the homes are cold and unsafe which is further exacerbated if they smoke or have a long term condition.</p> <p>Despite perceptions, 40% of people affected by the bedroom tax are not in receipt of welfare benefits. This therefore increases the risk of in work poverty.</p> <p>One parent of split families often have contributions to two households, pushing them into poverty and lowering living standards, including distance to their children / work.</p>		<p>or inexperience of financial management, which is magnified by the UC system (now paying recipients directly as a single payment) leading to a risk of rent arrears and further poverty.</p> <p>People living in poverty are less likely to own their own car and be dependent on public transport making services and employment more difficult.</p> <p>Council tax concessions means that landlords are incentivised to provider unfurnished properties which disadvantages people living in poverty to have necessary goods e.g. separate beds, table for meals etc.</p>	<p>difficult, welfare support and housing providers should work to agree payment methods not dependent on individual behaviours or abilities.</p> <p>Build and develop links with public transport providers, employer transport schemes, active travel options, and car-shares schemes to enable routine travel / access across Co. Durham to maximise employment opportunities for working age people.</p> <p>Explore opportunities to make initial allowances and delayed payments during the first few weeks of tenancy to enable people to receive their first pay check / welfare payments to prevent barriers to food / transport or heating.</p> <p>Steps should be taken to raise awareness amongst</p>
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		<p>Older home owners in County Durham may be asset-rich but may live in poverty and not be known to services prior to a significant event (e.g. a fall, flu) occurring which leads to reactive rather than preventative actions. Long term home ownership means that properties may be not be adequately maintained.</p> <p>People living in poverty are more dependent on local services and shops, and therefore more vulnerable to quality of the products and prices on sale (e.g. unhealthy foods).</p> <p>People living in deprivation disproportionately represent smokers. Smoking contributes to people living in</p>			<p>providers and landlords about the high proportion of people who are working poor but living in social housing and therefore the specific impact of the bedroom tax on this group, focused on advocacy for tenants on UC revisions and reducing stigma associated with social housing.</p> <p>Offering financial support / incentives to older owner-occupying residents so that they can make improvements or update their property can make homes safer and warmer for their duration, reducing risk of illness as well as increase the value of the asset for any potential care provision required in the future. Enhancing dilapidated properties can also increase the attractiveness of streets, increasing value of housing stock enabling social good.</p>
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		<p>poverty and in premature mortality amongst the smoking population with profound impact of families.</p>			<p>Promote and develop links within communities to furniture cooperatives, food banks and clothing banks to ensure people can access necessary resources to properly furnish their homes and thrive in communities.</p> <p>Identify smoking status and amount spent on smoking as part of affordability assessment. Information on the financial gains from quitting could also be shared at this point.</p> <p>Social housing providers to engage with specialist stop smoking services to ensure tenants have access to a free specialist service.</p> <p>Encourage and promote the benefits of greenspace and garden areas to health and wellbeing of residents particularly as a free</p>
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					approach to be physically active, childhood activities and promotion of mental wellbeing.
Prevention of homelessness in County Durham					
Public Health consultation to be submitted to County Durham’s Homelessness Strategy specifically.					
Ensure Durham Key Options Choice Based Lettings is accessible and easy to use for the residents of County Durham					
4.1-4.4	<p>Anyone who requires access to Durham Key Options (DKO)</p> <p>Professionals who support people around holistic needs</p>	<p>Social housing is much more regulated and offers much more support to vulnerable people than the private sector.</p> <p>DKO to be established as the single point of contact for the affordable sector, based on a ‘RightMove’ model.</p> <p>Social landlords are a previously under-utilised setting for targeting smokers to</p>	<p>Supporting the most vulnerable people, who are at risk of poorer health than many others within the overarching population to access, achieve and sustain tenancies will help to reduce inequalities and improve the health of the poorest fastest.</p>	<p>People may not currently understand what Durham Key Options is, because of its name, how it works and how it can support people to access affordable homes. Lack of understanding of what DKO is and what it does could mean people miss out on accessing suitable and affordable housing for their needs</p>	<p>Re-brand DKO to make more recognisable and convey to the user what it is.</p> <p>Undertake a PR campaign across Co. Durham targeting across the life stage and range of properties on offer.</p> <p>Undertake training of relevant professionals who can support people to complete their applications.</p>

		<p>support them to stop due to the disproportionately high number of smokers in social housing.</p> <p>Properties of former smokers have reduced value and require additional preparation in order to subsequently re-let.</p> <p>Many of the most vulnerable people in our communities are being forced into lower standard homes through the private rented sector due to the criteria and process requirements of social housing.</p> <p>People bid for properties depending on their current household size.</p>	<p>DKO acting as a one-stop shop for affordable housing means that social housing is seen as available for people even if they do not have pressing “need” but as a positive option. This may reduce stigma.</p> <p>The single-point service model enables people to have easier access to review all the social housing options across Co. Durham.</p>	<p>Current processes may be increasing inequalities through not everyone having access to DKO and therefore increasing the likelihood people will opt to apply for private sector housing which is generally of a poorer standard</p> <p>People who have preceding behaviours considered ‘undesirable’ may not be able to access social housing e.g. People with existing debt People with historic breach of tenancy agreement People with history of rent arrears People with criminal records People with substance misuse issues</p>	<p>Ensure that the support available to apply for DKO is widely promoted for people in a range of locations / services, particularly to those who do not have access to technology or the necessary computer literacy skills to complete the application form.</p> <p>Streamline the application process to reduce the length of time for applications to at least that of the private rented sector.</p> <p>Ensure that systems and staff training can respond to identifying urgent housing needs for vulnerable people (e.g. those fleeing domestic violence) and mechanisms are in place for appropriate referral or immediate placement / support where necessary.</p>
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				<p>Current processes may be increasing inequalities through not everyone having access to DKO and therefore increasing the likelihood people will opt to apply for private sector housing which is generally of a poorer standard.</p> <p>Current routes and criteria in DKO may particularly negatively impact people without access to technology and poor computer literacy in particular:</p> <ul style="list-style-type: none"> • Older people • Dementia • Mental Ill health • Literacy issues • LTCs/disability <p>People who have an expanding or changing family sizes need to immediately</p>	<p>Ensure that any changes to the application process or to design/functionality of accessing the application process involves service users/ customers to ensure that the service is tailored to the needs of service users and can be accessed by potential users.</p> <p>Increase the supply and support in homes for people with chaotic/complex needs. Ensure holistic assessment of individuals and families to ensure they are given the right support/services to achieve and sustain tenancies</p> <p>Expanding DKO to be a place where everyone can access all properties (including private landlords) not just social housing</p>
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				<p>move which is disruptive to the family, reducing likelihood to adopt / foster and detriments community cohesion through reduce population stability.</p>	<p>Increase understanding of professionals, CVS and people in co. Durham the role of affordable housing (DKO) to support:</p> <ul style="list-style-type: none"> • People who have welfare/medical needs; • people to get onto the housing ladder; and • people who want to live and stay in County Durham <p>Property allocations should consider the needs of young families as they are likely to expand or have changing needs as children grow to promote appropriate development and privacy in childhood (e.g. mixed gender families have separate bedrooms for boys and girls).</p>
Raise quality standards within the private rented sector					
10.1-10.3	Private renters	Problems with private landlords and factors can lead to anxiety	Housing that is of a high standard and meets their	Potential negative impacts if private rented sector	Target investment and information / advice services to vulnerable

	<p>People who are not eligible / do not apply via DKO</p>	<p>and stress for tenants and their families due to the imbalance of power.</p> <p>Overcrowding is most common in the private rental sector.</p> <p>People in the private rented sector are at risk of poor energy efficiency and have increased physical hazards.</p>	<p>needs, there will be a positive impact on their health.</p> <p>Improving private rentals quality and management can positively impact mental and physical health particularly for vulnerable groups who are more likely to be living in the rental sector.</p> <p>Improving the physical space available for individuals and families can reduce the incidence of communicable diseases, promote wellbeing, reduce antisocial behaviour and promote positive childhood development</p>	<p>discriminates against certain population groups in the allocation of tenancies for example welfare recipients, ex-offenders and refugees and asylum seekers</p> <p>Private rentals available at short notice without appropriate screening processes may take advantage of vulnerable groups in need of urgent accommodation.</p>	<p>households living in the private sector.</p> <p>The private rented sector standards should consider requirements to address the quality of physical space in relation to energy efficiency and space. Outdoor spaces for safe lightening, security and greenspace should also be considered within private rental offers.</p> <p>All private rental households should receive standard communications to make them aware of:</p> <ul style="list-style-type: none"> - the Tenancy Deposit Scheme and legal responsibilities of all landlord, irrespective of license status, - Energy efficiency measures, including fuel poverty supplements - Mechanisms to report inappropriate or unfair behaviour of landlords
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					<p>who have significant power imbalance.</p> <p>Developmental work with private sector landlords to make inclusive eligibility criteria should be undertaken to reduce stigmatisation of specific groups, learning from social housing approaches to make adaptations and offer appropriate support for vulnerable groups.</p> <p>Social housing providers to engage with specialist stop smoking services to ensure tenants have access to a specialist service. Explore opportunities to gain insights from private renters on the service experience e.g. service user questionnaires offered through letting agents.</p>
Improve energy efficiency of properties to ensure County Durham has a stock of warm, healthy and energy efficient homes.					
13.1-13.5	People living in poverty	Conditions such as cardiovascular disease and	Improved energy efficiency leads to less school time	Where support in available, often those engaged with	Build on existing good practice to support people find appropriate energy

	<p>Single parent families</p> <p>Children and young people</p> <p>People with mental health and learning disabilities</p> <p>People with respiratory diseases</p> <p>People with long term conditions causing immunosuppression</p>	<p>respiratory illness are likely to be exacerbated by cold, damp homes.</p> <p>In addition, those living in cold, damp conditions are at a higher risk of falls and accidents in the home. The mental health impact of inadequate housing is still an emerging field of study, although evidence supports the view that householders do suffer stress that is detrimental to their quality of life and general wellbeing.</p> <p>Those who are fuel poor may also become more socially isolated due to economising and reluctance to invite friends into a cold home environment.</p>	<p>lost due to asthma symptoms.</p> <p>Improved energy efficiency may reduce respiratory symptoms in people at increased risk, this can reduce demand on primary care for self-limiting conditions and reduces demand on acute services for serious respiratory illness (e.g. pneumonia)</p> <p>Targeting vulnerable groups who are fuel poor, including higher risk groups who are more susceptible to illnesses caused by the cold/ damp and those who tend to spend longer at home.</p>	<p>services or with high social support / agency may have easier access to support than others. This can increase inequalities if support is not tailored to varying needs.</p>	<p>suppliers and assessment for fuel poverty support (top ups / discounts) through primary care disease registers of vulnerable groups (e.g. Silverdale Pilot).</p> <p>Specifically targeted the roles of health and social care providers to deliver the NICE guidelines for fuel poverty advice and referral pathways.</p> <p>Work with health and social care providers to combine winter warmth messages associated with both the seasonal influenza vaccine and fuel efficiency measures at vulnerable groups.</p> <p>Raise awareness of fuel poverty affecting not only older people, but particularly single parent families and single occupancy households amongst professionals and the public.</p>
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		<p>Homes in fuel poverty have a choice between keeping warm and spending money on other essentials. Poor diet can potentially be the results, with increased long-term health risks of obesity, cancer malnutrition, and CVD.</p>			<p>Increase the energy efficiency of Durham's social housing stock to reduce the amount of energy that is needed to heat the home adequately.</p> <p>Work towards zero carbon standards and eradicate fuel poverty in existing housing through investment in energy efficiency, renewable energy and appropriate advice.</p> <p>Target older people who lives in their own home owner proactively with advice on fuel efficiency and fuel poverty support available.</p>
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Appendix 4: HIA on Homelessness Findings

Actions	Population Affected	Potential impact	Health implications		Recommendations
			Positive	Negative	
Prevention of Homelessness					
P1 Review housing advice line and early intervention services	Those who are homeless, or are at risk of homelessness and their families Hidden homeless Housing providers and wider workforce	Underlying mental health, poverty, substance misuse, domestic abuse and safeguarding issues can be screened and addressed.	Underlying health issues are assessed and referred to appropriate services improving health outcome and individuals ability to retain housing/tenancy.	Disclosure of health issues to an advice line may not be given consent by the client and therefore will not be addressed Housing staff teams may not feel confident or skills in making the health assessment and health outcomes will not be addressed.	Ensure health assessments for all individuals referred to Housing Solutions are undertaken as part of an early intervention by housing staff, housing providers and wider partners Develop opportunities for a comprehensive training programme for housing provider workers in MECC and mental health first aid Comprehensive pathways are developed to

					ensure early intervention on health issues are actioned
P2 Introduction to service standards	Those who are homeless, or are at risk of homelessness and their families Hidden homeless	Ensure high quality referrals are made into partners to address underlying health needs and improve health outcomes.	Increase in early screening and intervention opportunities. Underlying health issues are addressed appropriately referred on as standard practice helping individuals retain housing/tenancies.	Housing staff teams may not feel confident or skills in making the health assessment and opportunities for improving health outcomes are lost.	Health and wellbeing is integrated into the standards to ensure a systematic approach to addressing health needs of individuals, and families Develop opportunities for a comprehensive training programme for housing provider workers in MECC and mental health first aid Comprehensive pathways are developed to ensure early intervention into health is actioned
P3 Review existing prevention tools	Those who are homeless, or	Prevention and early intervention	All prevention tools and ways of	Prevention tools relating	Prevention tools are promoted as

	<p>are at risk of homelessness and their families</p> <p>Hidden homeless</p>	<p>agenda is factored into all housing prevention tools as standard practice. This will include health screening and assessment of wider determinants including income, debt, substance misuse, domestic abuse, employment and training.</p>	<p>working between housing health and wider partners are aligned to help improve health outcomes. this helps individuals retain housing/tenancies</p>	<p>to health are seen as relevant with all housing colleagues and are not utilised</p>	<p>relevant ways to improve the health and wellbeing for those vulnerable clients at risk of homelessness .</p>
<p>P4 Promotion of Housing Solutions</p>	<p>Health and social care partners including those engaged with vulnerable groups including health, social care, criminal justice, substance misuse, domestic abuse services, veterans and GRT.</p>	<p>Work of housing Solutions and associated pathways to prevent homelessness are acknowledged increasing positive outcomes for general population</p>	<p>Integration of housing and health agenda is achieved</p> <p>Partners prevented from working in silos</p>	<p>No negative impact.</p>	<p>Housing Solutions incorporate health colleagues into all communications</p>
<p>P5 Duty to refer requirements promoted through data sharing and networking</p>	<p>All individuals and families at</p>	<p>Improved communications between partners</p>	<p>Integration of housing and health agenda is</p>	<p>GDPR needs to be considered</p>	<p>Common assessments developed to</p>

	<p>risk of homelessness.</p> <p>Hidden homelessness</p> <p>All partners engaged with vulnerable groups including health, social care, criminal justice, substance misuse, domestic abuse services.</p>	<p>and opportunities for joint working across health and social care to improve health outcomes.</p> <p>Appropriate referrals on to relevant agencies to support the retention of housing/tenancies</p> <p>Improved working arrangements and shared agendas</p>	<p>achieved to achieve positive health outcomes</p> <p>Partners prevented from working in silos</p>	<p>between partners and integrated to address all needs and data requirements.</p>	<p>incorporate health into the housing agenda.</p>
Improved prevention monitoring process	<p>Those who are homeless, or are at risk of homelessness and their families</p> <p>Hidden homeless</p>	<p>Improved communications between partners and opportunities for joint working</p>	<p>Reduction in homelessness and achievement of KPI's</p>	<p>No negative outcomes</p>	<p>Ensuring health outcomes are integrated as part of the prevention monitoring process.</p>
Develop tenancy sustained model in partnership with landlords	<p>All individuals and families at risk of homelessness.</p> <p>Landlords</p>	<p>Awareness of health and wellbeing with landlords</p> <p>Opportunities for landlord to understand referral processes</p>	<p>Increase positive working relations with landlords and improved outcomes for tenants</p>	<p>Landlords do not see it as their agenda and do not work to support improved</p>	<p>Provide an overview on health impact with landlords</p> <p>Promote schemes to address fuel</p>

		for challenging tenants Opportunities to promote a reduction in fuel poverty, winter warmth and smoke free homes	Reduction in fuel poverty. Reduction in smoking within the home	health outcomes	poverty and winter warmth
1. Supply of Accommodation					
Action	Population	Potential impact	Health Implications		Recommendations
			Positive	Negative	
A1 Review suitability of temp accommodation	The population also includes those living in insecure accommodation, 'sofa surfing', squatting, people at risk of homelessness and those who have a history of episodic homelessness.	There is a strong overlap between homelessness and multiple and complex needs which impacts on the ability of individuals to retain housing./tenancies This leads to the requirement for temporary accommodation and other floating support This requires positive links to improve access to support needs	A reduction in homelessness can result in a reduction in rough sleeping, crime and disorder, family breakdown, poverty, chronic mental and physical health problems, suicide and substance misuse related deaths The identification of those at risk of homelessness can improve access to suitable homes and improve	Housing providers identify a lack of knowledge and skills in identifying health needs and underlying conditions leading to poor health outcomes Changes to benefits system, resulting sanctions and increasing debt and	Provide and promote a standard definition of homelessness for partners and understand how it is measured when applying to those with multiple and complex needs. Ensure all housing health and other partners assess the need for housing provision on a systematic basis Emphasise and fund prevention and early intervention initiatives

		such as substance misuse, mental ill health, long-term physical conditions, physical and emotional abuse and cycles of involvement with the criminal justice system.	health and social care outcomes.	arrears can compound and increase in negative coping mechanisms impacting on the whole family leading to evictions. Increase in long-term conditions such as coronary vascular disease, respiratory conditions and infections. Negative impact on family unit	Partnership working with JCP for those with rent arrears benefit issues and living in fuel poverty to help reduce fiscal challenges and sanctions and retain tenancies. Partnership approach to monitor and intervene with 'regular attenders', rough sleepers.to address ongoing need, and the ability to source secure and appropriate accommodation. Develop opportunities for a comprehensive training programme for housing provider workers in MECC and mental health first aid
A2 Review existing provision of supported accommodation	The population are often homeless due to multiple	The impact on families and relationship breakdown can	A mapping of supported housing and other floating support to ensure	Many of those at risk may not identify to	Identify and address gaps in data collated by housing providers in

	<p>vulnerabilities, which may include adverse childhood experiences (ACE's), underlying mental and physical health problems, circumstantial events and those experiencing stigma and discrimination.</p> <p>Multiple and complex needs may manifest themselves in substance misuse including tobacco, poor and enduring mental health problems, long term physical health conditions, poverty and debt, family breakdown, social exclusion,</p>	<p>result in an increase in ACE's for children and young people within the family unit. This can result in a perpetration of a generational cycle of vulnerabilities.</p> <p>Groups encountering stigma and discrimination are also at risk of mental ill health. These groups in County Durham can include GRT community, LGBT, minority ethnic communities, ex-offenders and veterans.</p>	<p>adequate support is available can improve access and improve health outcomes. This can need to independent tenancies, and further opportunities for training and employment.</p>	<p>housing providers and therefore may not access appropriate support</p> <p>Proposals for Selective Licensing for Landlords may reduce accessibility to suitable housing for those displaying challenging behaviours.</p>	<p>order to quantify and understand the needs of homeless adults with multiple and complex needs.</p> <p>Emphasise and fund prevention and early intervention initiatives</p> <p>Target area for interventions need to include support for young people, women, older people and vulnerable groups</p> <p>Partnership working with JCP for those with rent arrears benefit issues and living in fuel poverty to help reduce fiscal challenges and sanctions and retain tenancies.</p> <p>Consider opportunities to increase tenant IT literacy skills to enhance the</p>
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	<p>physical and emotional abuse and involvement with the criminal justice system</p>				<p>successful completion of benefit forms to help gain money/tenancy.</p> <p>Support the development of pathways for signpost into health and social care services e.g. JCP, GP's, and adult social care, mental health services, CVS and drug and alcohol services.</p> <p>. Increase the ability for tenants to access travel cost to enable tenants to visit JCP, or other support services to address need.</p> <p>Develop opportunities for a comprehensive training programme for housing provider workers in MECC and mental health first aid</p>
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<p>A3 Increase existing housing supply to utilise empty properties by working with landlords and partners</p>	<p>Those who are homeless, or are at risk of homelessness and their families</p> <p>Hidden homeless</p> <p>Utilising data to ensure housing made available is in areas of high need</p>	<p>Increase supply of quality, affordable housing is targeted in areas of high social economic need.</p> <p>Easy access into amenities such as schools, local communities' affordable food, transport, health and social services to avoid social isolation</p>	<p>Data mapping to identify areas requiring more homes close to community networks to improve family ties.</p>	<p>No negative outcomes</p>	<p>To integrate health data into assessment process for scoping of local areas to source properties .</p>
<p>A4 Increase existing housing supply and conversions</p>	<p>Those who are homeless, or are at risk of homelessness and their families</p> <p>Hidden homeless</p> <p>Utilising data to ensure housing made available is in areas of high need</p>	<p>Increase supply of quality, affordable housing is targeted in areas of high social economic need.</p> <p>Conversions for those families requiring home adaptations for health needs e.g. disability or long-term conditions are represented</p>	<p>Access to affordable and sustained housing is increased.</p> <p>Houses are converted to address health needs.</p>	<p>Converted housing stock is maintained, with the ability to revert the house back to basics to remain attractive to the tenant.</p>	<p>To integrate health data into assessment process for scoping of local areas to source properties.</p> <p>To assess individual needs for adaptations on houses to be made to maintain tenancy.</p>

<p>A5 Develop a proposal for a buy to lease model working with partners</p>	<p>Provide bespoke properties targeting multiple vulnerabilities, which may include underlying mental and physical health problems and those experiencing stigma and discrimination</p>	<p>Increase supply of quality, affordable housing is targeted in areas of high social economic need.</p>	<p>Access to affordable and sustained housing is increased for those displaying vulnerabilities</p>	<p>No negative outcomes if equity on entry is achieved</p>	<p>To integrate health data into assessment process for scoping of local areas to source properties.</p> <p>To assess individual needs based on health and wellbeing to help maintain tenancy.</p>
<p>Provision of Support</p>					
<p>Action</p>	<p>Population</p>	<p>Potential Impact</p>	<p>Health implications</p>		<p>Recommendations</p>
			<p>Positive</p>	<p>Negatives</p>	
<p>S1 Review Housing Options and Planned exit team around supporting clients</p>	<p>Housing Solutions staff.</p> <p>Vulnerable groups including rough sleepers and those accessing services on multiple occasions</p>	<p>Ensuring all agencies are engaged to support clients</p> <p>Referral pathways are robust and well promoted to maintain co-working facilities on those most in needs.</p>	<p>Multiagency approach to engaging those at risk and/or accessing services on multiple occasions leading to increased ability to retain housing/tenancies.</p>	<p>Does not address those who are hidden from statutory services and at risk.</p>	<p>To ensure all referral routes and pathways into support services remain up to date and relevant. Support the development of pathways for signpost into health and social care services e.g. JCP, GP's, and adult</p>

			Standardise methods to address health and wellbeing needs including financial support to maintain tenancies		social care, mental health services, CVS and drug and alcohol services. Develop opportunities for a comprehensive training programme for housing provider workers in MECC and mental health first aid
S2 Review current advice and support given to clients experiencing financial difficulty	Those who are homeless, or are at risk of homelessness and their families The population includes those living in insecure accommodation, 'sofa surfing', squatting, people at risk of homelessness and those who have a history of episodic homelessness.	There is a strong overlap between homelessness and multiple and complex needs leading to poor health outcomes and reduction in the ability to retain housing/tenancies This links to the requirement for other support needs such as substance misuse, mental ill health, long-term physical conditions, physical and emotional abuse	A reduction in clients experiencing financial can reduce rough sleeping, crime and disorder, family breakdown, poverty, chronic mental and physical health problems, suicide and substance misuse related deaths The identification of those at risk of homelessness due to financial difficulty can	Perpetual cycles of debt can impact significantly on mental health and wellbeing which may then cause an inability to engage with training and employment opportunities	To ensure all referral routes and pathways into financial support services remain up to date and relevant. These include: welfare rights, citizens advice and JCP.

		and cycles of involvement with the criminal justice system.	improve access to suitable homes and improve health and social care outcomes.		
S3 Monitor support needs within Housing Plans to identify gaps in service	Housing Solution staff and wider partners working with vulnerable groups	Assessment of underlying mental health, substance misuse, domestic abuse and financial and safeguarding issues can be addressed	Standardise and monitor the approach to address health and wellbeing needs of those most at risk to provide support to maintain tenancies	Housing plans need to be monitored to ensure they remain of a high quality and are maintained	Provide Housing Solutions with templates to integrate the assessment, monitoring and evaluation of all interventions for health and wellbeing issues into Housing plans.

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Alcohol



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Alcohol Awareness Week 2019

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- Balance Re-launched 'Tumour' campaign on 4 November.
- Raises awareness that alcohol causes 7 types of cancer.
- Balance campaign activity
 - TV advert on video on demand (ITV and C4)
 - Radio advertising
 - Digital advertising
 - High impact bus advertising
- Sharing of messages through:
 - display screens
 - display of printed material
 - sharing of messages on social media



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reducemyrisk.tv

Dry January 2020

- The North East has seen the highest rate of people joining Dry January for last several years.
- Press release by Balance
- Encouraged DCC staff to sign up to Dry January with help of health advocates.
- DCC also shared details of staff engagement with partners to try and encourage wider participation and sign up.



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Tobacco



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Stoptober campaign

- Campaign ran between 13 September and 31 October
- Support for campaign included:
 - Sharing social media messages
 - Durham County News
 - Cllr Henig's Durham Advertiser column
 - Display screens and digital advertising
 - Display of printed materials, and
 - Internal communications
- Balance released the press release and held field events in Peterlee and Stanley during Septemb



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Stoptober campaign (continued)

- Smokefree Life Service:
 - Held coffee mornings during October, on average two people signed up to quit smoking each day
 - Used bulk texting to target those who have returned to smoking, relapsed or who failed to quit.
 - Set up information at DCC workplaces and lunch stations
 - Engaged food banks inc. Spennymoor, St Pauls
- CCG:
 - Communication and information sent to all practices

Forthcoming Fresh campaigns

- January – Keep it out campaign (reducing supply of and demand for illegal tobacco)
- February – Every breath campaign (raising awareness around smoking and COPD)



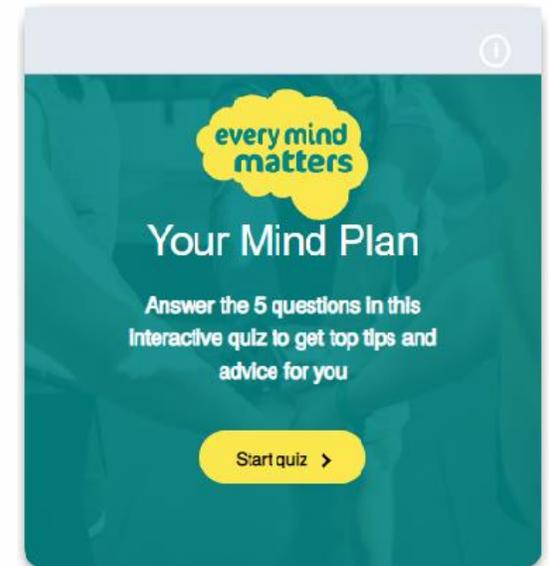
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Mental health



World Mental Health Day – 10 October

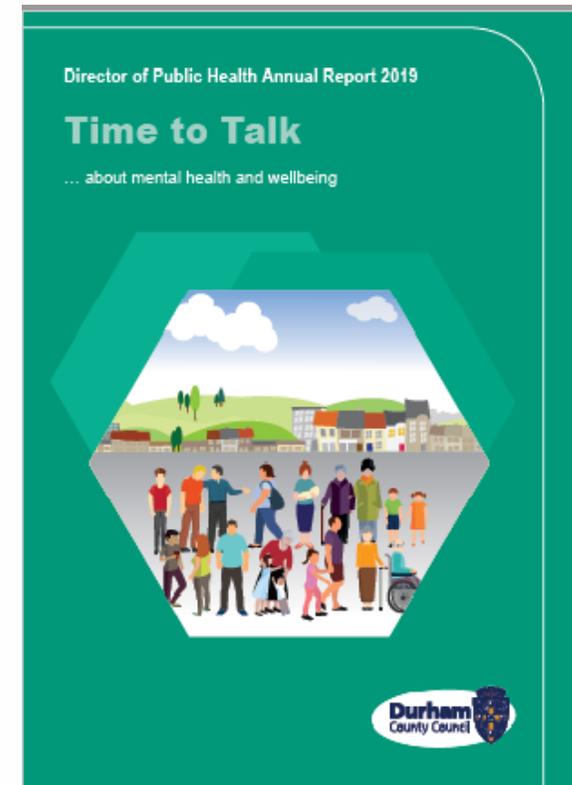
- Durham County News article.
- Multi agency approach to World Mental Health Day, including Fire and Rescue Service.
- Public Health England launched Every Mind Matters campaign on 7 October
- DCC senior officer [vlogs](#)
- Time to Change public perceptions survey.
- Press release about new framework for businesses
- CCG event on future of children, young people and families mental health services in County Durham



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Mental Health – other work

- Director of public health annual report. Areas of focus - mental health at scale and healthy workforce.
- Launch of Kooth for young people - www.kooth.com/
- DCC and Business Durham working with businesses in County Durham on a healthy workplace framework
- County Durham Partnership event – 25 October
- Promotion of time to change public perceptions survey
- Planning for Time to Talk Day (February)



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Breastfeeding

In need of breastfeeding support visit
www.durham.gov.uk/breastfeeding

Like us at
[Facebook/codurhaminfantfeeding](https://www.facebook.com/codurhaminfantfeeding)



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Breastfeeding

Festive Feed event at County Hall on Friday 13 December for local breastfeeding mums.

January - promotion of breastfeeding opportunities in County Durham including breastfeeding friendly venues and breastfeeding cafes.

Roll out of 'Thank you for breastfeeding' cards



You're doing a great job.

Thanks for breastfeeding in public

By breastfeeding in public you are helping to normalise it and encourage fellow mothers to do the same.

Please pass this card on to the next mum you see breastfeeding in public to help spread the message.

Flu

**HELP US
HELP YOU**

STAY WELL THIS WINTER

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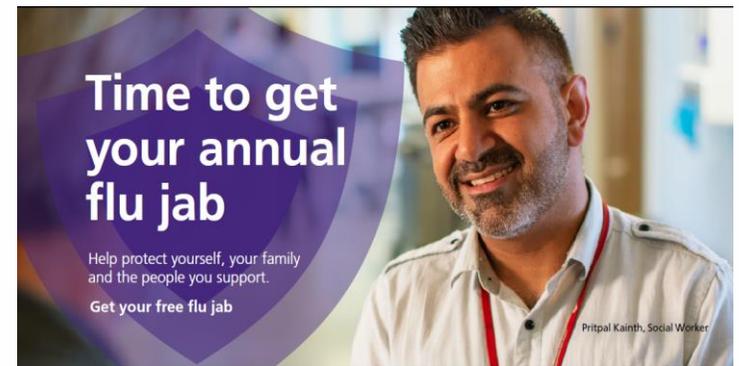
Help us help you - stay well this winter

Staff vaccinations

- Public Health England launched campaign material for NHS staff in September. DCC have adapted these for local authority staff.
- Eligible staff invited to received their flu vaccinations at the onsite clinics
- Other internal communications include manager case studies, vlogs, intranet posts and staff magazine.

HELP US HELP YOU

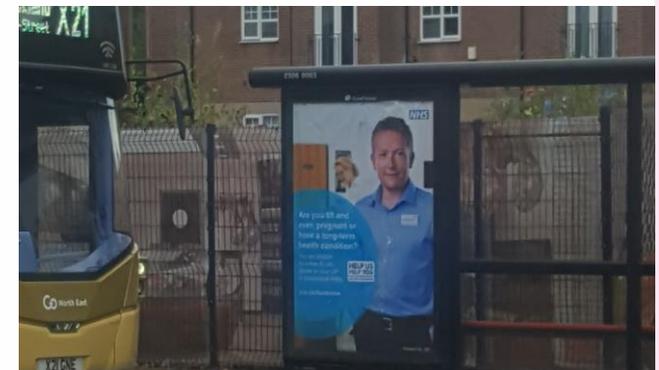
STAY WELL THIS WINTER



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Page 234 Help us help you - stay well this winter

- Campaign launched by Public Health England 24 October.
- Campaign supported through:
 - Web and social media channels
 - Stay Well in Winter feature in Durham County News
 - Information for carers shared via Carers Matter publication and DurhamCarers.info
 - Digital advert and TV screens
 - Bus shelter adverts
 - Printed materials distributed
 - PHE communication and vlog shared on schools extranet
 - Updates shared through social media channels



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