



## Health and Wellbeing Board

**Date**      **Wednesday 1 September 2021**  
**Time**      **9.30 am**  
**Venue**     **Council Chamber, County Hall, Durham**

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### Business

#### Part A

#### Items which are open to the Public and Press

1. Apologies for Absence
2. Substitute Members
3. Declarations of Interest
4. Minutes of the meeting held on 17 June 2021 (Pages 5 - 16)
5. Health and Social Care Integration: Verbal update from Corporate Director of Adult and Health Services, Durham County Council and Director of Integrated Community Services
6. Housing and Health: Report and presentation of Strategic Housing Manager, Housing Solutions, Durham County Council (Pages 17 - 42)
7. Health and Wellbeing Framework for schools / education settings update: Report of Amanda Healy, Director of Public Health, Durham County Council (Pages 43 - 56)
8. Alcohol and Drug Harm Reduction Group update 2021: Report of Amanda Healy, Director of Public Health, Durham County Council (Pages 57 - 76)
9. Area Action Partnership update: Report of Head of Partnerships and Community Engagement, Durham County Council (Pages 77 - 88)
10. Health and Wellbeing Board Campaigns: Presentation of Amanda Healy, Director of Public Health, Durham County Council (Pages 89 - 94)

## **Local Outbreak Engagement Board**

11. Covid 19 update: Presentation of Amanda Healy, Director of Public Health, Durham County Council (Pages 95 - 102)
  - a. Local Outbreak Control Plan: Progress Update
  - b. Questions from members of the public and stakeholders
12. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration
13. 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)**

14. Pharmacy Application: Report of Amanda Healy, Director of Public Health, Durham County Council (Pages 103 - 118)
15. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration

**Helen Lynch**

Head of Legal and Democratic Services

County Hall  
Durham  
23 August 2021

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

Councillors R Bell, T Henderson and P Sexton

J Robinson	<b>Adult and Health Services, Durham County Council</b>
J Pearce	<b>Children and Young People's Services, Durham County Council</b>
A Healy	<b>Public Health, County Durham Adult and Health Services, Durham County Council</b>
Dr S Findlay	<b>County Durham Clinical Commissioning Group</b>
Dr J Smith	<b>County Durham Clinical Commissioning Group</b>

N Bailey	<b>County Durham Clinical Commissioning Group</b>
F Jassat	<b>County Durham Clinical Commissioning Group</b>
S Jacques	<b>County Durham and Darlington NHS Foundation Trust</b>
J Gillon	<b>North Tees and Hartlepool NHS Foundation Trust</b>
J Illingworth	<b>Tees, Esk and Wear Valleys NHS Foundation Trust</b>
P Sutton	<b>South Tyneside &amp; Sunderland NHS Foundation Trust</b>
C Cunnington-Shore	<b>Healthwatch County Durham</b>
M Forster	<b>Harrogate and District NHS Foundation Trust</b>
M Laing	<b>Associate Director of Community Services</b>
S White	<b>Office of the Police, Crime, and Victim's Commissioner</b>
S Helps	<b>County Durham and Darlington Fire and Rescue Service</b>
L Hall	<b>Housing Solutions</b>

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**Contact: Jackie Graham**

**Email: 03000 269704**

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## DURHAM COUNTY COUNCIL

At a Meeting of **Health and Wellbeing Board** held in **Council Chamber, County Hall, Durham** on **Thursday 17 June 2021 at 9.30 am**

**Present:**

### **Members of the Board:**

Councillors P Sexton, R Bell and T Henderson, N Bailey, C Cunnington-Shaw, Dr S Findlay, M Forster, A Healy, M Laing, J Murray, J Pearce, J Robinson, Dr S Smith and S White

### **1 Election of Chair**

**Moved** by Councillor R Bell, **Seconded** by Councillor T Henderson and

#### **Resolved:**

That Councillor P Sexton be elected as Chair of the Board for the ensuing year.

**Councillor P Sexton** in the Chair

### **2 Appointment of Vice-Chair**

**Moved** by Councillor T Henderson, **Seconded** by J Robinson and

#### **Resolved:**

That Dr S Findlay be appointed as Vice-Chair of the Board for the ensuing year.

### **3 Apologies for Absence**

Apologies of absence were received from C McManus, F Jassat, J Gillon, L Hall, S Helps and S Jacques

### **4 Substitute Members**

J Murray for J Gillon

### **5 Declarations of Interest**

There were no declarations of interest.

## **6 Minutes**

The minutes of the meeting held on 18 March 2021 were agreed as a correct record and signed by the Chair.

Andrea Petty, Strategic Manager (Partnerships), Durham County Council provided an update on the following items:

- Letter to Government regarding Poverty and Levelling Up. On 17 March 2021, Councillors Hovvels, Gunn and Surtees wrote to Matt Hancock MP, Secretary of State for Health and Social Care; Robert Jenrick MP, Secretary of State for Housing, Communities and Local Government; Will Quince MP, Parliamentary Under-Secretary (Department for Work and Pensions) to lobby the government for action against poverty issues and levelling up across the country asking them to consider future funding implications. A response was been received and circulated to the Health & Wellbeing Board.
- The Joint Health & Wellbeing Strategy had now been published following agreement at the last meeting. All organisations were requested to place this document on their websites. Alongside the document was an Easy Read version and as requested at the last HWB meeting, a summary version had also been produced. Members were asked to ensure they took account of the Strategy when developing other plans and strategy.

## **7 Public Health England System Changes**

The Board received a presentation from Professor Peter Kelly, Public Health England Regional Director and NHS Regional Director of Public Health North East and Yorkshire regarding the Public Health England System Changes (for copy see file of Minutes).

The presentation highlighted the following:

- Our purpose
- Our national and local presence
- PHE Place and regions
- PHE People and resources
- The UK Health Security Agency (UKHSA)
- The Office of Health Promotion (OHP)
- Other PHE functions
- The PHP will sit at the heart of DHSC and the wider system
- To be determined:
  - How will UKHSA, Office of Health Promotion (DHSC), NHSE and local government interact?

- Local operating procedures for health protection between UKHSA and 12 x NE Local Authorities
- Funding of UKHSA and all other public health destinations
- How will the ICSs work in the future? Will there be a role for the Regional Public Health Team, and if so, what will it be?
- Future pandemic planning, surge capacity and 'reserve force'
- Spending review
- Role of the Health and Wellbeing Board

Following a question from the Chair asking what differences would the board see with the changes to the public health system, Professor Kelly explained that the changes were within the operational detail and so people would not notice any changes. They would continue with a good system of operation with clear protocols in place. The board would help to ensure the health of the County improved, especially in areas of deprivation to the East of the County, making a difference to daily lives and narrowing health inequalities.

Jane Robinson, Corporate Director of Adult and Health Services, Durham County Council asked what mechanism would be used for the things that were still to be determined. Professor Kelly said that some would be determined nationally but his approach was that the framework gives us a guide but that there was still a need to sit down and work out the best way that works for us. The structures could be different in each area but would be designed in County Durham for the people of County Durham providing the best solution for us.

Councillor R Bell was concerned that the boundaries of the geographical areas did not fit with the boundaries of the ICS, and hoped that any funding would not migrate to the larger areas. Professor Kelly explained that the merger had already taken place last May and provided a successful system in North Yorkshire and the North East. The ICS was designed around patient flows to the big hospital centres across the region.

Further to a question from John Pearce, Corporate Director of Children and Young People's Services, Durham County Council about what help we had from the regional level for the North East, Professor Kelly reported that there was a command control. Detailed discussions took place with the Secretary of State on National Policies to help deliver what was best for the region and locally.

The Chair thanked Professor Kelly for attending.

**Resolved:**

That the presentation be noted.

## **8 Health and Social Care Integration - Integration and Innovation: working together to improve health and social care for all - white paper**

The Board received a presentation from Michael Laing, Director of Integrated Community Services outlining how health and social care integration was progressing locally (for copy see file of Minutes).

The presentation highlighted:

- Background to the Integration and the White Paper
- Main White Paper proposals
- What does this mean in County Durham
- Activity in County Durham
- Revised County Durham Care Partnership
- Integration Programme
- Next steps
- Continue to engage with the ICS and the Department of Health and Social Care
- Get the new County Durham Care Partnership structures up and running and refine based on feedback and changing guidance
- Start the Integration Programme work-streams with agreed timescales for delivery
- Keep partners engaged and support each other during a period of change
- Continue to deliver services to 530,000 people in County Durham

Councillor T Henderson asked how would the Integrated Care System take account of patients and young people's views for improved health and care system. Michael Laing explained that this was yet to be determined as a forum had been set up to gather the views of children and young people. In addition, the ICS engagement plan was also to be determined and how we really understood the young people's experiences, emotional and mental health needs.

Nicola Bailey, Chief Officer NHS County Durham Clinical Commissioning Group, added that the guidance of the ICS design framework could be circulated which showed the engagement and involvement of the service users. They were involved in all aspects of decision making and they would continue to be part of the delivery and improvements with a focus on County Durham. She further added that the board of the ICS would hear the voices of children and young people as they were an important part of the process.

Councillor R Bell believed the system already worked well but that the design framework for the ICS required sharing and listening to people's views. He

said that it was important to consult on the proposed changes and to listen to those views expressed.

Nicola Bailey added that it was clear that there had to be an agreement on the design framework but that there were still a lot of areas that could collectively be influenced.

Jane Robinson said that the LA7 Chief Executives had met with Alan Foster and also wrote to him expressing their concerns. She assured the board that this would remain part of their agenda going forward.

Dr Findlay understood the fear people might have regarding the changes however he explained that the two Clinical Commissioning groups had merged and worked well together. With regards to funding being potentially lost through the ICS he said that we should be asking what we could do to help in terms of the integration.

From a children and young people perspective, John Pearce said that this risk was now being addressed in the design framework and that we needed to ensure their voices continued to be heard. He believed that excellent progress had been made but looking forward there were significant challenges for young people following the pandemic which could have underlying problems for them.

Amanda Healy, Director of Public Health said that there was an opportunity to build upon the progress already made through LA7 and at a North East level but to be delivered at place level.

**Resolved:**

That the presentation be noted.

**9 Path to Excellence - 5 year transformation of healthcare provision across South Tyneside and Sunderland**

The Board received a report and presentation from Dr Shahid Wahid, Executive Lead for Path to Excellence, that provided an update about the on-going pre-consultation process the Path to Excellence programme is following in order to involve NHS staff, patients and stakeholders in developing options/proposal for change which will be subject to a wider public consultation later in the year. It builds on previous reports brought to the Health and Wellbeing Board on the progress of the Path to Excellence programme (for copy see file of Minutes).

Dr Wahid delivered a detailed presentation explaining the options for both general surgery and trauma and orthopaedics. The next steps would be to

develop a pre-consultation business case and provide an update to the board within the next 2-3 months.

Councillor Bell asked that residents would not be disadvantaged because of the changes especially when taking on board travelling. Dr Wahid advised that Durham had a volunteer taxi service, especially in the rural areas but that they were looking at what else could be done. Information would be presented to stakeholders before going out to the public.

Dr J Smith said that during Phase 1 of the engagement in East Durham, more than 90% of patients were not be affected by the changes. Patients in Seaham, Murton and surrounding areas would use Sunderland as their usual hospital, with patients choosing to travel to what suits them best. He said that it helps when the GP knows at the point of referral where the final treatment would be held so that this information could be given to the patient at the onset, and that they may be able to help arrange transport.

Dr Wahid assured the board that information would be presented in a way in which the public would understand. He said that they wanted to engage in a meaningful way.

The Chair thanked Dr Wahid for attending.

**Resolved:**

That the update on Path to Excellence Phase 2 be noted.

## **10 Health and Wellbeing Board Campaigns**

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

- COVID-19
  - Proactive and prevention work
  - Vaccine
  - Comms to schools / parents
- Healthy Start in Life
- Mental Health and Wellbeing
- Living Better

Councillor T Henderson referred to the use of a mobile vaccination unit to deploy to areas of lower uptake and asked if there been a difference in take up between the most and least affluent areas of the county.

Amanda Healy, Director of Public Health commented that the vaccine buses had been well received and were targeted at areas where take up was low, this data being available through colleagues in the NHS.

Dr Findlay said that uptake in the deprived areas of the County had been lower and the bus was helping to pick those people up who were reluctant to travel to their GPs or a larger vaccine centre. He stressed how important it was for everyone to have the vaccine to protect themselves and the most vulnerable in our society. He commented that a number of younger adults were now coming forward for the vaccine.

Dr Smith added that a number of positive comments had been received about the buses.

The Chair asked how local councillors could help with the vaccine roll out messages especially in areas where there is hesitancy.

Amanda Healy responded that knowing your community and contributing to activities to promote the roll out was important. Public Health had a wealth of resources available for those people who were still worried or reluctant to take up the offer of a vaccine. She stressed that simple clear messages were key and would help to counteract any concerns.

**Resolved:**

That the presentation be noted.

## **11 COVID-19 update**

The Board received a report and presentation from the Director of Public Health which provided an update on the COVID-19 response and the COVID-19 Local Outbreak Control Plan (for copy of see file of minutes).

The Director of Public Health advised that government published the 'COVID-19 Response - Spring 2021', which set out the roadmap for the easing of restrictions and as part of this, Local Authorities were required to update their Local Outbreak Control Plan (LOCP) with a revised Local Outbreak Management Plan (LOMP). She added that this would encompass any variants and the lessons learnt so far and would be regularly reviewed, amended and updated according to local, regional and national developments.

The LA7, the seven local authorities of County Durham, Gateshead, Newcastle, North Tyneside, Northumberland, South Tyneside, and Sunderland, continued to work collectively focusing on a joint approach to COVID-19.

There had been a rapid increase in the number of cases, mainly in younger people. An increase in Durham City and a small cluster in some schools had involved the Outbreak Control Team putting preventative and control measures in place.

The Chair thanked the whole Public Health team for their efforts in helping to tackle the spread of the virus.

The Director of Public Health advised that the below responses to questions from members of the public and stakeholders would be published on the Council's website following the meeting:

1. Why haven't I seen any action taken against premises I reported for breaches of COVID regulations?

**Steve White**

Durham County Council, along with the other Local Authorities across the country are looking to support the reopening of the economy and are approaching reports of breaches etc in line with the recognised approach of the four E's. Engage, Explain, Encourage and then Enforce.

If any breaches of the requirements are found the team will work with the business to bring them back into compliance. Enforcement actions will be considered where necessary.

Unfortunately, we are not able to update consumers on individual actions taken but please be assured Durham County Council are taking all relevant actions needed to control the spread of Covid in line with other agencies.

From a police perspective, they were continuing to receive concerns from the public about breaching restrictions and were responding appropriately. The message continued to be to about prevention.

2. Members of my household have recently tested positive for COVID-19 and are at the end of their self-isolation period, my partner has just started with symptoms, do we all need to extend our self-isolation period?

**Michael Laing**

Your isolation period includes the day the first person in your household's symptoms started (or the day their test was taken if they did not have symptoms) and the next 10 full days.

If other household members develop symptoms during this period, you do not need to isolate for longer than 10 days.

3. What will happen to the roadmap if other variants of Covid 19 are found prior to 21 June?

**Jane Robinson**

As you know the country is experiencing a steep rise in infections. Time has moved on since the question was submitted. As a result of national rate

increases, Step 4 of the government's Roadmap has been delayed until 19 July. The delay is because of concerns over the Delta variant. Cases are growing nationally by about 60% per week, and more time is needed to deliver the vaccine programme before Step 4 can be triggered.

However, from 21 June some restrictions are being lifted:

- The number of guests at a wedding will no longer be limited to 30. Venues must continue to do a risk assessment to ensure social distancing can take place and stick to current capacity levels.
- Care home residents will not have to self-isolate after leaving their care homes, and they will be able to nominate an essential care-giver who can visit, even if they are self-isolating.
- Children can go on overnight trips in groups of 30 with, for example, the Scouts or Guides, or as part of summer residential schools.
- Planned large events' pilots in sports, arts and music will continue.

More detail will be published over the coming week.

A number of restrictions which were expected to be lifted, will remain in place.

These are:

- Limits on the number of people who can mix. 6 people or 2 households indoors and up to 30 people outdoors.
  - Workplaces, shops, cafes, pubs, clubs, theatres and cinemas still have to operate within capacity limits and Covid secure measures.
  - Face covering and social distancing rules remain unchanged.
  - Nightclubs remain closed.
4. Is there any indication of what might happen when the traditional flu season starts, will social distancing and masks be part of life now?

### **Dr Stewart Findlay**

Flu is passed person to person in the same way as Covid-19 is transmitted therefore the control measures of 'Hands, Face, Space' have had a significant impact on our Flu figures, nationally and locally over winter. If we continue to exercise measures such as you suggest; social distancing and face coverings – I'd also include good hand hygiene - I would expect a similar reduction in Flu cases throughout the following traditional flu season.

However, Step 4 of the roadmap, plans to remove all legal limits on social contact, meaning social distancing and face coverings would not be part of everyday life. The government have promised to complete a review of social distancing measures and other long-term measures that have been put in place to limit transmission. The results of the review will help inform decisions on the use of social distancing, face coverings and other measures.

5. How is the vaccine roll out going in County Durham and are we aware of how many people have not taken it up and how can we further encourage them to do so?

**Amanda Healy**

The vaccine roll out in County Durham has been very successful so far with good take up across all eligible age bands.

The longer the vaccine has been available to an age group the more complete our figures are. For example over 95% of our 60+ age group have had both doses. While younger age groups are still going through the vaccination process and therefore have lower numbers at this point. For example only 35% of our 40-49 year olds have had both doses.

This means on average over 73% of our eligible population aged 16+ have now received their first dose; over 55% have received their second dose; and 26% not yet vaccinated. You can find all the latest data in County Durham and your local area, on our Covid dashboard [www.durhaminsight.info/covid-19](http://www.durhaminsight.info/covid-19)

We are now inviting the 25-30 age group to take up vaccinations.

Some key highlights are as follows; 570,000 vaccinations given in County Durham so far; we have the Melissa Bus – a mobile vaccination unit – touring the county providing vaccine without appointments to eligible cohorts, targeting areas with low uptake; Vaccine are available at mass vaccination sites, GP practices, community pharmacies and targeted clinics for vulnerable groups. The vaccination hub at County Hall (stood down on 25 April 2021) vaccinated over 40,000 NHS and social care staff.

In relation to the low take up of the flu vaccine, the Chair asked if symptoms were similar to that of COVID-19 should cases of both diseases presented this winter. Dr Findlay explained that the symptoms were very similar however they had tests that would indicate what was COVID and what was flu. He added that it was likely that a booster would be available for those who were vulnerable for COVID and the winter campaign would encourage people to take up the flu jab. A number of trials were taking place to see if flu and COVID booster jabs could be given together as at present there needed to be a seven day gap. He went on to advise that immunity levels to flu could be low as the numbers reduced to such low levels last year due to COVID measures.

**Resolved:**

That the report and updated Local Outbreak Control plan be noted and agreed.

## **12 Exclusion of the public**

### **Resolved:**

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

## **13 Pharmacy Application**

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

### **Resolved:**

That the report be noted.

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**Health and Wellbeing Board****1 September 2021****Housing and Health****Report of Lynn Hall, Strategic Housing Manager, Housing Solutions, Durham County Council****Purpose of the Report**

- 1 The purpose of this report is to provide the Health and Wellbeing Board with an update of the housing and health related projects that Housing Solutions have delivered over the past year, as well as any planned initiatives, which align to the priorities outlined in the Joint Health and Wellbeing Strategy.
- 2 A presentation providing a summary of the report will be presented by the Strategic Manager for Housing at the Health and Wellbeing Board meeting.

**Executive summary**

- 3 A report was presented to the Board in January 2020 by the Director of Public Health and Director of Regeneration and Local Services, which provided an overview of the importance of housing and the home environment in improving health outcomes for the population of County Durham.
- 4 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.
- 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 In July 2019, the council adopted a revised Housing Strategy for County Durham. The two main aims of the Strategy are 'Better housing support for County Durham residents' and 'More and better homes', with health and rurality being cross cutting themes. Measures are being introduced

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 As part of the Housing Strategy, Cabinet also approved a revised three-year Homelessness and Rough Sleeper Strategy, running up to 2022. The Rough Sleeping action plan which is part of the homelessness strategy covers four themes, to prevent rough sleeping, provide rapid action to those living on the street, prevent reoccurring rough sleeping and provide information to the public and partners on rough sleeping.
- 8 Some of the key findings of the review showed that in 2019/20, of 2,877 people that were homeless or threatened with homelessness, 57% had stated that they had a support need. 52% of the 2,877 stated they had a history of poor mental health, 24% had physical ill health or a disability and 22% had a drug and/or alcohol dependency. Data from 2020/21 shows that cases presenting with poor mental health have increased by 8% from 2019/20. The review also highlighted that there is a shortage of accommodation for those people with complex and high support needs, based on the complexity of the clients that we have presenting to Housing.
- 9 The Joint Health and Wellbeing Strategy has three strategic priorities: Starting Well, Living Well and Ageing Well. The projects and initiatives within Housing Solutions cuts across each of these, as set out below: -

### **Starting Well**

- 10 Key projects include:
  - Administration of Disabled Facilities Grants for children aged 19 and under
  - Remain Safe – target hardening initiative supported financially by the Stronger Families Programme, to support children and their families to live safely and securely in their home
  - Young Persons Joint Protocol

### **Living Well**

- 11 Key projects include:
  - Administration of Disabled Facilities Grants
  - Warm and Healthy Homes
  - Hospital Discharge Protocol
  - Health pilot with housing providers with an aim to reduce hospital admissions
  - Domestic abuse
  - Rough sleeping
  - Accommodation for vulnerable people

- COVID-19 vaccinations initiative
- Joint working with Registered Housing Providers
- Private Rented Sector Stock Condition

### **Ageing Well**

12 Key projects include:

- Council New Build Programme
- New housing for older people
- Needs Based Accommodation Programme Board

### **Recommendation**

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

- a) Note the content of the report

## Background

- 14 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.
- 15 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.
- 16 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. 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.
- 17 In July 2019, the council adopted a revised Housing Strategy for County Durham. The two main aims of the Strategy are 'Better housing support for County Durham residents' and 'More and better homes', with health and rurality being cross cutting themes.
- 18 As part of the Housing Strategy, Cabinet also approved a revised three-year Homelessness and Rough Sleeper Strategy, running up to 2022. The data used to inform the strategy was based on statistics from April 2015 to April 2018, as well as legislation set out in the Homelessness Reduction Act 2017. The Strategy includes three overarching aims:
  - i. Aim one: To prevent homelessness through early intervention.
  - ii. Aim Two: To increase access to and the supply of accommodation for those who are homeless or threatened with homelessness.
  - iii. Aim Three: To provide a range of support services to reduce the risk of households becoming homeless.
- 19 The Rough Sleeping action plan which is part of the homelessness strategy covers four themes, to prevent rough sleeping, provide rapid action to those living on the street, prevent reoccurring rough sleeping and provide information to the public and partners on rough sleeping.

- 20 Government guidance states that housing authorities must keep their homelessness strategy under review and may modify it accordingly to meet the needs of their clients. Considering the availability of up-to-date statistical information following the introduction of the Homelessness Reduction Act 2017, as well as the impact of COVID-19 to the Housing Solutions team, a further detailed review of homelessness was carried out.

### **Key findings from the Homelessness Review**

- 21 The recent review analysed data from 2019/20 and 2020/21 to be able to understand the needs of the clients and produce an up-to-date action plan.
- 22 Around 13,000 people contacted Housing Solutions during 2019/20, of which approximately 7,500 presented as being potentially homeless or threatened with homelessness, making up almost 60% of the total contacts to the team.
- 23 Of the 7,500, 4,568 (60%) people were provided with early advice and assistance, leaving 2,983 (40%) who had a full homelessness assessment carried out on them. Following the assessment, it was determined that 106 people were not threatened with homelessness, leaving 2,877 people that were 'owed a duty' under the homelessness legislation.
- 24 Although the total number of cases presenting have remained consistent over recent years, the reasons have changed. The main reason in 2019/20 for receiving early advice and assistance was due to family no longer willing to accommodate and the main reason for homelessness was due to loss of private rented tenancy.
- 25 Considering the close relationship between housing and health, the data from 2019/20 showed that of the 2,877 people that were homeless or threatened with homelessness, 57% had stated that they had a support need. 52% of the 2,877 stated they had a history of poor mental health, 24% had physical ill health or a disability and 22% had a drug and/or alcohol dependency.
- 26 Data from 2020/21 shows that cases presenting with poor mental health have increased by 8% from the previous year. The review highlighted that there is a strong correlation between repeat homelessness and those people that have mental health as a support need. There is a clear concern that support needs in Durham are beginning to rise.
- 27 In June 2020 there were 72 applicants placed into temporary accommodation across the month, an increase of 148% in comparison to June 2019, this was linked to the introduction of the Government's

initiative 'Everyone In', to house all rough sleepers during the peak of the COVID-19 pandemic.

- 28 The review also looked at what supported accommodation and floating support is currently accessed by housing solutions. The findings showed that there are around 550 supported units across the County that the team currently refer into, however approximately only 3% would accept people with complex/high support needs. This indicates a shortage of accommodation for those people with complex and high support needs, based on the complexity of the clients that we have.
- 29 A revised action plan has been produced based on the findings of the review, which has been approved at Regeneration, Economy and Growth Management Team and will be taken to Corporate Management Team for information in September. A project plan is now being implemented and delivered by housing solutions to ensure that they can meet the needs of the people presenting as homeless.

### **Housing Solutions contribution towards the Joint Health and Wellbeing Strategy**

- 30 The Joint Health and Wellbeing Strategy has three strategic priorities: Starting Well, Living Well and Ageing Well. The projects and initiatives within Housing Solutions cut across each of these and are detailed below.

#### **Strategic Priority 1 – Starting Well**

- 31 Social factors including poverty and poor housing can act against the ability of the parents and families to create a safe, healthy and nurturing environment for their children. Children who are exposed to adverse events such as domestic abuse or alcohol misuse can be affected negatively, both physically and mentally, throughout their childhood into adult life. The paragraphs below set out the projects and initiatives that help contribute towards this priority.

#### **Adaptations for children**

- 32 During 2020/21, Housing Solutions approved 22 Disabled Facilities Grants (DFG's) for children aged 19 and under. These grants will fund suitable adaptations and will enable those children to live more independently in their own home, which will help to improve their physical and mental wellbeing.

### **Target Hardening for families**

- 33 Housing Solutions co-ordinates the target hardening initiative 'Remain Safe', which is a partnership approach to support victims of domestic abuse, harassment and hate crime to remain safely in their own home or make a new home secure for themselves and their family. The Stronger Families Programme contributes financially, by paying up to £250 per case where children who are currently working with them are involved. During 2020/21 there were 175 Remain Safe cases assisted under the initiative, of which 87 cases (50%), were supported by Stronger Families.

### **Young Person's Joint Protocol**

- 34 Housing Solutions are working closely with Children's Services to further develop joint protocols for 16- and 17-year-olds who are homeless or threatened with homelessness. COVID-19 funding has been used to appoint a Duty to Refer Co-ordinator who will ensure all legislative requirements are developed in relation to young people's housing support needs.

## **Strategic Priority 2 – Living Well**

- 35 While the length of life of local people continues to increase, the years that people can expect to live a high quality of life sees significant differences across County Durham. Housing conditions can influence our physical and mental health, for example, a warm and dry house can improve general health outcomes and specifically reduce respiratory conditions and good housing promotes positive mental health.
- 36 Alcohol and substance misuse causes harm to people's health including their mental health and can impact on the ability of individuals to access or sustain employment and housing. The paragraphs below set out the projects and initiatives that help contribute towards this priority.

### **Adaptations**

- 37 As well as DFG's for children, during 2020/21 Housing Solutions approved a total of 725 grants. 554 (76%) were for people aged 60 and over, 149 (21%) were people aged 20 to 59 and 22 (3%) were for people aged 19 and under. These grants will fund adaptations to help people to remain safely in their own homes and could range from installing ramps, handrails, ground floor bathrooms etc.

### **Warm and Healthy Homes**

- 38 Warm and Healthy Homes (WHH) is a Public Health commissioned service delivered by Housing Solutions. It commenced in 2017 in response to the National Institute for Health and Care Excellence

(NICE) NG6<sup>1</sup> guideline. This guideline makes recommendations on how to reduce the risk of excess winter deaths and ill health associated with living in a cold home.

- 39 The aim is to help meet a range of public health and other goals, including:
- Reducing preventable excess winter death rates
  - Improving health and wellbeing among vulnerable groups
  - Reducing pressure on health and social care services
  - Reducing 'fuel poverty' and the risk of fuel debt or being disconnected from gas and electricity supplies (including self-disconnection)
  - Government grants to improve the energy efficiency of owner occupiers for new boilers, central heating and insulation measures available to households with income less than £36,000 or in receipt of qualifying benefits and having a cold related illness
- 40 This involves joint working between Housing Solutions, Public Health, County Durham Clinical Commissioning Group (CCG) and GP Practices. Referrals come from front line health practitioners on behalf of their patients. GP practices in the Durham Dales, Easington and Sedgefield (DDES) area write to their caseload of COPD and Asthma patients recommending that the patient complete the WHH questionnaire. There is a dedicated WHH officer who works with the CCG and GP practices. During 2020/21 WHH has assisted 1,035 households to receive grants for new heating boilers and insulation measures equating to over £1.26m of grants. The Managing Money Better service also assisted 803 households to save over £65,800 from their energy bills and fuel debt write offs.
- 41 The numbers of residents contacting WHH for assistance increased during 2020/21 due to their change in circumstances resulting from the COVID-19 pandemic. This included households being at home for longer periods of time during lockdown, resulting in higher energy bills and reductions in incomes due to job loss or furlough. There was also an increase in the numbers of patients responding to the mail out through GP practices. It is anticipated this increase will continue into 2021/22 and possibly into 2022/23.
- 42 Discussions are taking place with Public Health to extend funding for the Warm and Healthy Homes project to assist more vulnerable households which will be aligned with ECO phase 4 health funding when it commences in force in 2022.

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<sup>1</sup> NICE Guidelines (NG6): Excess winter deaths and illness and the health risks associated with cold homes <https://www.nice.org.uk/guidance/ng6>

### **Hospital discharge**

- 43 Housing Solutions is working with health care professionals to develop a Hospital Discharge Protocol to ensure that patients who are ready for discharge are returning to suitable housing. This includes a daily call between hospital medical professionals, Adult Services Hospital Social Work Managers, Mental Health, Commissioning Services and housing. The purpose of the daily meeting is to discuss cases where patients are ready for discharge but require involvement from another service, e.g., Social Services, a care home or care package or other assessment or housing intervention. Housing attendance at the meetings has proven to be effective by having a direct link between health and housing colleagues and being able to work together to source alternative accommodation when a Duty to Refer is made by the hospital when the patients' current accommodation is no longer suitable.

### **Reducing hospital admissions**

- 44 It was recognised that a joined-up approach around the prevention of hospital admissions would be welcomed by health colleagues. Housing Solutions initiated conversations with housing providers and health to discuss how they could work together to identify potential cases where a hospital admission could be prevented. A pilot is due to commence with Believe Housing, Livin, Darlington Borough Council and community health matrons to do joint visits to identify people who may be at risk and, through early intervention, prevent a hospital admission.

### **Domestic Abuse**

- 45 Those suffering from domestic abuse are identified as being vulnerable in terms of the impact that their housing situation can have on their health. In 2020/21 there were 849 presentations to Housing Solutions in relation to domestic abuse, 713 (84%) of these were provided with early advice and intervention or were closed and the remaining 136 (16%) were supported through the duties under the Homeless Reduction Act. Due to the high number of people presenting as being potentially homeless due to Domestic Abuse, a decision was made in early 2021 to allocate all homeless cases to a specialist Housing Officer. As there is a continuing need for specialist support in this area, an additional specialist Housing Officer will be joining the team in August.
- 46 Housing Solutions have recently worked alongside other agencies, including Police, Children and Adult Services and Health to complete a Domestic Abuse Needs Assessment. This is a collection of data in relation to domestic abuse victims over a 3-year period. A deep study

of this data will assist in informing a Domestic Abuse Strategy which will not only develop the local authority's response to domestic abuse but will also fulfil the duties of the Domestic Abuse Act 2021. One of the main aims of the Domestic Abuse Act is to ensure support within safe accommodation is provided for all those who require it.

### **Rough Sleeping**

- 47 Rough sleeping can have a major impact on someone's physical and mental health. Within Housing Solutions, we have a dedicated Rough Sleeper Team, who work intensively with anyone sleeping rough across the County, with an overarching aim to source suitable accommodation and support to meet their needs. The team has a dedicated substance misuse worker and will soon be joined by a mental health worker to provide specialist support to rough sleepers.
- 48 During 2020/21 and in the peak of the COVID-19 pandemic, the Rough Sleeper Team worked to the Government's 'Everybody In' initiative, responding to 397 reports of rough sleepers across the County. Following investigations, 175 were verified as rough sleeping and were housed in either temporary or secure accommodation. The team have secured Ministry of Housing, Communities & Local Government (MHCLG) funding and as a result will be able to provide the following:
- **Protect Plus Funding** – to assist with the shortfall on housing benefit in B&B accommodation, provide food parcels, assist with deposits/rent in advance for private landlords.
  - **Next Steps Accommodation Programme (NSAP)** – monies were awarded for a complex needs project for 2 years in October 2020, as well as £375k to redevelop the former health clinic at Wheatley Hill into 5 self-contained flats for former rough sleepers/those at risk of rough sleeping. This was completed in June 2021.
  - **Rough Sleeper Initiative 4 (RSI4)** – Durham was successful, as lead authority on behalf of the North East region, in being awarded £1,117,000, with £460k staying in Durham. Through this award, we have increased staffing to include a dedicated rough sleeper team leader for Durham, an additional navigator, an additional tenancy sustainment officer, continuation of a dedicated substance misuse worker, as well as changing somewhere safe to stay (SSTS) provision from 6 units on one site to 10 units dispersed across the county, which will increase provision geographically.

### **Accommodation for vulnerable people**

- 49 County Durham Lettings Agency was established in 2020 to provide homes for people who may otherwise be excluded through more traditional housing pathways because of their chaotic lifestyles and support needs, which can have a negative impact on their physical and mental health. These groups include victims of domestic abuse, prison and hospital leavers, adult and children's care leavers, homeless or those in danger of imminent homelessness. The properties are provided via direct acquisition and private sector leasing coupled with intensive support to ensure tenancies are sustained. To date we have a portfolio of 20 properties with an additional 17 waiting to be approved. It is predicted that a further 78 properties will be added during 2021/22.
- 50 A recent review of homelessness has identified that there is a shortage of suitable accommodation for those leaving prison or with an offending history/complex needs. Housing Solutions have developed a dedicated offender team who work with high-risk offenders with complex needs, they support the statutory MAPPA (Multi Agency Public Protection Arrangements) function and deliver Project BETA.
- 51 Project BETA is a joint project with Durham and Darlington probation service. It aims to secure suitable, affordable accommodation from the day of release and to offer a holistic wrap around approach to ensure everything is in place to support the individual and help maintain a tenancy. Support is provided for a period of 12 weeks from the day of release. Supporting offenders and ex- offenders into settled and suitable accommodation can be the foundation of every other part of rehabilitation, resettlement, reducing reoffending and managing risk. This work is important because for many offenders it can give stability to a previously unstructured life. Without suitable accommodation it is unlikely that offenders will be able to secure and keep a job, register with a doctor or get into drug and/or alcohol treatment. We have secured additional funding to secure accommodation for offenders that will be managed via the County Durham Lettings Agency.

### **COVID-19 vaccinations for vulnerable groups**

- 52 Housing have worked closely with Public Health to ensure that our hard-to-reach groups including rough sleepers and the Gypsy Roma Traveller (GRT) community are being communicated with in relation to receiving the COVID-19 vaccination. The initiative has provided information about drop-in clinics as well as being a single point of contact. The uptake of vaccinations has been very successful across both groups.

### **Joint working with Registered Housing Providers**

- 53 As part of the strategic housing role, regular meetings take place with housing providers through a range of partner forums. Housing and

health is a priority and a number of initiatives including Making Every Contact Count (MECC), housing for older people, new developments and regeneration are discussed on a regular basis as part of the Housing Strategy action plan.

### **Private Rented Sector Stock Condition**

- 54 In County Durham, a large number of the private rented housing stock is older terraced in ex mining communities and is often in poor condition. This can have a serious impact on health including exacerbation of respiratory illness, accidents and mental ill-health, as well as a long-term illness or disability. In response to this, one of the aims of our Housing Strategy is to maintain and improve standards across all housing sectors in County Durham, which includes raising standards in the private rented sector.
- 55 A selective licensing proposal was submitted to MHCLG in December 2020. The normal timescale for a decision to come back is 8 weeks from submission date. COVID-19 has inevitably caused delays in this process and a decision should be received imminently. Following consultation, the proposals were reduced from an initial countywide scheme, to 74% of the private rented stock at consultation, to now just 42% at submission to MHCLG.
- 56 In addition to the proposed mandatory selective licencing areas, a voluntary county-wide accreditation scheme, 'The Durham Rental Standard', is currently being developed in partnership with the National Residential Landlords Association (NRLA). This will provide help and support to ensure landlords can offer quality homes and also gives tenants peace of mind, knowing that their landlord is an accredited member of the NRLA and that their property has been inspected and assessed as meeting the Durham Rental Standard.

## **Strategic Priority 3 – Ageing Well**

### **Council New Build Programme**

- 57 In October 2020, Cabinet approved a 5-year Council New Build Programme for the delivery of 500 affordable homes by becoming a direct housing provider. The report highlighted that there is a clear under provision of affordable rented homes in the County with the annual delivery falling short of the numbers required, as well as there being a specific lack of provision of bungalow accommodation. It is proposed that a large proportion of the programme will be for older persons accommodation.

### **New housing for older people**

- 58 In addition to the Council New Build Programme, the County Durham Plan (CDP) includes policies to help meet the housing needs of older people and people with disabilities. Policy 15 of the CDP states that to meet the needs of older people and people with disabilities, on sites of 5 units or more, 66% of dwellings must be built to 'Building Regulations Requirement M4 (2) (accessible and adaptable dwellings) standard'. Furthermore, on sites of 10 units or more, a minimum of 10% of the total number of dwellings on the site should be of a design and type that will increase the housing options of older people. This will include appropriate house types including level access flats, level access bungalows and other housing products that can be shown to meet the specific needs of a multi-generational family.

### **Needs Based Accommodation Programme Board**

- 59 An integrated commissioning Needs Led Accommodation Review (NLAR) Programme Board meets on a monthly basis to plan and implement projects to meet the future needs for older people, children and those with learning disabilities and poor mental health. The Board includes members from integrated commissioning, housing, health, and adult care.
- 60 Housing Solutions are working with housing providers to understand the existing and future housing provision for older people, to understand if this meets system needs. As part of this work, the integrated commissioning service is reviewing a range of accommodation-based services for children, adults and older people and mapping needs to inform commissioning plans in line with local and national policies.
- 61 For older people, an initial focus is on care homes given pressures in the sector, but separate strands of work are also considering future demand for adapted, sheltered housing etc. A specific piece of work by Housing has provided some early evidence on demand and potential future re-shaping of sheltered accommodation which is due to report to the Board.
- 62 Another key area of development is Transforming Care, which requires the Council to develop in partnership with the Clinical Commissioning Group specific types of new build/refurbished accommodation from housing providers in conjunction with care from providers who have the necessary skills and experience to support people who have learning disabilities, and or autism with mental health issues and behaviours of concern.
- 63 Linked to this, are reviews of existing accommodation-based services for people with eligible social care needs to ensure they are safe, meet

needs effectively, promote independence and progression, provide value for money and are sustainable for the future. A learning disability accommodation commissioning plan is being developed to draw together the different elements, which include developing new services and models (short and long term), reviewing existing services (supported living, residential care, shared lives) and improving support for young people in transition and older people with learning disabilities.

- 64 A parallel process is underway to develop a mental health accommodation commissioning plan, based on the needs led review. This will interrelate with the learning disability commissioning plans, in particular with regard to accommodation-based services for autistic people, which is a need identified in the local 'Think Autism Strategy.'
- 65 Finally, the NLAR also encompasses a commissioning review of non-assessed housing related support services. These include a wide range of services e.g. for young people age 17-25, teenage parents, single homeless, people with learning difficulties, mental health issues, substance misuse or complex needs, women fleeing domestic abuse, Gypsy Roma travellers, older and frail people, those with sensory impairment or physical disabilities.
- 66 Clearly the partnership approach between AHS and Housing colleagues, alongside wider stakeholders, is key to the success of the NLAR and will make a significant contribution to future accommodation and service user outcomes in Durham.

### **Approach to Wellbeing**

- 67 The core principles of the Wellbeing approach were applied to the strategic element and the operations-based action plan of the Housing strategy. It was applied retrospectively so acted an impact assessment rather than development tool. Through the application of this approach, it was useful to see how the principles are embedded in the delivery through delivery in action and case-studies; specifically, case-study journeys in the Housing Strategy. This approach is also be a valuable tool to use as the Housing Strategy and action plan progress.

### **Conclusion**

- 68 Housing is a key determinant to health and wellbeing. Housing and health is referenced in our key strategic documents including the Joint Health and Wellbeing Strategy, the County Durham Plan, the Housing Strategy and the Homelessness and Rough Sleeping Strategy.
- 69 Access to housing, improving housing and the home environment is key to improving health outcomes for individuals, families and the elderly.

Housing have delivered a number of key projects to assist with improving the health of the population of County Durham. Housing will continue to work with partners to deliver the strategic aims of our key strategies.

### **Background papers**

- Joint Health and Wellbeing Strategy 2021 - 2025
- County Durham Plan 2018-2035
- County Durham Housing Strategy 2019 - 2025
- County Durham Homelessness and Rough Sleeping Strategy 2019 - 2022

### **Author**

Emma Regan, Housing Team Leader, Housing Solutions

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## Appendix 1

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### **Legal Implications**

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

The Coronavirus Act 2020 brought about the 'Everyone In' initiative to house all rough sleepers during the peak of the pandemic.

The Domestic Abuse Act 2021 – one of the main implications on Housing Solutions is to ensure support within safe accommodation is provided for all those who require it.

### **Finance**

n/a

### **Consultation**

Consultation was carried out with the residents of County Durham, which helped inform the final revised Housing Strategy 2019-2025.

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

Housing is a 'social determinant of health', meaning that it can affect physical and mental health inequalities throughout life.

### **Climate Change**

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

### **Human Rights**

n/a

### **Crime and Disorder**

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

### **Staffing**

n/a

**Accommodation**

n/a

**Risk**

None

**Procurement**

None.

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# Health and Wellbeing Board

Housing update

1 September 2021

Marie Smith – Housing Manager



Better for everyone



# Content

- Overview of why housing is a key determinant to health and wellbeing
- Homelessness Strategy review key findings
- What Housing Solutions have delivered over the past 12 months against the JHWB Strategy Strategic Priorities:
  - Starting Well
  - Ageing Well
  - Living Well



# Background/Context

- The Marmot Review commissioned by the Government concluded that housing is a ‘social determinant of health’
- Housing Strategic Direction;
  - The County Durham Plan 2018 - 2035
  - County Durham Housing Strategy 2019 - 2025
  - Homelessness and Rough Sleeping Strategy 2019 – 2022
- Homelessness Review key findings

# Strategic Priority 1 – Starting Well

- Adaptations for children
- Target Hardening for families (Remain Safe)
- Young person's Joint Protocol



# Strategic Priority 2 – Living Well

- Adaptations
- Warm and Healthy Homes
- Hospital Discharge
- Reducing hospital admissions
- Domestic Abuse (DA)
- DA Needs Assessment
- Rough Sleeping
- County Durham Lettings Agency
- Dedicated Offender Team
- COVID 19 Vaccinations for vulnerable groups
- Joint working with Registered Housing Providers
- Selective licensing
- Landlord Accreditation

# Strategic Priority 3 – Ageing Well

- Council New Build Programme
- New Housing for Older People
- Needs Based Accommodation Programme Board



# Conclusion

- Housing is a key determinant to health and wellbeing.
- Access to housing, improving housing and the home environment is key to improving health outcomes for individuals, families and the elderly.
- Housing have delivered a number of key projects to assist with improving the health of the population of County Durham.

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## Health and Wellbeing Board

1 September 2021

### Health and Wellbeing Framework for schools/education setting - Update



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

### Electoral division(s) affected:

Countywide

### Purpose of the Report

- 1 This report is to update the Health and Wellbeing Board on the progress of the County Durham Health and Wellbeing Framework for schools and education settings.

### Executive summary

- 2 Public Health (PH) has worked collaboratively with colleagues in Durham County Council (DCC) Education and Early Help, Inclusion and Vulnerable Children (EHIVC) Services and schools to develop a healthy settings framework for schools and education settings.
- 3 Between May and July 2020 PH engaged with 30 education settings, who took part in a pilot phase for the Health and Wellbeing Framework. Feedback from the pilot helped develop and refine the framework.
- 4 Branding for the Health and Wellbeing Framework has been developed by schools and agreed, including a colour theme and logo.
- 5 To help support the introduction of the framework and ensure it is easily accessible for settings, PH and DCC's web team have developed a web-based version of the framework and associated information for schools and education settings. This has been developed based on input from across the wider Children and Young People Mental Health (CYPMH) system such as the Mental Health Lessons Learned Group and the CYPMH Forums.
- 6 Due to Covid-19 and the current pressures facing education settings the launch of the framework has been delayed. Initial plans were to launch the framework within the Autumn term of 2020 however, there has been

a soft launch of the framework in early 2021 which will be followed by a larger launch in September 2021.

- 7 The soft launch began in February 2021 by re-engaging with the 30 pilot schools and encouraging them to pledge via the new website. At present 35 education settings have pledged to the framework.
- 8 PH will use the data and intelligence tool to target key priority schools and encourage sign up to the framework. There is now a process through PH Intelligence to monitor sites within the top 30% overall deprivation (15 sites have pledged).

### **Recommendation**

- 9 The Health and Wellbeing Board is recommended to:
  - (a) Note the progress made in the development of the Health and Wellbeing Framework for education settings.

## Background

- 10 Child health is a critical area to improve the overall health of the population. Extensive evidence from Marmot demonstrates the impact on health, education and social outcomes if the health inequalities faced in childhood are addressed.
- 11 Education settings play an important role in supporting young people with their mental health by providing stability, routine and consistency. They also offer protective factors for young people through a connection to trusted adults such as teachers or pastoral support. Covid-19 is having a negative impact on young people's mental health with many not having access to resources that will lead to a detrimental impact on academic attainment and wellbeing. This particularly has an impact on those that are already disadvantaged and will widen existing inequalities as well as increase the mental health support required longer term. The Covid-19 Marmot review highlighted lessons to be learnt around inequalities within education systems to Build Back Fairer.
- 12 Increasing evidence exists demonstrating the close association between the wellbeing of pupils and their educational outcomes. Positive emotional health and wellbeing and the opportunity to be physically active are important to children and young people's development.
- 13 PH has worked collaboratively with colleagues in DCC Education, EHIVC Services, with leads from local education settings and with representatives from Harrogate and District NHS Foundation Trust (HDFT) to develop a healthy settings framework for schools and education settings which addresses both emotional and physical wellbeing. A multi-disciplinary steering group was put together to develop this piece of work.
- 14 The multi-disciplinary steering group has developed the framework to support the needs of education settings and to seek to improve health and wellbeing of children and young people and staff at a setting population level. This has been undertaken using a co-production approach, ensuring a mutualistic development between education settings, local authority partners and HDFT colleagues.
- 15 This steering group has become a reference group for the framework as the work has progressed.
- 16 The development of the health and wellbeing framework is aligned to the wider DCC Public Health 'Healthy Settings Approach' which has previously been agreed.

- 17 The Health and Wellbeing Framework and associated documentation, such as the self-assessment framework, has previously been agreed and endorsed by the Integrated Steering Group for Children, Education Senior Management Team (SMT) and EHVC SMT at their meetings in July 2019.
- 18 The framework follows the County Durham Approach to Wellbeing (A2W) principles by supporting positive developments within education settings, empowering wellbeing leads to find supportive and collaborative solutions to addressing the needs of their setting. By adopting the self-assessment tool education settings can reflect upon current practice that will inform future decisions to support the wellbeing of children, young people, staff and communities based on their individual requirements. This approach will embed wellbeing at the heart of the education setting, allow us to benchmark performance and correspond to the three main components of the A2W to reduce health inequalities.

### **The impact of the Health and Wellbeing Framework**

- 19 The Health and Wellbeing Framework is aimed at improving outcomes for both children, young people (CYP), staff and the education setting. These intended outcomes will include:
  - (a) Settings will understand the importance of health and wellbeing and the close association with progression, engagement and attainment.
  - (b) Improved health and wellbeing for both staff and CYP through a whole settings approach, promoting inclusion and reducing inequalities.
  - (c) Allow settings to target the most significant priorities. It will also help to assess impact and, consequently, to judge where to invest in activities and, conversely, where to disinvest.
  - (d) Provide quality assurance for programs and interventions delivered in schools from the 'core offer' with clear guidance and quality standards when commissioning outside the core offer e.g. Relationships and Sex Education (RSE) and Counselling services etc.
  - (e) Enable settings to make appropriate and informed choices according to their needs and evaluate impact and value for money.
  - (f) Facilitate peer review and feedback, staff accountability and local benchmarking where settings choose to work collaboratively.

- (g) Ensure children and young people are included throughout the process, so pupil voice is central to demonstrating success and celebrating good practice.

### **Addressing inequalities: The Taylors**

- 20 The development of the Health and Wellbeing Framework for schools and education settings is in line with the County Durham Public Health priorities to create a number of healthy settings (early years, education, workplace, leisure centres etc) with the intention of providing a quality assured and standardised approach to improving health and wellbeing and reducing inequalities.
- 21 By developing health and wellbeing quality standards for schools and further education settings, Olivia and Callum and the Taylor's baby, will move through an education system focused equally on their health and wellbeing as well as their attainment achievements.

### **Health and Wellbeing Framework structure and components**

- 22 The framework is made up of three component parts:
  - (a) The framework process which supports schools/settings to identify need and develop an improvement plan by working through three questions: 'what do you know; what do you want to achieve; what do you need to do'.
  - (b) A self-assessment tool for schools/settings to work through to provide an opportunity for reflection and consideration of key areas in relation to health and wellbeing.
  - (c) A core offer document which provides a directory of evidence-based resources and interventions that are available for schools/settings to access.
- 23 Schools and education settings will pledge to be part of the framework and will then work through the three component parts described above on an annual, cyclical basis.
- 24 The core offer has been influenced by County Durham Sport and Food Durham with both contributing to the development. This includes promoting aspects such as Active 30, Ready Sett Go, Sugar Smart and Veg Cities initiatives. This will contribute to supporting Durham to achieve the Sustainable Food Places award and support the 'Removing the Barriers to Moving' strategy from County Durham Sport.

## **Progress on the Health and Wellbeing Framework**

### *Pilot Phase*

- 25 Between May and July 2020, PH engaged with 30 education settings, who took part in a pilot phase for the Health and Wellbeing Framework. To gain feedback, PH held teams' meetings with these settings and shared framework documents including: the self-assessment tool, core offer and branding.
- 26 Out of the 30 who took part in the pilot there was representation from several different settings, including:
- (a) Primary Schools
  - (b) Secondary Schools
  - (c) Special Schools
  - (d) Further Education
  - (e) Alternative provision

### **Developments from Pilot Feedback**

- 27 Following feedback from the pilot phase the below changes were made:
- (a) A quick guide/checklist was developed to complement the self-assessment form
  - (b) Re-branding of framework logos/design
  - (c) A pledge certificate was designed for settings to display
  - (d) The core offer was expanded to include physical activity, healthy eating, staff wellbeing and training
  - (e) The core offer's format is now in the form of a searchable engine, enabling settings to find resources quickly and meeting individual needs
  - (f) Development of a peer support process
- 28 The changes highlighted above helped develop and refine the framework. These were then presented to the working group for comments and approval.

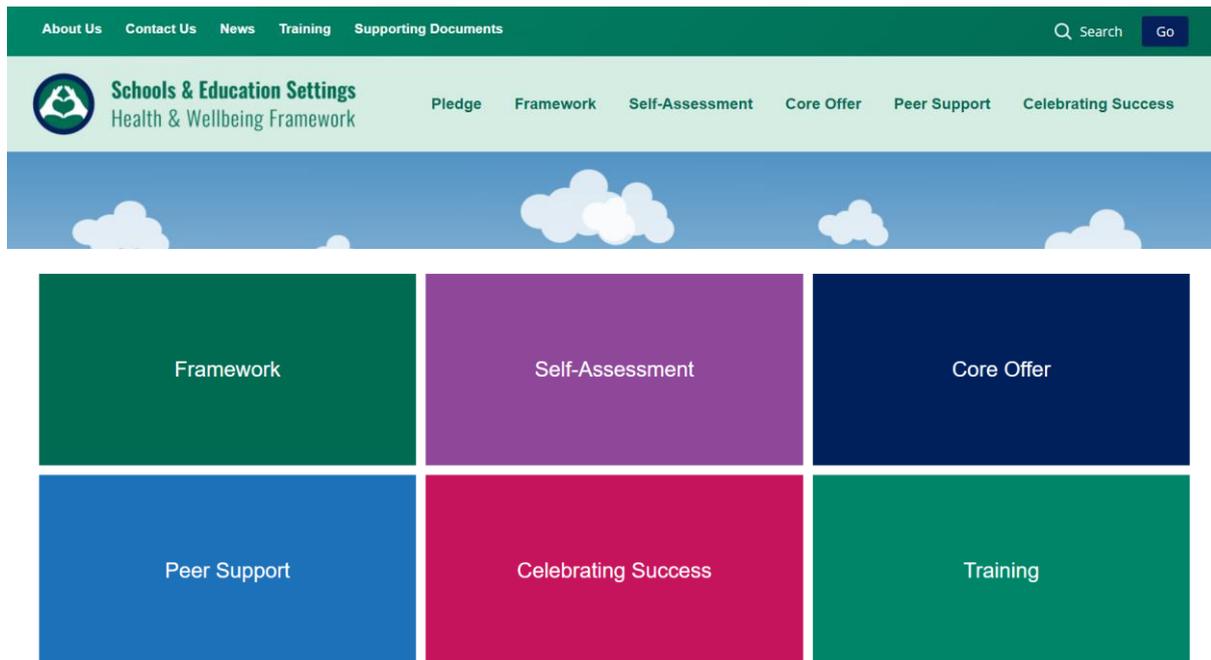
## Branding and Design

- 29 The healthy settings overarching branding has been previously agreed by PH SMT. This will be the umbrella brand that the Health and Wellbeing Framework for schools/education settings branding sits under.
- 30 This overarching approach ensures that the healthy setting becomes the dominant identified brand for the healthy setting approach, with sub brands available for each individual setting and scheme. This ensures that each scheme retains a level of quality and governance, whilst still being bespoke and tailored to the needs of that setting.
- 31 Numerous options of branding for the Health and Wellbeing Framework for schools/education settings have been designed by Durham County Council's design team. These options were shared with the working group and feedback has informed its final development.
- 32 Following this, the working group agreed a brand, colour theme and logo. This branding and logo will be used on all documentation relating to the schools/education settings Health and Wellbeing Framework including; the website, case study templates and pledge certificates.



## Website Development

- 33 To help support the introduction of the framework and ensure it is easily accessible for settings, PH and DCC's web team have developed a web-based version of the framework and associated information for schools and education settings. A screenshot of the website can be seen below. Initial feedback from settings on the availability of a website to host this information has been extremely positive.



- 34 The website will provide a core offer/directory of evidence-based resources and interventions that are available for settings to access. The website has functionality to gain access to the core offer through a searchable engine. This function will enable settings to access the most appropriate resources quickly, whilst meeting their needs identified through the self-assessment process.
- 35 The website also has the functionality for settings to sign up/pledge to work towards becoming a healthy setting. Once settings have pledged, they will receive an automated email with all the information needed to take part, including a pledge certificate.

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	 MHFA England		
<p><b><a href="#">Booklet builds on Active 30 programme</a></b></p> <p>July 16, 2021</p> <p>The Active 30 campaign builds on the programme in County Durham to embed the physical activity</p>	<p><b><a href="#">Mental Health Support for Education Settings – 2021/22</a></b></p> <p>July 8, 2021</p> <p>As a result of a recent announcement from the Department for Education (DfE) that the</p>	<p><b><a href="#">Emotional and Resilience Team</a></b></p> <p>February 5, 2021</p> <p>The Team The Emotional Health and Resilience Team are made up of Emotional resilience</p>	<p><b><a href="#">Active 30</a></b></p> <p>December 21, 2020</p> <p>Get involved in Active 30! Over the last couple of months, the Active 30 Hub has been</p>

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- 36 The website will host all information and templates which will be readily available for all settings to access and download.
- 37 The website will be monitored and reviewed quarterly to ensure all content is relevant and up to date.
- 38 PH have introduced an additional question through the portal to monitor how sites are pledging to support with marketing and development around messaging.

### **Communication and engagement plan**

- 39 A communication and engagement plan has been developed and is now in place to ensure key partners and professionals are aware of the framework.
- 40 PH has worked closely with both internal and external colleagues to raise awareness of the framework and encourage partners to support education settings to pledge towards becoming a healthy setting. The below engagement has taken place:
  - (a) Presentations to partners during their team meetings i.e. 0-25 service
  - (b) Bespoke bitesize information sessions via teams
  - (c) Hosting workshops at local events i.e. Physical Education, School Sport & Physical Activity (PESSPA) conference
  - (d) Attending local mental health locality forums and networks
  - (e) Meetings with local schools/settings
  - (f) Promotional information shared via partner newsletters and websites i.e. Active 30, Emotional Wellbeing Locality Forums

- 41 PH have developed strong links with the Mental Health Support Teams (MHST) across the county. As part of MHST's role they currently complete a self-assessment form for each individual setting, this identifies the specific needs with regards to mental health and emotional wellbeing. The MHST's have agreed to adapt their self-assessment form to also include the Health and Wellbeing Framework questions. This will enable all settings who receive support from the MHST to automatically become part of the Health and Wellbeing Framework. This co-productive piece of work will increase the number of settings aware of the framework and increase the number signing up across the county. In September 2021 an update will be provided to MHST with current pledged sites to develop a targeted approach to supporting the framework in the new academic year.
- 42 PH has linked with PH intelligence to develop a data and intelligence tool which identifies schools across the county most in need. These schools have been segregated via deprivation i.e. 0-10%, 10-20%, 20-30%. This intelligence and data will be used to target and recruit schools and settings.
- 43 Next steps for the communication and engagement plan will involve continuing bitesize teams' sessions, attendance at CYP management meetings, Virtual Head Teacher briefings and presentations to the Durham Association of Primary, Secondary and Special School Heads (DASH / DAPH, DASSH).

### **Monitoring and assessment of the Framework**

- 44 As mentioned above settings will be asked to make a pledge to commit to take part in the Health and Wellbeing Framework. Their pledge will require them to implement quality standards for both mental health and emotional wellbeing and physical wellbeing. This will form part of a continual improvement process in the longer term with oversight from the Public Health Team, Education Team and the working group who will provide support from a quality standard perspective.
- 45 Once settings have pledged through the website, their pledge information will be captured and will be linked to a monitoring spreadsheet. This will be held by PH. The spreadsheet will be used to capture the number of settings pledging to become a 'Health Setting'.
- 46 Settings will also receive a case study template which they will be required to complete to demonstrate how they have embedded the health and wellbeing framework in their setting.
- 47 PH will organise an annual celebratory event for schools and settings to attend. During the event, settings will have the opportunity to network

with other settings, share best practice and showcase their case study examples.

## **Next Steps**

- 48 Once the website is developed, PH will attend training sessions to understand how content should be uploaded on the website.
- 49 PH will upload all information onto the website ensuring it is ready before it goes live.
- 50 PH will continue to monitor and upload evidence-based resources to the website to ensure information is always current and up to date.
- 51 PH is planning a bigger launch in September 2021 by engaging with all partners to increase number of pledges.
- 52 PH will work with the MHST's to ensure any settings they are supporting are encouraged to sign up to the framework. This piece of work is to ensure schools and settings are targeted who are most in need.
- 53 PH will start to collect and collate case study examples from pilot schools and upload onto the website. This learning will support other settings who sign up in the future.
- 54 PH will use the data and intelligence tool to target key priority schools and encourage sign up to the framework.
- 55 PH will continue to work with partners such as County Durham Sport and Food Durham to promote the framework and engage pledged schools within specific aspects of the core offer. This will include building upon major sporting events to promote engagement within the School Games with targeted education settings alongside county wide provision. There will also be the opportunity to promote the framework through the School Games Organisers and their delivery increasing the number of settings involved.
- 56 PH will work with Education Durham for a launch event in September. It will be a joint event with Durham Resilience Programme (DRP) schools to raise awareness and further pledges. Education sites will be provided with a wellbeing pack to use in their setting and promote staff wellbeing. Evergreen Primary will present their Framework best practice during 2020/21 to those attending with a view to identifying "Health and Wellbeing Framework Champions" for 2021/22.

## Conclusion

- 57 Due to Covid-19 and the current pressures facing education settings, the launch of the framework has been delayed. Therefore, there has been a soft launch of the framework, followed by a larger launch in September 2021.
- 58 The soft launch began in February 2021. This has involved re-engaging with the 30 pilot schools and encouraging them to pledge via the new website. A larger launch will take place in September 2021.
- 59 As we recover from Covid-19 the importance of this work has been highlighted due to the severity of the pandemic and the impact on education. Settings have introduced social distancing, school closures, digital classrooms, and many other features to enable children to continue learning and support their wellbeing during the pandemic. Education settings will never be the same after being enlightened by e-learning and for some a newfound awareness of disadvantaged pupils which provides an excellent opportunity to build on this knowledge, skills and behaviours through the Health and Wellbeing Framework.

## Background papers

- Previous PH SMT paper

## Other useful documents

- None

## Author(s)

Jodie Norman

[jodie.norman@durham.gov.uk](mailto:jodie.norman@durham.gov.uk)

Craig Robson

[craig.robson@durham.gov.uk](mailto:craig.robson@durham.gov.uk)

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## **Appendix 1: Implications**

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### **Legal Implications**

None

### **Finance**

There will be a small budgetary requirement to host the annual celebration day. The planning for this has been impacted due to Covid-19.

### **Consultation**

The HWF has been circulated to schools and other education settings over the previous 12 months. Findings from the consultation have led to improvements to the HWF over this period.

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

Reduction in health inequalities

### **Climate Change**

None

### **Human Rights**

None

### **Crime and Disorder**

None

### **Staffing**

None

### **Accommodation**

None

### **Risk**

None

### **Procurement**

None

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## Health and Wellbeing Board

1 September 2021

### Alcohol and Drug Harm Reduction Group Update 2021



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

### Electoral division(s) affected:

Countywide

### Purpose of the Report

- 1 This report provides the Health and Wellbeing Board (HWB) with an update of all activity relating to reducing alcohol and drug harms during 2020-21, the year of the pandemic.
- 2 To update on the refresh of the Alcohol and Drug Harm Reduction Group (ADHRG) Plan on a Page (POP) and Action Plan for 2021-22.
- 3 To reflect on the impact and consequential developments during COVID-19.

### Executive summary

- 4 The report covers the work of a range of partners engaged in the ADHRG to reduce the impact of alcohol and substance misuse harm and includes updates on:
  - The impact of COVID-19 on alcohol and drug related harms. Nationally and locally alcohol related deaths have increased during the pandemic. Local Drug and Alcohol Recovery Services (DARS) have maintained the vast majority of clients engaged throughout the pandemic which is encouraging.
  - The County Durham Alcohol and Drugs Harm Reduction Group (ADHRG) Plan on a Page (POP) 2021-2025, Action Plan 2021-22 and Terms of Reference (TORs) have been reviewed and updated in line with the Safe Durham Partnership Plan 2021-25.
  - Hospital admissions for alcohol related conditions across the age ranges are significantly higher in the North East region than the national average. Work continues in County Durham to reduce

these figures from both a service and partnership working approach.

- County Durham continues to manage the Balance contract during 2021-22 with Balance's footprint remaining as seven Local Authority areas. Campaign materials from Balance continue to be adopted by County Durham and cascaded to partners to maximise impact at a local level.
- Public Health continues to support licensing to utilise innovative approaches to licensing, which promote Public Health objectives including the vision of an Alcohol Free Childhood.
- The recommendations from the 2017/18 Health Needs Assessment (HNA) on long-term opiate users were reviewed in May 2021. Progress has been made to review medication and offer opportunities for further input from a mental health perspective for opiate clients. Success has been reflected in the increase in Opiate Successful Completions.
- The ADHRG continue to meet quarterly to review substance misuse related deaths (SMRD's) and implement any learning: including increased naloxone provision across the county. County Durham has the lowest rate of drug related deaths per 100,000 population in the North East region.
- The Drug and Alcohol Recovery Service (DARS) has performed well over the pandemic, maintaining the majority of clients and improving successful completion rates across all drug and alcohol treatments to above national levels.
- The Women's Recovery Academy (WRAD) has been approved and has been running three days a week from Eden House, Consett since March 2021. A timetable of work has been developed and women have been recruited to the programme.
- Opportunities to attract new funding from Public Health England (PHE) has resulted in three partnership submissions.
  - i) Universal Funding has been secured (£545k) to help reduce crime in relation to drug use in County Durham.
  - ii) County Durham has led a sub-regional consortia of LAs for commissioning inpatient detoxification beds at a value of £580,000. This programme aims to bring inpatient detoxification options to the LA9 areas (County Durham, Darlington, Stockton-On-Tees, Middlesbrough, Hartlepool,

Redcar and Cleveland, South Tyneside, Sunderland and Gateshead).

- iii) The outcome of a bid for £274k to address homelessness prevention, rough sleeping and substance misuse is pending.
  - A collaborative partnership approach to tackle drug and alcohol related harm in County Durham has been maintained and developed during 2020/21. All meetings have continued virtually with engagement from partners increasing on last year due to no travel commitments.
- 5 There are no areas of work that are highlighted as a risk or require an exception report.

### **Recommendation(s)**

- 6 Members of the HWB are recommended to:
- (a) Note the content of this report as an annual update on the progress of the ADHRG.

## Background

- 7 The Crime and Disorder Act 1998 and subsequent legislation requires responsible authorities in Local Authority areas to develop and implement a Partnership Plan. In County Durham this partnership is called the Safe Durham Partnership.
- 8 The Safe Durham Partnership (SDP) Plan highlights alcohol and substance misuse related harm as a priority and has brought together a range of stakeholders engaged in alcohol and drug harm reduction to oversee the work in this area.
- 9 This report provides the HWB with an update on all activity relating to reducing alcohol and drug harms in 2020-21, during the year of the pandemic and highlights new developments to address need in local communities.

## Impact of Covid-19 on Alcohol and Drug Harms

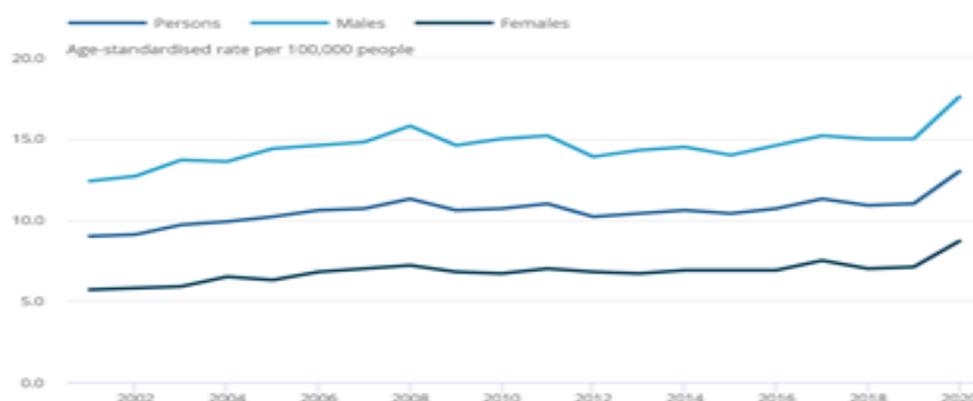
### Alcohol Harms

- 10 An Office for National Statistics report has revealed there were 7,423 deaths linked to drinking last year, which was a fifth more than in 2019 and the highest number since records began in 2001. Provisional data for England and Wales show there were 5,460 deaths related to alcohol-specific causes registered in the first three quarters of 2020 (Jan to Sept during the commencement of the Covid-19 pandemic), a 16.4% increase compared with the same nine-month period in 2019.

Graph: The alcohol-specific death rate for 2020 was 18.2% higher than the previous year

**Figure 1: The alcohol-specific death rate for 2020 was 18.2% higher than the previous year**

**Age-standardised alcohol-specific death rates per 100,000 people, by sex; England and Wales, deaths registered between 2001 and 2020**



- 11 In the North East death rates from alcohol rose from 16.6 per 100,000 people in 2019 to 20.0 per 100,000 people in 2020 – a rise of around 20.5%. Alcohol specific deaths rose quickly from April 2020 as the pandemic resulted in the first national lockdown.
- 12 Most deaths were related to long-term drinking problems and dependency – with alcoholic liver disease making up 80 per cent of cases. This may be due to a lack of willingness to access treatment, or an increase in alcohol intake. Men living in the most deprived areas were four times more likely to die from alcohol than men living in the most affluent areas.
- 13 Unfortunately, as with Covid-19, the bulk of alcohol harm falls on the most deprived people in our communities and this is particularly worrying in the North East where, even before Covid-19, the North East already suffered from the highest rates of alcohol-related death and illness in England.
- 14 The number of alcohol seizures (all ages) has seen a reduction throughout 2020-21 due to the impact of the Covid-19 pandemic and lockdown restrictions – however this area of work is expected to be reinstated more heavily later in 2021.
- 15 Hospital admission episodes for alcohol-specific conditions in County Durham has risen over the last five-year period to a rate of 696 per 100,000 population in 2019/20. This is lower than the North East regional average of 936 per 100,000 population but significantly worse than the national average of 644 per 100,000 population.
- 16 A similar picture is shown when looking at admissions to hospital in County Durham for alcohol-related conditions (narrow) in 2018/19. The rate locally is lower than the regional average but higher than the England average. The figure of 758 per 100,000 is similar to recent years for County Durham. The North East sits at 908 per 100,000 and the England average is 664 per 100,000.

### Drug Harms

- 17 Numbers in treatment during the pandemic have remained consistent; this is in contrast to other local areas. Spring 2020 did not see a drop in numbers or referrals as predicted. The latest figures for numbers in treatment and successful completions are presented later in the report in paragraph 61 under the Drug and Alcohol Recovery Service update.
- 18 Police reported incidents which were drug related increased to 3.5% in 2020/21 compared to 2.8% in 2019/20. However, anti-social behaviour which was drug related reduced to 1.4% in 2020/21 from 1.6% in 2019/20.

- 19 Office of National Statistics (ONS) drug related death data on 2018-2020 registrations was released on 3 August 2021. The North East continues to have the highest rate of deaths relating to drug misuse with 9.9 deaths per 100,000 population compared to the national England average of 5.0 per 100,000 population.
- 20 County Durham's **rate** is 8.3, one of the lowest in the North East region. However, this can be misreported in the press as County Durham has the highest **total number** of deaths due to the larger size of the population. Please see further detail in the SMRD section of the report in paragraphs 45 to 53.
- 21 Work is on-going to address Covid-19 vaccine inequality in County Durham. DARS clients are not classified as an eligible group by the Joint Committee on Vaccination and Immunisation (JCVI) in terms of attending an addiction service. However, many clients fall into eligible generic cohorts as a result of long-term conditions or homelessness. The service has segmented these clients and successfully supported them to access the vaccine. Spectrum staff, the clinical arm of the DARS, have also accessed training to be in a position to deliver the vaccine should the JCVI position change.

### **Alcohol and Drugs Harm Reduction Group Update**

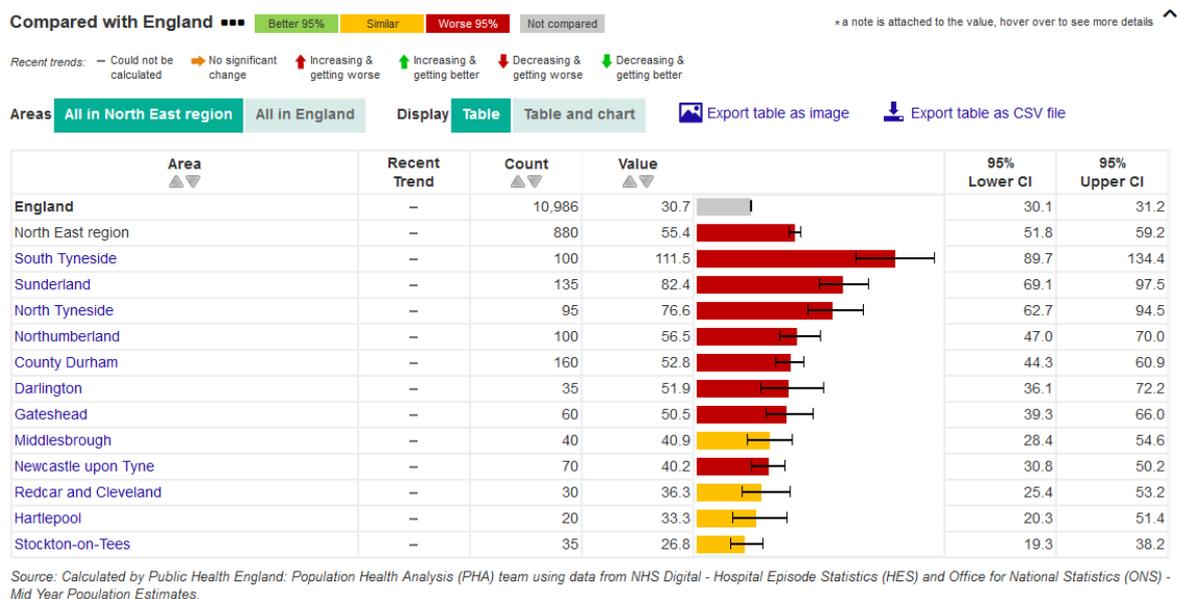
- 22 The County Durham Alcohol and Drugs Harm Reduction Plan on a Page (POP) 2021-2025 has been refreshed and aligned to the Safer Durham Partnership Plan 2021-25. 61 of the 86 actions from the 2020/21 action plan have been completed and 25 are ongoing. New programmes of work from all partners on the group have also been included. The action plan is a collaborative multi-agency document that is updated quarterly and provides the group with clear objectives.
- 23 The Terms of Reference and membership have been updated: all tabled at the ADHRG meeting in June 2021. The refreshed performance indicators for the group continue to be well received; they provide a narrative alongside the figures to support partners' understanding of them in practice.
- 24 The Alcohol Declaration 2015 is to be reviewed and updated by the group in 2021/22.

### **Hospital Admission Episodes**

- 25 Hospital admissions between 2017/18 - 19/20 in the North East for conditions specifically in relation to alcohol for those people aged under 18 years are significantly higher than the England average (55.4 per 100,000 in NE compared to 30.7 per 100,000 England average). County Durham is lower than the NE average and sits around the middle of the

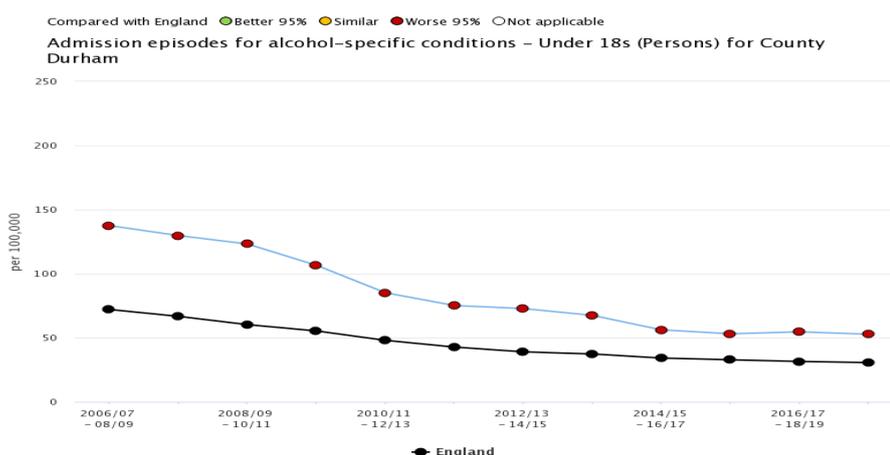
table in relation to the other north east regions at 52.8 per 100,000. See Figure 1 below.

### Admission Episodes for alcohol-specific conditions: Under 18s 2017/18 – 19/20 (Figure 1)



26 Encouragingly this figure has been declining since 2006/7 - 08/09 when it was at 137.9 per 100,000. See Figure 2 below.

### Admission Episodes for alcohol-specific conditions: Under 18s 2006/7 – 2019/20 (Figure 2)



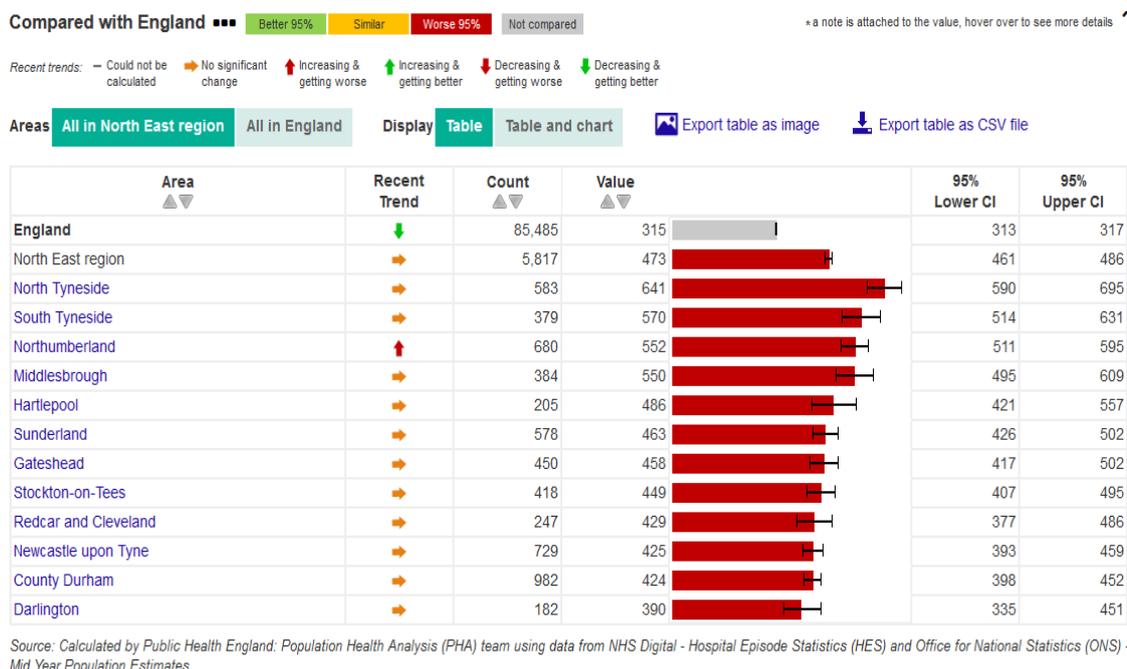
27 Work to address this indicator in County Durham includes a specific children, young peoples and families team within the drug and alcohol recovery service (DARS), dedicated training within schools and the

university, partnership working with a range of colleagues including Durham Constabulary, children’s social care and early help.

28 The North East regional alcohol office, Balance, has been working to address this agenda with a specific campaign, targeted at parents of under 18s, called ‘What’s the Harm?’. This campaign details the health risks and associated harms of any under-age drinking. We also continue to work with Balance to introduce a Minimum Unit Price (MUP) around alcohol to reduce the availability and accessibility of cheap high strength alcohol to young people.

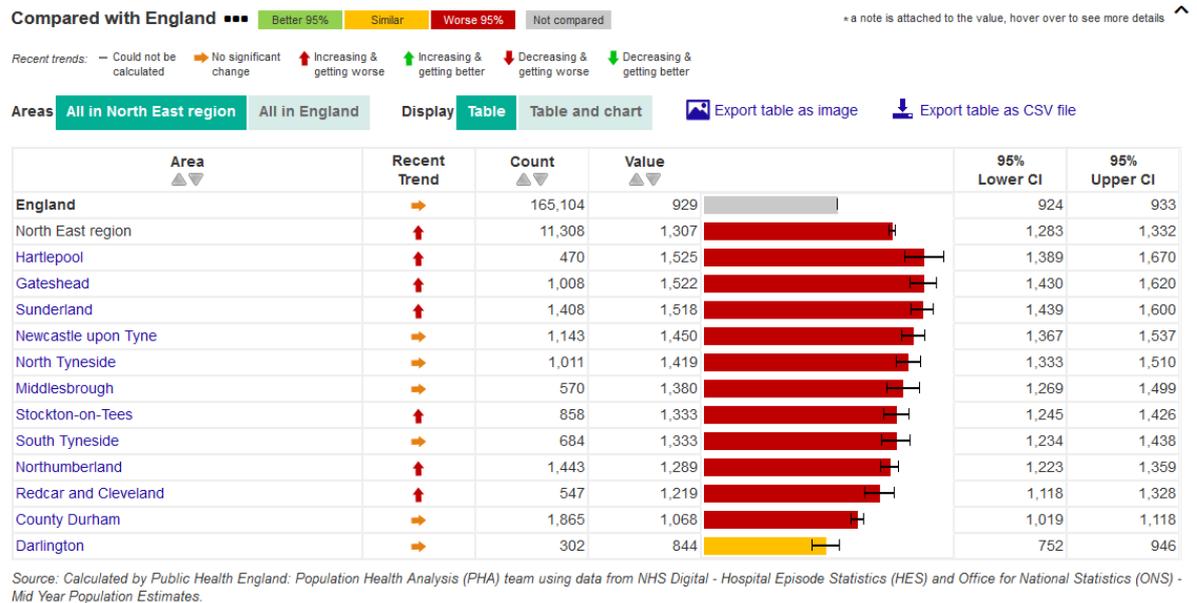
29 Hospital episodes in 2018/19 in the North East for conditions related to alcohol for those people aged under 40 years are significantly higher than the England average (472 per 100,000 in NE compared to 315 per 100,000 England average). County Durham is lower than the NE average, the second lowest local authority area in the region at 424 per 100,000. See Figure 3 below.

Admission episodes for alcohol-related conditions (Narrow): Under 40s (Persons) 2018/19 (Figure 3)



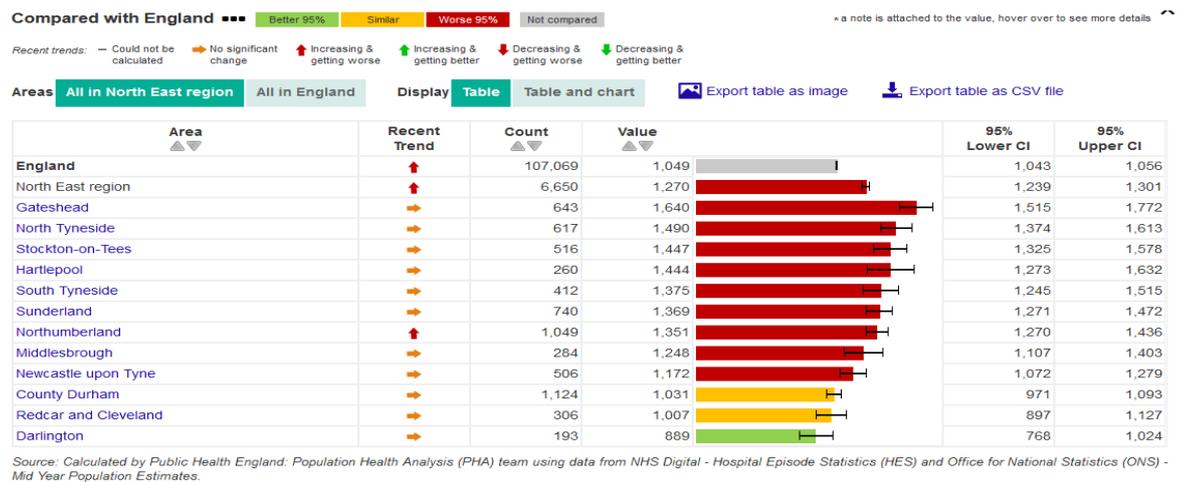
30 Hospital episodes in 2018/19 in the North East for conditions related to alcohol for those people aged 40-64 years are significantly higher than the England average (1,307 per 100,000 in NE compared to 929 per 100,000 England average). County Durham is lower than the NE average, the second lowest local authority area in the region at 1,068 per 100,000. See Figure 4 below.

## Admission episodes for alcohol-related conditions (Narrow): 40-64 years (Persons) 2018/19 (Figure 4)



31 Hospital episodes in 2018/19 in the North East for conditions related to alcohol for those people aged over 65 years are significantly higher than the England average (1,270 per 100,000 in NE compared to 1,049 per 100,000 England average). County Durham is lower than the NE average, and not significantly worse than the England average but categorised as similar at 1,031 per 100,000. See Figure 5 below.

## Admission episodes for alcohol-related conditions (Narrow): Over 65 years (Persons) 2018/19 (Figure 5)



## Balance – The North East Alcohol Office

32 County Durham continues to manage the Balance contract during 2021-22 with Balance's footprint remaining as seven Local Authority areas.

Campaign materials from Balance continue to be adopted by County Durham and cascaded to partners to maximise impact at a local level.

- 33 **“Alcohol - Not the Answer”** re-launched in February 2021 in response to increasing concerns about rising levels of alcohol consumption during Covid-19. This was particularly amongst people who were already drinking above the Chief Medical Officer’s low risk guidelines, and who were likely to be drinking even more as a result of pressure and anxiety during the pandemic. The campaign underlines the broad range of physical and mental health problems alcohol causes, why it is important to reduce drinking, and was targeted at men and women of all ages who are drinking more during Covid-19, with a focus on C2DE socio-economic groups.



- In May 2021, Balance launched the next phase of this campaign, **“What’s the harm?”**, aimed at helping North East parents to understand the Chief Medical Officer’s guidance around children and alcohol. The summer is often a peak time for teenage alcohol consumption, but the easing of lockdown has moved some of the issues usually experienced during the summer holidays forward in some local areas. The 2021 campaign’s key messages highlight how alcohol consumption before the age of 18 can harm the developing body and brain, raise depression and anxiety and lead to risk taking behaviour.



- The Council’s communications and marketing approach to this campaign has highlighted key messages; trying not to stockpile alcohol and limit the amount of alcohol bought, opting for non-alcoholic drinks to help stay within the 14 unit low-risk weekly guidelines, the importance of being a good role model to your kids around alcohol, which includes how often and how much alcohol is consumed.

- A funding award given to Public Health by the Contained Outbreak Management Funding (COMF) of £30k will enable the council to amplify the Balance alcohol campaigns at a local level. This activity will help to raise continued awareness about alcohol harms and promote referral and mechanisms helping people to access the County's Drug and Alcohol Recovery Service (DARS).
- 34 Balance will continue to work on behalf of the seven local authorities for broader advocacy activity to promote evidence-based policy change. This includes advocating for action around alcohol pricing, particularly the introduction of Minimum Unit Pricing (MUP) in the North East and increases in alcohol duty in England.
- 35 A study led by researchers from Newcastle University was published in *The Lancet Public Health* on 28 May 2021. It showed a minimum unit price (MUP) policy for alcohol introduced in Scotland in 2018 continues to have a positive impact more than two years on. The study also found that a more recently introduced MUP policy for Wales has had a similar impact on heavier drinking households – despite the policy being launched in March 2020 at the start of the national Covid-19 lockdown period, where many adults were reportedly drinking more at home. The greatest reductions overall were seen in the purchase of ciders and spirits.
- 36 The ADHRG continues to support the introduction of a North East MUP and, with Balance, are working to communicate the benefits and gain local support.
- 37 In February 2021 the ADHRG were called to action by Balance to advocate for a 2% increase in alcohol duty by joining members of the Alcohol Health Alliance to take and share the **email-your-MP action**.

### **Alcohol Licensing in Durham**

- 38 In response to the Covid-19 lockdown the capacity for alcohol licensing teams has been reduced. However, work is now stepping back up. Since March 2021 Durham has seen 63 requests for new, or changes to, alcohol licences.
- 39 Public Health shares recommendations for off-license information provided by the Chief Medical Officer (CMO) guidance on alcohol harms. Information is displayed in at least one prominent point on the shop floor or point of sale, unit information is displayed in the alcohol aisle, alcohol will not be displayed adjacent to, or beside products aimed at children.
- 40 Licensed premises (pubs and restaurants) are also asked to ensure free (tap) water is available, the offer is visible to customers, and the Chief

Medical Officer (CMO) guidance on alcohol related health is displayed in at least one prominent point per floor. In the premises, unit information and calorie data (if available) has to be displayed on any drink menu.

- 41 Public Health continues to support licensing to promote innovative approaches to licensing, which highlight public health objectives including the vision of an Alcohol Free Childhood.
- 42 Trading Standards activity relating to underage sales is beginning to recommence, and the police pathway into Humankind for under 18's Alcohol Seizures is also being reinstated. This referral pathway ensures that all under 18s who have alcohol seized by the police are referred and supported into the DARS.

### **Holistic Needs Assessment (HNA) for Long Term Opiate Users**

- 43 The recommendations from the 2017/18 HNA were reviewed in May 2021. Work has been completed and to date this includes a full review of prescribing practice in the DARS, increased bespoke support for families and women, work with primary care to ensure responsible prescribing practices, a heroin assisted treatment cost benefit analysis and increased naloxone supply across the county.
- 44 Ongoing work towards meeting the health needs of opiate users from the original recommendations made in the 2018 report, and emerging themes since, continues. This focuses on strengthening partnership working across the sector and working towards a whole systems approach to harm reduction and recovery.

### **Substance Misuse Related Deaths (SMRD)**

- 45 The SMRD process continues to follow the five key stage process following notification –Information gathering / Analysis / Lessons learnt / Implementing change / Accountability and governance.
- 46 Office of National Statistics (ONS) drug related death data 2018-2020 registrations was released on 3 August 2021. The North East continues to have the highest rate of deaths relating to drug misuse with 9.9 deaths per 100,000 population compared to the national England average of 5.0 per 100,000.
- 47 County Durham's rate is 8.3, one of the lowest in the North East region. However, this can be misreported in the press as County Durham has the highest number of deaths (117) due to the larger size of the population. Please see Table 1 below.

Table 1: Number of deaths and age-standardised mortality rate for deaths related to drug misuse, persons by North East local authority, England and Wales, deaths registered between 2018-2020, ONS 2020

Area Codes	Area Names	2018-20			
		Deaths	Rate <sup>1</sup>	Lower Confidence Limit <sup>2</sup>	Upper Confidence Limit <sup>2</sup>
E92000001	ENGLAND	8,185	5.0	4.9	5.1
E12000001	NORTH EAST	731	9.9	9.1	10.6
E06000047	County Durham	117	8.3	6.7	9.8
E06000005	Darlington	33	10.8	7.4	15.2
E06000001	Hartlepool	42	16.3	11.7	22.1
E06000002	Middlesbrough	63	16.9	12.9	21.7
E06000057	Northumberland	61	7.0	5.4	9.1
E06000003	Redcar and Cleveland	35	9.6	6.6	13.3
E06000004	Stockton-on-Tees	48	8.5	6.3	11.3
E11000007	<b>Tyne and Wear (Met County)</b>	332	10.2	9.1	11.3
E08000037	Gateshead	66	11.3	8.7	14.4
E08000021	Newcastle upon Tyne	98	11.9	9.6	14.6
E08000022	North Tyneside	39	6.4	4.5	8.8
E08000023	South Tyneside	53	12.6	9.4	16.4
E08000024	Sunderland	76	9.8	7.7	12.3

- 48 Drug-related deaths have been on an upward trend for the past decade. The reasons behind this are complex and differ by drug type. The overall trend is driven primarily by deaths involving opiates, but also by an increase in deaths involving other substances like cocaine.
- 49 There is an ageing cohort of drug users, likely to be suffering from the effects of long-term drug use and becoming increasingly susceptible to a fatal overdose. Rates of drug-misuse death continue to be elevated among those born in the 1970s, with the highest rate in those aged 45 to 49 years.
- 50 Also new trends in taking specific drugs, including gabapentinoids and benzodiazepines, alongside heroin may increase risk of overdose.
- 51 Anecdotal data suggests that Covid-19 lockdowns have increased isolation and driven up drug deaths but further research is needed on this theory.
- 52 An SMRD review meeting is held quarterly for County Durham, coordinated and chaired by County Durham Public Health. This meeting is to understand the local picture and review a snapshot of the deaths to support learning to prevent future SMRDs.
- 53 Preventative measures implemented following learning from the review of deaths by the SMRD group include an increase in naloxone provision within sheltered accommodation, Durham Constabulary and

pharmacies as well as work with primary care to ensure responsible prescription of gabapentinoids.

## **Naloxone**

- 54 Work has been ongoing to extend the availability of naloxone, including for service users, their family members and carers and other key stakeholders, such as the police, involved in the management of substance misusers.
- 55 Newly acquired Public Health England Universal Funding, will enhance the capacity for naloxone provision and extend its use in police first responders. This provision will include a nasal spray to help encourage front line officers to feel confident with its administration.
- 56 66 Naloxone kits were supplied across the County in 2021/22 Q1.

## **The Drug and Alcohol Recovery Service (DARS)**

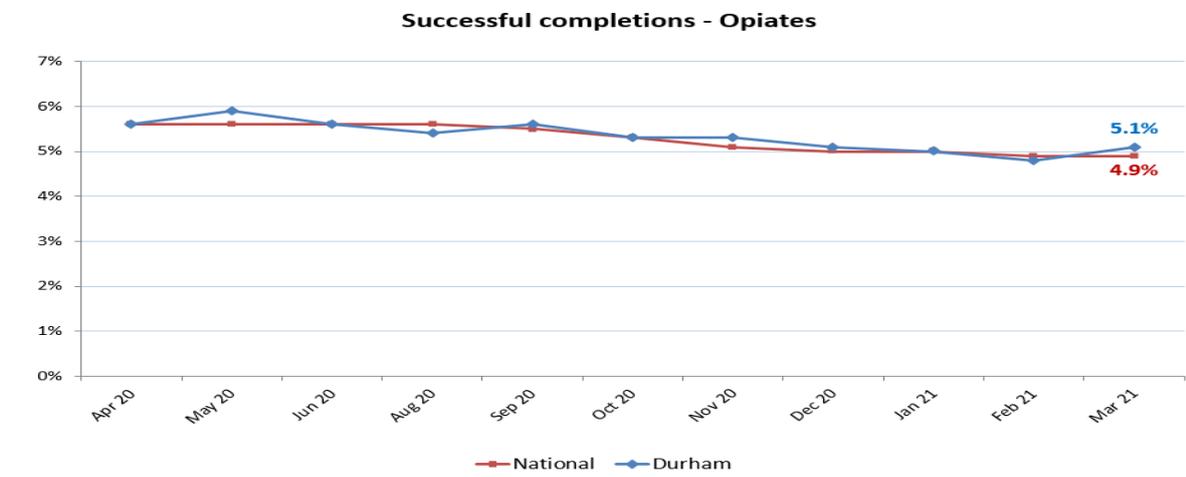
- 57 The Drug and Alcohol Recovery Service (DARS) provides a holistic approach for any local resident using substances across County Durham across the life course. All clients are assessed by the DARS for their needs when initially accessing support, should their substance misuse escalate, or personal circumstances change. The DARS provides a family focus for anyone entering treatment and also has a bespoke service for children and young people.
- 58 The DARS maintained its service delivery throughout Covid-19. Utilising a blended approach to engaging clients, including by virtual-means for those who were stable and for more complex clients a retention of 1-1 support, meant a high level of clients were retained.
- 59 Prescriptions were dispensed over longer time periods due to lockdown requirements. Despite initial concerns, clients reported a new sense of stability in their clinical supervision. This will be taken forward as learning by the DARS as the clinics return to business as usual.
- 60 The DARS continues to perform well. There were 2,866 clients in treatment in Q4 2020/21. This is a small reduction of 149 clients on the same time period last year. In light of the pandemic the maintenance of the majority of clients is excellent.
- 61 Table 2 below breaks this number down into months and treatment type.

Table 2: Numbers in treatment for DARS (January 2021 – March 2021)

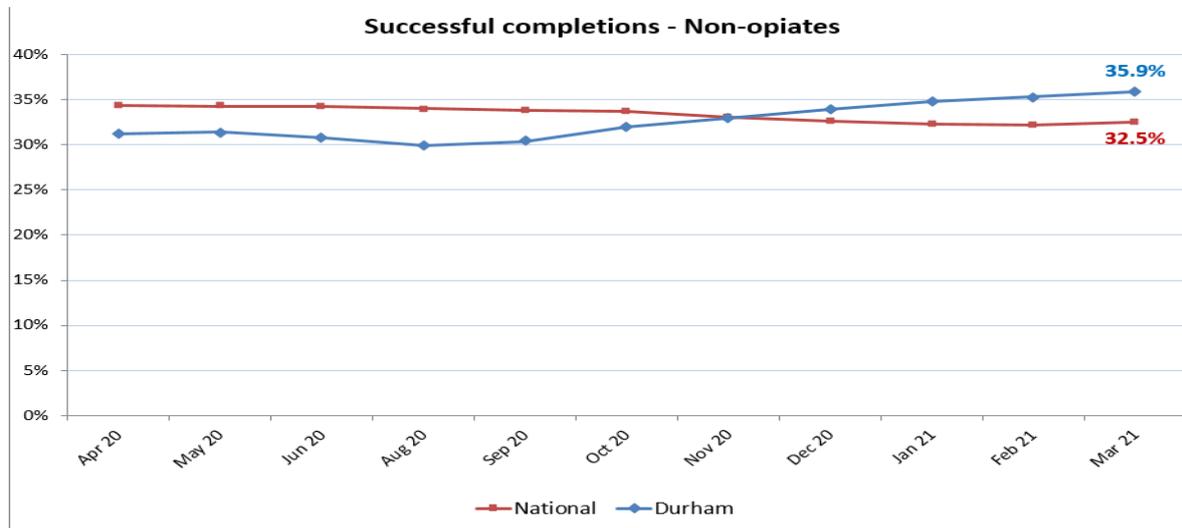
Numbers in Treatment Q4 2020/21			
	January 2021	February 2021	March 2021
<b>Opiates</b>	1451	1446	1446
<b>Non-opiates</b>	419	436	428
<b>Alcohol</b>	1003	985	992

62 Successful completions for all drug treatments within DARS have increased. Opiates successful completions are above the national average at 5.1%. Non-opiate successful completions have been rising since August 2020 and are also reflective of the national average at 33.9%. This is the first time since 2015 that non-opiate successful completions have risen to this level. See graphs in Figures 6 and 7 below.

Successful completions for Opiates in County Durham compared to national figure 2020/21 (Figure 6)

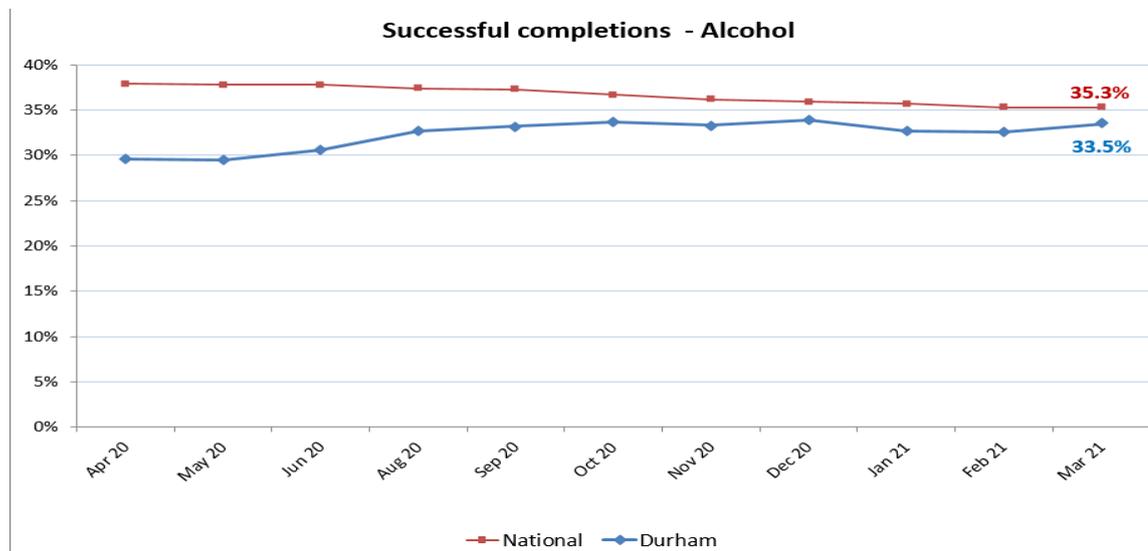


Successful completions for Non-Opiates in County Durham compared to national figure 2020/21 (Figure 7)



63 Alcohol successful completions in County Durham have been below national levels for many years. However, in March 2021 they were at their highest point since 2015 at 33.5% with the narrowest gap between them and the national figure of 35.3%. See graph in Figure 8 below.

Successful completions for Alcohol in County Durham compared to national figure 2020/21 (Figure 8)



64 Following the development of an improvement action plan due to the 'requires improvement' rating of the DARS in the CQC inspection in February 2018, a further inspection was expected in March 2020. Unfortunately, this has been postponed due to Covid-19. The

monitoring of the improvement plan's implementation continues to take place as part of the quarterly contract meetings and the CQC are happy with progress of the DARS.

- 65 The CQC national team have been approached by Public Health to schedule a reinspection to help reflect the significant service improvement. The outcome of this discussion is still pending (August 2021).
- 66 Work continues to deliver DARS services differently in East Durham following the termination of the lease at Ridgemount House. This includes a new recovery centre in Horden. The work is aligned to the Making Every Adult Matter programme (MEAM) pilot in the Horden area as part of the Horden Together work.
- 67 The DARS developed a new website aimed at encouraging people to assess their own alcohol consumption levels. The website is [www.drinkcoach.org.uk](http://www.drinkcoach.org.uk)
- 68 In Quarter 4 2020/21, 2,359 people visited the website leading to 1,467 completing the AUDIT tool. Of those, 32% were low risk drinkers, 44% had increasing risk, 13% were high risk drinkers and 15% had possible dependence. 60 referrals into service have been generated since the launch of the website.
- 69 The DARS service specification is currently being reviewed with a view to procure a new service in February 2022.

### **Women's Recovery Centre (WRAD)**

- 70 The Women's Recovery Academy Durham (WRAD) has been approved. A contract modification was agreed in February 2020 for the service to utilise Eden House, Consett, from 1 April 2020 for a WRAD for three days per week and a generic (mixed-sex provision) drug and alcohol recovery service for two days per week.
- 71 The Covid-19 pandemic resulted in the launch of the WRAD being delayed but the DARS has developed a programme of work and recently began a soft launch.
- 72 The innovative WRAD project will see services including police, probation, children's and adults' social care, debt advice, domestic abuse support, and the DARS work together to meet the needs of the most disproportionately effected clients.
- 73 The probation service has provided additional funding towards the WRAD demonstrating their support and commitment to the project.

## **Newly Funded Services**

### Public Health England (PHE) Drug Crime and Harm Reduction Funding

- 74 In March 2021, the government announced an additional £80 million to fund drug treatment in 2021/22 as part of a funding package for reducing crime. The funding has been made available through the Section 31 grant provisions of the Local Government Act 2003.
- 75 A bid was submitted for the Universal Funding element of the grant with Public Health working with Durham Police and Crime Commissioner's Office (PCVC), Humankind and Probation colleagues to design and submit a bid proposal for £545,000 to help reduce crime in relation to drug use in County Durham. The grant has now been approved and plans are in place to implement delivery.
- 76 The focus of the funding is to add value to the current criminal justice team working within DARS by providing additional posts to create and ensure a whole systems approach. This includes court and custody leads, Integrated Offender Management (IOM)/checkpoint workers and specific harm reduction posts to reach the system from beginning to end.

### Public Health England (PHE) Rough Sleeper and Drug and Alcohol Grant

- 77 During 2019 there were around 35 rough sleepers verified in and around the Durham City area. A dedicated rough sleeper team was established and during 2020 there were over 250 reports of rough sleepers across the county, with the team providing accommodation to 163. As part of this initiative a dedicated Rough Sleeper Substance Misuse (RSSM) Worker based within DARS was recruited to provide direct support to rough sleepers, helping to engage them in drug and alcohol treatment and build their recovery capital.
- 78 PHE approached County Durham to bid for funding to address homelessness prevention, rough sleeping and substance misuse. Adding to the current worker model, but extending the services reach into East and South Durham, formed the basis for the bid of £274,000. To address complexity and entrenched behaviours' of the client group, three mental health nurses were also included in the bid, plus a Domestic Abuse Recovery Worker to enhance the connectivity into the domestic abuse system for both victims, perpetrators and their children. We are still awaiting the outcome of the bid.

## LA9 Inpatient Detoxification Unit

- 79 PHE also allocated funding as part of the drug treatment grant for all regions to benefit from funding awarded to regional or sub-regional consortia of LAs for commissioning inpatient detoxification beds. In total funding of up to £10million, ranging from approximately £0.7m to £1.7m has been allocated depending on size of treatment population per region. The spend has been granted for a 12-month period only.
- 80 Following initial discussions with PHE regional teams, Durham County Council was identified as the lead LA to commission the beds across a footprint of nine LAs, as a single commissioning consortium. DCC are negotiating with hospital trusts and hold the funds on behalf of the LA9 region (the other three LAs in the north are working in partnership to commission services via their own arrangements). The LA9 which are part of this arrangement are County Durham, Stockton, Hartlepool, Middlesbrough, Redcar & Cleveland, Sunderland, South Tyneside, Gateshead and Darlington.
- 81 Negotiations are currently taking place to secure beds on behalf of the LA9 Consortia within North Tees NHS Foundation Trust. A service specification has been issued to the Trust and a Standard Operating Procedure (SOP) is being developed with partners from Humankind to ensure all beds are allocated based on clinical need.

## **Conclusion**

- 82 A collaborative partnership approach to tackle drug and alcohol related harm in County Durham has been maintained and developed during 2020/21. All meetings have continued virtually with engagement from partners increasing on last year due to no travel commitments.
- 83 The reduction of alcohol and drug related harms caused to individuals, families and local communities remains a significant priority for the ADHR Group under the governance of the SDP.

## **Other useful documents**

- Previous Cabinet reports

## **Author**

Jane Sunter, Public Health Strategic Manager Tel: 07825 938455

Rachel Osbaldeston, Public Health Advance Practitioner Tel: 03000 265478

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## **Appendix 1: Implications**

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### **Legal Implications**

No issues identified.

### **Finance**

No issues identified.

### **Consultation**

Public Health will continue to consult with partners in the development and delivery of identified actions to reduce alcohol related harm.

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

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

### **Climate Change**

No issues identified.

### **Human Rights**

No issues identified.

### **Crime and Disorder**

Actions from this report are targeted to reduce alcohol related crime and disorder.

### **Staffing**

No issues identified.

### **Accommodation**

No issues identified.

### **Risk**

No corporate risk issues Identified.

### **Procurement**

The report encourages economies of scale and to make best use of available resource and capacity.

Health and Wellbeing Board

1 September 2021

Area Action Partnership Update

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## Report of Gordon Elliott, Head of Partnerships and Community Engagement

### Electoral division affected:

Countywide

### Purpose of the Report

- 1 The purpose of this report is to provide an overview of the work the Area Action Partnerships (AAPs) have led on, to support the community in responding to, and recovering from the COVID-19 pandemic.

### Executive summary

- 2 This report forms part of a regular update to the Board that reviews joint working between health and wellbeing partners and the 14 AAPs.
- 3 The last report on the work of AAPs was presented to the Health and Wellbeing Board on 30 July 2019.

### Recommendations

- 4 Members of the Health and Wellbeing Board are recommended to note:
  - (a) The work that is taking place across the County; and
  - (b) the work undertaken by the AAPs during 2020/21 in addressing the Health and Wellbeing agenda, which focuses on the response to and recovery from the COVID-19 pandemic.

## **Background**

### **Countywide Partnerships/ Services and AAPs**

- 5 AAPs continue to be part of, and input into, the County Durham Dementia Action Alliance and the Dementia Friendly Communities Network, the Severe Weather Plan, Holiday Activities with Food Work Stream, Active Durham, the Mental Health Strategic Partnership Board, Teenage Pregnancy Steering Group, Suicide Prevention Alliance and Resilient Communities Group. The AAPs were also involved in the work to establish the new vision for the County Durham Partnership, as well as the review of the Joint Health and Wellbeing Strategy.
- 6 The AAP representative responsible for connecting AAP work with that of the Health and Wellbeing Board partners, is also the AAPs link to many of the above groups, and the AAPs' Time to Change Champion.
- 7 All 14 AAPs have a Clinical Commissioning Group (CCG) representative as a member of the board to input into the work of the partnerships and to share relevant information to each of the boards and forums on their work and gain feedback where required.
- 8 Each AAP has a nominated Public Health representative to liaise with on the development of health-related projects to seek guidance or provide comment. AAPs regularly share Public Health information and messages to their board and forum members and wider public through their e-bulletins and social media pages and support engagement with the public in relevant health and wellbeing consultations.
- 9 Work is taking place to establish links with Primary Care Network representatives to ensure alignment across the geographies.

### **AAPs' Response to the Pandemic**

- 10 When the pandemic began, the AAPs were instrumental in updating the online directory Locate and developing the Community Hub established to support those shielding and isolating. Officers from the AAP teams manned the Hub initially. Other staff took over once the AAPs commenced their efforts to allocate funding provided to support the community during the pandemic.
- 11 As part of the virtual events that the 14 AAPs led on in late 2020, a call for COVID Champions was announced; 93 were engaged, with 83 active champions currently in place.

- 12 Induction training was rolled out in a phased manner to suit the champions, and a full schedule of meetings is in place to keep them updated. Themed meetings are included in this to improve their knowledge, making every contact count.
- 13 The role of a champion is to:
  - promote key messages,
  - get the message out there,
  - feedback, and make a valued contribution by continuing to help and support communities.

### **AAP Available Funding and Priorities**

- 14 AAPs receive core funding of £100,000 each year; an additional £100,000 was provided in 2020/21 to respond to the COVID-19 pandemic. In recent years, AAP funding has also been supplemented with additional funding linked to older people's social isolation (£25,000), welfare assistance (£10,000) and youth related activities (£9,902). All of these pots were merged last year to tackle the response to and recovery from the COVID-19 pandemic. This gave each AAP a core budget sum of £244,902 for 2020/21.
- 15 Due to the unprecedented impact of the pandemic, it was agreed that each AAP's funding allocation should be aligned to one broad priority focus of COVID-19 recovery. Within this single focus, AAP Boards were able to address a wide range of issues around the themes set out below:
  - (a) Employability
  - (b) Advice and guidance
  - (c) Mental health and wellbeing
  - (d) Organisation sustainability
  - (e) Food provision and support
  - (f) Social isolation
  - (g) Support for the Voluntary and Community Sector
  - (h) Support to small businesses (through a third party, not-for-profit)

- 16 AAPs also supported the 126 County Councillors in allocating their Neighbourhood Budgets (£19,400 per Councillor); Councillors also had COVID-19 in mind when allocating funds to projects.
- 17 In addition to the AAP core budgets outlined in paragraphs 14, each AAP received a share of £240,000 through the Holiday Activities with Healthy Food (HAWHF) group to develop, administer and distribute funding for enriching holiday activities with healthy food which is universally accessible but targeted at vulnerable children on free school meals. This covered the holiday periods in 2020/21 (Easter, May half term, Summer, October and February half term).
- 18 234 projects were allocated funding through the 14 AAPs with partners developing and implementing a range of programmes offering enriching activities and nutritious food to help mitigate the negative impacts of poverty on children and young people in the county during school holidays.
- 19 Feedback received from children, young people and families indicates that the activities and food provision has been vital to alleviating family finance worries, reducing social isolation and supporting our parents, carers, children and young people's emotional wellbeing. It has allowed families to take part in a range of activities together, learn new skills and has provided opportunities to make sustainable change.
- 20 To aid the COVID-19 response across the County, a total budget of £1.5 million was allocated to 292 projects, equating to £1,092,214 from the AAP's funding and £395,037 from the Countywide fund, leaving £12,749 of the Countywide funding yet to be committed. These projects also attracted £1.4 million in match funding from other sources, meaning projects supported by us across the county have seen over £2.9 million invested in projects to combat the effects of COVID-19. This includes the county wide projects, as well as projects within the 14 AAP areas. Some examples of the AAP projects are set out in paragraphs 21 to 49 below. In addition, 48 Neighbourhood Budget applications equating to £234,724 were also received. In total, around 300 community groups and organisations were supported.

### **Examples of AAP Health and Wellbeing Projects (COVID-19)**

- 21 As per paragraph 20, AAPs funded a number of projects during 2020/21 that support the key objectives of the Health and Wellbeing Board, in relation to the response to and recovery from the COVID-19 pandemic. Details of some of these have been highlighted below under the Joint

Health and Wellbeing Strategy priorities. Further information is available from the AAPs on the projects summarised in this report and can also be provided for any others if requested.

## Starting Well

22 **The ‘It’s in the bag!’ scheme**, developed for **Rural Weardale** with local Head Teachers of both primary and secondary schools, community groups, parents and children, had the simple concept of supplying household cupboard essential food, with some recipe ideas. Alongside the bag, came a £5 bag of seasonal fruit and vegetables which are more difficult to obtain in rural areas.

23 Age-appropriate activity bags, with a compendium of arts and crafts, including environmental learning, ensuring the activities were related to the key stage development targets in the National Curriculum were also included. The bags were delivered by volunteer drivers to recipients’ homes.

24 The quote below shows the value beneficiaries placed on this scheme:

***“We as a family would like to wholeheartedly thank the AAP for this scheme. It has been an absolute God send! (I especially appreciated the toiletries and cleaning supplies!) We loved getting the bags every fortnight and the kids loved diving in! We will miss it a great deal! Thank you so very much.”***

25 **Spennymoor AAP** funded **King Street Primary School** from the COVID-19 Response funding to provide 55 tablets to families to support children with their education while working from home.

26 **East Durham Rural Corridor AAP** funded **Trimdon Village Hall** providing £1,042.71 towards a project totalling £1,846.71 for the provision of sports equipment packs for teenagers and their families living in Trimdon Village and Trimdon Grange. Each child received a sports pack including a skipping rope, frizbee, soft ball, mini rackets, paddle bat, throwing scarf and a catch tail ball in a drawstring bag. A packed lunch was also provided which included cucumber, carrot sticks, a fruit bag, ham or cheese bun, juice, jelly, and quavers.

27 Families also had access to one larger piece of equipment from the following list on a rotation programme for 4 days a week: Connect 4, Noughts and Crosses, Cricket set, Volleyball net and ball, Badminton rackets and shuttlecocks, Chess and Jenga.

- 28 As Trimdon Village Hall now has access to all this equipment; the project can be operated on an ongoing basis.
- 29 Four volunteers were involved in this project, there were 50+ beneficiaries and two community facilities were supported. It was well received and helped to combat issues with mental health and wellbeing during the pandemic.

## Living Well

- 30 **Solan Connor Fawcett Cancer Trust** provided care and support packages to cancer sufferers and their families within the **4 Together Partnership**. They also provided support with hospital visits, funeral arrangements and delivered a befriending service.
- 31 Due to the COVID-19 pandemic, many of **Mid Durham AAP's** vulnerable and at-risk families were left with little or no income. Therefore, they decided to help out in any way they could, and they thought the best way to do this would be through a weekly food bag. The contents in the food bag were inspired by pre-packed boxes that food banks use for their clients. Each of the bags contained enough food for approximately three to four days. Two volunteers went shopping for the food throughout the week, packed the food into bags, then delivered it directly to the households.
- 32 The outcome was many very grateful parents and families who were struggling to make ends meet due to the pandemic. Many parents are in low-income jobs and because of problems with the Universal Credit and furlough systems, they were left with little to no money. Many parents reported how helpful the food bags were, and some families asked to stop receiving the food bags once they started to receive income as they no longer needed help and wanted it to go to those that still needed the additional support. 35 households benefitted.
- 33 The quote below from a beneficiary shows the value of this work:
- “We would like to say a huge thank you to the AAP for all their help and financial support. It has truly made a substantial difference to our parents and local community through the worst of the pandemic.”***

- 34 **Open Door Church - Our Confident Community** was given funding by **3 Towns Partnership**. Since lockdown began, over 14,500 hot meals have been provided, over 3,500 since February 2021. In addition, an average 100-150 fair share packages have been delivered to local residents every week, supporting over 400 households with age ranges from birth to 101. The project has supported over 100 elderly and vulnerable households with a range of support, including activity packs for older people, and over 80 families have taken part in the healthy lives holiday activities with healthy food projects. 450 plus newsletters have also been distributed, 200 knitted items have been produced for the baby unit, furniture and clothing has been provided alongside a debt advice, support to move home and to arrange funerals.
- 35 Since restrictions have eased, the support for the vulnerable continues; however, the focus has changed to include people being accompanied on walks or encouraged to attend sessions on site where they can once again socialise, albeit within COVID-19 guidelines.
- 36 Additional projects have provided various opportunities to both express emotions and be positive. Participants have taken part in a photography project and exhibition, an art project and a grow your own vegetables project which is still ongoing. Demand has also increased for support for families who are having to self-isolate because of COVID-19.
- 37 The quote below from a beneficiary shows the value of this work:
- “Thank you very much for the lovely meals they are really appreciated and a great help at this current time. Puzzles keep me occupied and the volunteers who drop the meals off are really friendly - you are all doing a great job and are appreciated by everyone.”***
- 38 **East Durham Rural Corridor AAP** funded **DJ Evans Youth Club – Bowburn Youth Project** by giving £9,000 towards an £11,000 COVID-19 support group project which improved the quality of life, independence and support for people who were most vulnerable in the community or who were self-isolating. This project was in partnership with **Bowburn Community Centre** and involved volunteers going to the shops, collecting prescriptions and providing social interaction over the phone.
- 39 The project also provided a meals on wheels service and care packs for those who were vulnerable, isolating or struggling financially due to the

pandemic. The meals on wheels service and delivery of care packs also enabled checks on the most vulnerable. Whilst delivering meals, volunteers would stay and have a quick chat with people, which for many was the only face to face contact they'd had all week.

- 40 The majority of the funding was spent on food for families, with some spent on utensils, food cartons, pots and pans, advertising and PPE for volunteers.
- 41 3,000 households benefitted which exceeded the target of 2,500, one voluntary and community group was supported, 25 people were engaged in voluntary work, and two community buildings/ facilities were supported.

## Ageing Well

- 42 **Annfield Plain Community Centre** are spearheading the **Catchgate and Annfield Plain Isolation Support** service that supports vulnerable and elderly residents from across the Annfield Plain Division. The Centre's Committee has set up volunteer networks in each of their villages to collect and deliver shopping, pick up prescriptions, deliver food and care packages, and oversee a telephone befriending service during the crisis, whilst still managing the delivery of their existing food bank.
- 43 The Centre received a COVID-19 response grant from **Stanley AAP** to expand and support their local volunteers, purchase cleaning materials for their premises, and enhance the capacity of their telephone befriending service. As at February 2021, the support service had completed over 800 jobs and supported over 1,000 people. One key volunteer stated that:  
  
***"The project has led to renewed community spirit and neighbourliness which I hope will continue once we are out of this awful time."***
- 44 **South Stanley Partnership's A Helping Hand** project is a six day a week meals on wheels service that delivers to elderly and socially isolated residents from across the Stanley area. It received funding support to sustain it during the COVID-19 pandemic, ensuring their beneficiaries can continue to enjoy home cooked meals at low prices.
- 45 **Durham AAP's** funding supported over 70 isolated and vulnerable older people in Sherburn Village who were provided with a hot meal, twice a

week thanks to the efforts of the volunteers at **Sherburn Community Centre**. The centre received a grant of £4,120 which helped to provide equipment and resources used by the 16 volunteer cooks and drivers who produced the hot meals and then delivered to peoples' doors.

- 46 **East Durham Rural Corridor AAP** funded **Coxhoe Village Hall** with £910.10 for the **Bags of Cheer project** which was very well received by the 450 beneficiaries. The project outcomes exceeded all expectations of the project lead; from 300 deliveries they had responses from just under 50 recipients, thanking them for their kindness and thoughtfulness and expressing how much it had cheered up their day.
- 47 They had phone calls, emails, Facebook posts and even two donations to the Village Hall as an offer of appreciation. The cheery hand-written message in the card and bright stripy bags which were hand delivered by a smiling, socially distanced volunteer helped to achieve the aim of having a positive impact on peoples' wellbeing as much as the contents of the bags. The bags' contents were afternoon tea themed, and also included a booklet of cheery thoughts and a made-up smiley poem.
- 48 16 volunteers were involved in the project, and one community facility was supported. It is hoped that, when it is safe to re-open, the project will encourage new users of the Village Hall facilities.
- 49 The quote below from the project's lead shows the value of this work:

***“I cannot thank you enough for awarding us the funding to deliver this project. It was so rewarding and also lit up Coxhoe for the afternoon.”***

### **Confirmed Funding for 2021/ 2022**

- 50 The following funding has been confirmed for each AAP for the current financial year and work has commenced:
- £100,000 Area Budget to support delivery of local priorities
  - £25,000 Older Persons' Social Isolation Fund
  - £9,902 Youth Fund Grant
  - £10,000 Welfare Assistance Scheme Grant funding to tackle poverty issues
  - £100,000 Community Recovery Funding

51 Like last year, this gives each AAP a core budget sum of £244,902, and again this has been amalgamated and is focused on the broad themes of COVID-19 recovery set out in paragraph 15.

52 In addition, there will be the following funding available:

- **Towns and Villages:** £4.2 million for AAPs to fund the wider corporate objectives of improving towns and villages across the County; of which,
  - £210,000 has been allocated to each AAP (over three years but with no stipulation on amount to be spent each year), and
  - £10,000 (one-off additional sum) to each elected member's Neighbourhood Budget allocation, in order to ensure a greater focus is given to the funding of community 'town and village' themed projects across the County in every electoral division.
- **Holiday Activities with Healthy Food (HAHF):** £525,000 for AAPs from the Local Authority's £2.38 million grant from the Department for Education (DfE), to coordinate and deliver holiday activities with healthy food in the Easter/Summer and Christmas holidays during 2021. Funding has been distributed via AAPs to local providers based on the percentage of children on free school meals (FSM) in an AAP area. An uplift provided to support rural localities. So far:
  - 97 projects were delivered across the county at Easter, 73 by AAP partners engaging with 6,862 children and young people (FSM and non-FSM) including 757 children with additional needs, 87 projects have been allocated funding through the AAPs for the summer holidays complimenting the additional provision through schools, family centre hubs, tendered provision and internal DCC partners.
  - As the DfE grant does not cover half terms, additional funding of £95,188 has been allocated to AAPs by Durham County Council through the Poverty Action Steering Group to accommodate these holidays. During the May half term holiday period, 47 projects were supported to deliver through this allocation. Funding will be available from the beginning of September for the delivery of projects for the October half term.

- 53 The total budget for AAPs excluding Neighbourhood Budget is £6.8 million; the Neighbourhood Budget figure is £3.7 million including the Towns and Villages element.

## **Conclusion**

54. This report provides an update on the work of the AAPs in relation to health projects over the last year as well as outlining the resources they will be administering over the current year. The AAPs are grateful for the support they receive from health colleagues to shape their funding decisions and look forward to that ongoing input, as well as developing closer links with Primary Care Networks as they move forward.

## **Author**

Jane Bellis

Tel: 03000 261128

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## **Appendix 1: Implications**

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### **Legal Implications**

No implications.

### **Finance**

As above, the finance highlighted within this report is linked to budgets provided to the AAPs via Durham County Council and the Department for Education.

### **Consultation**

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

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

AAPs fund projects which contribute to reducing inequalities in the county.

### **Human Rights**

Not applicable.

### **Crime and Disorder**

AAPs fund projects which contribute to improving levels of crime and disorder.

### **Staffing**

Not applicable.

### **Accommodation**

Not applicable.

### **Risk**

Not applicable.

### **Procurement**

Not applicable.

# Key Campaigns Summer 2020/21

Covid-19  
Health Harms Awareness  
Summer Activities  
Autumn Campaigns



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# COVID -19

## Proactive / Prevention work

- Regular social media, outdoor ads, updated web pages in support of outbreaks and changes in guidance
- General Covid safe county messaging continues and includes Get Tested, Self Isolation, Both Doses of Vaccine and Stay Safe
- Comms support for the Covid Champion programme



## Covid Vaccination

- Continuing to encourage the community to get both doses of the vaccine with the localised 'Covid safe county' messaging.
- Targeted comms work at key target groups who are yet to get their second dose.
- Collaborative working with County Durham Care Partnership to promote pop up vaccination events
- Targeted comms assets for County Durham prisons, targeting prisoners yet to be vaccinated



## CYP/Schools

- Update of comms to schools and parents over the summer and as pupils return in September.

## Beat Covid NE

- Continue to share vaccine hesitancy campaign Every Question Matters
- The Keep the North East Open campaign has come to an end and will be replaced with the Acts of Kindness campaign. Promotion of this campaign will be in line with previous campaigns.



## Raising Awareness of Health Harms

The 2021 **What's the Harm** campaign highlights how alcohol consumption before 18 can harm the developing body and brain, raise depression and anxiety and lead to risk taking behaviour. This messaging has been supported locally including by community retailers during May –July



### Regional Don't Wait Campaign July and localised Durham amplification August –Sept

A County Durham targeted campaign raising awareness to risks of smoking, benefits of quitting and access to local Stop Smoking Service

- TV ads on ITV On Demand featuring Dr Ruth Sharrock Hope & Harm videos
- Targeted approach using smoking prevalence data aligned to localised promotion
- Promoted via community bus shelters, Go North East/Arriva bus sides, localised posters, flyers, digital screens, hyper local paid promotion via Facebook



### Keep It Out Campaign - August 2021

- Featured on Durham City Centre digital totems and community resources disseminated by Trading Standards Team including a supportive quote from local councillor



## Summer Activities

### Campaign:

- Use of COMF bid to proactively engage and re-engage people who are inactive into physical activity within their local community, and to instil key health behavioural messages as we recover from the Covid19 pandemic.

### Activity:

- Free swimming offer to all under 18s promoted on adshels across Co. Durham
- Promotion of Active 30 website on adshels across Co. Durham, aimed at raising awareness among parents of the importance of children being physically active
- A new Active 30 TV channel launched to provide advice on how families can stay healthy
- We Are Undeatable pilot launched in Ferryhill and Chilton to encourage those with a long term health condition to be more active, with targeted promotion including PR, posters, flyers, print advertising, adshels, social media



## Coming up – Autumn Campaigns

### Key campaigns:

- Encouraging residents of County Durham to have their flu and Covid booster vaccination from September onwards
- STOPTOBER - highlighting the benefits of quitting smoking during October
- Collaboration with “Stamp It Out County Durham” for World Mental Health Day – 10th Oct
- Regional ‘Alcohol Not The Answer’ Nov 2021- highlighting “you don’t have to be a heavy drinker to be at risk”
- Localised ‘Alcohol Not The Answer’ COMF campaign November into January 2022 which leads into the promotion of DRY JANUARY
- County wide physical activity campaign due to launch in September - funded via COMF



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# COUNTY DURHAM COVID-19 HEALTH AND WELLBEING BOARD

## LOCAL OUTBREAK MANAGEMENT PLAN (LOMP) UPDATE SEPTEMBER 2021

**AMANDA HEALY**  
**DIRECTOR OF PUBLIC HEALTH**

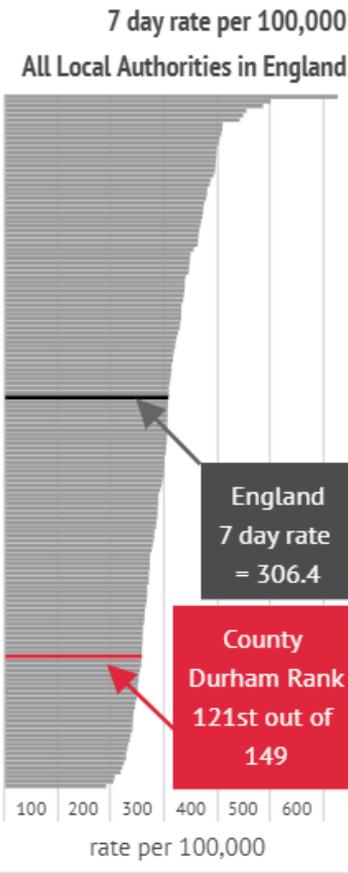
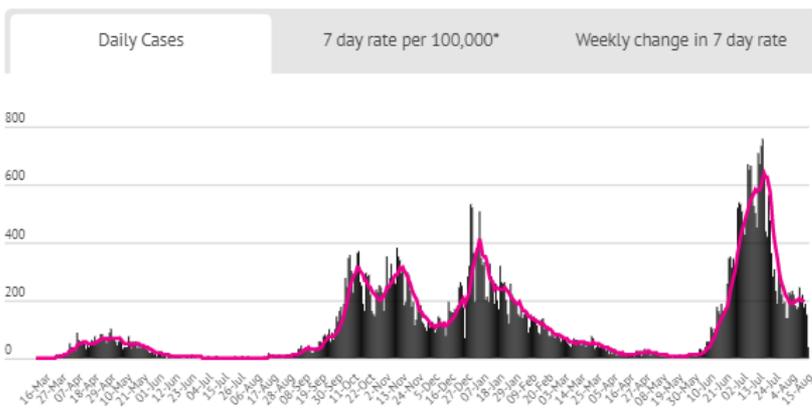
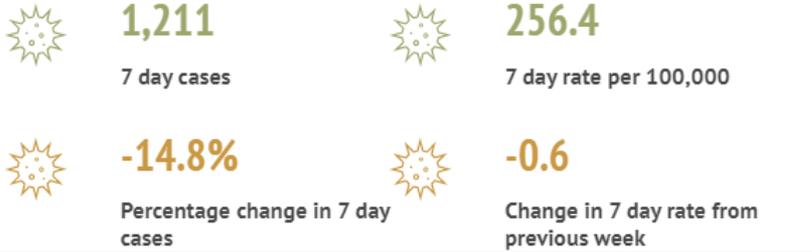


Better for everyone

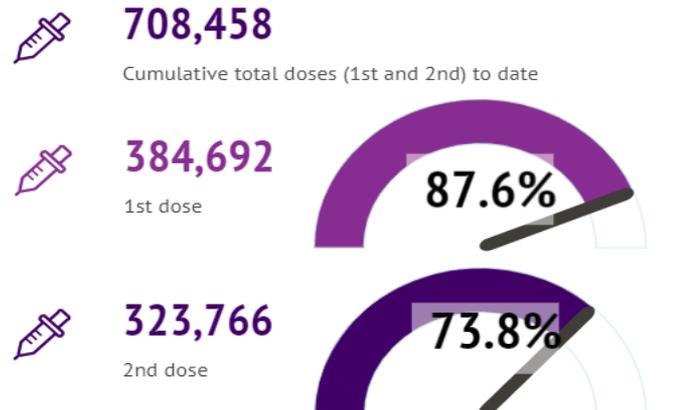


# Covid-19 Data

## COVID-19 surveillance dashboard County Durham Cases Summary



## COVID-19 surveillance dashboard County Durham Vaccinations



You can find information on cases / bed occupancy / vaccine / deaths

Covid-19 Dashboard  
[www.durhaminsight.info/covid-19](http://www.durhaminsight.info/covid-19)



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# Local Outbreak Management Plan (LOMP) Update

## LOMP activity

- June / July rising cases – Delta variant
- Control measures - Hands, Face, Space, Fresh Air, Vaccinate
- Local Tracing Partnership
- Variants of Concern – PHE and local surveillance
- PCR and LFD Testing
- Enhance Response Area
- Exemption to self-isolate
- Planning for Autumn / Winter



## COMF

- 53 funding bids totalling £18.2 million
- To be spent by March 2022
- Robust governance reporting to HPAB and CMT

Examples of successful bids:

- Long Covid clinics
- Durham Business recovery grant
- Rough sleepers' accommodation
- Community wellness activities



# A more in-depth look at

## Supporting Schools and Colleges

- Access to expert advice from the public health team
- Over 1800 education cases supported
- Continued case management upskilling of education and school staff
- Oversight group and dashboard
- Continued communications to Head Teachers
- Shared learning from cases, clusters and outbreaks
- Outbreak template for Autumn term



## Vaccination programme

- Varied vaccination offer; mass vaccination centre, GPs hubs, pharmacies, vaccine bus
- Vaccine hub at County Hall - over 40,000 1<sup>st</sup> & 2<sup>nd</sup> doses given to NHS and social care staff
- The County Durham vaccination programme met all Gov targets for 1-9 priority groups
- Vaccine hesitancy work
- Surge vaccination support
- Enhance Response Area (ERA)

**COVID-19 VACCINATION BUS**

County Durham  
Clinical Commissioning Group

Friday 7th May 2021

Castle Dene Shopping Centre  
Broad Close Car Park (behind Argos)

10am - 3pm



Better for everyone

# Recent Government Guidance

## Roadmap: Summer Response

- Reinforce vaccine wall of defence
- Enable the public to make informed decisions
- Retain proportionate test, trace and isolate plans
- Manage risks at the border and support a global response
- Retain contingency measures
- Bring forward second dose
- ~~Booster~~ booster vaccination Autumn
- JCVI advice on children

## Updated Control Framework:

1. Reinforce the country's vaccine wall of defence
2. Enable the public to make informed decisions through guidance, rather than laws
3. Retain proportionate test, trace and isolate plans
4. Manage risks at the border to reduce the risk of variants emerging
5. Retain contingency measures while learning to live with COVID-19



Better for everyone

# Next Steps

## Our Local Priorities:

- Equitable and rapid deployment of vaccine
- Taking our communities with us
- Localised, regionally coordinated Test, Trace and Isolate programme
- Promoting of targeted and frequent testing
- Protection of vulnerable individuals in the community
- Safe and well managed events

## Autumn and Winter 2021/22:

- Gradual and cautious return to workplaces
- Planning for schools and University returns
- Winter planning with system partners
- Flu and other respiratory viruses expected to be high
- Flu vaccination programme
- Covid booster vaccination
- Setting specific support
- Supporting the most vulnerable to prevent increased inequalities



# Public Questions

**Q1. What happens from 16 August? Who is exempt from self isolation if they are pinged?**

**Q2. How do you prove you're fully vaccinated?**

**Q3. Is it recommended to continue to do regular lateral flow tests?**

**If so, will these still be available free of charge?**

**Q4. If we can still get Covid when we have been double vaccinated, why is it so important for me to have both doses?**

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