



Health and Wellbeing Board

Date Tuesday 12 July 2022
Time 1.30 pm
Venue Council Chamber, County Hall, Durham

Business

Part A

Items which are open to the Press and Public

1. Election of Chair
2. Election of Vice-Chair
3. Apologies for Absence
4. Substitute Members
5. Declarations of Interest
6. Minutes of the meeting held on 11 May 2022 (Pages 5 - 16)
7. Poverty Action Steering Group: (Pages 17 - 60)
Report of the Corporate Director of Resources, Durham County Council.
8. Future Adult Social Care Reform Assurance: (Pages 61 - 78)
Presentation of the Corporate Director of Adult and Health Services, Durham County Council.
9. Health and Social Care Integration: (Pages 79 - 88)
Joint Presentation of the Director of Integrated Community Services and the Corporate Director of Adult and Health Services, Durham County Council.

10. Annual Performance Updates: (Pages 89 - 124)
 - a) Joint Health and Wellbeing Strategy 2021-22: Report of the Corporate Equality and Strategy Manager, Durham County Council.
 - b) Better Care Fund: Report of the Strategic Programme Manager Integration, Durham County Council.
11. Health and Wellbeing Board Annual Report 2021-22:
(Pages 125 - 158)
Report of the Head of Partnerships and Community Engagement,
Durham County Council.
12. Health and Wellbeing Board Campaigns: (Pages 159 - 164)
Presentation of the Director of Public Health, Durham County
Council – **for information only**.
13. 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
4 July 2022

To: The Members of the Health and Wellbeing Board

Durham County Council

Councillors R Bell, T Henderson and P Sexton

J Robinson	Adult and Health Services, Durham County Council
J Pearce	Children and Young People's Services, Durham County Council
L Hall	Regeneration, Economy and Growth, Durham County Council
A Healy	Public Health, County Durham Adult and Health Services, Durham County Council
<i>Representatives to be confirmed</i>	North East and North Cumbria Integrated Care Board
S Jacques	County Durham and Darlington NHS Foundation Trust
J Illingworth	Tees, Esk and Wear Valleys NHS Foundation Trust
S Lamb	Harrogate and District NHS Foundation Trust
P Sutton	South Tyneside & Sunderland NHS Foundation Trust
C Cunnington- Shore	Healthwatch County Durham
M Laing S White	Director Integrated Community Services Office of the Police and Crime Commissioner
S Helps	County Durham and Darlington Fire and Rescue Service

Contact: Martin Tindle

Tel: 03000 269 713

This page is intentionally left blank

DURHAM COUNTY COUNCIL

At a Meeting of **Health and Wellbeing Board** held in **Committee Room 2, County Hall, Durham** on **Wednesday 11 May 2022** at **9.30 am**

Present:

Councillor P Sexton (Chair)

Members of the Board:

Councillors R Bell and T Henderson and G Curry, Dr S Findlay, D Gardner, A Healy, F Jassat, M Laing, S Lamb, Dr L Murthy, C Oakley, J Robinson, Dr J Smith, M Smith, M Stenton

1 Apologies for Absence

Apologies for absence were received from L Buckley, C Cunnington Shore, M Forster, L Hall, S Helps, J Illingworth, S Jacques, J Pearce and S White.

2 Substitute Members

There were the following substitutes: Dr L Murthy for C Cunnington-Shore; S Lamb for M Forster; M Smith for L Hall; D Gardner for J Illingworth; G Curry for S Jacques; M Stenton for J Pearce; and C Oakley for S White.

3 Declarations of Interest

There were no declarations of interest.

4 Minutes

The minutes of the meeting held on 29 March 2022 were agreed as a correct record and signed by the Chair.

5 Integrated Care System Development Update

The Board received an update presentation from the Chief Executive Designate of the Integrated Care Board (ICB), Sam Allen on the progress with the Integrated Care System (ICS) development (for copy see file of minutes).

The Chief Executive, ICB set out the key aims of the ICB:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development.

She set out the architecture of the ICS and explained as regards development of the ICB membership, functions, and delegations to place. It was added that guiding principles for ICB development had been agreed with partners and set out appointments that had been made so far.

The Board noted the guiding principles:

- Secure effective structures that ensure accountability, oversight and stewardship of our resources
- Create high quality planning arrangements to address population health needs, reduce health inequalities, and improve care
- Ensure the continuity of effective place-based working between the NHS, local authorities and our partners
- Recognise our ICP sub-geographies as a key feature of our way of working across multiple places
- Design the right mechanisms to drive improvements in geographical areas larger than place-level
- Highlight areas of policy, practice and service design where harmonisation of approach might benefit service delivery
- Maintain high and positive levels of staff engagement and communication at a time of major change

The Chief Executive, ICB referred to a High Level 'Functions and Decisions Map' for the North East and North Cumbria ICB and noted the expectations as regards place based-working within the Government White Paper and associated timescales. She noted the forward plan relating to place-based working and referred to an operational diagram for the governance model for the ICB.

She noted the role, membership and relationship to our places in terms of developing the Integrated Care Partnership (ICP) and building up an ICP from each of our places: North Cumbria ICP; North of Tyne and Gateshead ICP; Durham, South of Tyne and Sunderland ICP; and Tees Valley ICP.

The Chief Executive, ICB explained that it had been agreed with partners that one Strategic ICP supported by those four 'Sub-ICPs', recognising our position as the largest ICS area in the country and our long-established sub-region partnership working arrangements between CCGs, Foundation Trusts and Local Authorities. She noted the sub-ICPs would build a needs assessment from each of their Health and Wellbeing Boards (HWBBs), which would then feed into the ICS strategy setting process overseen by the strategic ICP. She added that planning meetings were taking place ahead of the first formal meetings of the ICP from July 2022. She noted the statutory members of the ICP in terms of the ICB and those from Local Authorities, with potential members from usual partners including: Primary Care; Patient Groups; Schools; Police and Fire; Public Health; the Business Sector; and the voluntary sector, amongst others. It was noted that there is a place on the Board to represent elected members.

The Chief Executive, ICB noted the development of the ICP and timescales and noted next steps included:

- Gathering views and expertise on the operating model with a further iteration to be developed by May 2022
- To include proposals on transitional place-based working arrangements, and work with our places to develop a route map to more formal place governance by 2023 (as required by the Government's Integration White Paper).
- To test our operating model against a range of scenarios.
- Review our ICB committee roles and structures, and the governance of our ICS workstreams, with our Executive Directors as they are appointed.
- The final operating model will shape how we deploy our most senior staff, but we envisage that the vast majority of our staff will continue to work in the way they do now.
- Ongoing engagement with key partners on the development of the ICS, including with HWBBs and local and sub-regional scrutiny committees.

The Chair thanked the Chief Executive, ICB and asked the Board for their comments and questions.

Councillor T Henderson asked as regards the benefits for North East Communities as a result of the ICS. The Chief Executive, ICB noted the large structural changes, explaining she had worked in health for 25 years and added that reinventing the wheel would potentially miss opportunities to work to tackle inequalities and provide real benefits for the region.

She added that while such change at scale would take time to bed-down, it would be important not to lose previous place-based approaches, citing the benefits shown by greater collaboration during the pandemic.

In response to a question from Dr L Murthy, the Chief Executive, ICB noted the operational model would be finalised mid-June. Following a question relating to the Joint Committee from F Jassat, the Chief Executive, ICB explained that the ICP would set strategy and delivery. She added work relating to place would be worked on and be co-produced over the next few months, F Jassat welcomed the opportunity to comment on place.

Councillor R Bell asked as regards the nearest equivalent to the outgoing CCGs and the Executive Director of Place Based Partnerships (Central and Tees Valley), Dave Gallagher noted that the eight CCGs would disappear however the people and working relationships represented the strength and noted those people from the CCGs would largely be working for the ICP. The Chief Executive, ICB noted part of the operational model being consulted upon would be the roles and place-based governance. Dr S Findlay noted the concerns from GPs in terms of the ICB being more remote and having less representation than CCGs. The Chief Executive, ICB noted consultation on leadership roles and the continuation of place-based teams and noted she would speak with Dr S Findlay as regards that level of involvement.

Councillor T Henderson noted funding was a large concern and asked as regards guarantees that Durham would not be disadvantaged by the new arrangements. The Chief Executive, ICB noted while she could not guarantee, she noted allocations would work as they did currently through CCGs but expected a real term reduction due to inflationary costs. She added she expected announcements nationally and noted she would fight for a fair share for the North East and Cumbria.

M Stenton entered the meeting at 10.15am

Councillor R Bell noted money was not the only issue, but also recruitment, especially in areas such as health and social care. The Chief Executive, ICB noted the appetite from social care partners in terms of planning relating to workforce and cited the Health and Social Care Academy in Durham as an excellent platform to build on.

The Corporate Director of Adult and Health Services noted the helpful discussions which gave clarity on issues relating to co-production and discussions with the Chief Executive, ICB as regards regional issues. She added she would meet with the Corporate Director of Children and Young People's Services and the Director of Public Health on cross-cutting issues.

The Strategic Manager (Partnerships) noted some development time was set aside relating to the Joint Health and Wellbeing Strategy and the Director of Public Health noted that the Chief Executive, ICB had visited previously and the place-based approach in Durham had impressed. The Director of Public Health noted the issues in terms of health inequalities in the area, exacerbated by the pandemic and noted those conversations would take place, giving tobacco as an example of regional working at scale.

In response to a question from Dr L Murthy in terms of the cost of implementing the changes relating to the Health and Care Act, the Chief Executive, ICB noted that restructures do come with a cost attached but it would take some time to understand local implications.

The Chief Executive, ICB referred to place based event in June taking place at the Riverside where 200 people are expected.

Resolved:

That the presentation be noted.

6 Health and Social Care Integration

The Board received an update from the Director of Integrated Community Services, Michael Laing on progress with Health and Social Care Integration (for copy see file of minutes).

The Director of Integrated Community Services referenced the joint committee arrangement as the preferred option for County Durham. Dr S Findlay noted progress was encouraging but that it was important to get ready as early as possible as the ICS that included County Durham was bigger than other ICSs elsewhere. F Jassat suggested that there may be opportunities in relation to the City of Culture Bid 2025, looking beyond culture to include health and wellbeing. The Chair noted meetings with the Portfolio Holder for Economy and Partnerships looking at cross-cutting issues.

Resolved:

That the update be noted.

7 Health Protection Assurance Annual Report

The Board received a report from the Director of Public Health on the Health Protection Assurance Annual Report (for copy see file of minutes).

S Lamb left the meeting at 10.42am

Dr L Murthy asked as regards aneurysm screening and low uptake of shingle vaccine. The Director of Public Health noted AAA screening work with NHS England and that uptake of the shingle vaccine was being discussed at the Vaccination Board. Dr L Murthy asked as regards vaccine reminders and asked as regards any IT issues regarding joined up reminders.

Dr S Findlay noted the improvement to such IT as a result of the work during the pandemic. He noted some duplication in terms of NHS England relating to reminders and noted the opportunity for Primary Care and Public Health to work together, with the Liaison Team in County Durham helping in terms of the uptake of flu vaccinations in at risk groups and noted the opportunities post-COVID relating to other areas such as the shingle vaccine. He outlined a move to a single system for inviting people for covid vaccines in future.

Resolved:

That the Health and Wellbeing Board:

- (a) note the content of the report;
- (b) note that the performance in County Durham for all childhood immunisation programmes exceeds both national standards and national averages;
- (c) note that the report provides broad assurance that effective processes are in place for each of the key strands of health protection activity;
- (d) request a further report be presented to a future meeting of the Health and Wellbeing Board which provides further assurance in respect to flu and COVID-19 vaccination, the ongoing work with CDDFT in relation to Infection Prevention and Control (IPC);
- (e) support the development and delivery of the transition plan to 'Living with Covid' capturing the learning from Covid;
- (f) support the review of the health protection governance arrangements aligning the robust Covid assurance arrangements with wider health protection governance.

8 Updated SEND Strategy for County Durham 2022-2024

The Board received a report and presentation from the Corporate Director of Children and Young People on the updated SEND Strategy for County Durham, 2022-2024, presented by the Head of Early Help, Inclusion and Vulnerable Children, Martyn Stenton (for copy see file of minutes).

The Head of Early Help, Inclusion and Vulnerable Children explained the SEND Strategy was a two year strategy and noted that one in six children required some SEN additional support. He explained as regards the new strategy noted it was aligned to the wider Children, Young People and Families strategy, and the 'Starting Well' priority of the Health and Wellbeing Board's Joint Health and Wellbeing Strategy. He added the strategy's vision for those with SEND was the same as for all children and young people in County Durham: that they are safe and part of their community, have the best start in life, have good physical and mental health, and gain the education, skills, and experiences to prepare them for adulthood. He explained that the strategy's vision, aims and indicators were consistently supported by all stakeholders and that the new strategy had been subject to extensive stakeholder engagement, including public consultation. He noted the strategy had gone to Cabinet in April and also the County Durham Partnership Executive.

Councillor T Henderson thanked the Head of Early Help, Inclusion and Vulnerable Children and his staff regarding the work relating to the ongoing Ofsted inspection. He asked as regards how the Health and Wellbeing Board could be assured that there were sufficient resources available to meet increasing demand and provide the best possible outcomes for young people with SEND. The Head of Early Help, Inclusion and Vulnerable Children noted that Cabinet and Council looked at the High Needs Block and looked at the associated pressures. He noted the challenges for the Health and Wellbeing Board and Partners, and the high demands associated with Children and Young People with SEND, on top of the issues related to education disruption due to COVID-19 and the subsequent recovery. He reiterated the challenge relating to resources and demand, adding the High Needs Block would not meet demand, however, the five year plan would look to manage demands.

Dr J Smith asked as regards figures for County Durham in comparison to England, noting 87 percent of children having their needs met within mainstream schooling, with figures of around 9.5 percent in England attending a Special School. He also asked as regards the number of children with an Education Health and Care Plan (EHCP) at primary decreasing when moving to secondary school.

The Head of Early Help, Inclusion and Vulnerable Children noted that there were more EHCPs at primary noting the challenges at secondary school, most being larger institutions. He noted that 11 year olds with specific needs would attend special schools for secondary education. He noted that the level of one in six children having SEND in County Durham was in line with national levels of those with an EHCP being around 3.2 percent. He added that factors that impacted in the North East included increased prevalence of autism and levels of deprivation. The Head of Early Help, Inclusion and Vulnerable Children noted he was optimistic as regards the Government's Green Paper and added it was important to have children and young people being part of their communities, better supported in their local school with their friends, noting that special schools were not always the best solution.

Dr L Murthy asked as regards the next steps, templates and the process of review. The Head of Early Help, Inclusion and Vulnerable Children noted that easy read versions were being worked on and there would be work with the Durham Association of Primary Schools, Secondary Schools and Special Schools. He added that key actions and mechanisms to support schools would be looked at and that the Leadership Group met monthly. He noted that details as regards a new assessment framework were yet to come forward.

Resolved:

That the SEND Strategy 2022-24 be adopted.

M Stenton left the meeting at 11.05am

9 Child Death Overview Panel

The Board considered a report of the Director of Public Health, which presented the 2020/21 County Durham and Darlington Child Death Overview Panel (CDOP) Annual Report (for copy see file of Minutes).

The Director of Public Health explained that during the period there had been four Child Death Overview Panels in which 43 cases were reviewed. She explained that of those four, 21% were completed within the suggested six week timeframe. It was explained that some of the delays were because reviews cannot be undertaken until all other proceedings are complete, and that had been further compounded by service pressures as a result of COVID-19.

She noted that the following modifiable factors and key learning points were identified from the reviews:

- Smoking in the household

- Smoking during pregnancy
- Management of high-risk pregnancies
- Co-sleeping and parental alcohol and/or substance misuse.

G Curry left the meeting at 11.06am

Councillor R Bell noted the major risk factors and asked as regards how the Health and Wellbeing Board would work with partners on targeting messaging at pregnant women, families and carers about the risks of smoking during and after the birth of a child. The Corporate Director of Adult and Health Services noted information that had been brought to the Board pre-COVID on programmes relating to smoking at the time of pregnancy.

Dr L Murthy noted the overall trend was encouraging over the last five years and noted the differences between County Durham and Darlington. The Director of Public Health reiterated as regards the ongoing work on modifying factors and noted she anticipated that mental health issues would begin to come to the fore and therefore there would be an emphasis and focus on children and young people's mental health. In response to a question from Dr L Murthy in respect of the ICS and review, the Director of Public Health noted as regards the current specialist post and how, via integration, it could be possible to bring down the time of reviews.

Resolved:

That the Board note the content of this report and the associated CDOP Annual Report as assurance it is fulfilling its responsibilities as a sub-group of the Durham Safeguarding Children Partnership (DSCP).

10 Update on Transforming Care

The Board received an update from the Strategic Commissioning Manager, Tricia Reed on Transforming Care (for copy see file of minutes).

The Strategic Commissioning Manager gave an overview of progress on the Joint Health and Social Care Learning Disability Commissioning Strategy and the Think Autism Strategy for County Durham, including information on the impact of COVID-19 on the flow of discharge from inpatient settings into the community, as many community support resources had closed or operated at a significantly reduced level.

She explained as regards expectations to reduce the reliance on inpatient settings for people with a learning disability, autism or both. She noted that there were currently 16 inpatient beds for County Durham and moving forward that would reduce to 12.

The Board were given updates relating to specialist supported housing development at Harelaw, Annfield Plain which comprised of six properties, four longer-term homes, and two step up/step down properties and also Hawthorn House which would provide two self-contained, single occupancy units as a short term “step-up/step down” service.

The Director of Adult and Health Services noted it would be useful for a future update to contain case study information relating to the accommodation to help give details of positive impact on people’s lives. The Strategic Commissioning Manager noted that more tangible information would be available next year.

Dr S Findlay asked as regards health checks, making every contact count and duplication of work. The Strategic Commissioning Manager noted the work of CCG colleagues and the Health Facilities Team, noting key objectives of the strategy.

Resolved: to note

- (a) The impact that the Covid 19 pandemic and the change in scope of the Transforming Care criteria has had on the ability to meet the current trajectories set out in the CCG Planning Guidance, and the two further discharges planned within the next few months.
- (b) The progress made, despite the pandemic, with plans for new community services for people with the most complex needs including the use of the Community Discharge Grant, which will support the Transforming Care objectives over the next year and in the longer term.
- (c) Members of the Health and Wellbeing Board are recommended to receive further regular updates with accompanying delivery plan, to retain oversight of the Transforming Care agenda.

C Oakley left the meeting at 11.31am

11 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). The Board noted that questions could be directed to the Director of Public Health should any members require additional information on the key campaigns.

Resolved:

That the information contained within the presentation be noted.

12 Local Outbreak Control Plan Update

The Board received a presentation from the Public Health Strategic Manager which provided an update on the COVID-19 Local Outbreak Management Plan (for copy of see file of minutes).

The Chair advised that the responses to questions from members of the public and stakeholders would be published on the Council's website following the meeting.

The Chair noted the hard work of all those working across the Adult, Health and Social Care sector, recognising the preventative work that had helped save many lives. Councillor R Bell noted the issues that had occurred in respect of the national Test and Trace programme and asked whether contract tracing was back in the hands of Public Health and the Council and what the current situation was in terms of the contract tracing app. The Director of Public Health noted the responsibility was back at the regional level, noting the Public Protection Team developing surge plans, noting that the national track and trace had been stood down. Dr S Findlay noted that the response to COVID had been phenomenal and noted that lessons learned needed to be codified nationally and locally to give a guide for any potential future pandemic.

Resolved:

That the report and presentation be noted.

13 Exclusion of the Public

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.

14 Pharmacy Applications

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.

This page is intentionally left blank

Health and Wellbeing Board

12 July 2022

Poverty Strategy and Action Plan**Report of Paul Darby, Corporate Director of Resources, Durham County Council****Electoral division(s) affected:**

Countywide

Purpose of the Report

- 1 To provide an update and consult on the revised County Durham Poverty Action Plan which sets out a comprehensive response to the impacts of the wide-ranging poverty issues within the county, and to raise awareness and engagement for the Child Poverty Action Plan.

Executive summary

- 2 The council co-ordinates its efforts to tackle poverty through the Poverty Action Steering Group (PASG). This is a cross-council senior officer group, chaired by the Corporate Director of Resources and attended by the Cabinet member for Equality and Inclusion.
- 3 Partnership working is key to tackling the issues arising from poverty and during the pandemic this has been strengthened with the use of additional funding to enable those organisations to offer appropriate support when dealing with vulnerable households presenting with financial insecurity.
- 4 Work has therefore been undertaken with PASG and across services to consider the overall vision and objectives for the Strategy refresh – and the actions which will underpin delivery against the objectives set out in the Strategy.
- 5 A draft updated strategy and action plan has been developed as a result of that review process and is presented for consideration. Consultation is being carried out to ensure that partners and other key strategies, such as the emerging Inclusive Economic Strategy, and Joint Health and Wellbeing Strategy are fully aligned.
- 6 The Child Poverty Working Group (CPWG) sits under the PASG and membership is made up of representatives from cross council services, key partner organisations such as education, health, police and voluntary and community sector organisations.

- 7 The CPWG has undertaken a refresh of its' plan on a page and associated action plan to reflect the changes in the overarching Poverty Action Strategy and Plan.

Recommendation

- 8 The Health and Wellbeing Board is recommended to note the contents of this report and asked to provide feedback as part of the consultation process.

Background

- 9 The latest annual update report setting out the progress made by the council and its partners in addressing poverty issues across the county was presented to Cabinet 15 December 2021. The report described the work of the council and partners to address and help alleviate the pressures which contribute to vulnerability arising from an individual's inability to meet their personal needs.
- 10 The council co-ordinates its efforts to tackle poverty through the Poverty Action Steering Group (PASG). This is a cross-council senior officer group, chaired by the Corporate Director of Resources and attended by the Cabinet member for Equality and Inclusion.
- 11 The Child Poverty Working Group (CPWG) sits under the PASG and is a multi-agency group of senior managers and leaders, chaired by the strategic manager for Early Help within Early Help, Inclusion and Vulnerable Children Service.
- 12 The council has worked closely with many key partners since 2011 to help County Durham residents cope with the changes to welfare and issues relating to poverty. Initially, the focus was on co-ordinating and providing help and assistance to those in crisis. In recognition of the wider impact of the changes on the county, the scope of the PASG was broadened in 2015 to take a more comprehensive overview of the wider poverty issues, and the council's first Poverty Action Plan was approved by Cabinet in October 2015.
- 13 Many of the drivers of poverty, such as the strength of the economy, employment, wage rates, national welfare provision and inflation, are beyond the council's direct control. Therefore, the Council developed a strategy and plan focused on improving services and opportunity for those residents in County Durham who are experiencing poverty.
- 14 The Council's ambition has always been to do more than passively support residents to claim benefits and pay their rent or to help those in crisis. The vision for 2020-21 was to *"to improve the standard of living and daily lives of those residents in County Durham who are currently experiencing immediate financial hardship due to the COVID-19 pandemic and associated economic shocks; and to help alleviate long term issues that can lead households on low incomes to experience financial pressures and poverty"*.
- 15 The Poverty Issues report presented to Cabinet in December 2021 set out in detail the range of factors influencing financial hardship across the county's households; particularly those brought about by the coronavirus pandemic. Government funding and the Council's financial support mechanisms have been utilised to mitigate some of those impacts which have been further compounded by rising costs of living, significant energy

cost increases, removal of the £20 per week Universal Credit and emerging pressures on the economy from recent events in the Ukraine.

Poverty Action Strategy and Plan 2020-2021

- 16 As the COVID-19 pandemic evolved and residents and communities were 'locked down', we started to see a shift in reported issues, particularly in relation to household finance.
- 17 The Poverty Action Strategy and Plan was updated to reflect this in November 2020. Existing actions were brought forward to address the impacts of the pandemic and some new short-to-medium term initiatives and investments were added.
- 18 Emerging actions required to help our residents' financial circumstances during the pandemic were captured under the following strategic aims and four workstreams were taken forward with key partners and stakeholders to help achieve these aims:
 - (a) to improve our understanding of immediate financial hardship and both short and long term poverty, and the impacts on County Durham's residents:
 - (i) short term – restarting/resetting society – June to December 2020;
 - (ii) medium term – living with COVID-19 – 2021;
 - (iii) longer term – recovering – 2022;
 - (b) to foster employability, personal wellbeing and sense of worth for residents experiencing immediate hardship and/or poverty;
 - (c) residents receive the best support and advice available concerning their financial situation; and
 - (d) children and families have access to specific resources in response to the measures in place to combat COVID-19.

Poverty Action Strategy and Plan Review

- 19 Whilst the council has supported its most vulnerable residents over recent years and has intensified support during the COVID-19 pandemic, there is much still to do to promote social inclusion and support financially vulnerable residents and their families.
- 20 The PASG has reviewed the current strategy and action plan. This included consulting with services across the council and informally with key partners to ensure the Council was making best use of our collective resources, learn from what has worked well and identify any gaps, and use of available data and local intelligence to ensure the support is targeted to where it is needed most.

- 21 A PASG workshop was held in January 2022 to look back on what had been delivered and achieved so far and to identify areas where new/ revised practical interventions are required to help mitigate or prevent the impacts of poverty and help shape the revised strategy and action plan.
- 22 Attendees recognised the importance of working with our partners and attendees also highlighted the positive impacts of using intelligence more effectively and combining data to better target support and intervene before people get into crisis. Attendees also noted the need to better join up the Poverty Action Strategy and Plan with other council service delivery plans and the delivery plans of key partners.
- 23 Through group discussions it was apparent that whilst specific actions are still needed to continue to address the impacts of the COVID-19 pandemic in the new action plan, the overarching vision needs to better address the wider issues of inequalities i.e. to reflect the longer term impacts of all forms of poverty which many residents experienced even before the pandemic and will continue to experience once we 'live and work with Coronavirus' going forward.
- 24 It was also apparent that some actions have been adopted as permanent ways of working i.e. 'business as usual' as they complement and help collectively to address the underlying issues around the county, but there are still gaps in current service provision, where projects and initiatives need to be identified to help achieve new priorities.
- 25 It is recognised that the Inclusive Economic Strategy is fundamental to opening up the routes out of poverty and will be key to ensuring communities are supported to thrive. Maximising money going into our local communities, job creation and supporting businesses to start up and grow are key determinants in terms of tackling systemic and generational poverty issues.
- 26 Work has also been undertaken with Public Health in order to ensure that health needs are better and more closely aligned to the Poverty Strategy.
- 27 Additional engagement exercises with individual council teams and key partners were also delivered to inform the refresh of the Poverty Action Strategy and Plan.
- 28 The CPWG has also refreshed their plan on a page and associated action plan; with the work being aligned across the two key strategic groups (see paragraph 39- 43).

Revised Poverty Action Strategy and Plan

- 29 The strategy aims to provide focus, strategic direction and priorities for improving services and opportunities for residents in County Durham who are experiencing poverty and will cover a four-year period up to 2026.

- 30 The aim is to do more than just support residents to claim benefits and pay their rent or deal with those in crisis, though these remain important components. The PASG are seeking to improve the evidence and analysis and to make it everyone's business to support residents and mitigate the impacts of all forms of poverty. The Council should aspire to developing a compassionate coherent culture that seeks to maximise the value of our collective resources and appreciates the obstacles that internal and external silos create to supporting our financially vulnerable residents.
- 31 To help develop a new Economic Strategy for the county, an economic review of the county has been undertaken and an Economic Statement developed. This was considered and approved by Cabinet in December 2021. This statement provides an overview of our economic performance, suggests the areas of the economy that we need to collectively support, and firmly positions the county in regional and national conversations relating to economic growth and levelling up. Consultation to help frame the development of the Economic Strategy by Summer 2022 is currently underway.
- 32 The review of the Poverty Action Strategy and Plan undertaken by the PASG has considered the council's Economic Statement and wider policy and considered how we can increase access to fresh, healthy, affordable food, support residents struggling with increases in the cost-of-living expenses and loss of income, and how we can help residents improve their overall financial circumstances.
- 33 The Vision for County Durham 2035 was written together with partner organisations and the public and sets out what we would like the county to look like in 15 years' time. It was approved by Council and launched by the County Durham Partnership in 2019.
- 34 The Vision for County Durham is structured around three ambitions, namely:
- (i) More and better jobs
 - (ii) People live long and independent lives
 - (iii) Communities are well connected and supportive of each other
- 35 Each of the three ambitions contains a number of objectives; the following objective which supports 'more and better jobs' has been adopted as the vision of the Poverty Action Steering Group, with the wording "to work together" added in:
- To work together so fewer people will be affected by poverty and deprivation in the county***
- 36 To achieve the best possible outcomes for residents experiencing poverty, it is proposed that the revised strategic objectives will be:

Objective 1: Use intelligence and data to target support to low-income households

Objective 2: Reduce the financial pressures on people facing or in poverty

Objective 3: Increase individual, household and community resilience to poverty

Objective 4: Reduce barriers to accessing services for those experiencing financial insecurity

- 37 The strategy is underpinned by a revised action plan which focuses on new actions and commitments which will enable the council to deliver the key priorities that have identified as being most important for reducing poverty levels in County Durham and achieving our vision.
- 38 Although a major focus of the last 24 months has been effectively supporting vulnerable households impacted by COVID-19 restrictions, moving forward the focus will be on a strong strategic approach to supporting residents through co-ordinated advice and guidance, with partners playing a key role in delivery. It will involve helping residents move away from accessing food/financial support through crisis intervention support such as foodbanks, energy banks and welfare assistance etc. by working with key providers such as the credit unions to improve access to low-cost loans and supporting work to address fuel poverty and digital exclusion etc.

Child Poverty Action Plan

- 39 The Child Poverty Working Group recognises the need to coordinate a multi-agency strategic approach to address the causes of and impact of poverty on children, young people and families living in County Durham. The working group have agreed the Joseph Rowntree Foundation definition of poverty: *'When a person's resources are well below their minimum needs, including the need to take part in society'*. The group agreed this definition describes not only monetary and resource poverty but also poverty of opportunity.
- 40 Child poverty in County Durham continues to be on the rise with an estimated 27.3% of children under the age of 16 living in relative poverty and 25.1% of children under the age of 16 living in absolute poverty. Between 2015/16 and 2020/21 the number of pupils known to be eligible for, and claiming, free school meals increased by 50%, rising to over 21,300 eligible pupils.
- 41 The CPWG overarching vision is: *Children, young people and families have the resources to meet their basic needs, including accessing opportunities to take part in society.*

- 42 To achieve the best possible outcomes for children, young people and families experiencing poverty, it is proposed the revised objectives for the CPWG will be:

Objective 1: To understand the level and impact of poverty on children, young people and families in County Durham in order to better target support and resources;

Objective 2: Practitioners across the County Durham Partnership have the skills and knowledge to identify and support children and families who are affected by poverty at the earliest opportunity;

Objective 3: Promote social inclusion and family resilience to help ensure all children, young people and families have access to culture, leisure, sport and wellbeing activities;

Objective 4: Raise aspirations and resilience of children and young people making the move into further education, training or employment.

- 43 In line with the County Durham Approach to Wellbeing the CPWG will undertake co-production activities throughout the summer months utilising the 'Fun and Food' programme to work with children, young people and parents/carers to help shape and influence the key objectives and help partners to deliver help and support which is accessible, acceptable and builds family and community resilience.

Next steps

- 44 The revised strategy and action plan is attached at Appendix 2. These new and updated actions complement existing projects, initiatives and services and will be delivered alongside to further enhance and improve outcomes for our residents.
- 45 Through consultation and engagement, all partners will be encouraged to comment and contribute to the ongoing development and delivery of the revised Poverty Action Strategy and Plan, and Child Poverty Plan on a Page (Appendix 3) as this will be fundamental to its successful delivery and achieving better outcomes for the residents of County Durham.
- 46 The council's PASG will continue to provide leadership and direction in delivering against the action plan and co-ordinating and joining up the response internally within the Council. Existing workstreams including the CPWG will continue to work with services and partners to deliver some of the immediate actions where necessary, although it is expected a lot of the activity can be delivered through existing resources and organisations. Working with partners from across the public, private and third sector will continue to underpin our approach.
- 47 The existing relevant services, projects and initiatives from the previous action plan which have been adopted as 'business as usual' will continue

to be monitored and reported via the appropriate service reporting channels and also regular updates will be given to the PASG.

48 The strategy and action plan will be formally reviewed on an annual basis.

Conclusion

49 The council has consistently recognised that it cannot reduce poverty on its own as this requires a system wide response: collaboration and a focus on delivering common outcomes is the key to success.

50 Although a major focus of the last 24 months has been effectively supporting vulnerable households impacted by COVID-19 restrictions, the Council and its partners have continued to address the underlying issues experienced by low-income households.

51 During the pandemic our efforts to address and alleviate poverty increased significantly but there is still much to do. By maintaining our partnership-based approach to delivering the Poverty Action Strategy and Action Plan and Child Poverty Action Plan, we are making it everyone's business to respond to poverty and ensure financial inclusion.

Other useful documents

- [Cabinet report, Poverty Strategy and Action Plan, April 2022](#)
- [Cabinet report, Poverty Issues, December 2021](#)
- [Cabinet report, Poverty Issues, November 2020](#)
- [Cabinet report, COVID-19 planning and response, 5 June 2020](#)
- [Poverty Dashboard – Durham Insight](#)

Author

Mary Readman

Appendix 1: Implications

Legal Implications

There are no direct legal implications arising out of this report.

Finance

The council supports welfare provision and poverty alleviation through a number of service budgets across the council, such as the Welfare Assistance Fund and Discretionary Housing Payments (DHP) policy which are administered by the council's Transactional Services Teams. The council also offers discretionary Council Tax relief to individuals and households in financial hardship and has protected residents from government reductions in Council Tax Benefit through the approach it has taken to local Council Tax Support.

The longer-term financial implications for the council are at this stage difficult to quantify and are dependent on the speed of economic recovery.

Consultation

The draft Poverty Strategy and Action Plan will be informed by feedback and engagement through consultation with council services and partners during the coming months.

Equality and Diversity / Public Sector Equality Duty

The council's Welfare Assistance Scheme, Discretionary Housing Payments policy, and Local Council Tax Reduction Scheme, have been subject to equality impact assessments where appropriate.

Climate Change

Not applicable.

Human Rights

Note applicable.

Crime and Disorder

Not applicable.

Staffing

There are no staffing implications.

Accommodation

Not applicable.

Risk

Not applicable.

Procurement

Not applicable.

This page is intentionally left blank

What is poverty

‘Poverty affects millions of people in the UK. Poverty means not being able to heat your home, pay your rent, or buy the essentials for your children. It means waking up every day facing insecurity, uncertainty, and impossible decisions about money. It means facing marginalisation – and even discrimination – because of your financial circumstances. The constant stress it causes can lead to problems that deprive people of the chance to play a full part in society.’ *Joseph Rowntree Foundation*

Therefore, poverty is multi-faceted. It comes in many shapes and forms and varies both in terms of its duration and severity. Some people experience being trapped in poverty over several years, others experience poverty for a short while, for example when between jobs. For some people, being in poverty means having limited options across a range of household goods but is survivable. For others, poverty means not being able to afford the basics needed to live, e.g., housing, food, clothing, energy, and effectively being destitute. A key indicator of destitution is the extent of reliance on emergency food provision.

The severity of poverty is often linked to duration. The longer someone experiences financial problems, the more their financial buffers are eroded and the greater the risk that their decisions will push them further into poverty. Living in poverty over time can impact on mental health and wellbeing, leading to the use of unhealthy coping mechanisms and family breakdown. This can result in an intergenerational cycle of worklessness.

Poverty sits at the heart of many of the social and economic challenges we face, and relates not only to income but to opportunity, participation, and access to services. Its impact can last a lifetime by limiting aspiration, damaging relationships, and eroding life chances. The council is fully committed to tackling all aspects of poverty and has adopted the following objective from the County Durham Vision (2019 – 2035) as its vision

‘Fewer people will be affected by poverty and deprivation in the county’

National, Regional and Local Context

County Durham is ranked the 26th most deprived area in England for employment and the 42nd most deprived for income (of 151 upper tier local authorities, 2019).

An estimated 21% percent of households across the county live in relative poverty¹ before housing costs. This compares to an England average of 17% - the gap in relative poverty between County Durham and England has widened in recent years, and a quarter of households living in relative poverty have at least one working adult.

An estimated 28.8% of people (all ages) live in a household classed as 'workless', compared to 27.3% across England. People with a disability are much less likely to be employed (47.2%) than those without a disability (81.6%)

For those in employment, wages across the county are comparatively low with full-time annual pay around 10% lower than the England average. In addition, an estimated 21% of jobs across the county pay less than the £9.50 hourly rate set by the living wage foundation (although the proportion has fallen in recent years, it remains higher than the 17% average across England), and an estimated 2.5% of employees (around 5,800 people) are employed on zero-hour contracts.

In addition, the gap in earnings with the rest of England has narrowed as average wages have increased by more across County Durham than the Northeast and England.

	Average Wages (Includes full and part time)		
	2020	2021	Change
County Durham	£23,877	£24,252	£375 (1.6%)
Northeast	£23,559	£23,414	-£145 (-0.6%)
England	£26,055	£26,192	£137 (0.5%)
Gap with England	-£2,178	-£1,940	Narrowing

Relatively low wages across the county have led to comparatively lower levels of gross disposable household income (GDHI), which the latest data shows is also increasing at a slower rate than the rest of the country so the gap both regionally and with the rest of England is widening. The data also shows the Northeast has the lowest GDHI per head in the United Kingdom.

¹ Living in households with less than 60% of median household income

	Gross disposable household income per head		
	2019	Change since 2018	County Durham Gap
County Durham	£16,617	+1.9%	
Northeast	£17,096	+2.2%	£479 (3%)
England	£21,978	+2.5%	£5,361 (32%)

Therefore, even before COVID-19, lower-income households across the county were experiencing financial pressures.

The onset of COVID-19 made many people's financial situations worse. Although the government reacted to mitigate the worst of the economic shock and keep families afloat, the loss of income from being furloughed, rising costs of living and additional expenditure incurred during lockdown hit households with the least disposable income hard. School closures and the staying at home directive led to additional costs for basic household essentials (meals, heating, equipping children for online learning) especially as their normal coping strategies were no longer available to them, e.g., eating at friends and families, accessing the internet in their local library, buying essentials from charity shops.

At the start of the pandemic (March 2020), 10% of the county's population aged 16-64 were claiming Universal Credit. This peaked at 15.9% in March 2021 and is currently 15.5% (September 2021) which equates to 51,270 individuals across 44,495 households.

Research has shown that many of the low-paid workers who lost their jobs or were furloughed had few, if any, savings to fall back on.

An additional 3,200 children and young people (aged 0 to 19) became eligible for free school meals – pushing the total to 20,410, more than one in four, although 24 percent are not being claimed.

Research² into the experiences of families with children claiming Universal Credit or Child Tax Credit during the pandemic shows that 70 percent cut back on essentials (including food), 60 percent borrowed money (mainly through credit cards and payday loans) and more than 50 percent fell behind on rent or other essential bills.

As we transition from the pandemic, the household budgets of many of our residents remain tight. As of January 2021, the cost of living was at a 40 year high, prices had increased by almost 6% over a 12-month period, inflation is rising faster than wages and expected to climb above 8% within the year, and private rents are 7% higher than pre-COVID levels. In addition, more financial pressures are emerging with energy bills expected to increase by 50% following the removal of the energy price cap, and a 1.5% rise in National Insurance contributions in April 2022.

Almost 16% of households across the county are currently experiencing fuel poverty. And we expect that this will increase, with people in rural areas and/or already struggling being disproportionately affected. As fuel prices increase, the cost of transport will increase and accessibility of the poorest people to essential services is likely to decrease, again exacerbated in rural areas.

Foreword

Welcome to the Poverty Action Plan for 2022-26. This document not only describes the extent to which poverty impacts the prosperity of the county and its residents, it also outlines what we will do to protect those most at risk of poverty and exclusion, increase equality of opportunity and ultimately ensure fewer people are affected by poverty and deprivation.

Some of the actions outlined in this plan can be delivered quickly and have an immediate benefit. However, most are long-term and will take time to manifest into a changed and improved situation. We know that tackling poverty takes time.

Poverty is a major issue across County Durham. High levels of deprivation, insecure employment, and comparatively low wages has led to many households with little disposable income. In addition, a significant proportion of our older people have fixed incomes, including those who have not worked for a long time and who are now beginning to hit retirement age. With few savings and unable to access any financial support from family or friends, many people are finding themselves in precarious financial situations. Unexpected expenses, unemployment or a change in family circumstances are often catalysts for driving people into a cycle of problem debt and ultimately poverty – or even destitution.

The pandemic made the situation worse, hitting lower-income households and those with little disposable income hard. However, as we begin the recovery phase and transition to 'living with COVID-19', we need to consider not only the immediate financial impact of the pandemic, but the longer-term poverty impacts such as education outcomes and opportunities for young people. We need to mitigate where we can. As we transition from the pandemic, the household budgets of many of our residents remain tight with the cost of living at a 40 year high and continuing to increase.

This plan does not sit in isolation but is aligned to other council and partnership plans and strategies that have some involvement in tackling poverty. The plan is underpinned by the County Durham Approach to Wellbeing principles, with people and place at the heart of its development. Only by working together can we ultimately break the cycle of poverty



Paul Darby
Corporate Director of Resources and
Chair of the Poverty Action Steering Group



Cllr Alan Shield
Cabinet Portfolio Holder for Equality and Inclusion

Objective 1: Use intelligence and data to target support to low-income households

It is important that we utilise both the council's and partners' data and intelligence to identify vulnerable low-income households and to monitor the effectiveness of our initiatives and programmes.

To escape poverty, people ultimately need access to an income which is both secure and sufficient to afford a minimum acceptable standard of living. However, for many people, achieving this is a struggle.

Too many jobs do not provide decent pay, prospects or security. Many people struggle to gain employment or move onto better things, hindered by their background, a lack of marketable skills, low self-esteem, poor job search/interview skills, childcare needs, lack of reliable transport etc. In addition, some people don't access their full benefit entitlement (both in work and out of work benefits) because they are unaware of their entitlement, particularly if their circumstances change, because they find the process difficult due to their poor literacy and numeracy skills or difficulties interacting with the system, or because they feel ashamed.

Broadly speaking, some groups of people are impacted more than others. Children bring additional costs not fully covered by the benefit system and often reduce the capacity of adults to earn from employment – particularly for single parents and families with a disabled child. Older people and those from a Black, Asian or Minority Ethnic (BAME) are the least likely to ask for help due to social stigma. Single people under the age of 25, those with a limiting health condition or disability, and those with complex support needs associated with homelessness, drug and/or alcohol problems, domestic abuse or involvement in the criminal justice system are more likely to be disproportionately affected by poverty and most likely to end up destitute. However, families living in destitution (especially single mothers) are becoming more common.

In addition, people face financial challenges at transition points such as leaving home or care, moving into a new home, experiencing bereavement or relationship breakdown. Those without access to wider family support are particularly vulnerable and can be a trigger for significant financial difficulties. Many victims of domestic abuse have experienced having money withheld from them as a key method of controlling and mistreating them. Research has shown that victims of domestic abuse often must choose between being plunged into homelessness and poverty or staying with their abuser. In addition, people who become unexpectedly unemployed can quickly find that what was affordable becomes unaffordable.

POVERTY ACTION PLAN

2022 - 2026

Our vision: to work together so fewer people will be affected by poverty and deprivation in the county

Page 34

Action	Timescale
Work with external partners such as the Department for Work and Pensions (DWP) to understand and address the challenges of low-income households and low average salary	December 2022
Work with the Department of Work and Pensions (DWP) to identify and engage with people who are entitled to benefits but are not claiming.	December 2022
Deliver employability programmes that assist residents to access and sustain job opportunities (Council Plan Action). Programme includes: <i>Durham Advance extended to Dec 2023</i> <i>L!NKCD extended to Dec 2023]</i> <i>CLLD projects extended to Dec 2022</i> <i>Refugee Resettlement Programme extended to March 2024</i> <i>FLEX programme introduced to Dec 2023</i>	December 2022 Annual programme
Develop an approach for using confidential datasets, ensuring the data can be shared, joined-up and used without compromising data protection legislation	March 2023
Understand the levels of reported financial abuse within specialist domestic abuse services and partners	March 2023
Carry out workshops to give staff the skills and confidence to identify customers who are potentially vulnerable (through bereavement, mental health ill-health, relationship breakdown) and signpost them to available support	March 2023 Annual programme
Provide training to local Voluntary and Community Sector (VCS) organisations to enable them to identify residents in need of financial support and provide appropriate advice and support to maximise their benefit entitlement.	March 2023 Annual programme
Carry out a programme of targeted campaigns to increase the number of people undergoing benefit checks For example, as part of the holiday hunger campaign, over-75s, Care Connect users, women and pensions	March 2023 Annual programme
Deliver 'Benefit Awareness Training' to service teams	March 2023 Annual programme
Complete a review of advice services across County Durham focusing on location, accessibility, and quality of service	April 2023

Action	Timescale
Widen the 'First Point of Contact' offer to include more detailed support conversations to help those in financial difficulty.	April 2023
Maximise the use of the County Durham Pound and explore further possibilities of social value	April 2023
Work with partners to identify locations that can act as community hubs for residents to obtain financial advice/information, and help to improve their digital skills	April 2024
Work with partners to strengthen the process for identifying people who are vulnerable, a) financially, b) in relation to health and well-being	March 2025 various milestones
Develop a joined-up Business Intelligence approach to managing poverty data	March 2025 various milestones

Objective 2: Reduce the financial pressures on people facing or in poverty

People living in poverty can expect to pay more for almost everything they buy. Not only do they lack the financial resources to take advantage of special offers and buy in bulk, but they are also mostly locked out of the best bank accounts, borrowing rates and energy tariffs which would reduce their regular outgoings. This 'poverty premium' is exacerbated in rural areas where the cost of food and fuel can be higher, houses can be more difficult to insulate and therefore more expensive to heat, and where poor public transport links puts increased emphasis on having a private car.

In addition, Britain's worsening cost-of-living crisis is hitting low-income families hard, putting household budgets under more pressure than ever. The cost of living is at a 40 year high, prices having increased by almost 6% over the last 12-month period, inflation is rising faster than wages and expected to climb above 8% within the year, and private rents 7% higher than pre-COVID levels (2020). In addition, more financial pressures are on the horizon with rising household bills including an expected increase in water bills and an estimated 50% increase in energy bills following the removal of the energy price cap. In addition, the 1.5% rise in National Insurance contributions (both expected in April 2022), and further fuel and energy increases due to the economic sanctions imposed on Russia, means we expect more people to be pushed into poverty over the coming months.

POVERTY ACTION PLAN

2022 - 2026

Our vision: to work together so fewer people will be affected by poverty and deprivation in the county

Page 30

Those with the least disposal income are being hit the hardest by this cost-of-living crisis and we expect demand for poverty-related council services and those of the Voluntary and Community Sector, e.g., food provision, to increase in the coming months. And it is likely that more people on lower incomes will resort to payday loans and other high-risk financial support to pay for essentials, increasing those coping with the continuous cycle of problem debt.

Action	Timescale
Fully implement the Advice in County Durham referral portal to direct people to the right support	May 2022
Understand the housing market to help people who are struggling with their housing costs to stay at home	June 2022
Explore how best to promote Healthy Start Vouchers to most vulnerable parents	June 2022
Deliver a range of initiatives to alleviate food inequality (The 'Bread and Butter' Thing is one strand)	July 2022
Expand the programme which effectively distributes surplus foodstuffs to families in need (Bread and Butter Thing)	July 2022
Develop and implement a joint action plan for the housing poverty group and provide updates to the poverty action steering group	July 2022
Ensure the mechanisms in place to support those in crisis remain effective, including the council's Welfare Assistance Scheme; reviewing recent scheme enhancements, for example for those fleeing domestic abuse	July 2022
Continue to provide effective support mechanisms for more vulnerable households, through the Local Council Tax Reduction Scheme, Discretionary Housing Payments and Partnership support arrangements.	July 2022
Provide wrap-around support as part of 'Bread and Butter Thing' provision	August 2022
Improve the service offer provided by Housing Solutions to assist households struggling with their housing costs.	August 2022
Improve access to, and encourage more people to use, credit unions to obtain low-cost credit	August 2022

POVERTY ACTION PLAN

2022 - 2026

Our vision: to work together so fewer people will be affected by poverty and deprivation in the county

Action	Timescale
Deliver 'Cutting the Cost of the School Day' programme to an additional 75 schools/colleges across the county, focusing on communities top 30%	September 2022
Develop and implement 'Cutting Cost of the Pre-school Day' to 50 nurseries and pre-school settings	September 2022
Explore a model to further extend 'Cutting the Cost of the School Day' to include audit of impact	September 2022
Undertake a review of the Healthy Start Programme offer for County Durham and provide recommendations to improve uptake and reduce inequalities	March 2023 Interim report – October 2022
Ensure linkages between the County Durham pound to the developing economic strategy	October 2022
Expand the use of the benefit calculator to other services across the council	December 2022
Review the benevolent fund	December 2022
Raise awareness of illegal doorstep lending through targeted campaigns	March 2023 Annual programme
Identify and improve current debt provision across the county (Supports a national review through money advice and debt service)	March 2023
Deliver a range of initiatives to alleviate fuel poverty (Council Plan Action)	March 2023 Annual programme
Raise awareness of financial abuse as a form of domestic abuse and ensure effective access to support for victims/survivors within communities	March 2023
Work with local communities to co-produce an approach to well-being	March 2025

Objective 3: Increase individual, household and community resilience to poverty

Resilience against poverty is built on many interlinking factors: a person’s psychological wellbeing, their household stability, support available from family and friends, access to the labour market, skills at managing their finances, and access to financial products and assets which act as a buffer against problems.

The labour market across County Durham is dominated by the public sector which is traditionally lower paid than the private sector and has been subjected to a pay squeeze in recent years. Other major employers tend to be from the lower paid sectors such as construction labouring jobs and lower value manufacturing jobs (assembly and fabrication). This has exacerbated the wages difference between our county and other areas across the country which have a better balance between public and private employment. This narrow business base can be barrier to people increasing their employability and access to better pay.

Action	Timescale
Deliver three training programmes about financial literacy and budgeting to frontline practitioners working with children, young people and families	April 2022
Train staff across Children Social Care and One Point Service to use the Advice In County Durham portal	May 2022
Increase understanding of the role tobacco dependency plays in child and family poverty: ensure staff across children and young people services are trained and work together to identify parents who smoke and motivate them to quit at every contact using financial savings as a key tool for motivation.	May 2022
Develop ‘My Future is Durham’ initiative into a wider programme for schools and colleges.	April 2022
<p>Community book – Project within the County Durham Together programme</p> <p>Consult, scope, and develop recommendations for the development of an accessible digital repository of services, enabling people to access the appropriate services, support, activities and other community assets at the right place and right time.</p>	July 2022
Develop a proposal to increase support for young school leavers at risk of not making a successful transition	September 2022

POVERTY ACTION PLAN

2022 - 2026

Our vision: to work together so fewer people will be affected by poverty and deprivation in the county

Action	Timescale
Explore the feasibility of delivering Mental Health Awareness Training at scale to staff and volunteers who work with people experiencing poverty to help address the known impacts of poverty on mental health.	September 2022
Join up the Financial Ability project (formerly Durham Savers initiative) with 'money matters and advice' provision programme: Develop a toolkit for local organisations to signposting information. Embed into Learning and Development portal and create further support materials Engage with existing networks, develop new partnerships and re-engage previous partners Re-engage with DWP Work Coaches and front-line staff following lifting of COVID restrictions	September 2022
Join up the work being done on green spaces with food poverty / food resilience.	October 2022
Review the Devolution deal once clarity is received and assess how it impacts the local area, e.g., skills appropriate to local economy	March 2023
Fully understand the findings from the 'left behind communities ³ ' research and identify actions to address some of the issues highlighted.	March 2023
Provide financial support initiatives to people who are homeless, leaving care or veterans	March 2023
Deliver initiatives that support rough sleepers, ex-offenders and other vulnerable people into accommodation (Council Plan Action)	March 2023
Continue to identify and develop the services and support available to young people leaving care through their local offer which support independence and enhance their life chances	March 2023

³ The UK government is committed to levelling up across the whole of the United Kingdom to ensure that no community is left behind, and is making changes to support local economic growth, in order to regenerate town centres and high streets, support individuals into employment, improve local transport links and invest in local culture, while giving communities a stronger voice to take over cherished local assets that might otherwise be lost.

Action	Timescale
Explore the feasibility of delivering Tobacco Awareness Training at scale to staff and volunteers who work with people experiencing poverty. Stopping smoking can increase family income, reduce the impact of absenteeism from the workplace and helps to reduce long term health conditions which can lead to the inability to engage in employment.	March 2023
Explore the feasibility of including signposting, referrals and outcome measures from a range of public health interventions into services which support people experiencing poverty e.g. Making Every Contact Count (MECC).	March 2023 Initial scoping
Ensure a smooth transition from European Funding Streams to the Shared Prosperity Fund	December 2023
Appoint three Mental Health Employment Practitioners who will provide health support and assistance to residents who are looking for employment, education and training through the various employment programmes.	March 2024
Broaden the county's business base to include a range of jobs across both private and public sectors	March 2026

Objective 4: Reduce barriers to accessing services for those experiencing financial insecurity

The ability to interact digitally is essential to addressing social and economic inequalities and levelling up our communities. Many of the cheapest ways of accessing goods and services are only available online. Mainstream banking has been removed from many of our highstreets, especially in rural areas, and many educational courses and job applications are restricted to online access. In addition, people who are not using online services can lack a voice and visibility in the modern world, as government services and democracy increasingly move online.

However, some people can afford neither the equipment nor the broadband required to get online. When the pandemic hit in March 2020, around 51% of households with an income of less than £10,000 had home internet access, compared to 90% of households with an income of more than £40,000. Even when poorer households were physically able to access the internet, they were less likely to have the skills to utilise it. In rural areas levels, digital inclusion may be further reduced by poorer quality broadband and mobile connections.

Lack of transport is also a key barrier to accessing services, education and employment. Cost, poor availability and long journey times has disconnected less affluent areas and rural communities from their wider labour markets.

Participation in sport, outdoor physical activity and cultural events positively impacts people, especially young people. It contributes to both physical and mental health, involves engaging with others in a positive way, encourages concentration and motivation, and teaches other life skills that help their education and working lives. However, those from low-income households are often prevented from participating as few free sporting activities exist outside school and charges to access culture and sport are often unaffordable.

Action	Timescale
Refresh the first point of contact offer at the Customer Access Points (CAPs) to focus on digital inclusion and self-serve with support, access to the internet and a device being at the forefront of service delivery.	April 2022
Undertake a feasibility study in relation to improving access to leisure facilities for children and families referred by social care and health agencies (e.g., discounts, promotion and transport)	April 2022
Explore the feasibility of developing an approach to poverty proofing leisure and cultural programmes within our culture, sport and tourism Service	May 2022
Investigate the feasibility of broadband providers, working with social housing providers, to provide broadband to residents at a reduced cost	July 2022
Use data and intelligence to identify our most vulnerable communities to support access to public transport	August 2022
Fully understand the findings from recent consultation which asked children, young people and adults, many of whom currently do not participate in leisure activities, about the barriers preventing them from becoming more physically active and identify actions to address some of the issues highlighted.	September 2022
Baseline the council's digital inclusion offer to map current interventions and identify areas of future intervention. To include digital skills, access to connectivity and access to devices.	September 2022
Continue delivery of the Digital Durham programme working with partners to further develop our digital infrastructure and increase the number of properties able to access full fibre to the premise broadband services at an affordable cost	March 2023
Continue to work on proposals linked to the Bus Service Improvement Plan which includes a cap on bus fares, especially for young people, demand responsive bus services in rural areas and tailored routes to meet the specific requirements of rural communities.	March 2023

POVERTY ACTION PLAN

2022 - 2026

Our vision: to work together so fewer people will be affected by poverty and deprivation in the county

Page 12

Action	Timescale
Explore a community-based model to increase digital inclusion and develop a programme that fosters collaboration between key partners from across sectors.	April 2023

Plan on a Page: Impact of poverty on children, young people and families (2022-2023)

Vision: Children, young people and families have the resources to meet their basic needs, including accessing opportunities to take part in society

Priorities

1. To understand the level and impact of poverty on children, young people and families in County Durham in order to better target support and resources
2. Practitioners across the County Durham Partnership have the skills and knowledge to identify and support children and families affected by poverty at the earliest opportunity
3. Promote social inclusion to ensure all children, young people and families have access to culture, leisure, sport and wellbeing activities.
4. Raise aspirations and resilience of children and young people making the move into further education, training or employment

Outcome Measures: How we will know if we have been successful?

- a. Local and national data and intelligence along with feedback from children, young people and families will ensure we have an accurate understanding of the level and impact of poverty for children in our neighbourhoods across County Durham.
 - b. We will have a set of key measures of poverty across County Durham.
 - c. Communications will be streamlined and coordinated through the CPWG.
- a. We will deliver 'Cutting the Cost of the School and Pre School Day' programme to an additional 50 schools/ colleges/nurseries in communities in top 30% deprived neighbourhoods.
 - b. A minimum of 500 number of staff registered to use the new AiCD portal and report on usage.
 - c. Financial ability training will be delivered to 200 key stakeholders working directly with children and families
 - d. We will increase the uptake of FSM with eligible families from 76% to 80% in line with regional uptake
 - e. We will increase the take up of Healthy Start Vouchers target to be agreed by Health Weight Alliance
- a. 50,000 children will access the County Durham 'Fun and Food' programme in 2022.
 - b. 25,000 children will access free swimming sessions in 2022.
 - c. Co-production activities with children, young people and parents will inform a plan to provide accessible leisure, cultural, sporting and wellbeing activities
- a. Achievement gap between pupils eligible for free school meals and their peers at GCSE is reduced (target to be agreed);
 - b. We will reduce the proportion of young people who are NEET to 4.5% and the proportion of young people whose destination is not known to 1.0% by 2022-23.
 - c. We will deliver Work Related Learning and Enterprise activities to 3,500 primary and secondary students during each academic year.
 - d. We will provide transition support to 900 Year 10 and Year 11 identified secondary school students during each academic year

Actions: What are we going to do?

- 1.1 National and local Child Poverty data and intelligence, hosted on Durham Insights will be analysed and shared to help inform and target service developments.
 - 1.2 We will report and monitor against the set of agreed poverty measures which impact on children.
 - 1.3 We will raise the profile through a targeted communications and marketing plan to promote accessible and relevant information to families and key stakeholders.
- 2.1 Utilising the THRIVE Model refresh the 'Cutting the Cost of the School Day' and 'Pre-School Day' resources for all schools and deliver a targeted programme to an additional 50 schools/colleges/nurseries.
 - 2.2 Train all OPS,CSC, HDFT, CDDFT/VCS and commissioned services staff working directly with children and families to use the new AiCD portal;
 - 2.3 Financial ability training will be targeted at and accessed by key stakeholders working with CYP&F.
 - 2.4 Work with key partners and through co-production with children and families to develop and implement a programme to increase the update of financial support including Free School Meals available to families.
 - 2.5 In collaboration with the Healthy Weight Alliance group we will develop a promotional campaign to increase the uptake of Healthy Start Digital Card to eligible families.
- 3.1 Implement a coordinated countywide 'Fun and Food' programme in line with DfE expectations and community need including during half term holidays.
 - 3.2 Source sustainable funding to provide a 'Fun and Food' programme during half term holidays.
 - 3.3 Utilising the Approach to Wellbeing model to develop and implement an approach to promoting social inclusion for children, young people and families to facilitate accessible leisure, cultural, sport and wellbeing activities.
- 4.1 Durham Works will provide support to young people who are NEET to progress into sustained education, employment and training pathways, including Apprenticeships;
 - 4.2 Durham Works will provide specialist careers advice and pathways for Looked after Children, Care Leavers and SEND to enable young people to realise their aspirations;
 - 4.3 Durham Works will deliver Work Related Learning and Enterprise activities in primary and secondary schools;
 - 4.4 Durham Works Programme for Schools will support students in Years 10 / 11 who are identified at risk of becoming NEET in secondary schools (including special schools and alternative education providers);
 - 4.5 Durham Enable will support individuals who have learning, physical and mental health barriers to access employment.
 - 4.6 We will consult with young people who are NEET to understand their barriers to progressing into education, employment and training, in order to ensure our support offer meets their needs.

Enabling Factors: What will make our outcomes possible

We will apply the **County Durham Wellbeing Approach principles** to all work of the Child Poverty Working Group
 We will apply the **THRIVE model** to ensure proportionate and tailored response to service design and delivery
 Whole system approach to ensure effective interventions. Workforce development based around making every contact count
 Strong leadership and leading by example across all areas e.g. councillors, leaders, education.
 Connecting with our communities through County Durham Area Action Partnerships

Action Plan: To address the impact of poverty on children, young people and families

Meeting: Child Poverty Working Group 2022/23

Date: April 2022

Vision: Children, young people and families have the resources to meet their basic needs, including accessing opportunities to take part in society. *Joseph Rowntree Foundation*

Ref	Action	Timescale	Progress	RAG
1.1	National and local Child Poverty data and intelligence, hosted on Durham Insights will be analysed and shared to inform and target service developments.	Mar 23	Quarterly update presented to CPWG	
1.2	We will report and monitor against the set of agreed poverty measures which impact on children.	Mar 23	John M to collate and share poverty measures	
1.3	We will raise the profile through a targeted communications and marketing plan to promote accessible and relevant information to families and key stakeholders.	Mar 23	Quarterly review and refresh of webpage	
Ref	Action	Timescale	Progress	RAG
2.1	Utilising the THRIVE Model refresh the 'Cutting the Cost of the School Day' and 'Pre-School Day' resources for all schools and deliver a targeted programme to an additional 50 schools/colleges/nurseries.	Sept 23	April 22 106 schools undertaken training to date Target: additional 50 schools/colleges/nurseries. Progress: AY/LD/SD/JN/KW to review and bring to grp outline model. Co- production through Fun and Food programme summer 2022.	
2.2	Train all OPS,CSC, HDFT, CDDFT/VCS and commissioned services staff working directly with children and families to use the new AiCD portal	Mar 23	Target: 500 stakeholders across OPS/CSC HDFT/CDDFT Progress: Awaiting launch of new portal OPS staff trained to use current version.	
2.3	Financial ability training will be targeted at and accessed by key stakeholders working with CYP&F.	Mar 23	Target: 200 staff/volunteers Progress: CW to contact DT to plan to deliver these sessions	
2.4	Work with key partners and through co-production with children and families to develop and implement a programme to increase the update of financial support including Free School Meals available to families.	Sept 23	Target currently 76% 2022/23 target 80%	
2.5	In collaboration with the Healthy Weight Alliance group we will develop a promotional campaign to increase the uptake of Healthy Start Digital Card to eligible families.	Mar 23	Set target increase	
Ref	Action	Timescale	Progress	RAG
3.1	Implement a coordinated countywide 'Fun and Food' programme in line with DfE expectations and community need including during half term holidays.	Dec 22	Target:50,000 PA in 2022	
3.2	Source sustainable funding to provide 'Fun and Food' programme during half term holidays.	May 22	Request made to PAG for 150k for May and Oct 22 half term holidays	
3.3	Utilising the Approach to Wellbeing model to develop and implement an approach to promoting social inclusion for children,	Sept 2022	Working group in place. Consultation completed. Project resource from PH secured. Working Grp progressing actions	

	young people and families to facilitate accessible leisure, cultural, sport and wellbeing activities.		Fully understand the findings from recent consultation which asked children, young people and adults, many of whom currently do not participate in leisure activities, about the barriers preventing them from becoming more physically active and identify actions to address some of the issues highlighted. CS&T physical activity framework and Service Plan in development stages to prioritise resources to address barriers around affordability.	
Ref	Action	Timescale	Target and Progress	RAG
4.1	Durham Works will provide support to young people who are NEET to progress into sustained education, employment and training pathways, including Apprenticeships;	Mar 23	Target:	
4.2	Durham Works will provide specialist careers advice and pathways for Looked after Children, Care Leavers and SEND to enable young people to realise their aspirations;	Mar 23	Target: NEET to 4.5% and not known to 1.0%	
4.3	Durham Works will deliver Work Related Learning and Enterprise activities in primary and secondary schools;	Mar 23	Target: 3,500 students	
4.4	Durham Works Programme for Schools will support students in Years 10 / 11 who are identified at risk of becoming NEET in secondary schools (including special schools and alternative education providers);	Mar 23	Target: 900 Year 10 and Year 11 students	
4.5	Durham Enable will support individuals who have learning, physical and mental health barriers to access employment.	Mar 23	Target:	
4.6	We will consult with young people who are NEET to understand their barriers to progressing into education, employment and training, in order to ensure our support offer meets their needs.	Mar 23		

This page is intentionally left blank

Poverty Action Strategy and Action Plan

Consultation

July 2022

Mary Readman, Head of Transactional and Customer Services



Background

- Poverty Action strategy and plan for County Durham since 2014 and reviewed regularly
- 2020 review broadened the scope to include the immediate impacts of the COVID-19 pandemic and deliver targeted interventions with the aim:

“to improve the standard of living and daily lives of those residents in County Durham who are currently experiencing immediate financial hardship due to the COVID-19 pandemic and associated economic shocks; and to help alleviate long term issues that can lead households on low incomes to experience financial pressures and poverty”



Partnership working has been key....



- Advice in County Durham Partnership - referral portal, partnership training
- Social landlords - DHPs
- Private landlords – ‘stop before you serve’
- Schools – food vouchers for FSM eligible children, poverty proofing the school day
- Partners working with families and children – Covid Winter Grant/Local Covid Support/Household Support Fund etc.
- Holiday Activities with food programme
- Partners identifying vulnerable households and administering support – food/fuel
- GPs – Warm Homes referrals
- Health Visitors – Healthy Start voucher take up
- Foodbanks – grant funding, DCC staff volunteers
- The Bread and Butter Thing – grant funding
- Community Groups and AAPs – holiday activities with food programme and bespoke community initiatives/projects
- Credit Union – promoting safe credit and a savings culture
- AND MANY MORE!

Emerging issues...

- ‘Cost of living crisis’:
 - Wages forecasted to fall in real terms (after inflation) this year and next
 - National Insurance increase
 - Highest recorded levels of inflation since 1992
 - Food prices rising at quickest rate in a decade
 - Increase in household energy costs as a result of increased wholesale prices and an increase in the domestic energy price cap
 - Increased fuel costs for drivers and increased public transport costs
 - Increases in the costs of consumer goods such as white goods and furniture due to supply chain bottlenecks and rising inflation



Equals =

- Increased demand for financial support from the council
- Increased demand for support from partners
- New cohorts of residents requesting support for the first time

.... challenges

- Increase in levels of poverty
- Changing access to services
- Impact on volunteering
- Increased complexity of need
- Comms: Need for good, easily accessible information on provision
- Focus on areas we need to improve (customer journey)
- Improving data sharing
- Building on what's in place....innovating through collaboration
- Organisations returning pre-COVID service levels at different times
- Yet unknown post-COVID issues/'cost of living crisis' impacts



Where we are now...



- Current review identifies opportunities for additional preventative work to prevent households getting into financial difficulties
- Builds on where we've been and where we want to get to:
 - Embraced new ways of working
 - Rapid responses
 - Collaboration between services
 - Good information about our communities
 - Sense of public confidence in what we were delivering
 - Voluntary sector partnerships delivered in the main
 - Community spirit came to the forefront

Thrive Model





Inclusive economic strategy

- Communities and businesses asked to play a crucial role in developing an inclusive and pioneering economic strategy through “Our Big Econ-versation”
- New strategy developed which aims to:
 - build on our strengths
 - ensure people and places are at the heart of all future plans
 - rebuild a powerful economy
- Summer 2022 – consultation on the draft strategy
- Late Autumn 2022 – launch County Durham’s Inclusive Economic Strategy

Revised strategy and action plan

Vision: *To work together with communities so fewer people will be affected by poverty and deprivation in the county*



Objective 1: Use intelligence and data to target support to low-income households

Objective 2: Reduce the financial pressures on people facing or in poverty

Objective 3: Increase individual, household and community resilience to poverty

Objective 4: Reduce barriers to accessing services for those experiencing financial insecurity

Child Poverty

- **Multi-agency working group**—developed a Plan on a Page 2022-23
- **Vision:** *Children, young people and families have the resources to meet their basic needs, including accessing opportunities to take part in society*

Priorities:

1. To understand the level and impact of poverty on children, young people and families in County Durham in order to better target support and resources;
2. Practitioners across the County Durham Partnership have the skills and knowledge to help support children and families who are affected by poverty at the earliest opportunity;
3. Promote social inclusion to ensure ALL children , young people and families have access to culture, leisure , sport and wellbeing activities;
4. Raise aspirations and resilience of children and young people making the move into further education, training or employment.



Priority Actions

- Utilising THRIVE Model revise and relaunch '**Cutting Cost of the Schools Day**' programme
- Deliver DfE Holiday Activities with Food programme
- Train staff in **financial ability** and to use **AiCD Portal**
- Increase the uptake of **Healthy Start Vouchers**
- Through co-production with children and families to develop and implement a programme to increase the uptake of financial support including **Free School Meals** available to families.
- Utilising the Approach to Wellbeing model to develop and implement an approach to promoting social inclusion for children, young people and families to facilitate **accessible leisure, cultural, sport and wellbeing activities**.
- Durham Works will provide support to **young people who are NEET** to progress into sustained education, employment and training pathways, including **Apprenticeships**;





Group discussion

- Are these the right objectives?
- Where are the gaps/what more do we need to do?
- Are there any groups of people missing?
- [Strategy and action plan available online](#)
- Feedback and comments before **26 August 2022** via
- <https://online1.snapsurveys.com/Poverty> or
- Email: povertyaction@durham.gov.uk

Next steps



- May-August 2022 – consultation with key partners and stakeholders
- September 2022 – strategy and action plan finalised
- November 2022 – Cabinet approval
- November 2022 > - delivery

This page is intentionally left blank

Future Adult Social Care Reform Assurance

Jane Robinson
Corporate Director
Adult & Health Services



Better for everyone



Purpose & format

- Current position in Adult Social Care (ASC) and risks
- The Integration White Paper (February 2022)
- The proposed Joint Committee for Health and Care in County Durham
- ASC Reform and Assurance



A partnership of organisations working together
to deliver joined up care in County Durham



Better for everyone

Recent Developments

- Adult Social Care Reform White Paper (Dec 2021)
- Government Review of Health and Social Care Leadership – first stage report June 2022
- Government consulting LAs on the detail of the financial changes (March 2022) with some pilot Councils identified (inc: NYCC)
- Government and CQC engaging with local authorities about the ASC assurance regime (Trial areas: Coventry and Warwickshire)
- Levelling Up White Paper with health targets (Feb 2022)
- Health and Care Act 2022 given Royal Assent 28 April 2022. Detailed guidance expected in June/July 2022
- Integration White Paper (Feb 2022)
- Fuller Stocktake of Primary Care



A partnership of organisations working together
to deliver joined up care in County Durham



Better for everyone

Integration White Paper

- Focuses on integration of health and care at place i.e. UTLA - County Durham
- Aims to accelerate & strengthen integration across primary care, ASC, community health, Public Health, acute care, mental health/learning disabilities/autism, commissioning and housing
- Promotes shared performance framework – person centred outcomes
- Named single person accountable for delivery of framework
- Sets out further detail about ASC Assurance
- Introduced when current CCG being abolished and replaced with new Integrated Care System (ICS) and Integrated Care Board (ICB) by July 2022 across the North East and North Cumbria
- Gives 5 options for a “place based governance board” by April 2023 including a Joint Committee



A partnership of organisations working together
to deliver joined up care in County Durham



Better for everyone

Proposed Joint Committee for County Durham

- County Durham Care Partnership preference is for a Joint Committee at place with “everyone in” and “everything in”
- Aims to keep as much decision making and finance at a County Durham level and keep a strong link to the Health and Wellbeing Board
- To be “co-produced” with the ICB who are putting their operating model/structures in place from 1 July 2022
- Will be different to the “usual” Joint Committee in local government
- Guidance likely to be published in Summer 2022
- Our integration arrangements will be part of the CQC Assurance system



A partnership of organisations working together
to deliver joined up care in County Durham



Better for everyone

ASC Reform and Assurance – National Context

- ADASS Survey 27 May 2022
- 500,000 people waiting for assessment, care, Direct Payment or review
- 61% of Councils prioritising assessments for abuse, neglect and hospital discharge
- 16% increase in home care hours delivered since Spring 2021
- First 3 months of 2022 170,000 hours of home care not delivered due to staff shortages
- “We have not seen the bounce back in services after the pandemic in the way we had hoped. In fact the situation is getting worse rather than better” Sarah McClinton ADASS President



A partnership of organisations working together
to deliver joined up care in County Durham



Better for everyone

ASC Reform and Assurance – Emerging Themes

- Assurance of the whole social care system including the HWB
- Starting to be more like inspection with ratings rather than assurance – drawing on OFSTED
- CQC developing key lines of enquiry, data requirements, service user involvement method, judgements and intervention powers.
- Pilots in Manchester and Hampshire in June 2022
- Expect a strong focus on outcomes for people, quality of assessment and services, performance management and data, service user involvement, use of resources, integration and leadership
- New Adult Social Care Outcomes Framework (ASCOF) data set expected soon
- Extended powers to intervene for Secretaries of State and CQC



A partnership of organisations working together
to deliver joined up care in County Durham



Better for everyone

Powers to Intervene

- Health and Care Act 2022 gives Secretary of State extended powers to give direction to the NHS and to change services
- CQC has powers to issue notices requiring improvement or place services in special measures
- CQC likely to have powers to intervene if they are not “assured” following a visit
- Secretary of State has used existing powers to intervene and appoint a Lead Commissioner and Team to carry out a “Best Value” Inspection
- In ASC in recent years a Lead Commissioner has been appointed in Croydon, Slough, Northamptonshire with Improvement Panels
- Inspection ratings linked to the HWB reputation



A partnership of organisations working together
to deliver joined up care in County Durham



Better for everyone

National Emerging Financial Risk

- County Councils Network and Newton Consulting Report 25 May 2022 – “Preparing for Reform”
- Independent analysis of the national risks of ASC financial reforms
- 5,000 extra staff needed for care and financial assessments
- Extra 200,000 assessments per year nationally costing £1.9 bn
- Costs for Councils between 2022 and 2032 could be £10 bn more than Government estimates
- 91% of Councils concerned about recruitment



A partnership of organisations working together
to deliver joined up care in County Durham



Better for everyone

Timetable Summary



A partnership of organisations working together to deliver joined up care in County Durham



Better for everyone

Next steps

- Continued preparation for major changes and keep our focus on delivering quality services within budget
- Regular follow up presentations to HWB



A partnership of organisations working together to deliver joined up care in County Durham



Better for everyone

Questions & Discussion



A partnership of organisations working together
to deliver joined up care in County Durham



Better for everyone

Appendix



A partnership of organisations working together
to deliver joined up care in County Durham



Better for everyone

ADASS Draft Reform Timetable

Timetable Summary

Activity	Dates
Integration White Paper published	9 th February 2022
Innovative Models of Care / Unpaid Carers / Information and Advice preparatory work underway	February 2022
Support and Improvement activity: Planning and contracting / awards	Jan – Sept 2022
Charging Reform consultation published	4 th March 2022
Fair Cost of Care and Market Sustainability Guidance published	24 th March 2022
LA Cost Commissioning Capability / Skills offer – Gap analysis launched	TBC
Publication of DFG Funding and HTF Funding Guidance	April 2022
CQC Assurance Co-Production, piloting and finalising methodology	2022 – April 2023
Establish a suite of standards for Adult Social Care, co-designed with the sector, to enable providers across the NHS and adult social care sector to share information. Begin by developing a process to consolidate existing social care terminology standards	Apr – Dec 2022
INSERT DETAILS RE MENTAL HEALTH ACT REFORM	TBC
INSERT DETAILS RE BUILDING THE RIGHT SUPPORT (BtRS)	TBC
INSERT DETAILS RE AUTISM STRATEGY	TBC
INSERT DETAILS RE SOCIAL HOUSING WHITE PAPER 2021 IMPLEMENTATION	TBC
Housing Transformation Funding – to support the integration of housing, health and care in local places; and grow the availability of supported housing. More detailed information available to LAs on how they can access support and funding	TBC
LPS – Commencement date	TBC
Innovative Models of Care / Unpaid Carers / Information and Advice – joined up to launch as a single programme offering funding and support for LAs and partners	TBC



Timetable Summary

ADASS Draft Reform Timetable continued...

Activity	Dates
Implementation Funding released	TBC
Consultation on distribution	TBC
Trailblazers begin early assessments	TBC
Health & Care Bill expected to achieve Royal Assent (subject to Parliamentary processes)	May 2022
Health & Care Bill – Final secondary regulations and guidance published	May – Jul 2022
IWP – Frontrunner sites identified and engaged	Jun- Sept 2022
IWP – digital plans finalised	June 2022
ICSs commencement – Establishment of ICP and ICB as legal entities	1 st July 2022
Establishment of statutory ICBs and ICPs	July 2022
Health & Wellbeing Board guidance refresh published	July 2022
Assurance – ASC data framework published	TBC
Assurance – DHSC publishes intervention policy	Summer/Autumn 2022
Updated ASCOF launched	September 2022
Provider selection regime implementation	Summer/Autumn 2022
Market sustainability plans Part 1	October 2022
Fair Cost of Care returns date	October 2022
CQC LA assessment Framework to go live	Oct – Dec 2022



Better for everyone

Timetable Summary

ADASS Draft Reform Timetable continued...

Activity	Dates
Target date for first Integrated Care Partnership Strategies	December 2022
IWP – publish a final version of Data Strategy for Health and Care	Winter 2022
Review of existing pooling arrangements	End 2022
Revision of BCF referenced in Integration White Paper	End 2022
Develop a standards roadmap for Adult Social Care	End 2022
Ensure 1 million people to be supported by digitally enabled care at home	End 2022
Trailblazers go live with Charging Reforms	January 2023
Final Market Sustainability plan Submitted to DHSC (Fair Cost of Care)	February 2023
CQC LA Assessment Framework to go live	1 st April 2023
First ICB Forward Plans introduced	April 2023
Integration – agreed governance model for place and go live	April 2023
Integration Shared Outcomes Framework – with a concise number of national priorities and approach for developing additional local shared outcomes. Areas to start identifying local shared outcomes in April 2023	April 2023
CQC Inspection Regime Begins	April 2023
LAs commence early assessments ahead of Care Cap going live	April 2023
All place with an Integrated Care System should adopt a model of accountability, with a clearly identified person responsible for delivering outcomes, working to ensure agreement between partners and providing clarity over decision making	By Spring 2023
Guidance on the scope of pooled budgets (following review)	Spring 2023



Timetable Summary

ADASS Draft Reform Timetable – Headline Dates

Activity	Dates
Information and Advice Pre-pilots underway	February 2022
LPS – Commencement date	TBC
INSERT DETAILS RE MENTAL HEALTH ACT REFORM	TBC
INSERT DETAILS RE BUILDING THE RIGHT SUPPORT (BtRS)	TBC
INSERT DETAILS RE AUTISM STRATEGY	TBC
INSERT DETAILS RE SOCIAL HOUSING WHITE PAPER 2021 IMPLEMENTATION	TBC
Housing Transformation Funding – to support the integration of housing, health and care in local places; and grow the availability of supported housing. More detailed information available to LAs on how they can access support and funding	TBC
Innovative Models of Care / Unpaid Carers / Information and Advice – joined up to launch as a single programme offering funding and support for LAs and partners	TBC
Review of LA Market Shaping Commissioning skills / Capability offer	
Relaunch of Improvement Support	
Health & Care Bill expected to achieve Royal Assent (subject to Parliamentary processes)	May 2022
ICSs commencement – Establishment of ICP and ICB as legal entities	1 st July 2022
Fair Cost of Care – LAs to produce: An FCC exercise, Provisional Market Sustainability Plan, Spend Report	14 th October 2022
Integration – Agreed Governance Model & Accountability & Responsibility at Place Level	April 2023
Charging – Cap goes live set at £86,000 / Upper Capital Limit £100,000 / Lower Capital Limit £20,000	October 2023
Fair Cost of Care – Implementation of Section 18(3) of the Care Act 2014, the duty to arrange	October 2023

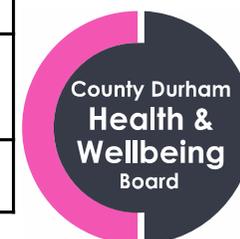


Better for everyone

Timetable Summary

ADASS Draft Reform Timetable continued...

Activity	Dates
Rollout of National Leadership Programme	Spring 2023
LA Market Shaping and Commissioning Capability / Skill Offer - commences	April 2023
Support and Improvement Planning for 23/24 and 24/25	May – Sept 2023
Development of co-produced data standards to support health and care data/information flows	Autumn 2023
Care Cap goes live set at £86,000 / Upper Capital Limit £100,000 / Lower Capital Limit £20,000	October 2023
Implementation of Section 18(3) of the Care Act 2014, the duty to arrange	October 2023
Charging Reform goes live	October 2023
Shared Care records of all citizens accessible by all professionals	By 2024
80% adoption of digital social care records among CQC registered adult social care providers (adoption currently estimated at 40%)	March 2024
Over 20% of care homes will have acoustic monitoring solutions and falls prevention technology	By March 2024
Each ICS will implement a population health platform with care coordination functionality that uses joined up data to support planning, proactive population health management and precision public health	By 2025
Place Based Arrangements – all local areas should work toward inclusion of services and spend	By 2026



HEALTH AND WELLBEING BOARD

12 JULY 2022

Integration Update
Jane Robinson
Corporate Director
Adult and Health Services



Better for everyone



Contents

- National context
- North East and North Cumbria Integrated Care System and Board (ICS) in place from 1 July 2022
- County Durham Care Partnership developments
- Summary
- Questions



National Context 1

- Major changes in the next 12 to 18 months in health and care
- Implementation of the Health and Care Act 2022 with detailed guidance to follow
- Proposals in the Integration White Paper (February 2022) starting to take shape
- Emerging Adult Social Care Assurance regime including integration
- Financial changes in adult social care likely to bring additional demand and financial pressures
- Special Educational Needs and Disabilities Green Paper (May 2022)
- Plans in place to address these major changes



Better for everyone

National Context 2

- Messenger/Pollard Review of Health and Care Leadership made an initial report
- Continuing focus on managing waiting times for elective surgery and managing demand in emergency departments
- Managing day to day services with increasing complexity as we operate with Covid
- Fuller Report into the future of Primary Care Networks as neighbourhood teams
- New ICS in place from 1 July 2022



North East and North Cumbria ICS 1

- In place from 1 July 2022
- Assumed the responsibilities of the Clinical Commissioning Group
- Board level appointments made
- July to August - stabilise
- September to December - transition
- December to April 2023 - evolve
- ICS and Place Event on 24 June 2022 useful on our work with the ICS to co-produce a Joint Committee for County Durham



Better for everyone

North East and North Cumbria ICS 2

- Five key functions working with partners through shared plans and strategies
- Improve outcomes for people who use services
- Reduce inequalities
- Enhance productivity and value for money
- Recognise the broader role of health and care in social and economic development
- Lead on increased use of digital solutions
- Address workforce planning



County Durham Care Partnership (CDCP) 1

- Agreed to continue to meet with revised membership and terms of reference
- Working with the ICS to co-produce a Joint Committee with ICS
- Timetable for development aligned to ICS
- Now working on an “offer” to the ICS with a strong focus on improved outcomes and reducing inequalities in County Durham
- Waiting for guidance on Joint Committees to refine discussions but these are likely to be flexible
- Continued commitment at senior level
- Formed good relationships with ICS colleagues



Better for everyone

CDCP 2

- 10 Integration Projects continue to be delivered with pathways and teams coming together at a practical level
- New Culture and Change Management Project to help us re-set as we live with Covid and prepare for the next phase
- Using agreed Project Management principles
- 2 new joint posts in mental health and learning disabilities agreed
- Working together on a Quality Strategy for County Durham
- Gathering evidence for Adult Social Care Assurance which will include integration



Summary

- Rapidly changing external environment in health and care
- Working with the ICS constructively
- Aligning timetables to co-produce a Joint Committee
- Balancing day to day demand and complexity with commitment to progress
- Good progress in operational integration
- Likely to be significant developments up to and beyond April 2023

Questions and comments



Better for everyone

This page is intentionally left blank

Health and Wellbeing Board

12 July 2022

Joint Health and Wellbeing Strategy Annual Performance Update Report



Report of Stephen Tracey, Corporate Equality and Strategy Manager, Policy, Planning and Performance Service, Durham County Council

Electoral division(s) affected:

Countywide

Purpose of the Report

- 1 To provide an overview of our annual performance against the six objectives outlined in the [Joint Health and Wellbeing Strategy](#) (JHWS).

Executive summary

- 2 The JHWS features six objectives across our three strategic priorities of starting well, living well and ageing well. These are long-term health and wellbeing outcomes which take time to show meaningful change. This update is intended to demonstrate the impact of our work has on the trajectory people's health and outline where we aim to be in 2025.
 - **Improve healthy life expectancy and reduce the gap within County Durham and between County Durham and England.**
 - Healthy life expectancy at birth in County Durham has not shown any significant change over time for men or women and remains statistically significantly lower than England. However, latest data for female healthy life expectancy at 65 shows significant improvement and has halved the long-term gap with England.
 - **We will have a smoke free environment with over 95% of our residents not smoking and an ambition that pregnant women and mothers will not smoke.**
 - Whilst progress is evident against both measures further substantial improvement is required to in order to meet these objectives within their stated timeframes.
 - Collection of smoking prevalence data has changed since agreeing this objective so like for like trend analysis is advised against prior to latest (2020) data. However, latest data shows Durham is not significantly different to England. Using previous

methods smoking had been reducing but was significantly worse than England at 2019.

- To meet this objective Durham would need 40,000 fewer active smokers by 2025.
 - Smoking at time of delivery (2020/21) in County Durham (15.5%) remains statistically significantly higher than England (9.6%) but has been falling over time locally and nationally.
 - Again significant improvement is required to meet the objective.
- **Decrease overall levels of unemployment and specifically close the employment gap between the general population and those living with a long term physical or mental health condition, or with a learning disability**
 - Overall, the gap in the employment rate between those with a long-term health condition and the overall employment rate is improving and is now not statistically significantly different to England. The gap for those living with a mental health condition, or with a learning disability is improving too.
 - **Over 90% of our children aged 4-5 years, and 79% of children aged 10-11 years are of a healthy weight.**
 - No Durham data are available to track progress locally, but national trends imply outcomes are significantly worse than prior to the pandemic.
 - Nationally, there was an unprecedented increase in the prevalence of obesity and severe obesity for Reception and Year 6, for boys and girls, between 2020 and 2021.
 - **Improved mental health and wellbeing evidenced by self-reported wellbeing scores and reduced suicide rates.**
 - Nationally, during periods of the coronavirus (COVID-19) pandemic, both males and females saw an increase in anxiety and a reduction in life satisfaction, feeling that the things done in life are worthwhile, and happiness.
 - County Durham level data broadly tracks these overall national trends but the reduced sample size means statistically significant change is unlikely year on year.
 - Latest suicide rates for County Durham show no signs of reduction and remain statistically significantly higher than England and the gap between County Durham and England is rising.
 - **Increase the number of organisations involved in Better Health at Work Award (to improve health and wellbeing interventions at work).**
 - Public Health continues to work with partners to deliver the North East Better Health at Work Award (BHAWA) and 79 organisations are now signed up to the award programme,

reaching over 40,000 employees. In 2021, County Durham was recognised as having recruited the highest number of workforce health advocates.

- We now hold the 'Continuing Excellence' status for the BHAWA and work is ongoing to present a portfolio of evidence in support of an application for 'Maintaining Excellence' status.

Recommendations

- 3 The Health and Wellbeing Board is recommended to:
 - (a) Note the key messages above and detailed analysis below relating to the JHWS key objectives;
 - (b) Consider where further action may be required to improve specific outcomes.

Background

- 4 The County Durham Vision 2035 was developed with partners to provide a shared understanding of what everyone wants our county to look like in 15 years. The Health and Wellbeing Board adopts a life course approach to its priorities, recognising the importance of mental health and wellbeing, physical activity and the social determinants of health cutting across all our priorities. These priorities are:
 - a. Starting Well
 - b. Living Well
 - c. Ageing Well
- 5 The JHWS supports the delivery of the Vision's objectives through a focus on the key priorities listed above.
- 6 These specific objectives have been developed for the JHWS to support these priorities which outline both the impact on the health of the population and what we intend to achieve by 2025. These are:
 - Improve healthy life expectancy and reduce the gap within County Durham and between County Durham and England
 - We will have a smoke free environment with over 95% of our residents not smoking and an ambition that pregnant women and mothers will not smoke
 - Decrease overall levels of unemployment and specifically close the employment gap between the general population and those living with a long term physical or mental health condition, or with a learning disability
 - Over 90% of our children aged 4-5 years, and 79% of children aged 10-11 years are of a healthy weight
 - Improved mental health and wellbeing evidenced by increased self-reported wellbeing scores and reduced suicide rates
 - Increase the number of organisations involved in Better Health at Work Award (to improve health and wellbeing interventions at work)
- 7 It has been agreed that an annual review of our performance will be completed against the objectives. This will support our ongoing work to ensure that our targets are achieved by 2025.
- 8 Much of the data collection used to evaluate these objectives has been affected by the pandemic. Specifically, the National Child Measurement Programme and indicators collected through the Annual Population

Survey¹. This report will now consider performance against each of the objectives individually in more detail.

Review of Performance by Objective

Objective 1: Improve healthy life expectancy and reduce the gap within County Durham and between County Durham and England

- 9 The Health and Wellbeing Board adopts a life course approach to its priorities, recognising the importance of mental health and wellbeing, physical activity and the social determinants of health cutting across all our priorities. These priorities are:
 - a. Starting Well
 - b. Living Well
 - c. Ageing Well
- 10 Healthy life expectancy are key population outcome measures that reflect the long-term impact of the Board and the wider County Durham Partnership.
- 11 Specifically, life expectancy (LE) is an estimate of how many years a person might be expected to live, whereas healthy life expectancy (HLE) is an estimate of how many years they might live in a 'healthy' state adding a 'quality of life' dimension.
- 12 Both are key summary measures of a population's health. Reductions in premature mortality over time can demonstrate improvement in the health status of the population as a whole and result in increases in life expectancy.
- 13 Conversely, increases in premature mortality can demonstrate the opposite and result in decreases in life expectancy. This is the current situation as locally, regionally and nationally life expectancy at birth has fallen as a direct result of 2020 deaths (and therefore excess deaths as a result of the pandemic) being included in the calculations.
- 14 Healthy life expectancy at birth in County Durham has not shown any significant change over time for men or women and remains statistically significantly lower than England. However, latest data for female healthy life expectancy at 65 shows significant improvement and has halved the long-term gap with England.

¹ Specifically smoking prevalence, personal well-being and employment gap further information about APS changes here [Data collection changes due to the pandemic and their impact on estimating personal well-being - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/data-collections/data-collection-changes-due-to-the-pandemic-and-their-impact-on-estimating-personal-well-being)

- 15 Healthy life expectancy at birth (2018-20) in County Durham for men (58.8 years) and women (59.9 years) is statistically significantly worse than England (63.1 years and 63.9 years respectively) and has shown no significant change over time.

Figure 1. Healthy life expectancy at birth (2018-20), men, County Durham and England. Source: OHID Fingertips.

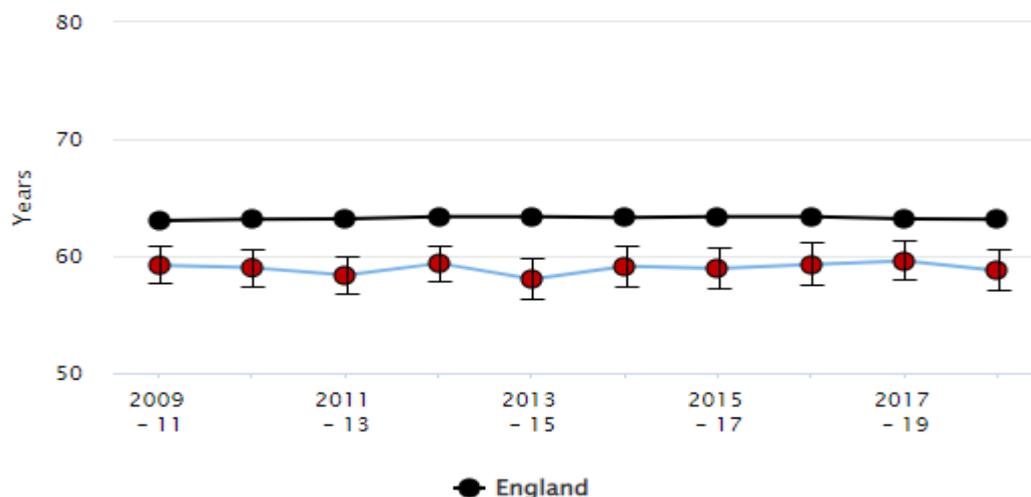
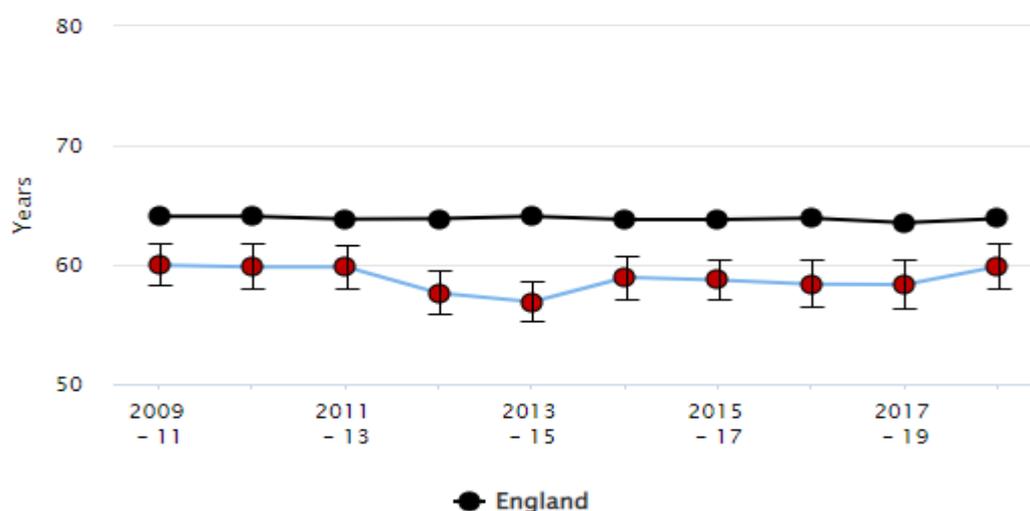


Figure 2. Healthy life expectancy at birth (2018-20), women, County Durham and England. Source: OHID Fingertips.



- 16 Nominally, healthy life expectancy at birth for females improved but over the long term is similar to 2009-11 and 2011-13 levels. However, again nominally, male healthy life expectancy at birth reduced both over the long term and compared to a 2015-17 reference point. However, none of these trends are statistically significant.

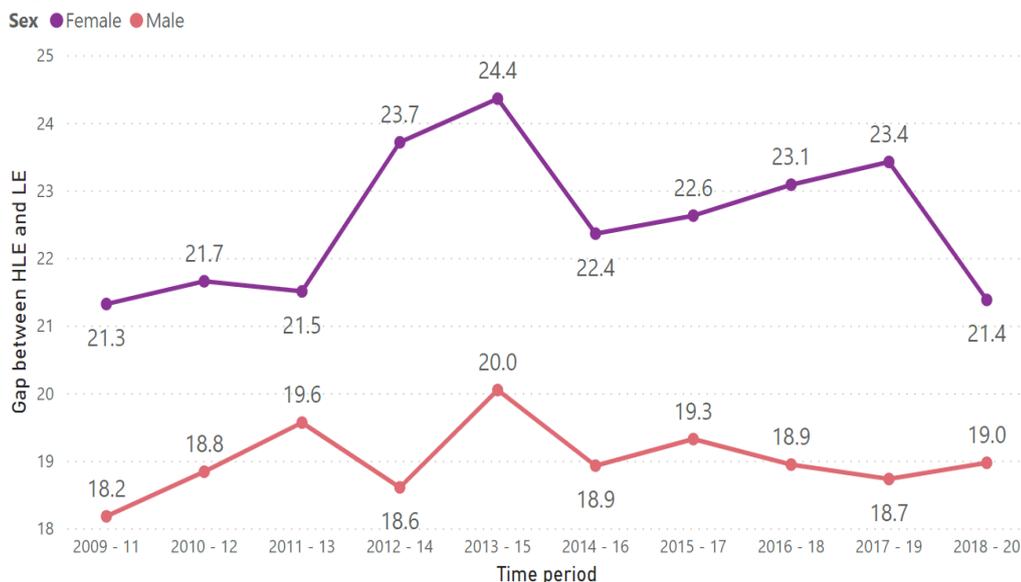
- 17 The absolute gap in healthy life expectancy between County Durham and England for men (4.4 years) and women (4 years) has shown some variation over time but is now similar to 10 years ago. The gap for women has closed from a highpoint of 7.2 years in 2013-15.

Figure 3. The absolute gap in years in healthy life expectancy (2018-20), men and women, County Durham and England. Source: OHID Fingertips



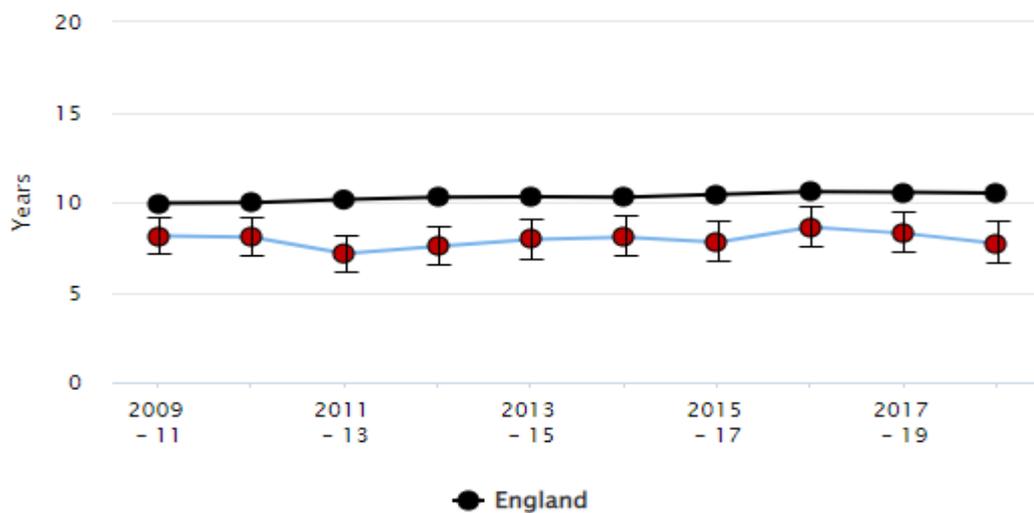
- 18 As described above locally and nationally women have a greater life expectancy than men, and a greater healthy life expectancy than men. However, they also live longer in poor health than men.
- 19 The absolute gap between healthy life expectancy and life expectancy in County Durham (i.e. the number of years in poor health) is 21.4 years for women, and 19 years for men. This is similar to the North East (21.9 years for women and 18.6 years for men) but greater than England (19.3 years for women and 16.3 years for men). Despite small year on year variation locally between 2009-11 and 2018-20 the overall change has been minimal, with an increase of 0.1 years for women and 0.8 years for men.

Figure 4. The absolute gap in years between healthy life expectancy and life expectancy, men and women, County Durham. Source: OHID Fingertips



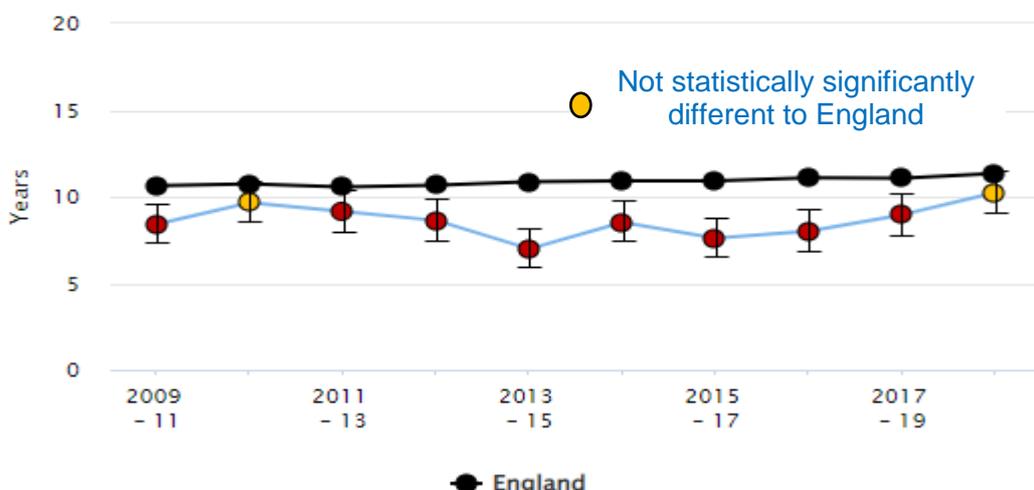
20 Healthy life expectancy at 65 is an important summary measure of the mortality and morbidity in those aged 65 years and over. Healthy life expectancy at 65 (2018-20) in County Durham for men (10.2 years) is statistically significantly worse than England (10.5 years). There has been no significant change over time in male HLE at 65 locally or nationally. The gap between County Durham and England has been increasing since 2016-18 and is currently similar to that seen in 2011-13.

Figure 5. Healthy life expectancy at 65 (2018-20), men, County Durham and England. Source: OHID Fingertips



21 However, healthy life expectancy at 65 in County Durham for women (10.2 years) is not statistically significantly different to England (11.3 years) and has seen a statistically significant improvement since 2013-15. This improvement has halved the gap with England.

Figure 6. Healthy life expectancy at 65 (2018-20), women, County Durham and England. Source: OHID Fingertips



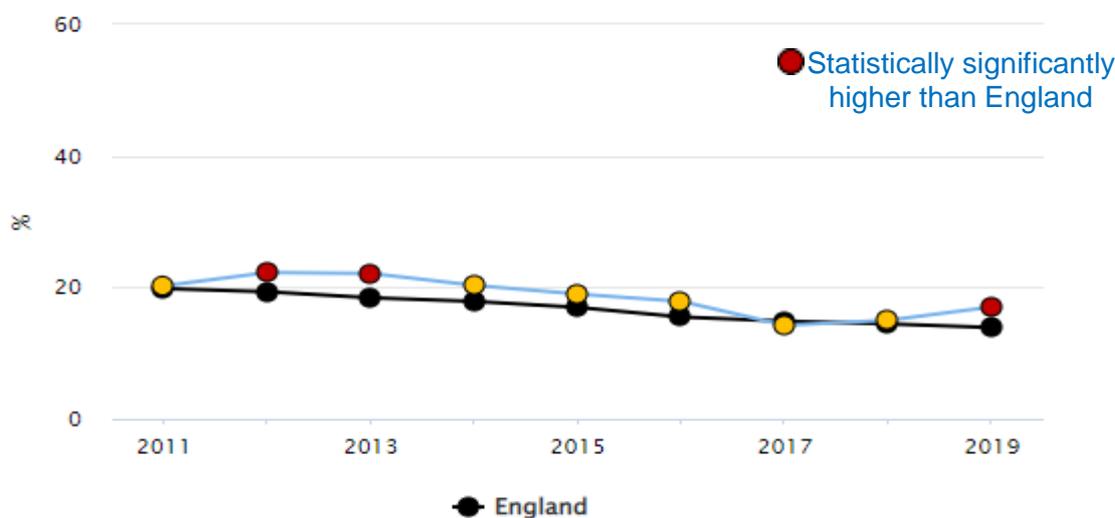
Objective 2: We will have a smoke free environment with over 95% of our residents not smoking and an ambition that pregnant women and mothers will not smoke

- 22 Smoking remains the most important cause of preventable ill health and premature mortality in the UK, and locally. It is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix. Smoking during pregnancy causes premature births, miscarriage and perinatal deaths. It also increases the risk of stillbirth, complications in pregnancy, low birthweight, and of the child developing other conditions in later life.
- 23 The Tobacco Control Alliance has continued to meet during the Covid response, and its strategic plan has been refreshed. The plan now embraces activity to address the impact of Covid on tobacco control. These include the communications drive to engage smokers at a local level in the Stop Smoking Service (SSS), changes in the operational delivery of SSS to address capacity issues of Level 2 providers and the Consumer Protection Enforcement staff being redeployed to support compliance with Covid secure measures.
- 24 FRESH continued to work on the denormalization programme for tobacco control in 2021/22 across the LA7 areas. Continued Outbreak Management Funding (COMF) enabled Public Health to work with FRESH to run a tobacco control campaign alongside the Don't Wait promotional activity to amplify the awareness of the health harms of smoking at a local level.
- 25 The SSS has retained a continuity of service during the pandemic, promoting quitting smoking as a way of reducing the harms caused by Covid. Whilst referrals into the Stop Smoking Service are continuing to increase (up 7.5% since Quarter 4 last year) they are still below pre-pandemic levels. This is largely down to the reduction in Level 2 services during the pandemic. The Stop Smoking Service are engaging with Primary Care Networks which will result in specialist advisers attending GP clinics to support people to stop smoking. A new Secondary Care Tobacco Dependency Service is also due to commence in June which will engage people, currently in hospital, who are aiming to stop smoking.
- 26 There is ongoing engagement with County Durham and Darlington NHS Foundation Trust (CDDFT) to ensure the implementation of an `Ottawa` type model of tobacco treatment in secondary care. This approach has

been advocated and championed on a regional basis by Dr. Ruth Sharrock (Respiratory Consultant) and builds on existing plans for an automated referral system for smokers in hospital.

- 27 Further developments for Smokefree Homes, an E-Cig pilot in Stanley and the procurement of the Smokefree database QuitManager also continue to progress.
- 28 Smoking prevalence² for 2019 in County Durham (17%) was statistically significantly higher than England (13.9%). This is the first time since 2013 that there has been any statistically significant difference between smoking prevalence locally and nationally³.
- 29 Locally smoking prevalence had been falling over time, but the last two reported years have seen an increase from a low of 14.3% in 2017 to 17% in 2019. Over the same period the North East and England maintained their downward trajectory.

Figure 7. Smoking prevalence in adults (% aged 18+), County Durham and England (APS 2019 method). Source. OHID Fingertips.



- 30 A smoking prevalence of 19% means there are almost 72,900 smokers aged 18+ in County Durham. This is an increase of over 12,500 smokers locally since 2017, a rise of almost 21%).

² Smoking prevalence APS method via OHID Fingertips

³ A new measure of smoking prevalence is now available via OHID Fingertips using the GP Survey, and also using a new APS methodology. Currently only 2020 is reported at local authority level (14.3% for County Durham, not significantly different from England (12.1%).

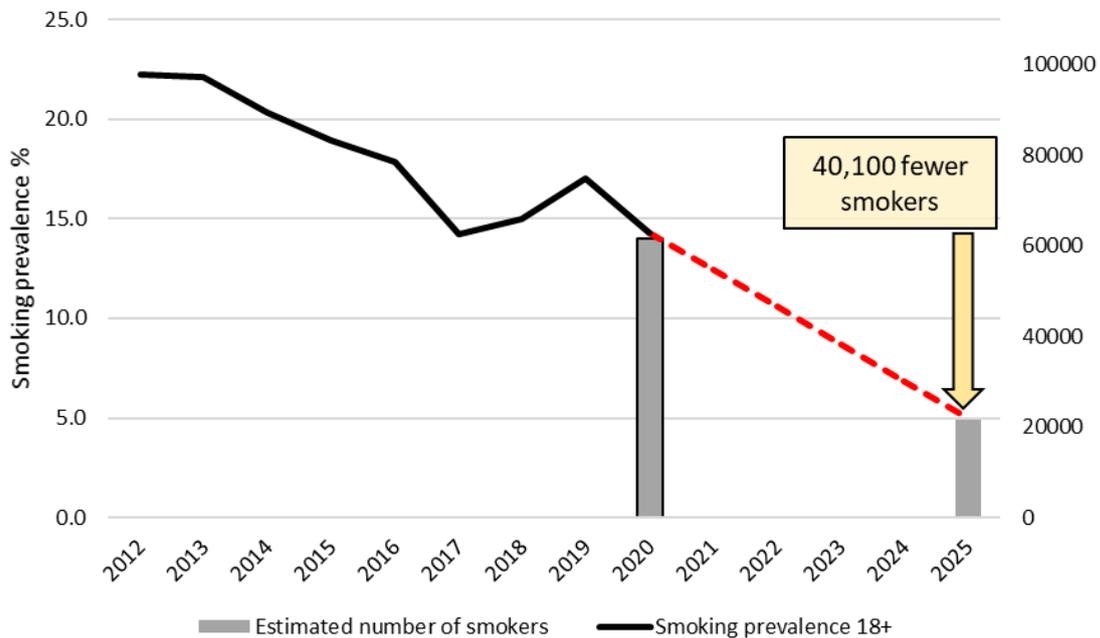
- 31 However, there has been a recent change in the way smoking prevalence is calculated nationally. Generally smoking data is taken from the Annual Population Survey (APS) which, prior to the COVID-19 pandemic, was collected via face-to-face interviews. In 2020, due to the impact of the pandemic, this moved to telephone only collection. The Office for National Statistics (ONS) has concluded that published prevalence figures are lower than would have been expected if data collection had remained the same for 2020, therefore, direct comparison of these data sets is not possible. ONS has agreed that the move to data collection by telephone only will become a permanent change to provide a consistent trend going forward.
- 32 Using the new APS method smoking prevalence for County Durham is estimated to be 14.3%. Whilst this is lower than the prevalence for 2019 (which was 17.0% in County Durham), due to changes in the way the data is collected it is not possible to compare them directly. This is higher than both the regional (13.6%) and national (12.1%) prevalence but the difference is not statistically significantly different (although prevalence in the North East is statistically significantly higher than England).

Figure 8. Smoking Prevalence in adults (% aged 18+) - current smokers (APS) (2020 definition)



- 33 The latest prevalence data for 2020 suggests that there are approximately 62,000 people in County Durham who continue to smoke (14.3% of the total population). To reach our target of 95% of residents not smoking, analysis of the data indicates that a further 40,100 people are required to stop smoking by 2025.

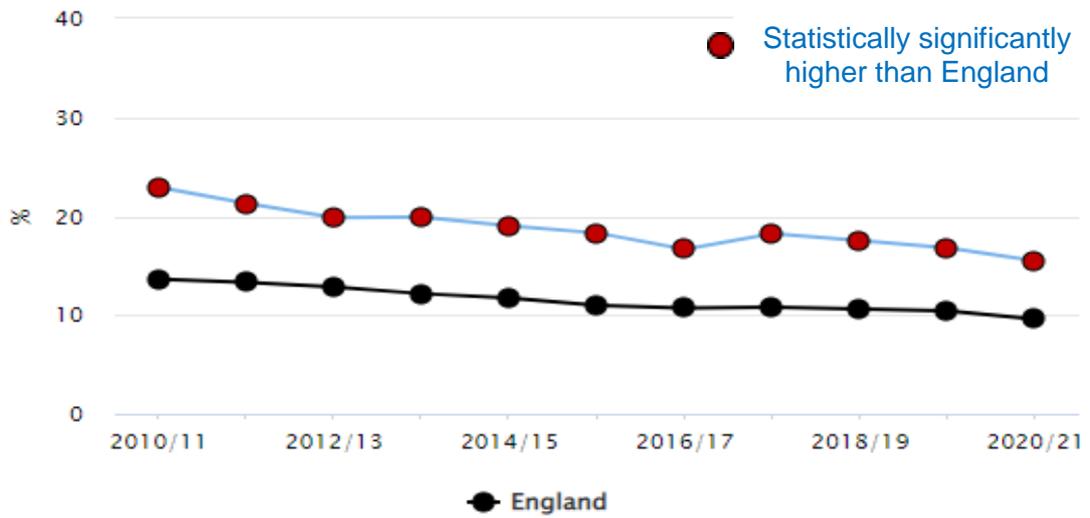
Figure 9. Estimated number of smokers required to quit to achieve our ambition of 5% smoking prevalence by 2025 (based on APS 2020 method)



34 The greatest contribution to prevalence in County Durham is through the routine and manual workforce. Data for 2020 shows prevalence of 23.3% which is higher than both regional and national figures but the difference is not statistically significant. Trend data for 2018 and 2019 also demonstrated an increase in prevalence in the routine and manual workforce from 25.1% in 2018 to 27.3% which contrasted to both the regional and national picture where this population saw a decline.

35 Smoking at time of delivery (2020/21) in County Durham (15.5%) remains statistically significantly higher than England (9.6%) but has been falling over time locally and nationally. Between 2017/18 and 2020/21 this reduction locally was almost 3 percentage points (from 18.2% to 15.5%). However, smoking in pregnancy in County Durham has been consistently significantly higher than England and this remains the case in 2020/21.

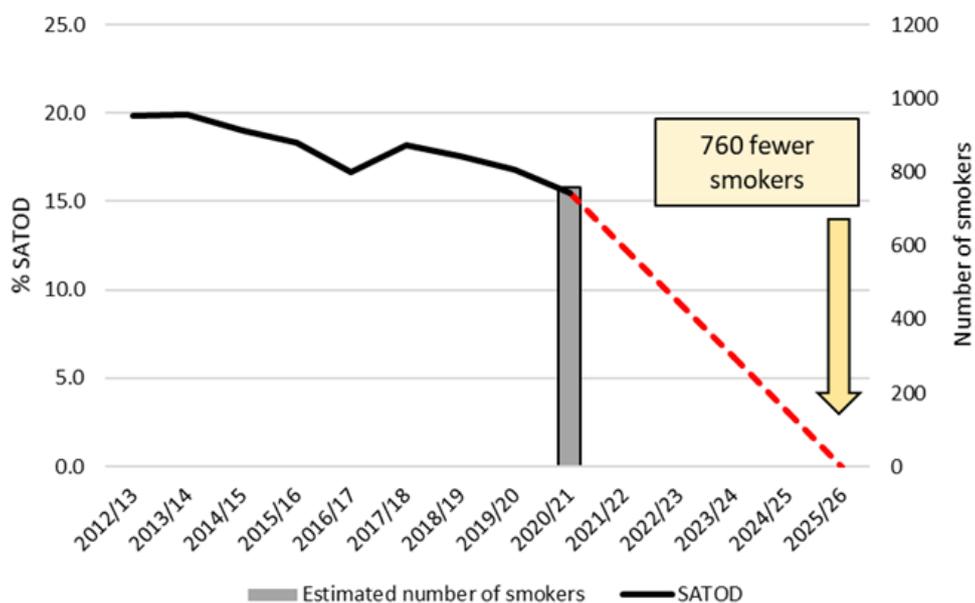
Figure 10. Smoking status at time of delivery (%), County Durham and England. Source. OHID Fingertips.



36 A prevalence of 15.5% means 704 women were smoking a time of delivery in 2020/21. This was a reduction of 80 from the previous year. As recently as 2013/14 this number was consistently above 1,000.

37 Achieving our ambition for all pregnant women to stop smoking by 2025 equates to approximately 700 pregnant women no longer smoking in County Durham.

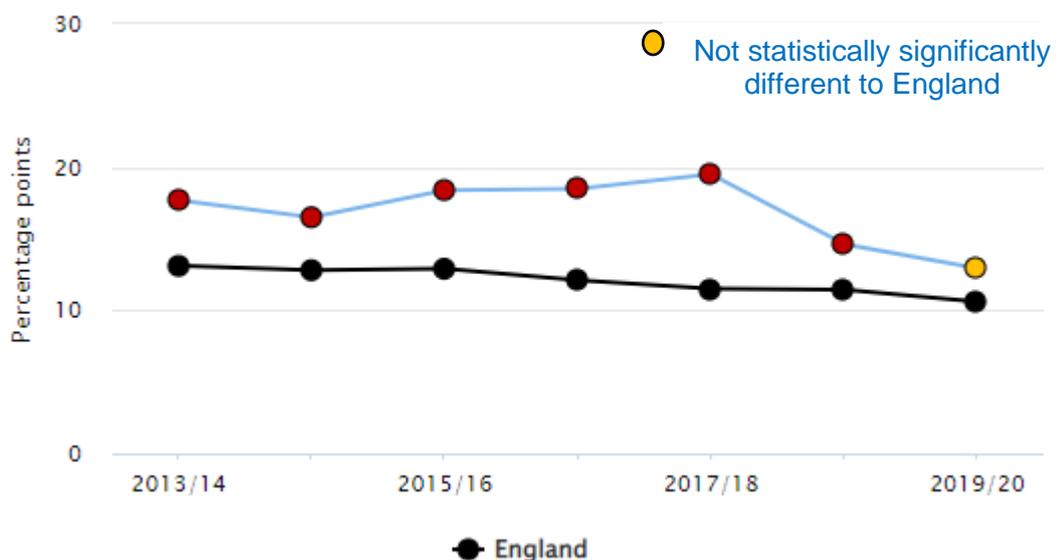
Figure 11. Estimated number of smokers required to quit to achieve our ambition of 5% smoking prevalence by 2025



Objective 3: Decrease overall levels of unemployment and specifically close the employment gap between the general population and those living with a long term physical or mental health condition, or with a learning disability

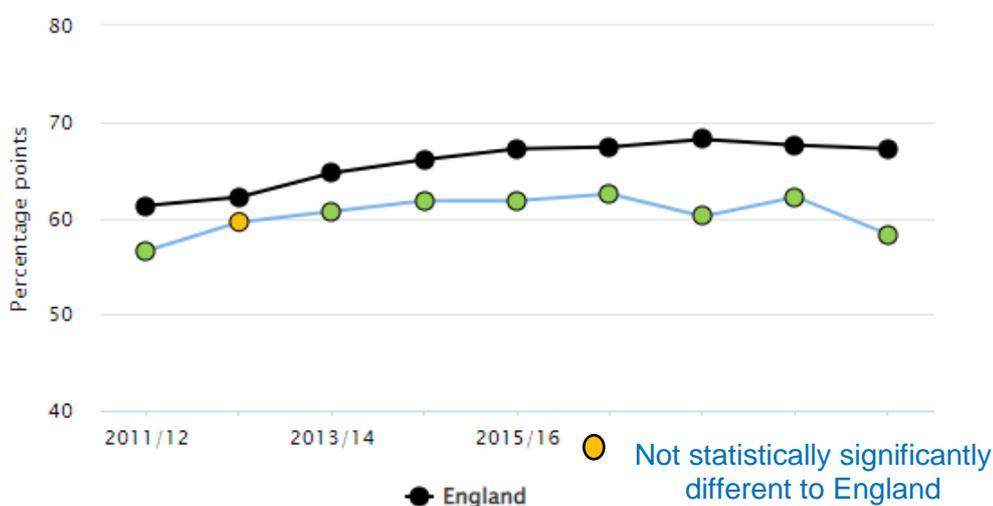
- 38 The review "Is work good for your health and wellbeing" (2006) concluded that work was generally good for both physical and mental health and wellbeing, where appropriate for the individual. The strategy for public health takes a life course approach and this indicator provides a good indication of the impact limiting long-term illness has on employment among those in the "working well" life stage.
- 39 The Health and Wellbeing Board received a report and presentation of the Corporate Director of Regeneration, Economy and Growth on the Inclusive Economic Strategy. This new key partnership strategy will help strengthen the links with this objective through better co-ordination, co-production and action planning.
- 40 Durham Enable continues to support residents across County Durham who continue to face significant barriers to entering work as a result of the long-term nature of their disability, or the potential long term impact of deteriorating mental health.
- 41 The gap in the employment rate for those with a long-term health condition and the overall employment rate is reducing in County Durham, with the current gap of 12.9% a statistically significant reduction from 19.5% in 2017/18 (a fall of 6.6 percentage points). This gap is not statistically significantly to England (for the first time since reporting began in 2013/14).

Figure 12. Gap in the employment rate between those with a long-term health condition and the overall employment rate, County Durham and England. Source: OHID Fingertips



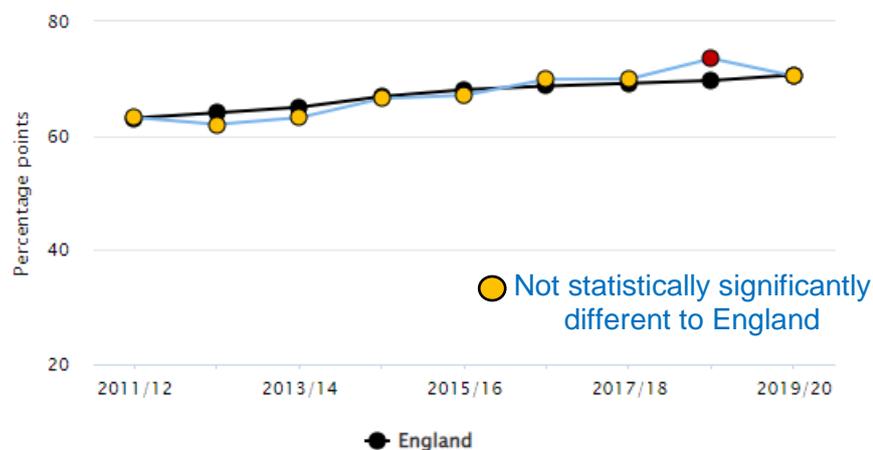
42 The gap in the employment rate for those in contact with secondary mental health services and the overall employment rate in County Durham (58.3%) is lower than both England (67.2%) and the North East (6.1%) although the difference is not statistically significant. Following a period of slow increase this gap in County Durham has seen a reduction in two of the last three reported years, although the change is not statistically significant.

Figure 13. Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate, County Durham and England. Source: OHID Fingertips



43 The gap in the employment rate for those with a learning disability and the overall employment rate in County Durham (70.4%) is not statistically significantly different to England (70.6%) or the North East (66%). However, over time this gap has been increasing both locally, regionally and nationally. Over time this increase has been statistically significant in County Durham.

Figure 14. Gap in the employment rate between those with a learning disability and the overall employment rate, County Durham and England. Source: OHID Fingertips



Objective 4: Over 90% of our children aged 4-5 years, and 79% of children aged 10-11 years are of a healthy weight

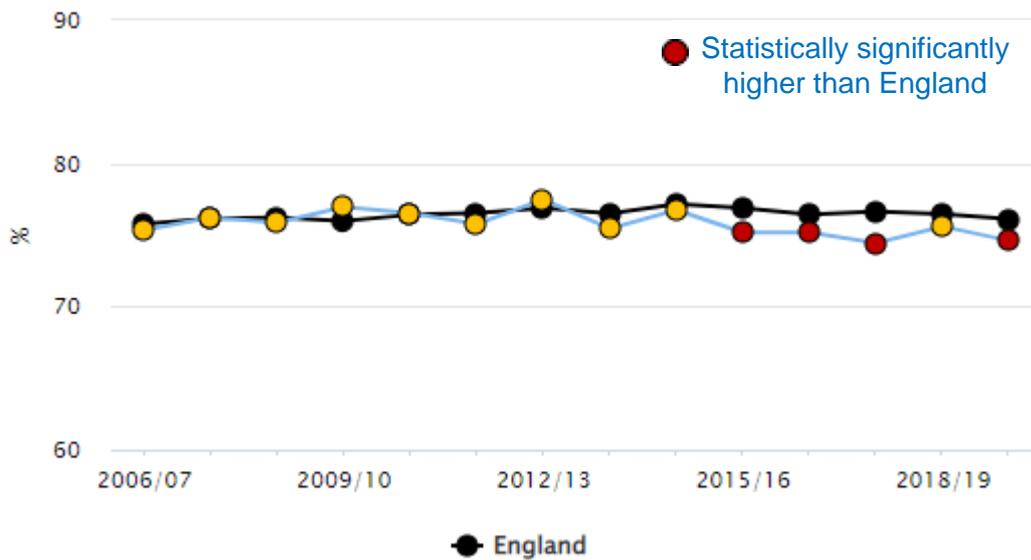
- 44 Reducing childhood obesity and increasing healthy weight is both a local and national priority. In childhood, excess weight can directly cause mobility problems, hypertension and abnormalities in glucose metabolism. In addition there may be emotional issues related to low self-esteem.
- 45 Public 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.
- 46 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 followed by a larger launch in September 2021.
- 47 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.
- 48 The 2020/21 NCMP data collection was severely hampered by COVID, with the result being that most local authorities have no data for that

year due to an insufficient sample. However, analysis by NHS Digital and OHID shows that national data is reliable and comparable to previous years. Key points from the national release were:

- There was an unprecedented increase in the prevalence of obesity and severe obesity for Reception and Year 6, for boys and girls, between 2020 and 2021 (nationally).
- Boys, particularly in Year 6, have experienced the largest increases in obesity and severe obesity.
- These increases in child obesity and severe obesity prevalence in 2020 to 2021 follow the COVID-19 pandemic which resulted in school closures and other public health measures. More data is needed to know whether this is a long-term increase.
- The largest increases in the prevalence of obesity and severe obesity in boys and girls have occurred in the most deprived areas of England, resulting in the large and persistent disparities in child obesity having worsened.
- Disparities in obesity prevalence between ethnic groups have also increased with the ethnic groups that previously had the highest obesity prevalence, in the most part, experiencing the largest increases.

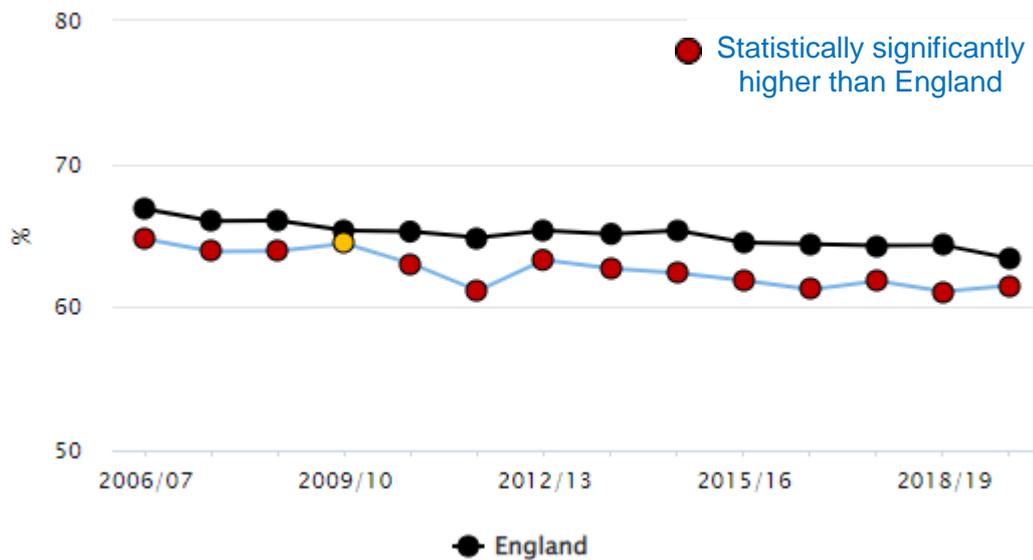
- 49 In County Durham childhood obesity has been rising over time, so we can reasonably expect that trend to continue into the pandemic period. Based on the national data we can also reasonably assume that the gap between the most and least deprived children in terms of obesity will also increase locally.
- 50 Prevalence of healthy weight children in County Durham is statistically significantly lower than England for Reception and Year 6 for the period 2019/20. There has been no significant change in healthy weight in County Durham school children aged 4-5 years or 10-11 years.
- 51 There were 74.6% of children aged 4-5 years (reception) of a healthy weight in 2019/20. Between 2018/19 and 2019/20 healthy weight in reception have decreased by 1 % from 75.6 to 74.6. Over the same time period the healthy weight prevalence in England declined by 0.4%.

Figure 15. Reception. Prevalence of healthy weight (%), County Durham and England. Source: OHID Fingertips.



52 In children aged 10-11 years (year 6) there were 61.5% of children of a healthy weight. Between 2018/19 and 2019/20 healthy weight prevalence in Year 6 has increased by 0.4% from 61.1% to 61.5%. Over the same time period the healthy weight prevalence in England declined by 0.9%.

Figure 16. Year 6. Prevalence of healthy weight (%), County Durham and England. Source: OHID Fingertips.



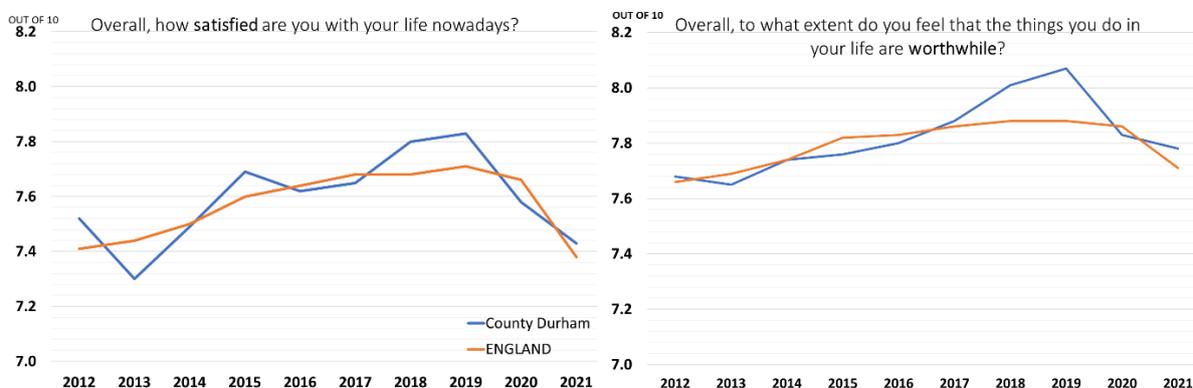
Objective 5: Improved mental health and wellbeing evidenced by increased self-reported wellbeing scores and reduced suicide rates

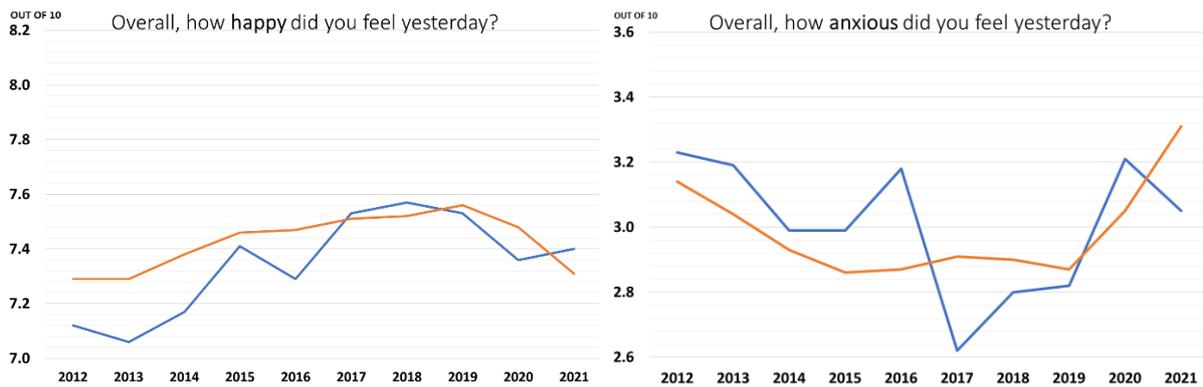
- 53 Mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to his or her community⁴ .
- 54 Poor mental health and wellbeing contribute to poorer outcomes across the life course and reinforces inequalities. The concept of well-being is a key issue locally. People with higher well-being have lower rates of illness, recover more quickly and for longer, and generally have better physical and mental health. Suicide is a significant cause of death in young adults and is seen as an indicator of underlying rates of mental ill-health. Suicide is a major issue for society and a leading cause of years of life lost.
- 55 The Mental Health Strategic Partnership (MHSP) Board, Mental Health Strategy and Concordat (2018-21) document highlights the ambition and commitment of the MHSP to work towards better mental health in County Durham according to the principles in the national Prevention Concordat for Better Mental Health.
- 56 Whilst the MHSP has met infrequently during the COVID-19 response due to ongoing demands, the five workstreams have continued to deliver on agreed operational plans and their response to address an increase in demand for mental health support during Covid lockdown.
- 57 As part of the Covid response, funding from central government has instigated the development of several new initiatives to address the increased demands on mental health provision. These areas of work have initiated at speed, sometimes with a reduced capacity to enable a considered system-wide cross reference to other areas of mental health delivery.
- 58 The Suicide Prevention Alliance Action Plan has been developed with partners address the need for every local area to focus on this agenda and meet the key objectives. This includes reducing suicide rates in the population and providing better support for those bereaved or affected by suicide, including families and the wider community.

⁴ World Health Organisation (2013) Mental Health Action Plan 2013-2020

- 59 The Alliance also successfully progressed a local comprehensive work programme which has included the initiation of a Real Time data Surveillance (RTDS) system, community prevention initiatives including those at high-risk locations, development of post-intervention referrals for families and communities at risk and a small grants scheme promoting anti stigma and discrimination initiatives.
- 60 The local Suicide Prevention Alliance Plan has embraced the delivery of NENC ICS Mental Health programme for suicide prevention via funding allocations disseminated through the ICS and has also worked to address local need. The Samaritans have commended County Durham’s approach to suicide prevention during a review of all national suicide prevention plans.
- 61 The local governance arrangements managed by the MHSP has enabled the suicide prevention agenda to link directly with the Crisis Care Concordat and the Durham, Darlington and Teesside Mental Health and Learning Disabilities Partnership to work on the ambition for reducing suicide rates.
- 62 Nationally, during periods of the coronavirus (COVID-19) pandemic, both males and females saw an increase in anxiety and a reduction in life satisfaction, feeling that the things done in life are worthwhile, and happiness. At times during the coronavirus pandemic, females experienced lower life satisfaction and happiness than males, which differs from pre-coronavirus pandemic research. County Durham level data broadly tracks these overall national trends but the reduced sample size means statistically significant change is unlikely year on year.

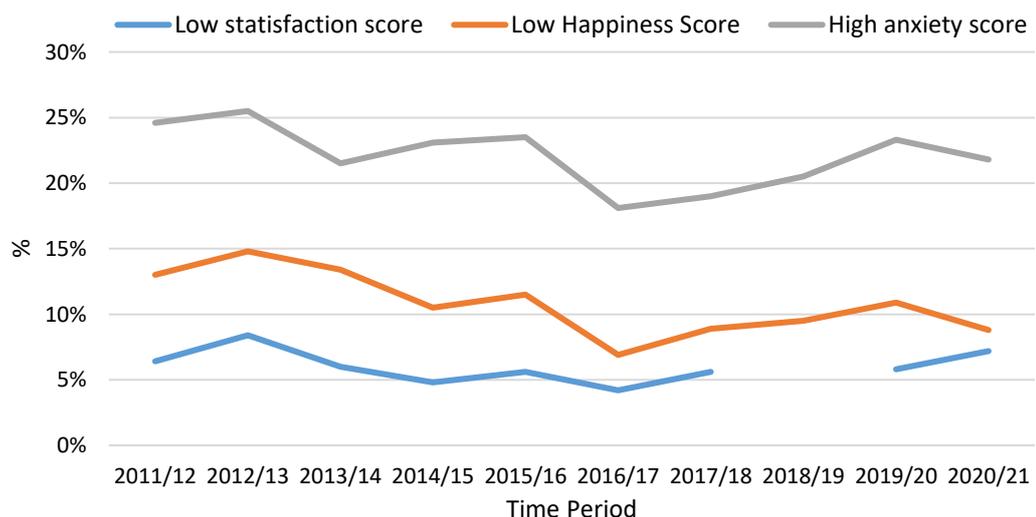
Figure 17 Average personal well-being ratings, County Durham and England, years ending March 2012 to March 2021





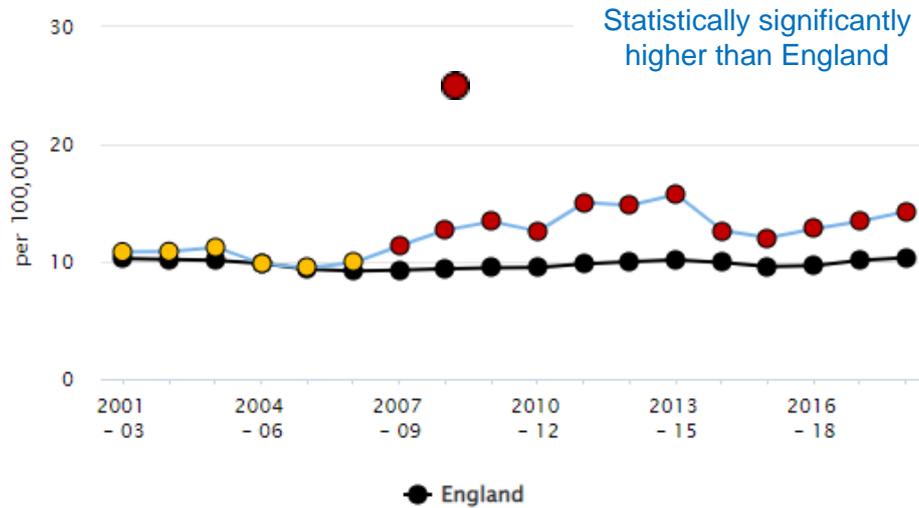
- 63 The proportion of people in County Durham reporting:
- a. a low satisfaction score for self-reported well-being (7.2%) is increasing, but is not statistically significantly different to England (6.1%). There has been little change in either geography over time.
 - b. a low happiness score for self-reported well-being (8.8%) has seen relatively little change over time, and is not statistically significantly different to England (9.2%).
 - c. a high anxiety score for self-reported well-being (21.8%) is relatively high compared to other measures of self-reported wellbeing. This measure is not statistically significantly different to England (24.2%) and has been relatively static over time (between 18.1% and 25.5%).

Figure 18. Self-reported wellbeing. Low satisfaction, Low happiness and High anxiety scores, County Durham. Source. OHID Fingertips.



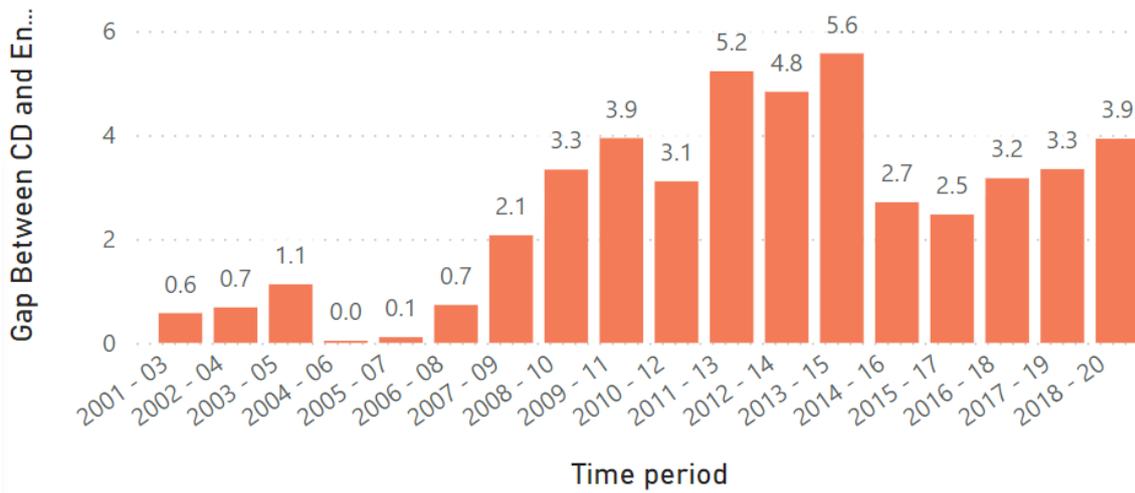
- 64 The rate of suicide and death by undetermined injury (persons) for the period 2018-20 in County Durham (14.3 per 100,000) is statistically significantly higher than England (10.4 per 100,000).

Figure 19. Suicide and undetermined injury mortality rate per 100,000. Persons. County Durham and England. Source. OHID Fingertips.



65 The gap in suicide rates between County Durham and England has been rising over time. Suicide mortality rates have been increasing over time locally, with an increase of 2.3 per 100,000 between 2015-17 (12 per 100,000) to 2018-20. This increase between 2015-17 and 2018-20 is accounted for by an additional 30 deaths over the period (and therefore around 10 additional suicides a year in the latter period).

Figure 20. Absolute gap in suicide rates per 100,000 (persons) between County Durham and England. Source: OHID Fingertips

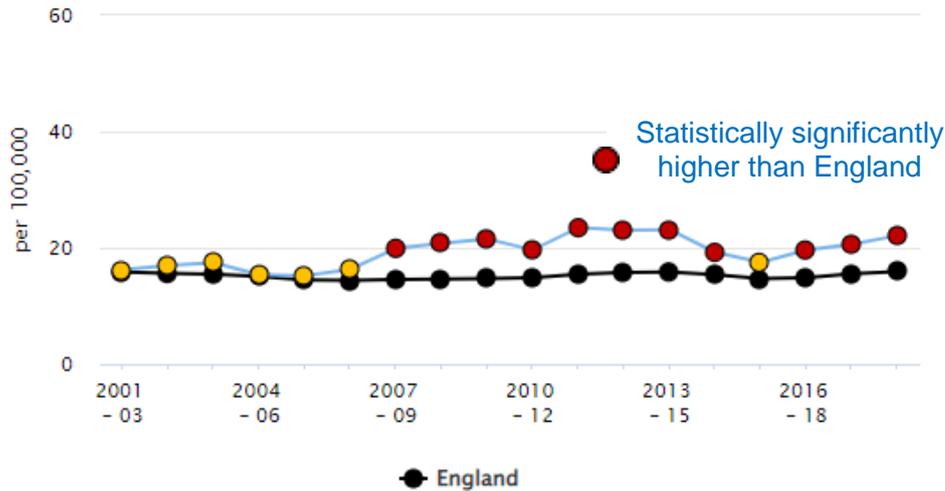


66 Suicide mortality rates for men are statistically significantly higher than women locally, regionally and nationally. Of the 196 deaths by suicide in County Durham in the period 2018-20 more than 75% were male.

67 The male suicide mortality rate for 2018-20 in County Durham (22.1 per 100,000) was statistically significantly higher than England (15.9 per

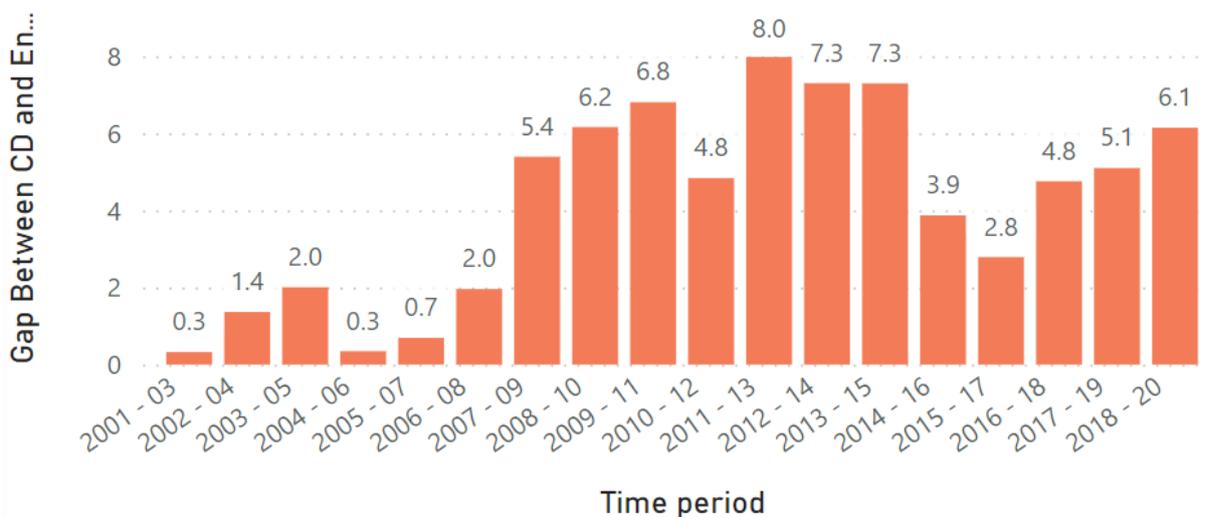
100,000), and higher than the North East (20.2 per 100,000) but the difference is not statistically significant.

Figure 21. Suicide and undetermined injury mortality rate per 100,000. Men. County Durham and England. Source. OHID Fingertips.



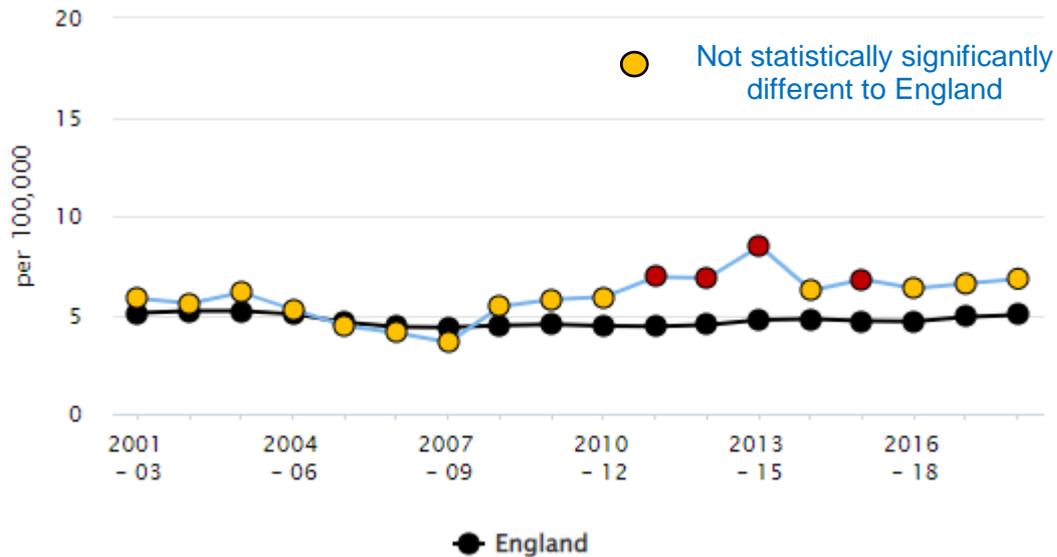
68 The gap in male suicide rates between County Durham and England has been rising over time. Suicide mortality rates for men have been increasing locally, with an increase of 4.6 per 100,000 between 2015-17 (17.5 per 100,000) to 2018-20 (22.1 per 100,000). This change is not statistically significant.

Figure 22. Absolute gap in suicide rates per 100,000 (men) between County Durham and England. Source: OHID Fingertips



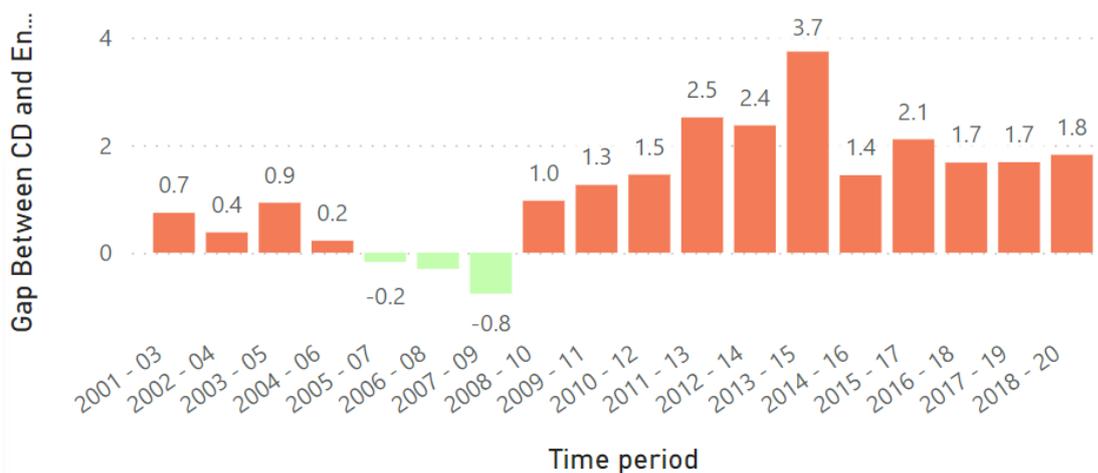
69 The female suicide mortality rate in County Durham (6.2 per 100,000) is higher than England (4.8 per 100,000) and the North East (5.4 per 100,000) but the difference is not statistically significant.

Figure 23. Suicide and undetermined injury mortality rate per 100,000. Women. County Durham and England. Source. OHID Fingertips.



70 The gap in female suicide rates between County Durham and England has seen little change over time as suicide rates for women have been relatively stable over an extended period locally, regionally and nationally.

Figure 24. Absolute gap in suicide rates per 100,000 (women) between County Durham and England. Source: OHID Fingertips



Objective 6: Increase the number of organisations involved in Better Health at Work Award (to improve health and wellbeing interventions at work)

71 In January 2022, Durham County Council was awarded the Better Health at Work ‘Maintaining Excellence’ Award, which recognises the council’s ongoing commitment towards achieving and maintaining excellent workplace health and wellbeing. Throughout 2022-23, the

council will continue to promote good workplace health and wellbeing through targeted staff campaigns on matters such as mental health, financial wellbeing, menopause, healthy eating, musculoskeletal issues and cancer awareness.

- 72 Public Health continues to work with partners to deliver the North East Better Health at Work Award (BHAWA) and 79 organisations are now signed up to the award programme, reaching over 40,000 employees. In 2021, County Durham was recognised as having recruited the highest number of workforce health advocates.
- 73 We now hold the 'Continuing Excellence' status for the BHAWA and work is ongoing to present a portfolio of evidence in support of an application for 'Maintaining Excellence' status.

Conclusion

- 74 The report provides an overview of annual performance against the six objectives outlined in the JHWS. It demonstrates the impact of our work in these specific areas and reviews our current position against our aims for 2025. Whilst highlighting the key messages for each objective the report also considers where further action may be required to improve specific outcomes.

Background papers

- [Joint Health and Wellbeing Strategy 2021-2025](#)

Authors

Stephen Tracey, Corporate Equality and Strategy Manager

Michael Fleming, Research & Public Health Intelligence Manager

Appendix 1: Implications

Legal Implications

No implications.

Finance

No implications.

Consultation

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

Equality and Diversity / Public Sector Equality Duty

Some of these measures relate to the discharge of the council's duties under the Equality Act 2010. Public bodies are subject to the Public Sector Equality Duty (PSED) as set out in the Act to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act;
- Advance equality of opportunity between people who share a protected characteristic and those who do not;
- Foster good relations between people who share a protected characteristic and those who do not

Specific duties contained in the Act which mean that we must:

- Publish information to demonstrate how we are complying with the Public Sector Equality Duty, and
- Prepare and publish equality objectives (at least every four years).

Climate Change

No implications.

Human Rights

No implications.

Crime and Disorder

No implications.

Staffing

No implications.

Accommodation

No implications.

Risk

No implications.

Procurement

No implications.

This page is intentionally left blank



**Report of Paul Copeland, Strategic Programme Manager:
Integration, Adult and Health Services, Durham County Council**

Purpose of the Report

- 1 The purpose of this report is to provide the Health and Wellbeing Board (HWB) with a summary of the Better Care Fund (BCF) 2021/22 year end performance metrics.

Executive summary

- 2 Performance against the five BCF key metrics are measured against planned targets.
- 3 The BCF Plan includes the following metrics; avoidable admissions to hospital, reducing length of stay in hospital, patients discharged to their normal place of residence, permanent admissions to care homes and finally the effectiveness of reablement.
- 4 Positive performance is indicated in all five key metrics for County Durham.

Recommendations

- 5 The Health and Wellbeing Board are recommended to:
 - (a) note the contents of this report
 - (b) agree to receive future updates in relation to BCF performance.

Background

- 6 The BCF is a jointly agreed programme of service delivery to support health and social care initiatives which enable integration through a pooled budget arrangement.
- 7 The BCF allocation for 2021/22 was £84.57m, which includes the Disabled Facilities Grant (DFT) and the Improved Better Care Fund (iBCF) allocation to support adult social care, reduce pressure on the NHS and support the social care provider market.
- 8 The national conditions for the BCF in 2021/22 included:
 - a jointly agreed plan between local health and social care signed off by the HWB
 - NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution.
 - Invest in NHS commissioned out of hospital services
 - A plan for improving outcomes for people being discharged from hospital.

National Metrics

- 9 The BCF policy framework set out the national metrics for measuring performance and improvements in the key metrics below:
 - avoidable admissions to hospital
 - reducing length of stay in hospital, measured through the percentage of hospital inpatients who have been in hospital for longer than 14 and 21 days.
 - the proportion of people discharged home using data on discharge to their usual place of residence
 - admissions to residential and care homes
 - the effectiveness of reablement

Performance Metrics

- 10 Assessment of progress against the metric for the period is measured via several options, 'on track to meet target', 'not on track to meet target', or 'data not available to determine performance'.

- 11 A traffic light system is used in the report where 'green' indicates 'on' or better than target, amber which signals 'within 2% of target' and 'red' which denotes 'below target' or 'target not achieved'.

Avoidable Admissions

Indicator	Planned	Progress against Metric	Performance against plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions	960	On track to meet target	

- 12 The National BCF Team recently stated that the data for this metric in 2021/22 will not be published until later this year, therefore there is no expectation for figures to be identified. Whilst current figures suggest that activity may be higher than planned, good progress has been made given the challenges of the COVID-19 pandemic.
- 13 A GP streaming service has been established in the Emergency Department which is managing to divert a significant proportion of patients for treatment in Primary Care. Recruitment is currently being finalised for a virtual respiratory ward which will ensure that patients can be managed at home with support from the hospital team. Diabetes admissions continue to remain lower than previous years following implementation of a Primary Care Diabetes Service.

Length of Stay (LoS)

Indicator	Planned	Progress against metric	Performance against plan
Proportion of inpatients resident for:		On track to meet target	
1. 14 days or more	10.8%	11.0% actual	
2. 21 days or more	5.2%	5.4% actual	

- 14 Although length of stay (LoS) for 14+ and 21+ days is marginally higher than planned at 11.0% and 5.4% respectively, positive progress has been made which is within 2.0% of planned.
- 15 Investment was made pre-pandemic into a community Outpatient Parenteral Antibiotic Therapy (OPAT) service which has been very effective in supporting home based intravenous (IV) treatment preventing long hospital stays.
- 16 Integration leadership across health and social care in relation to hospital discharge has brought an increased focus on improving hospital discharge. Designated settings have been in place to support safe and timely discharge of COVID plus care home residents which has prevented delays. Additional support to care homes during and post pandemic continues.

Discharge to normal place of residence

Indicator	Planned	Progress against metric	Performance against plan
Percentage of people who are discharged from acute hospital to their normal place of residence	93.0%	On track to meet target 91.7% actual	

- 17 Although the percentage of people discharged from hospital to their usual place of residence is marginally below target at 91.7% it is within 2.0% of planned.
- 18 Significant pressures on capacity and availability within the domiciliary care market led to some people being admitted temporarily to care homes at the height of the Omicron variant of the Covid-19 pandemic. The domiciliary care market has begun to show some improvement in contemporary times.
- 19 There has been a very clear focus on improving hospital discharge across the system alongside significant investments made into community-based services. Additional support has been provided to care homes and domiciliary care providers to help with sustainability.

Residential Admissions

Indicator	Planned	Progress against metric	Performance against plan
Rate of permanent admissions to residential care per 100,000 population (65+)	749	On track to meet target 626 actual	

- 20 The 2021/22 plan reflected the COVID-19 pre-pandemic levels. However, the actual out-turn rate at 626 was indicative of the exceptionally lower demand during the pandemic, which suppressed the need for residential care home placements. Challenges associated with embedding a new case management system and associated activity data have also impacted upon this reduction.
- 21 It remains unclear at this time as to whether the reduction in permanent admissions reported is a genuine and sustainable decrease or is an artificially low figure for reasons previously stated.
- 22 Nationally, the number of care home admissions across England has fallen by 8.0% when compared to pre-pandemic levels, according to figures from the Office for National Statistics (ONS).

Reablement

Indicator	Planned	Progress against metric	Performance against plan
Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation	84.1%	On track to meet target 88.7% actual	

- 23 Reablement/Rehabilitation has performed well, the full year out-turn figure was 88.7% which has exceeded the planned target.
- 24 Our aim is to continue to deliver a high quality and effective reablement service with high levels of positive outcomes for people, and to prevent unnecessary dependency on longer term care.

Author: Paul Copeland Tel: 03000 265190

Appendix 1: Implications

Legal Implications

Any legal implications concerning the BCF programme have been considered and addressed previously.

Finance

The BCF 2021/22 allocation for Durham was £84.57m which includes the iBCF allocation to support adult social care.

Consultation

As required through the HWB.

Equality and Diversity / Public Sector Equality Duty

The Equality Act 2010 requires the council to ensure that all decisions are reviewed for their potential to impact upon people.

Human Rights

None

Crime and Disorder

None

Staffing

None

Accommodation

None

Risk

No requirement for a risk sharing agreement with the BCF.

Procurement

None

This page is intentionally left blank

Health and Wellbeing Board

12 July 2022

**Health and Wellbeing Board Annual
Report 2021-22****Report of Gordon Elliott, Head of Partnerships and Community
Engagement, Durham County Council****Electoral divisions affected:**

Countywide

Purpose of the Report

- 1 The purpose of this report is to present the Health and Wellbeing Board (HWB) with the Health and Wellbeing Board Annual Report 2021-22 (Appendix 2) for agreement.

Executive summary

- 2 The annual report outlines the work carried out which has been led and supported by the HWB during 2021-22 which has impacted positively on the strategic priorities detailed in the [Joint Health and Wellbeing Strategy 2021-25](#) (JHWS). The priorities, based on evidence from the Joint Strategic Needs Assessment (JSNA), informs partners planning, policy and commissioning decisions, which enables us to continue to work to improve health and wellbeing services to all sections of the population countywide.
- 3 The Covid-19 pandemic has adversely affected the health and wellbeing of our population and increased health inequalities. The partnership response during these challenging times was particularly strong and there are positive lessons, practices and collaborative experiences to build on, enabling the HWB to confidently address some of the future challenges we face over the forthcoming year and beyond.

Recommendations

- 4 HWB is recommended to:
 - (a) Agree the Health and Wellbeing Annual Report 2021-22.
 - (b) Note the timeline and next steps outlined in the report.

Background

- 5 The Health and Social Care Act 2012 required all upper tier local authorities to establish Health and Wellbeing Boards. The County Durham Health and Wellbeing Board was formally established as a committee of Durham County Council (DCC) in April 2013.
- 6 This is the seventh Health and Wellbeing Board Annual Report, which outlines the key achievements of the Board during its ninth year of operation. The last HWB annual report was produced for 2018/19, there were no reports produced for 2019/20 or 2020/21 due to pressures of the pandemic response.
- 7 The annual report includes examples of work the HWB has undertaken, or supported, during the past 12 months which delivers against the strategic priorities detailed in the Joint Health and Wellbeing Strategy 2021-25; and includes several case studies which show how the work of the HWB and its sub-groups has impacted on people's lives. It also specifies the future challenges the HWB faces over the forthcoming year.
- 8 The HWB continues to receive progress updates on Health and Social Care Integration, the Integrated Care System and on joint health and social care planning and commissioning activity and performance through the Better Care Fund. This includes receiving updates on the County Durham Place Based Commissioning and Delivery Plan 2020-25, which sets out the health and care commissioning and delivery intentions for the lifetime of the population of County Durham from Starting Well, through Living Well, to Ageing Well.

What has happened in the past 12 months

- 9 The Covid-19 pandemic is one of the greatest public health challenges in living memory, with significant repercussions for health and wellbeing and as such has been at the forefront of the HWB agenda for the last two years.
- 10 The HWB has overseen a Local Covid-19 Outbreak Management Plan (LOMP) which sets out our plan to protect our local communities by preventing and controlling transmission of Covid-19. The plan includes provision of clear prevention messages, rapid detection and management of outbreaks, working with various settings to implement appropriate infection control measures and developing and applying intelligence, including the knowledge and insight provided by our communities.
- 11 The HWB has functioned as our Member led Local Outbreak Engagement Board to support and coordinate the ongoing response to

Covid-19; utilise the Approach to Wellbeing Principles; and support local communities to understand the issues, provide a forum to ask questions and influence how recovery is planned at a local level.

- 12 The County Durham Approach to Wellbeing has been adopted by the Health and Wellbeing Board as a means of ensuring all organisations and services within the county consider wellbeing as a common currency; it includes everything that is important to people and their lives. It is designed to ensure we involve people in decisions that affect them and devolve power to people, and the act of doing so, then has an impact on people's wellbeing. This will invoke a culture where the wellbeing of the County's residents is considered in every decision that is made whether this be regarding decisions about people or places, or the systems designed to support them. It is aligned to the County Durham Vision 2035.
- 13 In June 2019 it was announced that County Durham will be part of a North East and North Cumbria Integrated Care System (ICS), a collaboration of existing NHS commissioners and providers, as well as partners, working together to drive improvements in health, wealth and wellbeing.
- 14 Over the last year the HWB has been cited on these plans as they have developed and from July 2022 an Integrated Care Board (ICB) will become the statutory NHS organisation replacing the 8 CCGs in the ICS, taking on their current responsibilities to plan and deliver healthcare across 13 local authority ('place') areas. The ICB will delegate many of its functions to 'place' level. An Integrated Care Partnership of the ICB with local authorities will be responsible for developing an Integrated Care Strategy built up from the needs assessment from each of the 13 Places.
- 15 The ICB will be a key member of the Health and Wellbeing Board and the HWB will work closely with the ICB and its place-based teams as it currently does with CCGs.
- 16 The following sections give examples of initiatives which have taken place to achieve the strategic objectives in the Joint Health and Wellbeing Strategy 2021-25.

All priorities

- 17 Examples include:
 - (a) HWB members have shared feedback with the Integrated Care System Programme Board and expressed strong views that County Durham is not disadvantaged in the new system. The County Durham Care Partnership sits within the governance

structure of the Health and Wellbeing Board and its first Forum took place in November 2021.

- (b) The Health and Wellbeing Board received assurance on the commissioning intentions of the Integrated Health and Social Care Commissioning Team alongside the delivery intentions of NHS mental health, acute, community and primary care services through the County Durham Commissioning and Delivery Plan 2020-25.
- (c) The workstreams of the Mental Health Strategic Partnership (a subgroup of the Health and Wellbeing Board) have continued to progress planned deliverables whilst also reacting to the demands placed on them by Covid-19.

As part of the Covid response, additional funding has instigated the development of several new initiatives to address the increased demands on mental health provision, including the development of a Mental Health and Wellbeing Alliance of providers; numerous campaigns to engage children, young people and adults to address key issues; and work on a community mental health framework to support adults with a Serious Mental Illness.

Priority 1: Starting Well

18 Examples include:

- (a) In September 2021 the HWB supported the launch of the County Durham Health and Wellbeing Framework for schools and education settings, to address both physical and emotional wellbeing and improve outcomes for children, young people, staff and the education setting.

The framework helps education settings to understand the importance of health and wellbeing and the close association with progression, engagement and attainment, and to make appropriate and informed choices according to their needs and evaluate impact and value for money.

- (b) Additional Covid support funding allowed local authorities and their partners to distribute food hampers to our most vulnerable families, food vouchers to care leavers, kinship carers and children during the school holidays, and help with fuel costs.

Partners have continued to promote and raise awareness of the Healthy Start Vouchers for milk, baby milk and some foods,

leading to an increase in uptake from 54 percent to 68 percent – higher than the regional and national average.

- (c) Continuing the Holiday Activities with Healthy Food project, during 2021, 381 Fun and Food projects were allocated funding for the Easter, Summer and Christmas holidays engaging 32,423 children and young people, including 2,355 with additional needs.

Priority 2: Living Well

19 Examples include:

- (a) Despite significant progress in County Durham since 2005, adult smoking remains a key driver of health inequalities and therefore a priority for the HWB. The Tobacco Control Alliance sits within the governance structure of the HWB, and its strategic plan now embraces activity to address the impact of Covid on tobacco control. The alliance continues to work with FRESH on a denormalisation programme for tobacco across the region and a campaign was run between July 2021 and March 2022 to amplify the awareness of the health harms of smoking at a local level.

The Stop Smoking Service has retained a continuity of service during the pandemic, promoting quitting smoking as a way of reducing the harms caused by Covid. Referrals into the service are continuing to increase.

The Chair of the HWB also wrote to local MPs to advocate for the introduction of a “polluter tax” for tobacco manufacturing firms.

- (b) Housing is a key social determinant of health and the HWB recognises the need to work with colleagues to ensure all homes in County Durham provide a safe, inclusive and secure environment for people to live and grow within their local community.

The HWB endorsed partners’ approach to addressing rough sleepers in County Durham. During 2020/21 and in the peak of the Covid-19 pandemic, partners worked to the Government’s ‘Everybody In’ initiative, to identify and verify rough sleepers and house them in either temporary or secure accommodation. This work has been built on through various initiatives to increase the accommodation and support for rough sleepers including additional staff, and 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.

- (c) In response to increasing concerns about rising levels of alcohol consumption during the Covid-19 pandemic, the Health and Wellbeing board endorsed a number of campaign materials from Balance to be adopted across County Durham and cascaded to partners to maximise impact at a local level.

Priority 3: Ageing Well

20 Examples include:

- (a) To support our residents to be able to live independently for longer, the Health and Wellbeing Board endorsed a 5-year Council New Build Programme which outlines plans for delivery of 500 affordable homes, with a large proportion dedicated for older persons accommodation including bungalows.
- (b) The Health and Wellbeing Board supports plans for an Ageing Well Health Needs Assessment (HNA) which will focus on people aged 50+, outlining how public health prevention can be used to help people age well in a healthy way. The HNA will make recommendations for this age group, which will be used to inform the Ageing Well Strategy (a key deliverable included in the JHWS 2021-25). The HNA will be structured around eight themes taken from the World Health Organisation's (WHO) Age Friendly Cities framework, including Information and Advice, Transport, Social Participation, Housing and Economic Activity. It will also consider the disproportionate impact of the Covid pandemic on older people, particularly around social isolation and loneliness

Looking Forward

- 21 In line with the statutory responsibilities of the Health and Wellbeing Board, a three-year Pharmaceutical Needs Assessment (PNA) was approved in April 2018. The PNA is part of Durham Insight.
- 22 Publication of the new PNA was delayed nationally due to services responding to the Covid pandemic and the PNA is due to be agreed by the HWB in September 2022 and will be published in October 2022.
- 23 A HWB work programme has been developed for the coming year which includes strategies for Physical Activity, Falls, Oral Health and Ageing Well. The Joint Health and Wellbeing Strategy will also be refreshed.

Future Challenges

- 24 The Covid-19 pandemic has had significant repercussions for health and wellbeing, it has affected every part of our society and is likely to lead to lasting changes to how we live, work and play. As well as the

direct health consequences of the Covid-19 virus, the subsequent restrictions have affected other areas of health and wellbeing including mental health, social isolation and changes in eating, drinking and physical activity behaviours. The wider impacts continue to unfold, with concerns around the health of the economy, employment, education, business and socio-economic inequalities.

- 25 The ongoing pandemic has impacted disproportionately on certain people across the County, particularly our older population, people with existing/underlying health conditions such as diabetes and obesity, our Black, Asian and Minority Ethnic (BAME) populations as well as those living and working in more disadvantaged circumstances.
- 26 At the Health and Wellbeing Board meeting in March 2022 the Board discussed local and regional plans for transition to a 'Living Safely with Covid' response and how we embed this into wider health protection measures. We intend to take forward the learning, expertise, good practice, flexibility and collaborative relationships gained by all partners from the response over the last two years. The Health and Wellbeing Board will remain at the forefront of this approach.
- 27 The current Joint Health and Wellbeing Strategy 2021-25 sets out the following objectives across our three strategic priorities of Starting Well, Living Well and Ageing Well; chosen due to their importance given the impact they have on people's health and where we want to be in 2025:
- Improve healthy life expectancy and reduce the gap within County Durham and between County Durham and England
 - We will have a smoke free environment with over 95% of our residents not smoking and an ambition that pregnant women and mothers will not smoke
 - Decrease overall levels of unemployment and specifically close the employment gap between the general population and those living with a long term physical or mental health condition, or with a learning disability
 - Over 90% of our children aged 4-5 years, and 79% of children aged 10-11 years are of a healthy weight
 - Improved mental health and wellbeing evidenced by increased self-reported wellbeing scores and reduced suicide rates
 - Increase the number of organisations involved in Better Health at Work Award (to improve health and wellbeing interventions at work)
- 28 The cost of living crisis will have an impact on County Durham's residents, with increases to food costs, utilities and fuel. More people are living with in-work poverty which has a profound effect on their mental health and wellbeing. Further work with the County Durham

Economic Partnership will look at how we can support people into good jobs within the county to improve health inequalities.

- 29 The implementation of the Integrated Care System will continue to develop over the coming years and County Durham will ensure we contribute to this developing agenda to ensure our residents are not disadvantaged.
- 30 Given the impact of the last two years, the Joint Health and Wellbeing Strategy 2021-25 will be refreshed in 2023 to ensure it still accurately reflects the position outlined in the Joint Strategic Needs Assessment (JSNA) and can drive health and wellbeing improvements across the County linked to the County Durham Vision for 2035.
- 31 There are also wider long-term system challenges to face including ensuring people live longer in good health, reducing life expectancy variations, improving healthy life expectancy in a climate of ongoing austerity and reducing health inequalities in places where people live, work, learn and play.

Next Steps

- 32 HWB are requested to note the following key dates for the Health and Wellbeing Board Annual Report 2021-22:
 - DCC Cabinet receives HWB Annual Report 2021-22 for endorsement – **14 September 2022**
 - Partner governance arrangements receive the HWB Annual Report 2021-22 for endorsement – **September – November 2022**
 - Children and Young People’s Overview and Scrutiny Committee and Adults and Health Overview and Scrutiny Committee receive HWB Annual Report 2021-22 for information – **October 2022**

Background papers

[County Durham Joint Health and Wellbeing Strategy 2021-25](#)

Other useful documents

- None

Contact: Andrea Petty

Tel: 03000 267312

Appendix 1: Implications

Legal Implications

The Health and Social Care Act 2012 (HSCA) places clear duties on local authorities and CCGs to prepare a Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS). The local authority must publish the JHWS. The Health and Wellbeing Board lead the development of the JSNA and JHWS.

Finance

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

Consultation

Consultation with partners and members of the public is undertaken during development of the Joint Health and Wellbeing Strategy

Equality and Diversity/Public Sector Equality Duty

An Equality Impact Assessment is undertaken alongside the Joint Health and Wellbeing Strategy.

Climate Change - There are no climate change implications

Human Rights

No direct implications.

Crime and Disorder

[Durham Insight](#) provides information relating to crime and disorder.

Staffing

No direct implications.

Accommodation

No direct implications.

Risk

No direct implications.

Procurement

The HSCA outlines that commissioners should take regard of the JSNA and JHWS when exercising their functions in relation to the commissioning of health and social care services.

This page is intentionally left blank

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



**County Durham Health and Wellbeing Board
Annual Report
2021-22**

Contents

Welcome from Chair and Vice Chair.....	4
About the County Durham Health and Wellbeing Board	5
Responsibilities	5
Joint Strategic Needs Assessment	5
Approach to Wellbeing	6
Governance and partnership working arrangements.....	7
Performance monitoring.....	8
The Health and Wellbeing Board response to Covid-19.....	11
Update on priority areas in 2021-22.....	14
All priorities.....	14
Integrated Care System.....	14
Director of Public Health (DPH) Annual Report: Putting life into living.....	14
County Durham Place Based Commissioning and Delivery Plan	15
County Durham Care Partnership Executive, and Forum	15
Health Protection annual assurance	15
Winter Planning Arrangements	16
Mental Health	16
NHS Dentistry.....	17
Marketing Campaigns	17
Starting Well	18
Healthy Framework for Schools.....	18
Poverty	19
Holiday activities with Healthy Food	19
Living Well.....	20
Tobacco control	20
Housing and Health.....	22
Rough Sleepers.....	22
Alcohol and Drug Harms	22
Ageing Well	23
Ageing Well Health Needs Assessment (HNA).....	23
Older Persons Accommodation	23
Looking Forward	24
Pharmaceutical Needs Assessment 2022-25	24
Mental Health Strategic Partnership	24
Health and Wellbeing Board Work programme	24



Challenges and opportunities for 2022 24

If you would like more information about this report email HWB@durham.gov.uk

Welcome from Chair and Vice Chair

Welcome to the County Durham Health and Wellbeing Board annual report 2021-22.

As Chair and Vice Chair we are privileged to have been supported by a wide range of partners who have gone above and beyond during an extremely challenging time to deliver on our shared vision to make County Durham a healthy place where people live well, for longer.

The pandemic has impacted disproportionately on people across the County, particularly our older population, people with existing/underlying health conditions such as diabetes and obesity, our Black, Asian and Minority Ethnic (BAME) populations as well as those living and working in more disadvantaged circumstances. We have also seen how the virus has had a direct impact on our communities in terms of their health and also a wider indirect impact instigated by lockdown on mental wellbeing across the whole life course, exasperating issues and widening health, social and economic inequalities.

Despite the challenges and the widening health inequalities, we have continued to deliver against our three priorities across the life course, and this annual report is testament to that with the examples of our achievements including several new initiatives to address the demand on mental health provision, launching the health and wellbeing framework for schools, and using additional Covid funding to actively engage and re-engage people who are inactive, into physical activity.

The HWB met five times during 2021-22, these meetings took place virtually and in-person to comply with changing government coronavirus guidance.

As we move into a new way of working, with the Integrated Care System, we will ensure that County Durham is positioned well across the region and continues to work for the benefit of our communities.

We would like to thank everyone, for their hard work and continued commitment in these unprecedented and challenging times.



Cllr Paul Sexton
Portfolio Holder for Adults & Health
Services
Chair of the Health and Wellbeing
Board
Durham County Council



Dr Stewart Findlay
Vice Chair of the Health and
Wellbeing Board
Chief Officer, County Durham
Clinical Commissioning Group

About the County Durham Health and Wellbeing Board

The County Durham Health and Wellbeing Board (HWB) is a strategic partnership, which sets the vision and direction for health and wellbeing across the county.

The HWB's vision is to 'make County Durham a healthy place where people live well, for longer'. To achieve this, we identified three strategic priorities in the Joint Health and Wellbeing Strategy (JHWS) 2021-25:

- Starting well
- Living well
- Ageing well



Responsibilities

The County Durham Health and Wellbeing Board is a statutory committee of Durham County Council. The Board is committed to working together with key partners to set the direction and improve the health and wellbeing of the local population and reduce health inequalities. This includes working closely with County Durham overview and scrutiny committee to deliver a complementary work programme.

The Health and Wellbeing Board has a number of statutory responsibilities:

- Assess the health and wellbeing needs of the local population and how they can be addressed through a Joint Strategic Needs Assessment (JSNA).
- Produce and implement a Joint Health and Wellbeing Strategy (JHWS) based on the information in the JSNA.
- Promote integrated working and joining up services across health, public health and social care services.
- Work closely with organisations or departments who provide services related to the wider determinants of health.
- Produce a Pharmaceutical Needs Assessment.

Joint Strategic Needs Assessment

The Joint Strategic Needs Assessment (JSNA) in County Durham builds a picture of current and future health and wellbeing needs of local people. It is a suite of resources locally that helps to inform the planning and improvement of local services and guides us in making the best use of funding available. We use it to shape joint commissioning priorities to improve health and wellbeing as well as reduce health inequalities in our communities.

As we look beyond the Covid-19 pandemic it is vital that we understand the protective factors and strengths across communities. This combined view of both needs and assets (building on our Approach to Wellbeing) will allow us to build a

broader understanding of health and wellbeing and how we can support and protect the health of our local communities.

Approach to Wellbeing

The Health and Wellbeing Board has championed the County Durham Approach to Wellbeing and its implementation across the County Durham Partnership. The Approach is evidence-based, asset-based and seeks to involve communities in decisions that affect them, in order to achieve better health outcomes. The Approach comprises of seven wellbeing principles which have evolved in partnership and now form the basis of a new self-assessment framework which can be used by organisations to reflect on how they could support better health and wellbeing outcomes across our communities.

Community partners are supportive of this approach and feedback has been positive:

“.....this wellbeing approach could work and would make a difference now..... is very much about giving the power back, or moving the power back out into the community”

“.....rather than thinking ‘patients’ we need to think about ‘partners’.... we need people to start to take responsibility for their wellbeing and not be patients themselves but actually be citizens, residents and not just service users but actual genuine partners in their wellbeing”

“I suppose that’s the kind of overall goal isn’t it that people don’t ever need to see the model people just work in that way because that’s the right thing to do and there is that culture and system wide change that means that you don’t have to sit down with a set of principles and say to people this is how you need to be working or this is how you should be working in order to improve the wellbeing, that people just do it”

Governance and partnership working arrangements

The County Durham Partnership is the overarching strategic partnership in County Durham, with thematic boards leading on the priorities in the County Durham Vision 2035. These are the Health and Wellbeing Board, Safe Durham Partnership, Economic Partnership, Environment and Climate Change Partnership and County Durham Together Partnership. Effective joint working takes place between these strategic partnerships to improve outcomes for residents in County Durham.

There are close links between the statutory Durham Safeguarding Children and Durham Safeguarding Adult Partnerships and the Health and Wellbeing Board to provide assurance that effective safeguarding arrangements are in place.

The [Health and Wellbeing Board governance structure](#) includes responsibility for Mental Health, Special Educational Needs and Disabilities, Physical Activity, Healthy Weight and Tobacco Control, as well as health and care integration.



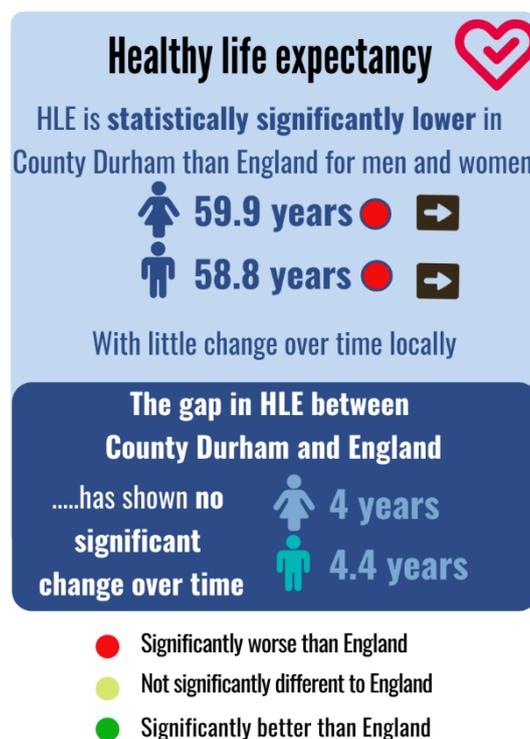
Better for everyone

Performance monitoring

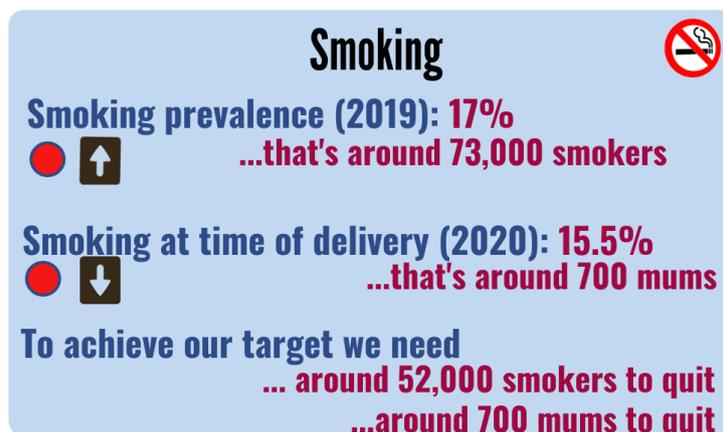
Monitoring performance against the JHWS is important to the Health and Wellbeing Board. Below is an idea of the direction of travel on several of the key performance indicators.

The JHWS features six objectives across our three strategic priorities of starting well, living well and ageing well. These are long-term health and wellbeing outcomes which take time to show meaningful change. This update is intended to demonstrate the impact of our work has on the trajectory of people’s health and outline where we aim to be in 2025.

- **Improve healthy life expectancy and reduce the gap within County Durham and between County Durham and England.**



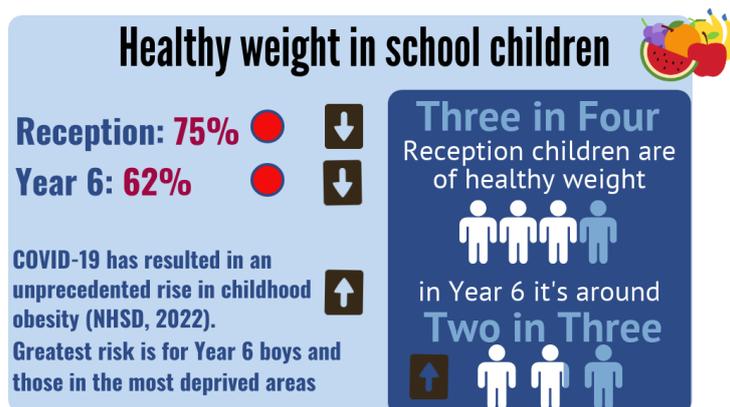
- **We will have a smoke free environment with over 95% of our residents not smoking and an ambition that pregnant women and mothers will not smoke.**



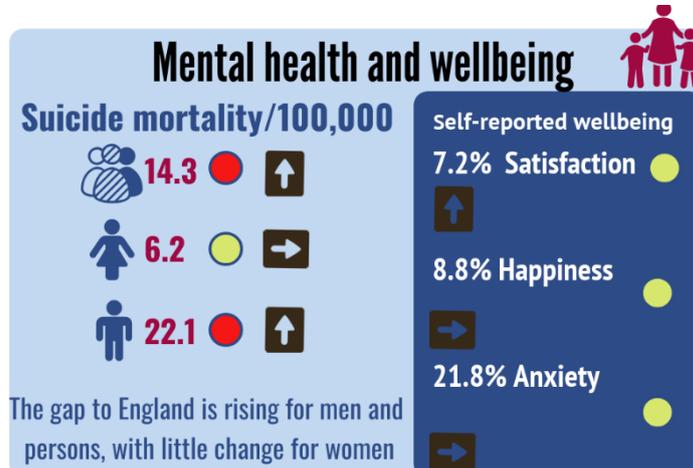
- Decrease overall levels of unemployment and specifically close the employment gap between the general population and those living with a long term physical or mental health condition, or with a learning disability



- Over 90% of our children aged 4-5 years, and 79% of children aged 10-11 years are of a healthy weight.



- Improved mental health and wellbeing evidenced by self-reported wellbeing scores and reduced suicide rates.



- Increase the number of organisations involved in Better Health at Work Award (to improve health and wellbeing interventions at work).

Better Health at Work Award

79 organisations now signed up 

40,000+ employees 

DCC hold 'Continuing Excellence' BHAWA status

'Maintaining Excellence' status applied for

The Health and Wellbeing Board response to Covid-19

The Covid-19 pandemic has been at the forefront of the work of the Health and Wellbeing Board throughout 2021-22 as all services responded to a changing situation which has affected every part of our society. Throughout the pandemic local, regional and national partners have worked together to deliver local interventions and to protect and support our residents, families, businesses, social care, community organisations, and NHS structures in County Durham.

The HWB has overseen the **Local Covid-19 Outbreak Management Plan (LOMP)**

which was developed to deliver our Covid-19 response and protect our communities from the virus. The plan includes a range of actions including the rollout of the Covid-19 vaccination programme, our local Covid-19 testing offer and support to our communities, particularly those who are

vulnerable or needing to self-isolate. Partners worked across key settings (including care homes, schools, workplaces and a variety of community settings) to rapidly detect and manage outbreaks and implement appropriate infection control measures.



The HWB has also overseen the allocation and expenditure of the Contain Outbreak Management Funding (COMF). This funding was provided to Local Authorities from central government for public health purposes to mitigate the impact of Covid-19 in local areas. During the pandemic a total of £23.9 million was provided to County Durham.

COMF has supported a diverse range of projects including increasing access to testing and vaccination, supporting re-engagement with physical activity, improving the quality of life for people living with long covid and for improving wellbeing for people currently on NHS waiting lists, targeted work to support vulnerable populations including those needing emergency housing, Not in Education, Employment and Training (NEET), and children and young people experiencing mental health issues. Evaluations from the bids have shown how this funding has helped to develop future programmes and service plans.

The Health and Wellbeing Board functioned as a Member-led **Local Outbreak Engagement Board** to answer crucial questions posed by members of the public around the pandemic and response.

Sacriston Youth Project Food for Thought project which was created in March 2020 and ran throughout 2021/22 provided care packages, hot food provision, prescription collection, advice and information and a doorstep befriending service using 30 volunteers. At their peak the service received calls for help from 7am – 10pm, 7 days a week with approximately 80% of the people who were supported were unknown to the project prior to the pandemic.

As of January 2022, the Food for Thought Project is now a permanent part of Sacriston Youth and Community Project's offer. The elements of the project include care packages, debt management support, white goods and digital poverty support, school uniform bank, community shelves/larder and information/advice/guidance/signposting.

Wellbeing for the time being is an integrated patient focused service development within County Durham and Darlington NHS Foundation Trust (CDDFT) to support patients currently on the waiting list for surgery and patients with a recent diagnosis of cancer awaiting treatment.

Patient needed support with chest clearance which has since improved with breathing exercise support. Lots of advice given on energy conservation and pacing although patient is currently maintaining a fairly good activity level.

The patient is to receive weekly telephone reviews as chemo hasn't started yet.

Surgeon Feedback on pilot:

"Good to see the referral process is working. Just need to work on patient engagement now! Really keen to support this as definitely has impact on patient outcomes. Keep up the good work! Delighted you have funding for another year"

The **County Durham Together Community Hub** was introduced in March 2020 as a single point of access for people in County Durham who required support to remain at home because they had to shield or self-isolate. Initially the focus of the Hub was around provision of food, but the remit of the hub adapted to the needs of communities through the different phases of the pandemic, based on continuous feedback and built on assets within communities.



The **Covid-19 Community Champions Programme** recruited people representative of our communities to become volunteer Champions who shared important information with their local communities and provided feedback to the HWB on what local people think is going well, what can be done better and any questions. This enabled organisational and professional responses to be shaped by local intelligence and ensured information was being shared in the best way for each community.

As the pandemic has progressed the Champions programme has continued to evolve in line with public health messaging, to promote the vaccination programme and respond to issues identified within communities with a focus on reducing inequalities.



The rollout of the **Covid-19 vaccination programme** across County Durham began in December 2020 and is ongoing. Vaccinations have a critical role to play in the fight against Covid-19 and the vaccination programme has seen high uptake rates across County Durham.

The Health and Wellbeing Board has been supportive of significant work by partners to ensure equitable access to the Covid-19 vaccination

programme in all sections of the population. Specific promotional activity is aimed at grass roots level and targets low uptake communities.



Between May and November 2021 **mobile pop-up vaccination clinics** were delivered in communities. Alongside community engagement activities and supported by Covid-19 Awareness Co-ordinators and Covid-19 Champions the interventions were well received and thought to impact positively on vaccine uptake.

January 2021 saw the transfer of national NHS Test and Trace tracing services to County Durham Together under the umbrella of the **Local Tracing Partnership** (LTP). The LTP continued to support the national NHS Test and Trace tracing services, prioritising geographies with lower vaccine uptake, higher than expected rates of Covid-19 and those where engagement with NHS Test and Trace had been low.

At the Health and Wellbeing Board meeting in March 2022 the Board discussed local and regional plans for transition to a '**Living Safely with Covid**' response and how we embed this into wider health protection measures. We intend to take forward the learning, expertise, good practice, flexibility and collaborative relationships gained by all partners from the response over the last two years. The Health and Wellbeing Board will remain at the forefront of this approach.

Update on priority areas in 2021-22

All priorities

Integrated Care System

Plans are progressing regionally for the Integrated Care System – County Durham will be part of the North East and North Cumbria Integrated Care Board. HWB members have shared feedback with the Integrated Care System Programme Board and expressed strong views that County Durham is not disadvantaged in the new system.



Implementation of the new Integrated Care System is from 1st July 2022.

Director of Public Health (DPH) Annual Report: Putting life into living

The Director of Public Health is a statutory member of the Health and Wellbeing Board. Under the Health and Social Care Act 2012, one of the statutory requirements of the Director of Public Health is to produce an annual report about the health of the local population. The local authority has a duty to publish the report.

In addition to recognising our response and recovery to the Covid-19 pandemic, the [Director of Public Health Annual Report 2021](#) brings to a close the last four DPH annual reports which have introduced us to the Taylor family and looked at progress against the seven priorities to promote and protect the health and wellbeing of the people of County Durham. This report focuses on promoting and supporting positive behaviours across our communities so we can achieve and sustain active lives which includes the Active 30 campaign to help schools across the County support every pupil to participate in the recommended 30 minutes of activity every day at school. It also details the work of the County Durham Tobacco Alliance to reduce the impact of smoking on families and reduce the exposure to second-hand smoke.

Providing high quality drug and alcohol services to work with families to ensure a joined-up systems approach across County Durham is really important including establishing outreach facilities in the local community to ensure services are accessible to those most in need.

Working together, in a joined-up way across health and care services, benefits and advice services, as well as the VCS can ensure that the needs of people with long term conditions, and their families and carers are met. Over 1,200 people have benefitted from Macmillan Joining the Dots, a cancer support programme, designed by people who have lived experience of cancer. Most of these have been people who have a diagnosis of cancer, but there is also a strong element of support for family and carers.

County Durham Place Based Commissioning and Delivery Plan

The [County Durham Commissioning and Delivery Plan 2020-25](#) sets out the health and care commissioning intentions of the system – how we will achieve the objectives in the JHWS. The Health and Wellbeing Board receives assurance on the commissioning intentions of the Integrated Health and Social Care Commissioning Team alongside the delivery intentions of NHS mental health, acute, community and primary care services.

The plan reflects an increasing maturity of the health and care system in County Durham to collaboratively plan, measure, and deliver integrated services, whilst tackling the health inequalities within the county, and addressing the legacy of Covid-19.

To support the move towards a coproduction model [each chapter of the plan is summarised](#). The website will enable communities to provide feedback on content. It is hoped that this engagement will facilitate improvements in participation and coproduction from non-statutory partners in future editions of the plan.

County Durham Care Partnership
Executive and Forum



The County Durham Care

Partnership sits within the governance structure of the HWB. It's first Forum took place in November 2021, which brought together health and social care and voluntary organisations to achieve improved health and wellbeing for the people of County Durham. Attendees raised concerns about the forthcoming changes and were encouraged to share their feedback at relevant forums regarding the place-based arrangements and the need to ensure County Durham was not disadvantaged within the new arrangements.

The collaborative approach of this Forum will help to develop place-based integration, which will avoid unnecessary admissions to acute care, giving people better outcomes and maximising the available resources.

Health Protection annual assurance

The HWB accepted that there were effective assurance processes in place for communicable disease control, strategic regulation intervention and emergency preparedness.

Key achievements of the Health Protection Assurance and Development Group included improvements in flu vaccination uptake amongst eligible groups, sustained delivery of national immunisations programmes and the Antenatal and Newborn Screening programme.

Most of our screening programmes have been impacted by the multiple waves of the pandemic and we are continuously working to get these back on track, whilst learning lessons to improve the uptake of certain vaccinations, the rates of vaccination amongst adolescents and ensure equitable coverage and uptake of screening and immunisation programmes.

Winter Planning Arrangements

Planning for Winter 2021/22 predicted it to be one of the most challenging for public services, with a surge in demand caused by a combination of Covid-19, RSV (a respiratory virus that infects the lungs and breathing passages of children), flu, staffing pressures and entering the winter with already unprecedented demand).

Partners worked together across more areas than ever before to coordinate activity and prioritise work at this challenging time, including health (primary and acute services), social care, public health and a range of council services.

Mental Health

Evidence continues to build, highlighting the impact of Covid-19 inequalities and mental health and emotional wellbeing. The entire system has experienced a significant and sustained increase in demand for mental health and emotional wellbeing support, especially in the past 18 months.

The workstreams of the Mental Health Strategic Partnership (a subgroup of the Health and Wellbeing Board) have continued to progress planned deliverables whilst also reacting to the demands placed on them by Covid-19, in five key areas:

- Children and Young People
- Suicide Prevention
- Crisis Care
- Dementia
- Resilient Communities

The work of the County Durham Suicide Prevention Alliance has been maintained during 2021/22 including the ongoing monitoring of potential deaths by suicide via the Real Time Data Surveillance (RTDS) system. The RTDS system triggers post-vention referrals to support individuals, families and friends to help reduce the negative impact of the death on our local communities. Work continues to monitor high-frequency locations across the County and to also provide support for vulnerable groups including those who self-harm, men aged 35-45, Veterans and substance misusers. There has been no statistical increase in the number of potential deaths by suicide in County Durham during 2021/22.

In January 2022 funding for a new mental health and employment service was agreed, to provide additional support to help people with poor mental health find and maintain employment.

As part of the Covid response, additional funding has instigated the development of several new initiatives to address the increased demands on mental health provision.

- Campaigns have been initiated to engage children, young people and adults and address issues such as mental health in the workplace, community issues such as social isolation, low level anxiety and debt.
- Work on a Community Mental Health Framework to support adults with a Serious Mental Illness access evidence-based treatment within their Primary Care Network and transform services for complex emotional needs, adult eating disorders and community rehabilitation, has progressed.

- A Mental Health and Wellbeing Alliance has been developed, bringing together a number of providers to address the wider determinants influencing mental health; helping prevent entry (and re-entry) into statutory health and social care systems; reducing suicide; preventing negative outcomes associated with mental health issues and promoting positive outcomes related to good mental health and wellbeing. The Alliance will be launched on 1st April 2022.
- A Mental Health Resilience Team was created to respond to local people's mental health and wellbeing needs who have been impacted directly from Covid-19, including Covid-19 survivors; mental health impact of lockdown on vulnerable groups; moral injury amongst all front line groups (from any sector).
- In order to maximise the potential of the Voluntary and Community Sector and support grass roots organisations, funding grants were issued to voluntary organisations and community groups to provide mental health and wellbeing support to local populations.

NHS Dentistry

NHS dental practices have been operating at significantly reduced capacity whilst adhering to national infection control guidance related to the nature of dental practice causing increased likelihood of Covid-19 infection spread. It has been necessary for dental practices to triage patients who contact them to ensure patients with the greatest clinical need. Those requiring urgent dental care and vulnerable patients (including children) are prioritised. The Health and Wellbeing Board received assurance that all opportunities are being explored to increase the clinical treatment capacity available.

Marketing Campaigns

HWB partners have supported a coordinated approach to key public health marketing campaigns which have an impact on health inequalities and early deaths.

Campaigns supported include:

- **Regional Don't Wait Campaign and localised Durham amplification**
Collaborating with the Stop Smoking Service and FRESH regional tobacco control programme, a County Durham campaign raising awareness to risks of smoking, benefits of quitting and access to local Stop Smoking Service was targeted in areas of high smoking prevalence. TV ads were shown on ITV On Demand featuring Dr Ruth Sharrock [Hope and Harm videos](#). The campaign was promoted via community bus shelters, Go North East/Arriva bus sides, localised posters, flyers, digital screens, and paid promotion via Facebook.
- **Ask for ANI** is a mental health and wellbeing campaign which encourages people to ask if they need support from police or other domestic abuse support services. 'ANI' stands for Action Needed Immediately and is a pharmacy offer of a private space and phone.

- World Breastfeeding Week/Big Latch On**
 Partners used their resources to raise awareness of World Breastfeeding Week across social media channels, driving traffic to The Global Big Latch On event, which took place virtually.
- Physical Activity**
 Additional Covid funding was used 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. The 'Move' campaign launched in September with over 191 one to one appointments booked as of 11 October.



Our marketing and communications activity has supported the changes to the Covid-19 Government Roadmap, including a regional approach to key messages with the strapline 'Covid Safe County'. Regular social media, outdoor ads and updated web pages have supported prevention work in response to outbreaks and changes in guidance, the Covid vaccination programme and promoted health and wellbeing services with the general population, education settings, parents, prisons and other targeted groups.

Starting Well

Healthy Framework for Schools

In September 2021 the Health and Wellbeing Board launched the County Durham Health and Wellbeing Framework for schools and education settings. The framework was developed collaboratively with schools, DCC Education Services and Harrogate and District Foundation Trust (HDFT), to address both physical and emotional wellbeing and improve outcomes for children, young people, staff and the education setting.

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. Increasing evidence exists demonstrating the close association between the wellbeing of pupils and their educational outcomes.

The framework helps education settings to understand the importance of health and wellbeing and the close association with progression, engagement and attainment, and to make appropriate and informed choices according to their needs and evaluate impact and value for money.

Poverty

Additional Covid support funding was used to enable local authorities to support people struggling with the cost of food, energy and water bills, and other associated costs arising from the pandemic. Food hampers were distributed to our most vulnerable families, food vouchers to care leavers, kinship carers and children during the school holidays. Vulnerable households with children were supported to keep them safe, secure and have access to cooking facilities over the winter period, including help with fuel costs.

To help increase the uptake of Healthy Start Vouchers for milk, baby milk and some foods, partners have continued to promote and raise awareness of the programme through staff training and communications. The focus on uptake has led to an increase from 54 percent to 68 percent – higher than the regional and national average.

Funding has been allocated to setting up ten food hubs through the 'That Bread and Butter Thing'. Approximately 50 families engage with each of the five operational hubs each week – which provides access to low-cost food and access to advice and provides a stepping stone from the crisis support through food banks and through the Welfare Assistance Scheme. Work is underway with community groups to open a further five hubs in the coming months.

Holiday activities with Healthy Food

Continuing the Holiday Activities with Healthy Food (HAWHF) project, the group have worked together with the Area Action Partnerships to develop, administer and distribute funding for enriching holiday activities with healthy food over the school holiday periods

During 2021, 381 Fun and Food projects were allocated funding for the Easter, Summer and Christmas holidays, through the funding from the Department for Education, engaging 32,423 children and young people including 2,355 with additional needs.

Government funding does not include half term holidays, however additional funding was secured from Durham County Council to provide enriching activities and experiences with healthy food for the May and October 2021 and February 2022 holidays, funding 181 different projects in total.

A dedicated web page has been set up for the project www.durham.gov.uk/funandfood along with a facebook group <https://www.facebook.com/groups/funandfoodcountydurham/>. Videos of previous activities can be viewed at [Videos of previous activities - Durham County Council](#)

Living Well

Better Health at Work Award

The BHAWA gives a framework for workplace health. The award asks businesses to promote campaigns and deliver interventions and activities to promote positive health.

New College Durham - Better Health at Work Award case study:

The College recognises and takes seriously its commitment to promoting a supportive culture that recognises the importance and value of staff wellbeing and the positive impact that this can have on recruitment and retention of staff and students.

Being involved in the Better Health at Work Award has allowed us to look at our offer of wellbeing activities for staff and students and led to the creation and delivery of a calendar of wellbeing events. This has allowed for significant collaboration between those staff leading on the staff and students' mental health and wellbeing strategies, notably Human Resources and Occupational Health staff and student support services. It has allowed us to.

- Create a positive working environment that supports mental health and wellbeing, creating a culture of openness by lifting the stigma surrounding mental health.
- Ensure that Governors, Staff and Students recognise and embrace that mental health and wellbeing is the responsibility of everyone.
- Enhance the support available to staff and to increase awareness of and participation in wellbeing activities and initiatives.

It is recognised that there are tangible benefits from such a collaborative approach in demonstrating that health and wellbeing is a strategic priority for the College in terms of staff and students.

Some campaigns that have taken place:

Wellbeing

- New You have engaged 20 staff in two weight loss, health and wellbeing programmes.
- Dedicated health and wellbeing budget and staff who have specific wellbeing roles, including a Health and Wellbeing Coach and Occupational Health Technician.



New College Durham New You Group January 2022

New College Durham - Better Health at Work Award *continued*:

Mental Health

- Thirty staff have completed Level 2 mental health qualification, we have held variety of events where we have invited external partners in to share information with staff and students including Kooth and Qwell, Samaritans, If U Care Share and many more.
- In support of these efforts the College has signed up to AOC Mental Health Charter, DfE for Wellbeing Charter and Durham County Council Schools and Education Settings Health and Wellbeing Framework.

Tobacco control

Adult smoking in County Durham has nearly halved since 2005 but remains a key driver of health inequalities and therefore a priority for the Health and Wellbeing Board. The Tobacco Control Alliance strategic plan now embraces activity to address the impact of Covid on tobacco control.



FRESH continues to work on a denormalization programme for tobacco control across the region. A campaign was run between July 2021 and March 2022 to amplify the awareness of the health harms of smoking at a local level.

The Stop Smoking Service has retained a continuity of service during the pandemic, promoting quitting smoking as a way of reducing the harms caused by Covid. Referrals into the service are continuing to increase, with numbers of quit dates being set and smokers quitting at 4-week follow-up being maintained.

The Chair of the HWB also wrote to local MPs to advocate for the introduction of a “polluter tax” for tobacco manufacturing firms.

Case study:

KL (25) quit smoking in March 2021, after finding out she was pregnant.

“I wanted to quit as soon as I found out I was pregnant. It was knowing anything I put in body goes to the baby, too. Obviously I didn’t want to risk having a premature baby and all of the other risks to my baby’s health as well as my own.”

K had given up smoking during a previous pregnancy but started again once she’d had her baby and started socialising with friends. She found smoking was having an impact on her day-to-day life.

“After I’d do something I’d go for a tab, which takes about 5 mins so that’s an hour a day spent just going for tabs. If I was in the middle of something I would have to stop doing it just to go for a tab.”

Case study continued:

K used a temporary vape and patches with support from a Stop Smoking Advisor.

“The patches really helped reduce cravings... Having the patch felt like I didn’t know I even used to smoke; I just wasn’t bothered.”

K feels good about being an ‘ex-smoker’ and noticed improvements to her health.

“I’ve saved a lot of money for the bairn – over £700 since quitting. I’ve been putting the money away which will go towards Christmas for the kids....Also, I feel like I can breathe again – I can go outside and not feel like I’m struggling.”

Housing and Health

Housing is a key social determinant of health and the Health and Wellbeing Board recognises the need to work with colleagues to ensure homes in County Durham provide a safe, inclusive and secure environment for people to live and grow within their local community. This includes accessing funding to improve heating and insulation systems, helping people with money management to pay their fuel bills, developing a hospital discharge protocol and facilitating early intervention to reduce hospital admissions.

Rough Sleepers

The HWB endorsed partners’ approach to addressing rough sleepers in County Durham. During 2020/21 and in the peak of the Covid-19 pandemic, partners worked to the Governments ‘Everybody In’ initiative, to identify and verify rough sleepers and house them in either temporary or secure accommodation. This work has been built on through various initiatives to increase the accommodation and support for rough sleepers including additional staff, and 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.

This has included Public Health and Housing colleagues working closely together to ensure hard to reach groups including rough sleepers and the Gypsy Roma Traveller (GRT) community are communicated with in relation to receiving the Covid-19 vaccination.

Alcohol and Drug Harms

In response to increasing concerns about rising levels of alcohol consumption during Covid-19, 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 Health and Wellbeing board endorsed a number of campaign materials from Balance to be adopted across County Durham and cascaded to partners to maximise impact at a local level

- **“Alcohol - Not the Answer”** was re-launched in February 2022 to underline 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.

- 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.



Key messages include 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.

Ageing Well

Ageing Well Health Needs Assessment (HNA)

The Health and Wellbeing Board supports plans for an Ageing Well Health Needs Assessment focussed on people aged 50+, outlining how public health prevention can be used to help people age well in a healthy way. The HNA will make recommendations for this age group, which will be used to inform the Ageing Well Strategy (a key deliverable included in the JHWS 2021-25). The HNA will be structured around eight themes taken from the World Health Organisation’s (WHO) Age Friendly Cities framework, including Information and Advice, Transport, Social Participation, Housing and Economic Activity. It will also consider the disproportionate impact of the Covid pandemic on older people, particularly around social isolation and loneliness

Older Persons Accommodation

To support our residents to be able to live independently for longer, the Health and Wellbeing Board endorsed a 5-year Council New Build Programme which outlines plans for delivery of 500 affordable homes, with a large proportion dedicated for older persons accommodation including bungalows.

Looking Forward

Pharmaceutical Needs Assessment 2022-25

In line with the statutory responsibilities of the Health and Wellbeing Board, a three-year Pharmaceutical Needs Assessment (PNA) was approved in April 2018.

A PNA considers the health needs of the population, the provision of pharmaceutical services commissioned by NHS England and Improvement that can support health needs, and therefore whether there are any potential gaps in pharmaceutical service delivery over a 3-year period. The PNA is part of Durham Insight.

Publication of the new PNA was delayed due to services responding to the Covid pandemic and the PNA is due to be agreed by the HWB in September 2022 and will be published in October 2022.

Mental Health Strategic Partnership

The Health and Wellbeing Board supports a refresh of the Mental Health Strategic Partnership for County Durham. Agreement has been reached to add value to the current workstreams for children and young people, suicide prevention, crisis care, dementia and resilient communities by linking-in the Mental Health Alliance, Mental Health Resilience Hubs and other initiatives developed during the Covid-19 response. This will support a coordinated, system-wide response to addressing the mental health and wellbeing needs of our local communities.

Health and Wellbeing Board Work programme

A work programme has been developed for the coming year which includes:

- Physical Activity Strategy
- Breastfeeding Friendly Buildings
- Falls Strategy
- Oral Health Strategy
- Refresh of Joint Health and Wellbeing Strategy
- Ageing Well Strategy

Challenges and opportunities for 2022

The year that this annual report covers has been difficult and unprecedented for our residents and those in the health and care professions that have worked tirelessly through Covid-19 and the pandemic. The Health and Wellbeing Board has received updates on infection rates, testing and the roll out of the vaccination programme, along with regular updates on the planned phased recovery during what will be a challenging year to come.

The learning from the previous year will re-shape our services and priorities along with continuing to influence our strong partnership working.

We will refresh our Joint Health and Wellbeing Strategy in 2023 and will take this learning into account and work with our communities on those issues that will have a wide reaching benefit, including through regional work with the Integrated Care System.

Key Campaigns Spring 22 / Summer 22



Better for everyone



HWB Strategy – priority areas – Starting Well

- Digitised Healthy Start Voucher scheme
- NHS Weaning campaign



HWB Strategy – Priority Areas – Living & Ageing Well

Living Well

- Covid vaccine clinic for 5-11 year olds
- Now You're Talking campaign + Mental Health Awareness Week
- World no tobacco day

Ageing Well

- We are undefeatable
- Help us to Help You

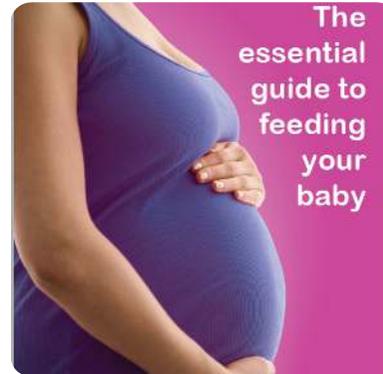


Linking with our communities

Peer-to-Peer Champions Resources
Persuasion **Communities**
Co-production Together Consultation
Collaboration Connections

Coming Up – Late Summer / Autumn Campaigns

- Big Latch on - July
- World Breastfeeding Week - August
- World Suicide Prevention Day - September
- World Mental Health Day - 10th October
- Stoptober - October
- Flu and Covid - October



This page is intentionally left blank