



## **Adults, Wellbeing and Health Overview and Scrutiny Committee**

**Date** Monday 13 January 2025  
**Time** 9.30 am  
**Venue** Committee Room 2, County Hall, Durham

---

### **Business**

#### **Part A**

**Items which are open to the Public and Press**  
**Members of the public can ask questions with the Chair's agreement,**  
**and if registered to speak.**

1. Apologies for Absence
2. Substitute Members
3. Minutes of the meeting held on 18 November 2024 (Pages 3 - 10)
4. Declarations of Interest, if any
5. Any Items from Co-opted Members or Interested Parties
6. Oral Health Promotion Strategy - Presentation by the Director of Public Health County Durham (Pages 11 - 20)
7. NHS Dentistry Update - Presentation by Sarah Burns, Director of Local Delivery, North East and North Cumbria Integrated Care Board and Head of Integrated Strategic Commissioning, County Durham Care Partnership/Durham County Council (Pages 21 - 34)
8. Director of Public Health Annual Report 2024 - Report of the Director of Public Health, County Durham (Pages 35 - 82)
9. Durham Safeguarding Adults Partnership Annual Report 2023/24 - Report of the Durham Safeguarding Adults Partnership Independent Chair (Pages 83 - 104)

10. Quarter 2 2024/25 Forecast of Revenue and Capital Outturn - Report and presentation of the Corporate Director of Resources (Pages 105 - 122)
11. Such other business as, in the opinion of the Chair of the meeting, is of sufficient urgency to warrant consideration

**Helen Bradley**  
Director of Legal and Democratic Services

County Hall  
Durham  
3 January 2025

**To: The Members of the Adults, Wellbeing and Health Overview and Scrutiny Committee**

Councillor V Andrews (Chair)  
Councillor M Johnson (Vice-Chair)

Councillors V Anderson, J Blakey, R Crute, K Earley, D Haney, J Higgins, L A Holmes, L Hovvels, J Howey, P Jopling, C Kay, C Lines, S Quinn, K Robson, A Savory, M Simmons, D Stoker and T Stubbs

**Co-opted Members:** Mrs R Gott and Ms A Stobbart

**Co-opted Employees/Officers:** Healthwatch County Durham

---

**Contact: Paula Nicholson      Tel: 03000 269710**

---

## DURHAM COUNTY COUNCIL

At a meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Committee Room 2, County Hall, Durham on **Monday 18 November 2024 at 9.30 am**

### Present

**Councillor V Andrews (Chair)**

### Members of the Committee

Councillors M Johnson, J Blakey, R Crute, K Earley, D Haney, J Higgins, L A Holmes, L Hovvels, S Quinn and T Stubbs

### Co-opted Members

Mrs R Gott and Ms A Stobbart

## 1 Apologies for Absence

Apologies for absence were received from Councillors J Howey, C Kay, C Lines, K Robson, A Savoury, M Simmons and Project Lead G McGee (Healthwatch).

## 2 Substitute Members

There were no substitutes.

## 3 Minutes

The minutes of the meeting held on 1 October 2024 were confirmed as a correct record and signed by the Chair.

## 4 Declarations of Interest

There were no declarations of interest.

## 5 Any Items from Co-opted Members or Interested Parties

There were no items from Co-opted Members or Interested Parties.

Councillor Earley joined the meeting at 9.55 am

## **6 Adult Social Care Update on the Outcome of the Local Authority Assessment by the Care Quality Commission under the Health and Care Act 2022**

The Committee received a report of the Interim Corporate Director of Adult and Health Services which provided members with an update on the outcome of the Care Quality Commission (CQC) Assessment of the way in which the Council discharges its adult social care duties under part 1 of the Care Act 2022 undertaken earlier this year.

The report also sought members approval for the Service Improvement Plan to address areas for development set out in the CQC report and our wider service improvement aspirations, progress against which would be subject to annual reporting in the future (for copy of report, see file of minutes).

L Alexander, Head of Adult Care was in attendance to present the report and advised Members that of the 11 Care Quality Commission assessments published Durham County Council were scored joint third.

Councillor Crute referred to the Service Improvement Plan and asked if there was an update. He continued that the some of the timescales were tight and asked if they were on top of the Care Home Market Shaping and if an update could be provided and reassurance that the items that were purple would turn to green within the indicated timescales. With regard to the recommendations, he recommended that an update to future Adults, Wellbeing and Health Overview and Scrutiny Committee meetings be built into the work programme.

The Head of Adult Care responded that he welcomed the recommendation. He stated that the Improvement Plan was hot off the press, and they were starting to put in place the infrastructure around it. He indicated that some of the timescales were tight, but they believed were accurate and would be kept under review. He was confident that they would be able to address all the items and much of what was identified in the Improvement Plan did not come as a surprise with one or two exceptions.

S Burns, Joint Head of Integrated Strategic Commissioning, County Durham Care Partnership, Durham County Council and North East and North Cumbria ICB stated that the commissioning for care homes was on target. She indicated that she could provide a briefing report on this to the Committee.

The Chair referred to the government's announcement today that they were looking at the cost of private sector children's care homes and asked if there was any merit in also looking at adult care provision.

The Joint Head of Integrated Strategic Commissioning, County Durham Care Partnership, Durham County Council and North East and North Cumbria ICB

indicated that the markets were different and the news from government this morning was welcomed. She stated that they did have a different approach to negotiating fees for children's homes and adults 24-hour care provision. She continued that there was a different mechanism for this market that did not lead to profiteering.

M Laing, Interim Corporate Director of Adult and Health Services advised members that the government had advised that next year they would be publishing a companion plan for Adult and Social Care that would cover some of the issues picked up.

Ms Stoddart referred to technology digital solutions and the use of Artificial Intelligence that had a target of June 2025 and asked if this work had commenced.

The Head of Adult Care responded that they are collaborating with Partners in Care and Health and had held four of five workshops with them and provided details of the workshops and indicated that they were currently looking at what are the priorities moving forward. He continued that a lot of work had been undertaken behind the scenes and provided an example of an Artificial Intelligence pilot for frontline case management where a tool was used such as hospital discharge to help interpret the narrative that had saved some time. They were also working on technology called Enabled Care and provided an example of a tool called virtual home that was a digital tool that allowed front line workers to show a virtual house that identified products available to support people in their home.

Councillor Stubbs asked if any areas identified from the assessment came as a surprise.

The Head of Adult Care responded that he had touched on the equity in experience and outcomes already that focuses on an area that they had considered to be a shortcoming of the Council's social care service. He continued that there were a couple of areas where there was room for improvement and was surprised at the reference to safeguarding. He provided assurance that there was nothing within the report that the service were not responding to in a timely manner nor undertaking practices that may be deemed as potential risks. They had undertaken further work with communication and held briefings and reminded staff of how to make a referral of any safeguarding concerns and reminding the workforce of key component parts.

Members wished to pass on their thanks to Jane Robinson, Corporate Director of Adult and Health Services.

S Gwilym, Principal Overview and Scrutiny Officer indicated that it would be appropriate for the committee to reference the Service Improvement Plan when considering the work programme. He advised members that the annual safeguarding report was due to come to committee in January 2025.

**Resolved:** (i) That the outcome of the CQC assessment be noted.

(ii) That the Adult Social Care Service Improvement Plan 2024-2025 at Appendix 2 of the report be approved.

(iii) That annual update reports on progress with the Service Improvement Plan be agreed.

Councillor J Blakey left the meeting at 10.50 am

Councillor Haney left the meeting at 11.00 am

## **7 Winter Planning Assurance 2024/25**

The Committee received a presentation by S Jacques, Chief Executive County Durham and Darlington NHS Foundation Trust and M Laing, Interim Corporate Director of Adult and Health Services (for copy of presentation, see file of minutes).

The presentation provided members with the context, learning from last year, governance and partner plans that included Health and Social Care and other services.

Following the presentation, Members' questions were invited.

Councillor Stubbs referred to the standardised approach of procedures across the region and asked if there was any evidence to show that operating within the ICB structure had offered any benefits to this planning.

The Chief Executive County Durham and Darlington NHS Foundation Trust responded that the ICB had convened some peer-to-peer learning events and brought people together from across the region. She provided an example of ambulance handovers being a challenge everywhere and the ICB brought everyone together to ask what everyone was doing and see what could be done. She continued that ICB could convene partners when one area was struggling more than others and have a strategic demand centre that allows them visibility of what is happening and allows support to people who need help by convening partners day or night.

Councillor Quinn stated that it was reassuring to know that lessons had been learnt from the past and moved forward. She then provided details of a service that was provided by the pharmacy for an elderly person that had now been withdrawn and the alternative provision was not suitable. She also stated that it was worrying that services were promoted by pharmacies, but other services removed.

The Chief Executive County Durham and Darlington NHS Foundation Trust responded that pharmacies were independent organisations and there was currently a level of dispute between pharmacies and the government. She would investigate an alternative provision for the elderly lady and indicated that it appeared that the alternative provision was put in place as a short-term solution.

Councillor Quinn referred to some medications no longer been available on prescription and her concern was that if you were in hospital, the medication was not prescribed so would not be given to you by the hospital. She also indicated that councillors know their communities and knew those people that were vulnerable.

The Chief Executive County Durham and Darlington NHS Foundation Trust responded that they were aware of the brilliant work done on the ground and may loop back in terms of communication.

S Burns, Joint Head of Integrated Strategic Commissioning, County Durham Care Partnership, Durham County Council and North East and North Cumbria ICB explained why some drugs were no longer available on prescription and why some services were no longer available at pharmacies. She stated that she would investigate a more sustainable option for the elderly lady. Regarding medication no longer on prescription she indicated that it should still be on patients records and would take this away.

In response to a question from Ms Stobbart, the Chief Executive County Durham and Darlington NHS Foundation Trust indicated that the Communication Plan was designed to be solid and would share more details of the plan with some members to see if more could be done or what the plan looks like.

Councillor Earley asked if the beds at Shotley Bridge had been increased to 24.

The Chief Executive County Durham and Darlington NHS Foundation Trust responded that they know they can increase the beds but were not at 24 yet.

In response to a further question from Councillor Earley, the Chief Executive County Durham and Darlington NHS Foundation Trust indicated that if you look over time, they had more presentations this year than last year but not as much as they planned for in terms of emergency presentations. The demographic was an ageing one and indicated that some of the same day services were not available years ago and were good in turning people around and keeping people independent and in their normal place of residence wherever possible.

Councillor Hovvells stated that local plans work best on the ground and indicated that some parishes and community organisations do not have emergency plans in place. She encouraged everyone to make sure emergency plans are in place. She continued around utility services and priority to some people and asked what work had been done with utility providers.

The Chief Executive County Durham and Darlington NHS Foundation Trust indicated that these people were known to the utility providers and received priority.

Councillor Hovvels then referred to mental health and hospitals and asked how hospitals managed their heating as she was aware of some patients been cold in hospital.

Officers responded that they had not heard of patients being cold but would pick this up and advised members that hospitals had back up plans such as generators and that the heating in hospitals should be on all the time.

Councillor Haney referred to UHND having 5 beds in 4 bed bays and asked how routine this appeared to be. He then referred to Shotley Bridge Hospital and the fear that the new build would not happen and indicated if there were 5 beds in 4 bays why don't they utilise Shotley Bridge if additional beds had been identified.

The Chief Executive County Durham and Darlington NHS Foundation Trust responded that she was unable to provide statistics but indicated that where they had 5 beds in 4 bed bays this was only done when the space had been risk assessed. She would come back to Councillor Haney on how often this was the case, stressing that this was only done in exceptional circumstances.

Councillor Haney asked for an update on Shotley Bridge Hospital.

The Chief Executive County Durham and Darlington NHS Foundation Trust indicated that the national programme had been paused and a review undertaken, and Shotley Bridge Hospital was part of that review. They did not have a date for the conclusion of the review and the Trust would respond when they received the details of the review. If the new build of Shotley Bridge was not supported there needed to be a Plan B for the existing hospital.

J Curry, Programme Manager, County Durham and Darlington NHS Foundation Trust indicated that they were absolutely committed to the new hospital as an organisation and were waiting to hear the outcome of the review which she believed would be in the coming weeks. There were no funds to further develop a scheme in this financial year and were limited as to what they could do.

Councillor Higgins referred to his electoral division and how residents are no longer offered a choice of hospital when admitted by ambulance and must now go to UHND.

The Chief Executive County Durham and Darlington NHS Foundation Trust indicated that she was not aware that a choice was given but would investigate this.



The Chair asked if vaccinations were offered to agency staff in hospitals and social care providers.

The Interim Corporate Director of Adults and Health Services advised that vaccinations were offered to agency workers and provided details of the vaccination programme.

The Joint Head of Integrated Strategic Commissioning, County Durham Care Partnership, Durham County Council and North East and North Cumbria ICB advised that she would not be surprised if part of the criteria for agency staff in care homes was that they had to be vaccinated.

**Resolved:** That the contents of the presentation be noted and agreed that a further report be brought back to the Committee in spring 2025 to assess the effectiveness of the winter planning arrangements.

This page is intentionally left blank

# Oral Health Promotion Strategy



Adults, Wellbeing and Health  
Overview and Scrutiny Committee

Amanda Healy, Director of Public Health  
Joy Evans, Public Health Strategic Manager



# Oral Health: Data Summary

## Oral Health in 5 year olds in County Durham

Welcome

Summary

Decay Experience

DMFT

Hospital Admissions Dental Caries

Inequality in Decay Experience

Decay experience (AAP)

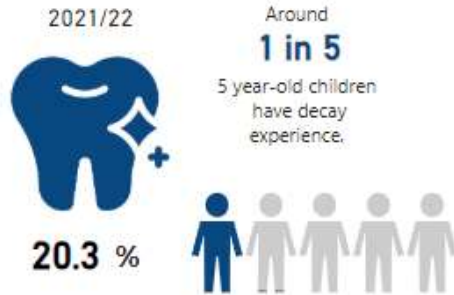
Severity of Decay (AAP)

Dentist Attendance Ward

Dentist Locations

Data Sources

Experience of visually obvious dental decay in 5 year-olds



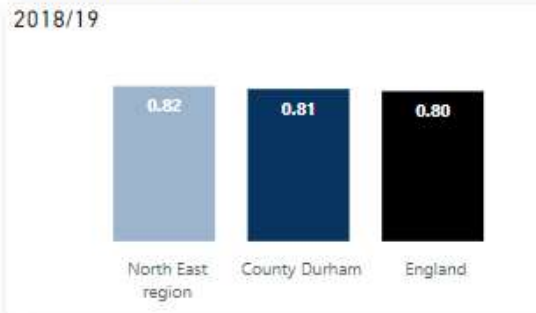
Statistically **worse** to England and **similar** to the North East.



## Decayed missing or filled teeth (DMFT) in 5 year-olds

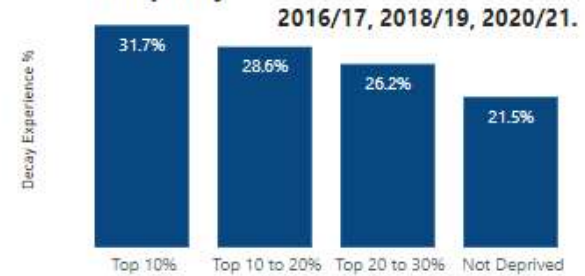


Statistically **similar** to England and **similar** the North East.



Mean severity of tooth decay in children aged five years based on the mean number of teeth per child sampled which were either actively decayed or had been filled or extracted decayed/missing/filled teeth

## Inequality



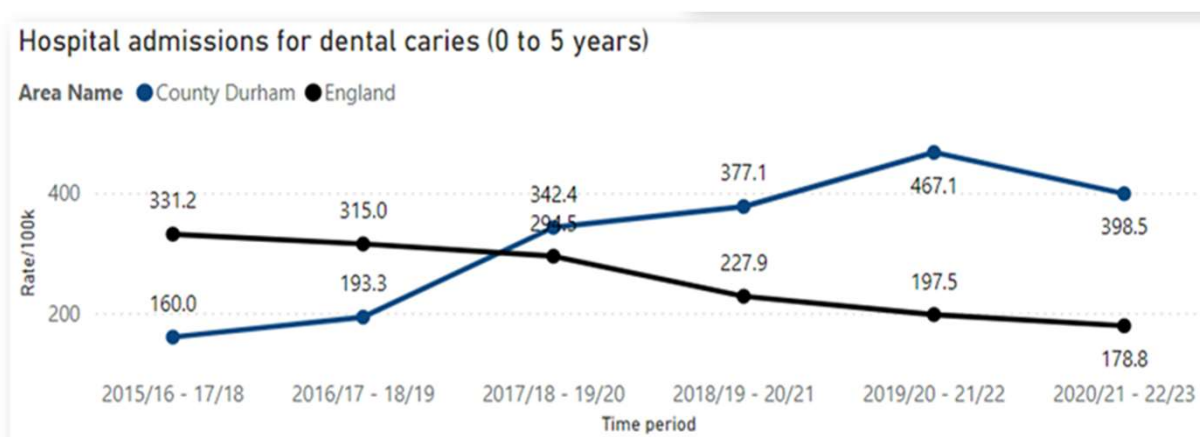
When prevalence of dental decay in 5-year-olds in County Durham is plotted against deprivation there is a clear social gradient.

# Oral Health in children in County Durham

Oral Health is a vital part of health and wellbeing. Dental decay has detrimental impact on children and young people's physical, social and mental health. Removal of decayed teeth is the most common reason for a 5-9 year old child to be admitted to hospital in England.

Latest data available tells us:

- County Durham is ranked 70 out of 152 Local Authorities, for decayed, missing or filled teeth
- Around 1 in 5 (20.3%) of 5-year-olds in Durham have experience of decay
- Roughly 120 hospital admissions per year for dental caries, higher than England and North East averages
- There is a clear link between dental decay and deprivation – 10.2% difference between the top 10% deprived areas and 'not deprived' areas in County Durham (DMFT, 5 years)



# County Durham's Oral Health Promotion Strategy 2023-2028

In 2023 the [Oral Health Promotion Strategy](#) for County Durham was supported by the Health and Wellbeing Board and presented to Overview and Scrutiny.

The strategy aims to:

- Improve oral health of everyone living in County Durham
- Reduce oral health inequalities
- Create supportive environments, working with communities and partners to promote oral health
- Contribute to good oral health across the life course



# Supervised Toothbrushing in County Durham

- Early Years Foundation Stage (3-5 year olds).
- Local oral health needs strategies and existing interventions.
- NHS Core20PLUS5 (Children and Young People).
- Budget 30 October commitment, ensure this remains stable.
- County Durham programme presented nationally as model of best practice.
- Establish optimal oral health habits for life.

- 5502 children involved in Supervised Toothbrushing in nurseries in the top 30% IMD in County Durham.
- 6 SEND schools supported with specialised kits.



Programme expanded to 30% most deprived early years settings.



Durham County Council provide resources to set up a toothbrushing programme for children.



Training, guidance, and support provided by County Durham and Darlington Oral Health Promotion Team



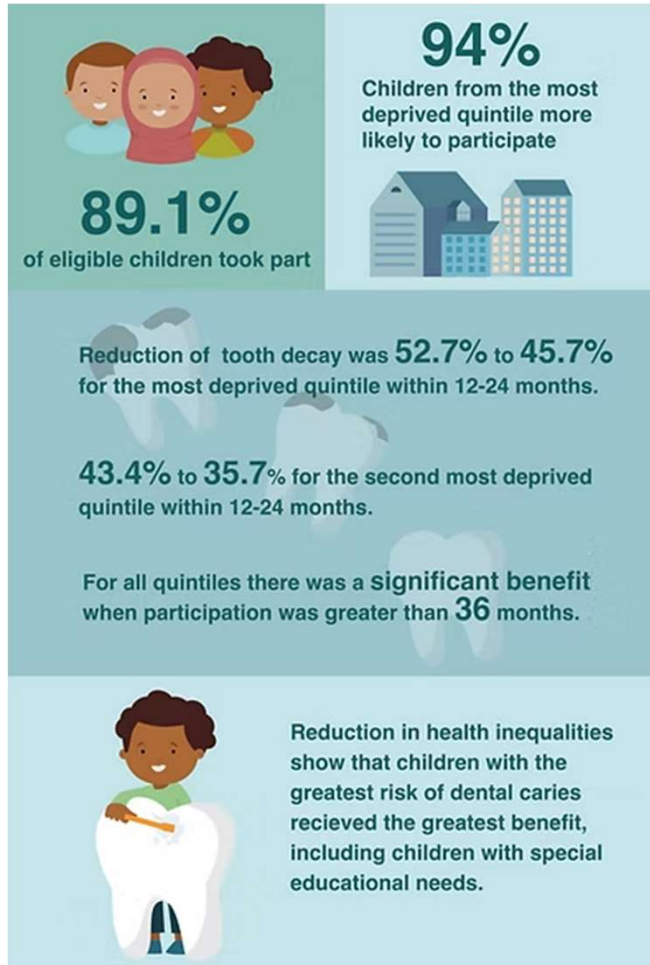
Brushing at home is encouraged alongside the programme.



A quality assurance system is in place to ensure the scheme adheres to guidance.



# Supervised Toothbrushing: The evidence



**94%**  
Children from the most deprived quintile more likely to participate

**89.1%**  
of eligible children took part

Reduction of tooth decay was **52.7% to 45.7%** for the most deprived quintile within 12-24 months.

**43.4% to 35.7%** for the second most deprived quintile within 12-24 months.

For all quintiles there was a **significant benefit** when participation was greater than **36 months**.

Reduction in health inequalities show that children with the greatest risk of dental caries recieved the greatest benefit, including children with special educational needs.



### Childsmile evaluation data

Costs **£15 - £17** per child per annum

Supervised Toothbrushing paid for itself within **3 years**

For every **£1** spent the health service benefit at 5 years was **£3.06**

(Return on Investment Model - University of York for Public Health England)



# Oral Health Strategy Action Plan

- Universal distribution of Oral Health packs through Health Visitors at the 9–12-month contact, supporting Health Visitors in delivering key oral health messages to families.
- Oral Health is embedded in the services Family Hubs provide – recognised as a strong model to reach most deprived communities and families including Gypsy, Roma and Traveller, asylum seekers and refugees.
- Delivery of the dental passports to children in care to facilitate access to dental services.
- Smiling Matters programme training to all residential care homes promoting oral health care plans and denture care kits.
- Collaborative work across wider public health strategies and programmes including breast feeding, healthy school's framework, food policy development, tobacco action plan and adult social care.

# Community Water Fluoridation

Water Fluoridation is supported as a public health intervention to improve oral health and reduce inequalities by the four Chief Medical Officers of the UK:

*“there is strong scientific evidence that water fluoridation is an effective public health intervention for reducing the prevalence of tooth decay and improving dental health equality across the UK. It should be seen as a complementary strategy, not a substitute for other effective methods of increasing fluoride use”.*

[Water fluoridation: statement from the UK Chief Medical Officers - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/water-fluoridation-statement-from-the-uk-chief-medical-officers)

- The Department for Health and Social Care consultation on the community water fluoridation expansion in the North East of England closed on 31<sup>st</sup> July 2024.
- The consultation has been considered and supported by the appropriate Council committees:
  - The Health and Wellbeing Board
  - Children and Young People and Adults and Health Overview and Scrutiny Committees.
- Schemes must be monitored to examine their effects on health every 4 years.

# Next steps

- Outcome of DHSC Community Water Fluoridation consultation is awaited and expected imminently.
- Awaiting outcome of bid to ICB Investment Board for funding to extend and expand local delivery.
- Enhance delivery to ensure oral health promotion programmes are embedded into the secure children's home and residential children's homes, informed by evaluation of the Children in Care Pathway pilot (Tees Valley).
- Scope the feasibility of providing supervised toothbrushing support in the Home Learning Environment to families most in need.
- Develop an oral health MECC training module for use not only by frontline health care professionals, but also for wider use with carers. This could include, for example, carers of people with learning disabilities, complex medical histories.
- Undertake feasibility study for fluoride varnishing in older people's care homes, learning from the evaluation of the current pilot in Sunderland.
- Completion of the oral health survey of adults, over 65 years, in care homes 2024 to 2025 (part of the National Dental Epidemiology Programme).

Thank you for listening

Further information can be found at –  
[www.durham.gov.uk/oralhealth](http://www.durham.gov.uk/oralhealth)  
or  
[www.durhaminsight.info/oral-health](http://www.durhaminsight.info/oral-health)

Amanda Healy – [Amanda.healy@durham.gov.uk](mailto:Amanda.healy@durham.gov.uk)  
Joy Evans – [joy.evans@durham.gov.uk](mailto:joy.evans@durham.gov.uk)





**North East and  
North Cumbria**

# Update on NHS Dentistry

Durham Scrutiny Committee

18 November 2024

# Summary Overview of NHS Dentistry

- NHS England delegated responsibility for the commissioning of NHS dentistry to the North East and North Cumbria Integrated Care Board (ICB) effective from 1 April 2023.
- NHS Dentistry services MUST operate in accordance with **Nationally set Government Regulation (2006)**
- Under NHS Dentistry national regulation there is **no 'formal registration' of patients** with dental practices as part of their NHS Dentistry offer, patients can therefore approach any dental practice offering NHS care for access.
- Dental contracts and provision is **activity and demand led** with the expectation practices deliver courses of treatment with **recall intervals appropriate to clinical need** and manage their available commissioned capacity to best meet both local demand and the clinical needs of patients presenting to their practice.
- The contract regulations set out the contract currency which is measured in **units of dental activity (UDAs)** that are attributable to a **'banded' course of treatment prescribed under the regulations**.
- **North East and North Cumbria ICB do not commission private dental services**, however, NHS dental regulations do not prohibit the provision of private dentistry by NHS Dental Practices.
- The prolonged **COVID- 19 pandemic period** required NHS Dental Practices to follow strict Infection Prevention and Control (IPC) guidance which significantly restricted levels of access to dental care. As a result, **backlog demand for dental care remains high with the urgency and increased complexity of patient clinical presentations** further impacting the ability for the NHS Dental Care system to return back to pre-COVID operational norms.

# NHS Commissioned capacity – County Durham

## Commissioned general dental access @ 1 November 2024\* Units of Dental Activity (UDAs)

NHS General Dental Service contracts	UDAs commissioned
47	705,348

### Recent changes not yet reflected in the above position:

- The provider of the following two contracts (Mr M A Quraishi) has recently given notice to terminate their NHS contracts:
  - Burgess and Hyder Bowburn – NHS contract to end effective 31 January 2025 – 7,416 UDAs
  - Burgess and Hyder Spennymoor – NHS contract to end effect 31 January 2025 – 12,000 UDAs

# Urgent Dental Care Services in County Durham

Service Type	Provider and site location
NHS 111 Integrated Clinical Assessment Service (DCAS)	<p>NENC wide:</p> <p>NEAS &amp; Dencall – NHS 111 Call Centre ‘Newburn’)</p> <p>Operates Mon through to Thursday 18:00 to 09:00, weekends (Friday 18:00 through to Monday 09:00) and all bank holidays</p>
NHS 111 Dedicated ‘In hours’ Direct booking hubs	<p>Dedicated NHS 111 urgent care direct booking capacity into unscheduled urgent care in hour access centres location in Coxhoe and Peterlee</p> <p>Can only be accessed via NHS 111</p>
NHS 111 Dedicated ‘Out of Hours’ Direct Booking Treatment Services.	<p>Dedicated NHS 111 emergency care out of hours service provided from University Hospital North Durham (UHND)</p> <p>Can only be accessed via NHS 111</p>

## Notes:

- Treatment services operate between 18:00 to 23:00 Monday to Friday (on-call basis) 09:00 to 23:00 Weekends and all bank holidays as a combination of fixed clinics on-call).
- Additional OOHrs dental treatment capacity commissioned from all providers across the North East in 2023-24 and 2024-25.



# There are significant challenges to people accessing dentistry in North East & North Cumbria (NENC)

- Situation in County Durham reflective of a national crisis in NHS Dentistry which has been heavily impacted by several factors including:
  - Dental services have struggled to recover from the impact of covid
  - Significant challenges with recruitment and retention of dentists (and increasingly dental nurses).
- There is widespread recognition that the national dental contract requires reform - UDA system not seen as attractive by the dental market (providers and dental performers). See links below to House of Commons Health and Social Care Committee Report from their inquiry into dentistry published July 2023 and the previous Government's response published in December 2023:
  - [NHS dentistry \(parliament.uk\)](https://www.parliament.uk/publications/2023/1/nhs-dentistry)
  - [NHS Dentistry: Government Response to the Committee's Ninth Report of Session 2022-23 \(parliament.uk\)](https://www.parliament.uk/publications/2023/1/nhs-dentistry-government-response)
- We are regularly seeing dental providers giving notice on their NHS contracts as they are unable to meet local demand and the provision we have commissioned from them.
- This means local people across the NENC are experiencing problems accessing NHS dentists – areas of particular challenge include N Cumbria, North Northumberland, Darlington, parts of Co Durham and Sunderland.

# National Dental Recovery Plan

## Key elements of previous Government's plan published in February 2024:

- Increase in minimum UDA rate from £23 to £28 from April 2024.
- New patient premium - payment via UDA credits of between £15-£50 (depending on treatment need) paid in activity credits – patients not seen within the last 24 months (March 2024 to end of March 2025).
- 'Golden Hello' payment – one-off payment for up to 240 dentists across the country to work in under-served areas for up to three years. Being considered locally as part of wider NENC Dental Recovery Programme
- Oral health promotion and prevention initiatives:
  - Launch 'Smile for Life', a major new focus on prevention and good oral health in young children, to be delivered via nurseries and other settings providing Start for Life services and promoted by Family Hubs.
  - Introduce dental outreach to primary schools in under-served areas to provide fluoride varnish treatments and advice.
- Take forward a consultation on expanding fluoridation of water to the north-east of England – a highly effective public health measure. Awaiting outcome of consultation exercise.
- Various workforce commitments, eg expand dental undergraduate training places, increase the number of dental care professionals, promote therapist led models of care, increase exam capacity for overseas-qualified dentists and make it easier for them to work in the NHS.

## New Government commitment:

- Funding for an additional 700,000 urgent care appointments.
- Further detail on new Government's plan awaited.

# Local approach to tackling challenges

Improving access to dentistry will not be a quick fix

We are tackling this in three streams:



Immediate actions to stabilise services



A more strategic approach to workforce and service delivery



Developing an oral health strategy to improve oral health and reduce the pressure on dentistry

# Local actions undertaken (2)

- **Significant ICB investment** in dental provision:  
£3.8m made available in 2023/24 and £3.6m available in 2024-25 to:
  - Increase NHS 111 dental clinical assessment capacity
  - Increase out of hours dental treatment services
  - Extend access arrangements to provide additional appointments targeting patients in greatest clinical need:
    - 12,706 appointments commissioned for 2024-25 from 14 practices
- Funding made available to enable an Opportunity for practices to be paid for **additional units of dental activity** (UDAs) up to 110% of their NHS contracted levels where they have the NHS workforce capacity to do so.
- All practices benefiting from the National Reform new patient premium scheme 2024-25 offering additional UDA credits where practices choose to see new patients.
- Local **minimum UDA rate uplift** to £31.46 (+£3.46 above the nationally set £28 minimum already implemented).

# Local actions undertaken (2)

- **Local commissioning of lost UDAs** will continue to be attempted with existing local NHS dental practices where they have the workforce, capacity and interest in expanding their NHS general dental access provision.
- Two short-term **Urgent Dental Access Centres** (UDACs) have been commissioned as pilots in Darlington and Carlisle. The UDAC model could provide an enhanced and more reliable local solution to provision of directly accessible in-hours urgent dental care for patients. If successful, the ICB would look to commission UDAC services across the ICB including within County Durham.
- **Formal procurement process** recently completed to re-commission replacement NHS Dentistry general dental access contracts across NENC including two new contracts for County Durham. Discussion are on-going with the preferred provider and we hope to be in a position to provide further information in next couple of months.
- Increased local investment in 2024-25 into **specialist orthodontic services** to secure additional treatment capacity to reduce waiting times for children (additional 451 children referred to to commence orthodontic treatment before the end of March 2025).
- Oral health promotion plan agreed with CDDFT oral health promotion team.
- Funding made available for purchase of resources to support the supervised toothbrushing programme.

# Oral health initiatives - County Durham

- Supervised Toothbrushing Activity - position as at April 2024

Number of participating pre-schools	Number participating	Number of children
Pre-schools	43	3115
Schools	72	4396

- Staff trained – position as at April 2024

Settings	Number of staff Trained
Residential Care	85
Supported Living for LD (Adults & children)	190
HVs and Early Years, Public Health nurses, Health and social care workers	34

# Next Steps

- Undertake further local commissioning/formal procurement to replace capacity lost from contract hand backs where possible. Proposals currently being developed to also include potential role out of UDAC model.
- Further transformation and sustainability plans building on the increased min UDA rate, ie open and discretionary offer to practice that take part in an audit to assess the true cost of delivery of NHS dental care, prioritising 'at risk' practices in the most deprived parts of our region and/or where there are significant access challenges with additional funding made available to support this process.
- All practices will benefit from the National Reform **new patient premium scheme** 2024-25 which offers additional UDA credits where practices choose to see new patients.
- Work with system partners to progress development of an oral health strategy to improve oral health and reduce pressure on dentistry.
- Engage with NHS England Regional Workforce, Training and Education Directorate to support the work they are doing to improve workforce recruitment, training and education and the local implementation of the National Dental Workforce Plan.
- Engage with NHS England regional and national teams to influence national dental system reform.

# Advice/signposting for patients

- Patients are not registered with a dentist in the same way as GP practices – you can therefore contact any NHS dental practice to access care.
- As independent contractors, dental practice are responsible for managing their appointment books and are best placed to advise on the capacity they have available to take on new patients.
- Practices providing NHS treatment are listed on [www.nhs.uk](http://www.nhs.uk). Practices are responsible for keeping the website updated and whilst it may currently indicate they are not taking on new patients, we would advise that patients do contact them to check the latest position on availability of routine appointments.
- Dental practices are being **encouraged to prioritise patients for treatment based on clinical need and urgency**, therefore appointments for some **routine treatments**, such as dental check-ups, may therefore still be delayed. Some practices are operating waiting lists to manage those patients requesting routine NHS dental care.
- If your teeth and gums are healthy – a **check-up, or scale and polish may not be needed every 6 months.**



# Advice for patients with an urgent dental treatment need

- If you develop an **urgent dental issue** telephone your regular dental practice (or any NHS practice if you don't have a regular dentist).
- It is important that when you ring the practice, you fully explain the nature of your dental problem so that the urgency of your dental treatment need can be determined.
- If the practice is unable to offer an appointment because their NHS urgent access slots have already been taken up, they will advise you to ring another NHS dental practice, or alternatively you can visit [www.111.nhs](http://www.111.nhs) or call 111.
- The NHS111 health advisor will undertake a clinical triage and where the dental need is deemed to be clinically urgent, an appointment will be made at the nearest in-hours urgent dental care hub, or alternatively depending on the time of the call, into the dental out of hours treatment services.
- If the issue is not deemed urgent, patients will be signposted to another NHS dental practice and/or given self-care advice until an appointment can be offered.
- You should be advised to make contact again if your situation changes/worsens.

This page is intentionally left blank

**Adults Wellbeing and Health Overview  
and Scrutiny Committee**

**13 January 2025**

**Director of Public Health Annual Report  
2024**

**Ordinary Decision**



---

**Report of Corporate Management Team**

**Michael Laing, Interim Corporate Director of Adult and Health  
Services**

**Amanda Healy, Director of Public Health, Adult and Health Services**

**Councillor Hood, Cabinet Portfolio Holder for Adult and Health  
Services**

**Electoral division(s) affected:**

Countywide

**Purpose of the Report**

- 1 The purpose of this report is for the Overview and Scrutiny Committee to receive the 2024 Annual Report of the Director of Public Health for County Durham (Appendix 2).

**Executive summary**

- 2 One of the statutory requirements of Directors of Public Health under the Health and Social Care Act 2012 is to produce an annual report about the health of the local population. In addition, the local authority has a duty to publish the report.
- 3 The government has not specified what the annual report should contain and has made it clear that this is a decision for individual Directors of Public Health to determine.
- 4 The County Durham Director of Public Health Annual Report 2024 focuses on the following:
  - Health of our people.
  - Future health of our people.

- Health and social care.
- Healthy behaviours.
- Wider determinants of health.
- Conclusion and recommendations.

### **Recommendation(s)**

5 Overview and Scrutiny Committee is recommended to:

- (a) receive the Director of Public Health Annual Report 2024.

## **Background**

- 6 Section 73B(5) of the Health and Social Care Act 2012 amended the National Health Service Act 2006 to include the requirement that the Director of Public Health (DPH) for a local authority must prepare an annual report on the health of the people and that the local authority should publish the report.
- 7 The government has not specified what the annual report should contain and has made it clear that this is a decision for individual Directors of Public Health to determine.
- 8 The Director of Public Health Annual Report 2024 provides an overview of the health and wellbeing of County Durham's population.
- 9 This year's report 'Unfair and avoidable; Looking ahead to health in 2040' has a focus on the future health of County Durham residents.
- 10 Using the work of the Health Foundation, the report highlights the potential increases in major illness and the unfair and avoidable inequalities that will worsen for our more deprived communities by 2040 should nothing change.
- 11 The projections covered within the report are challenging, however they are not inevitable and by acting now we can secure a better future for our communities and residents.
- 12 The report highlights how health and social care, healthy behaviours, and the wider determinants of health impact on our lives and affect our health. It provides examples of how County Durham's Approach to Wellbeing has informed system improvements and highlights interventions that if we scale up or do more of, can continue to improve outcomes for our residents.

## **Main implications**

### *Legal*

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

## **Conclusion**

- 14 The conclusion re-iterates the fact that no work to improve public health can be achieved without working with others, our partners and most importantly our local communities.
- 15 The report concludes with a list of recommendations which highlights opportunities to build on existing work and identify new opportunities to

further embed the approach to wellbeing in the development and implementation of new systematic preventative approaches.

### **Background papers**

- Previous DPH annual reports

<https://www.durhaminsight.info/director-of-public-health-reports/>

### **Other useful documents**

- None

### **Author(s)**

Amanda Healy

Tel: 03000 264323

---

## **Appendix 1: Implications**

---

### **Legal Implications**

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

### **Finance**

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

### **Consultation and Engagement**

This is the independent report of the Director of Public Health (DPH) and is not subject to formal consultation. However, Public Health do engage and consult with partners in the development of the DPH Annual Report.

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

Actions from this report are targeted to reduce the health inequalities.

### **Climate Change**

No impact.

### **Human Rights**

No impact.

### **Crime and Disorder**

No impact.

### **Staffing**

Staff time to produce the 2024 annual report.

### **Accommodation**

No impact.

### **Risk**

No impact.

### **Procurement**

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



# Unfair and avoidable

## Looking ahead to health in 2040



## Contents

<b>Foreword</b>	<b>4</b>
<b>Health of our people</b>	<b>6</b>
<b>Future health of our people</b>	<b>18</b>
<b>Health and Social Care</b>	<b>24</b>
<b>Healthy behaviours</b>	<b>28</b>
<b>Wider determinants of health</b>	<b>34</b>
<b>Conclusion and recommendations</b>	<b>40</b>
<b>Acknowledgements</b>	<b>42</b>

## Foreword

Welcome to my annual report for 2024.

As Director of Public Health, it is my role to promote and protect the health and wellbeing of people in County Durham.

The first section of this year's report provides information on the current health and wellbeing of County Durham residents and highlights some of the work to support people and families to live healthier, fairer, and protected lives.



Amanda Healy

In last year's annual report, I looked back at 10 years of public health within the local authority. This year I focus on the potential future health needs of County Durham residents and the action we need to see. While the projections covered within this report are alarming, they are not inevitable and by acting now we can secure a better future for our communities and residents.

Life expectancy (how long you live) and healthy life expectancy (how long you live in good health) are important measures of the overall health of our residents. In County Durham, life expectancy is significantly lower than the England average, this means that a child born in County Durham today will not live as long as those born in other parts of the country. Although life expectancy is projected to increase over the coming years, in County Durham this means that more people will potentially be living longer in poor health.

Using the national projections developed by the Health Foundation, applying these to our local population, and supplementing with further local analysis where necessary we can project what our population's health might look like by 2040 should nothing change. If the rates of illness continue to follow the same projected trend, it is projected that by 2040, around **86,000** people within County Durham will be living with major illness, that's an estimated **1 in 5** people. Pages 18 to 23 explain in detail what this means for County Durham residents and what we can do about it.

This projected increase in major illness is a key concern and will have significant implications on our local health and social care services, wider community-based services including carers, both paid and unpaid, and the local economy; it is likely we will all be impacted by this in some way.

Health, illness, and access to health and social care is not always evenly distributed across County Durham. It is these inequities that contribute to existing health inequalities.

Evidence tells us that people living in our deprived communities are more likely to be affected by the increased burden of ill health than others. My report projects a **46%** increase in major illness in the most deprived areas versus **35%** in least deprived areas. This means in some of our towns and villages people's life expectancy and healthy life expectancy will be even lower, because of the differences in the environment where they were born and live.

These stark health inequalities are **unfair and avoidable**.

Despite these challenges, the projections for our future health can be changed, and for lots of people prevented. Throughout the report I highlight examples of things that can drive change and create a healthier 2040.

Moving forward, I want to focus more on the things that have the greatest impact on people's lives and health. For example, the support and opportunities we have while growing up; how much money we have; the quality of the house we live in; the natural environment around us; access to transport, education, and work; but we cannot do this alone.

Working with communities and wider partners to use what we know works, will help develop joined up systems, services and interventions that promote wellbeing and prevention rather than just treating the illness itself. Working with communities, listening and empowering, increasing involvement in joint actions with a wider range of services and supporting the most disadvantaged is key.

There is no doubt this work will require a shift in culture and practice for some, and for others the ability to scale up existing work programmes. It should also be recognised that in some areas improved outcomes will be visible in the short term, while others may take a number of years.

### What has the biggest influence on lives being cut short?



McGinnis, J.M., Williams-Russo, P. and Knickman, J.R. (2002) cited in The King's Fund (n.d.). Time to Think Differently. Broader determinants of health: future trends. Available at: <https://www.kingsfund.org.uk/projects/time-think-differently/trends-broader-determinants-health> (Accessed: 9 March 2023).

The image above is a visual representation of what factors make the biggest contribution to lives being cut short and highlights the importance of focusing on preventative interventions, particularly targeting the wider determinants of health.

Over time, our commitment to develop and deliver change through collective ambition and actions can alter and improve the current projected health outcomes for our residents.

To take on this work now, or at any time is a challenge, but if not now, when?

There will never be the perfect time for change, but the opportunity to change is presented to us every day. Let us take on that challenge together.

Amanda Healy, Director of Public Health

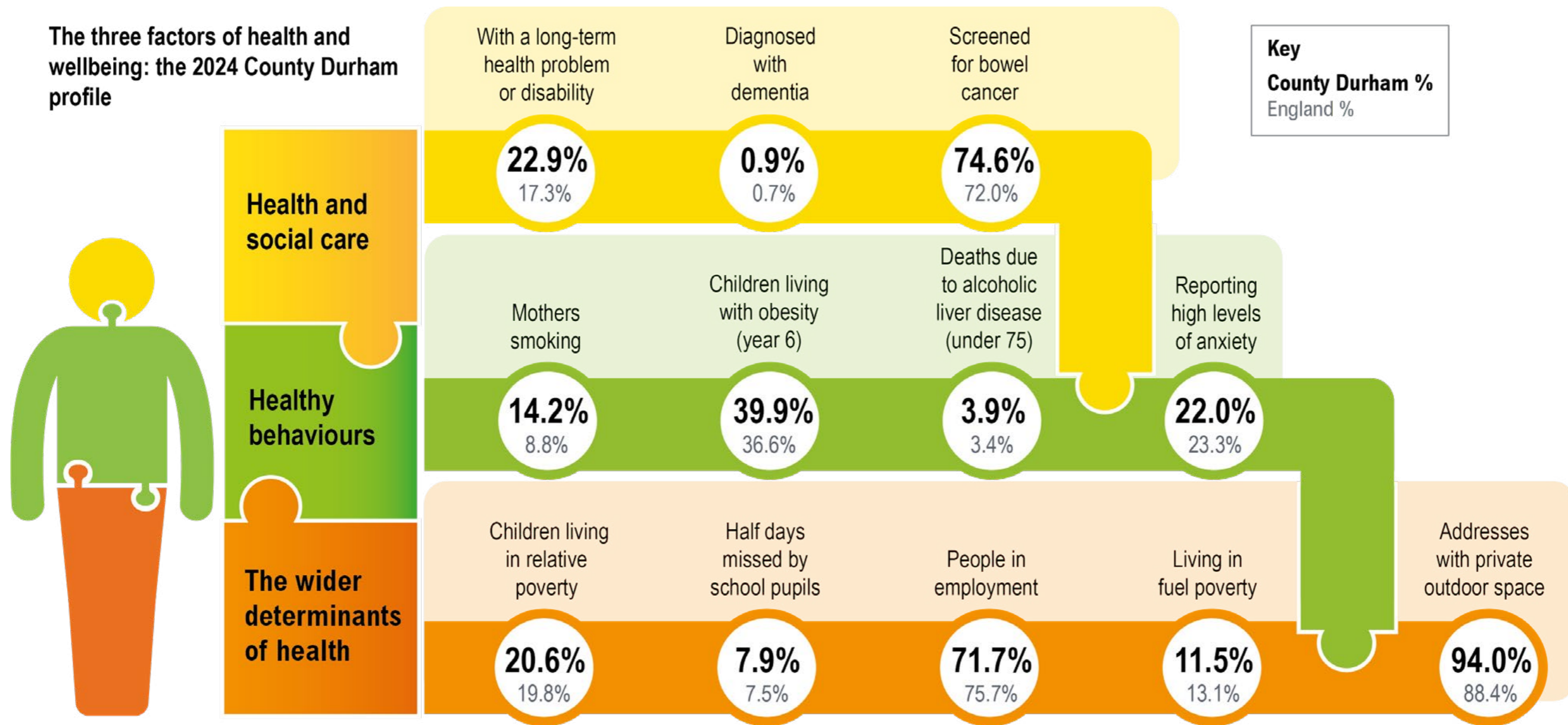
## Health of our people

Health inequalities are **unfair and avoidable** differences in people’s health outcomes across populations and between groups and communities. Health inequalities can be a consequence of the conditions people are born into, grow up in, live in, work and age in. These social factors are often referred to as the wider determinants of health or the ‘causes of the causes’ of ill health.

We must strive to work towards improving the lives and health of our residents and communities through early detection and prevention of disease; high quality treatments; equitable access to health services; and the promotion of healthy behaviours.

Healthy behaviours are also shaped by the environment in which we live, the impact of health strategies and policies, health education and information along with other social and economic influences. The health and wellbeing of our residents is dependent on a range of often complex factors. If we get this right, we should see reductions in health inequalities for our residents.

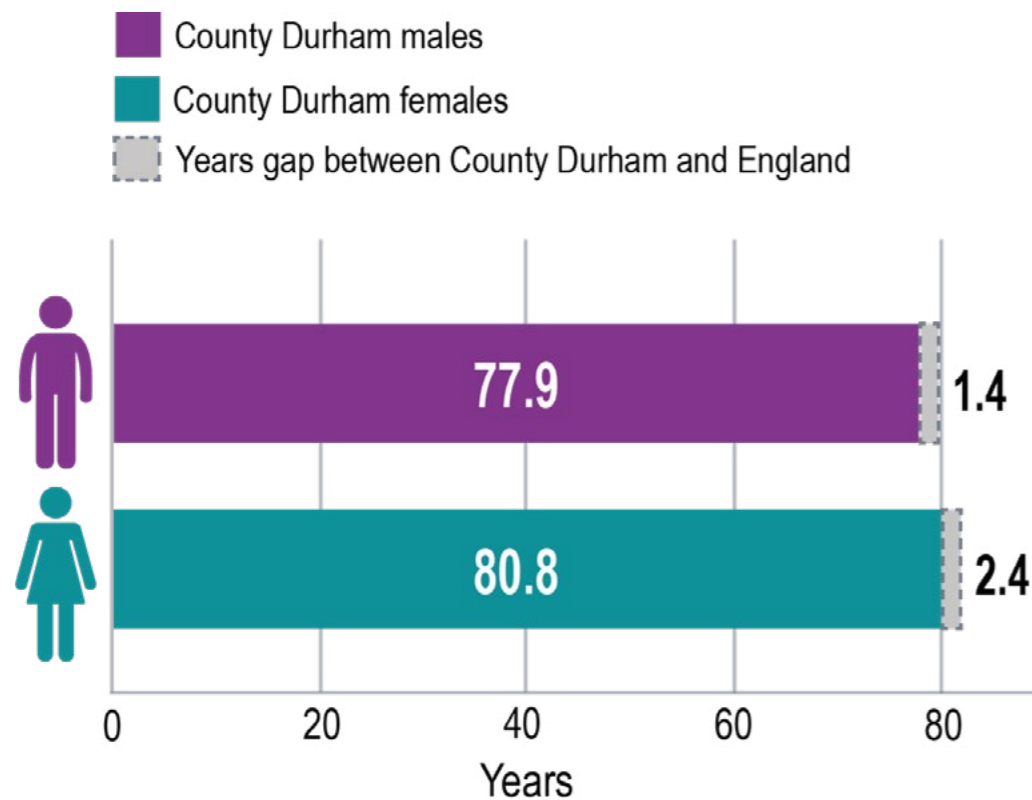
On pages 24 to 39 of this report we focus on the three factors which make the biggest contribution to lives being cut short; health and social care, healthy behaviours and the wider determinants of health. The infographic below provides some examples of how we are doing in County Durham and the challenges we face.



## Life expectancy

Life expectancy is an important measure which helps indicate the overall health and wellbeing of a population. Life expectancy is an estimate of the average number of years a newborn baby would live based on current death rates.

In County Durham, how long people live is statistically significantly lower than the England average. The latest life expectancy data (for 2022) tells us that a boy born in County Durham today would be expected to live to the age of 77.9 years and a girl born today in County Durham would be expected to live to the age of 80.8 years. In comparison, life expectancy in England is 79.3 years for boys and 83.2 years for girls. The gap between County Durham and England is shown in the chart below.



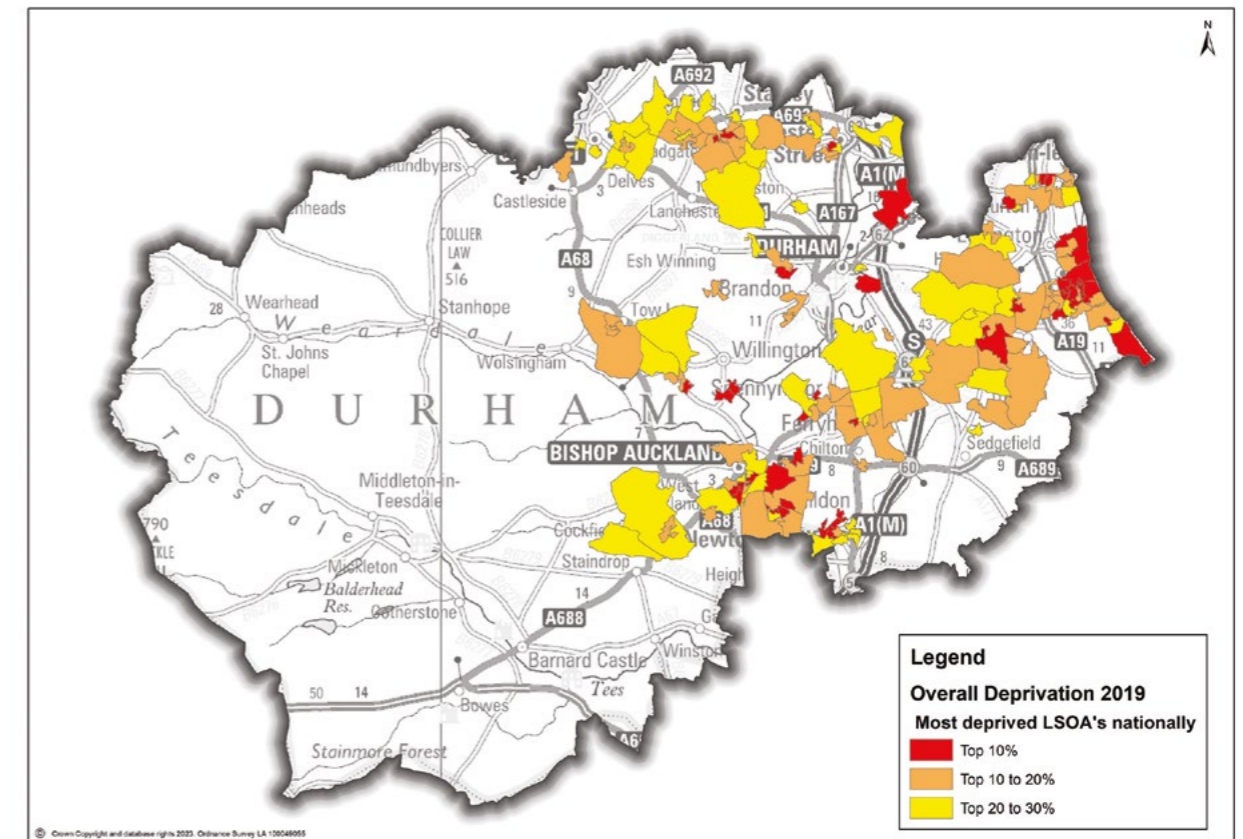
Life expectancy at birth, County Durham, Male and Female, 1 year range.  
Source: OHID Fingertips.

### Inequality: unfair and avoidable differences

The first part of this section describes County Durham as a whole, but the way people grow, live and age is not equal across County Durham.

The health inequalities in this report are **unfair and avoidable**, and we should not accept them for our communities and residents. Evidence tells us that inequalities in health across the population, and between different groups are greatest within areas of deprivation.

The term deprivation covers a broad range of issues and refers to unmet needs of all kinds, not just financial. The English Indices of Deprivation attempts to measure a broad concept of multiple deprivation, made up of several distinct domains, for example, income, crime, and housing.



The map above shows the distribution of the most deprived Lower Super Output Areas (LSOAs) across County Durham. LSOAs are small geographic areas used in the UK for statistical purposes (smaller than an electoral ward). They are designed to be relatively uniform in population size, making it easier to compare data across areas.

It is clear that the LSOAs that fall within the top decile (or ten percent) of most deprived LSOAs nationally are to the east and south of the county. Understanding the distribution of our most deprived areas is helpful in the planning, delivery and adaptation of services and interventions aiming to reduce health inequalities.

### Other factors that contribute to health inequalities are often categorised under the following headings:

- Socio-economic factors, for example, income, employment education.
- Specific characteristics including those protected in law, such as sex, ethnicity or disability.
- Socially excluded groups, for example, people experiencing homelessness.
- Geography, as seen in the map above.

People experience many different combinations of these factors. Evidence tells us the effects of health inequality are multiplied for those experiencing more than one type of inequality.

There is more detailed information on these factors on page 34 and 35.

**What is the gap in life expectancy between the most and least deprived areas within County Durham, and which causes of death are driving that gap?**

There are inequalities in life expectancy and deaths in County Durham. We know from evidence seen in our JSNAA that in areas of high deprivation there are higher premature mortality rates, meaning more people die under the age of 75 years.

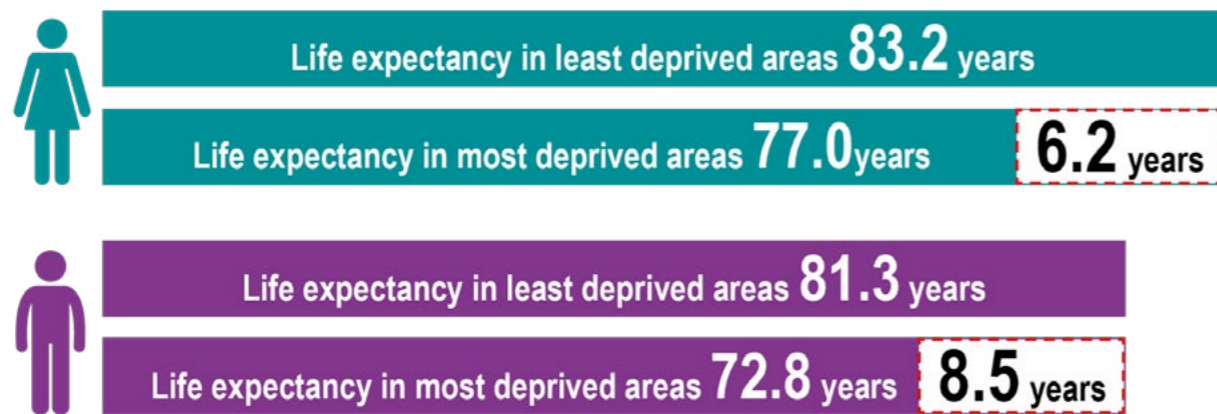
The Office for Health Improvement and Disparities Segment Tool (also known as life expectancy gap tool) provides information on the causes of death and age groups that are driving inequalities in life expectancy at national, regional and local levels.

County Durham's Segment Tool shows inequality in life expectancy at birth between the most and least deprived areas in the county.

For girls born in 2020/21, those in the least deprived areas can expect to live 83.2 years, while those in the most deprived area have a life expectancy of 77 years. Similarly, boys born in 2020/21 in the least deprived areas have a life expectancy of 81.3 years, compared to 72.8 years in the most deprived areas.

This results in an absolute life expectancy gap of 6.2 years for women and 8.5 years for men between the most and least deprived areas in County Durham (as shown below).

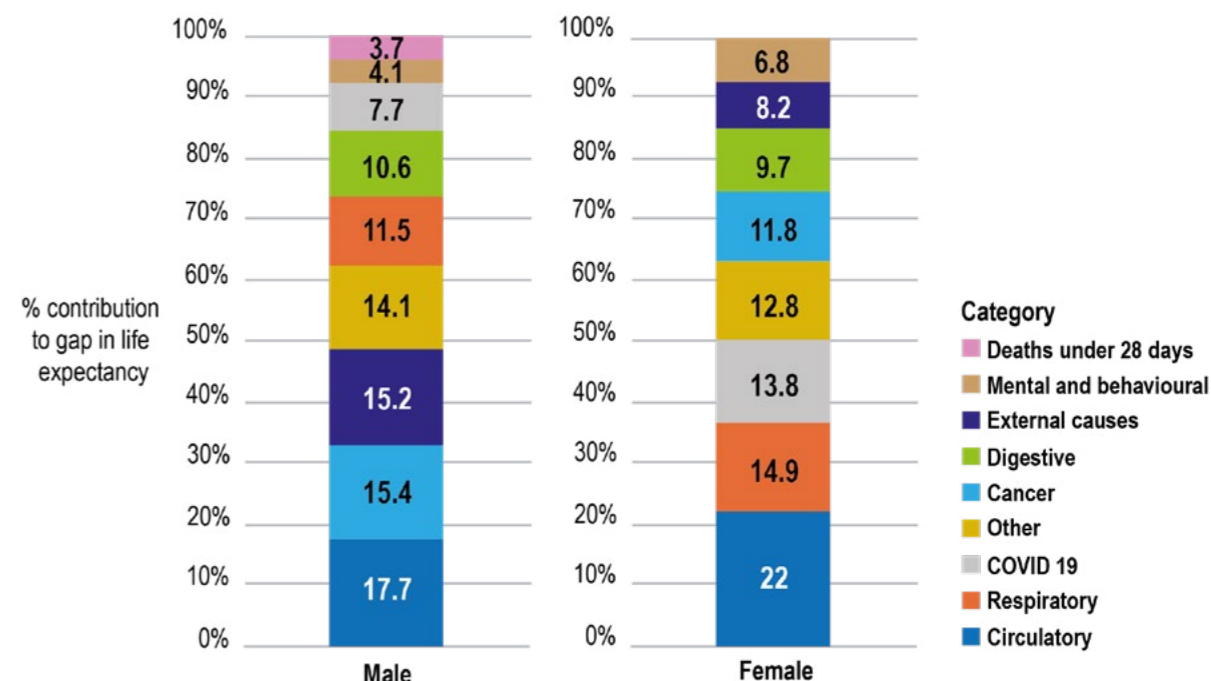
**Inequality in Life Expectancy (2020/21)**



Source: The Segment Tool, Fingertips, OHID.

The scarf chart over the page shows the percentage contribution of each broad cause of death to the gap in life expectancy between the least and most deprived areas in County Durham. Targeting the causes of these diseases will have the biggest impact on reducing inequalities.

**Breakdown of the life expectancy gap between the most and least deprived areas in County Durham by cause of death, 2020 to 2021**



Source: The Segment Tool, Fingertips, OHID

Focusing on the top 3 conditions contributing to the gap in life expectancy for men and women within County Durham we see:

**For males**

- Almost 18% of the gap between least and most deprived is caused by higher rates of circulatory mortality in the most deprived areas
- Around 15% is caused by higher rates of cancer mortality in the most deprived areas
- Around 15% of higher rates of external causes (including death by injury, poisoning and suicide) in the most deprived areas

**For females**

- 22% of the gap is caused by higher rates of circulatory mortality in the most deprived areas
- Almost 15% is caused by higher rates of respiratory mortality in the most deprived areas
- Almost 14% is caused by higher rates of COVID-19 in the most deprived areas

Effective disease prevention and management often involve targeting both the underlying causes of these diseases and their associated risk factors. Risk factors are characteristics, conditions or behaviours that increase the likelihood of developing a disease. This can be lifestyle factors such as smoking, physical inactivity, unhealthy diet and alcohol consumption. Risk factors also include environmental factors such as exposure to harmful substances, such as pollutants or occupational hazards that can increase the risk of respiratory diseases, cancer, and other health issues.

Understanding these risk factors allows healthcare professionals and researchers to develop effective prevention, intervention, and treatment strategies. This will ultimately have the biggest impact on reducing inequalities.

## Understanding our health, wellbeing and assets

Having access to high quality health data, health intelligence and wider partner data helps us understand the health of our people. This underpins our work to plan, commission, deliver and target services and resources to improve health. We work with local, regional, and national organisations, alongside our communities to gather health data and information. Our Joint Strategic Needs and Assets Assessment (JSNAA) is where we describe County Durham's current and future health needs, and it is used to inform strategic decision making. We share this information publicly through Durham Insight ([www.durhaminsight.info](http://www.durhaminsight.info)). This is a resource for everyone.

Our JSNAA describes the health and wellbeing of the people in County Durham. In some areas we have improved over recent years however there are many measures where people in County Durham fare less well than elsewhere in England, including life expectancy, childhood obesity, smoking at time of delivery and premature mortality. Our priority areas are chosen when data identifies those long-standing and deep-rooted inequalities that still exist within our county. Our JSNAA work programme monitors progress towards addressing priority areas and helps to identify new and emerging topics of concern.

Public health interventions and programmes are informed by evidence and data, including understanding published research findings, analysis of existing data, gathering new data and insight and stakeholder engagement. These bespoke needs assessments help to improve the quantity, quality and distribution of services and wider system support and improve health and wellbeing outcomes.

We use tools like health needs assessments and health equity audits, along with information from partners, and where possible, our residents lived experiences to help us plan and deliver the most appropriate interventions to improve public's health.

Within the last year, the following pieces of work have been undertaken to inform our JSNAA.

### Mothers smoking at time of delivery equity analysis

Smoking when pregnant is a leading cause of preventable harm and health inequalities in County Durham. Smoking is an addiction that can require support to quit. Smoking in pregnancy can lead to a range of poor pregnancy outcomes including premature births and low birth weight and increases the risk of infant deaths. Currently, around **1 in 7** mothers smoke at the time of giving birth, which is significantly higher than the average for England. We conducted an equity analysis to understand more and to identify inequalities across the county. We gathered smoking data from the various NHS hospitals where County Durham mothers gave birth and mapped the results to where they live.

#### Our key findings were:

There is a significant difference in smoking rates among mothers across County Durham. In some areas, as many as **1 in 3 mothers smoke**, whereas in other areas, the rate is less than 1 in 20.



- The areas with the highest smoking rates have remained the same since our previous analysis, with only two areas showing a significant reduction in smoking rates.
- Babies born to mothers who smoke are more likely to live in the most deprived areas.
- The inequality in smoking rates has widened, indicating that the risks for mothers and babies are not evenly distributed across the county.

We are using these findings to target resources and services to where the risk is highest, strengthen partnerships, and enhance collaboration among stakeholders. Our aim is to develop comprehensive and joined up services that address the complicated nature of smoking during pregnancy.

### Evidence into practice

County Durham and Darlington Foundation Trust's new Matron for Health Inequalities is using the findings of the equity analysis to inform and drive system improvements. Smoking cessation support is a routine part of maternity care for pregnant women and by working closely with public health, midwives, health visitors, family hubs and local stop smoking services, the Matron is strengthening partnerships and moving towards improved targeted interventions to address smoking in pregnancy. This is especially important in the high-risk areas highlighted by the equity analysis.



Amy Hodgson, Matron for Health Inequalities

Amy said:

*"The goal is to create integrated services that provide the support needed to reduce smoking rates, particularly in the most disadvantaged areas. This ongoing work is crucial to ensure healthier pregnancies and better outcomes for mothers and babies throughout County Durham".*

### Dementia Health Needs and Asset Assessment

Over the last 12 months, we have worked with a range of key stakeholders to produce a comprehensive Dementia in County Durham Needs and Asset Assessment to evaluate local dementia prevention, care, and support. The assessment detailed the increasing prevalence of dementia and highlighted the critical need for early diagnosis, targeted interventions, and timely support networks.



Key findings revealed that while most patients and carers are satisfied with the existing services, improved communication about available resources is needed. Recommendations include enhanced training for healthcare professionals, improved public awareness campaigns about dementia risk factors, and stronger collaboration among service providers to ensure integrated care for individuals and their carers.

The assessment identified strengths such as the Dementia Strategy Implementation Group, the Alzheimer's Society, County Durham Carers and Dementia-Friendly Communities and the commitment towards a holistic, patient-centred approach to dementia prevention and care in County Durham.

**Looking ahead - capturing the voice of County Durham residents: Adult Health and Wellbeing Survey**

Our approach to JSNAA works well, however, there are some gaps in our knowledge about health-related behaviours, activities, and mental health concerns. We want and need to understand differences between communities and population groups, however this data is not routinely collected. We will fill this gap by carrying out an Adult Health and Wellbeing Survey. Whilst we engage with children and young people on a regular basis through surveys such as the Student Voice, it has been over twenty years since the last adult focussed survey of this kind was conducted across County Durham. We want to ensure that as many people as possible complete the survey including those who engage less with traditional services.



In the coming year we will work with internal and external partners including local residents, members of County Durham Partnership (which brings together public and voluntary organisations to develop shared ways of working with our communities), Durham University and other partners, to plan and conduct the survey. The survey results will provide a much richer evidence base and understanding of need than routine data alone. This approach will allow us to work more effectively with local communities to make a positive difference to the future lives of our people. Updates on the progress and results of the survey will be presented in future reports.

**Approach to wellbeing**

Evidence tells us that by sharing more power and giving communities a meaningful say in the decision-making process, we can help them to have greater control over their lives and begin to reduce inequalities. Using a person-focused, asset-based approach we can harness local creativity to develop solutions tailored to local problems. This builds resilience, capacity, and capability among local people and makes sure that communities are not defined by their problems but are a key part of creating and implementing solutions.



[www.countydurhampartnership.co.uk/county-durham-together-partnership/approach-to-wellbeing/](http://www.countydurhampartnership.co.uk/county-durham-together-partnership/approach-to-wellbeing/)

The County Durham approach to wellbeing has been adopted by the Health and Wellbeing Board, and underpins the County Durham Vision and Council Plan and puts our residents at the heart of everything we do.



The approach to wellbeing has been used to develop the Growing up in County Durham Strategy by involving stakeholders and families at an early stage and is written in a way that is easier for non-professionals to read. The Moving Together Strategy is another good example of using the approach to wellbeing to focus on working with existing assets to empower local communities and strengthen resilience. Important changes were made to the language in County Durham’s Sexual Health Strategy following workshops and consultation with local young people.

The County Durham Together Community Champions programme is part of our approach to empower communities. It uses a network of recruited volunteer champions from across County Durham to share information, address barriers and improve connections between services and communities.

Community Champions are trusted voices within their community who help to get public health information to people who otherwise might not access it. They keep their local communities informed so that people can make informed choices to help them stay healthy, safe and well and they keep us informed by sharing their local insights, knowledge and experiences.

To continue to support wider partners in adopting the approach to wellbeing principles in new and existing areas of work we are developing an assurance framework.

By adopting the approach to wellbeing principles we can ensure that local voices are heard and understood so that all decisions, strategies and policies can have the maximum positive impact for our communities, helping to reduce health inequalities across County Durham.



### Why co-production?

Co-production is an integral element of the approach to wellbeing. The Parent Carer Panel (PCP) case study below describes the equal relationship we can have from design to delivery, strategy and decision-making between people who use the service and those delivering them to improve future services. This approach can unearth ideas, assets, and resources, leading to innovative solutions that are much more effective than using a 'top-down' or 'one-size-fits-all' type approach. To enhance this, we must co-produce research projects designed to fully understand what life is like for our communities, and what really matters to them.



### Evidence into practice

Using the principles of our approach to wellbeing a panel of parents and carers were recruited and supported to take part in the decision making and development of Family Hubs. This has included work to develop the Start for Life 'offer' for families, recruitment processes, pathways, and the logo development. The work has also helped panel members gain confidence, skills and experience and has had significant impact on them as individuals.



Operational Manager Sarah Morris said:

*"The PCP really is the heart of the Family Hubs and we couldn't be more grateful to them".*

### Embedding Research into Practice

As part of the approach to wellbeing we want to help create the conditions where our local communities have greater control over their lives. Developing high quality local research projects can help inform and influence future priorities, public health initiatives and add to our existing data and intelligence sources. It is vital that our communities have a greater say in what matters to them and we record their views to help shape solutions to local problems and strengthen our JSNAA and evidence base.



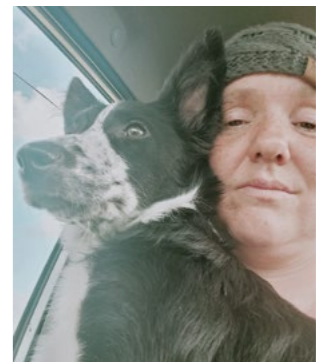
We recently launched our Health Determinants Research Development Programme (HDRD) in collaboration with Durham University and Durham Community Action, with co-production of health and wellbeing research being led by a dedicated Community Involvement Lead. The aim of the programme is to, "together harness the power of research and innovation to tackle the causes of unfair differences in health outcomes across County Durham." This approach enhances the approach to wellbeing and enables Durham County Council to continue to work towards being a research active organisation, ensuring that local research and evidence are embedded into policy, strategy, and other key decisions.

### Evidence into practice

Becky Land is a farmer in County Durham and is passionate about the effects of poor mental health on the farming and rural communities.

*"We live in some of the most beautiful parts of the country, but we face some of the worst hardships, physically and mentally."*

44.5% of our population (235,149) live in rural County Durham and around 2,200 people work in the local agricultural industry. Becky wanted to play an active role in supporting fellow farmers to access health services and signed up to become a Community Champion. This led to Becky working with Healthwatch County Durham who were developing a survey consultation for the farming community about access to services.



Becky and her dog Whisper

Becky was able to influence the survey design so that the results gained much broader insight from the farming community. The responses highlighted challenges local farmers are facing relating to their physical and mental health, financial issues, and the ability to access services.

The insights from the survey have been presented to the Mental Health Strategic Partnership, the Poverty Action Steering Group and the County Durham Economic Partnership to inform and instigate actions for rural areas and rural communities.

*"Understanding that it might be a 30-mile round trip for petrol for the car, or that you may not have access to Wi-Fi or phones. The military planned operation required to get to services when they are open if you live remotely. If you link all that up to physical health, it is easy to see why it gets ignored by the people who may need it most. And everything has an impact on your mental health. Having people willing to listen and be proactive with change has been a humbling experience."*

Becky has presented findings to Tees Esk and Wear Valley Trust's Dales Area Mental Health Transformation Steering Group and continues to champion actions to support and include rural communities. One example of active change from Becky's involvement has seen a local GP surgery providing a successful walk-in clinic for farmers. Of those attending 63% required further treatment or investigations. Health issues discovered included diabetes, hypertension, asthma and cardiovascular disease (CVD) which otherwise would have gone untreated.



## Future health of our people

In the previous section we described some of the key health and wellbeing outcomes and challenges currently experienced by our residents. In 2023 the Director of Public Health Annual Report 'Looking back to plan ahead' described the positive integration of public health in the local authority and our ambition and commitment to see future improvements to health and wellbeing. In this section we look to the future and ask what the health and wellbeing for people and families could be in 2040.

Life expectancy projections are based on the Office for National Statistics' historical and projected life expectancy data. Long-term illness projections are derived from the Health Foundation's Addendum to Health in 2040 and local analysis.

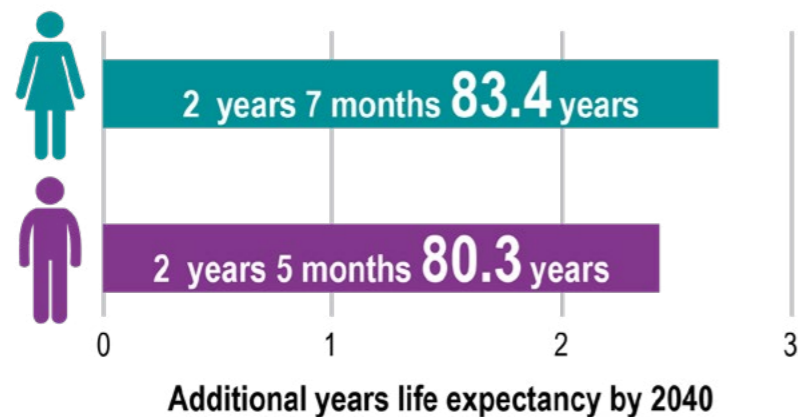
### Projected life expectancy

Despite the challenges of the COVID-19 pandemic and the related drop in life expectancy for 2020 both nationally and locally, subsequent years saw a small increase in life expectancy for men and women, it is projected that this increase will continue to 2040.

### What might the future hold?

Between now and 2040 we are likely to see a slow, steady rise in years of life. In County Durham this will mean an additional:

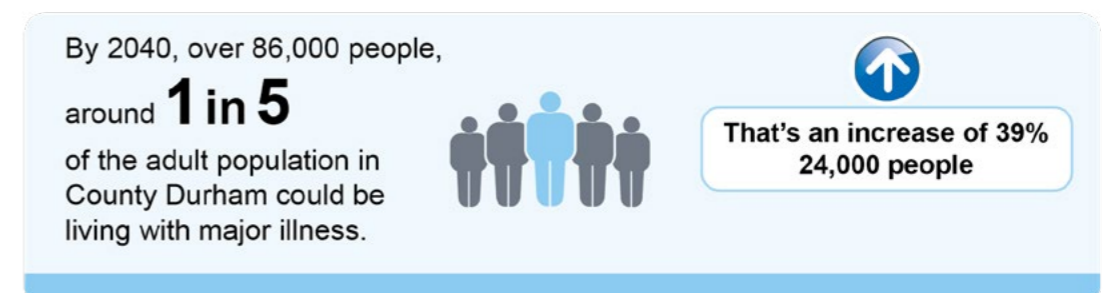
- 2 years and 7 months for females (83.4 years)
- 2 years and 5 months for males (80.3 years)



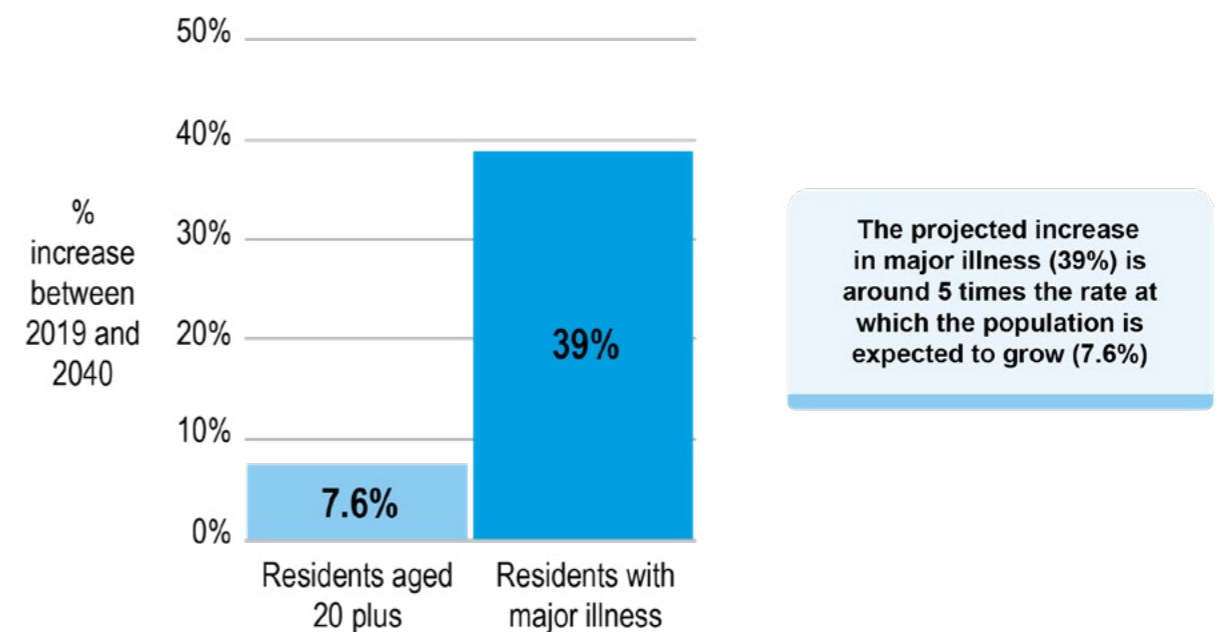
Whilst living longer is something to celebrate, based on historic trends we have assumed that the gap in life expectancy compared to England will remain consistent over the period to 2040, meaning our people will continue to live shorter lives, on average, than the population of England as a whole.

### How many people are living with major illness in County Durham now and what may the future look like?

It is more difficult to live well for longer if you are living with a major illness. Between now and 2040 population growth in England will be driven by increases in the numbers of older people, particularly those aged 70 years and over. The Health Foundation published their Health in 2040 report [www.health.org.uk/publications/health-in-2040](http://www.health.org.uk/publications/health-in-2040) in July 2023. They used a detailed microsimulation modelling approach to project levels of diagnosed major illness amongst adults in England. The findings show a huge challenge for our future. In this section of the report, we share what this could look like for people living in County Durham by applying the Health Foundation and locally derived projections to our local population.



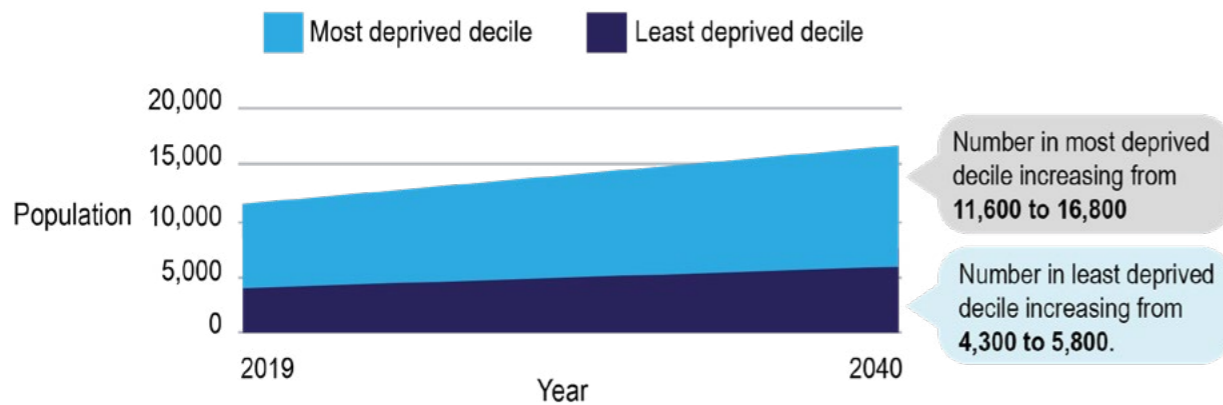
The chart below shows projections to 2040 for County Durham's population (aged 20+) and the prevalence of major illness.



Given what we know about the inequalities that exist now it will come as no surprise to learn that inequalities are expected to grow, and the gap between some communities widen further. These increases will affect all ages and stages of life, from early years to older people and will further impact on the conditions and circumstances in which our residents live. Systems will see increases in demand for services to support more people and families with more complex health and social care problems should we choose not to act.

The projected rise in major illness and specific conditions in County Durham by 2040 will not be spread evenly across the county. This is unfair, unjust and should not be accepted.

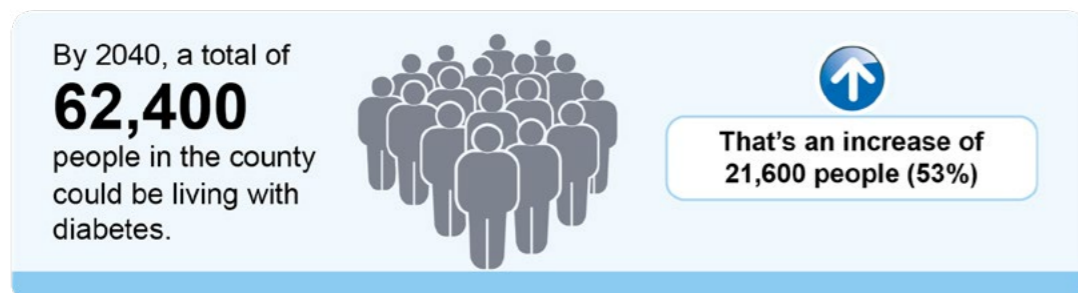
We project a **46%** increase in major illness in the most deprived areas versus **35%** in least deprived. The number of people with major illness is projected to increase by **5,200** (from 11,600 to 16,800 people) in the most deprived communities. Whereas in the least deprived communities it is projected to increase by **1,500** people (4,300 to 5,800 people).



Some health conditions are projected to increase more than others. The sections which follow provide more detail on projections for three conditions, and the remainder of the report considers what is being done and what more could and should be done to create a healthier 2040.

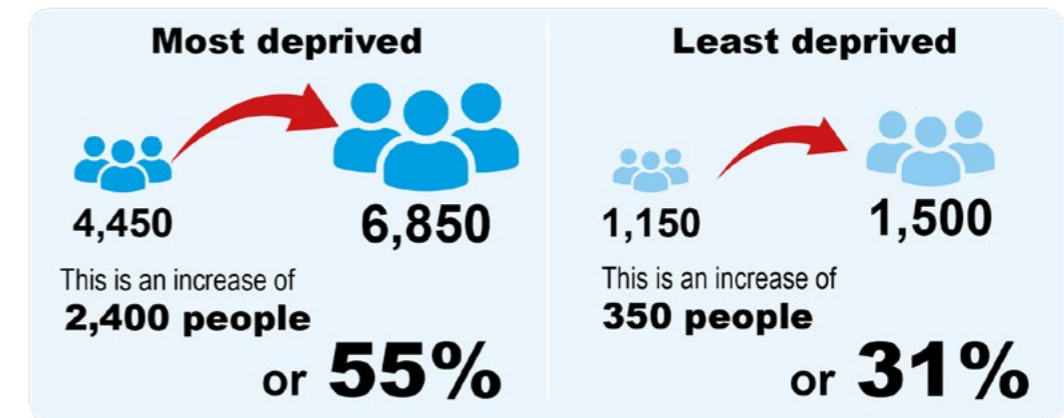
### Diabetes projections and inequalities

Applying the Health Foundation's diabetes prevalence projections to County Durham's projected population shows us:



Applying the inequalities projections in the same manner shows a clear social gradient to this increase, as shown below.

### Projected increase in Type 2 Diabetes prevalence in the most and least deprived areas in County Durham, to 2040.



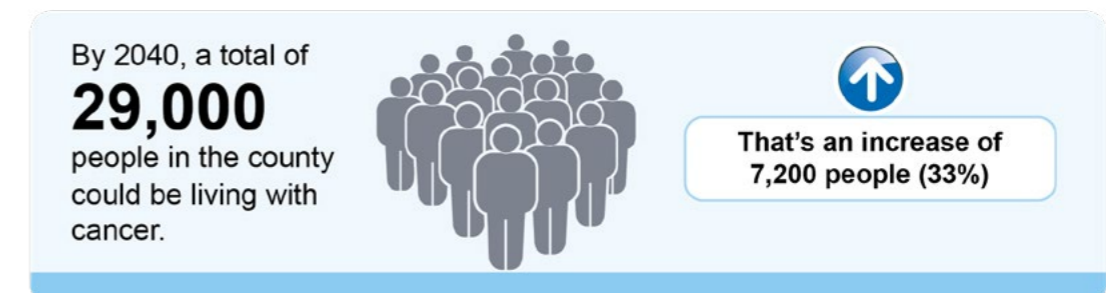
Changing these projections will require a sustained focus on primary, secondary and tertiary disease prevention programmes. Fair access to high quality health and social care services and empowering residents to have as much control over their health and wellbeing will also be very important.

Addressing key risk factors, including smoking, alcohol and healthy weight will also contribute to addressing the projections. Ensuring any intervention seeks to reduce inequalities for where the projected increase is greatest will also be needed.

We know that underlying influences also affect these inequalities across the life course. This will include access to a healthy environment and tackling issues such as cheap high fat, salt, sugar content in foods via advertising policies.

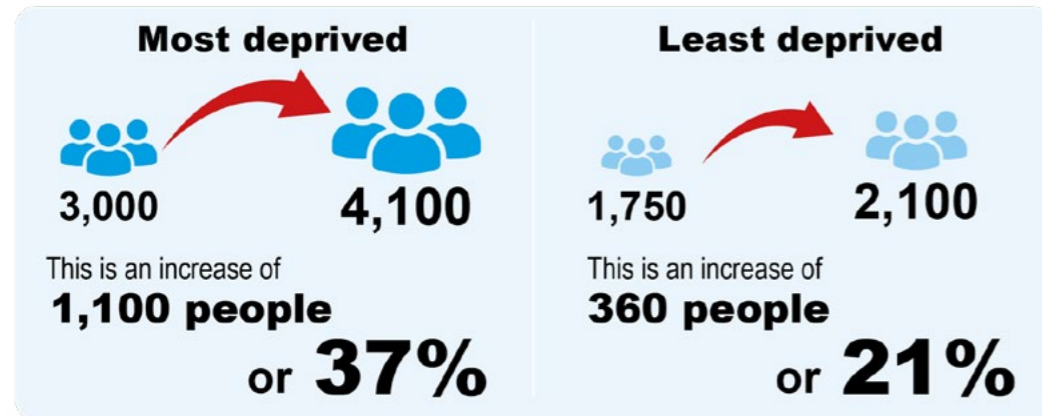
### Cancer projections and inequalities

Applying the Health Foundation's cancer prevalence projections to County Durham's projected population shows us:



There were no Health Foundation inequalities projections for cancer but locally produced forecasts again show a clear social gradient to this increase, as shown below.

**Projected increase in all Cancer prevalence in the most and least deprived areas in County Durham, to 2040.**

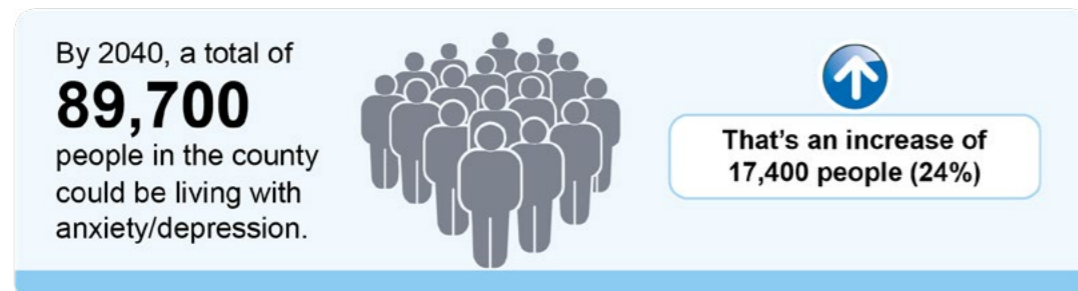


In seeking to halt or reverse the projections, in a similar way to diabetes, we need to be ambitious in preventing cancer, having equitable access to cancer screening programmes and treatment for our residents. Understanding the access to services and how that varies will enable a focus on those in the most deprived areas to have greater access to treatment.

Smoking remains the largest single contributory factor to cancer levels, and it can be seen on page 30 that a reduction in smoking levels has been achieved. However, this must be sustained, alongside tackling the harms due to alcohol and unhealthy weight. These issues are shaped from birth and impact on every aspect of residents lives including sickness levels and the ability to work. The illnesses also put a huge demand on our local services.

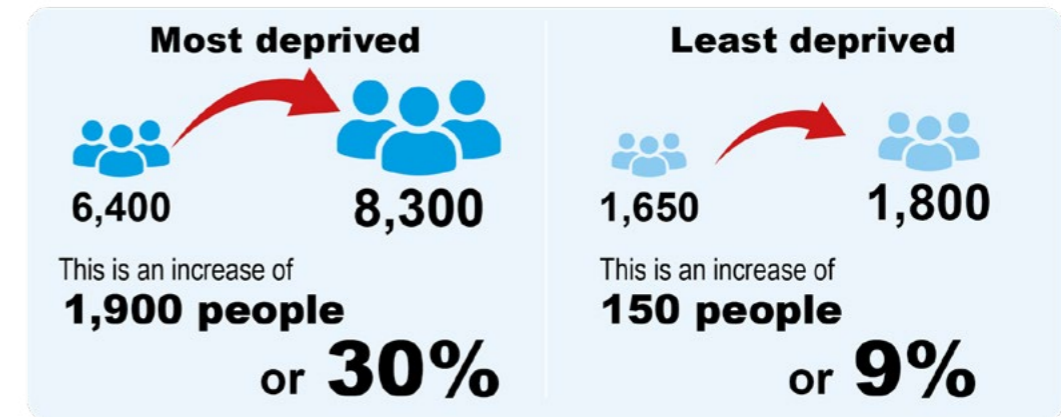
**Anxiety and depression projections and inequalities**

Applying the Health Foundation’s anxiety and depression prevalence projections to County Durham’s projected population shows us:



Applying the inequalities projections in the same manner again shows a clear social gradient to this increase, as shown below.

**Projected increase in Anxiety prevalence in the most and least deprived areas in County Durham, to 2040.**



The increase in anxiety and depression will have a profound effect on our residents and our county. While the projections focus on adults the increase in mental health conditions in children was highlighted in last year’s report. Focus on improving mental health will have benefits not only for our residents but our economy and for County Durham to thrive. Mental health and wellbeing across all ages is highlighted in more detail on page 32. However, it will need fair access to health and social care services as well as addressing issues which impact on mental health. These include having access to good education and employment, a safe and warm home environment, a supportive social network and an environment which stamps out discrimination.

**Unfair and avoidable**

It should be alarming to read that communities experiencing the highest levels of deprivation, including the greatest burden of ill health, disease and shorter lives will experience far greater increases in certain conditions than those living in the least deprived areas. These health inequalities are unfair and avoidable.

To change the long-term trajectory of these projections, we must build on the successes outlined throughout this report and continue to work together to ensure that resources are distributed equitably and where necessary targeted towards those at greatest risk; by doing this we can narrow the gap between our most and least deprived communities.

**Recommendation**

We will translate the projections into local ambitions, similar to smoking prevalence and focus our attention on the actions which will lead to the greatest reduction in unfair differences in health and wellbeing for our people.

The following sections describe how health and social care, healthy behaviours, and the wider determinants of health effect our lives and health. The examples of interventions highlighted demonstrates the positive impact of implementing evidence-based practice, how by utilising this approach health outcomes have improved, reducing the risk of future major illness for some of our residents.

## Health and Social Care

It is estimated that around 15% of a person's health status are met by health and social care services.

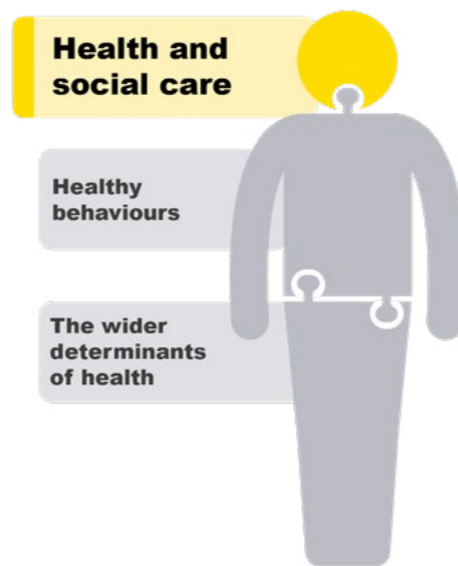
Health and social care is not one organisation providing a service, it is a range of organisations and partnerships working together as a system to deliver a blend of support and service interventions.

We know that heart disease, stroke, cancer and lung and liver disease are some of the main contributors to major illness and are also some of the leading causes of death.

All of these illnesses require health and social care support and service intervention and yet the conditions outlined above are for many people largely preventable.

As we move forward, we need to continue to focus on primary prevention programmes, these are interventions that can stop people from developing a disease or condition, for example the NHS Health Checks Programme, a free check-up for people aged between 40-74 years that can help prevent heart disease, diabetes, kidney disease and stroke. For those people identified at risk, secondary prevention programmes like the NHS Diabetes Prevention Programme, which supports people to make positive changes and can help reduce their blood sugar levels and lower the risk of developing type 2 diabetes.

To support the transformation required across systems, we need to ensure that existing resources are allocated in a targeted way ensuring that those at greatest risk have equitable access to support and interventions. Using tools such as the Adults Social Care Insight Report highlighted below and our approach to health equity audits, described in detail on page 12, we can continuously assess how well resources are allocated and identify areas of improvement to ensure we continue to address inequalities.



### Adult Social Care Insight Report

A new JSNAA Insight Report on Adult Social Care went live this year. The page on Durham Insight provides a comprehensive overview of our assessment of social care needs now and in the future. There are bespoke reports covering topic areas such as long-term care, safeguarding and care homes. Alongside this are reports which provide insight into our population including how we project the number of older people to grow and what we can expect to see in terms of their health and wellbeing needs.

These insights help partners and services build on the strengths and assets in our communities to help create the conditions for people to live well, so that resources target those who need them most.

As set out in the recent Carers Health Needs Assessment, unpaid carers are recognised as a critical asset in our communities, and we have developed a linked section to provide insight into this often-hidden population, the levels of care they provide and their experience and own needs.



### Adult Social Care in County Durham

Whilst we have clearly set out the challenges we face, we must also celebrate the good practice that exists within our systems.

Durham County Council's Adult Social Care have been recently rated as good by the Care Quality Commission. Their assessment highlighted the strength of the JSNAA and how this supported service development, partnership working, and that people felt listened too. Some communities in County Durham were felt to be well understood and for these outcomes were good.

The assessment has helped us focus on areas of continued development. For example, further work is required to embed preventative approaches across the system, this includes the use of co-production with the voluntary and community sector and our communities focusing on engagement of those who face the greatest inequalities and inequity of access to services and support.

### Supporting Carers

Unpaid carers are a critical part of the health and social care system and help lots of people with major illness to continue to live independently. According to the Census in 2021 there are around **52,700** unpaid carers in County Durham, of those **52%** described themselves in poor health, this is an increase of 35% from the previous return in 2011. This means that over time more unpaid carers are likely to experience major illness themselves and will be unable to carry out their caring role.

### Evidence into practice

Durham County Carers Support service provides an accessible, high quality, countywide independent service offering a range of support for adult and parent carers.

This includes help for unpaid carers to maintain their health and wellbeing through opportunities and initiatives such as pilates and yoga courses, encouraging carers to join their local GP carers register, promoting awareness of health conditions such as diabetes, promoting vaccinations and offering carer breaks. The service is flexible to meet the differing needs of carers and uses marketing to increase the numbers of carers that access the service, particularly targeting hidden or hard to reach carers, such as male carers, working age carers, Black, Asian and Minority Ethnic (BAME) carers, substance misuse carers and young adult carers.



Jenni Wood

Jenni Wood, Chief Executive of Durham County Carers told us:

*"Our mission is to improve the lives of Carers. We support Carers to understand the importance of self-care and to access a wide range of tools and opportunities to improve their health and wellbeing. Through events, courses, peer support groups, counselling, and specialist advice as well as funding to access activities and equipment like gym memberships. Carers tell us they feel valued and enabled to focus on their own needs which is crucial for them and the people they care for."*

### Recommendation

Using the approach to wellbeing, we will work with all stakeholders to co-produce future systems and services as we move towards more preventative models of care and support.

## Engaging underrepresented groups and communities in healthcare – The role of Gypsy, Roma, and Traveller Health Visitor to support access to health and social care provision

Health and social care services are crucial for making sure everyone gets the support they need, but some groups, like the Gypsy, Roma, and Traveller (GRT) community, are still underserved. The GRT community faces serious health challenges, with higher rates of death, long-term illnesses, and mental health issues than the general population. These issues are worsened by lower levels of employment and education compared to other groups, making it even harder for GRT families to access the healthcare they need. Barriers like difficulty registering with a GP, low literacy, and fear of discrimination often push them to avoid healthcare or rely on accident and emergency services.

There are around 9,456 people in County Durham who identify as GRT (Census 2021).

### Evidence into practice

The Specialist Health Visitor for the GRT community in County Durham faced a critical situation when a woman, travelling to the Appleby Horse Fair, went into labour and required a caesarean section. Due to the family's temporary roadside living conditions, providing healthcare was challenging. The Specialist Health Visitor acted quickly, working with local midwives and healthcare providers to ensure that they understood any potential cultural differences that exist and to make sure the mother received the care she needed.



They arranged for specialist equipment and supplies to be made available to the family at the temporary site. After the birth, midwives visited the family regularly to check the health of both the mother and the baby and provide healthcare and postnatal advice and guidance.

Bernie Crooks, Specialist Health Visitor for GRT Families said:

*"My job is to help GRT families get the best advice and support for their health. Because I have built good relationships with families, they feel comfortable asking me for advice on different health issues. This situation shows how important it is to have a Specialist Health Visitor for GRT families and help other parts of the health system understand and to address the unique challenges they face."*

The success of this case study shows how important targeted support is to bridge the gap and reduce inequalities, however there is more to be done to reduce the long-term health issues that affect this community.

### Recommendation

To reduce health inequalities and improve outcomes for marginalised communities, we will keep working towards removing barriers to healthcare by increasing cultural awareness among healthcare providers, making it easier for people to access health services.

## Integrating maternity services in County Durham

The first 1,001 days, from conception to age two, are crucial for a child's development and growth. During this time, babies' brains and bodies develop rapidly. It is essential that families receive adequate antenatal and postnatal care, which supports the baby's brain development, emotional well-being, and physical health. Midwives and other health and social care providers help set a strong foundation for the child's future health and development.

### Evidence into practice

The Matron for Health Inequalities plays a key role in connecting maternity services with family hubs. These hubs offer a range of support, like breastfeeding help, emotional support for parents, and parenting advice. By linking these services, the Matron ensures that families get consistent support from pregnancy through the early years of a child's life. The goal is to give every child the best start in life, by identifying problems early and helping to prevent them.



The Matron works with lots of health and social care partners to improve care pathways, ensuring families are supported not just during pregnancy and birth, but also as they navigate broader health issues. This coordinated approach helps to address health and social concerns early, preventing minor issues from becoming more serious problems. By offering this kind of ongoing support, this initiative helps to build a strong foundation for lifelong health. It also aims to reduce health inequalities, making sure that all families, no matter their background, have access to the care they need.



Maternity Support Workers

### Recommendation

Ensure that services remain focused on early intervention and support, identifying gaps in care and making sure all families can easily access these essential services.

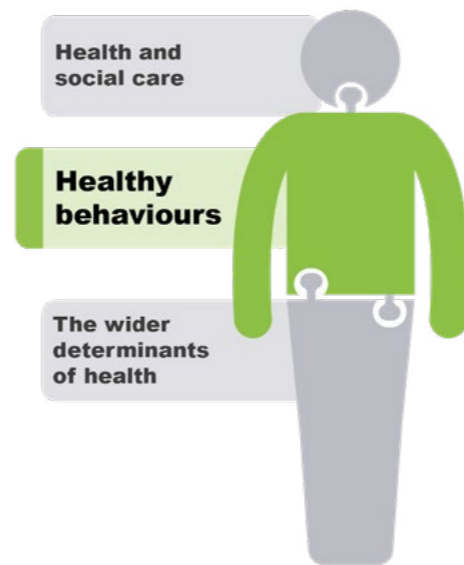
## Healthy behaviours

It is estimated that around 40% of a person's health is influenced by our attitudes to health and wellbeing. This includes what we eat and drink, our use of tobacco, alcohol or drugs, whether we are physically active and our sexual behaviours.

Using our JSNAA, we identified the four areas that are the biggest influences on lives being cut short in County Durham: smoking, excess weight, mental health and alcohol.

These contributors to early death and poor health and wellbeing are reflected in the following priorities of the Joint Local Health and Wellbeing Strategy 2023-2028;

- Making Smoking History
- Enabling healthy weight for all
- Improving mental health, resilience, and wellbeing
- Reducing alcohol harm



As set out in the future health of our people section on pages 18 to 23, the projected increase in major illness would see the following increases should nothing change.



Although there is an increasing awareness of how our behaviours can affect our health in these areas, wider social, economic, and environmental factors often prevent long-term change. In this case behaviours are not formed by individual choice but shaped by our environment, the impact of health strategies and policies, health education and information along with other social and economic influences.

Working with partners, using the approach to wellbeing to develop preventable solutions and by doing more of the things that have the greatest impact on people's lives and health we can help to drive change and create a healthier 2040.

## Enabling healthy weight for all - living healthy for longer

Approximately **78%** of adults are overweight or living with obesity. Rates remain higher in more deprived areas of the county. There are a number of the long-term health conditions associated with excess weight including type 2 diabetes and cardiovascular disease (CVD), these diseases contribute significantly to rates of major illness now and in the future.

In County Durham, **1 in 6** children and **1 in 3** adults do not move enough each day to enjoy good health. Making small changes every day to increase our activity and become part of our daily routine can have a significant and positive impact.

Move in County Durham is an initiative which promotes and provides people with opportunities for movement every day, no matter who they are, what age they are, what they do or where they live.

We have 47 regular Move walking sessions across County Durham, set up to help reduce health inequalities. Most walks are volunteer led and range from 45 minutes up to 90 minutes.



### Evidence into practice

Noel, one of our volunteer walk coordinators, states that joining a walking group helped him lose weight. Noel gave up work to become a full-time carer for his wife. Noel's change in circumstances contributed to him gaining weight making him feel very unfit and unhappy. Noel decided to join a Move walking group as he felt walking was something he could manage. Regular walking helped Noel lose 6 stone in weight. He saw improvements in his physical health and mental health and decided to become a volunteer walk leader himself.

*"Due to walking regularly and eating healthier, I have lost over 6 stone and this in turn gave me the confidence to become a volunteer and try to help other people improve their health both mentally and physically, which walking in a group is perfect for"*



Noel Harrison

### Recommendation

Increase the number of opportunities and supportive, accessible environments that enable people to be more active, from early years through into adulthood and older years.

## Making smoking history

Smoking is the leading cause of preventable death in the UK.

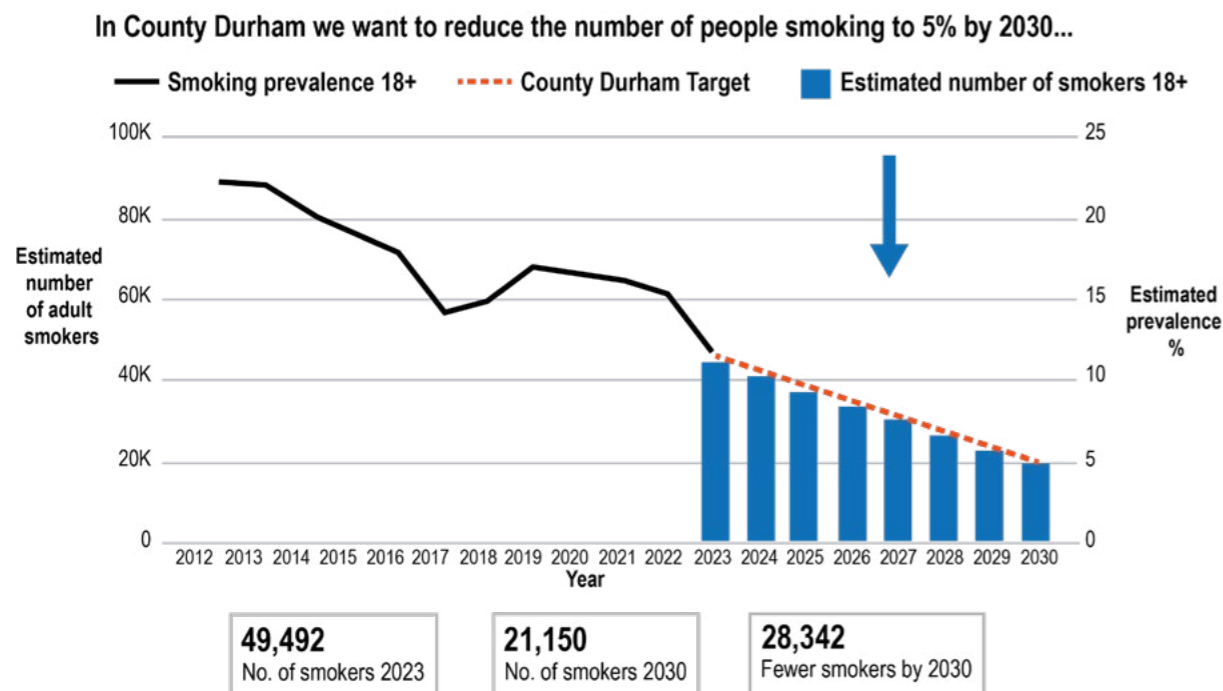
In County Durham, around **894** people die each year from causes linked to smoking which could have been prevented, around **1 in 9** (11.7%) adults smoke and around **1 in 7** (14.2%) mothers smoke during pregnancy.

Our approach to ‘making smoking history’ has contributed to positive long-term reductions in smoking rates, for example the County Durham Tobacco Control Alliance has worked with FRESH, the regional tobacco programme to co-create interventions and campaigns that educate and amplify messages. Improvements to local pathways mean that GP’s and wider partners can make seamless referrals into specialist stop smoking services.

In 2023 a full council motion was put forward, it was passed with cross party agreement and with the support of young people, on ‘Stopping the Start: Our plan to create a smokefree generation’. The motion supported the tobacco and vapes bill which outlines the first smoke-free generation by raising the age of sale for tobacco each year, and eventually phasing out the sale of tobacco altogether.

However, there is much more that can be done. We know that some people are more likely to be affected by smoking than others therefore we must target resources towards those at greatest risk.

To reach our goal of 5% prevalence in County Durham we still need 28,342 fewer smokers.



Specialist Stop Smoking Services, supported by the continued work of the County Durham Tobacco Control Alliance will continue to deliver interventions to reduce the harm from smoking. For example, we have significantly increased the number of professionals accessing brief intervention training, so that more people can have meaningful conversations about stopping smoking and what support there is available.

Supporting the motivation to quit and offering the right support to quit will help us reach our target of reducing smoking to **5% by 2030**.

### Evidence into practice

Routine and manual workers are more likely to smoke than the overall population. The latest data shows that 22% of routine and manual workers smoked in County Durham compared to 15% of adults across the county. This led County Durham’s specialist stop smoking service to target resources at Amazon, one of the largest employers of routine and manual workers in the region. Staff attended a staff health and wellbeing week at Amazon to promote their services. This was followed by internal promotion for an onsite weekly clinic. The clinic was set up on a day and time that captured all shift patterns and is very well attended. The service worked with Amazon to ensure that staff were allowed to leave the shop floor for their appointments each week.



Tanya, Stop Smoking Advisor

Tanya, Stop Smoking Advisor told us:

*“The clinic has been really successful and through word of mouth and Amazons internal promotion, appointments are filling fast! Clients have convinced their friends to join them, and they have set up regular support groups. The feedback has been fantastic, one client told me he would not of made an appointment if it wasn't for us coming into work. He said he had never felt better and had managed to save over £1,000 towards a new car. The support of Amazon management has been great, allowing staff to attend appointments has made such a difference.”*

### Recommendation

To achieve the 5% smoking prevalence rate by 2030, we must continue to use tools like the health equity audit and the collective influence of the County Durham Tobacco Alliance to ensure that we continue to target resources, tackle inequality, and promote equity of access to those at greatest risk.



## Mental health and wellbeing across all ages

Good mental health can be affected by external influences like our employment or education prospects, how much money we have, the stability and condition of our home and our connections with people around us.

In County Durham **15.7%** of our adult population (72,302 people) have a clinical diagnosis of depression (2022/23). If we do nothing, this is projected to rise by a further 24% by 2040. People with severe mental illness are at greater risk of poor physical health and reduced life expectancy than the general population.

Around **1 in 6** children and young people have a mental health condition.

The County Durham Mental Health Strategic Partnership promotes models of care that encourage self-help, prevention, wellbeing, and recovery interventions such as The Five Ways to Wellbeing:

- **Connect with others.** This can be done in person, on-line, virtually, in written form, in groups or individually and help us feel valued and closer to people.
- **Be active.** This can help you sleep better, have happier moods, and reduce feelings of stress, anxiety and racing thoughts.
- **Take notice.** This can help you to be aware of how you're feeling and to understand what makes you feel positive or the triggers of stress and anxiety.
- **Keep learning and developing.** Setting goals and learning new things can help you to feel more productive and more in control of your life.
- **Give.** Taking part in social and community life can be very fulfilling. Those who help others and give back, are more likely to rate themselves as happy.

### Evidence into practice

Tanfield Lea Community Primary School wanted to create a positive way for children in their school to communicate and share their concerns and worries as part of the Durham County Council Health and Wellbeing Framework for Schools.

Designated mental health and wellbeing leads, created a specific wellbeing area for the children including positive prompts and affirmations, information on moods and how to understand them, books on life problems and a wellbeing post box to post any worries confidentially and are followed up with their designated adult.

The children have found it really valuable and had lots of other ideas and comments to improve wellbeing:

"Have a friendship bench".

"Brain breaks away from class".

"Provide fidget / stress ball".

"Wellbeing afternoon once a term".

### Recommendation

Ensure sound understanding of changing patterns of need relating to mental health and wellbeing across the life course and, underpinned by the approach to wellbeing, work with stakeholders to further develop preventative models of care and support.

## Reducing the rates of alcohol related cancer

Cancer is one of the leading causes of death in County Durham. Our projections show a potential **33%** increase in cancer prevalence by 2040. A major contributor to a person's likelihood of developing cancer is drinking alcohol.

Drinking any amount of alcohol regularly increases the risk of cancers of the mouth and throat, voice box, gullet, large bowel, liver, of breast cancer in women and cancer of the pancreas. This risk increases with the amount of alcohol being drunk. Many of these cancers are among those projected to increase by the greatest amount.

Data published by the Office for Health Improvement and Disparities (OHID) shows that County Durham has significantly higher rates of harms associated with alcohol including alcohol-related mortality, alcohol-specific mortality, and alcohol-related hospital admissions than England.

The County Durham Combating Drugs and Alcohol Strategic Partnership has a clear focus on reducing alcohol related health harm. We work closely with The North East Alcohol Office, Balance, who are advocating for an increase in alcohol duty and the introduction of Minimum Unit Pricing (MUP), evidenced to have a positive impact on health harms from evaluations in Scotland. Balance also delivers alcohol and cancer public awareness campaigns including the widely acclaimed Alcohol is Toxic campaign which details the journey of alcohol through the body, mutating cells and leading to the formation of a tumour.



### Evidence into practice

Dependant drinkers are at high risk of disease and physical harm. The Drug and Alcohol Recovery Service (DARS) supports people to reduce drinking and identify harm at the earliest opportunity. Using additional grant funding, the service has invested in a FibroScan, a non-invasive procedure that can detect early liver damage, a major cancer risk factor. Working closely with the local hospital-based Alcohol Care Teams they are supporting dependant drinkers with interventions within the hospital setting when physical health is compromised.



Judith Durkin, nurse within the DARS told us:

*"The FibroScan is a great tool allowing us to quickly assess liver health within DARS, a test our clients are unlikely to access elsewhere. This can identify disease early and prevent further damage as well as being a powerful visual aid in educating patients about the impact of their drinking. Seeing their liver health in real-time often motivates them to take their recovery seriously, making the FibroScan an invaluable part of our intervention process".*

### Recommendation

Use a system-wide approach to reduce alcohol consumption at all levels across the county and engage dependent drinkers to access support to reduce the risk of long-term conditions.

## Wider determinants of health

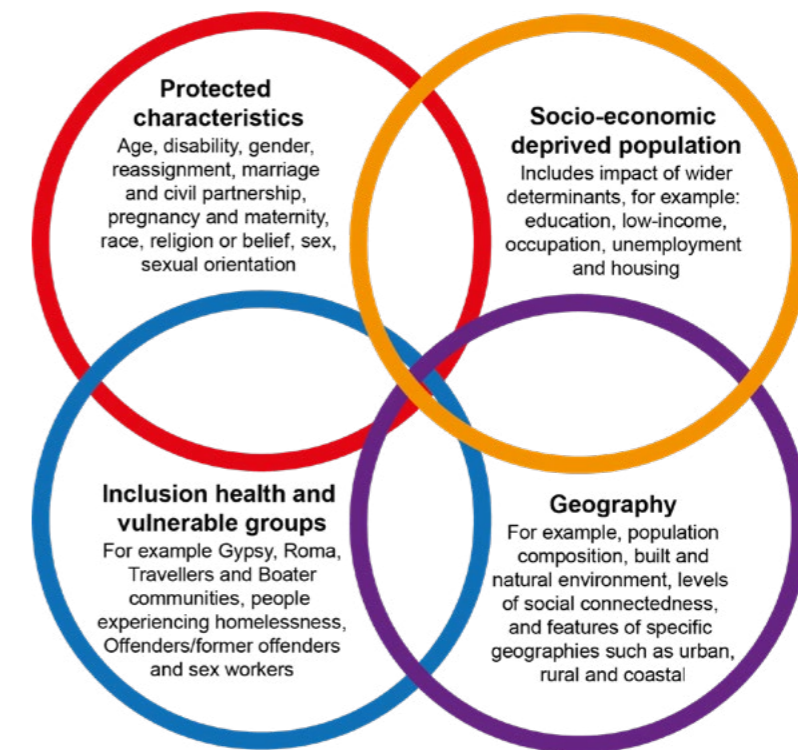
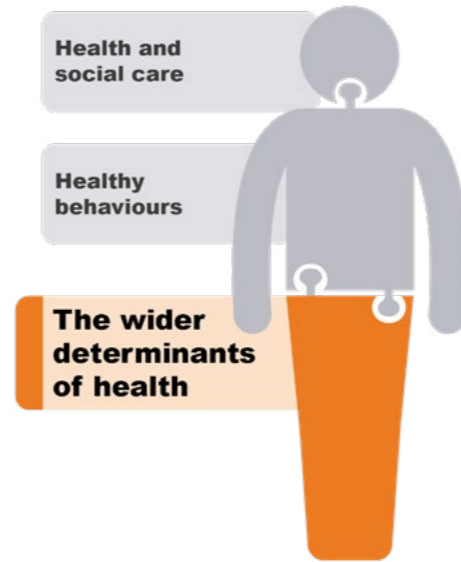
It is estimated that around 45% of a person's health is determined by the social, economic, and environmental conditions in which they are born, grow up and live.

As set out earlier in this report, these external influences are known as the wider determinants of health or more simply the causes of the causes. How much money we have, the quality of the house we live in, the natural environment surrounding us, our access to transport, education and work, all impact on our chances of living a long and healthy life.

In County Durham there are significant differences between communities and the resources people have access to, this contributes to **unfair and avoidable** inequalities.

Our data projections suggest we will see a significant increase in major illness, that our most deprived areas will carry a greater percentage of this increase and our people are more at risk of having multiple health conditions.

The effects of living with major illness and long-term ill-health can impact negatively on the full spectrum of the wider determinants of health described in the image below. Pressures on family lives, children, childcare, and unpaid carers. The numbers available for work and this influence on employment rates and work productivity. Environmental impacts such as housing requirements and adaptations. Individual and collective mental wellbeing and the ability to cope. While we would also expect to see increased demand on primary care, adult social care, supported and assisted living, financial welfare and benefit support.



Source: Office for Health Improvement and Disparities

Individuals and groups experience many different combinations of these factors in addition to the characteristics overlapping and interacting with each other. Evidence tells us the effects of these complex interactions on health inequality are multiplied for those experiencing more than one type of inequality.

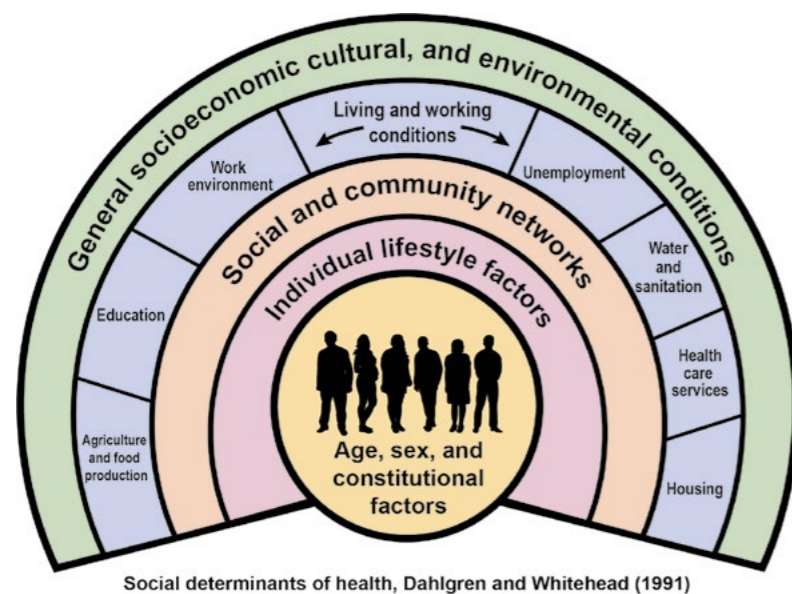
The case studies set out over the next few pages are good examples of work already underway to reduce health inequalities and increase protective factors across the life course.

Moving forward we must look to build on this by doing more of the interventions we know work and working with our communities to develop long-term solutions if we want to change the major illness projections and improve healthy life expectancy for County Durham residents.

The HDRD Programme, a core element of our approach to wellbeing, will further enable us to understand health inequalities, their causes and links. With this insight, we can shape our services more effectively and improve our population's health and wellbeing.

If we continue to work on improving the wider determinants of health by using the approach to wellbeing to develop preventative approaches, this will have a significant impact on the projected increases in major illness outlined earlier in this report.

There is no doubt future action will require a shift in culture and practice for some of us, and for other areas of need the ability to scale up existing work programmes.



Social determinants of health, Dahlgren and Whitehead (1991)

The Dahlgren and Whitehead model places individuals at the centre, with various layers of influences on health surrounding them, such as individual lifestyle factors, community influences, living and working conditions, and more general social conditions.

## Education as a protective factor

Education provides knowledge and capabilities that contribute to lifelong mental, physical, and social wellbeing. We know that people who have a good education are less likely to suffer from long-term conditions or mental health conditions such as depression and anxiety.

It is important that children and young people receive the best start in life. In County Durham **7 in 10** pupils are achieving a good level of development at the end of reception, however we know that for children eligible for free school meals this falls to **5 in 10**.

Education supports healthier futures, mitigates social stressors, and provides access to employment opportunities and life chances that could protect individuals from later-life disadvantage.

### Evidence into practice

We worked with education system partners to identify key issues children and young people are struggling with. School staff and young people told us that mental health and emotional wellbeing was their main concern, particularly anxiety, emotional regulation, and self-esteem.



Dr Peter Mulholland

We used these experiences, alongside what we know works, to collaboratively develop mental health and emotional wellbeing support that helps children and young people as early as possible and promote wellbeing and resilience. Our approach aims to keep the young person at the centre and ensure they have support at the earliest opportunity in the community and their education setting.

Dr Peter Mulholland, Strategic Manager for Specialist SEND and Inclusion Support, and Principal Educational Psychologist shared his thoughts about collaborative working:

*"Lots of factors affect the wellbeing of children and young people, and working closely with Public Health and our wider partners has really helped us better understand these influences and use available support more effectively. Through their conversations with the entire partnership, Public Health has helped us focus on how we can support the mental health and wellbeing of all children and young people from the earliest opportunity, promoting prevention and early intervention in our work."*

### Recommendation

Embed our approach to integrated mental health support into educational settings, creating supportive environments that enable children and young people to thrive. Review and evaluate the impact of our approach, in collaboration with children, young people and their families to make sure it continues to support and meet the needs of those involved.

## Why good work matters - Local community-focused arts charity prioritises workplace health

A good working environment is good for health and employment. Good work involves access to employment, a fair and decent living wage, a role in which the individual has control and a voice, and a role which has positive impacts on an individual's health and wellbeing. This can include a workplace which prioritises the health and wellbeing of their workforce.

Unemployment and poor access to good work is linked to reduced economic activity, deprivation and increased risks of cardiovascular disease, poor mental health and suicide and other long-term conditions and health damaging behaviours.

The Better Health At Work Award (BHAWA) encourages organisations to improve the health and wellbeing of their employees. Organisations committed to the award report lower absenteeism and increased engagement from staff benefitting from the award.

In the financial year of 2022 to 2023, the County Durham BHAWA team successfully aided 92% of people in their improvement of their lifestyle and physical health, and supported a total of 40,776 employees with good work, health and wellbeing information.

### Evidence into practice

Arts organisation, Jack Drum Arts, signed up to the BHAWA in October 2023. Jill Chambers, Operations Coordinator at Jack Drum Arts, said:

*"Looking after our own staff team is key to providing a strong foundation for our community work and since our central ethos is to enable people and communities to thrive through creative practice, it is only natural that we extend this aspiration to our own team too. Our small and busy team works on a part-time basis on a variety of projects, so sometimes it is easy to lose track of each other when we are focused predominantly on work. The training sessions and away-days that we have had have helped reaffirm our communal efforts for a common beneficial cause and has raised our morale and given us events to look forward to. The award has opened up honest discussions within our team and we are more inclined to be proactive about looking out for each other and more receptive to approaches from colleagues."*



Jack Drum Arts

Karen Stubbings, BHAWA County Durham Project Lead, said:

*"We are so pleased that Jack Drum Arts have signed up to the award. The award was created to improve workplace health in as many organisations as possible, no matter the size of the organisation or the amount of employees. By signing up to the award, Jack Drum Arts will receive full support to help them improve the health and wellbeing of their staff"*

### Recommendation

Establish a County Durham Workplace Alliance that will bring together businesses to share good practice and resources relating to health and wellbeing in the workplace. Carry out a community wealth building review and strengthen our position as an anchor organisation.

## Supporting people into training and employment

Education, employment and income are strongly linked with health behaviour and positive health outcomes.

Addiction is an issue which affects many of our communities. A key part of recovery is the support offered to clients to empower and enable them to live happy and successful lives through employment opportunities, vital for both wellbeing and relapse prevention. The DARS facilitate an Ambassador programme twice yearly, to support those in recovery into volunteering and/or employment.

### Evidence into practice

Recruitment onto the Ambassador programme involves an application, shortlisting and interview process, ensuring those in recovery are ready to take on the challenge of supporting others. The programme offers 6 weeks of intensive learning, volunteer opportunities are explored, all learners are allocated a supervisor, receiving an induction plan, supervision and skills record.



*"Never in a million years did I think that I would be where I am today with a job doing something I am passionate about for an organisation that helped me so much over the years and never gave up on me." (Amy)*

*"I graduated from the Ambassador programme in 2017 and volunteered for DARS for two years. I gained confidence, strength, resilience, structure, purpose, life skills, felt part of a team and respected. I learned so much about the service also gaining an NVQ level 2 qualification, and with support and guidance from staff I was successful in gaining employment on the 16.09.2019 - a day I will never forget" (Anonymous)*

Since 2022, 42 people have completed the Ambassador programme, 18 are in full time employment and 23 are volunteering within the service. A success rate of nearly 100%.

Good employment is a protective factor for health and contributes to a reduction in wider risk factors including substance misuse. Interventions like the Ambassador programme will have a positive impact on reducing the rates of major illness as it improves people's mental and physical health and the wider circumstances in which they live.

### Recommendation

To continue to support the Ambassador programme and similar interventions, utilising learning from them to help encourage and establish further initiatives that facilitate good paid and unpaid employment opportunities for underserved groups.

## Safe accommodation for victims of domestic abuse

It is estimated that around **1 in 4** women and **1 in 6** men experience domestic abuse. Domestic abuse is a major contributor to poor physical and mental ill health, for example victims of domestic abuse, including children and young people, are more likely to suffer from anxiety and depression and chronic pain. They are more likely to experience poverty, live in unsecure housing and/or experience homelessness.

In County Durham there were **14,022** of police reported incidents of domestic abuse in the last 12 months, that's an increase of 4% from the previous year. The Countywide Domestic Abuse Specialist Service received **8,412** referrals in 2023, this is an increase of 10% since 2022.

The national Domestic Abuse Commissioner identified the partnership between County Durham's Early Help Service, the One Point Service and Harbour Support Services, specialist domestic abuse service as an example of best practice for their work supporting children and young people within safe accommodation.

### Evidence into practice

Children and young people living within refuge in County Durham can access 1-1 therapeutic support. This child centred approach is tailored to meet their individual needs and explores the impact of the abuse in a safe and secure environment. This support can follow the families as they leave refuge and move into a secure home where they can then access the full offer of outreach support including co-delivered programmes that increase the chances of long-term recovery free from abuse.



Feedback from families:

*"We have loved being included in activities and loved cooking the food together as well as the 1 on 1 support for us both. It is lovely how they have made a separate garden to support anxiety so I can still get outside. I have got lots of support with getting my child into college and my baby is now starting college after being out of education for years. My support worker has also got me a family fund grant and been someone to talk to, a shoulder to cry on and a person who has helped me."*



*"Thank you for keeping in touch even when we have left refuge, we needed it during all this change."*

### Recommendation

Continue to work with partners to deliver a comprehensive and systematic offer of support to victim/survivors of domestic abuse, including children and young people alongside work with perpetrators and those who cause harm.

## Conclusion and recommendations

In 2023 I reflected on 10 years of public health in the local authority alongside the creation of Health and Wellbeing Board.

The positive integration of public health in the local authority and our ambition and commitment to see future improvements to health and wellbeing has increased and refined the organisational understanding of what affects our health, how we collaborate with partners and communities and what we can do about it.

From this firm foundation I have chosen to look forward and focus this year's annual report on the future health of County Durham residents and highlight what increases in **unfair and avoidable** inequalities some could face should nothing change.

Using indicators including life expectancy (how long you live) and healthy life expectancy (how long you live in good health) I have highlighted that a child born in County Durham will have a shorter life than a child born in other parts of the county, and over the coming years will live in poorer health for longer.

The projected increases in major illness set out on pages 18 to 23 will impact not only on individual people and families but will place additional pressures on a range of local systems and services.

As is often the case, the projected increases will be unfairly distributed across the county, people living in our most deprived communities will see a 45% increase in major illness compared to a 35% increase in other less deprived parts of the county.

Changing these projections will require a sustained focus on primary, secondary, and tertiary prevention programmes; fair access to high quality health and social care services; empowering residents to have as much control over their health and wellbeing; addressing key risk factors, including smoking, alcohol, and healthy weight. Ensuring interventions seek to reduce inequalities for where the projected increase is greatest, including having access to good education and employment, a safe and warm home environment, a supportive social network and an environment which stamps out discrimination.

These projections are challenging to read; however, throughout this report I have highlighted examples of good practice in health and wellbeing strategies, projects, interventions, services, collaboration and engagement, research, and development that, if replicated and/or scaled up, can improve outcomes for our residents.

Success relies on the continued development of strong partnership working. Over the coming year we will maximise opportunities to embed research into practice, and where appropriate, increase the use of evidence-based interventions across systems. We will apply the major illness projections to the priority areas identified throughout this report; by doing this we can be clear on the actions required that will help change the trajectory of the projections and reduce inequalities. We will demonstrate our progress through the development of a range of measures and indicators, including the voice and lived experience of our residents.

The following recommendations highlight opportunities to build on existing work and identify new opportunities to further embed the approach to wellbeing in the development and implementation of new systematic preventative approaches.

I hope that in future annual reports I will be able to continue to report on the systematic progress we are making to ensure that the projections set out in this report do not become a reality.

### Future health of our people

- We will translate the projections into local ambitions, similar to smoking prevalence and focus our attention on the actions which will lead to the greatest reduction in unfair differences in health and wellbeing for our people.

### Health and social care

- Using the approach to wellbeing, we will work with all stakeholders to co-produce future systems and services as we move towards more preventative models of care and support.
- To reduce health inequalities and improve outcomes for marginalised communities, we will keep working towards removing barriers to healthcare by increasing cultural awareness among healthcare providers, making it easier for people to access health services.
- Ensure that services remain focused on early intervention and support, identifying gaps in care and making sure all families can easily access these essential services.

### Healthy behaviours

- Increase the number of opportunities and supportive, accessible environments that enable people to be more active, from early years through into adulthood and older years.
- To achieve the 5% smoking prevalence rate by 2030, we must continue to use tools like the health equity audit and the collective influence of the County Durham Tobacco Alliance to ensure that we continue to target resources, tackle inequality, and promote equity of access to those at greatest risk.
- Ensure sound understanding of changing patterns of need relating to mental health and wellbeing across the life course and underpinned by the approach to wellbeing, work with stakeholders to further develop preventative models of care and support.
- Use a system-wide approach to reduce alcohol consumption at all levels across the county and engage dependent drinkers to access support to reduce the risk of long-term conditions.

### Wider determinants of health

- Embed our approach to integrated mental health support into educational settings, creating supportive environments that enable children and young people to thrive. Review and evaluate the impact of our approach, in collaboration with children, young people and their families to make sure it continues to support and meet the needs of those involved.
- Establish a County Durham Workplace Alliance that will bring together businesses to share good practice and resources relating to health and wellbeing in the workplace. Carry out a community wealth building review and strengthen our position as an anchor organisation.
- To continue to support the Ambassador programme and similar interventions, utilising learning from them to help encourage and establish further initiatives that facilitate good paid and unpaid employment opportunities for underserved groups.
- Continue to work with partners to deliver a comprehensive and systematic offer of support to victim/survivors of domestic abuse, including children and young people alongside work with perpetrators and those who cause harm.

## Acknowledgements

Many thanks to:

Sean Barry, Public Health Advanced Practitioner

Julia Bates, Consultant in Public Health

Andrea Bracewell, Public Health Advanced Practitioner

Deborah Breen, Assistant Public Health Practitioner

Ali Cooke, Public Health Management Support

Katie Dunstan-Smith, Public Health Intelligence Specialist

Michael Fleming, Strategic Manager, Research and Public Health Intelligence

Thelma Lambert, Regional Public Health Programme Assistant

Lisa Lynch, Public Health Programme Manager

Yusuf Meah, Public Health Advanced Practitioner

Bryn Morris-Hale, Public Health Intelligence Specialist

Hannah Murray-Leslie, Wellbeing Approach Implementation Officer

Rachel Osbaldeston, Public Health Advanced Practitioner

Nichola Pitt, Public Health Practitioner

Helen Riddell, Public Health Principal

Kelly Rose, Public Health Advanced Practitioner

Bekki Shenfine, Acting Consultant in Public Health

Marie Urwin, Public Health Practitioner

Matt Walker, Public Health Strategic Manager

Kirsty Wilkinson, Public Health Strategic Manager

Glen Wilson, Consultant in Public Health

Corporate Design Team, Durham County Council

Partner organisations and everyone who contributed to a case study

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



Braille,



Audio,

AAA

Large print.

العربية Arabic, (中文 (繁體字)) Chinese, اردو Urdu,  
polski Polish, ਪੰਜਾਬੀ Punjabi, Español Spanish,  
বাংলা Bengali, हिन्दी Hindi, Deutsch German,  
Français French, Türkçe Turkish, Melayu Malay.

**Telephone: 03000 264 109**

**Email: [PublicHealth@durham.gov.uk](mailto:PublicHealth@durham.gov.uk)**

56734 AHS

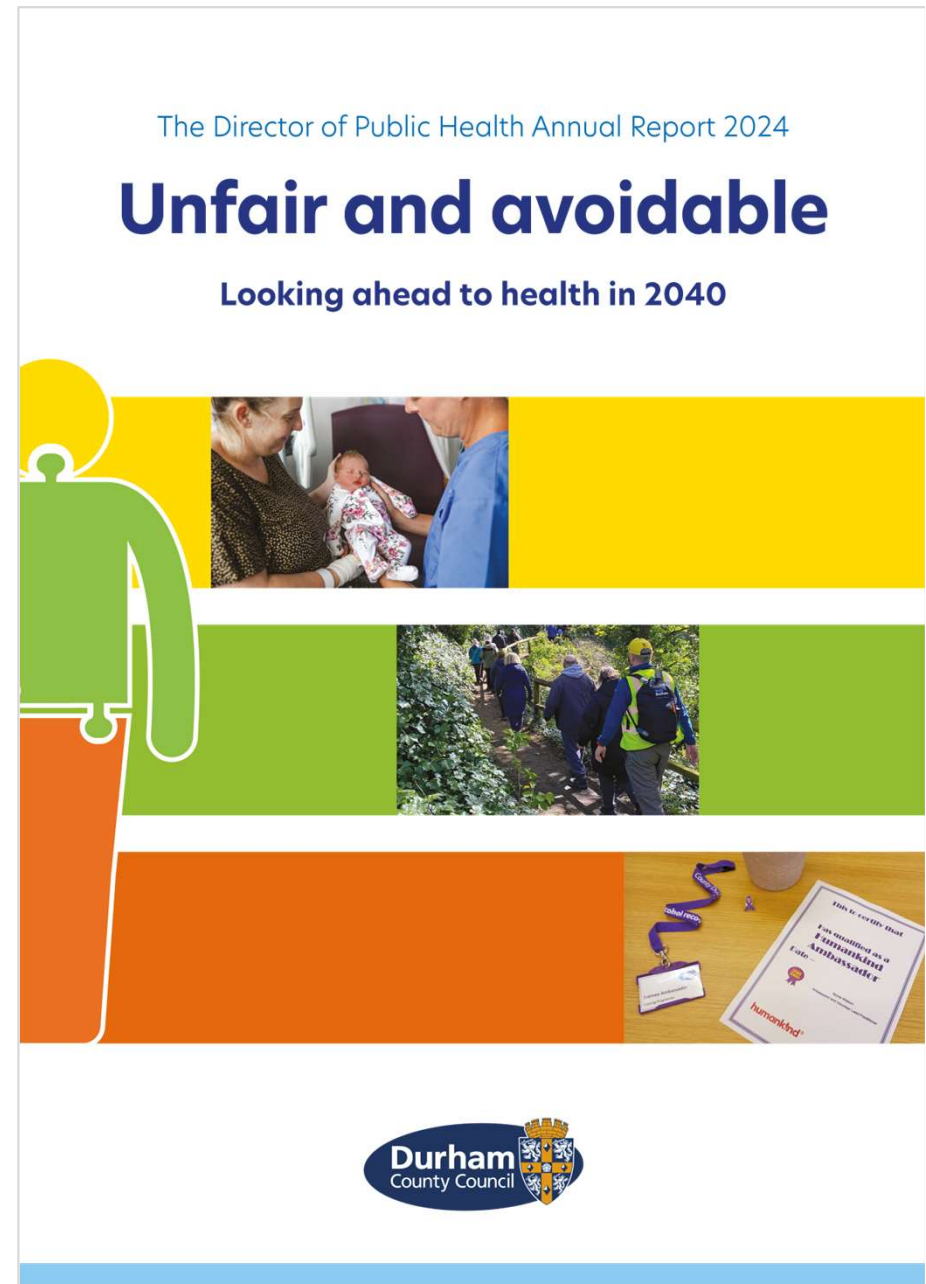
This page is intentionally left blank



# Director of Public Health Annual Report 2024

Overview and Scrutiny  
Committee  
13<sup>th</sup> January 2025

Amanda Healy  
Director of Public Health



# Health of our people

Page 66

## Understanding our health, wellbeing and assets

- Access to high quality health data, health intelligence and wider partner data helps us understand the health of our people.
- Underpins our work to plan, commission, deliver and target services and resources to improve health.
- Work with local, regional, and national organisations, alongside our communities to gather health data and information.
- Joint Strategic Needs and Assets Assessment (JSNAA) is where we describe County Durham's current and future health needs.
- Share this information publicly through Durham Insight [www.durhaminsight.info](http://www.durhaminsight.info)
- Use tools like health needs assessments and health equity audits, along with information from partners, and where possible, our residents lived experiences to help us plan and deliver the most appropriate interventions to improve public's health.
- Within the last year, the following pieces of work have been undertaken to inform our JSNAA.

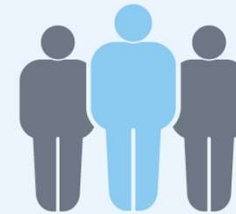
# Health of our people

## Mothers smoking at time of delivery equity analysis

- Smoking when pregnant is a leading cause of preventable harm and health inequalities in County Durham.
- Currently, around **1 in 7** mothers smoke at the time of giving birth, which is significantly higher than the average for England.
- We conducted an equity analysis to understand more and to identify inequalities across the county.

### Our key findings were:

There is a significant difference in smoking rates among mothers across County Durham. In some areas, as many as **1 in 3 mothers smoke**, whereas in other areas, the rate is less than 1 in 20.



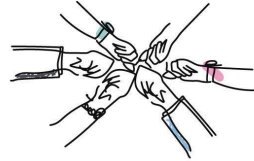
- The areas with the highest smoking rates have remained the same since our previous analysis, with only two areas showing a significant reduction in smoking rates.
- Babies born to mothers who smoke are more likely to live in the most deprived areas.
- The inequality in smoking rates has widened, indicating that the risks for mothers and babies are not evenly distributed across the county.

## Dementia Health Needs and Asset Assessment



- Over the last 12 months, we have worked with a range of key stakeholders to produce a comprehensive Dementia in County Durham Needs and Asset Assessment to evaluate local dementia prevention, care, and support.
- The assessment detailed the increasing prevalence of dementia and highlighted the critical need for early diagnosis, targeted interventions, and timely support networks.
- Key findings revealed that while most patients and carers are satisfied with the existing services, improved communication about available resources is needed.
- Recommendations include enhanced training for healthcare professionals, improved public awareness campaigns about dementia risk factors, and stronger collaboration among service providers to ensure integrated care for individuals and their carers.

# Health of our people



**Sharing Decision Making**  
Designing and developing services and initiatives working with the people who need them.



**Empowering Communities**  
Working with communities to support their development and empowerment.



**Using What Works**  
Everything we do is supported by evidence informed by local conversations.

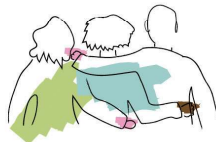


**Being Asset Focused**  
Acknowledging the different needs of communities and the potential of their assets.

## The County Durham Approach to Wellbeing



**Working Better Together**  
Across sectors to reduce duplication and ensure greater impact.



**Doing with, not to**  
Making our interventions empowering and centred around you as an individual.



**Building Resilience**  
Helping the most disadvantaged and vulnerable build up their future resilience.



Better for everyone

## Embedding Research into Practice



*Using What Works*

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

- Developing high quality local research projects can help inform and influence future priorities, public health initiatives and add to our existing data and intelligence sources.
- It is vital that our communities have a greater say in what matters to them and we record their views to help shape solutions to local problems and strengthen our JSNAA and evidence base.
- We recently launched our Health Determinants Research Development Programme (HDRD) in collaboration with Durham University and Durham Community Action.
- The aim of the programme is to, “together harness the power of research and innovation to tackle the causes of unfair differences in health outcomes across County Durham.”
- This approach enhances the approach to wellbeing and enables Durham County Council to continue to work towards being a research active organisation, ensuring that local research and evidence are embedded into policy, strategy, and other key decisions.

# Future health of our people

How many people are living with major illness in County Durham now and what may the future look like?

By 2040, over 86,000 people,

around **1 in 5**

of the adult population in County Durham could be living with major illness.

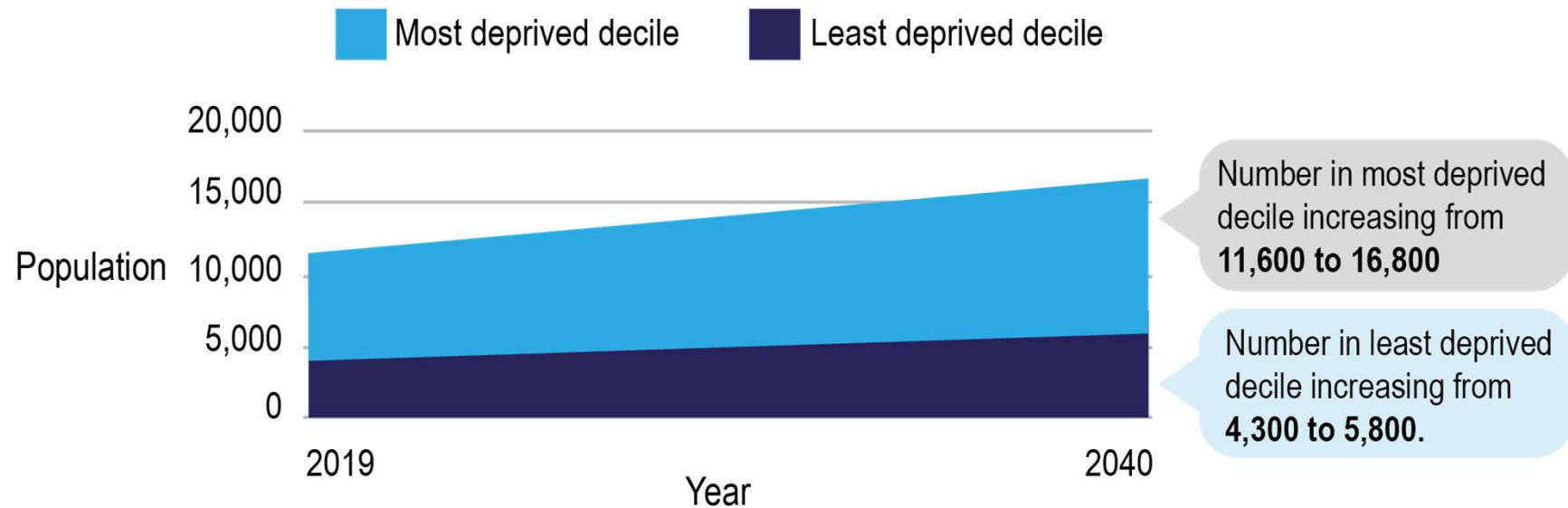


That's an increase of **39%**  
**24,000 people**

# Future health of our people

## Inequalities

- The projected rise in major illness and specific conditions in County Durham by 2040 will not be spread evenly across the county.
- We project a **46%** increase in major illness in the most deprived areas versus **35%** in least deprived.
- The number of people with major illness is projected to increase by **5,200** (11,600 to 16,800 people) in the most deprived communities.
- Whereas in the least deprived communities it is projected to increase by **1,500** people (4,300 to 5,800 people).



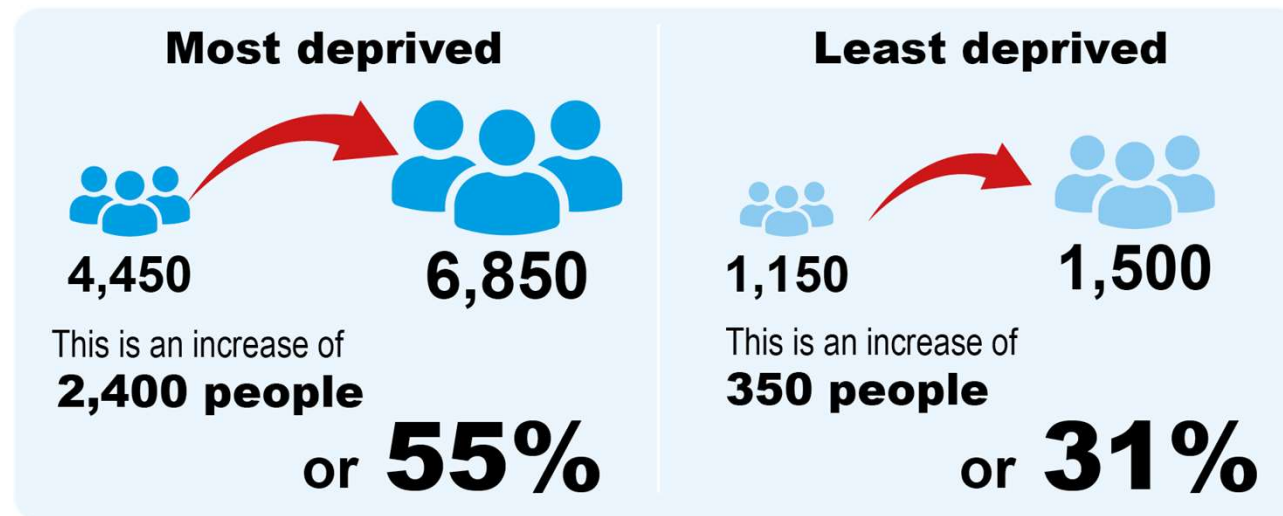


# Future health of our people

## Diabetes projections and inequalities



Projected increase in Type 2 Diabetes prevalence in the most and least deprived areas in County Durham, to 2040.



# Future health of our people

## Anxiety and depression projections and inequalities

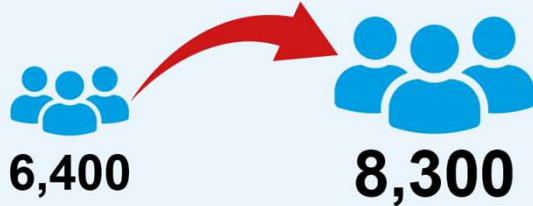
By 2040, a total of  
**89,700**  
people in the county  
could be living with  
anxiety/depression.



That's an increase of  
**17,400 people (24%)**

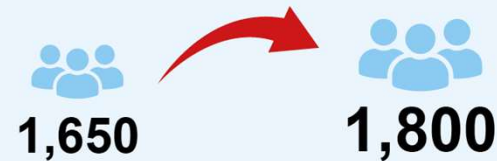
Projected increase in Anxiety prevalence in the most and least deprived areas in County Durham, to 2040.

### Most deprived



This is an increase of  
**1,900 people**  
or **30%**

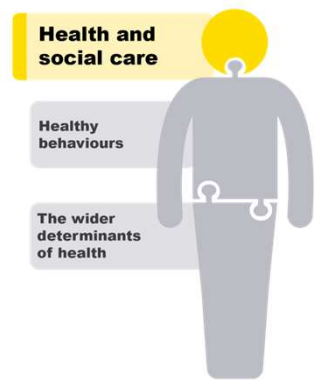
### Least deprived



This is an increase of  
**150 people**  
or **9%**

# Health and social care

It is estimated that around 15% of a person's health status are met by health and social care services.



## Supporting Carers

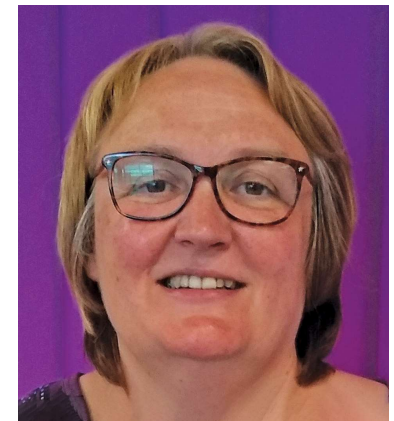
- Unpaid carers are a critical part of the health and social care system and help lots of people with major illness to continue to live independently.
- According to the Census 2021 there are around 52,700 unpaid carers in County Durham, of those 52% described themselves in poor health, this is an increase of 35% from the previous return in 2011.

## Evidence into practice

Durham County Carers Support service provides an accessible, high quality, countywide independent service offering a range of support for adult and parent carers.

Jenni Wood, Chief Executive of Durham County Carers told us:

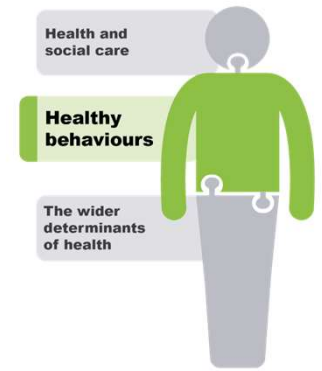
“Our mission is to improve the lives of Carers. We support Carers to understand the importance of self-care and to access a wide range of tools and opportunities to improve their health and wellbeing.”



Jenni Wood

# Healthy behaviours

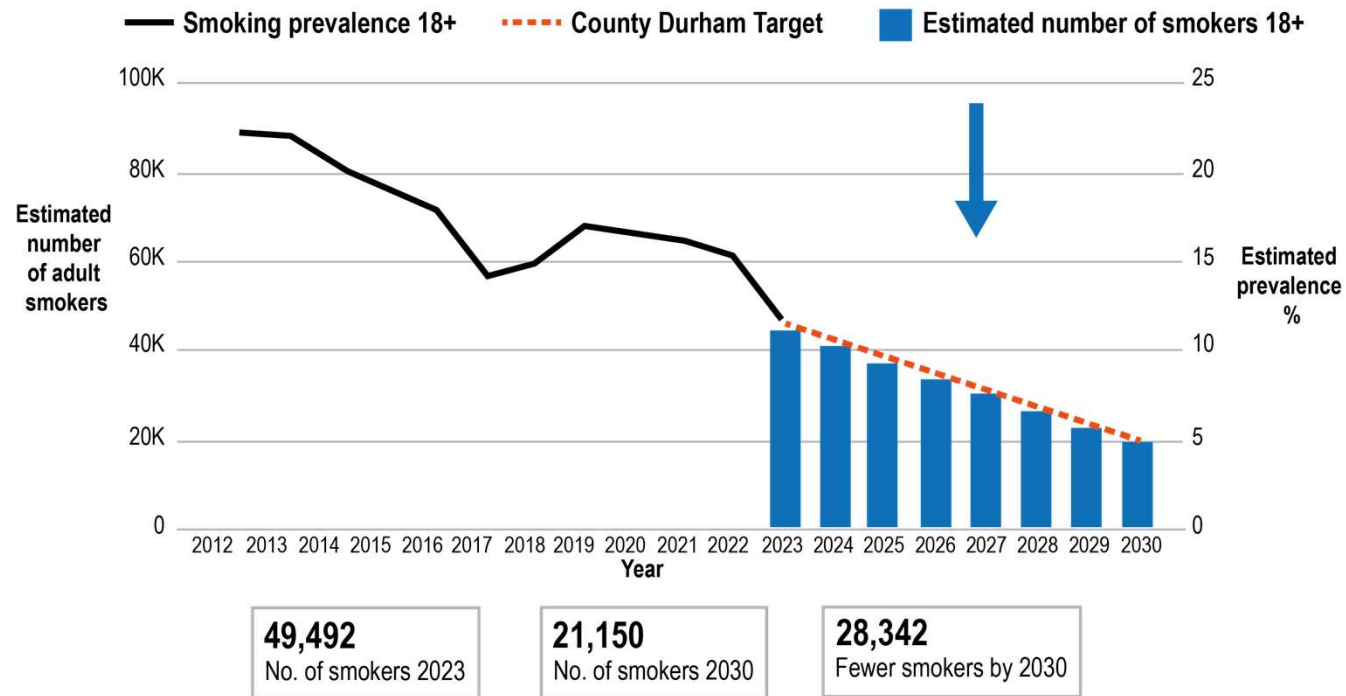
It is estimated that around 40% of a person's health is influenced by our behaviours.



## Making smoking history

- Smoking is the leading cause of preventable death in the UK.
- In County Durham, around **894** people die each year from causes linked to smoking which could have been prevented, **1 in 9** (11.7%) adults smoke and around **1 in 7** (14.2%) mothers smoke during pregnancy.

In County Durham we want to reduce the number of people smoking to 5% by 2030...



# Healthy behaviours

It is estimated that around 40% of a person's health is influenced by our behaviours.

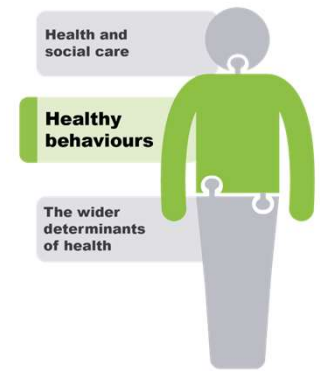
## Enabling healthy weight for all – living healthy for longer

- Approximately 78% of adults are overweight or living with obesity.
- Rates remain higher in more deprived areas of the county.

### Evidence into practice

Noel, one of our volunteer walk coordinators, states that joining a walking group helped him lose weight.

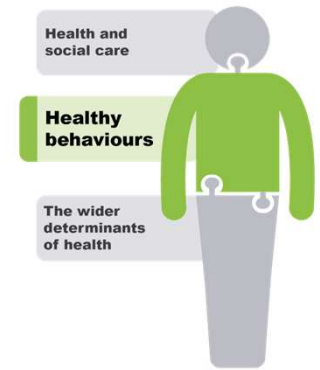
“Due to walking regularly and eating healthier, I have lost over 6 stone and this in turn gave me the confidence to become a volunteer and try to help other people improve their health both mentally and physically, which walking in a group is perfect for”



Noel Harrison

# Healthy behaviours

It is estimated that around 40% of a person's health is influenced by our attitudes to health and wellbeing.



## Mental health and wellbeing across all ages

- In County Durham **15.7%** of our adult population (72,302 people) have a clinical diagnosis of depression (2022/23).
- Around **1 in 6** children and young people have a mental health condition.

## Evidence into practice

Tanfield Lea Community Primary School wanted to create a positive way for children in their school to communicate and share their concerns and worries as part of the Durham County Council Health and Wellbeing Framework for Schools.

The children have found it really valuable and had lots of other ideas and comments to improve wellbeing:

*"Have a friendship bench".*

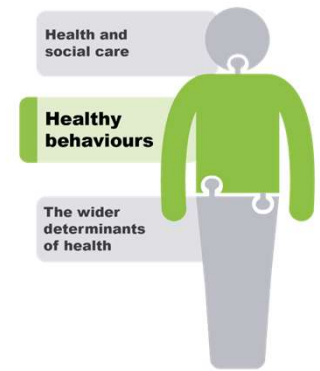
*"Brain breaks away from class".*

*"Provide fidget / stress ball".*

*"Wellbeing afternoon once a term".*

# Healthy behaviours

It is estimated that around 40% of a person's health is influenced by our behaviours.



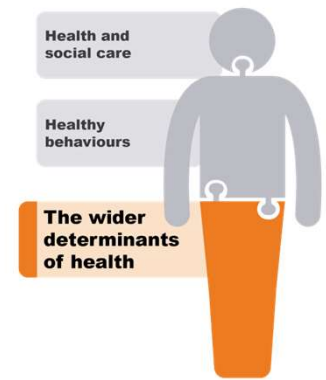
## Reducing the rates of alcohol related cancer

- Cancer is one of the leading causes of death in County Durham.
- Our projections show a potential 33% increase in cancer prevalence by 2040.
- A major contributor to a person's likelihood of developing cancer is drinking alcohol.
- Balance delivers alcohol and cancer public awareness campaigns including the widely acclaimed Alcohol is Toxic campaign which details the journey of alcohol through the body, mutating cells and leading to the formation of a tumour.



# Wider determinants of health

It is estimated that around 45% of a person's health is determined by the social, economic, and environmental conditions in which they are born, grow up and live.



## Education as a protective factor

- In County Durham **7 in 10** pupils are achieving a good level of development at the end of reception, however we know that for children eligible for free school meals this falls to **5 in 10**.

## Evidence into practice

We worked with education system partners to identify key issues children and young people are struggling with. School staff and young people told us that mental health and emotional wellbeing was their main concern, particularly anxiety, emotional regulation, and self-esteem.

Dr Peter Mulholland, Strategic Manager for Specialist SEND and Inclusion Support, and Principal Educational Psychologist shared his thoughts about collaborative working:

“Public Health has helped us focus on how we can support the mental health and wellbeing of all children and young people from the earliest opportunity, promoting prevention and early intervention in our work.”



Dr Peter Mulholland



# Recommendations

## Some examples from the annual report:

### Future health of our people

- We will translate the projections into local ambitions, similar to smoking prevalence and focus our attention on the actions which will lead to the greatest reduction in unfair differences in health and wellbeing for our people.

### Health and social care

- Ensure that services remain focused on early intervention and support, identifying gaps in care and making sure all families can easily access these essential services.

### Healthy behaviours

- To achieve the 5% smoking prevalence rate by 2030, we must continue to use tools like the health equity audit and the collective influence of the County Durham Tobacco Alliance to ensure that we continue to target resources, tackle inequality, and promote equity of access to those at greatest risk.

### Wider determinants of health

- Continue to work with partners to deliver a comprehensive and systematic offer of support to victim/survivors of domestic abuse, including children and young people alongside work with perpetrators and those who cause harm.

# Conclusion

- Looking forward – focusing this year’s annual report on the future health of County Durham residents.
- Projected increases in major illness.
- Unfairly distributed across the county.
- The inequalities are unfair and avoidable.
- Further work on how we can reduce these inequalities to be set out in future annual reports
- It will require all partners to focus on these inequalities, working with our communities.

This page is intentionally left blank

## Adults, Wellbeing and Health Overview and Scrutiny Committee

13 January 2025



### Durham Safeguarding Adults Partnership

Annual update

## Report of Lesley Jeavons, DSAP Independent Chair

### Electoral division(s) affected:

Countywide

### Purpose of the Report

- 1 To present to the Adults, Wellbeing and Health Overview and Scrutiny Committee (AWH OSC) the Annual Report for 2023/2024 of the Durham Safeguarding Adults Partnership (DSAP), which provides assurance of safeguarding adults activity across County Durham.
- 2 To present the accompanying suite of documents including the Annual Report on a Page (Appendix 2) and Easy Read report (Appendix 3). The full suite of reports can be accessed via the [Durham Safeguarding Adults Partnership website](#).

### Executive summary

- 3 The Care Act 2014 outlines the requirement upon Safeguarding Adults Boards (SABs) to publish an annual report.
- 4 This is the ninth Annual Report which provides information about the achievements and challenges during the year 2023/2024.
- 5 Key data relating to safeguarding activity is included and based upon 1<sup>st</sup> April 2023 to 31<sup>st</sup> March 2024. Safeguarding adults data is also published within [NHS Digital Safeguarding Adults Collection](#).
- 6 The Annual Report outlines the DSAP progress in line with its vision and strategic priorities.
- 7 For the fourth year the DSAP has agreed that the Annual Report will be conveyed as a YouTube video via its website. The report can be accessed [here](#). The aim is to increase the attractiveness and accessibility with to improving the uptake of key safeguarding messages for County Durham.

- 8 The Annual Report includes headline messages of the learning from Safeguarding Adults Reviews as well as partners' contributions to the work of the partnership.
- 9 Content of the Annual Report encompasses:
- Highlights
  - Message from our Independent Chair
  - Introduction
  - The Local Picture
  - Our Vision and Partners
  - The Role of the Independent Chair
  - Our Strategic Plan and Priorities
  - Safeguarding Adult Reviews
  - Safeguarding Adults in County Durham
  - Reflection on themes and trends
  - Safeguarding is Everybody's Business
  - Quality and Assurance
  - Looking ahead
  - What Partners Told Us

### **Recommendation(s)**

- 10 The Adults, Wellbeing and Health Overview and Scrutiny Committee is recommended to:
- (a) Receive the Durham Safeguarding Adults Partnership Annual Report suite for 2023/2024 and note the progress made by the Partnership.
  - (b) Note the future work of the Durham Safeguarding Adults Partnership.

## Background

- 11 The DSAP regularly reviews its strategic plans. Its current plan was agreed in September 2020, reviewed in 2021, refreshed towards the end of the year 2022/23 when partners focused upon the Coronavirus (Covid-19) recovery, and in May 2023 with an increased focus on the learning from Safeguarding Adults Reviews and strengthened activity to capture 'lived experience' and the voice of adults. The refreshed version [2023-2026](#) is published on the DSAP website. The plan has three agreed priorities:
- (a) Reflect upon the local safeguarding picture, identify trends and innovative actions;
  - (b) Seek assurance from agencies and use that information to strengthen safeguarding;
  - (c) Share key messages with our community, our networks and work co-productively with adults.
- 12 The DSAP Annual Report is minded to its vision to support adults at risk of harm to prevent abuse happening and when it does occur, to act swiftly to achieve good outcomes, consulting with the Local Healthwatch as a source of support to inform DSAP activity. The Local Healthwatch was consulted in relation to its revised strategic plan.

## Safeguarding Adults Assurance

- 13 The proceeding section outlines highlight messages that offer a level of assurance to AWH OSC and of safeguarding activity during 2023/2024.
- 14 Under the Care Act 2014, the Partnership should undertake Safeguarding Adults Reviews (SARs) when certain criteria are met, for example, when an adult with care and support needs has died or been seriously harmed, and there are concerns about how partners worked together to protect the adult. SARs give a focus upon what can be learnt about improving practice, what worked well, and about cooperation between organisations. SARs are not about blaming any individual or organisation.
- 15 During the year one SAR was completed and reported to the partnership. One SAR was ongoing at the end of the year.
- 16 Examples of emerging themes from the SARs include working with adults who self-neglect or who misuse alcohol and substances; application of and attention to the Mental Capacity Act 2005; applying risk guidance and recognition of risk; and creating safer organisational cultures.

- 17 As a consequence, the DSAP held key events for practitioners in safeguarding week 2023/2024, dedicated sessions for partners, and a range of practitioner briefings, newsflashes and ebulletins.
- 18 Further activity related to the emerging themes from SARs has included a multi-agency training and workshop offer, partnership development days, and a range of published briefings such as a self-neglect resource pack, and continuation of 'The Mental Capacity Act: what good looks like' suite of resources.
- 19 The DSAP published the full Report and easy read Report of the Whorlton Hall Safeguarding Adults Review in May 2023. The review findings place a lens upon national learning. The DSAP held a Summit to explore the local and national action plan from that review in January in 2024 and will take forward any local activity into the next year.
- 20 Closed/Toxic Cultures training was delivered by the Independent Chair of the Partnership to both social work practitioners and care providers, and it is planned to roll out Part 2 for next year.
- 21 The DSAP has addressed other nationally emerging themes with briefings, newsletter articles and awareness raising activity, covering a range of topics including Carers Week, Deaf Awareness Week, Co-Production Week, and Safer Internet Day.
- 22 Other publications developed to support providers included briefings on Falls, Resident to Resident Abuse, and Criminal Offences, and the new procedure Managing Professional Differences. During the year we updated the Professional Curiosity briefing and also updated the Skin Damage Toolkit again with the 2024 revised Government Guidance.
- 23 A key focus continued to be the use and application of the Mental Capacity Act 2005, and embedding human rights into safeguarding adults training offers.
- 24 The DSAP held its fourth virtual Safeguarding Week in conjunction with Durham Safeguarding Children Partnership and Safe Durham Partnership, with 496 places taken up across 19 webinars on a range of topics.
- 25 During 2023/2024 there were 56,674 visits to the DSAP website and 2,460 visits to the 'report abuse' page, an increase of 37 percent.
- 26 There were 59 core and single agency training courses delivered through 2023/24, with 811 places taken up (some delegates attend more than one course). We awarded 475 certificates to people who completed the DSAP Raising a Concern Workbook and passed the assessment for the same period.

- 27 All of our easy read booklets are written for adults with care and support needs. We updated the booklets during the year. Certificates were awarded for 'Stop Abuse Now' completed by 32 adults and 'Staying Safe' completed by 27 adults. The easy read 'What happens after abuse is reported?' was also updated.
- 28 We developed the easy read booklet, 'Being safe using your phone and social media' following requests from a provider and commissioner and published in January 2024. Certificates were awarded on completion by four adults.
- 29 Reported safeguarding concerns during 2023/2024 saw an average of 174 reports a week. As a partnership this offers assurance that reports have continued to be submitted. Not all reports require a safeguarding response.
- 30 When adults are at risk of or experiencing abuse Durham County Council Adult and Health Services may need to trigger the duty to undertake a safeguarding enquiry (Section 42 of the Care Act 2014). A key element of that safeguarding practice is to place emphasis upon the 'voice of adults'. People in receipt of safeguarding services are asked 'what would they like to happen'.
- 31 The DSAP is assured that the voice of adults is central to its safeguarding practice. From the year end data of adults or their representatives who were asked and expressed desired outcomes, 94 percent in concluded enquiries had their outcomes fully (76 percent) or partially (18 percent) met.
- 32 The DSAP were further assured about practice where risk was identified, in that risk was reduced or removed for 86 percent of concluded enquiries. There will always be a percentage of enquiries where the 'risk remains' following a safeguarding intervention, and this can be linked to the autonomous decision making of adults who may choose to live with a level of risk.

## **Looking Ahead**

- 33 The DSAP will continue its focus into 2024/25 on priorities of raising awareness and improving practice particularly in relation to working with adults who self-neglect or misuse alcohol or substances, professional curiosity, closed/toxic organisational cultures, risk assessment, and proper use of the Mental Capacity Act 2005.
- 34 Local and national activity in response to the findings of the Whorlton Hall Safeguarding Adults Review will continue, with the establishment of the national organisational abuse expert reference group.

- 35 The Partnership will maintain its focus upon key learning opportunities and strengthening its safeguarding offer, inclusive of Toxic Cultures training.
- 36 The Partnership will commission a local 'expert by experience' reference group led by lived experience leads with support from Durham Enable. The remit of the group is aimed at supporting Board priorities and activities.
- 37 Furthermore, it will strengthen its wider community related activities inclusive of empowerment activity and will engage a community reference group for co-production work as well as delivering community-based engagement events in 2024/25.

### **Conclusion**

- 38 The Annual Report provides a comprehensive overview of the work of the DSAP during 2023/24 and the priorities for 2024/25.

### **Background papers**

None

### **Other useful documents**

None

### **Author(s)**

Heidi Gibson

Tel: 03000 267965



---

## **Appendix 1: Implications**

---

### **Legal Implications**

The Care 2014 states that Safeguarding Adults Boards must publish an annual report and strategic plan, and that the report should outline its progress against that plan as well as learning from Safeguarding Adults Reviews.

### **Finance**

Continuing financial pressures on public services remain a challenge for member agencies and contributory partners of the DSAP. The DSAP monitors risk and challenges through its governance arrangements, including business continuity. Durham County Council ensure it includes any such areas in those arrangements.

### **Consultation and Engagement**

The annual report is consulted upon with all partner agencies. It consults with the local Healthwatch on its strategic plan. The DSAP offers opportunity to partner agencies to submit an annual overview of their own contributions to the work of the DSAP for inclusion within the annual report.

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

Adult safeguarding is linked to and covered in DSAP policies and procedures with equalities impact assessments undertaken when and where appropriate.

### **Climate Change**

The DSAP Business Unit is minded to the impact of climate change and aims to reduce its carbon footprint where possible. Emissions due to DSAP activity are in line with other County Council activity. For this report they include power use due to online processing and storage; and heating, lighting, travel, and other emissions by use of staff both homeworking and office working in line with the Council hybrid working model.

### **Human Rights**

Upholding human rights is a fundamental element of the DSAP core activity. The DSAP and relevant partners within the context of safeguarding adults should continue to ensure that they are embedded in policy and practice.

### **Crime and Disorder**

Adult safeguarding is linked to and covered within the DSAP policies and procedures. There is a close working relationship with the Safe Durham Partnership and working arrangements across agencies and broader

partnership including but not limited to the County Durham Anti-Slavery Network. Durham Constabulary is a statutory partner of the DSAP.

## **Staffing**

The sustaining of adult safeguarding activities requires continued priority to staffing to ensure adequate resource is maintained. The continued contribution to staffing from partner agencies is supportive of a dedicated support function to the DSAP, there can be continued pressure for capacity within the staffing function when unforeseen situations arise.

## **Accommodation**

No impact

## **Risk**

The risks associated with not appropriately managing responses to safeguarding are extremely high and include risks of ongoing abuse and neglect and the risk of serious organisational and/or reputational damage to statutory and non-statutory organisations in County Durham.

The DSAP puts considerable effort into training and awareness raising to ensure that abuse and neglect is recognised and reported. Screening of all reported concerns takes place, and they are directed appropriately to ensure the most appropriate response is taken.

Any risks identified under the umbrella of the DSAP is updated within a risk and challenge log which is reviewed quarterly. The impact of training is regularly explored and is reported annually. Partner agencies of the DSAP are committed to improvement activity. In 2022-2023 the partnership strengthened its arrangements through updates from Durham County Council, Principal Social Worker. The partnership also receipted update of three multi-agency reflective exercises related to provider concerns. That work will continue with further reflective exercises planned for future Board reporting.

## **Procurement**

The adoption of safeguarding principles in the procurement of health and social care services is essential. An example is the DSAP support for Durham County Council checking supply chains for modern slavery and a focus upon safeguarding within regionally agreed procurement frameworks for Safeguarding Adults Reviews.

---

## **Appendix 2: DSAP Annual Report on a Page 2023-2024**

---

See attached document.

---

## **Appendix 3: DSAP Easy Read Annual Report 2023-2024**

---

See attached document

# Annual Report on a Page 2023/24



**Durham Safeguarding Adults Partnership**

Durham Safeguarding Adults Partnership is supported by core statutory partners:

Durham County Council, Durham Constabulary, and NHS North East and North Cumbria Integrated Care Board



**DURHAM CONSTABULARY**

**NHS North East & North Cumbria**

**Our Vision:** We will support adults at risk of harm to prevent abuse happening; when it does occur, we will act swiftly to achieve good outcomes and we will consult with the Local Healthwatch as a source of support to inform DSAP activity



County Durham Population 522,100

420,800\* adults

111,300\*\* adults aged 65 and over



Over 64s Care

2,515 people had home care

2,656 people were living in a care home

Paid for or arranged by DCC @ 31.03.2024

\*Extrapolated estimate from ONS Census March 2021 \*\*ONS Census March 2021

## Safeguarding Adults in County Durham



9,070 concerns reported leading to

3,250 enquiries made of which

381 enquiries required input of the specialist adult protection team

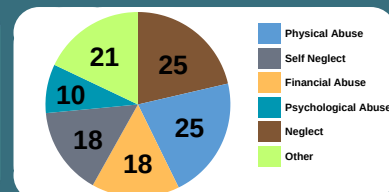
## In County Durham for every 100 safeguarding enquiries



### Places of abuse

Own home 53

Care home 31



## Voice of the adult and Making Safeguarding Personal



When adult lacked capacity, supported by advocate, family or friends in 36 enquiries  
When given, wished for outcomes met in 94 safeguarding enquiries

## For every 100 enquiries

Risk was removed or reduced in 86 enquiries

## Assurance

The Strategic Plan on a Page has three priorities

Safeguarding Adults Review (SAR) panel met regularly

Focus on sharing learning; two Development Sessions for DSAP partners

Reflections and Innovations

Safeguarding Assurance

Communications and Engagement



## Learning from SARs

Focus on safeguarding adults who self neglect  
Application of the Mental Capacity Act 2005

A summit to take forward the learning from the SAR about Whorlton Hall; 7 national systems findings for change

Toxic/Closed Cultures Part 1 training continued  
1 SAR learning event held

## Support for good practice: joint Safeguarding Week 2023

496 Places taken up

Held 19 webinars

5 page directory of resources and films shared



## Training

929 places taken up: DSAP multi-agency online training

474 completed Raising a Concern Workbook

176 attended DSAP briefings/updates

108 attended DSAP franchised training

59 completed DSAP Stop Abuse and Stay Safe easy read books

4 completed DSAP Being Safe on Social Media easy read books

## We asked our attendees



241 Event participants rated 4.7 / 5



454 Training participants rated 4.6 / 5

## We published



23 DSAP bulletins



11 Trainer's bulletins



5 Newsletters



1 Being safe on social media



Whorlton Hall full report (and an Easy Read)



6 revised and 3 new single topic briefings for practitioners



1 Training Strategy

Website Visits

Total visits 56,674

Training page 5,040 Visits

There were 2,460 visits to the Report Abuse page

Visits to the Report Abuse page increased by 37%

This page is intentionally left blank



**Durham**  
**Safeguarding Adults**  
Partnership

# **Durham Safeguarding Adults Partnership**

## **Annual Report 2023 to 2024**

### **Message from Lesley Jeavons**



Hello. My name is Lesley Jeavons, and I am the **Independent Chair** of the Durham **Safeguarding Adults Partnership. Chair** means that I am in charge of our meetings.



Our **Partnership** is made up of people from social care, health services, the police, and other organisations. **Independent** means I do not work for social care, health services, or the police.



**Safeguarding Adults** means the people in the Partnership work together to help keep people safe from **abuse** and **neglect**. **Abuse** is if someone does bad things to you that upset you or hurt you. **Neglect** is if someone caring for you gives you poor care and you are harmed.



This is our **Annual Report**. An **Annual Report** is about the work the Partnership did last year. It says what we did to keep people safe from abuse and neglect.

## What we did from April 2023 to March 2024



We held meetings about our work. We asked the people on the Partnership to tell us how their organisations keep people safe.





We held lots of short online events in our **Safeguarding Week**.

**Safeguarding Week** tells people about safeguarding adults and about abuse and neglect.



We trained staff, **volunteers** and people who use services about safeguarding. We used online Microsoft Teams, meetings in the same room, and booklets.

**Volunteers** give their time free to help people.



We wrote our new easy read booklet 'Being safe using your phone and social media'.

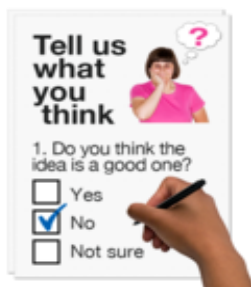
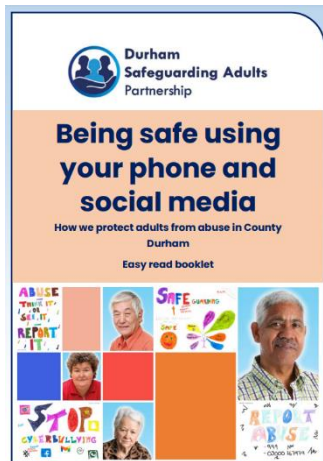


We updated our other easy read booklets to make them easier to use. Reading the booklets will help people keep safe.



Last year we gave certificates to

- 32 people who did the Stop Abuse Now easy read booklet
- 27 people who did the Staying Safe easy read booklet
- 4 people who did the 'Being safe on your phone and social media' easy read booklet.



We listened to people about using care services and health services.

We sent emails about

- the Mental Capacity Act 2005
- Autism Acceptance Week
- Carers Week
- Co-production Week
- Having a Vaccine, a Beyond Words booklet

and lots more.





We worked on our website to make it better.

[www.safeguardingdurhamadults.info](http://www.safeguardingdurhamadults.info)



We wrote a booklet about how to help people say what they want and to make decisions.



We updated some of our **guidance** and **policies**. **Guidance** helps people to work better. Our **policies** are rules to follow if there is abuse or neglect to adults.



We told home care services and care homes about safeguarding adults, and our guidance and policies. This helps them give better services.



We had **Safeguarding Adult Reviews**. If an adult has died or has been badly harmed and we want to know what happened we call it a **Safeguarding Adult Review**. We find out what went wrong in looking after people, and what might stop it happening again.



In 2019 there was a BBC programme about Whorlton Hall Hospital in County Durham. Since then we had a Safeguarding Adult Review about it.



In 2023 we put the report of the Whorlton Hall Safeguarding Adult Review and an easy read report on our website.



We held a **Summit** about the **action plans** from the Whorlton Hall Review. **Summit** means a lot of people go to a big meeting. **Action plans** means people spoke about what their organisation can do to stop it happening again.

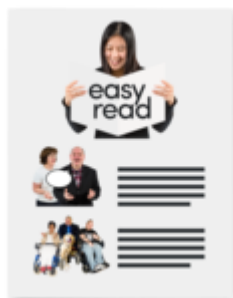
## What we will do from April 2024 to March 2025



We will carry on our Safeguarding Adult Reviews. This includes more learning from the Safeguarding Adult Review about Whorlton Hall.



We will train staff and volunteers and share news on our website.



We will tell more people about the easy read booklets, Staying Safe, Stop Abuse Now, and Being safe using your phone and social media.



We will carry on sharing messages about safeguarding adults.



We will make our guidance and policies better and write new ones.



We will hear the voice of adults who use services, to help us learn more about abuse and neglect.



We will plan an **empowerment** campaign with adults about what stopping abuse means to them.

**Empowerment** means help to make your own decisions.

## What to do if you are worried that someone is being abused or neglected



If abuse is happening to you, or you are frightened of someone, or you are neglected, or if someone tells you they have been abused, call Social Care Direct on **03000 26 79 79**.



Social Care Direct will listen to you carefully. Please do not worry, your details will be kept safe.



If you are in danger call the police on **999** first before calling Social Care Direct.



You might like to watch Tricky Friends, a film to support and empower people to tell someone if 'something's not right'. Click or tap on [Tricky Friends Video on YouTube](#)

This page is intentionally left blank



# Adults Wellbeing and Health Overview and Scrutiny Committee

13 January 2025

## Quarter 2: Forecast of Revenue and Capital Outturn 2024/25



### Report of Corporate Directors

**Paul Darby, Corporate Director of Resources**

**Michael Laing, Corporate Director of Adult and Health Services**

**Electoral division(s) affected:**  
Countywide

### Purpose of the Report

- 1 To provide the Committee with details of the forecast outturn budget position for the Adult and Health Services (AHS) service grouping, highlighting major variances in comparison with the budget for the year, based on the position to the end of September 2024.

### Executive Summary

- 2 This report provides an overview of the forecast of outturn, based on the position to 30 September 2024. It provides an analysis of the forecast budget outturn for the service areas falling under the remit of the Overview and Scrutiny Committee and complements reports considered by Cabinet on a quarterly basis.
- 3 The forecast indicates that AHS will have a cash limit underspend of £1.374 million at the year-end against a revenue budget of £159.497 million, which represents a 0.86% underspend.
- 4 Based on the forecasts, the Cash Limit balance for AHS as at 31 March 2025 will be £4.366 million.
- 5 Details of the reasons for under and overspending against relevant budget heads is disclosed in the report.
- 6 The AHS capital budget for 2024/25 comprises two schemes within Adult Care totalling £0.740 million. As at 30 September 2024 capital expenditure of £0.660 million has been incurred.

## **Recommendation**

- 7 It is recommended that the Adults Wellbeing and Health Overview and Scrutiny Committee note the financial position included in this report.

## Background

8 County Council approved the Revenue and Capital budgets for 2024/25 at its meeting on 28 February 2024. These budgets have subsequently been revised to take account of transfers to and from reserves, grant additions/reductions, budget transfers between service groupings and budget reprofiling between years. This report covers the financial position for:

- *AHS Revenue Budget - £159.497 million (original £160.100 million)*
- *AHS Capital Programme – £0.740 million (original £0.740 million)*

9 The original AHS revenue budget has been revised to incorporate a number of budget adjustments as summarised in the table below:

<b>Reason for Adjustment</b>	<b>£'000</b>
Original Budget	160,100
Budget Transfer to CEO – Systems and Data Team	(637)
Chief Officers Pay Award	34
<b>Revised Budget</b>	<b>159,497</b>

10 The summary financial statements contained in the report cover the financial year 2024/25 and show: -

- The approved annual budget;
- The actual income and expenditure as recorded in the Council's financial management system;
- The variance between the annual budget and the forecast outturn;
- For the AHS revenue budget, adjustments for items outside of the cash limit to take into account such items as redundancies met from the strategic reserve, capital charges not controlled by services and use of / or contributions to earmarked reserves.

## Revenue Outturn

- 11 The updated forecasts show that the AHS service is reporting a cash limit underspend of £1.374 million against a budget of £159.497 million which represents a 0.86% underspend. This compares with the forecast cash limit underspend at June of £1.828 million.
- 12 The tables below show the revised annual budget, actual expenditure to 30 September 2024 and the updated forecast of outturn to the year end, including the variance forecast at year end. The first table is analysed by Subjective Analysis (i.e. type of expense) and the second is by Head of Service.

### Subjective Analysis (Type of Expenditure)

	Revised Annual Budget £000	YTD Actual £000	Forecast Outturn £000	Items Outside Cash Limit £000	Cash Limit Variance QTR2 £000	Memo Forecast Position at QTR1 £000
Employees	42,239	21,187	41,567	0	(672)	(270)
Premises	1,410	304	1,333	83	6	(90)
Transport	2,651	947	2,443	0	(208)	(184)
Supplies & Services	4,269	3,200	4,622	0	353	349
Third Party Payments	386,900	177,962	392,725	0	5,825	947
Transfer Payments	12,251	6,001	13,030	0	779	570
Central Support & Capital	31,626	22,706	32,603	(2,447)	(1,470)	(1,647)
Income	(321,849)	(155,586)	(327,836)	0	(5,987)	(1,503)
<b>Total</b>	<b>159,497</b>	<b>76,721</b>	<b>160,487</b>	<b>(2,364)</b>	<b>(1,374)</b>	<b>(1,828)</b>

### Analysis by Head of Service Area

	Revised Annual Budget £000	YTD Actual £000	Forecast Outturn £000	Items Outside Cash Limit £000	Cash Limit Variance QTR2 £000	Memo Forecast Position at QTR1 £000
Excluded Services	128	(1,742)	128	0	0	0
Central/Other	(1,968)	(5,246)	(1,815)	(70)	83	1
Commissioning	351	869	1,267	(959)	(43)	(16)
Head of Adults	160,940	79,282	159,818	(292)	(1,414)	(1,813)
Public Health	46	3,558	1,089	(1,043)	0	0
<b>Total</b>	<b>159,497</b>	<b>76,721</b>	<b>160,487</b>	<b>(2,364)</b>	<b>(1,374)</b>	<b>(1,828)</b>

- 13 The table below provides a brief commentary of the forecast cash limit variances against the revised budget, analysed by Head of Service. The table identifies variances in the core budget only and excludes items outside of the cash limit (e.g. central repairs and maintenance) and technical accounting adjustments (e.g. central admin recharges and capital charges):

Service Area	Description	Cash limit Variance £000
<b>Head of Adults</b>		
Ops Manager LD /MH / Substance Misuse	£251,000 under budget on employees due to staff turnover above budget. £7,000 over budget on premises. £17,000 under budget on transport and supplies and services. £1,695,000 net over budget on direct care related activity.	1,434
Safeguarding Adults and Practice Development	£69,000 under budget on employees due to staff turnover above budget. £7,000 under budget on transport. £2,000 over budget on supplies and recharges.	(74)
Ops Manager OP/PDSI Services	£260,000 under budget on employees due to staff turnover above budget. £150,000 under budget on transport. £190,000 over budget on supplies and services. £2,157,000 net under budget on direct care-related activity.	(2,377)
Ops Manager Provider Services	£407,000 under budget on employees due to staff turnover above budget. £6,000 net under budget on transport, premises, supplies & services.	(413)
Operational Support	£11,000 over budget on employee costs due to staff turnover budget not met. £5,000 over budget on transport and supplies & services.	16
		<b>(1,414)</b>
<b>Central/Other</b>		
Central/ Other	£83,000 net over budget employees, supplies & services and central support.	83
		<b>83</b>
<b>Commissioning</b>		
Commissioning	£25,000 under budget on employees due to staff turnover above budget. £18,000 under budget on supplies and services.	(43)
		<b>(43)</b>

Service Area	Description	Cash limit Variance £000
<b>Public Health</b>		
Pharmacy	£27,000 under budget linked to flu immunisation.	(27)
Team 1 – including Tobacco, 0-25 Healthy Child	£143,000 over budget linked to Nicotine Replacement. £343,000 underbudget on budgets linked to future Agenda for Change costs and CYPS contracts (full year budget covering partial year increase). £45,000 received from HDFT linked to Trailblazer payments made in previous year.	(245)
Team 2 – including Health Protection, Sexual Health, Oral Health	£399,000 under budget linked to future Agenda for Change costs and additional budget for Integrated Sexual Health Service. £90,000 under budget on “Protecting Health” and £42,000 Oral Health budget not being used.	(531)
Team 3 – including Drugs & Alcohol, Domestic Abuse, Wellbeing for Life	£16,000 under budget on In Patient Detox, £5,000 under budget on Nalaxone and £30,000 under budget on Remain Safe all funded from Grant. £118,000 under budget against prescription charges. £14,000 under budget on Drug and Alcohol Recovery Services etc.	(183)
Team 4 including Healthy Weight, Physical Activity, Workplace Health	£3,000 under budget against CREES.	(3)
Team 5 including Mental Health, County Durham Together	£22,000 under budget against County Durham Together budget.	(22)
Public Health Team	£63,000 under budget on staffing – vacant posts within the Public Health Team. £40,000 fortuitous income from the ICB towards suicide coordinator post. £1,114,000 transfer to Grant Reduction Reserve for future Public Health projects.	1,011
		<b>0</b>
<b>AHS Total</b>		<b>(1,374)</b>

- 14 The service grouping is on track to maintain spending within its cash limit. The forecast outturn position incorporates the MTFP savings built into the 2024/25 budgets, which for AHS in total amounted to £1.029 million.

### Capital Programme

- 15 The AHS capital programme comprises two schemes, the upgrade of Hawthorn House respite centre and the development of Positive Journeys at Chester le Steet.
- 16 Further reports will be taken to MOWG during the year where revisions to the AHS capital programme are required. The capital budget currently totals £0.740 million.

17 Summary financial performance to 30 September 2024 is shown below.

<b>Scheme</b>	<b>Actual Expenditure 30/09/2024 £000</b>	<b>Revised 2024-25 Budget £000</b>	<b>(Under) / Over Spending £000</b>
Hawthorn House Development	627	714	(87)
Positive Journeys Chester le Street	33	26	7
	<b>660</b>	<b>740</b>	<b>(80)</b>

18 Officers continue to carefully monitor capital expenditure on a monthly basis. At year end the actual outturn performance will be compared against the revised budgets, and service and project managers will need to account for any budget variance.

### **Background Papers**

19 Cabinet Report 4 December 2024 – Forecast Revenue and Capital Outturn 2024/25 – Period September 2024.

---

## **Appendix 1: Implications**

---

### **Legal Implications**

The consideration of regular budgetary control reports is a key component of the Council's Corporate and Financial Governance arrangements. This report shows the forecast spend against budgets agreed by the Council in February 2024 in relation to the 2024/25 financial year.

### **Finance**

Financial implications are detailed throughout the report which provides an analysis of the revenue and capital outturn position alongside details of balance sheet items such as earmarked reserves held by the service grouping to support its priorities.

### **Consultation**

Not applicable.

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

Not applicable.

### **Human Rights**

Not applicable.

### **Crime and Disorder**

Not applicable.

### **Staffing**

Not applicable.

### **Accommodation**

Not applicable.

### **Risk**

The consideration of regular budgetary control reports is a key component of the Councils Corporate and Financial Governance arrangements.

### **Procurement**

The outcome of procurement activity is factored into the financial projections included in the report.



Overview and Scrutiny Committee

Adults Wellbeing & Health – 13 January 2025

AHS Revenue and Capital Outturn Forecast 2024/25 Quarter 2

Peter Dowkes – Principal Accountant



# OVERVIEW

- 2024/25 Quarter 2 Revenue Forecast Outturn and Variance Explanations
- 2024/25 Quarter 2 Capital Position

## AHS Q2 2024/25 Forecast Outturn By Expenditure Type

	<b>Revised Annual Budget</b>	<b>YTD Actual</b>	<b>Forecast Outturn</b>	<b>Items Outside Cash Limit</b>	<b>Cash Limit Variance QTR2</b>	<b>Memo Forecast Position at QTR1</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Employees	42,239	21,187	41,567	0	(672)	(270)
Premises	1,410	304	1,333	83	6	(90)
Transport	2,651	947	2,443	0	(208)	(184)
Supplies & Services	4,269	3,200	4,622	0	353	349
Third Party Payments	386,900	177,962	392,725	0	5,825	947
Transfer Payments	12,251	6,001	13,030	0	779	570
Central Support & Capital	31,626	22,706	32,603	(2,447)	(1,470)	(1,647)
Income	(321,849)	(155,586)	(327,836)	0	(5,987)	(1,503)
<b>Total</b>	<b>159,497</b>	<b>76,721</b>	<b>160,487</b>	<b>(2,364)</b>	<b>(1,374)</b>	<b>(1,828)</b>

## AHS Q2 2024/25 Forecast Outturn By Service Area

	<b>Revised Annual Budget</b>	<b>YTD Actual</b>	<b>Forecast Outturn</b>	<b>Items Outside Cash Limit</b>	<b>Cash Limit Variance QTR2</b>	<b>Memo Forecast Position at QTR1</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Excluded Services	128	(1,742)	128	0	0	0
Central/Other	(1,968)	(5,246)	(1,815)	(70)	83	1
Commissioning	351	869	1,267	(959)	(43)	(16)
Head of Adults	160,940	79,282	159,818	(292)	(1,414)	(1,813)
Public Health	46	3,558	1,089	(1,043)	0	0
<b>Total</b>	<b>159,497</b>	<b>76,721</b>	<b>160,487</b>	<b>(2,364)</b>	<b>(1,374)</b>	<b>(1,828)</b>

## AHS Revenue Budget 2024/25

AHS budget position for 2024/25 is a projected under budget of £1.374 million, which equates to 0.86% of net budget.

Key reasons for budget variances:

### **Head of Adult Care (projected under budget of £1.414 million)**

- Net under budget on employee related costs of circa £0.976 million mainly through the level of staff turnover being above budget.
- Net over budget on supplies and services, transport and other costs and over recovery of income circa £24,000.
- Net under budget on care related activity of circa £0.462 million.

## AHS Revenue Budget 2024/25

Key reasons for budget variances:

### **Central Costs / Other (projected over budget £83,000)**

- Net over budget on employees, supplies and service, and central charges.

### **Commissioning (projected under budget £43,000)**

- Under budget in respect of management of vacancies and a small under budget on supplies and services.

## AHS Revenue Budget 2024/25

### **Public Health (projected on target)**

- This budget is funded mainly by Public Health Grant for 2024/25, and therefore shows nil net expenditure on the report.
- However, £1.114 million has been made available for future investment in Public Health projects from savings from vacant posts and underspends against some contracts.

## AHS – 2024/25 CAPITAL

<b>Scheme</b>	<b>Actual Expenditure 30/09/2024 £000</b>	<b>Revised 2024-25 Budget £000</b>	<b>(Under) / Over Spending £000</b>
Hawthorn House Development	627	714	(87)
Positive Journeys Chester le Street	33	26	7
	<b>660</b>	<b>740</b>	<b>(80)</b>



**ANY QUESTIONS?**

This page is intentionally left blank