



**Special Joint Adults, Wellbeing and Health Overview and Scrutiny  
Committee and Children and Young People's Overview and Scrutiny  
Committee**

**Date** Tuesday 21 April 2015  
**Time** 11.00 am  
**Venue** Council Chamber, County Hall, Durham

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**Business**

**Part A**

**Items during which the Press and Public are welcome to attend. Members  
of the Public can ask questions with the Chairman's agreement.**

1. Apologies
2. Substitute Members
3. Declarations of Interest, if any
4. Annual Report of the Director of Public Health - Report and  
Presentation of the Director of Public Health (Pages 1 - 4)
5. Such other business as, in the opinion of the Chairman of the  
meeting, is of sufficient urgency to warrant consideration

**Colette Longbottom**  
Head of Legal and Democratic Services

County Hall  
Durham  
13 April 2015

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

Councillor R Todd (Chairman)

Councillor J Chaplow (Vice-Chairman)

Councillors J Armstrong, A Bonner, P Brookes, J Charlton, P Crathorne, M Davinson, S Forster, K Hopper, E Huntington, P Lawton, H Liddle, O Milburn, L Pounder, A Savory, W Stelling, P Stradling and O Temple

**Co-opted Members:**

Mrs B Carr and Mrs R Hassoon

**Co-opted Employees/Officers:** Mr P Taylor

To: **The Members of the Children and Young People's Overview and Scrutiny Committee**

Councillor J Blakey (Chairman)  
Councillor C Potts (Vice-Chairman)

Councillors J Armstrong, D Bell, K Corrigan, K Dearden, I Geldard, C Hampson, J Hart, D Hicks, K Hopper, H Liddle, J Measor, S Morrison, T Pemberton, L Pounder, M Simmons, H Smith, M Stanton, P Stradling, A Bonner, P Brookes, J Chaplow, J Charlton, P Crathorne, M Davinson, S Forster, E Huntington, O Milburn, A Savory, W Stelling, O Temple and R Todd

**Faith Communities Representatives:**

Mrs G Harrison and Mr G Moran

**Parent Governor Representatives:**

Mr R Patel

**Co-opted Members:**

Mr K Gilfillan and Mr D Kinch

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**Contact: Kirsty Gray**

**Tel: 03000 269705**

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**Special Joint Meeting of Adults Wellbeing & Health  
and Children & Young People's Overview & Scrutiny  
Committees**



**21 April 2015**

**Annual Report of the Director of Public Health**

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**Report of Anna Lynch, Director of Public Health, County Durham**

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**Purpose of the Report**

1. This report is to present the 2014 annual report of the Director of Public Health for County Durham.

**Background**

2. Under the Health & Social Care Act 2012, one of the statutory requirements of each Director of Public Health is to produce an annual report about the health of the local population. The relevant local authority has a duty to publish the report. The government has not specified what the annual report might contain and has made it clear that this is a decision for individual Directors of Public Health to determine.
3. It is important to note that most data and information on the health status of the communities in County Durham is detailed in the Joint Strategic Needs Assessment available on the Council's website. Further information on public health programmes can also be found in the public health business plan and the joint health & wellbeing strategy. Detailed information on health protection issues for County Durham residents is contained in a Public Health England report – *Protecting the population of the North East from communicable diseases and other hazards – Annual Report 2012/13*. This is available on request.
4. The 2014 annual report focuses on tackling social isolation and the action that needs to be taken by a range of organisations to reduce the impact on the health and wellbeing of communities. Social isolation has been identified in the joint health and wellbeing strategy as an issue raised by communities during the consultation period. The Better Care Fund programme includes a social isolation workstream that focuses on community action that support cohesion and connectedness which facilitates greater resilience and independence. This report attempts to develop an understanding of the issues and ways it can be addressed. The key messages from the report are detailed in Appendix 2.
5. The annual report will be uploaded onto the council website and hard copies provided to a range of organisations and individuals including the County Durham clinical commissioning groups, NHS England, third sector organisations, foundation trusts, Public Health England, North of England Commissioning service etc. In addition, copies will be made available to the members library, to individual members (where requested), Cabinet, Overview & Scrutiny Committees and officers.

## Recommendations

6. The AWH & CYP OSC is asked to:
  - a. Receive the 2014 annual report of the Director of Public Health, County Durham and note the key messages and recommendations,
  - b. Note that the report is used to inform commissioning plans, service developments and assessment of need to support a range of funding bids, particularly by third sector organisations

## Background Papers

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**Contact: Anna Lynch, Director of Public Health, County Durham**

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

**Tel: 03000 268146**

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## **Appendix 1: Implications**

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### **Finance**

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

### **Staffing**

No impact

### **Risk**

No impact

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

No impact

### **Accommodation**

No impact

### **Crime and Disorder**

No impact

### **Human Rights**

No impact

### **Consultation**

This is the independent report of the Director of Public Health and is not subject to consultation

### **Procurement**

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

### **Disability Issues**

No impact

### **Legal Implications**

No impact

## Appendix 2

### KEY MESSAGES

- Social isolation and/or loneliness is a significant and growing public health challenge for County Durham's population. It is associated with poor physical, mental and emotional health including increased rates of cardio-vascular disease, hypertension, cognitive decline and dementia.
- Anyone along the lifecourse can suffer from social isolation, not just older people. It can affect anyone at any point in their lives, though some individuals are at higher risk.
- People with stronger social networks are more likely to be healthier and happier. Those with weaker social networks can become isolated, and as a result, more likely to experience poor physical and mental health and require support and intervention from the local health and care services.
- Earlier interventions could help prevent some of the negative effects of social isolation from accumulating further and impacting on health and wellbeing as people get older.
- Social isolation is an issue that requires all organisations, communities and individuals to become involved and to recognise that all have a key role to play.
- The causes of social isolation are complex and varied. As well as supporting individuals who are, or who are potentially at risk of social isolation, partner organisations must continue to tackle the underlying causes such as stigma and discrimination, education, poverty, skills and employment etc.

### RECOMMENDATIONS

- Partner organisations should identify those who are, or who are at potential risk of becoming socially isolated. There is a role for communities and individuals to support isolated people at a local level, and to build resilience and social capital in their communities.
- Organisations should support the building of local connectedness in communities, working across partnerships in order to protect those most at risk of social isolation.
- Organisations, including the voluntary and community sector and Action Area Partnerships (AAPs) should work towards creating an environment where people can connect with their neighbours, communities or people of the same interest.
- Front-line professionals should consider the impact of social isolation on their patients/clients and signpost or support them to sources of help.
- Relevant strategies should identify actions to tackle social isolation wherever appropriate.
- Service developments, new commissions and contract specifications should consider the impact of social isolation on client / patient groups.
- Appropriate training and policies should be in place to support volunteers in County Durham communities.
- Partners should continue to focus on 'upstream' approaches that tackle the underlying causes of social isolation.