

Joint Health and Wellbeing Strategy 2021-2025



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Foreword

Welcome to the County Durham Health and Wellbeing Board's sixth Joint Health and Wellbeing Strategy (JHWS).

The Health and Wellbeing Board agreed the JHWS 2020-25 at its meeting in March 2020, to provide a holding position for a year while work was undertaken to ensure the Strategy took account of the County Durham Vision 2035 the Marmot 10 Year Review and the NHS health inequalities paper.

At that time, we could not foresee the scale of the global coronavirus pandemic, Covid-19, and as Chair and Vice Chair we must acknowledge the impact this has had on our services across the County.

A specific County Durham Covid-19 Health Impact Assessment on inequalities was undertaken which took account of the first lockdown, which was supported by detailed forecasting and modelling work. This has given a helpful, system-wide picture of the potential impact of the pandemic on County Durham residents over the next 4 years and has been considered in the development of the JHWS 2021-25.

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

Although recovery will take years, our partners will continue to work together to prevent health and wellbeing inequalities widening even further through the promotion of inclusive programmes of work and the actions in the JHWS 2020-25 have supported our approach in how we deliver health and social care services in these unprecedented times.

During these challenging times, the Board and its partners have responded to the pandemic and work has continued to improve people's health and reduce health inequalities across the county, however work in some areas has been impacted as a result of the pandemic.

The following achievements have been delivered against the priorities in the JHWS 2020-25:

- Holiday activities with food delivered to 14,500 children
- Increased number of businesses signing up to the county's Breastfeeding Friendly scheme, this includes all Local Authority Libraries and Leisure Centres, and Durham and Bishop Auckland Town Halls.
- Launch of Healthy Business Strategy to support smaller businesses and voluntary organisations to provide access to good quality mental health training and support for owners and employees
- Continuation of the 'Active 30' programme in schools
- Reduction in substance misuse deaths
- Creation of the Physical Activity Strategy Committee to support an evidence-based approach to local systems and policy
- Currently 28,315 dementia friends and 140 dementia friends' champions
- 30 dementia friendly communities established

- Established the County Durham Together Community Hub to support vulnerable residents
- Recruited Covid-19 Community Champions to supporting the promotion and dissemination of key messages and help us to better understand the needs of our communities

Moving forward, we continue to be supported by partners to deliver our vision to ensure ***County Durham is a healthy place, where people live well for longer.***

We would like to thank everyone for their continued commitment to achieving our vision during these challenging times.



Councillor Lucy Hovvels MBE
Chair of the Health and Wellbeing Board
Cabinet Portfolio Holder for Adult and Health Services



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

What is the Health and Wellbeing Board?

Health and Wellbeing Boards were established under the Health and Social Care Act 2012, and County Durham Health and Wellbeing Board was formally established as a committee of Durham County Council in April 2013.

The legislation gives the County Durham Health and Wellbeing Board specific functions as follows:

- To develop a Joint Strategic Needs Assessment (JSNA), which provides an overview of the current and future health and wellbeing needs of the people of County Durham;
- To develop a Joint Health and Wellbeing Strategy (JHWS), which is based on evidence in the Joint Strategic Needs Assessment;
- A responsibility and duty to encourage integrated working between commissioners of health services, public health and social care services for the purposes of advancing the health and wellbeing of the people in its area;
- Power to encourage those who provide services related to social determinants of health to work closely with the Health and Wellbeing Board;
- To produce a Pharmaceutical Needs Assessment which looks at the current provision of pharmacy services across County Durham, and whether there are any potential gaps to service delivery;
- Act as the Local Outbreak Engagement Board as the public-facing Board led by Elected Members of the Council to communicate openly with the public.

Covid-19, and our response

The Covid-19 pandemic is one of the greatest public health challenges in living memory, with significant repercussions for health and wellbeing. It has affected every part of our society and is likely to lead to lasting changes to how we live, work and play. The virus is highly infectious and can cause severe respiratory illness. The risk of dying from the Covid-19 virus is highest in the elderly or those with underlying health conditions, however the risks are found to be higher in males than females; higher in those living in the more deprived areas than those living in the least deprived; and higher in those in Black, Asian and Minority Ethnic (BAME) groups than in White ethnic groups.

As well as these direct health consequences of the Covid-19 virus, the subsequent restrictions, have affected other areas of health and wellbeing including mental health, social isolation, and changes in eating, drinking and physical activity behaviours. The wider impacts are still unfolding, with concerns around the health of the economy, employment, education, businesses and socio-economic inequalities.

However, throughout these difficult times our services, communities, and residents have been working together in partnership to address these challenges.

In July we published a Local Outbreak Control Plan for County Durham, which sets out our plan to protect our local communities by preventing and controlling transmission of Covid-19. The plan includes provision of clear prevention messages, rapid detection and management of outbreaks, working with various settings to implement appropriate infection control measures and developing and applying intelligence, including the knowledge and insight provided by our local communities. The latest coronavirus news, support and advice can be found at <https://www.durhaminsight.info/covid-19/>

It also outlines the support we will continue to offer to our communities, particularly those who are vulnerable or needing to self-isolate.

The role of the Health and Wellbeing Board in this pandemic is key. The Health and Wellbeing Board is our Member led Local Outbreak Engagement Board to support the ongoing response to Covid-19. The Health and Wellbeing Board will:

- Lead, coordinate and manage the work to help prevent the spread of Covid-19
- Utilise the Approach to Wellbeing Principles
- Support local people/communities to:
 - Understand the issues
 - Provide a forum to ask questions relating Covid-19
 - How recovery is planned at a local level

Since the Local Outbreak Control Plan was launched at the Health and Wellbeing Board in July, the Health Protection Board has undertaken a number of actions to support our communities, which includes the following:

- Progressed the implementation of the Local Outbreak Control Plan since its launch in July
- Each setting has developed their local outbreak control teams (OCT), standard operating procedures (SOP) with Public Health England (PHE) for outbreaks (this includes additional groups that are relevant to County Durham for e.g. Durham University)
- Agreed local process for schools informing the local authority of suspected cases
- Developed a response to the contain framework and local escalation
- Actively responded to cases clusters and outbreaks of Covid-19
- Engaged nationally to ensure accurate up to date data and intelligence is received locally
- Supported 1,500 settings with case management within the setting (self-reported cases)
- Training and capacity building across council departments
- Improved data analysis, analysis data sharing including healthcare
- Worked with partners including the local authority and police to support compliance and undertake enforcement activity where
- Developed a Covid-19 Communication Toolkit and produced a community engagement strategy and action plan.
- Communications has included through Social media; Targeted messages and Common risk factors

As part of the Local Resilience Forum (LRF) gold command, emergency system response to the Coronavirus pandemic, a County Durham Together Community Hub has been established to co-ordinate food provision, social contact, welfare support and as central co-ordination function for the voluntary and community sector. The Hub support residents that are clinically extremely vulnerable; have multiple social vulnerabilities and are impacted by COVID-19; are self-isolating; need support to access food, essential supplies and online shopping slots; have concerns about money, housing, health or employment linked to coronavirus, self-isolation or lockdown; are isolated or lonely and would like someone to listen and chat via our Chat Together programme or have questions or queries about current Guidance and Legislation

Although recovery will take years, our partners will continue to work together to prevent health and wellbeing inequalities widening even further.

We have also conducted a Health Impact Assessment (HIA) for health inequalities during Covid-19 to provide a 'snapshot' insight into the direct and indirect impact of Covid-19 lockdown on inequalities. The HIA focused on the following areas:

- Socio-economic factors - poverty reduction
- Mental health and emotional wellbeing
- Community assets and community mobilisation
- Inclusion of vulnerable groups

The findings and recommendations from the HIA have been used to develop a system-wide recovery plan for health inequalities which has been integrated into key strategic partnership plans such as the Joint Health and Wellbeing Strategy and the County Durham Place Based Commissioning and Delivery Plan 2020-2025 and have been incorporated into the Health and Wellbeing Board work programme to ensure action is taken.

County Durham Vision 2035

The County Durham Vision 2035 is a document developed with partners to provide a shared understanding of what everyone wants our county to look like in 15 years' time.

The County Durham Vision 2035 was written together with partner organisations and the public. It provides strategic direction and enables us to work more closely together, removing organisational boundaries and co-delivering services for the benefit of our residents. This vision is structured around three ambitions which are:

- More and Better jobs
- People live long and independent lives
- Connected communities

A new partnership structure framework was agreed by the County Durham Partnership (the overarching partnership in County Durham) in September 2020 which ensures the County Durham partnership structure aids delivery of the County Durham Vision 2035.

The new partnership structure underneath the County Durham Partnership is:

- **Health and Wellbeing Board (Local Outbreak Engagement Board) – Statutory**
- Safe Durham Partnership – Statutory
- Economic Partnership
- Environment and Climate Change Partnership

In addition, the County Durham Together Partnership will be responsible for countywide approaches.

The JHWS will form part of the delivery mechanism for the Vision, with the objectives contained under the vision ambition "People live long and independent lives" which have a health focus being the responsibility of the Health and Wellbeing Board, as well as also working with other partnerships on shared priorities and cross-cutting issues. In doing so, it is important that we encourage activities that support inclusion so that inequalities are not exacerbated and ensuring that no one is left behind.

The Health and Wellbeing Board will deliver the following objectives under the vision ambition **'People will have long and independent lives'**:

- Children and young people will enjoy the best start in life, good health and emotional wellbeing
- Children and young people with special educational needs and disabilities will achieve the best possible outcomes
- We will promote positive behaviours
- We will tackle the stigma and discrimination of poor mental health and building resilient communities
- Better integration of health and social care services
- People will be supported to live independently for as long as possible by delivering more homes to meet the needs of older and disabled people

In addition, we will work closely with the Environment and Climate Change Partnership who will deliver on the objective to create a physical environment that will contribute to good health and the Economic Partnership to ensure young people have access good quality education, training and employment.

As mentioned above, the HWB will not just fulfil the objectives in the Vision but also has a duty to meet our statutory obligations under the Health and Social Care Act 2012.

County Durham Plan

The County Durham Plan sets out a range of development proposals as well as planning policies for the County until 2035 to ensure it is a successful place to live, work, invest and visit by focussing on supporting and creating vibrant communities. The plans seeks to do this by delivering more and better jobs and sustained economic growth; a wide choice of high quality homes that supports economic growth and meets the needs of all people; a high quality built and enhanced natural environment; and the necessary supporting infrastructure including transport, health and educational needs.

Approach to Wellbeing

The County Durham Approach to Wellbeing has been adopted by the Health and Wellbeing Board as a means of ensuring all organisations and services within the county consider wellbeing as a common currency; it includes everything that is important to people and their lives. It is designed to ensure we involve people in decisions that affect them and devolve power to people, and the act of doing so, then has an impact on people's wellbeing. This will invoke a culture where the wellbeing of the County's residents is considered in every decision that is made whether this be regarding decisions about people or places or the systems designed to support them. It is aligned to the County Durham Vision and its three ambitions of:

- More and Better Jobs
- People Live Long and Independent Lives
- Connected Communities

Our approach has six guiding principles which are all underpinned by a strong evidence base. These principles affirm the key role that communities can play in supporting their own residents and the significant improvements in health and wellbeing outcomes that can result from involving communities more in decisions that affect them. A community can be defined as a geographical community or a community of interest such as people living with dementia or asylum seekers.

Our approach has people and places at its heart. Working with communities, building on the assets of those communities, supporting the positive development of the neighbourhoods that people live in and fostering the resilience and empowerment of these communities through the support offered to everyone, and importantly to those who are most vulnerable.

Our approach highlights the importance of supporting systems – encouraging alignment of activities across agencies and sectors and ensuring that services are commissioned and delivered in a way that is collaborative and supportive. For those who require more formal interventions or treatment, our approach supports person-centred interventions that are empowering rather than stigmatising. Through commissioners and providers of services across the sectors the model helps to provide a framework against which we can address the needs of peoples, communities and neighbourhoods whilst working towards a cultural change. This means ensuring all services self-assess against the model using the structured framework that helps to reflect on current practice and will inform future decisions about how local work and activities can support the wellbeing of people living in communities. Over time it is aimed that the model will be integrated into commissioning decisions, supporting providers to deliver services that place improving wellbeing at the centre of service delivery.

Finally, and most importantly, all our actions need to be informed by local conversations with people and communities – using and building on their knowledge and learning from their own experiences of knowing what they need, what is right and what works for them. In doing this we will also ensure that the model is dynamic, adapting, changing and that it is shaped and developed over time by County Durham residents.

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

Joint Strategic Needs Assessment

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

Over the last few years, we have transformed our JSNA to create a tool that is fit for the future and rooted in intelligence and wider evidence about what drives health and wellbeing across the county. The JSNA is part of Durham Insight, our shared intelligence, research and knowledge base for the County www.durhaminsight.info.

As part of that development, we have added information on the following:

- Covid-19 advice and information
- County Durham Covid-19 surveillance dashboard
- Local economy during and post Covid-19 (including furloughed employments; estimates of unemployment; claimant count)
- Covid-19 shielded population
- Office for National Statistics (ONS) population estimates and projections
- Poverty (including children in poverty; free school meals; fuel poverty)
- Reports and story maps - State of the County; County Durham Town Centre Surveys 2019; Enterprise Framework: Business Geography)

Further insight on physical activity patterns and trends is provided by the Active Partnership. This contributes to the shaping of policy, delivery and system change.

Key messages from our Joint Strategic Needs Assessment:

Deprivation and employment

- County Durham is in the top 40% most deprived upper-tier local authorities in England, ranking as the 48th most deprived of 151 upper tier local authorities in England.
- Nearly half of our population live in the 30% most deprived areas nationally. For children this rises to 54% (IMD2019).
- There are almost 14,000 businesses based in County Durham, an increase of almost 20% over the last 10 years.
- 72.1% of people of working age in County Durham are in employment. This is higher than regionally (71.8%), but lower than nationally (76.4%).
- ONS estimate that around one third of people in employment work in key worker occupations (33.1%/76,000 people, Jan 2019 to Dec 2019)

Covid-19

- The Clinically Extremely Vulnerable (CEV) population for County Durham is around 27,200 people; there is a social gradient between the most vulnerable and deprived areas of County Durham. A further cohort of around 72,000 people were identified through a Population Health Management approach as potentially displaying multiple social vulnerabilities due to Covid-19 (as opposed to being clinically extremely vulnerable).
- Through the work of our County Durham Together community hub we have helped to protect our most clinically and socially vulnerable from the wider impacts of Covid-19. Since it was launched the hub has helped coordinate food deliveries and link people to volunteers, welfare advice, and wider support services; supporting over 10,000 people. Over 2,000 shielding residents needed support with food supplies and 1,500 needed support with pharmacy supplies.
- At the peak of the pandemic, over 200 council staff and over 80 NHS and Wellbeing for Life staff were redeployed from their usual roles to support the community hub, which was functioning 7 days per week.
- Local estimates suggest that 69,000 employments in County Durham were furloughed up to June 2019; and that 11,500 claims by eligible self-employed people in County Durham have made claims under the Coronavirus Self-Employment Income Support Scheme (SEISS) Tranche 2 up to 31st August 2020, representing 59% of the eligible population.
- Over the entire pandemic period there have been over 20,500 positive lab confirmed tests. Our peak 7-day rate per 100,000 (so far) was 413.7 on November 13th 2020. In total there have been over 1,000 Covid-19 related deaths of County Durham residents recorded by ONS, at a rate of 920.9 per 100,000. For the North East this rate is 816.7 per 100,000. The latest COVID statistics relating to County Durham can be found on Durham Insight <https://www.durhaminsight.info/covid-19/>

Starting Well

- Life expectancy and healthy life expectancy for both men and women in County Durham is lower than the England average.
- Life expectancy is 8.8 years lower for men and 6.6 years lower for women in the most deprived areas of County Durham than in the least deprived areas.
- There are 101,500 children aged 0-17 living in County Durham, with a further 49,800 young people aged 18 – 24.

- As at December 2020:
 - 1,648 CYP are known to early help,
 - 1,952 are Children in Need,
 - 963 are Children Looked After,
 - 469 CYP are subject to a current Child Protection Plan, and
 - 3,704 CYP (aged 0-25) have an Education, Health and Care Plan
- Childhood obesity is worse than the England average and is increasing. 1 in 10 (10.7%) reception children and 1 in 5 (22.7%) Year 6 children are obese (2019/20).
- Levels of teenage pregnancy, smoking in pregnancy, breastfeeding, and the rate for alcohol-specific hospital admissions among those under 18 are worse than the average for England.
- Educational attainment, levels of self-harm hospital admissions and childhood immunisations are better than England, as was the percentage of children aged 2-2½ years at or above the expected level of development in all five areas of development (communication, gross motor, fine motor, problem-solving and personal-social skills) in 2018/19.
- Estimates suggest that:
 - 46% of children live in households where an adult has any of the 'toxic trio' (experience of domestic abuse, alcohol/substance misuse problems or mental health problems). That's almost 46,500 children & young people.
 - 1 in 10 children are estimated to have a mental health condition, that's around 10,000.

Living Well

- National (pre Covid) estimates suggest 1 in 4 adults will experience at least one diagnosable mental health problem in their lifetime; that's over 100,000 adults in County Durham. In any one week, 1 in 6 adults will experience symptoms of depression or anxiety.
- Rates of death by suicide and undetermined injury are statistically significantly higher in County Durham than England. During the period 2017-2019 there were an average of 62 deaths by suicide and undetermined injury per year.
- There are 43 Crees across County Durham, engaging with those at risk of suicide by tackling social isolation and self-harm through skill-sharing and informal learning to promote social interaction. Although Crees were originally aimed at men, some have developed for women and young people.
- Estimated smoking prevalence has increased for 2019 from 15% to 17%, or by around 12,000 residents since 2017
- Estimated levels of excess weight in adults (aged 18+) and physically active adults (aged 19+) are worse than the England average.
- Prevalence of hypertension, COPD, cardiovascular disease, diabetes, stroke and coronary heart disease are higher in County Durham than England. But levels of new sexually transmitted infections, people killed and seriously injured on roads, statutory homelessness and new cases of tuberculosis are better than the England average.

Ageing Well

- There are over 110,000 residents aged 65 and over in County Durham. ONS Projections suggest that to 2035 the number aged 65+ will increase by 31% and the number aged 85+ will increase by 82%.
- 35% of the county's over 60 population live in income deprived households (IDAOP, IMD2019). That's around 47,500 older people.
- Over 30,000 people aged 65+ live alone.

- Over 5,000 County Durham residents have a dementia diagnosis. However, it is estimated that the actual number of people over the age of 65 with dementia is closer to 7,300, this is predicted to increase 52% to over 11,000 by 2040 (POPPI).
- There are now 30 dementia friendly communities across the county, raising awareness and helping those affected to confidently contribute to community life.
- Rates of premature mortality from the major causes of death are statistically significantly higher in County Durham than England, this includes rates for CVD, cancer, liver disease and heart disease.
- There is inequality in the distribution of premature mortality within County Durham. It is higher in the more deprived areas.

Policy drivers

Key factors which impact on health have been drawn out from the JSNA and utilised to inform the priorities for the JHWS. This has been coupled with the major policy drivers for improving health and reducing health inequalities and any COVID-19 implications:

- The Marmot Review (Fair Society Healthy Lives) 10 years on
- NHS Long Term Plan
- Prevention Green Paper - Advancing our health: Prevention in the 2020's
- Future in Mind
- Better Births
- Health Impact Assessment on Inequalities during COVID-19

In 2020, the Health Foundation commissioned the Institute of Health Equity to examine progress in addressing health inequalities in England, 10 years on from the landmark study Fair Society, Healthy Lives (**The Marmot Review**).

The 2010 review identified six key policy areas for action to reduce health inequalities:

- Giving every child the best start in life
- Enabling all children, young people and adults to maximise their capabilities and have control over their lives
- Creating fair employment and good work for all
- Ensuring a healthy standard of living for all
- Creating and developing healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention.

This '10 years on' report shows that, in England, health is getting worse for people living in more deprived districts and regions, health inequalities are increasing and, for the population as a whole, health is declining. The report brings evidence together showing that for almost all the recommendations made in the original Marmot Review, the country has been moving in the wrong direction. In particular, lives for people towards the bottom of the social hierarchy have been made more difficult.

Marmot also recommends that we should:

- Put health equity and wellbeing at the heart of local, regional and national economic planning and strategy.
- Adopt inclusive growth and social value approaches nationally and locally to value health and wellbeing as well as, or more than, economic efficiency.

The impact of COVID-19 has replicated existing health inequalities and, in some cases, has increased them, including a higher impact on older age (70+) due to vulnerabilities and long-term

conditions; the virus has higher impact on men, but lockdown has a higher impact on mental health of women, a high impact on child poverty, educational attainment and future employment opportunities for young people and a higher impact on BAME communities. In County Durham, the impact on Gypsy, Roma and Travellers requires further investigation.

The Covid-19 pandemic has had a devastating impact on physical activity levels. During the first Covid-19 lockdown, the number of adults in England meeting physical activity guidelines decreased by over three million and of particular concern is the decrease in physical activity levels among already vulnerable groups. Physical activity also plays an important role in maintaining mental wellbeing. Those who are more physically active are happier, more satisfied with life, and less anxious. Tackling inequalities in physical activity will play a crucial role in reducing health inequalities in our county. A physical activity framework is in development to support creating a cultural of physical activity across County Durham which makes physical activity accessible, easy and the norm. This framework is informed by our Approach to Wellbeing.

The culture and leisure activities that people can experience can also have a significant impact on their physical and mental wellbeing and those who live in County Durham have access to a range of options including leisure centres and swimming pools, grassroots sports, libraries, the Empire theatre at Consett and the Gala at Durham. There are also Town Halls and museums across the County who offer a range of activities and cultural experiences throughout the seasons, as well as a range of parks, playgrounds and allotments where residents of County Durham can go to enjoy experiences which have a positive impact on their health and wellbeing and offer valuable opportunities to meet people in social settings.

Across County Durham there are major differences in the health that people experience and there remain differences between the health of local people and those across England. The JHWS is seeking to work with people to change these outcomes. The solutions to these differences are not to be found within health and care services alone and many other factors have an influence on people's health and wellbeing. These include the environment in which people live (including accessibility to the natural environment), physical activity, culture and leisure opportunities, access to a good education, and good quality jobs, housing, the food people eat, money and resources, family, friends and communities. These are often called the social determinants of health. These differences are unjust and unfair, and the Health and Wellbeing Board is committed to making a difference. The Board recognises that many of the social determinants of health require close working with key partners across County Durham who have responsibility for housing, schools and of course with our local communities.

Poverty and Inclusive growth

Poverty can cause poor mental health, as well as being an impact of poor mental health. We must also consider those who are in work poverty, and the fact that this is on the rise.

The impact of COVID-19 on the national and local economy has been unprecedented. Despite the extension to the furlough scheme, levels of unemployment are expected to rise in adults of working age and especially in young people. This will lead to increasing financial insecurity, housing insecurity, debt and a new reliance on welfare for those families affected. These factors all elevate stress and anxiety levels resulting in relationship breakdown, substance misuse, domestic abuse and a rise in safeguarding concerns within the family unit.

The rise in child poverty is seen in young children and families. An estimated 26.8% of children aged 0 to 4 were living in relative poverty – an increase of 20.2% in the number of children aged 0 to 4 since 2015/16. The 5 to 10 age group increased the most during this period, rising by 39.1% to 20.3% of children aged 5 to 10.

The national Child Poverty Action Group reports that since the outbreak of Covid-19, families already struggling risk sinking deeper into poverty, due to redundancy or furlough, thus increasing the numbers and severity of poverty for children, young people and families. The Poverty Action Strategy Group will work with the Health and Wellbeing Board to address socio economic factors, and reducing poverty is key to our resident's health and wellbeing enabling them to find employment and reduce their dependence on benefits. The aim is to stop the intergenerational cycle of worklessness which Covid-19 may start again.

Factors influencing mental health and emotional wellbeing are directly linked to the social determinants of health which have been significantly impacted by the Covid-19 pandemic. Studies suggest mental health has worsened as a consequence by up to 8.1% (IFS, 2020). It is now well documented that the virus and Covid-19 restrictions will increase inequalities nationally as levels of unemployment, poverty and social isolation affect the long-term outcomes of vulnerable and disadvantaged groups. Local forecasting suggests that we could see a 20-25% increase in mental ill health in the population over the coming 5 years as a result, with higher levels expected for children and young people.

A key factor in helping to address poverty will be to support activities that help people to find employment, or alternatively to adopt new skills through training and further education, that enable them to compete in the labour market. Importantly, the trick will be to ensure that such actions do not increase inequalities with those closest to the labour market securing new jobs and those facing greater challenges and who are more disadvantaged, being left behind. For that reason, it is important that we ensure our work promotes economic inclusion where those with mental ill health, those with learning disabilities and those with long term conditions have equal chances of securing work and moving out of poverty. Such an approach would bring to life the concept of proportionate universalism (Marmot), whereby our support is targeted proportionally to those who need it most.

Consultation

We have utilised the extensive consultation which was undertaken as part of the County Durham Vision. This included support for the relationship between the environment and climate change and health and opportunities for 'active travel' and the priority of reducing self-harm and suicide prevention which are included in actions within the Joint Health and Wellbeing Strategy.

The need for integrated commissioning and pooled budgets where possible was highlighted and partners working across County Durham have developed a five-year County Durham Commissioning and Delivery Plan 2020-25 which identifies key programmes of work over the next five years for health and social care services.

There were also comments in the vision consultation of how the evidence base of the Joint Strategic Needs Assessment is crucial in formulating plans and work to achieve our overarching objective to improve life expectancy, healthy life expectancy and the life expectancy/healthy life expectancy gap between the most and least deprived communities is supported and reinforced by communities.

Following consultation in 2020 for the Joint Health and Wellbeing Strategy 2020-25 there was strong support for the priorities within the Strategy. There were 84 responses to the public consultation, and all three of the strategic priorities had high levels of agreement, over 95%, with the strategic priorities. Additional feedback from young people aged between 5-21 also agreed with the strategic priorities.

There was support for the wellbeing approach with members of the public keen to see partners working collaboratively and innovatively with local communities.

The health impacts of poverty were highlighted in the consultation and this was included in the 2020-25 JHWS and strengthened for the JHWS 2021-25 given the impact of financial insecurity and Covid-19.

The draft Joint Health and Wellbeing Strategy 2021-25 was again subject to public consultation via the Durham County Council website and included the Area Action Partnerships, Patient Reference Groups, Voluntary and Community Sector, Investing in Children, Learning Disabilities Parliament, and Carers, including young carers.

DRAFT

Our Vision

The Health and Wellbeing Board's vision is underpinned by the JSNA and is:

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

Our Strategic Priorities

The Health and Wellbeing Board adopts a life course approach to its priorities, recognising the importance of mental health and wellbeing, physical activity and the social determinants of health cutting across all our priorities. These priorities are:

- Starting Well
- Living Well
- Ageing Well

Starting Well

The experiences that children have early in their life play a key part in their health as adults. Nationally, it is estimated that 1 in 10 children have a mental health disorder and that a quarter of adults will experience at least one diagnosable mental health problem in their lifetime.

While we have made progress in recent years in providing opportunities for our children including a good level of development by the end of reception, reduction in teenage conceptions and levels of smoking our overall outcomes for children should and can be improved. This is even more important now as a result of the pandemic as some of our children have experienced bereavement and others traumatic experiences during the initial lockdown period causing worry, anxiety and fear of the future. Evidence suggests that vulnerable children and other children and young people with challenging home environments, are more likely than others to have had experiences during the pandemic associated with a risk to mental health and wellbeing such as loneliness, difficult relationships within the home and parental stress or poor mental health.

The Health and Wellbeing Board will work closely with children, young people and their families to ensure they start well and reduce health inequalities for children and their families.

Living Well

We know that a good job, access to the natural environment, quality housing, opportunities for active travel, and access to leisure and cultural activities as well as ensuring our communities have optimum physical health, mental health and wellbeing, have a positive influence on our overall health and wellbeing.

Good work is vital for people's health and wellbeing, impacting both directly and indirectly on the individual, their families and communities. Healthier, active and engaged employees are more productive and have lower levels of sickness absence. We know that almost 19% of sickness absence is due to mental health and over 15 million days are lost to depression every year nationally, and local people who have significant health issues need support to overcome the barriers they face to accessing and retaining work. The Mental Health Strategic Partnership provides strategic coordination and leadership for the mental health agenda across County Durham.

The gap in the employment rate between those with a long-term physical or mental health condition, or with a learning disability and the overall employment rate is 12.9% which is not significantly different from England and has decreased over the last few years.

The gap in the employment rate between those with a learning disability and the overall employment rate is 73.5% which is significantly higher than England and has seen an increase over time.

Having access to a warm, comfortable and affordable place to live, our work and financial situation, eating well and staying active make a difference to our chances of remaining healthy and well during this time of life and into older adulthood.

The Health and Wellbeing Board is committed to shaping a healthy place which is smoke free, supportive of a healthy weight and gives access to physical activity opportunities with good homes.

Ageing Well

People are now living longer than ever before. Someone aged 65 today can expect to live to 85, nearly ten years longer than their parents' generation. This increase in life span offers many great opportunities for individuals, families, local communities and the economy.

The Centre for Better Ageing frames older age groups in terms of "approaching later life" at 50 plus. Pension schemes define the ages of 60, or 65 for eligibility. The United Nations has not adopted a standard definition for older people, but generally refer to 60 plus as the older population. The population size of County Durham has been steadily rising. The 2019 ONS estimated population of County Durham was 530,094 people, a rise of 0.6% from 2018 (3,100 people) and a rise of 7.4% (36,400 people) since 2001 (Durham Insights, 2020). ONS Predictions (2016) suggest, twenty years from now it is expected the number of people in County Durham over 50 will be 240,300, equating to 46% of the county's population (ONS, Population Projections by 2041, 2016).

With an increase in an ageing population there will also be an increase in those living with a range of health conditions and social care needs. Long-term conditions can affect people's ability to work, care for their families and contribute to their communities. It also places an increased demand on health and social care services.

Covid-19 has had a significant impact on our elderly population (70+). Many of our older population have been identified as being clinically vulnerable and required shielding during the lockdown restrictions and many older people report a reticence in wanting to leave the house. Increases in social isolation and loneliness for older people have been strongly associated with other common mental health problems including anxiety, depression, self-harm and in lesser numbers death by suicide. Adult and young carers have also been identified as high-risk groups, unable to sustain their own resilience to the impact of Covid-19 on their mental wellbeing.

However, the response to Covid-19 has also highlighted some excellent examples of the contribution the ageing population can make to supporting our wider community. Many of the volunteers and mutual aid groups mobilised during the response to lockdown were manned by the over 50's. It is therefore vital that we positively embrace more people living longer and bring increased opportunities for our residents within our local communities to lead a happy and fulfilled life.

We will also target approaches which enable our older people to remain independent and to lead lives with meaning and purpose and will ensure that when the time comes, people receive good quality end of life care and die with dignity.

Alignment with other key strategic plans

The County Durham Health and Wellbeing Board takes a 'whole-system' approach to the health and wellbeing of our communities which requires coordination and collaboration across a wide variety of sectors. It is important that our priorities align to other plans to ensure our actions are delivered to meet the need of our local communities. Partners working across County Durham have developed a five-year County Durham Commissioning and Delivery Plan 2020-25 which identifies key programmes of work over the next five years for health and social care services. The plan reflects the life course approach of this strategy, and details system commissioning and delivery intentions across 22 chapters covering services from maternity to end of life. This provides the delivery plan for the health and care aspects of the JHWS.

County Durham is part of an Integrated Care Partnership which covers County Durham, Sunderland and South Tyneside which in turn is part of an Integrated Care System which covers the whole of the North East and Cumbria.

Collaborative working within the Integrated Care Partnership brings together health commissioners and providers to support the delivery of sustainable, safe and effective services through sharing best practice and the adoption of common pathways where this is in the interests of the communities that it serves. An integrated health and social care system has an important role to play in terms of early intervention by preventing or reducing needs from deteriorating by providing the right care at the right time in the community and putting more people in control of their health; supporting the whole person, across mental and physical health and not just treating symptoms.

County Durham, our 'place', has primacy and will be where the majority of services will continue to be commissioned, planned and delivered, whilst also recognising that we will work together with our neighbours at scale where this genuinely adds value. We must also recognise residents who are close to County Durham borders, who may belong to or have affinity with a neighbouring local authority, for example many residents who live in Easington will access health services in Sunderland, or people who live in Chester-Le-Street may work in Newcastle.

The JHWS is about long-term health improvement and reducing health inequalities including the social determinants.

Please refer to Appendix 1 to see how the Joint Health and Wellbeing Strategy aligns to other plans.

Our objectives

We have chosen these objectives across our three strategic priorities, that are of importance given the impact they have on people's health and of where we want to be in 2025. The programme of integration and our system wide approach supports us to deliver on these objectives. We recognise these are challenging but by working together across our partnerships and local communities we can make a difference.

- Improve healthy life expectancy and reduce the gap within County Durham and between County Durham and England
- We will have a smoke free environment with over 95% of our residents not smoking and an ambition that pregnant women and mothers will not smoke
- Decrease overall levels of unemployment and specifically close the employment gap between the general population and those living with a long term physical or mental health condition, or with a learning disability
- Over 90% of our children aged 4-5 years, and 79% of children aged 10-11 years are of a healthy weight

- Improved mental health and wellbeing evidenced by increased self-reported wellbeing scores and reduced suicide rates
- Increase the number of organisations involved in Better Health at Work Award

In order to reduce inequalities and improve wellbeing, we will expect that these are delivered according to the principles of the County Durham Approach to Wellbeing which encourages devolution, empowerment and coproduction, and the Marmot principle of proportionate universalism; ensuring that no-one is left behind.

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What changes can you expect to see?

Our ultimate goal is reducing the gap in healthy life expectancy within County Durham and between County Durham and England. This Strategy is focused on the foundations for achieving that goal and considers the impact of the Covid-19 pandemic on the health and wellbeing of our residents in County Durham. We have set out a number of changes you can expect to see throughout the course of this strategy to set the foundations for achieving this.

Please note that further detail and baseline figures can be found in the relevant strategy or performance management framework.

By 2022:

- Increasing the equity of cancer screening programmes
- 10% reduction in suicides
- More businesses signing the Time to Change pledge to reduce mental health stigma and discrimination
- Increased referrals and adaptations done by the warm and healthy homes programme
- Coming out of Covid-19: 2022 is a transition year depending on the outbreak control and vaccination plans
- Increase in the number of physical health checks for those people with a mental health condition or a learning disability
- Increased take up of leisure and physical activities
- All schools to have an identified mental health lead
- System-wide workforce able to engage local residents on financial issues including poverty reduction, debt, benefits, housing and employment.

By 2023:

- A reduction/downward trend in hospital admissions of children under 2 years of age, due to unintentional injuries
- Fewer approvals for takeaways near schools
- More businesses signing up to the Better Health at Work Award to improve health interventions at work
- More adult carers having carers assessments
- Improvements in the mental health and emotional wellbeing of children and young people, with an appropriate and accessible range of services across universal, targeted and specialist provision available for timely access

By 2024:

- More mental health and wellbeing champions across workplaces
- Children meeting their expected developmental outcomes at age 2 to 2.5 years will be 90%
- More cancers are diagnosed at Stage I and II and a higher proportion of cancers are diagnosed within 28 days
- Full implementation of the Community Mental Health Framework for adults and older people

By 2025:

- Improve healthy life expectancy and reduce the gap within County Durham and between County Durham and England
- We will have a smoke free environment with over 95% of our residents not smoking and an ambition that pregnant women and mothers will not smoke
- Decrease overall levels of unemployment and specifically close the employment gap between the general population and those living with a long term physical or mental health condition, or with a learning disability

- Over 90% of our children aged 4-5 years, and 79% of children aged 10-11 years are of a healthy weight
- Improved mental health and wellbeing evidenced by increased self-reported wellbeing scores and decreased suicide rates
- Increase the number of organisations involved in Better Health at Work Award

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Strategic priority 1: Starting Well

Why is this important?

Starting well begins with a baby's mother and family being healthy before, during and after pregnancy. The first 1001 day in a child's life is fundamental to providing the best start in life during which the foundations of a child's development are laid.

Childhood is the springboard to a successful adulthood. It is the foundation on which our lives are built. We will provide the best support to expectant mothers and mothers of new-born babies, their children and their families. For our vulnerable children and families, we will provide a more targeted offer of support to reduce inequalities and improve their health and wellbeing. This includes supporting our children and young people with Special Educational Needs and Disabilities to achieve the best possible outcomes.

Better outcomes for children cannot be achieved through health and social care service intervention in isolation. How children live, learn and play are all key drivers of healthy development. Other social factors including poverty, poor housing and unstable employment and poor access to green space and community connections act against the ability of parents and families to create a safe, healthy and nurturing environment for their children. Parenting and attachment are critical to a child's development and evidence shows children who are exposed to adverse events such as domestic abuse or alcohol misuse can be affected negatively, both physically and mentally, throughout their adolescence and into adult life. These factors all determine whether a child will be more likely to thrive and achieve their optimum potential in life.

We know that the needs of parents and the family environment have a significant impact on the life chances of the child, therefore our Early Help approach takes account of the whole family's needs. We want to better support families, to help them to cope with the difficulties they face and to support families to be resilient and thrive. We recognise the benefits of offering parents and carers help so they can better keep their children safe and support their health and development, so they in turn have the right environment to flourish into resilient adults. Universal and targeted Health Child Programme contacts, including home environment assessment, provide opportunities to identify where families need additional support to keep children and young people safe from harm.

We will improve health and wellbeing outcomes for all children and young people and help children and their families achieve and maintain their optimum mental and physical health, resilience and wellbeing. An important part of this is a focus on physical literacy.

School holidays can be difficult for some families because of increased costs, such as food and childcare coupled with reduced incomes. For some children this can lead to a holiday experience gap, where children from disadvantaged families are less likely to access organised out of school activities and more likely to experience 'unhealthy holidays' in terms of nutrition and physical health and more likely to experience social isolation. In Durham, we recognise that providing enrichment activities and healthy food over the holidays can help pupils, including those with additional needs, return to school engaged, invigorated and ready to learn

The Children and Young People's Strategy contains the priorities for improving services and life opportunities for children and young people. The Health and Wellbeing Board will provide strategic oversight to ensure that improved health and wellbeing outcomes of our children is delivered within this strategy, including reducing unacceptable inequalities, which our more vulnerable children encounter

Strategic Priority 1	Starting Well: This priority covers the early years of life from conception to young adulthood and includes pregnancy, birth, and childhood	
Core Deliverables	<ul style="list-style-type: none"> • Ensure immunisation rates are maintained • Support young adults with Special Educational Needs and Disabilities, and Care Leavers, up to age 25 to reduce inequalities and improve life outcomes through high quality transition work from children to adult services, planning with young people and their families, access to the 0-25 Emotional Resilience Service, and proactive contact from the 0-25 Family Health Service • Ensure our children and young people have a safe childhood through positive parenting work, promotion of resources to support managing common childhood illness and building resilience work with children and young people to promote safe relationships. • Continue to improve how, across the system we identify perinatal mental health issues during the antenatal period and embed appropriate pathways for support • Support the early identification of financial / employment issues for pregnant women and offer support for their financial circumstances • Develop whole system commission for wellbeing and mental health • Implement and embed the national trailblazer for mental health support teams in identified schools • Work within Education, Early Help, Inclusion and Vulnerable Children, Children's Services and universal health services to improve the workforce's ability to understand mental health, and where appropriate undertake a brief intervention and signpost or refer accordingly. • Support women to achieve a smoke free pregnancy through whole system change, tackling tobacco dependency in pregnancy as an addiction not a lifestyle choice • Support spatial policy and regeneration programmes which aim to improve health and reduce health inequalities • Develop and implement the Health and Wellbeing Framework for education settings to improve the health of children • Support women to initiate and continue breastfeeding their babies through the County Durham 'Call to Action'. To change the culture of breastfeeding in our county, whilst promoting and maintaining UNICEF Gold Baby Friendly Accreditation within key services • Continue the countywide offer around physical activity and good nutrition including holiday activities specifically targeting vulnerable communities and health inequalities • Reduce preventable unintentional injuries among children and young people and reduce inequalities, through the implementation of the County Durham Prevention of Unintentional Injuries Framework • Consider a range of population approaches to improving children's oral health across County Durham including community water fluoridation • Increase the roll out in schools of 'cutting the cost of the school day' • Work better across children's and adult services within our system as a whole to support the effective transition of identified vulnerable young people aged 14+ towards adulthood and their transition to adult services where required • Improve speech, language and communication outcomes for children across the County to support school readiness • Improve access to leisure, culture and enriched experiences • Increase the number of children and young people who take part in positive activities • Implement the approach to wellbeing which builds on the positive work in communities and involves communities in decisions about services • Incorporate digital approaches and virtual technologies to maintain full access to services for children, young people and families 	
Delivery plan mechanism	<ol style="list-style-type: none"> 1. County Durham Tobacco dependency in Pregnancy steering group action plan 2. Children and Young People Mental Health, Emotional Wellbeing and Resilience Local Transformation Plan 3. County Durham Commissioning and Delivery Plan 2020-25 4. Special Educational Needs and Disabilities Strategic Partnership written statement of action 	<ol style="list-style-type: none"> 5. Best Start in Life Steering Group action plan 6. Oral Health Framework 7. Unintentional Injuries Framework 8. Healthy Weight Alliance Framework 9. Poverty Action Group Delivery Plan 10. Durham and Tees Valley Mental Health and Learning Disabilities Partnership plan

Case Study – Starting Well

Tackling Inequalities Fund (TIF)

The Sport England Tackling Inequalities funding programme focusses on the negative impact of Covid-19 and the widening of the inequalities in sport and physical activity, as the result of a survey conducted during the pandemic. The survey highlighted gaps in activity levels across existing disadvantaged groups who are suffering most from the pandemic and suggested that Covid-19 was likely to have a significant impact on their ability to be active.

The funding aims to minimise the impact of Covid-19 on activity levels in these groups ensuring the physical activity participation inequality gap doesn't widen during this period by providing funding to organisations and community groups working with the Sport England target audience to remain connected and keep them active during the pandemic restrictions and recovery stages.

£100,000 was secured and 21 community organisations across the County have been supported through this funding programme which has had a significant impact on people's ability to stay active during the pandemic, providing a positive impact on physical and mental wellbeing along with reducing social isolation.

During the pandemic Seaham Harbour Support Services have been supporting families at crisis point *'The TIF funding has helped to bring people together through physical activity, the equipment was well received and engaged young teenagers who would usually sit on digital devices.'*

Feedback from families and young people:

'what an amazing morning'

'such a fun and different morning'

'this is the first time I've taken my kids, I was uncertain, but the staff were experienced in working with children with disabilities and were fantastic – they made adaptations for us to ensure we were able to join in'

'thank you for a fun, relaxed session'

'I'm so glad we booked a second go as my daughter's confidence has grown so much'

'they all had a great time and are asking to do it again'

'it was lovely to see my son so relaxed and happy canoeing on the water'

Strategic priority 2: Living Well

Why is this important?

Good health is important at any age. While the length of life of local people continues to increase, the years that people can expect to live a high quality of life sees significant differences across County Durham. The gap between the most deprived and least deprived areas within County Durham is 8.1 years for men and 6.9 years for women. This coupled with an ageing population, physical inactivity and people living with a range of health conditions can affect people's ability to work and contribute to their communities and has an impact on our health and care services.

We will work with businesses to help create a healthy community by offering quality employment and creating healthy workplaces to help ensure they retain their staff, attract new talent and help to keep the communities they work within, healthier. We will also support businesses to implement effective preventative strategies, not only to promote better physical and mental health but also help avoid the costs of absenteeism and reduced productivity which are associated with poor mental health and / or long-term conditions.

It is important that we focus on improving the mental health and wellbeing of our population, as well as focusing on businesses. Significant work is currently being undertaken to address the mental health and emotional wellbeing needs of individuals, families and local communities including reducing self-harm and suicide prevention. Activity has been accelerated to address the direct and indirect impacts of Covid-19.

The links between an improved environment and improved health and wellbeing are clear. We will work with partners and communities to maximise the quality of our local environment and clean air, with opportunities to be physically active and achieve a healthy weight. We will encourage transport choices that are the most sustainable by improving the attractiveness of these modes of transport for everyday journeys. The Health and Wellbeing Board will provide strategic oversight to ensure that improved health and wellbeing outcomes for our residents are delivered within this strategy, including promoting high quality natural and formally manager open spaces for recreation, food growing and exercise. We will work with partners to put support in place to encourage sustainable 'active travel', modes of transport that use the human body as power, such as cycling and walking, to get from place to place.

Housing condition can influence our physical and mental health, for example, a warm and dry house can improve general health outcomes and specifically reduce respiratory conditions and good housing promotes positive mental health. To address the existing and future needs of older people and people with disabilities, it is important that sufficient homes are delivered of an appropriate type and standard, which is reflected in the County Durham Plan.

We will enable our local communities to increase people's skills, knowledge and confidence to look after their own health and wellbeing. We will encourage people to eat healthily by promoting the five a day message and increase their physical activity.

In County Durham, we recognise that for many people not smoking, having a healthy weight, being physically active, drinking moderate levels of alcohol and having good and supportive relationships is not a choice but shaped by the environment in which they live. We will adopt a 'settings' approach which creates an environment for healthy behaviours, including schools, workplaces, green spaces, community centres and primary care so people can live well.

We will strive to shift the culture and influence policy and legislation to support improving people's health, for example, minimum unit pricing for alcohol.

Strategic Priority 2

Living Well: This priority covers adulthood, from leaving school/university to retiring and includes our working life

Core Deliverables

- Work with a range of partners to deliver Making Every Contact Count to enable every contact to be a healthy contact.
- Ensure adult focussed services consider the adult within a parenting role (children and young people under 19) how their additional needs impact on their children
- Ensure opportunities for service users and their carers to be involved in the development and co-production of services are maximised
- Implement the approach to wellbeing which builds on the positive work in communities and involves communities in decisions about services
- Develop a healthy settings approach to support health improvement and reduced health inequalities across a range of settings, including early years schools, workplaces, pharmacies, leisure facilities and voluntary and community sector organisations
- Better identify the rate of self-harm and reduce the levels of suicide across County Durham taking proactive action together through the Suicide Prevention Alliance to reduce this
- Work together across our system to implement the national Community Mental Health Framework, transforming our offer and improving access to appropriate services based on need
- Reduce the prevalence of harm caused by smoking through tobacco control measures and redesigning the stop smoking service to improve the services to tackle tobacco-related ill health
- Develop a Sexual Health Strategy for County Durham to ensure equitable access and a strategic focus on reducing sexually transmitted infections and good contraceptive health
- Support the drive for a minimum unit price for alcohol to create a County Durham that has reduced harm from alcohol
- Increase the use of active travel to encourage physical activity (including cycling and walking) to reduce traffic emissions related respiratory illness and carbon emissions
- Increase the uptake of national/local screening programmes and work to address inequalities in access and outcomes
- Help people to manage their own long-term conditions including diabetes and respiratory conditions through self-management programmes through a range of methods, including digitally, to access advice, self-help in minor illnesses and health (including mental health) promotion
- Attract more businesses and the voluntary and community sector to participate and achieve the Better Health at Work award including encouraging organisations to sign the Time to Change Employer pledge
- Increase the number of organisations using the volunteering kite mark, which is managed by Durham Community Action
- Work with communities to develop targeted strategies to provide better support for vulnerable population groups, for example, those with learning disabilities, autism or BAME (including GRT) communities
- Ensure procurement processes encourage providers to have a focus on health within the workplace
- Work with the Economic Partnership to maximise local opportunities for economic and job development, including apprenticeships, with a focus on closing the gap in employment opportunities for those with a long-term health condition or disability.
- Implement initiatives to support individuals to develop healthy eating habits and take part in physical activity
- Contribute to the implementation of the Housing Strategy where this relates to housing and health include accommodation services for people with the most complex needs
- Raise awareness of benefits to health from the perspective of an appropriate work life balance, in helping manage stress and anxiety

Delivery plan mechanism

1. **Tobacco Control Alliance Action Plan**
2. **Healthy Weight Alliance Action Plan/Physical Activity Strategy Committee Framework**
3. **Think Autism in County Durham**
4. **Durham and Tees Valley Mental Health and Learning Disabilities Partnership**

5. **Mental Health Strategic Plan**
6. **Sexual Health Strategy (when completed)**
7. **County Durham Commissioning and Delivery Plan 2020-25**
8. **Poverty Action Group Delivery Plan**



Case Study – Living Well

Active Places

Active Places (Sport England funded) is a pilot programme running in Shildon and Deerness Valley to build healthier, more active communities. It supports residents to increase and sustain their activity levels to benefit from improved physical and mental wellbeing and to address social isolation. The priority is tackling inactivity and inequality and focusing on engaging people who do less than 30 minutes a week of sport or physical activity.

This is an exciting opportunity to bring about real change, improving physical health and wellbeing and bringing people together, inspiring people to be active and provide accessible, enjoyable and sustainable opportunities to participate.

Residents who participated in the Active Places programme said:

'I've done 20 minutes continuous exercise and I absolutely love it! I'm out in the fresh air, had a bit chatter and exercised! I can't believe I'm still exercising a week later. So much fun!'

'My fitness deteriorated in the first lockdown and I struggled with day to day tasks like walking up the stairs and getting dressed. 8 weeks on from starting and I exercise 3/4 times a week, 10 minutes jog to the park, 10 minutes exercise and 10 minutes jog/walk home. I can feel my fitness has improved, I'm stronger, have more stability and everything is easier.'

'I feel much better! I'm just enjoying the time to switch off from the world. Things are quite high pressure from me (besides the pandemic) and that's likely to continue so it's really a welcome diversion.'

Strategic priority 3: Ageing Well

Why is this important?

Ageing well is something that happens throughout our lives, not just in old age: Starting and Living Well contribute as much if not more to ageing well as anything that happens later in life.

Older people in the county play a vital role in contributing to the life of their communities, and increasing numbers are continuing in paid employment well past State Pension age as well as volunteering and playing an active role in their local communities. However, older people can also be at increased risk of poverty (including fuel poverty). We need to work closely with the Poverty Action Steering Group and ensure the best possible take up of benefits and other types of financial support to improve people's daily lives and their health and wellbeing.

However, with age comes the increased likelihood of living with one or more long term conditions and/or sensory impairment. We will integrate commissioning between health and social care for more effective integrated service delivery where it makes sense to do so. We will seek to understand the opportunities at every stage of the development and delivery of joined up health and care services.

Older people have an increased risk of dementia and large numbers of older people live with depression and are also vulnerable to social isolation and rural isolation.

We will work with communities to target approaches which enable our older people to remain independent and to lead physically active lives with meaning and purpose and will ensure that when the time comes, people receive good quality end of life care and have a good death. We will also target support for their carers and families.

Strategic Priority 3

Ageing Well: This priority covers additional actions in later life, noting that ageing begins at birth

<p>Core Deliverables</p>	<ul style="list-style-type: none"> • Promote the uptake of the vaccinations including flu, pneumococcal and shingles through marketing campaigns and collaborative, place-based working across County Durham • Review and strengthen the County Durham Dementia Strategy, particularly in regard to prevention • Ensure dementia is identified and diagnosed at an early stage and families, carers and communities are helped to manage their condition • Consider how Dementia Friendly Communities will be sustained/further developed post Covid-19 • Continue to work with partners and providers to reduce the incidence of falls and fractures in older people through age appropriate development in the built environment, training and digital technology • Refresh and implement the Falls Prevention Strategy • Work with providers to increase the offer of fit for purpose sustainable housing stock to enable occupancy of residents into later years • Develop housing and care options specifically to meet the needs of the older and disabled people within our communities • Increase the scale and integration of out of hospital services, based around communities and improve population health outcomes • Ensure the frail elderly are able to live well at home for as long as possible and receive high quality, consistent levels of service • Increase referrals and adaptations done by the warm and healthy homes programme • Support carers in their caring role so they are able to maintain their own health and wellbeing • Support community connectivity and the approach to wellbeing to help address social isolation and loneliness • Consider rural proofing for health in policy, planning and commissioning of services • Implement the approach to wellbeing which builds on the positive work in communities and involves communities in decisions about services • Work with Primary Care Networks to ensure social prescribing provides sufficient opportunities for people to access the local, community-based help they need • Improve the end of life pathway to ensure providers aspire to delivering support to people at the end of their life to deliver personal, bespoke care • Identify opportunities for intergenerational experience, learning and skills sharing in communities • Undertake Health Equity Audit of Care Connect with a view to making the most of opportunities to promote health and wellbeing • Explore opportunities to promote Making Every Contact Count in domiciliary care • Ensure work on economic inclusion takes account of the greater proportion of older people in the population in addition to those with mental ill health, learning disabilities and those with long term conditions • Develop and implement an Active Ageing Strategy 	
<p>Delivery plan mechanism</p>	<ol style="list-style-type: none"> 1. County Durham Commissioning and Delivery Plan 2020-25 2. Housing Strategy 3. Falls Prevention Strategy 4. Mental Health Strategic Plan 	<ol style="list-style-type: none"> 5. Dementia Strategy 6. Palliative and End of Life Care Strategy 7. Poverty Action strategy 8. Ageing Well Strategy

Case Study – Ageing Well

Dementia Adviser Service

The Durham Dementia Adviser Service is commissioned by DCC and delivered by Alzheimer's Society. It supports people living with Dementia and their carers by providing advice and support and by connecting them with their communities. This helps to build support networks round the family to increase their future resilience, so they know where to turn to when they need support.

They support people through the diagnosis process and right through their journey where they are required. There is no limit as to how many times people can go back into the service as it's recognised that people's needs change over time.

They aim to take a holistic approach and to improve people's wellbeing through their interventions and to help reduce stigma by awareness raising and increasing understanding. They also strive to reduce social isolation which can be very common when people receive a diagnosis as they are likely to stop doing all the activities they previously enjoyed for fear of stigma. Carers also experience high levels of social isolation with little opportunity for respite and the service aims to connect them with groups and organisations that can help.

Residents who used the Dementia Adviser Service said:

'Thank you so much for your help and advice, especially the telephone calls'

'What a difference one call can make, I could cry with how much relief I feel after talking with you'

'You have been an absolute star; I have been completely lost and you have been able to guide me to where I need to be. I don't like to burden people with my worries, but you have lightened my load and put me in touch with people who can help me. Thank you'

Performance Management Framework

High level measures of success will be monitored through changes in life expectancy, healthy life expectancy and the life expectancy/healthy life expectancy gap between the most and least deprived communities.

The Health and Wellbeing Board will develop a set of performance indicators to measure the success of achieving the objectives and priorities in this strategy. Delivery of the actions in this strategy is by the Health and Wellbeing Board working with other partnership and the Health and Wellbeing Board subgroups who are responsible and accountable for the actions within this strategy.

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Enabling factors

There are a number of enabling factors that are relevant to all actions in this strategy to ensure that it is delivered, which have been developed using our approach to wellbeing.

- **Leadership and Advocacy (A2W: Working better together)**
 - Make health and wellbeing everyone's business through cross-sector capacity building
 - Promote key health messages through strategic influence, advocacy and PR
- **Whole System Approach (A2W: Working better together)**
 - Multiagency working across County Durham to achieve the best outcomes to address health and wellbeing needs in an efficient and sustainable way
 - Commission and deliver high quality, safe and integrated health and wellbeing services
 - Strong partnership governance arrangements
 - Effective communications and information sharing across partners and communities
- **Strategic focus on prevention and early help (A2W empowering communities and being asset focused)**
 - Encourage a resource shift towards prevention and early intervention for people to remain as independent as possible making the best use of resources
 - Adopt a whole family approach and recognising the roles played by carers and significant others
- **Performance management and intelligence (A2W: using the evidence base - underpins the approach and why we are doing things)**
 - Use Joint Strategic Needs Assessment and Durham Insight to support analytical view of priorities for health
 - Population Health Management
 - Use the best available evidence to address local needs including accessing data to identify areas where targeted intervention is required to inform commissioning decisions
- **Targeted Approach (A2W: Building Resilience and helping the most disadvantaged and vulnerable)**
 - Appropriate, systematic, coordinated and targeted interventions to improve the health and wellbeing of the most and disadvantaged groups fastest
- **Community Engagement (A2W: Doing with - Not to, and empowering communities)**
 - Meaningful engagement with local communities, patients, service users, carers and the public in commissioning and delivery of health and wellbeing services
 - Empowering and enabling communities and individuals to take responsibility for their own health and wellbeing
- **Workforce (A2W: building resilience – applicable to our workforce as well as our communities)**
 - Ensure staff have the right knowledge, skills and competencies including appropriate IT skills in response to the increased use of technology as a result of the Covid-19 pandemic.
- **Co-production (A2W: Doing with - Not to)**
 - Services are co-designed and co-produced with the people who need them, as well as their carers
- **Equitable access (A2W: Working better together)**
 - Everyone has the same opportunities to access health and social care services

The JHWS evidences sharing decision making with communities when designing and developing services for those who need them.

Appendix 1: Joint Health and Wellbeing Strategy priorities and alignment to other Strategic Partnership Plans

Joint Health and Wellbeing Strategy 2021 – 2025: Starting well	County Durham 5 Year System plan 2020 - 2025	Children and Young People’s Strategy 2019 – 2022	Safe Durham Partnership Plan 2021 – 2025
	<p>Prevention</p> <p>Children and Young People’s Strategy</p> <p>Children and Young People’s mental health</p> <p>Learning disabilities</p>	<p>Young people gain the education, skills and experience to succeed in adulthood</p> <p>All children and young people have a safe childhood</p> <p>Children and Young People enjoy the best start in life, good health and emotional wellbeing</p> <p>Children and young people with SEND achieve the best possible outcomes</p>	<p>Supporting victims and protect vulnerable people from harm</p>
Joint Health and Wellbeing Strategy 2021 – 2025: Living well	County Durham 5 Year System plan 2020 - 2025 <p>Primary care</p> <p>Urgent care treatment centre review</p> <p>Development of place based 0-25 services</p> <p>Workforce</p> <p>Out of hospital care</p> <p>Urgent & emergency care</p> <p>Planned care</p>		Safe Durham Partnership Plan 2021 – 2025 <p>Promote being safe and feeling safe in your community</p> <p>Reduction of alcohol and substance misuse</p>
Joint Health and Wellbeing Strategy 2021 – 2025: Ageing well	County Durham 5 Year System plan 2020 - 2025 <p>End of Life</p>		

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