

## Health and Wellbeing Board

18 March 2021

### County Durham's Approach to Wellbeing – Update on Progress of the Academic Evaluation



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### Report of Jane Robinson, Corporate Director of Adult and Health Services, Durham County Council and Amanda Healy, Director of Public Health, Durham County Council

#### Electoral division(s) affected:

Countywide.

#### Purpose of the Report

- 1 The purpose of this report is to notify members of the Health and Wellbeing Board that they will receive a presentation which will give an update around the progress to date of the academic evaluation of the County Durham Approach to Wellbeing in conjunction with Teesside University.

#### Executive summary

- 2 The presentation outlines the findings and recommendations from Phase 1 of the Approach to Wellbeing evaluation.
- 3 The presentation outlines the plans and timescales for Phase 2, Phase 3 and Phase 4 of the evaluation and the reasons for doing it this way given the current limitations created by the pandemic.

#### Recommendation

- 4 The Health and Wellbeing Board is recommended to:
  - (a) Receive the presentation and make comment, where necessary at the meeting on 18 March 2021.

## Background

- 5 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.
  
- 6 The Approach to Wellbeing is aligned to the County Durham Vision and it's three ambitions of:
  - More and Better Jobs
  - People Live Long and Independent Lives
  - Connected Communities
  
- 7 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.
  
- 8 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.
  
- 9 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.

- 10 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.

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- 12 The presentation to the Health and Wellbeing Board outlines the findings and recommendations from Phase 1 of the Approach to Wellbeing evaluation and also outlines the plans and timescales for future phase of the evaluation.

## Conclusion

- 13 Members of the Board will be aware of the findings and recommendations from Phase 1 of the evaluation, and will have an understanding of plans and timescales for the roll out of Phases 2, 3 and 4.

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## **Appendix 1: Implications**

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### **Legal Implications**

This work supports the Council's statutory responsibility to improve and protect the health and wellbeing of local residents<sup>1</sup>.

### **Finance**

There are no financial implications arising from adoption of the Approach to Wellbeing at present.

### **Consultation**

Formal consultation on the Approach to Wellbeing is not appropriate, although adoption of the Approach does encourage partners to ensure greater community engagement in the development of services.

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

Utilisation of this approach would support equality and diversity, emphasising the importance of citizens having equal opportunities regardless of where they belong, highlighting the need to address and reduce health inequalities, and valuing the diversity that people can bring to their communities as local assets.

### **Human Rights**

This work would respect the human rights of citizens across County Durham, working with communities regardless of race, sex, nationality, ethnicity, language or any other status. In particular the work to engage communities would encourage freedom of opinion and expression.

### **Climate Change**

None

### **Crime and Disorder**

Improving community engagement and cohesion has the potential to reduce crime and disorder.

### **Staffing**

There are no staffing implications arising from this approach at present.

### **Accommodation**

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<sup>1</sup> Health and Social Care Act 2012

There are no accommodation implications arising from this approach at present.

### **Risk**

Partnership support will be required to take forward this Approach to Wellbeing and failure of this support may result in a risk to its adoption. The evidence base suggests that its introduction will result in improved health outcomes for communities, therefore the risk if it is not adopted is that improvement in health outcomes may be more limited.

### **Procurement**

One of the key principles contained in this approach is the need to ensure collaborative commissioning and co-design of services. Adoption of this Approach to Wellbeing will therefore have an impact on the way in which services are commissioned in the future.