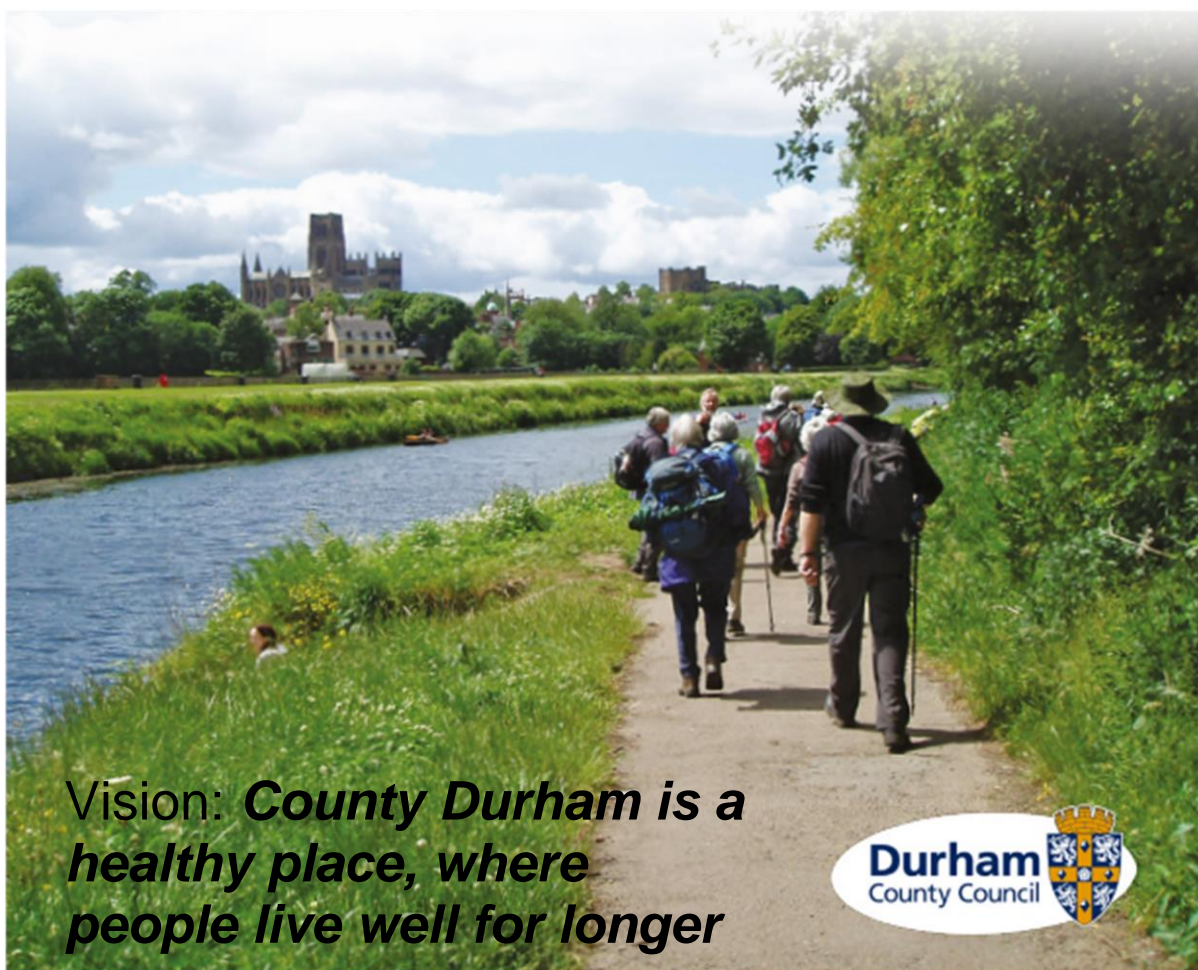




Better for everyone

HEALTH AND WELLBEING BOARD ANNUAL REPORT 2023-2024



Vision: ***County Durham is a healthy place, where people live well for longer***



WELCOME FROM THE CHAIR AND VICE CHAIR

Welcome to our first Health and Wellbeing Board (HWB) annual report since we published our new look [Joint Local Health and Wellbeing Strategy \(JLHWS\) 2023-28](#). This report covers the period April 2023 to March 2024.

In developing the JLHWS last year, we acknowledged that we can't do it all. With limited resources and a need to move our interventions upstream towards prevention, we will bring about the greatest improvement to people's health by focusing on a few key areas across the broad range of our work.

It is important that we work in partnership to look regularly at how we're doing in our four priority areas so we know what progress we're making, what challenges might make progress difficult and what we need to do next. In Durham we have good people in our communities, in our voluntary and community sector, and in our statutory organisations doing good work enabled by good partnership links. It's the HWB's role to make sure our resources are being used in the areas that do most to **make County Durham a healthy place, where people live well for longer**.

Our people are key to our success and in February we held a joint development session with the County Durham Care Partnership looking at workforce development, retention and recruitment across the health and social care system. Pressures in this area are being felt across the country and Durham's progress in integrating our health and social care services puts us in a good position to tackle challenges like these.

We continue to fulfil all our statutory obligations and remain assured that appropriate [Health Protection](#) arrangements are in place. As this report is published, colleagues are working on a new Pharmaceutical Needs Assessment 2025-2028, to make sure sufficient, appropriate, accessible services are provided in all our communities.

We know that meaningful improvements in health outcomes are made over longer periods of time. One year into the JLHWS 2023-28 we are measuring success through what residents tell us about using our services, how behaviours are changing and to what extent health impact awareness is being built into the wider determinants of health.

We will take our focused approach forward into 2024-25 with this in mind.



Cllr Chris Hood

Chair of the Health and Wellbeing Board
Portfolio Holder for Adult & Health Services
Durham County Council



Michael Laing

Vice Chair of the Health and Wellbeing Board
Director of Integrated Community Services
County Durham Care Partnership

INTRODUCTION

In May 2023 we published our new [Joint Local Health and Wellbeing Strategy \(JLHWS\) 2023-28](#) which outlines four priority areas of focus – identified from the evidence base in the [Joint Strategic Needs and Assets Assessment \(JSNAA\)](#). These are the biggest contributors to people in County Durham dying young, living in poor health or with illness.

- Making smoking history
- Enabling healthy weight for all
- Improving mental health, resilience and wellbeing
- Reducing alcohol harms

Our Health and Wellbeing Board (HWB) Annual Report will focus on what we are doing successfully in these areas to make **progress** towards the indicators in the JLHWS, identify **challenges** we are encountering and recommendations for **next steps**. Our work in these areas is carried out within the wider County Durham Partnership environment, engaging on the wider determinants of health, maximising assets identified in the JSNAA, under our commitment to the [Approach to Wellbeing](#).

These **healthy behaviours** are just part of the picture influencing our life expectancy and the diagram below explains what has the biggest influence on lives being cut short.



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

The HWB brings **health and social care** services together to achieve closer integration, best use of resources and an optimum journey of support for all patients and service users.

The HWB also works closely with partners across the wider County Durham Partnership to tackle the **wider determinants of health**, including aspects of the [Inclusive Economic Strategy 2022-2035](#), [Climate Emergency Response Plan](#), [Poverty Action Plan](#), [Housing](#) and [Homelessness](#) Strategies.

HEALTH OF OUR PEOPLE

Infographics in the JLHWS show County Durham's position in relation to the North East and England, and compare figures across different areas of the county. This helps us to identify areas of focus and set out the scale of the challenge. For example,

- *The burden of smoking is higher in County Durham than England*
- *The distribution of Y6 excess weight in County Durham is unequal – it is higher in the more deprived areas.*

Since the [JLHWS 2023-2028](#) was published, further population data has been released (Census 2021) which changes some of the figures used. **The new data does not show a significant change in the key trends in any direction for this Annual Report.**

We know that **changes in health outcomes take time** and we are looking to show changes in people's experience of our services, changes in the way people intend to behave, and improvements to the building blocks that contribute to good health. These all relate to the drivers of differences in health outcomes we identified in the [JLHWS](#).

The most current data relating to all aspects of the Joint Local Health and Wellbeing Strategy and work of the Health and Wellbeing Board can be found on [Durham Insight](#).

The [County Durham Approach to Wellbeing](#) underpins all of the work of the HWB and wider County Durham Partnership. The Approach is about working with communities, asking them what they want and how they want it delivered, empowering them to support themselves and each other, and making the most of what we already know and have.



MAKING SMOKING HISTORY



Smoking is still the most likely thing to cause people to die young in County Durham and the area where there is the biggest different between our richest and poorest communities. It costs us £546 million each year according to the [ASH Ready Reckoner](#).

The Tobacco Control Alliance of partners leads on *making smoking history* for the Health and Wellbeing Board. The Alliance has updated its Strategic Plan and brought it in line with the [Fresh](#) outcomes for a complete Tobacco Control Plan, which is being implemented. The plan has been reviewed and strengthened to include a vaping subgroup which reports to the Tobacco Control Alliance; better support to workplaces, especially those employing routine and manual workforces, and a renewed focus on engaging with social care and social housing.

CHANGES WE EXPECT TO SEE (BY 2028) AS OUTLINED IN JLHWS:

- Reduction in the number of people smoking to 5% by 2030
- Reduction in the number of hospital admission episodes for diseases related to smoking
- Continued reduction of smoking related deaths
- Reduction in the proportion of mothers smoking at time of delivery
- Significant move towards:
 - Being smoke free
 - Age of sale increase
 - Fairer access to stop smoking services to help those who need them, to use them
 - A better understanding of youth vaping trends
 - To review ways to impose stronger enforcement and regulations to limit the sale of e-cigarettes to underage children pending the outcome of the national consultation on youth vaping

PROGRESS

- The HWB discussed Tobacco Control at its meeting in March 2024.
- In 2023 a [Health Equity Audit](#) was completed. It found that people from the most deprived areas of County Durham were accessing support through the stop smoking service. This is positive because it shows we are addressing the unfair and avoidable differences in smoking-related health across our population. The audit made recommendations for further improvements.
- In March 2024 the [Tobacco and Vapes bill](#) was published by Government and began to progress through the House of Commons. The Health and Wellbeing Board formally registered its support for the Bill and wrote to MPs to gather their support. Fresh responded on behalf of the 12 North East local authorities to a consultation from the Department for Environment, Food and Rural Affairs (DEFRA) about



the ban of disposable vapes. The proposal had clear recommendations for how a ban should be managed and communicated clearly.

- In March 2024 [Cathy Hunt](#) attended Parliament to share her experiences of being a [smoking survivor and to support the Tobacco and Vapes Bill](#).

CASE STUDY: SMOKEFREE COUNTY DURHAM STOP SMOKING SERVICE

Gina has COPD. She decided she wanted to quit smoking as she was fed up with coughing and struggled with her breathing daily. She was vulnerable to “flare ups” and chest infections. The coughing also affected her appetite, and she had no energy.



Gina felt like it was getting worse, so she contacted the Stop Smoking service and received support to stop. Gina experienced anxiety, however, she knew this was to be expected and she persevered. She kept a notebook of her feelings and emotions. It was not long before the withdrawal symptoms stopped, and Gina had a sense of “freedom”.

Since Gina has quit smoking, she says she is a happier, brighter person, better able to manage stress, she can walk better, she is no longer breathless, her breathing is 100% better, and she no longer needs to take as many inhalers. She can take her dogs out for a walk further and more briskly than before. Her appetite has improved, and she now has breakfast. Gina says she has saved a lot of money and likes to use it to treat her dogs, and her daughter.

Gina’s tips for others thinking about quitting smoking:

- Get support from the stop smoking service
- Change the way you think about cigarettes – do you actually really want one?
- Have things to do as a distraction e.g., going out for a walk or cleaning a room

CHALLENGES

- For a time, two of the drugs used to help people stop smoking were not widely available. This meant the Stop Smoking service could not provide them to service users.
- Local authorities across England are seeing a reduction in the numbers of smokers who get help from stop smoking services.
- Smoking in pregnancy is a pressing issue in County Durham, affecting the health of mothers and infants and increasing the risk that babies and children will die.
- The Tobacco and Vapes Bill was not prioritised in the ‘wash-up’ period before the general election on 4th July.

NEXT STEPS

- Further work will be done across the Partnership highlighting the key links between tobacco and poverty.
- Additional funding from the Department of Health and Social Care (DH&SC) for Stop Smoking Services is to be continued for five years within County Durham. This means we can engage with the people we most need to reach and learn from local smokers and service users to make local delivery even better. The Health and Wellbeing Board will support the use of this funding.
- As part of the national Stop Smoking Service funding, we need to increase the number of people using local services. This could be a challenge because nationally, numbers are going down.
- We will continue to offer vapes as part of a quit attempt alongside behavioural support (face to face, telephone or app based) to support local people to quit smoking.
- There is a large variation in Smoking At Time Of Delivery (SATOD) rates within County Durham, with certain areas experiencing excessively high rates. We will target additional help by working with key partners to address this.
- In line with the new HWB work programme we will hold a focused *making smoking history* meeting in March 2025.



ENABLING HEALTHY WEIGHT FOR ALL

Living with overweight and obesity is a major risk factor for poor mental and physical health, and premature death. Obesity is a chronic condition that has considerable social and economic impact, and rates in County Durham are higher than the national average. People living in greater levels of poverty are increasingly more likely to be living with obesity.



The County Durham Healthy Weight Alliance is a well-supported subgroup of the HWB. A review of approaches to healthy weight in County Durham was approved by the HWB in October 2023. The alliance has been working on these recommendations and will soon publish a five-year action plan that sets out how they will be achieved.

CHANGES WE EXPECT TO SEE (AS OUTLINED IN JLHWS)

- Improved stakeholder engagement, where all services are committed to working together to increase levels of healthy weight
- A reduction in the access to and promotion of unhealthy food, with a focus on ensuring prevalence of hot food takeaways does not exceed the County Durham Plan threshold of 5%, and monitoring of the policy that restricts advertising of foods that are high in fat, salt and sugar on Durham County Council platforms
- Increase the number of children who are a healthy weight
- Reduction in the proportion of adults who are overweight and obese
- Increase in the number of physically active children, young people and adults

PROGRESS

- The HWB discussed Healthy Weight approaches at its meeting in November 2023.
- Durham County Council (DCC) has published a refreshed version of the 'Healthy Weight Pathway', a resource to support GPs, health practitioners and allied health professionals to refer and signpost patients to weight management services, intervention or programmes.
- Partners are working closely together to produce resources that will support health care practitioners to have supportive conversations with (and deliver brief interventions to) service users who live with overweight and obesity. This includes guidance to support maternal healthy weight training.
- A pilot programme has been delivered to increase the availability of healthy food offers in hot food takeaways in County Durham. The findings from this are now being applied to promote wider availability of healthy food offers in a range of settings across the county.
- County Durham has been chosen to be part of 'Good Food Local North-East' - a regional collaboration of local authorities whose aim is to create a more healthy and sustainable food system for local communities.
- County Durham Healthy Weight Alliance Members collaborate closely with regional colleagues to improve levels of physical activity through a range of forums. These include the Office for Health Improvement and Disparities (OHID) Healthy Weight and Physical Activity Network, the North East Active Travel Network/Strategy, North East and North Cumbria Integrated Care System Healthy Weight workstream and North East Sector Led Improvement work.

- The healthy weight agenda is aligned to the built/natural and work environment, income/financial security, food security, transport, early childhood development and access to health services. Membership of the Healthy Weight Alliance is constantly developing to make sure these interdependent workstreams are represented.
- Work to *enable healthy weight for all* is closely linked to (and has well-established collaborations with) the DCC Climate Emergency Response Plan 3, the County Durham Rights of Way Improvement Plan, the County Durham Cycling and Walking Delivery Plan, Early Help, 'Moving Together in County Durham' physical activity strategy, the County Durham Workplace Health programme, and the County Durham Poverty Strategy.

CASE STUDY



The Ready Set Go physical activity programme was delivered to 32 reception children at Langley Moor Primary School. It aimed to improve children's physical literacy through a range of fun fundamental movement skills and activities. The programme provided high quality physical activity to the children, skills development for staff members and opportunities to engage with the children's extended family through a showcase to parents and carers. A parent pack of resource cards was given out to help families do similar activities at home.

Following the programme, the teachers noted that children's agility, balance, and coordination all noticeably improved, along with their ability to listen and follow instructions more easily. They were also able to stay on task for longer periods of time and showed eagerness to take part in physical activity.

Two staff members were upskilled so they could continue delivering the programme.

Teacher quotes:

"The programme contained simple short games that can be easily played in [Early Years Foundation Stage] EYFS environment, we loved the parent participation during the celebration event."

"Children are choosing to use the equipment given to us in our EYFS environment encouraging them to increase physical skills such as jumping, skipping, ball control, etc."

"Teaching staff can use activities to help provide learning interventions/activities to children who need a little extra physical support or building physical confidence."

"The children absolutely loved their Monday afternoon sessions and parents enjoyed being invited in to take part commenting on how much they loved the session and the kids talk about it all the time."



CHALLENGES

- The availability of 'out of home' food that is high in fat, sugar and salt makes it more difficult to achieve healthy weight outcomes because it is easier for people to choose less healthy options. The [County Durham Plan](#) includes a policy (Policy 30) to minimise the detrimental impacts of an over concentration of hot food takeaways and the Plan is due for review in 2025.
- The most recent data (2022/23) on adult overweight and obesity shows a slight increase in County Durham. It is important to note that this data is based on a small sample of County Durham residents. We do not have much data on food choice and consumption.

NEXT STEPS

- A key action recommendation from the 'Review of Approaches to Healthy Weight in County Durham' is for Durham County Council to become a signatory to the Food Active Local Authority Declaration on Healthy Weight. This will make DCC systems leaders on matters relating to healthy weight across the county and help us collaborate more with key local stakeholders.
- DCC will review its advertising and promotion policy to restrict the advertising of foods that are high in fat, sugar and salt on all council platforms.
- North East Good Food Local will make recommendations to local Directors of Public Health to improve the local food system.
- The County Durham Wellbeing for Life Service will launch a refreshed programme for those who are living with overweight and obesity.
- A focused HWB meeting on *enabling health weight for all* will take place in September 2024. This year's update will include progress against the Moving Together in County Durham physical activity strategy action plan

IMPROVING MENTAL HEALTH, RESILIENCE AND WELLBEING

Mental and physical health are equally important parts of overall health and can impact on each other. Poor mental health affects a high proportion of the population, of all ages and from all stages of life and its impacts are felt across society.

The Mental Health Strategic Partnership (MHSP) leads work across County Durham to improve mental health, resilience and wellbeing. The Partnership works together to strive towards better mental health in County Durham. The membership of the MHSP is drawn from public services, voluntary and community partners with backgrounds in health, social care, criminal justice, carers, lived experience and social housing.



The MHSP has this year, refreshed its action plan focusing on the key areas of the five workstreams:

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

CHANGES WE EXPECT TO SEE (AS OUTLINED IN JLHWS)

What difference we can expect to see in these areas across the life of the JLHWS (2028).

- Improvement in self-reported wellbeing
- Reductions in reported anxiety levels
- Reductions in depression levels
- Reductions in demand for specialist mental health services
- Reduction in suicide rates
- Increase in people reporting they can access the right help when they need it
- Reducing premature mortality for adults with Severe Mental Illness

PROGRESS

- The HWB discussed Mental Health at its meeting in January 2024.
- Some progress has been made against the indicators in the JLHWS, however, at a time when there are continued cost of living pressures and troubles abroad which impact on people's mental health, the context is still challenging.
- A [Mental Health Dashboard](#) has been published on Durham Insight which brings together published data on mental health, wellbeing and resilience.
- Each of the five workstreams have worked to maximise opportunities within other strategies (such as housing, poverty and environment) to improve people's mental health, and to make sure that these strategies consider their impact upon mental health and wellbeing.
- We have listened to people with experience of mental health treatment to help us design and implement new integrated models of treatment and support within

communities, and we have set up processes to make sure we continue to hear these voices.

- Family hubs are providing early help to **children, young people and families**. They offer a range of activities, groups and programmes to support emotional wellbeing including access to more specialist services where needed.
- **Suicide prevention** improvements have been placed at locations used frequently for suicide, alongside wrap-around community support. We are considering other locations in line with national guidance.
- Work has been undertaken to increase **dementia** referrals from primary care and memory services to the Dementia Advisor Service. We have seen an increase from previous years; mainly from Social Prescribing Link Workers and Care Coordinators working in GP Practices.
- **Urgent care** response rates and capacity within crisis services have improved. We are implementing a new national telephony system to support people experiencing mental health crises.
- The **Resilient Communities** Group (RCG) have received and reviewed several community research reports about mental health. These include: The Impact of the Pandemic, Befriending & Peer Support and Learning Disability and Autism transitions. The RCG is using the findings from the community research to test different approaches to delivery.

CASE STUDY

One of the actions of the Children and Young People Mental Health (CYP MH) Partnership is to 'Continue to adopt and implement the iTHRIVE model during the development, implementation and evaluation of any programmes or services'. We have been working together to map the support that's available from services with the iTHRIVE model, and how we communicate this to young people and families to make sure they can get the right support at the right time.



As part of this work Investing in Children have been funded by [North East and North Cumbria NHS](#) to develop an art project communicating the County Durham Children and Young People's Mental Health offer using the iTHRIVE model.

Consett artist [Glenn Malpass - Freelance Art](#) has been working with children from Consett Junior school to create graffiti boards as part of the project. Images of the graffiti boards will be featured in a short video capturing a drama performed by young people from [Consett Academy](#) focusing on the wider social determinants that impact children and young people's mental health. The video will include links to local support to help young people get the help they need.

CHALLENGES

- Engaging with children, young people and their families from a range of communities, to make sure the support we offer meets their needs can be challenging, particularly in some of our rural communities.
- Making sure the workforce across the wider system understands what support is available based on the national iThrive framework.
- Focusing on building resilience and addressing risk at an earlier stage for suicide prevention, while also meeting the needs of people in crisis.
- Understanding local issues around suicide with limited access to data
- Getting Primary Care Networks more involved in maximising the support available from the Dementia Advisor Service.
- Building inpatient flow and crisis team capacity to help reduce pressures on inpatient beds.
- Improving response times for those who need face to face assessment and intervention.
- Effective introduction of [Right Care Right Person](#)

NEXT STEPS

- Maximise the promotion of good mental health across the population focusing on the [Five Ways to Wellbeing](#), working with children and young people, workplaces, and more asset-based community interventions to support the whole population to thrive.
- Find more opportunities to co-produce services, health behaviours and wider determinants initiatives.
- Use the learning from pilot projects to share good practice across County Durham.
- Work with organisations who were awarded funds from the national suicide prevention strategy and will deliver in County Durham so we have a joined up approach.
- Monitor the impact of the introduction of [Right Care Right Person](#).
- Work on collecting suicide attempts data from key partners (North East Ambulance Service (NEAS), Fire and Rescue, Coastguard, Police) and collating this in a way which informs and allows provision of effective interventions.
- A focused HWB meeting on *improving mental health, resilience and wellbeing* will take place in January 2025.

REDUCING ALCOHOL HARMS

The North East suffers excessively from alcohol harm with the highest rates of alcohol-related hospital admissions and alcohol-specific deaths in England. Alcohol is estimated to cost North East public services and employers over one billion pounds a year.

Alcohol misuse is the biggest risk factor for death, ill health, and disability among 15–49-year-olds in the UK. It's also the fifth biggest risk factor across all ages and contributes to more than 60 medical conditions, including mouth, throat, stomach, liver, and breast cancers; high blood pressure, cirrhosis of the liver and depression.

In response to government guidance, a new Combating Drugs and Alcohol Partnership (CDAP) working across County Durham and Darlington coordinates a system-wide response to implement the new strategy. It was agreed by all partners that alcohol should remain a key focus for the work of the Strategic Group in response to the high levels of alcohol harm experienced by County Durham at a local level.

CHANGES WE EXPECT TO SEE (AS OUTLINED IN JLHWS)

- Cultural and policy changes in relation to alcohol consumption
- Reduction in the number of hospital admission episodes for alcohol related incidents and disease
- Reduction of under 75 death rates from chronic liver disease
- Increase in the numbers of adults and young people suffering from drink dependency, who are in treatment
- An increase in successful completions from alcohol treatment
- A reduction in alcohol related anti-social behaviour and crime rates
- More children and young people have an alcohol-free childhood

PROGRESS

- The HWB discussed alcohol related harm at its meeting in July 2023.
- County Durham continues to be the lead commissioner for Balance, our alcohol office, on behalf of seven Local Authority areas in the North East. We have shared campaign materials from Balance with partners so they can be used effectively at a local level. Balance continues to work with Public Protection colleagues on new approaches to licensing, which promote public health objectives including the vision of an Alcohol-Free Childhood.
- Durham County Council is the licensing authority for the Licensing Act 2003 and administers and enforces the law relating to the sale and supply of alcohol. Three premises were prosecuted for breaches of their license in 23/24 and nine license reviews were carried out, including one accelerated review for a premises associated with serious crime/disorder. The Licensing team is undertaking a formal consultation on a review of Durham's Licensing Act policy which will be published at the end of 2024.



- Funding from Dame Carol Black’s initiative to support local authorities to enhance recovery and treatment services has supported:
 - 14 job posts incorporated within the Drug and Alcohol Recovery Service (DARS) - Harm Minimisation Police Liaison Workers, Women’s Recovery Workers, a Peer Led Communities Development Worker, and a Lived Experience Peer Apprentice.
 - A Drug and Alcohol Care Team providing enhanced drug and alcohol support, increased community detox provision, prescribing and wraparound mental health support.
- After listening to both professionals and service users we developed awareness raising leaflets promoting support to help people reduce and stop their alcohol intake. Both the public and professional leaflets signposted local people to County Durham’s Drug and Alcohol Recovery Service for information about how the recovery team can support service users into the most appropriate alcohol detox pathways.
- Public Health, Housing colleagues and DARS have worked closely to produce suitable materials to promote the DARS, and DCC Housing Solutions Team and partners have received training on harm minimisation support available to help residents reduce and/or enable them to abstain from drinking alcohol.

CASE STUDY

Andrew is a 39-year-old male who was homeless and subject to a probation order. Andrew had suffered from alcohol dependency for 5 years consuming up to 9 litres of 7.5% ABV cider per day, his physical and psychological health was compromised with frequent hospital attendances due to alcohol withdrawal related seizures.

Andrew was keen to engage with services, but his engagement was limited due to the levels of intoxication. Andrew often missed appointments and phone calls because he had lost or was unable to charge his phone.

County Durham Drug and Alcohol Recovery Service (CDDARS) provided Andrew with a phone and supported him to complete a Durham Key Options housing application and contact was made to link him up with Housing Officers. After several meetings and escalations of Andrew’s case, housing was provided by a third sector organisation with the agreement and understanding that an Inpatient Detox (IPD) admission would be priority when the tenancy had been signed.

The evening prior to the admission to IPD Andrew was arrested and was detained in the custody suite. Conversations took place with the Custody Sergeant in the best interest of Andrew and an agreement reached that he would be transported to his home at 8am the next morning to ensure that he was available for the patient transport to the IPD centre.

Andrew completed the detox regime and has continued to engage with CDDARS and is living a healthier and happier abstinent based life. He is no longer subject to probation and



remains in his supported accommodation. All agencies that have worked alongside Andrew are extremely proud of the progress made.

CHALLENGES

- Using a system-wide approach to enable people to recognise that reducing alcohol harm is everybody's business.
- Influencing a change in the perception of the cultural norm of high levels of alcohol being acceptable within our communities.

NEXT STEPS

- Review opportunities to recommend local Minimum Unit Pricing for alcohol based on the positive outcomes in Scotland to prevent the sale of cheap high strength drinks that lead to the greatest health harms and social costs.
- Encourage a system-wide, whole population health management approach to help people who are alcohol dependent to access support. This starts with an effective conversation undertaken by health and social care professionals followed by a referral into the DARS.
- Monitor the impact of Dame Carol Black funding on the rates of Successful Completions for alcohol seen within the DARS and understand the implications if the funding is withdrawn after 2025/2026.
- County Durham continues to make good progress on Successful Completion rates for those in treatment with a rate of 35.2% for those successfully completing treatment for alcohol. This positive outcome is only slightly below the rate for England (34.4%) but can only be maintained on the scale required if the national Dame Carol Black funding continues to enable the fulfilment of the 10-year Drug Strategy.

**LIKE TOBACCO,
ALCOHOL
IS TOXIC.**

Deep down it's doing you damage.

Alcohol is linked to more than 200 medical conditions including 7 types of cancer, liver disease, heart disease and stroke.

If you need help with alcohol misuse in County Durham call 03000 266666 or visit [CoDurhamDrugAlcoholRecovery.co.uk](https://www.co.durham.nhs.uk/DrugAlcoholRecovery)

County Durham drug and alcohol recovery services

BALANCE
Reducing alcohol harm

LOOKING FORWARD

The Health and Wellbeing Board will continue to monitor progress against the four priorities identified in the Joint Health and Wellbeing Strategy to achieve our vision that **Durham is a healthy place, where people live well for longer**, and our overarching objective of **‘improve healthy life expectancy and reduce the gap within County Durham and between County Durham and England’**. We will do this through our priority lead groups and their strategic action plans.

We have reviewed our work programme to include focused meetings where we can have in-depth discussions on these areas and explore innovative ideas. The Health and Wellbeing Board will continue to lead on **Health Protection**, oversee the **Better Care Fund**, consider developments in **Transforming Care** and provide support to those with **Special Educational Needs and Disabilities (SEND)**.

The HWB will publish a new **Pharmaceutical Needs Assessment (PNA)** covering the next three years 2025-2028 to fulfil our statutory duty to support health needs across the county.

Over the coming year we will continue our work to map community assets within the **Joint Strategic Needs and Assets Assessment (JSNAA)** so that we can gain a better understanding of the places and communities in which people live, and work with people to use these assets to improve health outcomes.

We will make it our business to maximise the opportunities of the **North East Devolution** arrangements to improve health outcomes through additional investment and improvements across culture, sport, environment, economy, housing, education and skills.

