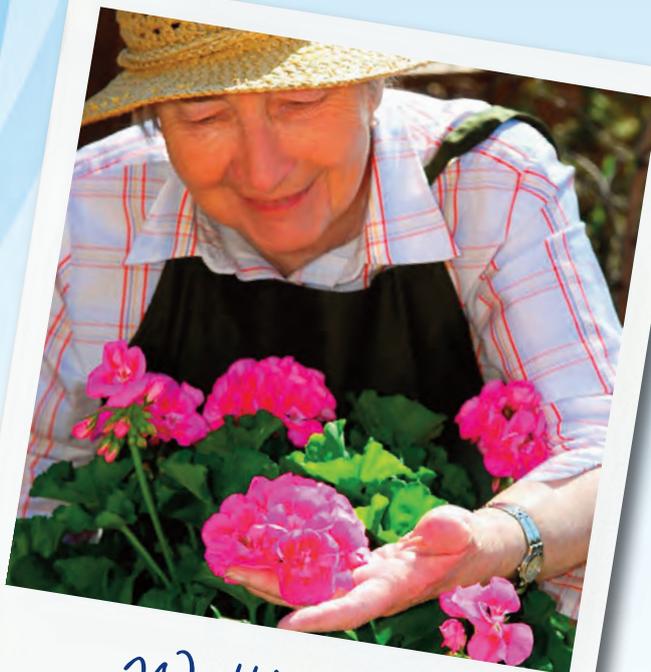
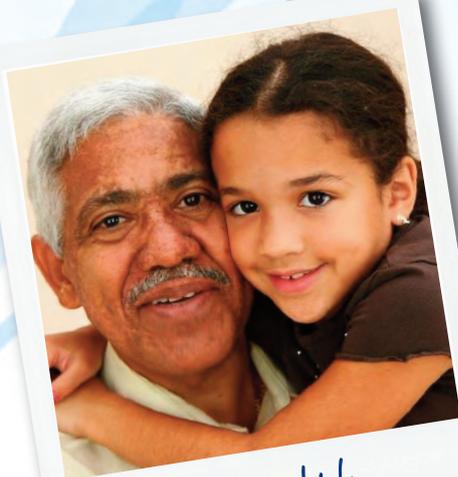




Support



Wellbeing



Health



Independence

Improve the health and wellbeing of the people of County Durham and reduce health inequalities

County Durham Health and Wellbeing Board Annual Report 2013-2014



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1. Foreword to the Health and Wellbeing Board Annual Report

Welcome to the first Health and Wellbeing Board Annual Report.

The Health and Wellbeing Board is now established as a statutory committee of the council and works collectively to improve health and reduce health inequalities across County Durham, as well as provide better care and support to service users, patients and carers.

We have worked hard to continue to develop positive relationships between member organisations and will continue to work together to address the priorities in the Joint Health and Wellbeing Strategy:

- Children and young people make healthy choices and have the best start in life
- Reduce health inequalities and early deaths
- Improve the quality of life, independence and care and support for people with long term conditions
- Improve the mental and physical wellbeing of the population
- Protect vulnerable people from harm
- Support people to die in the place of their choice with the care and support that they need.

In a changing environment both nationally and locally, there have been many challenges to face, however we are pleased to report that despite significant financial pressures across public services, we have continued to work together to maximise opportunities and achieve results to improve the health and wellbeing of people in County Durham. This includes the implementation of the Better Care Fund which is a pooled budget for health and social care services to support local initiatives to get the best outcomes to improve the health and wellbeing of local people by innovating and transforming services.

We have achieved a lot in our first year and we have no doubt that the Health and Wellbeing Board will continue to strive to improve health and wellbeing and reduce health inequalities.



Councillor Lucy Hovvels

Chair of the Health and Wellbeing Board

Cabinet Portfolio for Healthier and Safer Communities



Dr Stewart Findlay

Vice Chair of the Health and Wellbeing Board

Chief Clinical Officer, Durham Dales, Easington and Sedgfield Clinical Commissioning Group

2. Introduction to the Health and Wellbeing Board

The Health and Wellbeing Board was established to promote integrated working between commissioners of health, public health and social care services, for the purposes of advancing the health and wellbeing of the people in its area. It provides a forum for organisations to develop joint strategies and challenge each other on better ways of working.

In Durham we already had good models of integration with co-located health and social care teams in existence, but the creation of the Health and Wellbeing Board has focused this work at a senior level.

The work of the Health and Wellbeing Board is based on the Joint Health and Wellbeing Strategy (JHWS) which identifies priorities for joint action that will make a real difference to people's lives.

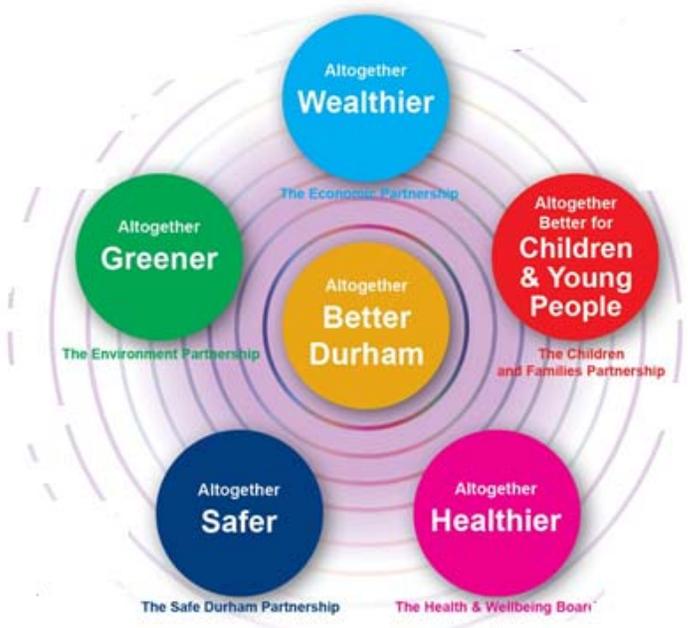
The Health and Wellbeing Board does not work alone to improve health and wellbeing and acts as the 'Altogether Healthier' thematic partnership of the County Durham Partnership, which is the overarching strategic partnership in County Durham.

The County Durham Partnership brings together key organisations from the public, private and voluntary and community sectors and is made up of the County Durham Partnership Forum, County Durham Partnership Board, five thematic partnerships and 14 Area Action Partnerships. It exists to ensure local needs and priorities are met and to drive a common purpose and ambition for the county, influence the use of all partners' resources and ensure a strong focus on the achievement of the county's priorities.

The Health and Wellbeing Board is one of five thematic Partnerships identified below, that delivers the work of the

County Durham Partnership and maintains close working relationships with these partnerships:

- **Economic Partnership** - 'altogether wealthier' - creating a vibrant economy and putting regeneration and economic development at the heart of all our plans
- **Children and Families Partnership** - 'altogether better for children and young people' – enabling children and young people to develop, achieve their aspirations and maximise their potential;
- **Health and Wellbeing Board** - 'altogether healthier' - improving health and wellbeing;
- **Safe Durham Partnership** - 'altogether safer' - creating a safer and more cohesive county;
- **Environment Partnership** - 'altogether greener' - ensuring an attractive and 'liveable' local environment and contributing to tackling global environmental challenges.



3. Overview of the Health and Wellbeing Board

Origins of the Health and Wellbeing Board

As early as 2010, the government set out its intention to strengthen the role of local government in local health services.

The Health and Social Care Act 2012 established the requirement for all upper tier local authorities to establish Health and Wellbeing Boards.

In County Durham, four development sessions were held between June and October 2011 to allow member organisations to work together to develop the Health and Wellbeing Board.

These development sessions were facilitated by external organisations to ensure that work took place within a broader context and focused upon information sharing, knowledge improvement and getting to know one another.

The County Durham Health and Wellbeing Board met as a Shadow Health and Wellbeing Board from December 2011. In April 2013, the council formally established the Health and Wellbeing Board as a Committee of Durham County Council.



Purpose of the Health and Wellbeing Board

The vision for the Health and Wellbeing Board is to **'Improve the health and wellbeing of the people of County Durham and reduce health inequalities'**

The legislation that established the Health and Wellbeing Board also gave the Board specific functions as follows:

- To develop a Joint Strategic Needs Assessment to provide evidence of the health and social care needs of the people of County Durham;
- To develop a Joint Health and Wellbeing Strategy based on the 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 wider determinants of health, such as housing, to work closely with the Health and Wellbeing Board;
- Being involved throughout the process as CCGs develop their commissioning plans and ensuring they take proper account of the JHWS when developing these plans.

Values and principles of the Health and Wellbeing Board

Members of the Health and Wellbeing Board are required to comply with the council's Code of Conduct for Committee members. This requires members to act with selflessness, integrity, objectivity, accountability, openness, honesty and leadership. The principles of the Code of Conduct include:

- Treat others with respect.
- Must not do anything which compromises or is likely to compromise the impartiality of anyone who works for or on behalf of the council.
- Must not conduct themselves in a manner which could reasonably be regarded as bringing the council, or their office as a member of the council, into disrepute.
- Must not use or attempt to use their position as a member improperly to confer on or to secure for yourself or any other person any advantage or disadvantage.
- Must not prevent, or attempt to prevent, another person from gaining access to information to which they are entitled by law.
- Must register information about their registerable personal interests.
- Must disclose any non-registerable interests prior to attending a meeting of the council or Cabinet.

Membership of the Health and Wellbeing Board

The membership of the Health and Wellbeing Board reflects the requirements of the Health and Social Care Act and a range of additional organisations to ensure that the Health and Wellbeing Board is most effective in having the biggest impact on improving the health and wellbeing and reducing health inequalities for local people (Figure 1).

Although non-statutory, Health and Wellbeing Board membership in County Durham includes the local NHS Provider Foundation Trusts.



FIGURE 1 County Durham Health & Wellbeing Board Membership (April 2014)

COUNCILLOR LUCY HOVELS
Chair of Health & Wellbeing Board

Member Portfolio Holder (Safer & Healthier Communities) – Durham County Council

DR. STEWART FINDLAY
Vice Chair of Health & Wellbeing Board

Chief Clinical Officer - Durham Dales, Easington and Sedgefield
Clinical Commissioning Group

RACHAEL SHIMMIN

Corporate Director Children & Adults Services – Durham County Council

ANNA LYNCH

Director of Public Health County Durham – Children & Adults Services – Durham
County Council

ALAN FOSTER

Chief Executive – North Tees & Hartlepool NHS Foundation Trust

COUNCILLOR OSSIE JOHNSON

Member Portfolio Holder (Children & Young People's Services) – Durham County Council

COUNCILLOR MORRIS NICHOLLS

Member Portfolio Holder (Adult Services) – Durham County Council

JOSEPH CHANDY

Director of Primary Care Development & Engagement – Durham Dales,
Easington & Sedgefield Clinical Commissioning Group

DR. KATE BIDWELL

Clinical Chair – North Durham Clinical Commissioning Group

NICOLA BAILEY

Chief Operating Officer – North Durham and Durham Dales, Easington & Sedgefield
Clinical Commissioning Groups

CAROL HARRIES

Director of Corporate Affairs – City Hospitals Sunderland

SUE JACQUES

Chief Executive – County Durham & Darlington NHS Foundation Trust

MARTIN BARKLEY

Chief Executive – Tees Esk & Wear Valley NHS Foundation Trust (TEWV)

JUDITH MASHITER

Healthwatch County Durham

Governance and accountability

The Health and Wellbeing Board has a clear structure in place which enables it to fulfil its statutory obligations to improve the health and wellbeing of the people of County Durham and reduce health inequalities.

The Health and Wellbeing Board meets bimonthly and is supported by a number of sub groups who carry out the development work on behalf of the Board.

Within this sub group arrangement a number of groups support the Health and Wellbeing Board in relation to engagement, consultation and involvement with service users from specific client groups who have learning disabilities, mental health issues and older people.

Further groups are in place to support the commissioning of health, public health and social care services.

The Health and Wellbeing Board has wider interface arrangements with a number of multi-agency partnership groups including the Local Safeguarding Children's Board and the Safeguarding Adults Board.

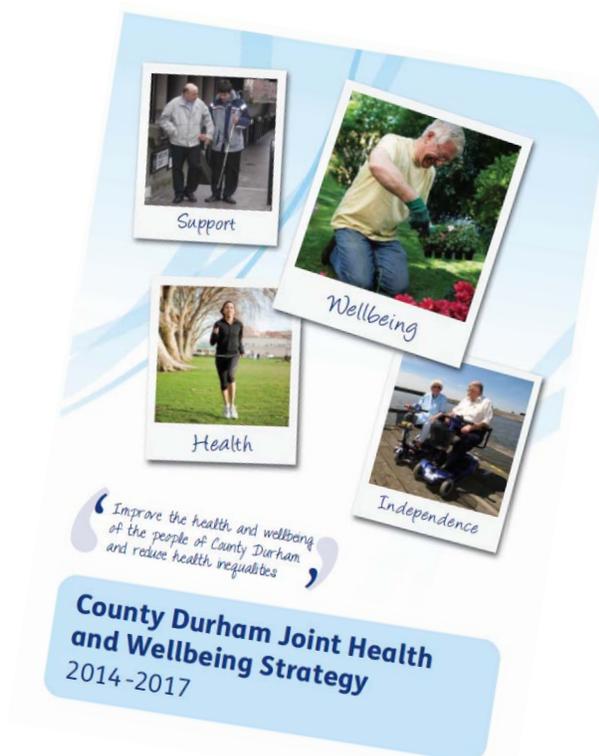


4. Achievements of the Health and Wellbeing Board

This section covers the key achievements and developments that have taken place in 2013/14 and includes a summary of the progress that has been made by the Health and Wellbeing Board to achieve the strategic objectives in the Joint Health and Wellbeing Strategy 2014-17.

Key achievements of the Health and Wellbeing Board 2013/14

- Developed the first Joint Health and Wellbeing Strategy 2013-17 and supporting delivery plan for County Durham with input from local stakeholders, including service users, patients, carers, the voluntary and community sector, NHS and local authority partners. A review of the Joint Health and Wellbeing Strategy 2014-17 was also agreed, to ensure it continues to reflect the health and wellbeing needs of local people.



- Agreed the County Durham Joint Strategic Needs Assessment for 2013.
- Agreed an Engagement Memorandum of Understanding, outlining ways of engaging with patients, services users, carers, the voluntary and community sector and other stakeholders in relation to the Health and Wellbeing Board activities.
- Held an engagement event as part of the consultation process, which involved over 400 people, with a wide range of stakeholders, including service users, patients and members of the public to identify future priorities to inform the review of the Joint Strategic Needs Assessment 2013 and the Joint Health and Wellbeing Strategy 2014-17.
- Agreed the transfer of £10.1million to support social care services to benefit people in County Durham to:
 - support the maintenance of the eligibility criteria for providing services,
 - provide prevention services
 - maintain and expand the reablement service to provide rehabilitation to enable service users to develop and regain both confidence and practical skills
- Agreed the County Durham Better Care Fund plan which will support seven work programmes to integrate health and social care working:
 - **Short term intervention services** which includes intermediate care community services, reablement, falls and occupational therapy services

- **Equipment and adaptations for independence** which includes telecare, disability adaptations and the Home Equipment Loans Service
- **Supporting independent living** which includes mental health prevention services, floating support and supported living and community alarms and wardens
- **Supporting Carers** which includes carers breaks, carer's emergency support and support for young carers
- **Social isolation** which includes local coordination of an asset based approach to increase community capacity and resilience to provide low level services
- **Care home support** which includes care home and acute and dementia liaison services
- **Transforming care** which includes maintaining the current level of eligibility criteria, the development of IT systems to support joint working and implementing the Care Bill
- Launched the new Integrated Short-term Intervention Service (ISIS) in County Durham which will provide one route into all intermediate care services, which prevent unnecessary admission to hospitals or premature admission to care homes, and promote independence and faster recovery from illness.
- Approved the Public Mental Health Strategy to reduce the number of people developing mental health problems through promotion of good mental health, prevention and early identification of poor mental health and recovery from mental ill health.



- Supported the development of an Action Plan by the Smokefree Tobacco Control Alliance for County Durham to make smoking less desirable, accessible and affordable and therefore improve health and reduce health inequalities by reducing the number of smokers.
- Considered the implications of the Winterbourne review and agreed an action plan for learning disabilities in County Durham.
- Supported the development of a Local Autism Action Plan for 2014/15, which addresses areas highlighted for further development in the self-assessment, particularly those relating to employment and the criminal justice system for people with autism.
- Supported planning for the implementation of Special Educational Needs and Disability (SEND) Reforms in Durham for children, young people and adults with special educational needs between the ages of 0 – 25 years.
- Supported the Alcohol Harm Reduction Strategy 2012-15 which aids people to make informed decisions and helps with prevention, control and treatment.

Commitments of the Health and Wellbeing Board

The Health and Wellbeing Board committed to the following during its first year of operation in 2013/14:

- Signed up to the Disabled Children's Charter to ensure that the needs of disabled children are fully understood and services are commissioned appropriately.
- Identified the Chair of the Health and Wellbeing Board and Director of Public Health County Durham as mental health champions whose role includes promoting wellbeing and initiating and supporting action on public mental health.
- Signed up to the National Dementia Declaration and Dementia Care and Support Compact to support the delivery of the National Dementia Strategy and improving care and support for people with dementia, their carers and families.
- Signed up to the National Pensioners Convention's Dignity Code which has been developed to uphold the rights and maintain the personal dignity of older people.



Key Performance Achievements 2013/14

This section provides a summary of the key performance achievements of the Health and wellbeing Board to describe progress made against the strategic objectives in the Joint Health and Wellbeing Strategy 2013-17.

Strategic Objective 1: Children and young people make healthy choices and have the best start in life

- ***The number of new referrals to Child and Adolescent Mental Health Services (CAMHS) has increased.***

The number of referrals increased by 24% from 2012/13; from 2,150 (2012/13) to 2,667 (2013/14). This exceeds the target of a 10% rise from the previous year.

- ***Under 18 conception rate continues to decrease.***

Data for 2012 shows 291 conceptions, which equates to a rate of 33.7 per 1,000. Performance improved in comparison to the previous year (37.4). County Durham's annual rate is better than the North East (35.5) and Statistical Neighbours (36.9).

Strategic Objective 2: Reduce health inequalities and early deaths

- ***Excess winter deaths continue to decrease.***

The longer term trend from 2006-09 to 2009-12 shows that excess winter deaths have reduced by 22.9% in County Durham, which is significantly better than the national decrease of 8.8%.

Strategic Objective 3: Improve the quality of life, independence and care and support for people with long term conditions

- ***Permanent admissions to residential or nursing care for adults aged 65+ reduced significantly from the previous year and are better than the regional average.***

Provisional data for 2013/14 shows 711 over 65 year olds were admitted on a permanent basis to residential or nursing care. This equates to 736.2 per 100,000 and has achieved the annual target of 850 per 100,000. Performance is also better than the previous year.

- ***The proportion of older people still at home 91 days after discharge into reablement and the percentage of people who have no ongoing care needs following reablement exceeded targets.***

In 2013/14, 89.4% of older people were still at home after discharge into reablement. This is an increase from the previous year and is higher than 2012/13 outturn for England and North East. Of those completing a reablement package 62.3% had no ongoing care need in 2013/14. This is an increase from the 2012/13 figure of 60.3%.



**Strategic Objective 4:
Improve mental health
and wellbeing of the population**

- ***Proportion of adults in contact with secondary mental health services (SMHS) in paid employment has exceeded target.***

In County Durham 10.9% of adults in contact with SMHS were in paid employment in 2013/14 against a target of 9%. This is better than all comparator groups (national, 8.8; North East, 6.8; Statistical Neighbours, 7.7).

- ***Percentage of adults receiving SMHS known to be in settled accommodation has exceeded target.***

88.5% of adults receiving SMHS were known to be in settled accommodation in 2013/14 against a target of 85%.



**Strategic Objective 5: Protect
vulnerable people from harm**

- ***Repeat incidents of domestic violence referrals to the Multi Agency Risk Assessment Conference (MARAC) have decreased and are significantly below the national and regional averages.***

Between April 2013 and March 2014, 8.9% of victims who presented at the MARAC were repeat referrals. This is a decrease from the previous year and is below the latest available comparative data for the North East (28%) and England (24%).

- ***Children becoming the subject of a Child Protection (CP) Plan for a second or subsequent time reduced and is better than national and regional averages.***

Provisional data for 2013/14 shows 14.7% of children who became subject to a Child Protection Plan had previously been subject to a Plan, which achieved the annual target of 15%. Performance improved from the previous year and is better than 2012/13 outturn for England and North East.

- ***Rate of looked after children per 10,000 continues to reduce.***

Provisional data shows there were 607 Looked After Children at the end of March 2014, which equals a rate of 60.6 per 10,000. This is an improvement from the same point of the previous year and is better than the latest available comparative data for the North East and Statistical Neighbours.

5. Engagement

Central to achieving the vision of the Health and Wellbeing Board to **'Improve the health and wellbeing of the people of County Durham and reduce health inequalities'** is the belief that decisions about the services provided for service users, carers and patients, should be made as locally as possible and involve the people who use them.

To support this engagement the Health and Wellbeing Board has agreed an Engagement Memorandum of Understanding which sets out the broad principles and processes which guide the joint engagement work of the member organisations, to avoid duplication and to share a common focus.

Engagement within County Durham includes individual involvement, collective involvement and patient experience activities, and a range of mechanisms are used by all partners to support their work in engaging with people about their health and social care needs.

Service User Partnership Boards and forums support engagement, consultation and involvement with service users and carers from specific client groups, such as those with learning disabilities, mental health needs and older adults.

Area Action Partnerships are used to consult and engage with the general population on issues relevant to the whole population of County Durham. Fourteen AAP's are in place across County Durham.

Healthwatch County Durham are the mechanism to represent the voice of citizens through its active representation on the Health and Wellbeing Board.

Patient Reference Groups are the mechanism to engage with patients on specific services provided by GPs or for engagement with people with specific health conditions

Investing in Children Reference Groups are utilised for gathering the views of children and young people in relation to health and social care. There are a number of reference groups, including:

- Emotional Health and Wellbeing
- Diabetes Group
- Disabled Children
- Local Community Groups

The **Making Changes Together** group is the mechanism for engaging with parents of disabled children to ensure that the needs of disabled children are considered.

In addition, the Health and Wellbeing Board is working with AAP's to support the delivery of better outcomes for local people in a number of ways which include:

- Aligned AAP priorities with the Joint Health and Wellbeing Strategy
- Better joining up of commissioning to avoid duplication
- Better coordination of funding arrangements

6. Future work of the Health and Wellbeing Board

Future work of the HWB

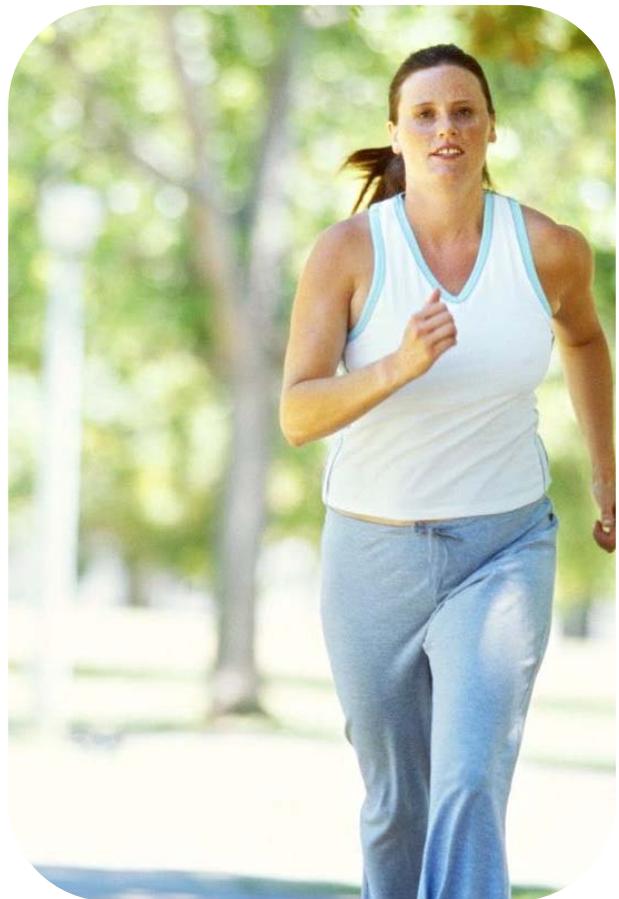
There is a strong commitment from the Health and Wellbeing Board to continue to improve the health and wellbeing and reduce health inequalities for people in County Durham and agreeing the refresh of the Joint Health and Wellbeing Strategy 2014-17 is the next step to achieve that vision.

In addition, the Health and Wellbeing Board's work programme for 2014-15 will build on its progress to date and will include the following actions:

- Agree the refresh of the Joint Health and Wellbeing Strategy 2014 – 2017 Delivery Plan to ensure that the Joint Health and Wellbeing Strategy is implemented and performance managed to ensure that the Health and Wellbeing Board is transparent in showing the progress that has been made in the JHWS and what is still left to do.
- Agree the County Durham Drugs Strategy to prevent harm, restrict supply and build recovery in communities.
- Endorse the Early Help Strategy, which sets out to reduce the number of children who need high level interventions, by providing help effectively and early.
- Endorse the Dementia Strategy which aims to ensure that the best possible services are in place, including prevention services, for people with dementia, their carers and families, including those who have not yet been diagnosed.
- Agree the Cardiovascular Disease (CVD) Prevention Strategic Framework to prevent the disease which is the second largest cause of death in County Durham. This will include targeted interventions for people most at risk.
- Agree the Dual Diagnosis Strategy, which aims to identify people with dual diagnosis (concurrent learning disabilities, mental behavioural diagnosis and substance misuse problems) and ensure they have access to coordinated and responsive services to meet their complex and changing needs.
- Agree the Healthy Weight Strategy which will strengthen local capacity and capability to achieve a sustained upward trend in healthy weight for children and for all adults in County Durham by 2020.
- Agree the Pharmaceutical Needs Assessment to adhere to statutory requirements to ensure adequate availability of drugs, medicines and listed appliances ordered through NHS prescriptions.



- Agree a Food and Nutrition Plan for County Durham to include work around policy, food provision and access.
 - Agree the County Durham Physical Activity Delivery Plan, which will provide a greater range of opportunities to increase participation and activity levels in County Durham.
 - Agree the Unintentional Injuries Strategy to reduce accidental injuries in children and young people.
 - Agree the Mental Health Framework implementation plan, which is the overarching mental health strategy for children and adults in county Durham, and is the local implementation plan of the national 'No health without mental health' strategy.
- Sign up to the Mental Health Crisis Concordat, which is a commitment to prevent crises through prevention and early intervention.



7. Abbreviations and glossary

| | |
|---|---|
| Area Action Partnerships (AAPs) | Groups set up to give people in County Durham a greater choice and voice in local affairs. The partnerships allow people to have a say on services, and give organisations the chance to speak directly with local communities. |
| Autism | Autism is a condition which is characterised by impaired <u>social</u> and <u>communication</u> skills. |
| Asset Based Approach | Using the skills and knowledge of individuals within a community, rather than focusing on the problems within a community. This approach aims to empower individuals. |
| CAMHS | Child and Adolescent Mental Health Services. |
| Clinical Commissioning Groups (CCGs) | Groups of GP practices, including other health professionals who will commission the great majority of NHS services for their patients. |
| CP | Child Protection |
| CVD | Cardio-vascular disease |
| Dementia | Dementia is used to describe a syndrome which may be caused by a number of illnesses in which there is progressive decline in multiple areas of function, including decline in memory, reasoning, communication skills and the ability to carry out daily activities. Individuals may develop behavioural and psychological symptoms such as depression, psychosis, aggression and wandering. |
| Disabled Children's Charter | A formal document which the HWB signs to demonstrate its commitment to improving the quality of life and outcomes experienced by disabled children, young people and their families, including children and young people with special educational needs and health conditions. |
| Dual Diagnosis | Having both a diagnosis of learning disabilities/mental behavioural diagnosis and substance misuse problems |
| GP | General practitioner - also known as family doctors who provide primary care. |
| Health & Wellbeing Board (HWB) | Statutory forum of key leaders from health and social care working together to improve the health and wellbeing of the local population and reduce health inequalities. |

| | |
|--|---|
| Intermediate Care | Intermediate care, either residential or non-residential, is a range of time-limited health and social care services that may be available to promote faster recovery from illness, avoid unnecessary admission to hospital, support timely discharge from hospital and avoid premature long-term admission to a care home. |
| Interventions | Services provided to help and/or improve the health of people in the county. |
| Integrated Short-term Intervention Service (ISIS) | Provides one route into all intermediate care services, which prevent unnecessary admission to hospitals or premature admission to care homes, and promote independence and faster recovery from illness. |
| Joint Health & Wellbeing Strategy (JHWS) | The Health and Social Care Act 2012 places a duty on local authorities and CCGs to develop a Joint Health & Wellbeing Strategy to meet the needs identified in the local Joint Strategic Needs Assessment (JSNA). |
| Joint Strategic Needs Assessment (JSNA) | The Health and Social Care Act 2012 states the purpose of the JSNA is to improve the health and wellbeing of the local community and reduce inequalities for all ages. |
| Long term condition | The Department of Health has defined a Long Term Condition as being “a condition that cannot, at present be cured; but can be controlled by medication and other therapies.” This covers a lot of different conditions e.g. diabetes, chronic obstructive pulmonary disease (COPD), dementia, high blood pressure. |
| MARAC | Multi Agency Risk Assessment Conference |
| National dementia declaration | Explains the challenges presented to society by dementia and some of the outcomes that are being sought for people with dementia and their carers. |
| NHS | National Health Service |
| Reablement | Reablement is about giving people over the age of 18 years the opportunity, motivation and confidence to relearn/regain some of the skills they may have lost as a consequence of poor health, disability/impairment or accident and to gain new skills that will help them to develop and maintain their independence. |

| | |
|-------------------------|--|
| SEND | <p>Special Educational Needs and Disability.</p> <p>Children who have needs or disabilities that affect their ability to learn. For example:</p> <ul style="list-style-type: none"> • Behavioural/social (eg difficulty making friends). • Reading and writing (eg dyslexia). • Understanding things. • Concentrating (eg Attention Deficit Hyperactivity Disorder). • Physical needs or impairments. |
| SMHS | Secondary mental health services. |
| Social Isolation | A lack of contact with people. |
| Stakeholders | Interested parties or those who must be involved in a service/project or activity. |
| Telecare | Telecare is support and assistance provided at a distance using information and communication technology. The use of sensors and other equipment that can recognise when there is a problem or emergency situation in the home |

County Durham Health and Wellbeing Board Annual Report 2013-2014

Contact Details

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