

Cabinet

15 April 2015



**Joint Strategic Needs Assessment
2014 and the refresh of the Joint Health
& Wellbeing Strategy 2015-2018**

Report of Corporate Management Team

**Rachael Shimmin, Corporate Director of Children and Adults
Services**

Anna Lynch, Director of Public Health County Durham

**Councillor Lucy Hovvels, Cabinet Portfolio Holder for Safer and
Healthier Communities**

**Councillor Morris Nicholls, Cabinet Portfolio Holder for Adult
Services**

**Councillor Ossie Johnson, Cabinet Portfolio Holder for Children and
Young People's Services**

Purpose of Report

1. The purpose of this report is to present Cabinet with the:
 - Summary of key messages from the refresh of the Joint Strategic Needs Assessment (JSNA) 2014 which is attached at Appendix 2.
 - Refreshed County Durham Joint Health & Wellbeing Strategy (JHWS) 2015-2018 which is attached at Appendix 3.

Background

2. The Health and Social Care Act 2012 places clear duties on local authorities and Clinical Commissioning Groups (CCGs) to prepare a Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy through Health and Wellbeing Boards.
3. The JSNA is used to inform key strategies and plans, for example, the Sustainable Community Strategy (SCS), Children, Young People and Families Plan, CCG Operational Plans, the Better Care Fund Plan and Durham County Council's Council Plan.
4. Work has taken place to ensure that the Better Care Fund work programmes have been mapped to the JHWS to ensure work on integration and transformation is fully reflected. Clinical Commissioning Group Commissioning Intentions have also been aligned to the JHWS, where appropriate.
5. Equality Impact Assessments have been undertaken as part of the process for developing the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

6. Consultation has taken place on the JSNA and JHWS between October 2014 and February 2015 with over 400 people from different backgrounds taking part in the process.
7. A number of public consultation events have taken place including:
 - The “Big Tent” engagement event which was attended by over 240 people and included members of the public, patients, service users and carers, the voluntary and community sector and NHS and local government representatives
 - A number of engagement events with children and young people (including disabled children)
 - A specific event for people with learning disabilities
8. Online consultation also took place through the Durham County Council website.
9. Adults, Wellbeing and Health and Children and Young People’s Overview and Scrutiny Committees and all 14 Area Action Partnerships were also part of the consultation.
10. The JSNA key messages were received by the Health and Wellbeing Board on 28th January 2015 and the JHWS was approved by the Health and Wellbeing Board on 11th March 2015.
11. The Joint Health and Wellbeing Strategy will be received and endorsed by Durham Dales, Easington and Sedgefield and North Durham Clinical Commissioning Groups, through their Governing Body meetings in May 2015.

Joint Strategic Needs Assessment 2014 and the Annual Report of the Director of Public Health

12. The JSNA 2014 is the seventh edition produced in County Durham which provides an overview of health and wellbeing needs of the local population.
13. The JSNA 2014 is primarily a web based document, with links provided to instant atlas (an interactive web-based tool).
14. The JSNA has identified a number of key messages. A summary of these key messages are provided for information in Appendix 2, along with demographic information and examples of improvements in health and social care since the last JSNA.
15. A summary document has been produced for the JSNA 2014 which provides a narrative, based around a life course approach (from childhood, to adulthood and into older age) which focuses on health and social care needs including how these link to the wider determinants of health, for example, unemployment and deprivation.
16. The JSNA 2014 has informed the Annual Report of the Director of Public Health (DPH) County Durham, which focuses on tackling social isolation and loneliness in County Durham.
17. Anybody can be affected by social isolation or loneliness and older people are particularly vulnerable due to factors such as bereavement, reduced mobility, sensory impairment or limited income. However, other groups are also at risk, including new, young or lone parents, carers (both young and old), people experiencing domestic

abuse, people with autism or a learning disability and those experiencing poverty and deprivation.

18. The DPH Annual Report explores social isolation in relation to children and young people and older people whilst recognising the impacts on the wider population and recommendations from the report have informed strategic actions in the JHWS.

Refresh of the Joint Health and Wellbeing Strategy

19. The vision for the JHWS has been re-affirmed as “**Improve the health and wellbeing of the people of County Durham and reduce health inequalities**”. This vision has also been adopted as the overarching vision for the Better Care Fund in County Durham.

Strategic Objectives and Outcomes Framework

20. The Strategic Objectives and Outcomes Framework for the JHWS is provided below:

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

- ❖ Reduced childhood obesity
- ❖ Improved early health intervention services for children and young people

Strategic Objective 2: Reduce health inequalities and early deaths

- ❖ Reduced levels of tobacco related ill health
- ❖ Reduced obesity levels
- ❖ Reduced levels of alcohol and drug related ill health
- ❖ Reduced mortality from cancers and circulatory diseases
- ❖ Reduced excess winter deaths

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

- ❖ Adult care services are commissioned for those people most in need
- ❖ Increased choice and control through a range of personalised services
- ❖ Improved independence and rehabilitation
- ❖ Improved joint commissioning of integrated health and social care

Strategic Objective 4: Improve mental and physical wellbeing of the population

- ❖ Increased physical activity and participation in sport and leisure
- ❖ Maximised independence
- ❖ Increased social inclusion
- ❖ Reduced self-harm and suicides

Strategic Objective 5: Protect vulnerable people from harm

- ❖ Provide protection and support to improve outcomes for victims of domestic abuse and their children
- ❖ Safeguarding children and adults whose circumstances make them vulnerable and protect them from avoidable harm

Strategic Objective 6: Support people to die in the place of their choice with the care and support that they need

- ❖ Improved End of Life Pathway

Strategic Actions

21. The JHWS includes a number of Strategic Actions that identify the key areas of work which the Health and Wellbeing Board will focus on, linked to objectives and outcomes.
22. Work has been undertaken to streamline the number of Strategic Actions from 60 to 51 with many actions now being grouped together under common themes, for example the prevention and treatment of cancers. A number of actions also have amended wording. New Strategic Actions are shown in Appendix 4.
23. A hard copy of the Joint Health and Wellbeing Strategy 2015-18 has been made available in the Members' library. The JHWS will also be available on Durham County Council's website.

Delivery Plan

24. More detailed actions outlining the work taking place to achieve the Strategic Actions will be included in the JHWS Delivery Plan. This will include target dates to show when actions will be achieved, and will be presented to the Health and Wellbeing Board for agreement on 23rd July 2015.
25. The Joint Health and Wellbeing Strategy is monitored robustly and progress is reported to the Health and Wellbeing Board on a six monthly basis. This allows partners the opportunity to challenge each other and ensure that services are delivered timely and effectively and achieve good outcomes. As well as providing performance highlights, the Board also receives information on areas for improvement. A performance scorecard/dashboard is also provided to the Board.
26. In addition to performance monitoring through the Health and Wellbeing Board a subset of performance indicators from the JHWS is reported to the County Durham Partnership and Council Plan, under the "Altogether Healthier" theme. Overview and Scrutiny Committees are also provided a subset basket of indicators to provide them with oversight of the performance.

Health and Wellbeing Board Annual Report

27. The Board produced its first annual report for 2013/14 which outlined the work and achievements of the Board during its first year of operation. It also outlined the Board's future work programme. Cabinet received the Health and Wellbeing Board Annual Report 2013/14 at its meeting on 15th October 2014.
28. The second Annual Report, for the period 2014/15, will look at the work and achievements that the Health and Wellbeing Board has made since its implementation and include details of the Local Government Association Peer Challenge which took place in February 2015. This peer challenge is designed to support the Local Authority and Health and Wellbeing Board in reflecting on and improving practice.
29. The Health and Wellbeing Board Annual Report 2014/5 will be presented to the Health and Wellbeing Board at its meeting on 23rd July 2015 for agreement and will be received by Cabinet on 16th September 2015 for information.

Recommendations

30. Cabinet is requested to:

- Note the summary of key messages in the Joint Strategic Needs Assessment (Appendix 2).
- Receive and endorse the Joint Health and Wellbeing Strategy (Appendix 3).
- Agree to receive the Health and Wellbeing Board Annual Report 2014/15 on 16th September 2015 for information.

Contact: Peter Appleton, Head of Planning & Service Strategy
Children and Adults Services
Tel: 03000 267381

Appendix 1: Implications

Finance – The demographic profile of the County in terms of both an ageing and projected increase in population will present future budget pressures to the County Council and NHS partners for the commissioning of health and social care services.

The Joint Health and Wellbeing Strategy has been developed in line with the Council's Medium Term Financial Plan, CCG efficiencies and the Better Care Fund (BCF).

In June 2013, the Government announced that it would be allocating £3.8 billion nationally to a pooled budget, now called the BCF. County Durham's allocation is £43.735m in 2015/16.

Staffing - No direct implications.

Risk - Non-achievement of performance-related targets may lead to financial pressures on the BCF.

Equality and Diversity / Public Sector Equality Duty - Equality Impact Assessments have been completed for both the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS).

Accommodation - No direct implications.

Crime and Disorder - The JSNA provides information relating to crime and disorder.

The following strategic action is included in the JHWS: 'Work together to address the health and social needs of vulnerable people who come into contact with the Criminal Justice System'.

Human Rights - No direct implications.

Consultation – Consultations have taken place with over 400 key partners and organisations including service users, carers and patients as part of the refresh, to ensure the strategy continues to meet the needs of people in the local area and remains fit for purpose for 2015-18.

Procurement - The Health and Social Care Act 2012 outlines that commissioners should take regard of the JSNA and JHWS when exercising their functions in relation to the commissioning of health and social care services.

Disability Issues – Issues in relation to disability have been considered throughout the development of the JSNA and the JHWS.

Legal Implications - The Health and Social Care Act 2012 places clear duties on local authorities and Clinical Commissioning Groups (CCGs) to prepare a JSNA and JHWS. The local authority must publish the JHWS. The Health and Wellbeing Board lead the development of the JSNA and JHWS.

Appendix 2

Summary of JSNA Key Messages

Demographics

- Population projections indicate that by 2021 the county's population will have increased by 4.6% to 539,900 people, rising to 560,700 people by 2030, which is an 8.7% increase from 2013.
- Since 2001, the population aged 65+ years has increased by 21%, an increase of 17,100 people, which is proportionally more than the 14.6% increase regionally and 18.8% nationally. In 2013, around one in five people (19.2%) were aged 65 or over, higher than both regional (18.4%) and national (17.4%) comparisons.
- The 65+ age group is projected to increase from almost one in five people in 2013 (19.2%) to nearly one in four people (24.7%) by 2030, which equates to an increase of 39.8% from 99,000 to 138,400 people.
- The proportion of the county's population aged 85+ is predicted to almost double (+95.2%) by 2030.

Examples of improvements in health and social care

- Life expectancy has improved for both males (77.9) and females (81.5) but is still below the England average of 79.2 for males and 83.0 for females (based on 2010/12 data).
- Mortality rates from the major causes of death (CVD, cancer, stroke, COPD) have fallen significantly over time, in many cases faster than nationally, however they remain significantly higher than England (based on 2010/12 data).
- The rate of permanent admissions to residential or nursing care for clients aged 65+ has reduced from 907 per 100,000 population during 2011/12 to 736 per 100,000 during 2013/14.
- As people are supported in their own homes for longer, the average age of permanent admission for older people into residential care continues to show a steady increase from 85.5 years in 2010/11 to 86.63 years in 2013/14.
- In 2013/14 there were 1,450 referrals to the reablement service, an increase of 7.3% on the previous year (1,351). 83.8% of people completing reablement achieved their goals.
- In 2013/14, there were 7,931 older people in receipt of personal budgets - this is an increase of 20.8% when comparing 2010/11 figures (6,566).
- Physical activity levels for children in County Durham are higher than the England average. 56.7% of children in years 1-13 spend at least 3 hours per week on high quality PE and school sport, compared to 55.1% nationally (Child Health Profile 2013)
- As of February 2015, County Durham's Stronger Families programme has identified and worked with 1,695 families. 1,185 of these families have been 'turned around' through the Stronger Families programme.
- The proportion of women who start to breastfeed has risen from 56.1% in 2010/11 to 57.4% in 2013/14. This remains lower than the national average (73.9%).
- Teenage conception rates (33.7 per 1,000) are greater than the England average (27.7 per 1,000), but lower than the North East average (35.5 per 1,000) and have been falling over time (1998-2012).

Summary of Key Messages

- Males from the most affluent areas will live 7 years longer than those from the most deprived areas. Females in the most affluent areas will live 7.2 years longer than those in the most deprived areas.
- 23% of children aged under 16 years live in poverty compared with the England average of 20.6%.
- On average in County Durham around 1,075 people died per year from smoking-related causes in the period 2010-12. Smoking-related death rates are significantly higher in County Durham than England.
- During 2013/14, 19.9% of mothers were smokers at the time of delivery compared to 20.9% regionally and 12% nationally.
- The prevalence of excess weight for 10-11 year olds (35.9%) is higher than the England average of 33.3% (2012/2013).
- Excess weight in adults (72.5%) is significantly higher than England (63.8%) but not significantly different to the North East (68%). (County Durham Health Profile 2014.)
- County Durham's under-18 alcohol specific hospital admission rate in 2012/13 was 81.5 per 100,000, higher than the regional rate of 72.2 (Local Alcohol Profiles for England 2014). County Durham is ranked 18th worst out of 326 local authorities.
- Around 19,000 people aged 65+ are lonely, with over 10,000 experiencing intense loneliness.
- Admissions to hospital (2012/13) as a result of self-harm (aged 10-24) are significantly higher (410.5 per 100,000) than England (346.3 per 100,000).
- Between 2011/13, suicide rates were significantly higher (13.4) than England (8.8) per 100,000 population.
- Most recent data shows that 52% of children who live in our most deprived areas achieved a good level of development (Early Years Foundation Stage). The gap in outcomes between these children and their peers is 10 percentage points.
- The number of carers aged 65+ providing unpaid care is set to increase by 30.6% by 2030 (from 14,911 in 2014 to 19,481).
- In 2013/14 there were 293 adults with autism aged 18-64 years in county Durham, an increase of 3% from 2012/13.
- Abuse or neglect continues to be the most significant type of primary need encountered across the county with regard to children in need.
- The number of adults referred and assessed with mental health needs increased year on year across County Durham, by 23.4% for referrals and by 22.9% for assessments when comparing 2010/11 figures with 2013/14.
- In County Durham, overall satisfaction of people who use services for their care and support increased from 64.3% in 2012/13 to 67.10%. This is above the England average (64.9%).

Appendix 3

Refreshed County Durham Joint Health and Wellbeing Strategy 2015-18 attached as a separate document

Appendix 4

New Strategic Actions for 2015-18

Strategic Objective 1 – Children and Young People make healthy choices and have the best start in life

Outcome: Improved early intervention services for children and young people

1. A separate strategic action has been developed in relation to under 18 conceptions which are higher in County Durham than the England average. This also reflects feedback from young people that there is a gap in education in schools. This will be addressed through the Teenage Pregnancy Health Needs Assessment and school nursing review.
 - **Support the reduction of teenage pregnancies (under 18 conceptions) in County Durham by delivering interventions that are in line with evidence and best practice.**
2. The following action has been added to reflect the early intervention work taking place through the Early Help Strategy. This action is also included in the Children, Young People and Families Plan 2015/18.
 - **Implement the Early Help Strategy to better support families who have additional needs at an earlier point.**

Strategic Objective 2 – Reduce health inequalities and early deaths

Outcome: Reduced levels of tobacco related ill health

3. The JSNA states that “disadvantaged children, young people and adults are also likely to be exposed to higher levels of second-hand smoke than those from more privileged backgrounds, which is due to lower levels of smoking restrictions in the home.” The JSNA also states that the health and Social Care Information Centre reported that in 2012 “two thirds (67%) of pupils in England reported that they had been exposed to second-hand smoke in the past year”.
4. The following new action reflects the work taking place to address the issue of second hand smoke and smoke free play areas that the Health and Wellbeing Board supported at its meeting in July 2014.
 - **Implement local awareness-raising campaigns to support the Smokefree Families Initiative, by targeting specific age groups on the health issues related to second hand smoke and by encouraging smoke free play areas across the county**

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

Outcome: Adult care services are commissioned for those people most in need

5. The following action has been developed to reflect the work taking place to implement The Care Act 2014.
 - **Implement The Care Act to promote integration between care and support provision and health services**
6. An additional action has also been added in relation to Carers, which reflects consultation feedback, ensures alignment with the Better Care Fund and supports a recommendation from the LGA Peer Challenge Team.
 - **Support people with caring responsibilities to identify themselves as carers so they can access the information, advice and support that is available.**

Outcome: Improved independence and rehabilitation

7. The following action has been agreed with Clinical Commissioning Groups and aligns to CCG commissioning intentions. This also aligns to the BCF Plan.
 - **Develop a new model for Community Services for the Frail Elderly that incorporates a whole system review that cuts across health, social care and the third sector; that delivers person centred care and places early identification, timely intervention and prevention at its core**
8. The following action has been included to track the implementation of Intermediate Care Plus which is a BCF work programme:
 - **Improve people's ability to reach their best possible level of independence by implementing Intermediate Care Plus and other effective alternatives to hospital and residential care admission**
9. Following feedback at the Health and Wellbeing Board meeting in January, an action that reflects the vision of the Urgent Care Strategy has been added:
 - **Implement the Urgent Care Strategy to ensure that patients are seen by the right health/social care professional, in the right setting, at the right time, to the highest quality and in the most efficient way providing the best outcome for the patient.**

Outcome: Improved joint commissioning of integrated health and social care

10. The following actions have been added to reflect the work taking place to provide joint care packages and services between health and social care:
 - **Implement the agreed framework for Clinical Commissioning Group decision-making in relation to continuing health care and integrated packages in mental health and learning disability, including personal health budgets**

- **Implement the Better Care Fund Plan to integrate health and social care services**

Strategic Objective 4 – Improve mental and physical wellbeing of the population

Outcome: Increased physical activity and participation in sport and leisure

11. The JSNA identifies that adults in County Durham are less physically active than the England average. The following Strategic Actions have been developed by DCC Neighbourhoods Service and will link to the Culture and Sport Strategy that is being developed:
- **Provide a wide range of physical activity opportunities across County Durham to support more active lifestyles and contribute towards tackling 'lifestyle conditions'**
 - **Establish a wide and large scale intervention approach across agencies to support increased participation in physical activity through culture change**

Outcome: Increased social inclusion

12. The JSNA states that “social isolation and loneliness is a significant and growing public health challenge for County Durham’s population”. The following two actions are included as recommendations in the Director of Public Health County Durham’s Annual Report on social isolation and loneliness. They are also aligned to the Social Inclusion BCF work programme:
- **Work in partnership to identify those who are, or who are at potential risk of becoming socially isolated to support people at a local level and to build resilience and social capital in their communities**
 - **Work in partnership to support the building of improved connectedness in communities in order to protect those most at risk of social isolation**