

# Health and Wellbeing Board

22 March 2023

## Draft Joint Local Health and Wellbeing Strategy 2023-2028



### Report of Gordon Elliott, Head of Partnerships and Community Engagement, Durham County Council

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#### Electoral divisions affected:

Countywide

#### Purpose of the Report

- 1 The purpose of this report is to present the draft refresh of the Joint Local Health and Wellbeing Strategy (JLHWS) for comment. The draft strategy is attached as Appendix 2.

#### Executive summary

- 2 The JLHWS is a legal requirement under the Health and Social Care Act 2012, to ensure health and social care agencies work together to agree services and initiatives which should be prioritised.
- 3 The Health and Care Act 2022 amended section 116A of the Local Government and Public Involvement in Health Act 2007, renaming 'joint health and wellbeing strategies' to 'joint local health and wellbeing strategies', which reflects the emphasis on 'place'. All other statutory guidance on JLHWS's remains unchanged.
- 4 The Health and Wellbeing Board has the responsibility to deliver the JLHWS, which is informed by the Joint Strategic Needs and Asset Assessment (JSNAA), as part of Durham Insight, which is an assessment of the current and future health, wellbeing and social care needs of residents in County Durham. Assets are factors that build health and wellbeing, not just prevent or cure disease  
<https://www.durhaminsight.info/jsna/>
- 5 The Health and Wellbeing Board agreed the JHWS 2021-25 in March 2021. At that time, Covid-19 still had a huge impact on how Durham County Council and its partners delivered services, especially health and social care services, whilst also supporting providers to run

essential services. Moving forward 'living with Covid' will be part of our everyday lives, and this is reflected in the JLHWS 2023-2028.

## **Recommendations**

- 6 Members of the Health and Wellbeing Board are recommended to:
  - (a) Make comment and agree the draft JHWS 2023-28 for wider public consultation as outlined in paragraph 33 of the report.

## **Background**

- 7 The Health and Wellbeing Board agreed the JHWS 2021-25 in March 2021. The JLHWS is now being developed for 2023-2028 following consultation with Board members in September 2022 and January 2023 and in line with national guidance to review plans in light of NHS changes.

## **National and local context**

- 8 The Health and Care Act 2022 introduced new architecture to the health and care system, specifically the abolition of Clinical Commissioning Groups (CCGs) and the establishment of statutory Integrated Care Systems (ICSs) from July 2022, taking over CCG commissioning functions. The changes in the national landscape are reflected in the JLHWS 2023-2028.
- 9 The Integrated Care Partnership (ICP) is a statutory committee, established by the NHS and local government as equal partners, and involving partner organisations and stakeholders. It forms part of the arrangements for the Integrated Care System (ICS).
- 10 County Durham is part of the North East and North Cumbria Integrated Care Partnership. Each Integrated Care Partnership is required to develop an Integrated Care Strategy covering the whole ICP population <https://northeastnorthcumbria.nhs.uk/media/3i3btbz2/final-nenc-integrated-care-strategy-16-december-2022.pdf>
- 11 The Department of Health and Social Care published non statutory guidance for HWBs in November 2022, outlining their roles and responsibilities and clarifying their purpose in the new system architecture. Health and Wellbeing Boards have the same statutory role around instilling mechanisms for joint working across health and social care and setting strategic direction locally 'at place'.
- 12 This guidance advised Health and Wellbeing Boards to consider revising their JLHWS following the development of the Integrated Care Partnership Strategy.

## **Feedback from development sessions and JLHWS development**

- 13 Health and Wellbeing Board development sessions took place in September 2022 and January 2023 to look at the Board's priority areas and development of the JLHWS.
- 14 A Joint Strategic Needs and Assets Assessment development session also took place in January 2023.

- 15 There was agreement that the Health and Wellbeing Board should have fewer priority areas of focus which are easily understandable to the HWB, its partners and communities, and the JLHWS should be streamlined and clearer to understand. Ultimately the JLHWS should focus on the areas that prevent it from achieving its vision that *'County Durham is a healthy place where people live well for longer'*.
- 16 Based on evidence from the JSNAA, the areas identified which have the biggest impact on local outcomes and health inequalities are as follows, as these are the areas which, if we successfully address, would support the realisation of the vision:
- (a) Making smoking history
  - (b) Enabling healthy weight for all
  - (c) Improving mental health, resilience and wellbeing
  - (d) Reducing alcohol health harms
- 17 The four priority areas were agreed by the Health and Wellbeing Board at their development session in January 2023.
- 18 We often think of health as being defined by access to and quality of health care. While this is of course really important, it accounts for as little as 15% of the health and wellbeing of a population. The Joint Committee is directly responsible for health and social care services in County Durham and is a subgroup of the Health and Wellbeing Board.
- 19 Behavioural risk factors, such as what we eat, how often we are physically active, whether we smoke or drink alcohol (and if so, how much), all have a huge effect on our state of health and wellbeing. Achieving and maintaining a healthy lifestyle can be challenging for many within our population – and it is not just down to individual choice. Decisions about food, exercise, smoking, and drugs and alcohol use, are often influenced by other factors including family and social networks, education, poverty and culture. These healthy behaviours/risk factors account for 40% of our health and wellbeing. The Health and Wellbeing Board has oversight and influence over these behavioural risk factors.
- 20 The conditions in which we are born, grow, live, work and age have a much greater impact on health outcomes. These are known as the 'wider determinants', which help to build good health, and account for approximately 45% of our health and wellbeing.

- 21 Our other strategic partnerships, and their plans, which focus on things such as poverty, employment, education, safety of our neighbourhoods, the quality of our homes and the environment we live in, play a key role which will support improving and protecting people's health by ensuring good health is a key factor in these plans. The Health and Wellbeing Board will work with other partnerships on these other factors that make up health and wellbeing.
- 22 The timeframe for the JLHWS is 2023-2028, to enable us to show impact and the difference the Board is making. Given that the JLHWS is based on population health data and evidence from the JSNAA, the priorities will not change over a five-year period, despite the uncertain national landscape (particularly around NHS). The actions, delivery plans and ways of working under the priority areas will develop over time but broad strategic objectives will not.
- 23 The JLHWS also includes the importance of influencing resource allocation and commissioning across partner organisations to have greatest impact across the system.

### **JLHWS Strategy Development Group**

- 24 Work has taken place to develop the JLHWS 2023-2028 through a strategy development group (comprising representatives from Durham County Council (Partnerships, Children and Adults Services, Performance and Strategy and Public Health), Physical Activity Strategy Committee, NHS Foundation Trusts, Integrated Care Board, County Durham and Darlington Fire and Rescue service and Area Action Partnerships) to ensure that the JLHWS is fit for purpose and reflects the work being undertaken in partnership by organisations across the county.

### **JLHWS action plans**

- 25 Leadership in each of the four priority areas will be through the following formally established Partnership or Alliance, each of which will deliver against a high-level action plan:
  - (a) Making smoking history: Tobacco Control Alliance
  - (b) Enabling a health weight for all: Healthy Weight Alliance
  - (c) Improving mental health, resilience and wellbeing: Mental Health Strategic Partnership
  - (d) Reducing Alcohol health harms: Drug and Alcohol Operational Group/Combating Drugs and Alcohol Strategic Partnership

- 26 These groups will work with communities in the development and implementation of their action plan, as evidence indicates that if residents are empowered their health and wellbeing will improve. The Approach to Wellbeing will be imperative in the development and delivery of the action plan and will include co-production and consideration of lived experience and the voice of the user.
- 27 It is important to note that work has been taking place against the four priority areas for a number of years. The Combatting Drugs and Alcohol Partnership is a new strategic partnership, as is the Drugs and Alcohol operational group, however, they build on the work that has already taken place to tackle alcohol health harms.
- 28 The Health and Wellbeing Board already receive annual updates, including key performance indicators to the Board, as part of the cyclical work programme.
- 29 The action plans will support these groups to focus and strengthen delivery of what will have the most impact on their contribution to achieving the Health and Wellbeing Board's vision.
- 30 In addition to the use of quantitative data, a range of qualitative data and personal stories will also be used to share lived experiences and demonstrate progress against the four priority areas. These qualitative accounts may also demonstrate impact sooner than the quantitative data.

## **Equality Impact Assessment**

- 31 An Equality Impact Assessment (EIA) will be undertaken alongside the development of the JLHWS.

## **Engagement and Consultation**

- 32 Work is taking place with strategy development group partners to develop and co-design the JLHWS, which has been shared within their own organisations for comments as part of this process.
- 33 The JLHWS will be shared with the following as part of its development.
  - (a) Draft JLHWS to Thematic Partnerships – **March – April 2023**
  - (b) The JLHWS will be available on the DCC website from **23 March – 13 April 23** where any comments received would contribute to the development of the supporting action plans.

Work will also take place with communities to help shape the final JLHWS to ensure the content is clear to communities

- (c) Overview and Scrutiny Committees (Adults Wellbeing and Health and Children and Young People's) - **26 April 2023**
- (d) Final JLHWS to Health and Wellbeing Board for sign off - **10 May 2023**

34 Further consultation and co-production will take place with a range of partners to contribute to the development of the detailed action plans and influence their delivery.

## **Conclusion**

35 The development of the JLHWS has been led by a partnership group. The Strategy has been informed by the Joint Strategic Needs and Assets Assessment which provides the evidence base on which the priorities have been developed.

36 The JLHWS is a high-level strategy that is simple and easy for all to understand. It outlines the priority areas to focus on and commitment of how we will work together across the system and will be supported by action plans against the four priorities. The Approach to Wellbeing (which includes co-production and consideration of lived experience and the voice of the user) would then be imperative in the development and delivery of the action plans by the governance groups.

## **Author**

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## **Appendix 1: Implications**

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### **Legal Implications**

The JLHWS is a legal requirement for HWBs to produce under the Health and Social Care Act 2012, ensuring health and social care agencies work together to agree services and initiatives which should be prioritised.

The Health and Care Act 2022 amends section 116A of the Local Government and Public Involvement in Health Act 2007, renaming 'joint health and wellbeing strategies' to 'joint local health and wellbeing strategies', which reflects the emphasis on 'place'

### **Finance**

Ongoing pressure on the public services will challenge all agencies to consider how best to ensure effective services are delivered in the most efficient way.

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 JLHWS will be used to influence commissioning decisions across the system, supporting preventative work and maximising the County Durham pound.

### **Consultation**

Details of consultation are provided in the report.

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

An Equality Impact Assessment is being undertaken alongside the JLHWS.

### **Climate Change**

There are no climate change implications

### **Human Rights**

There are no adverse implications.

### **Crime and Disorder**

The JLHWS is aligned with and contributes to the current priorities within the Safe Durham Partnership Plan which focuses on crime and disorder.



**Staffing**

There are no staffing implications.

**Accommodation**

There are no accommodation implications.

**Risk**

There are no risk implications.

**Procurement**

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