

Health and Wellbeing Board

10 May 2023

Final Joint Local Health and Wellbeing Strategy 2023-2028



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Electoral divisions affected:

Countywide

Purpose of the Report

- 1 The purpose of this report is to present the final draft of the Joint Local Health and Wellbeing Strategy (JLHWS) for agreement. The JLHWS 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 draft JLHWS 2023-28 was presented to the Health and Wellbeing Board on 22 March and agreed for wider public consultation.

Recommendations

- 6 Members of the Health and Wellbeing Board are recommended to:
 - (a) Agree the JLHWS 2023-28
 - (b) Agree that a final designed version, which contains localised images, to be published on the DCC website.

Background

- 7 The Health and Wellbeing Board agreed the JHWS 2021-25 in March 2021. The JLHWS has now been 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.

Development of JLHWS 2023-28

- 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 The JLHWS follows a life course approach with a focus on the wider determinants of health (social, economic and environmental factors into which we are born) that impact on how long people are likely to live, the health conditions that they may experience and the level of health and social care available to them. These all impact on people's health, for example diet, alcohol consumption, support networks, education and employment opportunities, poverty, living conditions, health care services, housing.
- 17 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
- 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 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. These performance updates will be regularly shared with the Health and Wellbeing Board.

JLHWS Strategy Development Group

- 24 Work has taken place on 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, Harrogate and District NHS Foundation Trust, 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 Combating 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

Engagement and Consultation

- 29 Consultation on the JLHWS 2023-28 took place between 23 March and 26 April 2023, which included public consultation via the Durham County Council website.
- 30 Partners were invited to take part in the consultation: Area Action Partnerships, Better Together Forum, Armed Forces Forum, Local Councils working group, Investing in Children, Youth Council, and Patient reference Groups
- 31 A comment was received as part of the public consultation, which related to physical access to services e.g., for wheelchair users. This has been shared with the leads for consideration in the development of the supporting action plans.
- 32 Community Champions provided feedback on readability of the JLHWS, and their comments have been considered, and incorporated where necessary e.g., formatting, visual design, sentence structures, use of jargon.

- 33 Adults Wellbeing and Health, and Children and Young People's Overview and Scrutiny Committees received the draft strategy for comment and both accept and agree the JLHWS and the key priorities set out therein.
- 34 Moving forward, 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.

Design of the JLHWS

- 35 Following feedback from the Health and Wellbeing Board, work will take place with the Design and Print team to produce a final designed version of the JLHWS, which is accessible and contains localised images. This will be published on the County Durham Partnership website.

Conclusion

- 36 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.
- 37 The JLHWS has been subject to a range of consultation, which has shaped its development.
- 38 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 of the delivery/action plans by the governance groups.

Author

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Appendix 1: Implications

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.