

Cabinet

12 July 2023

**Joint Local Health and Wellbeing
Strategy 2023-2028**

Ordinary Decision



Report of Corporate Management Team

Jane Robinson, Corporate Director of Adult and Health Services

**Alan Patrickson, Corporate Director of Neighbourhoods and
Climate Change**

**John Pearce, Corporate Director of Children and Young People's
Services**

Amanda Healy, Director of Public Health

**Councillor Chris Hood, Cabinet Portfolio Holder for Adult and
Health Services**

**Councillor Elizabeth Scott, Cabinet Portfolio Holder for Economy
and Partnerships**

**Councillor Ted Henderson, Cabinet Portfolio Holder for Children
and Young People's Services**

Electoral divisions affected:

Countywide

Purpose of the Report

- 1 The purpose of this report is to present Cabinet with the Joint Local Health and Wellbeing Strategy (JLHWS) for information. 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 JLHWS 2023-28 was presented to the Health and Wellbeing Board on 10 May 2023 for agreement.

Recommendations

- 6 Cabinet is recommended to:
 - (a) receive and note the Joint Local Health and Wellbeing Strategy 2023-28.

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 We held development sessions with our Health and Wellbeing Board members before we started to develop the new strategy. An initial session with the Health and Wellbeing Board took place in September 2022 where it was agreed that there should be:
 - (a) Fewer, clear priorities with focused action

- (b) Clear links between priorities and delivery of the vision
 - (c) Clear alignment and influencing of system plans, with a lifecourse approach and wider determinants underpinning each priority
 - (d) Measures through which impact of the JLHWS can be monitored
- 14 Subsequently, in January 2023, a Joint Strategic Needs and Assets Assessment and a further Health and Wellbeing Board development session took place to look at the Board's priority areas and development of the JLHWS
- 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 County Durham Care Partnership / 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. It is important to note that all feedback that has been received has been reflected in the JLHWS strategy where relevant but will also contribute to the developing action plans.
- 30 The consultation was hosted on the Durham County Council website.

- 31 Partners and stakeholders were invited to take part in the consultation, including Area Action Partnerships, Better Together Forum, Armed Forces Forum, Local Councils working group, Investing in Children, Youth Council, Patient reference Groups, Management Teams and Overview and Scrutiny Committees.
- 32 There was universal support from the feedback that was received in relation to the four priorities: relating to making smoking history; enabling healthy weight for all; improving mental health, resilience and well-being and reducing alcohol health harms.
- 33 Comments from OSC made reference to the increase in children vaping and while the JLHWS continues to focus on smoking as the single largest cause of preventable deaths and one of the largest causes of unfair health differences in England, vaping key messages have been included in the JLHWS.
- 34 OSC noted how the JLHWS should be intrinsically linked to other plans and policies. The wording of the JLHWS has been strengthened to reflect the wider system approach.
- 35 In addition, OSC's emphasised the need for robust action plans to support the delivery of the JLHWS, which should include performance metrics and delivery targets.
- 36 Community Champions were also asked specifically to provide feedback on readability, as well as content. Feedback from the Community Champions which has influenced the final document includes:
 - (a) Using an explanation of sections within the contents page
 - (b) Making sure that the use of abbreviations / acronyms is explained when they first appear in the document
 - (c) Clarifying the term "lifecourse"
 - (d) Being clear that BMI means high BMI
 - (e) Clarification of the term "governance" – "being accountable for the decisions we make"
 - (f) Using shorter sentences throughout
 - (g) Consistency of formatting

- 37 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.
- 38 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.

Equality Impact Assessment

- 39 An Equality Impact Assessment (EIA) has been undertaken as part of the development of the JLHWS and is attached as Appendix 3 of the report.
- 40 The County Durham Vision 2035 was written together with partner organisations and the public. It provides strategic direction and enables us to work more closely together, removing organisational boundaries and co-delivering services for the benefit of our residents. This vision is structured around three ambitions which are:
- (a) More and Better jobs
 - (b) People live long and independent lives
 - (c) Connected communities
- 41 The JLHWS forms part of the delivery mechanism for the Vision, with the objectives contained under the vision ambition “People live long and independent lives” which have a health focus being the responsibility of the Health and Wellbeing Board, as well as also working with other partnerships on shared priorities and cross-cutting issues.
- 42 The EIA recognises that the JLHWS is aimed at improving health outcomes across the county, based on need identified in the JSNAA, and that there are no negative impacts anticipated in the implementation of this strategy, although our priorities will impact certain groups differently, in order to address identified health gaps.

Conclusion

- 43 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.

- 44 The JLHWS has been subject to a range of consultation, which has shaped its development.
- 45 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.
- 46 The JLHWS will be published on the County Durham Partnership website.

Contact:

Gordon Elliott

Tel: 03000 263605

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 has been undertaken alongside the JLHWS. Further details are included within the body of this report.

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.

**Appendix 2: Final Joint Local Health and Wellbeing Strategy
2023-2028**

Attached as a separate document

Appendix 3: Equality Impact Assessment

Attached as a separate document