Cabinet

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Joint Strategic Needs Assessment 2012 and the Joint Health & Wellbeing Strategy 2013-2017

Report of Corporate Management Team

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Purpose of Report

1. The purpose of this report is to:
   - Present Cabinet with the key messages from the Joint Strategic Needs Assessment 2012.
   - Seek approval and support for County Durham's first Joint Health & Wellbeing Strategy (JHWS) 2013-2017 which is attached at Appendix 2.

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.

3. The JSNA is used to inform key strategies and plans, for example, the Sustainable Community Strategy (SCS), Children, Young People and Families Plan, Clinical Commissioning Group Clear and Credible Plans and Durham County Council's Council Plan. The Joint Strategic Needs Assessment 2012 has informed the development of the Joint Health and Wellbeing Strategy in order to influence commissioning priorities for health and social care.

4. The functions to produce a JSNA and JHWS are discharged through the Shadow Health and Wellbeing Board (SHWB) and subsequently Health and Wellbeing Boards (HWB).

5. Equality Impact Assessments have been undertaken as part of the process for developing the JSNA and Joint Health and Wellbeing Strategy.

6. On 24 July 2012 Cabinet received a report on NHS reforms, which provided information about the 'Big Tent' engagement event, hosted by the Shadow Health and Wellbeing Board inviting stakeholders to be involved in the development of the JHWS for County Durham.

7. The event was attended by stakeholders from a wide range of backgrounds, who were invited to provide feedback on nine draft strategic objectives.

Joint Strategic Needs Assessment 2012

8. The JSNA 2012 is the fifth edition produced in County Durham which provides an overview of health and wellbeing needs of the local population. The JSNA 2012 has again incorporated the 'Altogether Themes' of the Sustainable Community Strategy and a refresh of the data, analysing a number of key indicators from which "key messages" have been produced.

9. The JSNA 2012 is primarily a web based document, with links provided to instant atlas (an interactive web-based tool). Hard copies of the JSNA 2012 have been made available in the Members' library.

Key Messages from the Joint Strategic Needs Assessment 2012

10. The analysis of the JSNA 2012 has identified key messages as outlined below:

Life in Durham

- There is a predicted increase of 1% in the overall population in County Durham from 2011 to 2026.
- By 2026 the number of retired people aged 65+ will have increased by 45.6% and by 2031 by 61.6%.
- By 2026 the number of older people aged 85+ will have increased by 108.5% and by 2031 by 157.3%.

Altogether Better for Children & Young People

- With regard to children in year 6 (age 10/11) 21.6% are classified as obese, which is around twice that of children in Reception (age 4/5), and is above the national average of 20%.
- Teenage conception rates were lower in County Durham than in the North East region, but still higher than the national average.
- Although breastfeeding prevalence is increasing in County Durham it remains lower than the England average.
- Alcohol-related admission rates to hospital for under 18's in County Durham are higher than the regional average.
- Since 2008/09, there has been a significant increase in safeguarding for children in County Durham.

Altogether Healthier

- Life expectancy for males at birth has increased from 76.9 to 77 years, and for females has increased from 80.7 to 81 years from 2007 to 2009, but still remains below the England average of 78.6 for males and 82.6 for females.
- There is a large gap in premature mortality between the more affluent and more deprived areas in County Durham.

- Male life expectancy at birth ranges from 71.6 years to 81.3 years within County Durham, a gap of 9.7 years

- Female life expectancy at birth ranges from 76.2 years to 87.1 years within County Durham, a gap of 10.9 years.

- Early death rates from heart disease and strokes, although continuing to fall, are significantly worse than the England average.

- Smoking is the biggest single contributor to the shorter life expectancy experienced locally and contributes substantially to the number of people with cancer.

- Obesity levels for adults in County Durham are worse than the England average; obesity prevalence for adults in County Durham is 28.6% compared to the England average of 24.2%. Obesity disproportionately affects the least well off.

- Rates of hospital stays for alcohol related harm have risen over time and remain significantly higher than the England average

- Prevalence of dementia in County Durham is predicted to increase in County Durham from 6,153 in 2011 to 10,951 by 2030, an increase of 78%.

- Suicide rates in County Durham for men were significantly higher than the England average.

- Over half (52%) of North East ex-service community (veterans) report having a long-term illness or disability, compared with 35% in the general population

- According to research commissioned by Dying Matters who raise awareness of dying, death and bereavement, around 70% of people nationally would prefer to die at home or their place of residence.

- The number of supported (residential) bed days commissioned in the independent sector for dementia care for older people aged 65 years and over, when comparing figures for 2008/09 and 2011/12 increased by 6.2% from 236,266 to 251,029.

- There has been a steady increase in the number of carer assessments carried out jointly with the service user from 3,614 in 2008/09 to 5,327 in 2011/12 (47.4%).

- Between 1st July 2011 and 31st March 2012, there were 967 referrals to the Reablement Service. Of those people referred, 54.3% completed the reablement period without the need for ongoing care whilst 23.1% completed with a reduced care package. There were 75.6% of people completing reablement who achieved their goals.

Altogether Safer

- Figures provided by Durham Constabulary identify that 9.5% of all crime committed in 2010/11 was alcohol-related, and in the last 4 years the rate has risen slightly from 7.5% in 2008/09.

- In 2011/12 however, physical abuse is the most common type of alleged abuse increasing by 135.3% from 136 in 2009/10 to 320 in 2011/12.

Altogether Greener

- In County Durham 21.9% of households suffered from fuel poverty in 2010.

Improvements since the last JSNA

11. There have been a number of improvements in health and wellbeing in County Durham since the last JSNA was produced in 2011, including:

- Life expectancy for males has increased from 75.9 for those born between 2004-6 to 77 for those born between 2008 -10.

- Life expectancy for females has increased from 79.9 for those born between 2004-6 to 81 for those born between 2008 -10.

- In 2011/12 there have been 64% of exits from alcohol treatment which were planned discharges (increased from 52% in 2010/11). This compares to an England average of 58%.

- In 2011/12 the Stop Smoking Service helped 5,523 people to stop smoking (1,308 per 100,000 population). This has exceeded the 2011/12 target of 5,246 quitters (1,242 per 100,000) and is an increase from 4,871 quitters (1,165 per 100,000) in 2010/11 (13% increase).

- Of those people in receipt of a service in 2011/12, 48.5% had self directed support. This compares to a 2011/12 England average of 43% and similar council average of 40.9%.

- In 2011/12, 86% of people discharged from hospital into intermediate care / reablement services were still living at home 3 months after discharge. This compares to an England average of 82.7% and similar council average of 83.5%.

- The local Children and Young People's Survey 2011/12 found that the number of children and young people drinking alcohol has decreased and one third never drink alcohol.

- The percentage of care leavers in education, employment or training rose from 66.7% in 2010/11 to 72.7% in 2011/12.

- The number of Police reported incidents of anti-social behaviour has reduced from 41,878 in 2010/11 to 33,718 in 2011/12, a reduction of 19%.

Development of the Joint Health and Wellbeing Strategy

12. The structure of the JHWS document outlines the vision for the strategy, followed by the strategic objectives and the strategic actions which will meet the objectives.

13. A robust consultation process has been undertaken in relation to the development of the Joint Health and Wellbeing Strategy (JHWS) with comments from a wide range of people including Adults and Children's Overview and Scrutiny Committees, the County Durham Partnership, members of the public, voluntary and community organisations, public health, local authority, Area Action Partnerships and NHS Trusts.

14. Feedback on the whole has been very positive and the Strategy has attracted interest from organisations and people in County Durham.

15. A themed summary of the main consultation comments is provided below.

Vision

16. The vision for the JHWS is to **"Improve the health and wellbeing of the people of County Durham and reduce health inequalities"**.

17. During consulation most of the comments relating to the vision were in support of the wording and the message being provided. Following this feedback the vision remains unchanged.

Strategic Objectives

18. The draft strategic objectives which were subject to consultation were as follows:

- Give children and young people the best possible start in life
- Reduce the number of people dying prematurely, while reducing the difference between the least and most healthy communities and improve the least healthy more quickly
- Improve the quality of life, care and support for people with long term conditions and those recovering from ill health or injury to assist them to live as independently as possible
- Improve mental health and wellbeing of the population
- Protect vulnerable people from harm
- Allow people to die in the place of their choice with the care and support that they need

19. There was general agreement with the draft strategic objectives within the strategy, with specific comments as follows.

Strategic Objective 1: Give children and young people the best possible start in life

20. During consultation comments received for Strategic Objective 1 was that the focus of the objective needed to ensure that the importance of the health of children and and young people was included.

21. As a result of this feedback Strategic Objective 1 has been reworded to **Children and young people make healthy choices and have the best start in life.**

Strategic Objective 2: Reduce the number of people dying prematurely, while reducing the difference between the least and most healthy communities and improve the least healthy more quickly

22. During consultation comments received for strategic objective 2 were that this was too wordy which made it difficult to understand and that simplifying the language would be beneficial.

23. It was important that changing the language did not change the meaning of the strategic objective and as a result of feedback; strategic objective 2 has been reworded to **Reduce health inequalities and early deaths.**

Strategic Objective 3: Improve the quality of life, care and support for people with long term conditions and those recovering from ill health or injury to assist them to live as independently as possible

24. Comments received for strategic objective 3 also indicated that this was difficult to understand.

25. As a result of this feedback strategic objective 3 has been reworded to **Improve the quality of life, independence and care and support for people with long term conditions.**

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

26. During consultation no comments were received to disagree with strategic objective 4, and therefore this remains unchanged.

Strategic Objective 5: Protect vulnerable people from harm

27. During consultation no comments were received to disagree with strategic objective 5, and therefore this remains unchanged.

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

28. Comments received for strategic objective 6 felt that the wording to “allow” implied that there was a choice and that the language used was not appropriate for this objective.

29. As a result of feedback strategic objective 6 has been reworded to **Support people to die in the place of their choice with the care and support they need**

Strategic actions

30. During consultation there were a number of comments received relating to gaps in strategic actions. Where robust evidence was provided and linked to the JSNA, additional strategic actions have been included in the JHWS, examples of which are included below:

- Improve the oral health of children living in County Durham.
- Implement a single pathway for early intervention by midwives and health visitors in line with the healthy child programme.
- Deliver a coherent programme of parenting support, including intensive support where needed, through the One Point Service.

- Implement the 'baby clear' initiative (first phase of a North East project that aims to increase stop smoking services for pregnant women) to reduce the number of women who continue to smoke during pregnancy.
- Develop a process to implement and measure exposure of children to second hand smoke in line with the "Smoke Free Families" initiative.
- Develop a comprehensive partnership approach to reduce exposure to second hand smoke, help people to stop smoking, engage in media and education and support tighter regulation of tobacco products.
- Integrate and roll out interventions to address the impact of fuel poverty on excess mortality and morbidity
- Develop and implement programmes to increase resilience and wellbeing through practical support on healthy lifestyles.

General additional comments

31. A number of general comments were received around the clarity and consistency of language used throughout the document. This has been addressed in the editing process by ensuring the document is written in a style that is accessible to wider audiences.

32. Many of the comments received related to the wider determinants of health including transport, crime, education, employment, poverty, housing, environment and the economy. Many respondents felt that the wider determinants of health should be contained within the Joint Health and Wellbeing Strategy whereas others acknowledged and accepted that the wider determinants of health will be included in the Sustainable Communities Strategy. It has been agreed by the Shadow Health and Wellbeing Board and Corporate Management Team that the wider determinants of health are of such importance that they are addressed at a strategic level through the County Durham Partnership as part of the review of the Sustainable Community Strategy which is due for completion in September 2013.

33. A contextual section on the wider determinants of health has been developed and included in the JHWS and also signposts to the Sustainable Community Strategy.

34. Comments were also received about the delivery of the strategic actions, for example "they need to be specific, measurable, costed and with lead people who are tasked to deliver to a timescale". This aspect of the JHWS will be developed as an action plan with a performance management framework which will bridge the gap between the JHWS and the commissioning intentions/plans.

35. At the meeting on 8th November, the Shadow Health and Wellbeing Board agreed the JHWS with the rewording of the strategic objectives and the additional strategic actions as outlined above.

Next Steps

36. The JHWS will influence a number of plans including the Council Plan. Clinical Commissioning Groups in County Durham are ensuring that their commissioning intentions/plans are aligned to the strategic objectives and strategic actions within the JHWS.

37. An action plan will be produced which will link the strategic actions to the commissioning plans/intentions. This will ensure lead agencies and performance measures are in place to enable effective performance management.

38. A first draft of the action plan will be presented to the Shadow Health and Wellbeing Board in January 2013 and also for final agreement in March 2013.

Recommendations

39. Cabinet are requested to:

- Accept the Joint Strategic Needs Assessment key messages contained in the report as important evidence against which the Joint Health and Wellbeing Strategy has been developed.
- Approve and support the implementation of the Joint Health and Wellbeing Strategy which is attached at Appendix 2.

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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 uncertainty regarding future public health funding presents risks to the affordability and sustainability of preventative services.

Staffing - No direct implications.

Risk - No direct implications.

Equality and Diversity / Public Sector Equality Duty - Equality Impact Assessments have been completed for both the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy (JHWS). Both impact assessments will be available on Durham County Council's website.

Accommodation - No direct implications.

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

Human Rights - No direct implications.

Consultation - Engagement events on the draft strategic objectives and actions in the Joint Health and Wellbeing Strategy took place in June/July 2012. Wider consultation was carried out on the full draft Strategy from 6th September – 19th October 2012.

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.