Support

Wellbeing

Health

Independence

‘Improve the health and wellbeing of the people of County Durham and reduce health inequalities’

County Durham Joint Health and Wellbeing Strategy

2013-2017

Contents

1. Foreword

This Joint Health and Wellbeing Strategy for County Durham has been developed with local stakeholders including service users, patients and carers, the voluntary and community sector, National Health Service (NHS) and Local Authority partners.

The document sets out where we would like County Durham to be heading in terms of health and wellbeing. It outlines a four year vision for improving health and addressing health inequalities in the County.

We must acknowledge that all public services are in a significant period of change. Social care and Local Authority budgets have financial constraints and NHS and Public Health budgets will remain flat for several years. At the same time, the population of Durham is growing and getting older, requiring more care.

This requires that we work in partnership to maximise opportunities to ensure services for local people remain fit for purpose now and in the future.

In County Durham there is a Shadow Health and Wellbeing Board who have the responsibility to deliver the strategy and have a strong commitment to work in partnership to improve the health of the local population, reduce health inequalities and make a difference to people's lives. This strategy aims to start us moving in this direction.

Rachael Shimmin
Chair of the Shadow Health and Wellbeing Board

Councillor Lucy Hovvels
Vice Chair of the Shadow Health and Wellbeing Board

2. Introduction

The Joint Health and Wellbeing Strategy is a legal requirement to ensure that NHS and social care agencies work together and agree the services that should be prioritised within the strategy.

This document is not about taking action on everything at once, it is about setting priorities for joint action that will make a real impact on people's lives. It provides priorities for commissioning on how services are purchased for health and social care in County Durham.

National and local policy documents have been used to help develop this Joint Health and Wellbeing Strategy (see section 4 on page 5).

Extensive consultation and engagement has taken place during the preparation and formal consultation phase of this strategy. This was achieved through a 'Big Tent' engagement event (154 attendees), views gathered through an online questionnaire and a six week consultation which took place 6 September – 19 October 2012. The consultation included; briefings and presentations to the County's 14 Area Action Partnerships, County Durham Partnership, Children and Young People's Overview and Scrutiny Committee, Adults, Wellbeing and Health Overview and Scrutiny Committee. The consultation was also available to the public on Durham County Council and the Clinical Commissioning Group websites.

An equality impact assessment has been completed for this document. This equality impact assessment was also part of the consultation process.
The equality impact assessment has taken into account consultation responses that related to equality and diversity.

The Joint Health and Wellbeing Strategy will enable the Shadow Health and Wellbeing Board to:

- Provide collective leadership to improve health and wellbeing.
- Strive to improve the quality of life and outcomes of children and adults within County Durham.
- Adopt an integrated approach to health and social care, making the best use of collective resources.
- Promote joint working and build relationships.
- Work collectively and collaboratively to reduce health inequalities.
- Work together to align priorities and produce coherent strategic direction.
- Recognise the importance of effective communications between the Shadow Health and Wellbeing Board, stakeholders, patients and the public.
- Adopt a whole County approach but target appropriately.
- Focus on early intervention and prevention activity utilising information from the community and target those areas most in need.
- Share and use data intelligently, including benchmarking and performance data.
- Review and evaluate work, learning from best practice and research.

The role of the Shadow Health and Wellbeing Board is to:

- Encourage integrated working between commissioners of health services, public health and social care services.
- Lead on the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS).
- Be involved throughout the process as Clinical Commissioning Groups develop their commissioning plans and ensure that they take proper account of the Joint Health and Wellbeing Strategy when developing these plans.
- Involve users and the public in the development of the JSNA and JHWS.

Please see Appendix 1 for information about the membership of the Shadow Health and Wellbeing Board.

3. Vision for health and wellbeing in County Durham

The vision for the Joint Health and Wellbeing Strategy is to:

'Improve the health and wellbeing of the people of County Durham and reduce health inequalities'

Central to this vision is that decisions about the services provided for service users, carers and patients, should be made as locally as possible and involving the people who use them.

The Joint Strategic Needs Assessment (JSNA) provides the evidence which tells commissioners in health and social care what the needs of the communities are. The Joint Health and Wellbeing Strategy puts the evidence and the vision into practice by providing the high level priorities from which health and social care services will be purchased and commissioned through joint working and collective action.

The medium term strategic objectives that will be achieved for children and adults of County Durham are:

1. Children and young people make healthy choices and have the best start in life.
2. Reduce health inequalities and early deaths.
3. Improve the quality of life, independence and care and support for people with long term conditions.
4. Improve mental health and wellbeing of the population.
5. Protect vulnerable people from harm.
6. Support people to die in the place of their choice with the care and support that they need.

The strategic objectives are underpinned by a number of strategic actions that will be undertaken to meet the objectives. An action plan will ensure the strategy is implemented and performance managed to ensure we are transparent in showing the progress that has been made in the strategy and what is still left to do. This strategy will inform Local Authority plans, joint commissioning intentions, Clinical Commissioning Group Clear and Credible Plans and NHS Provider Plans (including Quality Accounts) from 2013/14.

4. National and local policy context

This is the first edition of County Durham's Joint Health and Wellbeing Strategy, which covers a four year period. The strategy will be reviewed annually to ensure it continues to meet the needs of children and adults in the local area.

National and local policy documents have been used to help develop this Joint Health and Wellbeing Strategy.

The Health and Social Care Act (2012) legislated for a Joint Health and Wellbeing Strategy to be produced by Local Authorities and clinical commissioning groups. This will be completed through the Health and Wellbeing Board. It is the Local Authority's responsibility to publish the strategy.

The Joint Strategic Needs Assessment (JSNA) provides the evidence for the local area including mental health, health protection and prevention. The Joint Health and Wellbeing Strategy outlines the health and wellbeing priorities that the Shadow Health and Wellbeing Board have set to address from the issues identified in the JSNA.

The Shadow Health and Wellbeing Board cannot take action on everything identified in the Strategy at once. The commissioning plans developed for health and social care will have regard to the Joint Health and Wellbeing Strategy for direction on what will be prioritised for the local area.

This strategy is closely connected with a number of other plans including the Children, Young People and Families Plan and the Sustainable Community Strategy (SCS) which provides the overarching context and a vision for an Altogether Better Durham. While health and social care services make a direct contribution to health and wellbeing, most of the factors which impact on health lie outside the direct influence of health and social care. These are called the wider determinants of health and the County Durham Partnership, who are the strategic partnership for County Durham are best equipped in addressing these.

5. Wider determinants of health

Wider determinants of health are also known as the social determinants of health. The World Health Organisation (WHO) describes the social determinants of health as "the conditions in which people are born, grow, live, work and age".

The wider determinants of health include employment, housing, education, crime, access to services and other aspects of living conditions.

Children and adults' health is determined by a multitude of factors, some of which are fixed, such as gender, age and genetic inheritance and some of which are variable, such as lifestyle factors and social and community networks. These variable factors are a combination that to some extent an individual can control.

There are many wider determinants of health over which the individual has little or no control, for example, working environment and housing.

It is the interaction between these different factors that can impact on health and wellbeing and lead to health inequalities. Inequalities in health are complex and involve a wide range of factors and social conditions which are shown below (in Figure 1).

Evidence acknowledges that shared priorities and effective partnership working across the statutory, voluntary and community sector combined with efforts to engage with local people, are crucial to tackling health inequalities. This will be achieved in County Durham where the Joint Health and Wellbeing Strategy has strong links with the Sustainable Community Strategy.

Tackling health inequalities that are linked to the wider determinants of health will also involve links to other partnership plans and strategies. These include (however, this is not an exhaustive list) the Regeneration Statement, the County Durham Plan, the Local Transport Plan and the Housing Strategy.

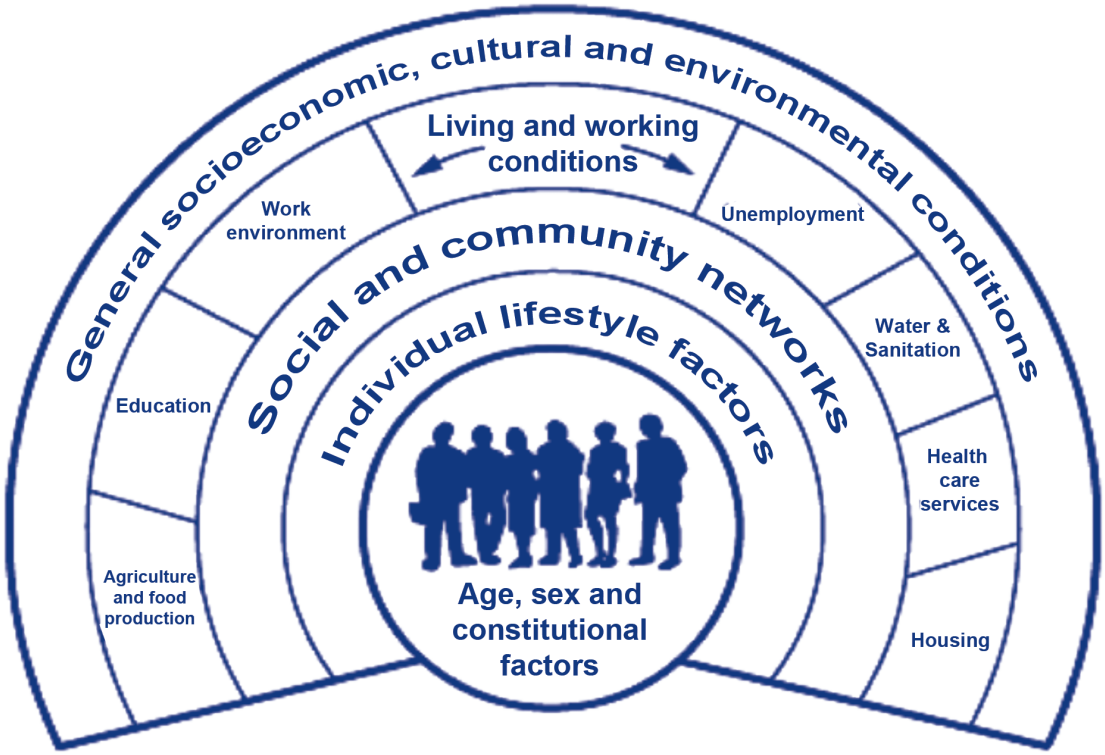

Figure 1

Source: Whitehead M. & Dahlgren G. What can we do about inequalities in health? Lancet, 1991, 338: 1059 - 1063

6. The picture of health and wellbeing needs in County Durham linked to the Joint Strategic Needs Assessment

The County Durham Joint Strategic Needs Assessment (JSNA) 2012 provides an overview of the health and wellbeing needs of children and adults in the County to enable commissioners to plan for health and social care services. The JSNA was first published in County Durham in 2008, with a subsequent update produced in 2009. The 2010 JSNA was a full review of data and analysis and was structured around the 5 'Altogether' themes in the Sustainable Community Strategy:

- Altogether Wealthier
- Altogether Better for Children and Young People
- Altogether Healthier
- Altogether Safer
- Altogether Greener

The 2011 JSNA was a refreshed document, which included an in-depth analysis around mental health, and the links between health, social care and deprivation. The 2012 JSNA is an update of available data and key messages that has underpinned the development of the priorities in the Joint Health and Wellbeing Strategy and has provided key areas of need that will require a longer term approach.

The key messages directly relevant to health and wellbeing in County Durham's JSNA 2012 are:

Life in Durham

- The overall population of the County is predicted, by DCC projections, to decline for the initial part of the projection period before staging a recovery to a figure of 502,256 by 2026 (an increase of 1% from the 2009 DCC estimate of 495,764); and increasing further by 2031 to 511,045, a corresponding increase of 3%.

- By 2026 the number of retired people aged 65+ will have increased by 45.6% and by 2031 by 61.6%; this represents an absolute increase of 40,900 and 55,300 people respectively (based on the 2009 population projections).

- By 2026 the number of older people aged 85+ will have increased by 108.5%, and by 2031 by 157.3%; this represents an absolute increase of 11,300 and 16,400 people respectively (based on the 2009 population projections).

Altogether Better for children and young people

- In County Durham there are 21.6% of children in year 6 classified as obese, which is around twice that of children in reception at 9.5%, and is above the national average of 20%.

- There has been a rise in the numbers of looked after children over the last four years. There has been an increase of 52.1%, from 436 in 2009 to 663 looked after children in 2012. In 2010/11 County Durham experienced lower numbers of looked after children per 10,000 population aged under 18, and there were 52 per 10,000 of population looked after children. This compares to 73 per 10,000 of population in the North East region and 59 per 10,000 of population in England, although there is an upward trend.

- There has been a significant increase from 769 core assessments in 2008/09 to 1,507 in 2011/12, an increase of 96.0%. Where a category of need was recorded against the core assessment, abuse/neglect accounted for 72.4% of the recorded categories of need in 2011/12. This was an increase of 12.4% from 2007/08.

- County Durham is ranked 12th worst out of all 326 local authorities for alcohol related hospital admissions for people under 18 years old. However, both the rate and the number has been reducing since 2005/06.

Altogether Healthier

- Life expectancy at birth for males, has increased from 76.9 in 2007-2009 to 77.0 in 2008-10 but is lower than the England average. The England average life expectancy at birth for males is 78.6 based on 2008-10 figures.

- Life expectancy at birth for females, has increased from 80.7 in 2007-2009 to 81.0 in 2008-10 but is lower than the England average. The England average life expectancy at birth for females is 82.6 based on 2008-10 figures.

- Early death rates from heart disease/stroke are significantly worse than the England average. For every 100,000 of the population, 78.0 people under the age of 75 die in County Durham, compared to the England average of 67.3 people under the age of 75 dying for every 100,000 of the population.

- Smoking is the biggest single contributor to the shorter life expectancy experienced locally and contributes substantially to the cardiovascular disease (CVD) and cancer incidence. CVD and cancer, accounted for 65% of early or premature deaths in County Durham between 2008 and 2010. Smoking is a major health inequality issue within County Durham.

- Obesity is a key public health issue, posing a major health challenge and risk to future health and wellbeing and life expectancy in County Durham. Levels of adult obesity in County Durham are worse than the England average and disproportionately affect the least well off. (Obesity prevalence in County Durham is 28.6% compared to the England average of 24.2%).

- Rates of hospital stays for alcohol related harm have risen from 2,286 per 100,000 of population in the 2011 Health Profile, to 2,486 per 100,000 of population in the 2012 Health Profile, and remain significantly higher than the England average.

- Older people in receipt of social care services continue to be supported in their own homes for longer, with community based services increasing from 30,518 cases in 2008/9 to 30,647 cases in 2011/12.

- The profile of adult safeguarding has risen in County Durham and this can be demonstrated by the 202.6% rise in referrals of suspected abuse during the period 2008/09 to 2011/12. Referrals show that physical abuse was the main type of adult abuse in 2011/12.

Further information and detail is contained within the County Durham Joint Strategic Needs Assessment 2012.

7. Strategic objectives

The following 6 strategic objectives are the medium term aims for the Joint Health and Wellbeing Strategy.

1 Strategic objective 1:

Children and young people make healthy choices and have the best start in life

Why is this a strategic objective?

Supporting children and young people to be healthy and to reach their full potential through offering support at the earliest opportunity is vital to them achieving successful outcomes.

What is going well?

- Under 18 conception rate is falling.
- In County Durham obesity rates are below the national average for children in reception (9.5% in County Durham compared with 9.8% across England).
- 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.

Areas of development

- Obesity amongst children in year 6 is around twice that of children in reception and above the national average.
- Teenage conceptions in County Durham (43.2 per 1,000) remain higher than the national rate (35.4 per 1,000).
- Alcohol specific admission rates for under 18's are higher than the regional and national rates.
- Number of young people drinking alcohol (33.9% of year 9 pupils always/sometimes drink alcohol – Children and Young People Survey 2011/12).
- Percentage of women who smoke during pregnancy in County Durham is higher than the North East and England figures.
- Breastfeeding prevalence in County Durham (56.2%) is lower than that for England (74.5%).
- Less than three quarters of primary and just over half of secondary school pupils take part in other activities such as youth groups (Children & Young People's Survey 2012).
- Nearly one fifth of secondary school respondents don't find clubs, leisure centres or parks interesting (Children & Young People's Survey 2012).
- Ill health can be a barrier to educational attainment. The higher the level of educational attainment, the less likely someone is going to be socially excluded.

Evidence from Joint Strategic Needs Assessment

- In County Durham 21.6% of children in year 6 are classified as obese, which is around twice that of children in reception (9.5%) and is above the national average (20%).
- Although breastfeeding prevalence is increasing in County Durham (56.2%) it is lower than England (74.5%) but similar to the North East and has been increasing over time.
- In 2010, teenage conception rates were lower in County Durham (43.2 per 1,000 population of 15-17 year olds) than the North East region (44.3 per 1,000 population of 15-17 year olds) however this is greater than the national rate (35.4 per 1,000).
- Alcohol specific hospital admission rates for under 18's in 2009/10 in County Durham was 122 per 100,000, higher than the regional rate of 107.7 per 100,000. County Durham is ranked 12th worst out of all 326 local authorities. However both the rates and the number have been reducing since 2005/06.
- During 2011/12 there were 1,594 new referrals to the Child and Adolescent Mental Health Services (CAMHS).
- One in ten children aged between 5 and 16 years old has a mental health problem, and many continue to have mental health problems into adulthood.

What you told us

56.3% of respondents to the Tellus4 survey (representing the views of children and young people) in County Durham reported good relationships in 2009 compared to 60.3% in 2008. Durham's performance was also 2.1% lower than statistical neighbours.

The annual children and young people's survey (2011/12) asked children and young people whether they are happy and are able to make friends easily. The results show that:

- 92.2% of children and young people feel that can make friends easily (91.4% primary; 92.9% secondary).
- 96.8% of children and young people always / sometimes feel happy (97.7% primary; 96.1% secondary).

Big Tent Event, June 2012:

- All actions should be taken in partnership with children and families.
- Prevention should be a key focus.
- Good parenting is fundamental to successful outcomes.

Strategic actions – How we will work together

- Improve support to women to start and continue to breastfeed their babies.
- Improve support to families with children who are obese or overweight.
- Continue to improve the emotional wellbeing of children and young people and provide effective, high quality mental health services to those who need it.
- Provide and develop a range of interventions to reduce the availability and access of age restricted products (eg tobacco and alcohol) to children and young people.
- Support children and young people to take part in positive activities which are appropriate for their age and reduce negative and sexual health risk taking behaviours e.g. smoking, drinking alcohol, teenage conceptions.
- 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.
- 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.
- Deliver a coherent programme of parenting support, including intensive support where needed, through the One Point Service.

What are the outcomes / measures of success?

- Breastfeeding initiation.
- Prevalence of breastfeeding at 6-8 weeks from birth.
- Percentage of children in reception / year 6 with height and weight recorded who have excess weight.
- Children and young people's participation in out-of-school sport (year 6 and year 9).
- Emotional wellbeing of looked after children.
- Percentage of children and young people who report that they are happy (year 6 and year 9).
- Percentage of children and young people who report that they feel lonely (year 6 and year 9).
- Number of new referrals to Child and Adolescent Mental Health Services (CAMHS).
- Percentage of children and young people who report that they drink alcohol (year 9).
- Percentage of children and young people who report that they take drugs (year 9).
- Number of young people in Tier 3 treatment for drugs and alcohol with 4Real.
- Alcohol specific hospital admission rates for under 18's.
- Under 16 and 18 conception rates.
- Smoking status at time of delivery (rate of smoking at time of delivery per 100 maternities).
- Percentage of exits from young person's treatment that are planned discharges.
- Infant mortality rate, per 1000 live births and still births.
- Stillbirth and neonatal mortality rate per 1,000 live births and still births

2 Strategic objective 2:
Reduce health inequalities and early deaths

Why is this a strategic objective?

Life expectancy in County Durham has improved over recent years although more still needs to be done, as County Durham is still worse than the England average.

What is going well?

- Life expectancy in County Durham has improved over recent years for both men and women.
- Premature cardiovascular disease (CVD) mortality rates are reducing in County Durham; greater emphasis on prevention would assist this reduction.
- The Stop Smoking Service achieved 3,856 quitters between April – December 2011, which exceeded the target of 3,583.
- Increased use of powers to tackle sales of alcohol and tobacco to people under the age of 18.
- County Durham has the largest number of people in drug and alcohol treatment compared to other areas in the North East and the numbers continue to increase.

Areas of development

- Cancer contributes significantly to the gap in life expectancy between County Durham and England.
- Early death rates from heart disease and strokes are significantly worse than the England average – 78.0 people under the age of 75 for every 100,000 of the population compared to the England average of 67.3 people under the age of 75 for every 100,000 of the population.
- Levels of adult obesity are increasing in County Durham.
- The number of excess winter deaths is rising.

Evidence from Joint Strategic Needs Assessment

- Early death rates from CVD (including heart disease and strokes) are significantly worse than the England average – 78.0 people under the age of 75 for every 100,000 of the population compared to the England average of 67.3 people under the age of 75 for every 100,000 of the population.
- Life expectancy at birth for males has increased from 76.9 in 2007-09 to 77.0 in 2008-10.
- Life expectancy at birth for females has increased from 80.7 in 2007-9 to 81.0 in 2008-10.
- Smoking is the biggest single contributor to the shorter life expectancy experienced locally and contributes substantially to the CVD and cancer incidence.
- Rates of hospital admissions for alcohol related harm have risen over time, from 1,789.2 per 100,000 population in the 2009 Health Profile, to 2,286 in the 2011 Health Profile to 2,486 in the 2012 Health Profile, and remain significantly higher than the England average.
- Obesity prevalence in County Durham (28.6%) is worse than the England average (24.2%).
- Percentage of exits from treatment with Community Alcohol Service (CAS) that are planned discharges.

What you told us

Big Tent Event, June 2012:

- A partnership approach is required to encourage prevention.
- Individuals should be given the choice to make their own decisions regarding their health with a focus on personal responsibility.

Strategic actions – How we will work together

- Develop joint action plans with partners that will reduce the number of people who have cancer, heart disease and strokes through the implementation of systematic approaches to primary and secondary prevention.
- Use all available tools to identify areas and groups at risk of poor health outcomes and intervene appropriately to reduce the widening gaps in life expectancy.
- Work with Clinical Commissioning Groups to ensure universal access to the Health Check Programme in County Durham.
- Raise the profile of cancer awareness and earlier diagnosis and encourage the uptake of cancer screening programmes from communities where take up is low.
- Work with the community and voluntary sector to offer interventions to people who do not engage well with mainstream health services.
- Work together to reduce the number of people who misuse drugs and alcohol.
- Develop a comprehensive partnership approach to wider tobacco control actions to reduce exposure to second hand smoke, helping people to stop smoking, reduce availability (including illicit trade), reduce promotion of tobacco, engage in media and education and support tighter regulation on tobacco.
- Provide a wide range of physical activity opportunities across County Durham to support more active lifestyles.
- Develop a Healthy Weight Alliance for County Durham: bring all key elements of an obesity strategy together and strengthen work programmes.
- Produce a Food and Nutrition Plan for County Durham to include work around policy, food provision and access.
- Develop and implement primary prevention programmes to improve health outcomes in general practice and save costs around quitting smoking, reducing problem drinking and improving exercise take up.
- To integrate and roll out interventions to address the impact of fuel poverty on excess mortality and morbidity.

What are the outcomes / measures of success?

- Slope index of Inequality.
- Mortality from all cardiovascular diseases (including heart disease and stroke). (Age-standardised mortality rate from all cardiovascular diseases (including heart disease and stroke) for persons aged under 75 years per 100,000 population and Age-standardised mortality rate that is considered preventable from all cardiovascular diseases (including heart disease and stroke) for persons aged under 75 years per 100,000 population).
- Mortality from cancer (Age-standardised mortality rate from all cancers for persons aged under 75 years per 100,000 population and Age-standardised mortality rate that is considered preventable from all cancers for persons aged under 75 years per 100,000 population).
- Mortality from liver disease (Age-standardised mortality rate from liver disease for persons aged under 75 years per 100,000 population and Age-standardised mortality rate that is considered preventable from liver disease for persons aged under 75 years per 100,000 population).

- Mortality from respiratory diseases (Age-standardised mortality rate from respiratory diseases for persons aged under 75 years per 100,000 population and Age-standardised mortality rate that is considered preventable from respiratory diseases persons aged under 75 years per 100,000 population).
- Excess weight in adults (proportion of adults classified as overweight or obese).
- Proportion of physically active and inactive adults (Proportion of adults achieving at least 150 minutes of physical activity per week in accordance with recommended guidelines on physical activity and Proportion of adults classified as 'inactive').
- Smoking prevalence. (Prevalence of smoking among persons aged 18 years and over).
- Successful completion of drug treatment (number of drug users that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within six months as a proportion of the total number in treatment).
- National alcohol-related admissions to hospital indicator (exact definition to be agreed by the Department of Health).
- The percentage of women in a population eligible for breast screening at a given point in time who were screened adequately within a specified period.
- The percentage of women in a population eligible for cervical screening at a given point in time who were screened adequately within a specified period.
- Take up of the NHS Health Check programme – by those eligible (percentage of eligible people who receive an NHS Health Check).
- Cancer 31 day waits.
- Cancer 62 day waits.
- Male life expectancy at birth (years).
- Female life expectancy at birth (years).
- Four week smoking quitters per 100,000 population.
- Percentage of all exits from alcohol treatment that are planned discharges.
- Reduce excess winter deaths.

3 Strategic objective 3:

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

Why is this a strategic objective?

- The number of people with long term chronic conditions requiring health services will increase, as will the number of those requiring additional support to maintain independence in their own homes. An increasingly older population will see rising prevalence of mental health conditions, dementia, increased levels of disability and long term conditions (LTCs) and will significantly increase the number of people needing to provide care to family members or friends.
- Long term conditions have a significant impact on reducing the length and quality of a person's life. They also impact upon family members who may act as carers, particularly in the later stages. People with long term conditions are the most frequent users of health care services accounting for 50% of all GP appointments and 70% of all inpatient bed days.
- Local authorities with adult social care responsibilities have a statutory duty to provide an assessment. Within limited resources local authorities need to manage demand and provide services closer to home.

What is going well?

- Increase in the number of carers receiving a service (including information and advice).
- Increase in the number of people being helped to live at home.
- Increase in the 'take up' of Self Directed Support through personal budgets (including Direct Payments).
- Autism assessment and diagnosis services in place.
- There has been an increase in the number of people who have received a reablement service to help regain their independence.

Evidence from Joint Strategic Needs Assessment

- In County Durham over 27,000 patients are identified as having diabetes on GP disease registers, 6.3% of the population (aged 17+). Diabetes is the condition that will increase most as the prevalence of obesity increases, and the number of people diagnosed with diabetes has been rising over time. Between 2006/07 and 2010/11 diabetes prevalence in County Durham rose from 3.9% (20,444) to 6.3% (27,181).
- An ageing population in County Durham will also present several challenges for both health and social care. The number of people with long term chronic conditions requiring health services will increase, as will the number of those requiring additional support to maintain independence in their own homes.
- Average age of admission for older people into residential care is increasing from 84.76 years in 2008/09 to 85.45 in 2011/12.
- There has been an increase in the number of people who are offered the choice and control to purchase their own care and support services through Self Directed Support. In 2011/12, 10,319 people were in receipt of a Personal Budget/Direct Payments.
- Local Quality Outcomes Framework (QOF) data (2010/11) indicates a prevalence of 0.5% for dementia in County Durham, this is predicted to increase in County Durham from 6,153 in 2011 to 10,951 by 2030, an increase of almost 4,800 cases (78%).
- 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.
- Between 2008/09 and 2011/12 one of the top 5 critical needs for social care service users (older people, people with a learning disability and those with physical disability/sensory support needs) was due to falls.
- Disease prevalence in County Durham is 20% greater than England for strokes.
- Between 1st July 2011 and 31st March 2012, there were 967 referrals to the Reablement Service. 54.3% of those referred completed the reablement period without the need for ongoing care whilst 23.1% completed with a reduced care package. 75.6% of people completing reablement achieved their goals.
- There continues to be 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%).

Areas of development

- The number of people diagnosed with diabetes is increasing.
- The number of carers aged 65 and over providing unpaid care is set to increase by 40.8% by 2030 (from 10,225 in 2011 to 14,401 in 2030).
- An ageing demographic will have an impact upon the demand for health and social care services.
- County Durham is higher than the England average for the number of people with long term conditions.

What you told us

- Adult social care service users tell us they wish to remain in their own homes as long as possible.
- At October 2011, 97% of adult social care service users said that the care and support they had received made their quality of life much or a little better.
- At October 2011, 86% of respondents to a survey of adult social care service users found it very or fairly easy to find information and advice about social care services – this is better than the national average of 55%.

Big Tent Event, June 2012:

- Ensure that people know what support is available, tailored to their needs, so that they can make informed choices and obtain appropriate support.

Strategic actions – How we will work together

- Ensure the needs of carers are considered and increase the number of carers assessments offered.
- Work together to support people who have dementia to live in their own home for as long as possible.
- Work together to give people greater choice and control over the services they purchase and the care that they receive.
- Extend Direct Payments for health services for people with long term conditions.
- Provide care as close to home as possible.
- Maintain people's independence at home and reduce unplanned admissions by expanding the use of self management programmes and technology.
- Reduce inappropriate admissions to care homes.
- Improve the support to people on their return home from hospital, to enable them to recover more quickly, through better co-ordination of care.
- Improve people's ability to reach their best possible level of independence by providing more short term care (reablement/intermediate care) in different settings.
- Provide more co-ordinated hospital discharge planning to avoid people returning back to hospital.
- Improve the way services work together to support people who have had a fall, and identify those who are at risk of falling.

What are the outcomes / measures of success?

- Falls and fall injuries in the over 65's (Age-sex standardised rate of emergency hospital admissions for falls or falls injuries in persons aged 65 and over).
- Hip fractures in over 65's (Age-sex standardised rate of emergency admissions for fractured neck of femur in persons aged 65 and over per 100,000 population).
- Emergency readmissions within 30 days of discharge from hospital.
- Social care related quality of life – the percentage of service users reporting that the help and support they receive has made their quality of life better.
- The proportion of people who use services who have control over their daily life.
- Carer-reported quality of life.
- Proportion of people using social care who receive self-directed support, and those receiving direct payments.
- Adults aged 18-64 per 100,000 population admitted on a permanent basis in the year to residential or nursing care.
- Adults aged 65+ per 100,000 population admitted on a permanent basis in the year to residential or nursing care.
- Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services.
- Delayed transfers of care from hospital per 100,000 population.
- Delayed transfers of care from hospital which are attributable to adult social care per 100,000 population.
- Overall satisfaction of carers with social services.
- Percentage of people who have no ongoing care needs following completion of provision of a reablement package.
- Estimated diagnosis rate for people with dementia.

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

Why is this a strategic objective?

- Good mental health and resilience are fundamental to our physical health, relationships, education, training, work and to achieving our potential; it is the foundation for wellbeing and the effective functioning of individuals and communities.

What is going well?

- A range of support and recovery services are available across the County.
- A new Mental Health Partnership Board and related structures has been developed and implemented.
- Social prescribing option available.
- Development of Public Mental Health Strategy incorporating Suicide Prevention.

Evidence from Joint Strategic Needs Assessment

- Nationally life expectancy is on average 10 years lower for people with mental health problems due to poor physical health.
- Almost 4,200 people in County Durham are registered with GP's with a diagnosis of mental illness (Quality Outcomes Framework 2010/11).
- Suicide rates in County Durham for men are significantly higher than the England average.
- Over half (52%) of North East ex-service community report having a long-term illness or disability, compared with 35% in the general population.
- The number of adult referrals for an Adult Mental Health Professional (AMHP) assessment in County Durham increased by 38.2% between 2008/09 (387) and 2011/12 (535).

Areas of development

- Higher than average suicide rates for men.
- The number of people referred for an assessment under the Mental Health Act has increased.

What you told us

Big Tent Event, June 2012:

- Services are not always accessible.
- Use of language in describing mental health could be improved.
- Alcohol and drugs have a specific role to play in terms of mental health.
- People should be encouraged to 'admit' problems and seek help.

Strategic actions – How we will work together

- Develop and implement programmes to increase resilience and wellbeing through practical support on healthy lifestyles.
- Work together to find ways that will support ex-military personnel who have poor mental or physical health.
- Ensure that people using mental health services who are in employment have a care plan that reflects the additional support needed to help them retain this employment.
- Develop and implement a multi-agency Mental Health and Suicide Prevention Strategy for County Durham.
- Continue to improve access to psychological therapies.
- Develop a more integrated response for people with both mental and physical health problems, in particular supporting people with common mental health problems (such as depression or anxiety).

What are the outcomes / measures of success?

- Percentage of adults receiving secondary mental health services known to be in settled accomodation at the time of their most recent assessment, formal review or multi disciplinary care planning meeting.
- Gap between the employment rate for those with a long-term health condition and the overall employment rate.
- Self-reported wellbeing.
- Suicide (Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population).
- Excess under 75 mortality in adults with serious mental illness.
- Hospital admissions as a result of self-harm (Age-sex standardised rate of emergency hospital admissions for intentional self-harm per 100,000 population).
- Proportion of adults in contact with secondary mental health services in paid employment.
- Patient experience of community mental health services.

5 Strategic objective 5:
Protect vulnerable people from harm

Why is this a strategic objective?

- All adults and children should be able to live free from fear and harm and have their rights and choices respected.
- Safeguarding adults and children is a key priority for Durham County Council and partner agencies.
- The Safeguarding Adults Board and the Local Safeguarding Children's Board are committed to ensuring that adults and children and young people are kept safe and feel safe at all times, no matter what their background.

What is going well?

- Increase of awareness of adult safeguarding issues.
- The number of adult safeguarding investigations completed within 28 days has increased from 79.4% in 2010/11 to 84% which exceeds the council's target of 75%.
- Reports of adult physical abuse decreased from 27% in 2009/10 to 22% in 2010/11.
- Increased awareness of children's safeguarding and common assessment framework (CAF).
- Despite increased demands for safeguarding services, the percentage of children becoming the subject of a Child Protection Plan for a second or subsequent time has reduced.
- Findings from the evaluation of the 2 year Pathfinder Project shows that there has been an 80% reduction in family violence within those families engaged in the project.
- The repeat victimisation rate of those going through multi-agency risk assessment conferences (MARAC) remains low. In 2011/12 the repeat victimisation rate in County Durham was 12%, compared to a target of 28% or less.
- County Durham has high conviction rates for sexual assaults and rape.

Evidence from Joint Strategic Needs Assessment

- The profile of adult safeguarding has risen in County Durham and this can be demonstrated by the 202.6% rise in referrals of suspected abuse during the period 2008/09 to 2011/12.
- Referrals in 2011/12 show that physical abuse was the main type of adult abuse.
- There has been a significant increase from 769 core assessments in 2008/09 to 1,507 in 2011/12, an increase of 96.0% (738). Where a category of need was recorded against the core assessment, abuse/neglect accounted for 72.4% (1,006) of the recorded categories of need in 2011/12, an increase of 12.4% from 2007/08.
- In 2011, the National Society for the Prevention of Cruelty to Children launched national research which highlighted that 25% of girls and 18% of boys reported some form of parent / partner physical violence.
- There has been a rise in the numbers of looked after children over the last four years. There has been an increase of 52.1% from 436 in 2009 to 663 in 2012.
- In 2010/11 County Durham experienced lower numbers of children looked after per 10,000 population aged under 18 (52) in comparison to Statistical Neighbours (72), the North East region (73) and England (59), although there is an upward trend.
- Domestic abuse features in over half (60%) of all child protection conferences and continues to be the most common factor in all localities.
- Nationally, alcohol is reported as a factor in approximately one-third of domestic abuse incidents. In 2011/12, 44% of domestic offences in County Durham were recorded as alcohol related, compared to 35% in the recording period 2010/11.
- The incidence of children subject to a child protection plan because of sexual abuse more than halved between 2010 and 2011 and this downward trend continued in 2012.
- Levels of domestic abuse related incidents reported to the Police have remained relatively stable with 10,209 incidents in 2009/10, 10,425 in 2010/11 and 10,865 in 2011/12.
- Nationally 23.0% of women and 3.0% of men experience sexual assault as an adult. 5.0% of women and 0.4% of men experience rape.

Areas of development

- The number of adult safeguarding referrals has increased between 2007/08 and 2011/12.
- National research has highlighted Teenage Partner Violence as an emerging issue.
- The total number of Children in Need continues to increase.
- The number of Looked After Children (LAC) has increased year-on-year since 2007.
- Domestic abuse features in half of all child protection conferences undertaken and continues to be the most common factor in all localities. Alcohol misuse is the second most common factor.
- Abuse/neglect is the most significant recorded category of need on core assessments for children and young people across the County.
- In 2011/12, 44% of domestic offences in County Durham were recorded as alcohol related, compared to 35% in the recording period 2010/11.
- In 2011/12 the detection rate for serious sexual offences was 43.0% which was one of the highest detection rates in the Country, figures for 2012/13 to date show the detection rate is improving to 45.6%.

What you told us

The annual children and young people's survey (2011/12) asked children and young people whether they felt safe at school and when not at school. The results show that:

- 95.3% of children and young people always / sometimes feel safe when at school (97.8% primary school and 93.0% secondary school), and
- 95.6% of children and young people always / sometimes feel safe when not at school (95.1% primary school and 96.1% secondary school).

Big Tent Event, June 2012:

- There should be greater focus on the prevention of abuse.

Strategic actions – How we will work together

- Work together to provide support to victims of domestic abuse from partners or members of the family.
- Work in partnership to support vulnerable adults and children at risk of harm and work to stop abuse taking place.
- Ensure policies and procedures are in place to make it easier for individuals to highlight concerns of abuse, such as more efficient whistle blowing.
- Work in partnership to identify signs of family vulnerability and to offer support earlier.

What are the outcomes / measures of success?

- Number of children with a Child Protection Plan per 10,000 population.
- Number of Looked After Children per 10,000 population.
- Percentage of children in need referrals occurring within 12 months of previous referral.
- Number of Initial Child Protection Conferences relating to children becoming the subject of a Child Protection Plan where parental substance misuse / parental alcohol misuse / domestic abuse has been identified as a risk factor.
- Percentage of children becoming the subject of a Child Protection Plan for a second or subsequent time.
- Percentage of children and young people reporting that they are bullied when they are at school and when not at school (year 6 and year 9).
- Percentage of adult safeguarding referrals substantiated or partially substantiated.
- The proportion of people who use services who say that those services have made them feel safe and secure.
- Repeat incidents of domestic violence.

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

Why is this a strategic objective?
To ensure that people approaching end of life will be in their preferred place of death, be that hospital, hospice or home.

What is going well?
- County Durham has slightly higher numbers of people at the end of their life dying in their usual place of residence compared to the national figures.
- Approximately 1,000 staff from across the agencies in County Durham have undertaken End of Life training.

Areas of development
- A lack of prompt access to services in the community may lead to people approaching the end of their life being unnecessarily admitted to hospital. The absence of 24 hour response services and timely access to advice and medication leads to unplanned admissions.

Evidence from Joint Strategic Needs Assessment
- For the period 2008-2010 the National End of Life Care profile for County Durham states:
  - 54% (8474) of all deaths were in hospital
  - 22% (3511) occurred at home
  - 19% (2991) occurred in a care home
  - 3% (475) were in a hospice
  - 3% (427) were in other places
- Nationally, most deaths (58%) occur in NHS hospitals, with around 18% occurring at home, 17% in care homes, 4% in hospices and 3% elsewhere *(End of Life Care Strategy, Department of Health, July 2008).*
- According to research done 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.

What you told us
Big Tent Event, June 2012:
- Encouraging a more open debate on the issues would be useful.
- End of life pathways need to be more joined up e.g. GPs, social care, agencies and families.

Strategic actions – How we will work together
- Adopt and implement the North East charter relating to a 'good death' which aims to provide a guide to those people who are involved with people who are approaching the end of their life, to ensure the right services are available at the right time for individuals who are dying, their families and carers.
- Reduce the number of emergency admissions to hospital for people who have been identified as approaching their end of life by providing services in the community.

What are the outcomes / measures of success?
- Percentage of all deaths that occur in: hospital; own home; hospice; care home.
- Percentage of hospital admissions ending in death (terminal admissions) that are emergencies.

8. Measuring success: Performance framework for the Joint Health and Wellbeing Strategy

The overarching framework for the Joint Health and Wellbeing Strategy is from the national outcomes frameworks for:

- Adult Social Care
- NHS
- Public Health

Performance management arrangements have been developed for the Joint Health and Wellbeing Strategy in order to measure the effectiveness of the strategy. This ensures responsibility and accountability of the strategic actions within the strategy.

The Shadow Health and Wellbeing Board will hold NHS and social care organisations to account through the strategy.

9. Appendices

Appendix 1 **Membership of the Shadow Health and Wellbeing Board**

Appendix 2 **Other strategies which link to the Joint Health and Wellbeing Strategy**

Appendix 3 **Abbreviations / Glossary of Terms**

Appendix 1 – Membership of Shadow Health and Wellbeing Board

Board Member	Board Member Job Title
Rachael Shimmin	(Chair) Corporate Director, Children and Adults Services, Durham County Council
Councillor Lucy Hovvels	(Vice Chair) Portfolio Holder, Safer and Healthier Communities, Durham County Council
Councillor Morris Nicholls	Portfolio Holder, Adult Services, Durham County Council
Councillor Claire Vasey	Portfolio Holder, Children and Young People's Service, Durham County Council
Anna Lynch	Director of Public Health, NHS County Durham
Pat Keane	Joint Deputy Chief Executive, NHS County Durham and Darlington
Sue Jacques	Chief Executive, County Durham and Darlington NHS Foundation Trust
Martin Barkley	Chief Executive, Tees Esk and Wear Valley NHS Foundation Trust
Alan Foster	Chief Executive, North Tees and Hartlepool NHS Foundation Trust
Ken Bremner	Chief Executive, City Hospitals Sunderland
Colin Burton	Joint Chair, County Durham Local Involvement Network
Dr Dinah Roy	Director of Clinical Quality and Primary Care Development Designate, Durham Dales, Easington and Sedgefield Clinical Commissioning Group
Dr Stewart Findlay	Chief Clinical Officer Designate, Durham Dales, Easington and Sedgefield Clinical Commissioning Group
Dr Kate Bidwell	Clinical Chair Designate, North Durham Clinical Commissioning Group
Nicola Bailey	Chief Operating Officer Designate, North Durham Clinical Commissioning Group
Dr Mike Guy	Medical Director Designate, NHS Commissioning Board Area Team, Durham, Darlington and Tees Valley

Those invited to attend

Peter Appleton	Head of Planning and Service Strategy, Children and Adult Services, Durham County Council
Andrea Petty	Policy and Planning Manager, Children and Adult Services, Durham County Council Secretariat

Appendix 2 - Other strategies which link to the Joint Health and Wellbeing Strategy

Sustainable Community Strategy
Older Persons Accommodation and Support Services Strategy 2010-2015
County Durham Think Family Strategy, 2012
Teenage Pregnancy Strategy, 2010
Tobacco Alliance Action Plan
A Tobacco Control Plan for England - 2011
Public Mental Health Strategy County Durham
County Durham Physical Activity Strategy
All age careers service – 2011
Alcohol Harm Reduction Strategy 2012-15
Domestic Abuse Strategy and Sexual Violence Strategy
Alcohol Needs Assessment

Joint Commissioning Strategies for:
- People with learning disabilities
- People with long term conditions
- Older people with mental health conditions
- Older people
- Intermediate care
- Adults with mental health needs
- Carers
- Children with Disabilities
- End of life care

Appendix 3 - Abbreviations / Glossary of Terms

Autism	Autism is a condition which is characterised by impaired social and communication skills.
CAF	Common assessment framework – is a framework to make sure that different services work together to support children and young people.
Chronic	A persistent or recurring condition or a group of symptoms.
Clinical Commissioning Groups (CCGs)	Groups of GP practices, including other health professionals who will commission the great majority of NHS services for their patients.
Community based services	The provision of services within the community provided in the home such as home care, day care, small items of equipment etc.
COPD	Chronic obstructive pulmonary disease
Core assessment	An in-depth assessment which addresses the central or most important aspects of a child's needs.
Critical need	Categorised under current eligibility criteria - If life is, or could be threatened, the presence of significant health problems and the possibility of serious abuse or neglect.
CVD	Cardio-vascular disease
DCC	Durham County Council
Dementia	Dementia is used to describe a syndrome which may be caused by a number of illnesses in which there is progressive decline in multiple areas of function, including decline in memory, reasoning, communication skills and the ability to carry out daily activities. Individuals may develop behavioural and psychological symptoms such as depression, psychosis, aggression and wandering.
Deprived areas	Geographic areas that have significantly higher levels of unemployment and lower rates of income per head than the national average.
Direct Payments	Money a person can receive from the council to buy their own care and support services, rather than having social care staff arranged these for them.
Domestic violence/abuse	Violence toward or physical abuse of one's spouse or domestic partner.
Episode(s)	An event or series of events.
Ex-military	A person who has served in the military services.
Family Projects	**Family Intervention Project -** The primary objective of the Family Intervention Project (FIP) is to stop the anti-social behaviour of families and restore safety to their homes and to the wider community. The project also tackles the causes of anti social behaviour, which involve issues such as drug and alcohol misuse, poor health, domestic violence, unemployment and debt.
	Family Wise Project - This provision is aimed at individuals in multi generational families with multiple problems that require support to move into employment.
Fuel poverty	A fuel poor household is one which cannot afford to keep adequately warm at reasonable cost.
GP	General practitioner also known as family doctors who provide primary care.
Health and Wellbeing Board	Statutory forum of key leaders from health and social care working together to improve the health and wellbeing of the local population and reduce health inequalities.
Health Check	The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every 5 years) to have a check to assess their risk of these conditions and will be given support and advice to help them reduce or manage that risk.
Health Network	The 5 areas into which County Durham is divided i.e., Derwentside, Durham & Chester-le-Street, Durham Dales, East Durham and Sedgefield.
Improving Access to Psychological Therapies (IAPT)	National programme for treating people with depression and anxiety disorders.

Appendix 3 - Abbreviations / Glossary of Terms (continued)

Incidence	Is the number of new cases.
Intermediate care	Intermediate care, either residential or non-residential, is a range of time-limited health and social care services that may be available to promote faster recovery from illness, avoid unnecessary admission to hospital, support timely discharge from hospital and avoid premature long-term admission to a care home.
Interventions	Services provided to help and/or improve the health of people in the County.
Joint Health and Wellbeing Strategy (JHWS)	The Health and Social Care Act 2012 places a duty on local authorities and CCGs to develop a Joint Health & Wellbeing Strategy to meet the needs identified in the local Joint Strategic Needs Assessment (JSNA).
Joint Strategic Needs Assessment (JSNA)	Health and Social Care Act 2012 states the purpose of the JSNA is to improve the health and wellbeing of the local community and reduce inequalities for all ages.
LAC	Looked after children – children who are subject to care orders and those who are voluntary accommodated.
Life expectancy	The average number of years that an individual of a given age is expected to live if current mortality rates continue (Webb et al., Essential Epidemiology)
Long term condition	The Department of Health has defined a Long Term Condition as being "a condition that cannot, at present be cured; but can be controlled by medication and other therapies." This covers a lot of different conditions eg diabetes, chronic obstructive pulmonary disease (COPD), dementia, high blood pressure.
LSOA	Lower super output area - units of geographic boundary with approximately 125 households.
MARAC	Multi-agency risk assessment conference. MARAC is a coordinated community response to high risk domestic abuse cases. It provides a consistent approach to risk assessment which identifies those victims who are most at risk of serious harm. Once a victim has been assessed at this level of risk a multi agency meeting is held and agencies will work together to find a way of reducing that risk using available interventions.
NHS	National Health Service
Personal budget	Provided that a person meets certain criteria they may be eligible for care and support and the council may help towards the cost. A Personal Budget is an amount of money the council makes available to meet a person's eligible needs and agreed outcomes.
PH	Public health
Premature mortality	Generally premature mortality refers to deaths under the age of 75.
Prevalence	The proportion of a population with a disease at a given moment in time.
Reablement	Reablement is about giving people over the age of 18 years the opportunity, motivation and confidence to relearn/regain some of the skills they may have lost as a consequence of poor health, disability/impairment or accident and to gain new skills that will help them to develop and maintain their independence.
Respiratory disease	Disease of the respiratory system which supplies oxygen to and removes carbon dioxide from the body.
SC	Social care
SCS	Sustainable Community Strategy – Vision for the local area and umbrella strategy for all the other strategies devised for the area.
Self-harm	The practice of cutting or otherwise wounding oneself, usually considered as indicating psychological disturbance.
Sensory support	Includes visual (including blind and partially sighted), hearing (including those who are profoundly deaf, deafened and hard of hearing), and dual sensory impairment (deaf/blindness).
Statistical Neighbour	The Nearest Neighbours Model adopts a scientific approach, using a wide range of socio-economic indicators, to group similar authorities and aid local authorities in comparative and benchmarking exercise.
Wider determinants of health	The conditions in which people are born, grow, live, work and age. It is the wider determinants of health that are mostly responsible for the unfair and avoidable differences in health status (World Health Organisation)

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County Durham Joint Health and Wellbeing Strategy

2013-2017

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