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

2014-17

Contents

1. Foreword

The first Joint Health and Wellbeing Strategy for County Durham was developed in 2013 with input from local stakeholders, including service users, patients, carers, the voluntary and community sector, NHS and local authority partners.

The strategy outlines a vision for where we would like County Durham to be heading in terms of health and wellbeing and health inequalities.

Examples of developments in services as a result of the first strategy include:

- Improved support for women breastfeeding including education in schools and telephone support to mothers who want to breastfeed but are struggling.

- The development of a Drugs Strategy for County Durham to prevent harm, restrict supply and build recovery within communities.

- The provision of a new service providing short term rehabilitation to help people remain independent and out of hospital and residential care.

- The development of a Public Mental Health Strategy to ensure that individuals, families and communities within County Durham are supported to achieve their optimum mental wellbeing.

- The development of the Domestic Abuse and Sexual Violence Strategy that provides more support to victims, including a countywide Outreach Service.

- The implementation of the North East charter relating to a 'good death'.

This is the first annual refresh of the strategy. Over recent months, consultations have taken place with key partners and organisations including service users, carers and patients to ensure the strategy continues to meet the needs of people in the local area.

The financial constraints placed on public services require that we work together to maximise opportunities to ensure services remain fit for purpose now and in the future. This is reflected in the development of integrated services as part of the Better Care Fund.

The strategy recognises that the challenges facing County Durham need to be tackled in partnership to improve the outcomes for local people.

There is a strong commitment from the Health and Wellbeing Board to improve the health and wellbeing of the people of County Durham and reduce health inequalities. This refresh of the Joint Health and Wellbeing Strategy is the next step to achieve that vision.

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Chair of the Health and Wellbeing Board

Cabinet Portfolio for Healthier and Safer Communities

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Vice Chair of the Health and Wellbeing Board

Durham Dales, Easington and Sedgefield Clinical Commissioning Group

2. Introduction

What is the Health and Wellbeing Board?

The Health and Wellbeing Board was established in April 2013 to promote integrated working between commissioners of health services, public health and social care services, for the purposes of advancing the health and wellbeing of the people in its area.

The Health and Wellbeing Board is the "Altogether Healthier" thematic partnership of the County Durham Partnership, which is the overarching strategic partnership in County Durham.

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

What is the Joint Health and Wellbeing Strategy?

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

County Durham's Health and Wellbeing Board have the responsibility to deliver the Joint Health and Wellbeing Strategy 2014 -17. The refresh is informed by the Joint Strategic Needs Assessment 2013, which is also reviewed annually.

The strategy is not about taking action on everything at once but about setting priorities for joint action and making a real impact on people's lives. It provides a focus and vision from which to plan ahead in the medium term. This refresh of the strategy has been undertaken to ensure that the priorities are still correct and to identify if there are any gaps.

It sets the priorities for commissioners to purchase health and social care services from April 2014 onwards. These will be reflected in Clinical Commissioning Group and local authority plans, including the Better Care Fund work programme.

The national policy context is referenced in Section 5 of this refresh.

What consultation has taken place?

As part of consultation on the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy, the Health and Wellbeing Board held an engagement event that was attended by 134 people from various groups including voluntary organisations, patient reference groups, service users and carers. Gaps were identified in relation to health, social care and wellbeing evidence provided in the Joint Strategic Needs Assessment and in relation to strategic actions in the Joint Health and Wellbeing Strategy. For example self-harm in young people was identified as a potential gap in the Joint Health and Wellbeing Strategy as statistics identified that County Durham rates were more than double the England average.

Consultation also took place on Durham County Council's website.

Between November 2013 and January 2014, all 14 Area Action Partnerships were presented with the key messages from the Joint Strategic Needs Assessment and Strategic Actions from the Joint Health and Wellbeing Strategy. Additional areas identified included social isolation and the need for a more localised approach to action.

Both Adults, Wellbeing and Health and Children and Young People's Overview

and Scrutiny Committees were also consulted.

A number of surveys have been undertaken that have been included in the Joint Strategic Needs Assessment evidence base and have informed Strategic Actions in the Joint Health and Wellbeing Strategy. For example, the Adult Social Care; Carers and Reablement Surveys. A survey for Children and Young People was also implemented in a sample of schools in January 2014. Results from this survey informed both the Joint Health and Wellbeing Strategy and Children, Young People and Families Plan.

In addition, consultation has taken place with parents of children with disabilities through the Making Changes Together group and with young people through Investing in Children groups including with disabled children through the eXtreme group. The groups identified health issues that were important to them, including obesity, alcohol, mental health and smoking.

The young people who facilitated the Investing in Children groups provided feedback to the Health and Wellbeing Board. This also provided Health and Wellbeing Board members the opportunity to discuss in more detail with young people the health and wellbeing issues that affect them.

Examples of commitments undertaken by the Health and Wellbeing Board in its first year include:

- Signed up to the Disabled Children's Charter to ensure that the needs of disabled children are fully understood and services are commissioned appropriately.

- Identified the Chair of the Health and Wellbeing Board and Director of Public Health County Durham as mental health champions whose role includes promoting wellbeing and initiating and supporting action on public mental health.

- Signed up to the National Dementia Declaration and Dementia Care and Support Compact to support the delivery of the National Dementia Strategy and improving care and support for people with dementia, their carers and families.

- Signed up to the National Pensioners Convention's Dignity Code which has been developed to uphold the rights and maintain the personal dignity of older people.

<u>Stakeholders</u>

A list of stakeholders for the Joint Health and Wellbeing Strategy is shown below:

- Patients
- Service users
- Carers
- Durham County Council
- Clinical Commissioning Groups
- County Durham and Darlington NHS Foundation Trust
- North Tees & Hartlepool NHS Foundation Trust
- City Hospitals Sunderland
- Tees Esk & Wear Valley NHS Foundation Trust (TEWV)
- Healthwatch County Durham
- Voluntary organisations
- County Durham Partnership
- Safe Durham Partnership
- Children and Families Partnership
- Overview and Scrutiny Committees
- Police
- Probation
- Safeguarding Adults Board
- Local Safeguarding Children Board
- Veterans Wellbeing Assessment and Liaison Service (VWALS)
- Tobacco Control Alliance
- Think Family Board
- Learning Disabilities Partnership Board
- Partnership Board for Older Adults
- Mental Health Partnership Board
- Community Wellbeing Partnership
- Community Services and Care Closer to Home Group
- Urgent Care 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 that will be provided for service users, carers and patients, should be made as locally as possible, involving the people who use them.

The Strategic Objectives that will be achieved for the people 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 quality of life, independence and care and support for people with long term conditions.
4. Improve the mental and physical 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.

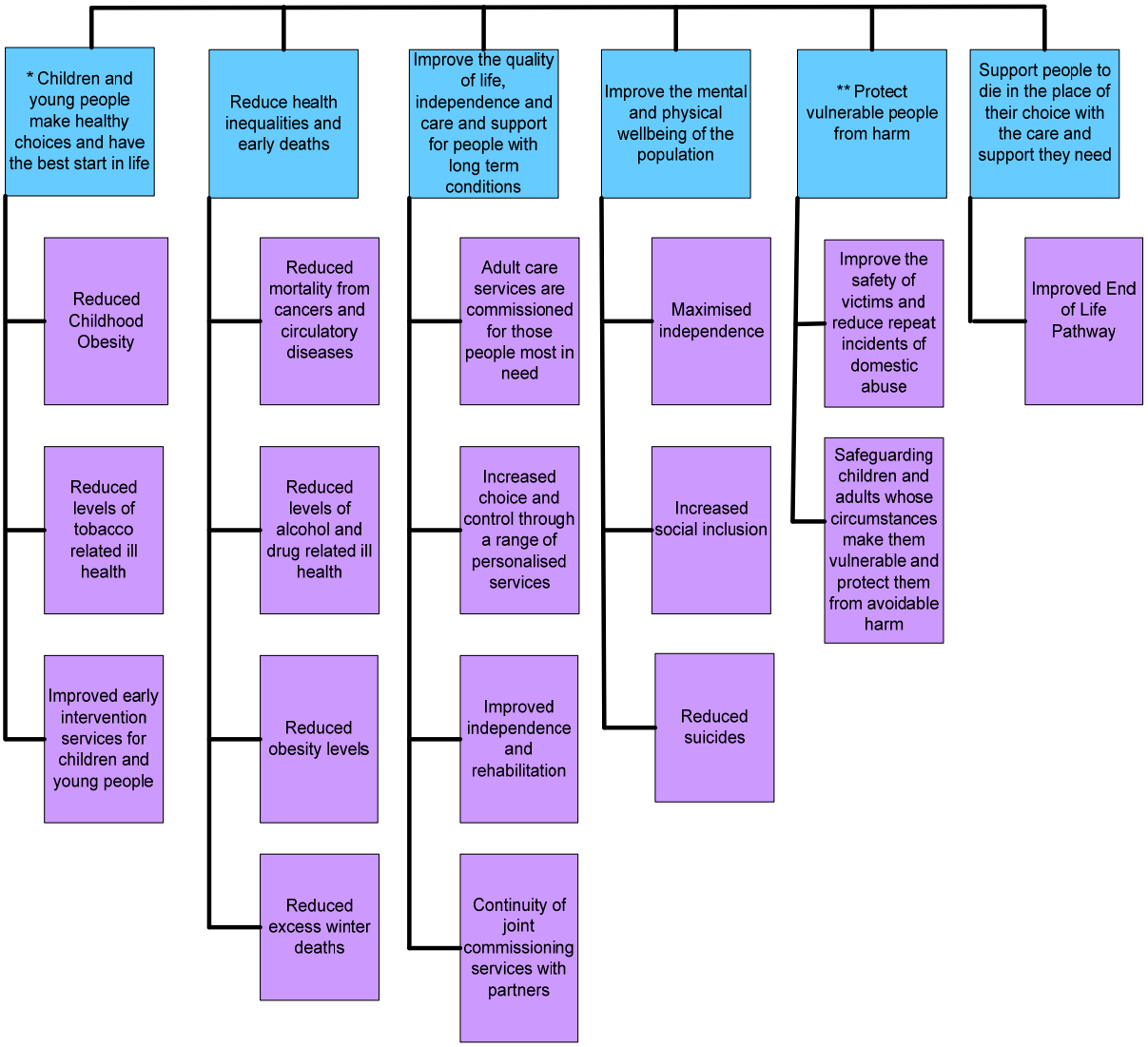
These Strategic Objectives were initially set in the 2013-17 four year Joint Health and Wellbeing Strategy and have been reaffirmed for the 2014-17 strategy refresh document.

Following its meeting in September 2013, the Health and Wellbeing Board has also agreed a set of Outcomes that are aligned to the Strategic Objectives above, for example 'Reduced childhood obesity' and 'Improved independence and rehabilitation'. Please see the diagram on the next page for a full illustration of Strategic Objectives and Outcomes.

The Strategic Objectives and Outcomes are underpinned by a number of Strategic Actions that will be undertaken to meet the objectives. The Joint Health and Wellbeing Strategy Delivery Plan will ensure the strategy is effective and performance managed, ensuring transparency in demonstrating the progress that has been made, and what is still left to do.

This strategy will inform local authority plans, CCG commissioning intentions and plans, Better Care Fund plans, Sustainable Community Strategy, and NHS Provider Plans (including Quality Accounts).

Joint Health and Wellbeing Strategy
Objectives and Outcomes



* Shared objective for the Children and Families Partnership and the Health and Wellbeing Board

** Shared objective for the Safe Durham Partnership and the Health and Wellbeing Board

4. Wider and cross cutting issues

The County Durham Partnership (CDP) is the overarching partnership for County Durham and is supported by five thematic Partnerships, each of which has a specific focus:

- **Economic Partnership** - 'altogether wealthier' - creating a vibrant economy and putting regeneration and economic development at the heart of all our plans
- **Children and Families Partnership** - 'altogether better for children and young people' - enabling children and young people to develop, achieve their aspirations and maximise their potential;
- **Health and Wellbeing Board** - 'altogether healthier' - improving health and wellbeing;
- **Safe Durham Partnership** 'altogether safer' - creating a safer and more cohesive county;
- **Environment Partnership** 'altogether greener' - ensuring an attractive and 'liveable' local environment and contributing to tackling global environmental challenges.

Wider determinants of health

It is acknowledged that the wider determinants of health, for example, employment, education, transport, crime and disorder are best addressed through the Sustainable Community Strategy (SCS) which is the over-arching strategic document of the County Durham Partnership. The revised SCS will have a stronger focus on issues that cut across more than one thematic priority, particularly those that will have a significant impact on the high level objectives of more than one thematic partnership. The SCS also has links to other plans such as the Regeneration Statement, the County Durham Plan, the Local Transport Plan and the Housing Strategy.

The SCS will provide particular focus on:

- Alcohol
- Mental Wellbeing
- Stronger Families
- Volunteering
- Job creation

These have been agreed as the focus of further work for the CDP Board and for inclusion within the SCS. Work will also be carried out to ensure reducing inequalities runs through everything the partnership covers rather than being considered separately.

Cross Cutting Issues

There are also a number of cross cutting priorities that will be addressed in the Joint Health and Wellbeing Strategy. The following objective is shared with the Children and Families Partnership and is included in the Children, Young People and Families Plan:

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

Issues such as self-harm by young people are included under this objective and will be dealt with jointly by the Health and Wellbeing Board and Children and Families Partnership.

The following objective is shared with the Safe Durham Partnership:

'Protect Vulnerable People from Harm'

Issues such as sexual violence by young people, substance misuse and providing support to vulnerable families will be dealt with jointly by the Health and Wellbeing Board and Safe Durham Partnership.

The Joint Health and Wellbeing Strategy reflects work that is taking place across all service user, carer and patient groups. It recognises that many issues affect multiple groups of people. For example, issues around mental health can affect children and young people, older people and often people suffering with cardiac problems.

5. National Policy Context

A number of national policies have influenced the refresh of the Joint Health and Wellbeing Strategy. Please see below some examples:

The Care Bill

The Care Bill brings together care and support legislation into a single statute. It is designed to create a new principle where the overall wellbeing of the individual is at the forefront of their care and support. It introduces new duties around assessments including the right for carers to request an assessment of their care and support needs, a duty to provide a care and support plan, a cap on eligible care costs, a national eligibility threshold and the requirement to offer a deferred payment scheme.

The Better Care Fund

The Better Care Fund is a pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authorities through the Health and Wellbeing Board.

This has been split into the following 7 work programmes:

- **Short term intervention services** which includes intermediate care community services, reablement, falls and occupational therapy services
- **Equipment and adaptations for independence** which includes telecare, disability adaptations and the Home Equipment Loans Service
- **Supporting independent living** which includes mental health prevention services, floating support and supported living and community alarms and wardens
- **Supporting Carers** which includes carers breaks, carer's emergency support and support for young carers
- **Social isolation** which includes local coordination of an asset based approach to increase community capacity and resilience to provide low level services
- **Care home support** which includes care home and acute and dementia liaison services
- **Transforming care** which includes maintaining the current level of eligibility criteria, the development of IT systems to support joint working and implementing the Care Bill

National Dementia Strategy: Local Delivery and Local Accountability

The aim of the strategy is to ensure that significant improvements are made to dementia services across three key areas: improved awareness, earlier diagnosis and intervention, and a higher quality of care. Work taking place in County Durham to implement the National Dementia Strategy is reflected in Objective 3 of the Joint Health and Wellbeing Strategy 'Improve the quality of life, independence and care and support for people with long term conditions'.

No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages

The strategy sets out how the government, working with all sectors of the community and taking a life course approach, will improve the mental health and wellbeing of the population and keep people well; and improve outcomes for people with mental health problems through high-quality services that are equally accessible to all.

Objective 4 of the Joint Health and Wellbeing Strategy is to 'Improve the mental and physical wellbeing of the population'. Actions in the Delivery Plan include implementing the Public Mental Health Strategy and Resilience Strategy.

‘Closing the Gap: Priorities for essential change in mental health’ is a policy paper that follows on from ‘No Health Without Mental Health’ and identifies 25 priorities for health and social care services over the next couple of years. These priorities, for example improved access to psychological therapies, are reflected in the Joint Health and Wellbeing Strategy or in the Public Mental Health Strategy that links to it.

National Drugs Strategy

This sets out the government’s approach to tackling the use of drugs and its effect on crime, family breakdown and poverty. Work to address drug misuse in County Durham is reflected for young people in Objective 1 and for adults in Objective 2 of the Joint Health and Wellbeing Strategy. This includes implementing the County Durham Drugs Strategy and reducing negative risk-taking by young people.

National Alcohol Strategy

The Alcohol Strategy sets out proposals to crackdown on the ‘binge drinking’ culture and slash the number of people drinking to damaging levels. The Joint Health and Wellbeing Strategy will address health issues caused by alcohol in County Durham through the Alcohol Harm Reduction Strategy.

End of life Care Pathway

Responsibility for end of life care is the responsibility of NHS England but there will also be a role for Clinical Commissioning Groups and local authorities. Following an independent review, the Liverpool Care Pathway will be phased out over 2013/14 and replaced with an individual approach to end of life care for each patient, which will include a personalised end of life care plan backed up by condition-specific good practice guidance, agreed with a named senior clinician. The Leadership Alliance for the Care of Dying People has been set up to lead and provide a focus for improving the care for this group of people and their families. Joint work to develop End of Life Care Pathways in County Durham is shown in Objective 6 of the Joint Health and Wellbeing Strategy.

Strategies that link to the Joint Health and Wellbeing Strategy are shown in Appendix 2.

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

The health of the people in County Durham has improved significantly over recent years, but remains worse than the England average. Health inequalities remain persistent and pervasive. Levels of deprivation are higher and life expectancy is lower than the England average, and there is also inequality within County Durham for many measures (including life expectancy and premature mortality for example). The links between poor health outcomes and deprivation are well documented.

Health inequalities are affected by socio-economic conditions that exist within County Durham such as lower household income levels, lower educational attainment levels and higher levels of unemployment, which lead to higher rates of benefits claimants suffering from mental health or behavioural disorders. Local priorities for tackling these inequalities include reducing smoking, tackling childhood and adult obesity, promoting breastfeeding, reducing alcohol misuse, reducing teenage conceptions (and promoting good sexual health), promoting positive mental health and reducing early deaths from heart disease and cancer.

Many of our population suffer from avoidable ill-health or die prematurely from conditions that are preventable. Lifestyle choices remain a key driver to reducing premature deaths but it is clear that social, economic and environmental factors also have a direct impact on health status and can exacerbate existing ill health.

Many people in County Durham continue to make poor lifestyle choices when compared to England. Smoking prevalence, proportion of mothers smoking during pregnancy, childhood and adult obesity, admissions to hospital for acute intoxication and teenage conception rates are all greater than the England average. Lower than average levels of breastfeeding initiation and participation in physical activity are prevalent, combined with poor diet choices.

The county has an ageing population structure and this will provide challenges in delivering services

Demographics:

- By 2030, the 65+ population will continue to increase by 49%, from 92,300 in 2011 to 138,400 people.
- Of the total population, the 85+ age group is predicted to increase from 2.1% in 2011 to 3.9% by 2030, doubling in terms of numbers from 11,000 to 22,000.
- Life expectancy is improving for both males (77.5) and females (81.4), but is still below the England average (78.9 for males), (82.9 for females).

Further information and detail is contained within the County Durham Joint Strategic Needs Assessment 2013 and from pages 11 to 31 of this strategy.

7. Strategic Objectives

The following 6 Strategic Objectives are the medium term aims for the Joint Health and Wellbeing Strategy and have been reaffirmed for the 2014-17 refresh.

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?

- The rate of teenage conceptions has decreased faster than the North East rate over the last 10 years
- Obesity among children in Reception (4-5 years) has decreased and is lower than the North East and England rate

Areas of development

- Breastfeeding initiation and prevalence rates in County Durham are significantly lower than the national rate and also below regional levels.
- Alcohol specific hospital admissions for under 18's per 100,000 population in County Durham are higher than the North East and more than double the national rate.
- Percentage of mothers who are smokers at the time of delivery has reduced but is significantly higher than the national average.
- Obesity amongst children in Year 6 (10-11 year olds) is more than twice that of children in reception and above the national average.

What you told us

- Reducing incidents of self-harm by young people, identifying and supporting young carers, reducing the number of alcohol-related hospital admissions for young people and providing early help to families with additional needs were identified as issues at the Health and Wellbeing Board Engagement Event in October 2013.

- Parents of disabled children told us (through the Making Changes Together Group) that it was important for timely support to be available for children with additional needs and disabilities.

- We asked young people (through Investing in Children) to host agenda days with other young people. 3 events were held, including one for disabled children. Examples of the issues raised include:

    - Information and education on substance misuse and smoking
    - Support in schools for people suffering with mental health issues
    - Inclusive services for children with disabilities

- A survey of children and young people in Year 6 (aged 10-11) and Year 9 (aged 13-14) was carried out in January 2014 and received 1400 responses. One of the key differences since the last time the survey was conducted in 2011/12 was that the number of Year 6 pupils reporting that they felt lonely has reduced but the number of Year 9 pupils stating that they felt lonely has increased.

EVIDENCE FROM JOINT STRATEGIC NEEDS ASSESSMENT
In County Durham:

- The number of women who start to breastfeed (58.5%) continues to rise but remains lower than the England average (73.9%).

- The proportion of women who still breastfeed at 6 to 8 weeks has risen from 25.4% in 2008/09 to 28.1% in 2012/13. This remains lower than the England average (47.2%).

- Obesity prevalence in age 10-11 year olds (21.6%) is higher than the England average (19%).

- Three in ten school pupils (29%) had tried smoking at least once and 6% were regular smokers (smoking at least one cigarette a week).

- Teenage conception rates are lower (37.4) than the North East region (38.4) but greater than the England average (30.7 per 1,000).

- Alcohol-related hospital admission rates for children and young people under 18 (116 per 100,000) are higher than the regional and national rate (96.5 and 55.8 per 100,000 population).

- Data from the annual Children and Young People's survey 2011/12 shows that 33.9% of young people who participated in the survey (Year 9 only) always or sometimes drank alcohol. 3.0% of young people responded that they always or sometimes took drugs (Year 9 only).

- 1% of children have tooth decay at age 12 compared to the England average (0.7%).

- During 2012/13, 19.9% of mothers who are smokers at the time of delivery compared to 19.7% regionally and 12.7% nationally.

- Admission rates to hospital due to self-harm for 0-17 year olds in 2011/12 (228 per 100,000) was significantly higher than the England average (116 per 100,000).

- The rate of children and young people (aged 0-17) in receipt of Disability Living Allowance is higher in County Durham (44.6) than regionally (36.7) and nationally (31.4 per 1000 population).

Nationally:

- Around 10% of children and young people suffer from a mental health disorder that requires intervention.

Strategic Actions – How we will work together

Reduced Childhood Obesity

- Improve support to families with children who are obese or overweight.
- Improve support to women to start and continue to breastfeed their babies.

Reduced levels of tobacco related ill health

- Provide and develop a range of interventions to reduce the availability of age restricted products (e.g. tobacco and alcohol) to children and young people.
- Evaluate the 'baby clear' initiative (a North East project that aims to increase the uptake of stop smoking services for pregnant women).
- Develop a process to implement and measure exposure of children to second hand smoke in line with the Smoke Free Families initiative.

Improved early intervention services for children and young people

- Continue to improve the emotional wellbeing of children and young people and provide effective, high quality mental health services to those who need it.
- 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.
- Ensure One Point Service is effective in coordinating the provision of early help to families identified with additional needs.
- Work together to reduce incidents of self-harm by young people.
- Carry out a strategic review of commissioning arrangements for children with a disability and their families.
- As part of Special Education Needs and Disability (SEND) reforms, implement birth to 25 Education, Health and Care (EHC) assessments for children with special educational needs.
- Provide training to professionals and develop a range of marketing materials to raise their awareness of young carer needs.
- Work in partnership to increase awareness and provide education to young people and their parents on the risks of alcohol and ensure that adequate control on the sale of alcohol is in place and effective treatment services are available.
- Implement the Unintentional Injuries Strategy to reduce accidental injuries in children and young people.

What are the outcomes / measures of success?

- Breastfeeding initiation.
- Prevalence of breastfeeding at 6-8 weeks from birth.
- Percentage of children in reception with height and weight recorded who have excess weight.
- Percentage of children in year 6 with height and weight recorded who have excess weight
- Children and young people's participation in out of school sport (Year 6 / Year 9).
- Percentage of children and young people who report that they are happy (Year 6 / Year 9).
- Percentage of children and young people who report that they feel lonely (Year 6 / 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 / take drugs (Year 9).
- Number of young people in Tier 3 treatment for drugs and alcohol with 4Real.
- Alcohol specific hospital admissions for under 18's.
- Percentage of exits from young person's treatment that are planned discharges.
- Under 16 / under 18 conception rate.
- Percentage of mothers smoking at time of delivery.
- Number of pregnant women accessing stop smoking support.
- Infant mortality rate.
- Stillbirth and neonatal mortality rate.
- Emotional and behavioural health of Looked After Children.
- Emergency admissions for children with lower respiratory tract infection.
- Young people aged under 18 admitted to hospital as a result of self-harm.

Case Study

A group of girls were identified by One Point as being vulnerable due to their risk-taking behaviour and alcohol use. They were offered to attend a session once a week, to address these issues and work on developing their self-esteem, personal safety, sexual health & contraceptive awareness, and decrease risk-taking behaviour. An 8 week programme was developed, and with support, the girls developed action plans on how they would increase their physical, sexual and mental safety and improve their emotional health.

The majority of the group are now on contraception and have safety code words that the whole group know. They have the confidence to say no and understand that they deserve to be respected and safe when engaging in sexual activities. They are aware of sexual health myths and understand the importance of condoms in regards to sexually transmitted infections.

The girls no longer drink on the streets, and the majority tell parents where they are and if they are drinking. This demonstrates that they are taking responsibility for their actions, and managing their risk-taking behaviour.

These changes helped in achieving increased confidence, self-esteem and safety. The young people have a basic first aid certificate and knowledge of what to do if their peers need medical advice.

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?

- Excessive winter deaths have decreased in County Durham and are similar to the national rate.
- Mortality rates from the major causes of death have fallen significantly over time in County Durham, in many cases faster

Areas of development

- Mortality rates (death per 100,000 population) in County Durham are significantly higher than those nationally.
- Successful completions as a percentage of total number in drug treatment for opiates and non-opiates are well below target.
- Four week smoking quitters is below target and has decreased from the same period of the previous year.
- Cancer contributes significantly to the gap in life expectancy between County Durham and England.
- Between 2009/11, the rate of deaths from cancer (119.2 per 100,000) for under 75 year olds is higher than England (108.1 per 100,000 population).
- More adults are obese in County Durham than the England average.
- Smoking related deaths are significantly higher in County Durham than the England average.

EVIDENCE FROM JOINT STRATEGIC NEEDS ASSESSMENT

In County Durham:

- Life expectancy is improving for both males (77.5) and females (81.4), but is still behind the England average (78.9 for males), (82.9 for females).
- Mortality rates from the major causes of death e.g. cardiovascular (heart) disease, strokes and cancer have fallen, in many cases faster than nationally, but remain significantly worse than the England average.
- Males born in the most affluent areas will live 8.2 years longer than those born in the most deprived areas and females born in the most affluent areas will live 6.7 years longer than those born in the most deprived areas.
- The percentage of people with long term conditions, for example, Diabetes, Coronary Heart Disease, and stroke is higher than the England average.
- Cancer contributes significantly to the gap in life expectancy between County Durham and England and as such is a priority area for action locally.
- Adult obesity is increasing, with 28.6% of the adult population now classified as obese, compared to the England average (24.2%).
- Smoking is the biggest single contributor to the shorter life expectancy experienced locally and contributes substantially to the cancer burden. Between 2008 and 2010 cardiovascular disease (CVD) and cancer accounted for 65% of early or premature deaths in County Durham.
- Alcohol specific admissions to hospital rates for men and women are higher than the England average.
- Between 2008 and 2011 there was an average of 297 additional deaths each winter than would be expected from the rate of death in the non-winter months. This was not significantly different to the England average.
- Concerns by offenders relating to anxiety/stress increased from 23.1% in 2008 to 30.1% in 2011 and concerns about depression from 24.1% in 2008 to 29.9% in 2011.

Strategic Actions – How we will work together

Reduced mortality from cancers and circulatory diseases

- 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.
- Work with Clinical Commissioning Groups to ensure targeted 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.
- Develop a comprehensive partnership approach to wider tobacco control actions to reduce exposure to second hand smoke, help people to stop smoking, reduce availability (including illicit trade), reduce promotion of tobacco, engage in media and education and support tighter regulation on tobacco.
- Work together to reduce the health inequalities between Gypsies and Travellers and the general population.
- Reduce the inequalities between people with learning disabilities and the general population.
- 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.
- 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.
- Work together to address the health and social needs of vulnerable people who come into contact with the Criminal Justice System.
- Develop an integrated and holistic wellbeing service to improve health and wellbeing and tackle health inequalities in County Durham.

Reduced levels of alcohol and drug related ill health

- Work together to reduce the number of people who misuse alcohol.
- Implement the Drugs Strategy to prevent harm, restrict supply and sustain a future for individuals to live a drug free and healthy life, whilst minimising the impact of drugs on communities and families.

Reduced obesity levels

- 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.

Reduced excess winter deaths

- 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?

- Mortality rate from all causes for persons aged under 75 years.
- Mortality rate from all cardiovascular diseases (including heart disease and stroke) for persons aged under 75 years.
- Mortality rate that is considered preventable from all cardiovascular diseases (including heart disease and stroke) for persons aged under 75 years.
- Mortality rate from all cancers for persons aged under 75 years.
- Mortality rate that is considered preventable from all cancers for persons aged under 75 years.
- Slope Index of Inequality (Males / Females).
- Percentage of eligible people who receive an NHS health check.
- Mortality rate from liver disease for persons aged under 75 years.
- Mortality rate that is considered preventable from liver disease for persons aged under 75 years.
- Mortality rate from respiratory diseases for persons aged under 75 years.
- Mortality rate that is considered preventable from respiratory diseases for persons aged under 75 years.
- Percentage of patients receiving first definitive treatment for cancer within 31 days from diagnosis.
- Percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer.
- Male / female life expectancy at birth.
- Successful completions as a percentage of total number in drug treatment – Opiates / Non Opiates.
- Alcohol-related admissions to hospital.
- Successful completions as a percentage of total number in treatment – Alcohol.
- Four week smoking quitters.
- Estimated smoking prevalence of persons aged 18 and over.
- Proportion of physically active / inactive adults.
- Excess weight in adults.
- Percentage of women in a population eligible for breast /cervical screening at a given point in time who were screened adequately within a specified period.
- Percentage of people eligible for bowel screening who were screened adequately within a specified period.
- Excess winter deaths.

Case Study

Two men accessed a Check4Life (C4L) Health Check at a Health@Work Event. Their Mini MOT's highlighted high blood pressure and BMI's greater than 30.

Both men were eligible for a full health check to understand what their overall Cardio Vascular Disease (CVD) risk would be. Although their CVD risk score was low, they understood their relative risk would increase over the next 5 years if they did not make lifestyles changes. They decided to make these changes together, by losing weight, eating healthier, exercising and cutting down on alcohol.

Both men claimed that without the Mini MOT and NHS Health Check, and regular advice and support from the Check4Life Health Advisors, they would have not imagined being able to make these lifestyle changes.

What you told us

- The needs of Gypsies and Travellers should be addressed in the strategy.
- People with learning disabilities identified oral health, sexual health and self-harm as key issues for them.
- High risk/prolific offenders have assessments in place however we need to look at developing an assessment for lower level offenders
  (Health and Wellbeing Board Engagement Event October 2013).

Strategic Objective 3: Improve 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 on 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, including a new duty for carers and children who are likely to need support after their 18th birthday.

- The Care Bill creates statutory principles which mean that whenever a local authority makes a decision about an adult, they must promote that adult's wellbeing.

EVIDENCE FROM JOINT STRATEGIC NEEDS ASSESSMENT

In County Durham:

- There has been a 24% increase in the number of older carers aged 75+ who receive either a social care or information and advice service between 2009/10 (784) and 2012/13 (969).

- Projections indicate that the number of older people with dementia will almost double between 2011 and 2030 which presents a significant challenge to health and social care services (source: Projecting Older People Population Information).

- There has continued to be an increase in the number of older people who are offered the choice and control to purchase their own care and support services through self-directed support. In 2012/13 in County Durham 8,287 older people were in receipt of personal budgets/direct payments, this is an increase of 20.1% when compared to 2010/11 figures.

- The percentage of people with long term conditions, for example, Diabetes, Coronary Heart Disease, and stroke is higher than the England average.

- In County Durham, between 1st April 2012 and 31st March 2013, there were 1,351 referrals to the Reablement Service. 60.3% of those referred completed the reablement period without the need for ongoing care, whilst 20.9% completed with a reduced care package.

- In 2012/13 there were 284 adults with autism aged 18-64 years in County Durham an 8% increase on 2011/12 (263) figures.

What is going well?

- Proportion of people who use services and who state that they have control over their daily life is well above target (based on local data).
- Admissions to residential or nursing care have decreased and exceeded targets.
- Percentage of people with no ongoing care needs following completion of provision of a reablement package has increased and exceeded the target.
- There has been an increase in the number of older carers who receive either social care or information and advice.
- An increase of older people who are in receipt of personal budgets

Areas of development

- The prevalence of long term conditions, for example, diabetes, coronary heart disease, stroke and lung disease is higher than the England average.

What you told us

The Adult Social Care Survey is sent to a random sample of service users in receipt of social care services who have had an assessment or review in the previous month. Results of the survey in 2012/13 show:

- 95.6% of older people and 93.2% of people with learning disabilities reported that the help and support they received helped them to have a better quality of life.

A main theme from the Health and Wellbeing Board consultation event has been the need for early intervention / prevention with more focus on utilising the voluntary sector e.g. to combat loneliness of older people.

Strategic Actions – How we will work together

Adult care services are commissioned for those people most in need

- Ensure the needs of carers are considered by implementing the Care Bill and increasing the number of carers assessments offered.
- Reduce inappropriate admissions to care homes.

Increased choice and control through a range of personalised services

- 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.

Improved independence and rehabilitation

- Work together to support people who have dementia to live in their own home for as long as possible.
- 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.
- 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.
- Provide safe, high quality 7 day integrated services across the health and social care economy.

Continuity of joint commissioning services with partners

- Carry out a review of preventative services and develop new services to meet gaps in provision.
- Work together to ensure a more localised approach to enable Clinical Commissioning Groups to set priorities based on local evidence.

What are the outcomes / measures of success?

- Percentage of carers assessments as a proportion of all social care assessments.
- Percentage of carers (all service user types) receiving a specific carers service as a percentage of service users receiving community based services.
- Carer reported quality of life.
- Overall satisfaction of carers with social services.
- Percentage of carers who feel they have been involved or consulted as much as they wanted to be about the support or services provided to the person they care for.
- Estimated diagnosis rate for people with dementia.
- Percentage of service users reporting that the help and support they receive has made their quality of life better.
- Proportion of people who use services who have control over their daily life.
- Proportion of people using social care who receive self-directed support.
- Adults aged 18-64 / 65+ admitted on a permanent basis in the year to residential or nursing care.
- Proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services.
- Percentage of people who have no ongoing care needs following completion of provision of a reablement package.
- Emergency readmissions within 30 days of discharge from hospital.
- Delayed transfers of care from hospital.
- Delayed transfers of care from hospital which are attributable to adult social care.
- Falls and injuries in the over 65s.
- Hip fractures in the over 65s.
- Proportion of adults with learning disabilities who live in their own home or with their family.
- Proportion of adults in contact with secondary mental health services living independently, with or without support.
- Proportion of people feeling supported to manage their condition.
- Avoidable emergency admissions.

Case Study

An elderly year old man who lives alone has dementia. His family lives several hundred miles away and would worry that he had gone out and had forgotten how to get home, and became particularly concerned if he didn't answer the phone. He was provided with a 'buddi' device to wear, which enables his movements to be tracked via satellite. With his permission, his family is allowed to log onto a secure website and check his whereabouts. The family is now re-assured, whilst the man himself feels more confident that he can continue to live at home.

Strategic Objective 4: Improve the mental and physical 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. Rates of mental health illnesses, for example depression, are projected to significantly increase by 2030.

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 have been developed and implemented.
- Social prescribing option available.
- Development of Public Mental Health Strategy incorporating Suicide Prevention.

Areas of development
- Self-harm and suicide rates in County Durham are significantly higher than the national rates.
- Excess under 75 mortality rates in adults with serious mental illness has decreased in County Durham but is significantly higher than the national rate.

EVIDENCE FROM JOINT STRATEGIC NEEDS ASSESSMENT

In County Durham:
- The number of referrals for Adult Mental Health Professional (AMHP) assessments for adults with mental health needs increased by 30.0%, when comparing 2009/10 figures with 2012/13.
- The number of adults assessed with mental health needs has increased by 31.3% between 2009/10 and 2012/13.
- Between 2009 and 2011, suicide rates were significantly higher (11.5) than the England average (7.9) per 100,000 population.
- There are over 4,400 people in County Durham registered with GP's with a diagnosis of mental illness.
- Older prisoners are at a greater risk of becoming isolated within the prison environment and are less likely to have social support, with a greater risk of developing mental health difficulties.

Nationally:
- Estimates suggest that 1 in 4 adults will experience mental health problems at any one time.
- Life expectancy is on average 10 years lower for people with mental health problems due to poor physical health. People with a severe mental illness are:
  - 5 times as likely to suffer from diabetes.
  - 4 times as likely to die from cardiovascular or respiratory disease.
  - 8 times likely to suffer Hepatitis C.
  - 15 times likely to be HIV positive.
- Over half (52%) of the ex-service community report having a long-term illness or disability, compared with 35% in the general population.
- There is an increased risk of suicide among recently released prisoners in England and Wales. The greatest risk is identified in those people aged 50 years and over.

What you told us

- There are links between social isolation and rurality.
- Mental health was highlighted as a cross cutting theme e.g. those with heart problems often suffer with depression.
- Workplace mental health is important to ensure that people can work longer.
- Mental Health issues for homeless people need to be considered.
- Support for ex-service personnel should also include reservists and the families of ex-service personnel.
  (Health and Wellbeing Board Engagement Event October 2013)

Strategic Actions – How we will work together

Maximised independence

- Develop and implement programmes to increase resilience and wellbeing through practical support on healthy lifestyles.
- Work together to find ways that will support the armed services community 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.
- Continue to improve access to psychological therapies.

Increased social inclusion

- 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).
- Work with the voluntary and community sector to develop opportunities for early identification of those people at risk of social isolation.

Reduced suicides

- Implement the multi-agency Mental Health and Suicide Prevention Strategy for County Durham.

Increased physical activity and participation in sport and leisure

- Provide a wide range of physical activity opportunities across County Durham to support more active lifestyles.

What are the outcomes / measures of success?

- Self-reported well-being - people with a low satisfaction / worthwhile / happiness / high anxiety score.
- Gap between the employment rate for those with a long term health conditions and the overall employment rate.
- Proportion of adults in contact with secondary mental health services in paid employment.
- Suicide rate.
- Hospital admissions as a result of self-harm.
- Excess under 75 mortality rate in adults with serious mental illness.
- Percentage of service users reporting that care and support services help in having social contact with people.
- Percentage of service users who have as much/adequate social contact with people as they like.
- Patient experience of community mental health services.

Case Study

T has been accessing the Colour Your Life Studio sessions through the Arts on Prescription service. T suffered long-term depression and takes various medications for her health. T has been out of work for a number of years to look after her children, as well as being a carer and volunteer. T is looking at going back to work but feels she needs take 'baby' steps to get to that point. Attending the Colour Your Life Studio sessions, being creative and having some social interaction outside of the family home are all positive things for T to focus on. T has found the social interaction a great confidence builder, and has really enjoyed learning with others and having input from a professional artist which has given her lots to think about. Some of the group now meet at T's house to support each other outside of the sessions.

"The course has vastly improved my confidence in my ability to achieve", I felt extremely nervous in my first session; coming into a group of mixed abilities. However, I now feel that there have been lots of benefits in the interactions with others, the work we have done and the ideas we have shared."

Strategic Objective 5: Protect vulnerable people from harm

Why is this a Strategic Objective?

- All adults should be able to live free from fear and harm and have their rights and choices respected. Safeguarding adults 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 children and young people are kept safe and feel safe at all times, no matter what their background.

What is going well?

- Repeat incidents of domestic violence have decreased and are well within target.
- The proportion of people who use services who say that those services have made them feel safe and secure is well above target (based on local data).

Areas of development

The Transformation of Children's Social Care Services aims to reduce the number of children in need which has increased by 38% in the last 3 years.

EVIDENCE FROM JOINT STRATEGIC NEEDS ASSESSMENT

In County Durham:

- Domestic abuse features in almost half of all Initial Child Protection conferences and continues to be the most common factor across all localities.
- Children in need referrals in 2012/13 show that abuse/neglect is the most significant type of primary need recorded.
- The number of safeguarding adults referrals for older people have increased by 0.6% when comparing figures for 2011/12 (2,197) to 2012/13 (2,210).
- In 2012/13 the majority of safeguarding referrals for alleged abuse refer to incidents that have occurred in care homes and at the service user's home address.
- Safeguarding adults referrals in 2012/13 show that physical abuse was the main type of adult abuse recorded.

What you told us

- 91% of adult social care users said that services have made them feel safe and secure compared to a North East average of 80% and England average of 78% (Adult Social Care Survey).

- A report in 2012 by the Victim's Services Advocate found that victims of domestic abuse felt that they were not always taken seriously, especially if there were no signs of physical abuse. The first response was also considered to be the most important in terms of influencing outcomes relating to engagement with criminal justice processes, referrals for holistic needs assessment and subsequent development of appropriate pathways of support.

- We need to address what causes domestic abuse in the first place - more of a focus on preventative work (Health and Wellbeing Board Engagement Event October 2013).

Strategic Actions – How we will work together

Improve the safety of victims and reduce repeat incidents of domestic abuse

- Work together to provide support to victims of domestic abuse from partners or members of the family.

Safeguarding children and adults whose circumstances make them vulnerable and protect them from avoidable harm

- Work in partnership to identify signs of family vulnerability and to offer support earlier.
- 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 reporting procedures.

What are the outcomes / measures of success?

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

Case Study

A young man who receives care services told his social worker that a relative had been taking his money. His social worker made a safeguarding referral to Durham County Council. A safeguarding meeting was held which involved the social worker and the police. As a result, the relative was interviewed by the police and he agreed to repay all of the money. At the young man's request, his relative no longer visits him.

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 able to have a good experience in their preferred place of death, be that hospital, hospice or home. (County Durham the End of Life Care vision).

What is going well?

- County Durham has higher numbers of people at the end of their life dying in their usual place of residence compared to the national figures.
- Approximately 850 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.
- Lack of integrated pathways.

What you told us

- Ensure people are treated with dignity.
- End of life pathways need to be more joined up e.g. GPs, residential homes and the voluntary sector
  (Health and Wellbeing Board Engagement Event, October 2013).

EVIDENCE FROM JOINT STRATEGIC NEEDS ASSESSMENT

- The National End of Life Care Strategy aims for all adults to receive high quality end of life care regardless of age, condition, diagnosis, ethnicity or place of care.

- One indication of end of life care is whether or not a person achieves a death in their place of choice. According to research carried out by Dying Matters, around 70% of people nationally would prefer to die at home or their place of residence.

In County Durham:

- Around 5,300 people die each year from all causes; around two thirds of these are aged over 75 years (similar to the national experience).

- The 2012 National End of Life Care profile for County Durham states that for the period 2008-2010:
  - 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.

- Between 2008 and 2010 in County Durham:
  - 29% of all deaths (4580) were from CVD.
  - 29% of all deaths (4531) were from cancer.
  - 28% of all deaths (4392) were from other causes.
  - 15% of all deaths were from respiratory diseases.

Strategic Actions – How we will work together

Improved End of Life Pathway

- 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?

- Proportion of deaths in usual place of residence.

- Percentage of hospital admissions ending in death (terminal admissions) that are emergencies.

Case Study

A lady wanted to be admitted to a residential care home from hospital for end of life care, as she wanted to be with friends who were also residing at this care home. Her family lived out of the area. The lady's social worker liaised with the family and explained her wishes. As a result, she moved into the care home which she had chosen. Following her death, the family were very grateful for the care and support she received and thanked the council for helping to carry out her last wish.

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:

- 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 Health and Wellbeing Board will hold NHS and social care organisations to account through the Strategy.

Copies of performance reports, agendas and minutes from previous Health and Wellbeing Board meetings can be found on the Health and Wellbeing Board committee webpage.

9. Appendices

Appendix 1 Membership of the Health & Wellbeing Board
Appendix 2 Other strategies that link to the Joint Health and Wellbeing Strategy
Appendix 3 Abbreviations / Glossary of Terms

Appendix 1 – Membership of the Health & Wellbeing Board

COUNCILLOR LUCY HOVVELS
Chair of Health & Wellbeing Board
Member Portfolio Holder (Safer & Healthier Communities) – Durham County Council

DR. STEWART FINDLAY
Vice Chair of Health & Wellbeing Board
Chief Clinical Officer - Durham Dales, Easington and Sedgefield
Clinical Commissioning Group

RACHAEL SHIMMIN
Corporate Director - Children & Adults Services – Durham County Council

ANNA LYNCH
Director of Public Health – Children & Adults Services – Durham County Council

ALAN FOSTER
Chief Executive – North Tees & Hartlepool NHS Foundation Trust

COUNCILLOR OSSIE JOHNSON
Member Portfolio Holder (Children & Young People's Services) – Durham County Council

JOSEPH CHANDY
Director of Performance and Information – Durham Dales,
Easington & Sedgefield Clinical Commissioning Group

DR. KATE BIDWELL
Clinical Chair – North Durham Clinical Commissioning Group

NICOLA BAILEY
Chief Operating Officer – North Durham Clinical Commissioning Group

CAROL HARRIES
Director of Corporate Affairs – City Hospitals Sunderland

SUE JACQUES
Chief Executive – County Durham & Darlington NHS Foundation Trust

MARTIN BARKLEY
Chief Executive – Tees Esk & Wear Valley NHS Foundation Trust (TEWV**)**

COUNCILLOR MORRIS NICHOLLS
Member Portfolio Holder (Adult Services) – Durham County Council

JOHN BEDLINGTON
Chair – Healthwatch County Durham

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

Overarching

- Sustainable Community Strategy
- Council Plan
- Clinical Commissioning Groups Clear and Credible Plans
- NHS Acute Trust Quality Accounts

Objective 1

- Children, Young People and Families Plan
- Early Help Strategy
- Early Years Strategy
- Disabled Children's Charter
- TEWV Transformation of children and young people services Plan
- Think Family Strategy
- Teenage Pregnancy Strategy, 2010

Objective 2

- Physical Activity Strategy
- Health Improvement Plan
- Healthy Weight Strategy
- Food and Nutrition Plan
- Tobacco Alliance Action Plan
- Drugs Strategy
- Alcohol Harm Reduction Strategy 2013
- Alcohol Needs Assessment
- Gypsy and Traveller Health Needs Assessment
- Dual Diagnosis Strategy
- Intermediate Care Strategy

Objective 3

- National Dementia Strategy
- Older Persons Accommodation and Support Services Strategy 2010-2015

Objective 4

- Public Mental Health Strategy
- Resilience Strategy

Objective 5

- Safe Durham Partnership Plan
- Domestic Abuse and Sexual Violence Strategy
- Perpetrator Strategy
- Health Needs Assessment of Offenders, 2011

Objective 6

- National Pensioners Convention's Dignity Code

Appendix 3 - Abbreviations / Glossary of Terms

Autism	Autism is a condition which is characterised by impaired social and communication skills.
Asset Based Approach	Using the skills and knowledge of individuals within a community, rather than focusing on the problems within a community. This approach aims to empower individuals.
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.
County Durham Plan	Sets out information about new developments planned in the county, where these will take place and how they will be managed.
Cross Cutting Issues	Cross Cutting issues: Issues which impact upon or require action from multiple teams, services or areas.
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.
Demographics	The statistical data of a population.
Deprived areas	Having different aspects to a problem, encompassing a range of issues e.g. financial, wealth, education, services or crime.
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.
Disabled Children's Charter	A formal document which the HWB signs to demonstrate its commitment to improving the quality of life and outcomes experienced by disabled children, young people and their families, including children and young people with special educational needs and health conditions.
Domestic violence/abuse	Violence toward or physical abuse of one's spouse or domestic partner.
Ex services community	People who have previously been in the armed forces e.g. Army.
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 & 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.
Healthy Weight Alliance	A formal agreement to develop and improve partnerships that are committed to leading County Durham area residents to reduce the prevalence of obesity through the implementation of evidence based programs that improve health and healthy behaviours.
Incidence	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 & 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)	The 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/CLA	Looked after children (or children looked after) – 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 e.g. diabetes, chronic obstructive pulmonary disease (COPD), dementia, high blood pressure.
National dementia declaration	Explains the challenges presented to society by dementia and some of the outcomes that are being sought for people with dementia and their carers.
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.
Quality Accounts	A report about the quality of services provided by an NHS healthcare service.

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.
Reservists	A military reserve member e.g. Territorial Army.
Respiratory disease	Disease of the respiratory system which supplies oxygen to and removes carbon dioxide from the body.
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 Impairment	Includes visual (blind and partially sighted), hearing (profoundly deaf, deafened and hard of hearing), and dual (deaf/blindness) loss or damage.
Stakeholders	Interested parties or those who must be involved in a service/project or activity.
Ex-military	A person who has served in the military services.
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).

10. Contact Details

If you have any questions or comments about this document please email:

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Please ask us if you would like this document summarised in another language or format.

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