

## Health and Wellbeing Board

5 March 2014

### Review of Joint Health and Wellbeing Strategy 2014-17



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#### **Purpose of the Report**

1. The purpose of this report is to present the review of the Joint Health and Wellbeing Strategy (JHWS) 2014-17 for agreement.

#### **Background**

2. Consultation took place between October 2013 and February 2014 on the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS) and has included service users, patients, members of the public, voluntary and community organisations, public health, the local authority, Area Action Partnerships and NHS colleagues. The consultation closed on 11<sup>th</sup> February 2014.
3. The Health and Wellbeing Board received a presentation of the summary of the key messages from the JSNA and also noted the draft JHWS document at their development session on 21<sup>st</sup> January 2014.
4. The JHWS is informed by the JSNA which provides an overview of health and wellbeing needs of the local population. The key messages from the JSNA 2013 are shown in Appendix 2.

#### **Development of the review JHWS**

5. Work has progressed in developing a final version of the JHWS 2014-17 attached as Appendix 3. This has included analysing consultation responses to support the development of additional strategic actions and mapping the Better Care Fund (BCF) work programmes against the strategic actions in the JHWS to ensure that the work on integration and transformation is fully reflected.

6. The following 7 work programmes are included in the County Durham Better Care Fund plan and have influenced the review of the JHWS:
- **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
7. Work has also taken place to consider the NHS England Planning Guidance and align the Clinical Commissioning Group Commissioning Intentions to the JHWS, where appropriate.
8. The vision for the JHWS has been re-affirmed as **“Improve the health and wellbeing of the people of County Durham and reduce health inequalities”**. This vision has also been adopted as the overarching vision for the BCF in Durham.

### **Strategic Objectives and Outcomes Framework**

9. A Strategic Objectives and Outcomes Framework has been agreed by the Health and Wellbeing Board. This framework has been included in the review of the JHWS as follows:
- **Strategic Objective 1: Children and young people make healthy choices and have the best start in life**
    - i. Reduced childhood obesity
    - ii. Reduced levels of tobacco related ill health
    - iii. Improved early intervention services for children and young people

- **Strategic Objective 2: Reduce health inequalities and early deaths**
  - i. Reduced mortality from cancers and circulatory diseases
  - ii. Reduced levels of alcohol and drug related ill health
  - iii. Reduced obesity levels
  - iv. Reduced excess winter deaths
  
- **Strategic Objective 3: Improve quality of life, independence and care and support for people with long term conditions**
  - i. Adult care services are commissioned for those people most in need
  - ii. Increased choice and control through a range of personalised services
  - iii. Improved independence and rehabilitation
  - iv. Continuity of joint commissioning services with partners
  
- **\*Strategic Objective 4: Improve the mental and physical wellbeing of the population**
  - i. Maximised independence
  - ii. Increased social inclusion
  - iii. Reduced suicides
  - iv. **\*\*Increased physical activity & participation in sport & leisure**

\* This new wording reflects feedback relating to the importance of physical wellbeing and the links between physical and mental wellbeing.

\*\* New outcome.

- **Strategic Objective 5: Protect vulnerable people from harm**
  - i. Improve the safety of victims and reduce repeat incidents of domestic abuse
  - ii. Safeguarding children and adults whose circumstances make them vulnerable and protect them from avoidable harm
  
- **Strategic Objective 6: Support people to die in the place of their choice with the care and support that they need**
  - i. Improved end of life pathway

10. As part of the consultation, further feedback has been received in relation to the wording of strategic objective 4: "Improve the mental health and wellbeing of the population". It is recommended that this objective is reworded to "**Improve the mental and physical wellbeing of the population**" to reflect the importance of physical as well as mental wellbeing for prevention, for example, physical exercise as a factor of wellbeing.

11. In addition, a further outcome of “Increased physical activity & participation in sport & leisure” is recommended to support the rewording of strategic objective 4.

### **Strategic Actions**

12. The JHWS includes a number of Strategic Actions that identify the key areas of work which the Health and Wellbeing Board will focus on, linked to objectives and outcomes.
13. Feedback on the strategic actions has been positive, however, there have been a number of gaps identified which have led to additional strategic actions since the first JHWS was published. New strategic actions are shown in Appendix 4.

### **JHWS Delivery Plan**

14. More detailed actions outlining the work taking place to achieve the Strategic Actions will be included in the JHWS Delivery Plan. This will include target dates for when actions will be achieved. This will be presented to the Health and Wellbeing Board for agreement on 3rd July 2014.

### **Commitments by the Health and Wellbeing Board**

15. There are a number of areas of national development that influence the work of the Health and Wellbeing Board. 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.
16. As part of the review of the JHWS, the HWB is asked to sign up to The National Pensioners Convention’s Dignity Code and use it to influence its work. The Dignity Code has been created to uphold the rights and maintain the personal dignity of older people, within the context of ensuring the health, safety and wellbeing of those who are increasingly less able to care for themselves or to properly conduct their affairs.

17. The HWB is requested to sign up to the Dignity Code (attached as Appendix 5). If agreed, a letter will be sent to the National Pensioners Convention from the Chair of the HWB.

### **JHWS Performance Management arrangements**

18. Performance Indicators to be included in the JHWS were agreed at the Health and Wellbeing Board development meeting on 21<sup>st</sup> January 2014. Since then the following indicators have been added to reflect full coverage of the Better Care Fund and people's experiences of community mental health services:
  - Avoidable emergency admissions
  - Patient experience of community mental health services
19. Further work will take place to ensure that the CCG Quality Premium Indicator is included in the JHWS Delivery Plan.
20. Targets will be presented for agreement to the Health and Wellbeing Board as part of the JHWS Delivery Plan on 3<sup>rd</sup> July 2014.

### **Timeline for the development of the JHWS**

21. The Health and Wellbeing Board is requested to note the following key dates for the development of the review of the JHWS 2014 – 2017:
  - HWB receive review of JHWS for agreement – **5th March 2014**
  - North Durham CCG Governing Body receive report in relation to JSNA 2013 key messages and review of JHWS – **26<sup>th</sup> March 2014**
  - Durham Dales, Easington & Sedgefield CCG Governing Body receive report in relation to JSNA 2013 key messages and review of JHWS – **8<sup>th</sup> April 2014**
  - Cabinet receives report on JSNA/JHWS – **16<sup>th</sup> April 2014**
  - JHWS published on partner websites – **week commencing 21<sup>st</sup> April 2014**
  - JHWS Delivery Plan presented to HWB for agreement – **3<sup>rd</sup> July 2014**

## **Recommendations**

22. The Health and Wellbeing Board is requested to:

- Agree the change to Strategic Objective 4 and the additional outcome to support this objective (paragraphs 10 and 11)
- Agree the JHWS 2014/17
- sign up to the National Pensioners Convention's Dignity Code (paragraph 17)

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**Background papers:** (As appropriate)

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## **Appendix 1: Implications**

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**Finance** - The demographic profile of the County in terms of both an ageing and projected increase in population will present future budget pressures to the County Council and NHS partners for the commissioning of health and social care services.

**Staffing** - No direct implications.

**Risk** - No direct implications.

**Equality and Diversity / Public Sector Equality Duty** – An Equality Impact Assessment has been completed for the Joint Health and Wellbeing Strategy (JHWS) and is available on Durham County Council's website.

**Accommodation** - No direct implications.

**Crime and Disorder** – No direct implications

**Human Rights** - No direct implications.

**Consultation** - Engagement events have taken place as part of the review of the JSNA/JHWS.

**Procurement** - The Health and Social Care Act 2012 outlines that commissioners should take regard of the JSNA and JHWS when exercising their functions in relation to the commissioning of health and social care services.

**Disability Issues** – Issues in relation to disability have been considered throughout the development of the JHWS.

**Legal Implications** - The Health and Social Care Act 2012 places clear duties on local authorities and Clinical Commissioning Groups (CCGs) to prepare a JHWS. The local authority must publish the JHWS. The Health and Wellbeing Board lead the development of the JHWS.

## Appendix 2

### JSNA Key Messages

#### Demographics

- Projections indicate that the county's population will have increased by approximately 9.3% from 513,200 to 560,700 people from 2011 to 2030.
- The 65+ population will increase by 49%, from 92,300 to 138,400 people from 2011 to 2030.
- Of the total population, the 85+ age group is predicted to increase from 2.1% in 2011 to 3.9%, doubling in terms of numbers from 11,000 to 22,000 from 2011 to 2030.

#### Health

- 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) from 2011 to 2030.
- The number of women who start to breastfeed (58.5%) continues to rise but remains lower than the England average (73.9%).
- Obesity prevalence in age 10-11 year olds (21.6%) is higher than the England average (19%).
- 28.6% of the adult population are now classified as obese, compared to the England average (24.2%).
- The prevalence of long term conditions (for example, diabetes, coronary heart disease and chronic obstructive pulmonary disease) is higher than the England average, as shown below:
  - Diabetes prevalence in County Durham (6.5%) is higher than the England average (5.8%).
  - Coronary Heart Disease (CHD) prevalence in County Durham (5%) is higher than the England average (3.4%).
  - COPD prevalence in County Durham (2.6%) is higher than the England average (1.7%).
- 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).
- Hospital admissions for substance misuse in 15-24 year olds was 105.6 for 2009-12, per 100,000 population. The national rate was 69.4.
- In 2010 to 2011, 185.72 per 10,000 children in County Durham were admitted to hospital for unintentional injuries. This was high when compared to 169.71/10,000 in the North East and 124.27/10,000 in England.
- During 2012/13, 19.9% of mothers were smoking at the time of delivery compared to 19.7% regionally and 12.7% nationally.
- Between 2009 and 2011, suicide rates were significantly higher (11.5) than England (7.9) per 100,000 population.



- Durham Tees Valley (DTV) Probation Trust research includes two Health Needs Assessments (HNA) in 2008 and 2011. The 2011 HNA found that offenders need support with four main issues:
  - mental health (depression, stress, anxiety)
  - smoking
  - dental issues
  - anger management.
- Across DTV Probation Trust, concerns regarding mental health increased in 2011, anxiety/stress increasing from 23.1% in 2008 to 30.1% in 2011 and depression increasing from 24.1% in 2008 to 29.9% in 2011
- Gypsy, Roma Travellers (GRT) are over four times more likely to die between the ages of 55 and 74 years than the population as a whole.
- Suicide rates amongst GRT are almost 7 times higher among GRT men compared with men in the general population.
- People with a learning disability have a lower life expectancy than the general population and are more likely to have undiagnosed long term conditions and musculoskeletal problems

## **Social Care**

- The number of people in receipt of adult social care services decreased by 790 from 18,950 in 2011/12 to 18,160 in 2012/13.
- As of 31<sup>st</sup> December 2013, data shows that admission rates to residential care have reduced by 12% from 2011/12 (907 per 100,000) to (773 per 100,000).
- As people are supported in their own homes for longer, the average age of permanent admission for older people into residential care continues to show a steady increase from 85.15 years in 2009/10 to 86.30 years in 2012/13, with the average length of stay also declining over the four year period from 528 days in 2009/10 to 521 in 2012/13 (1.3%).
- There is high performance for people remaining in their own homes 91 days after discharge (88.5%) – which is significantly above the national average of 81%.
- There is continued improvement in the results from reablement – 62% no longer required assistance after completion of the care package, 22.4% received a reduced care package (April – September 2013).
- The percentage of social care service users who have a Personal Budget is 59.5% - above the national average of 55%.
- The number of carers aged 75 and over providing unpaid care is set to increase by 33.6% by 2030 (from 10,624 in 2012 to 14,194 in 2030).

## **Additional key messages identified during the consultation process**

### **Health**

- 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).
- In the UK, there are 770,000 disabled children under the age of 16. That equates to one child in 20. The rate of children and young people (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).
- Young carers are a hidden group who commonly suffer from social isolation and caring can often affect their health, particularly their mental health. Recently published Census results for 2011 show there are 4,201 young carers in County Durham between the ages of 0-24, which represents 3% of the 0-24 population. Further information will be published in relation to benchmarking of Census data in the future.

### **Appendix 3**

Review of County Durham JHWS attached as a separate document

## Appendix 4

### Joint Health and Wellbeing Strategy Strategic Actions

**Strategic Objective 1 – Children and Young People make healthy choices and have the best start in life**

**Outcome: Improved early intervention services for children and young people**

As a result of information identified in the JSNA the following strategic action has been added to the JHWS:

- **Work together to reduce incidents of self-harm by young people**

Work taking place to review the commissioning arrangements for children with disabilities and their families and work in relation to Special Educational Needs and Disabilities (SEND) reforms has informed new strategic actions in the JHWS as follows:

- **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**

Young carers are a hidden group who commonly suffer from social isolation, and caring can often affect their health, particularly their mental health. A key message relating to young carers has been identified in the JSNA and the following strategic action has been added to the JHWS:

- **Provide training to professionals and develop a range of marketing materials to raise their awareness of young carer needs**

As a result of evidence from the JSNA, the following action has been developed that reflects the objectives identified in the Alcohol Harm Reduction Strategy:

- **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**

To pick up on evidence from the JSNA and recognise the work that is underway to implement an unintentional injuries strategy, the following action has been added to the JHWS:

- **Implement the Unintentional Injuries Strategy to reduce accidental injuries in children and young people**

## **Strategic Objective 2 – Reduce health inequalities and early deaths**

### **Outcome: Reduced mortality from cancers and circulatory diseases**

Evidence from the Gypsy, Roma and Traveller (GRT) health needs assessment and key messages in the JSNA has informed the following strategic action to be included in the JHWS:

- **Work together to reduce the health inequalities between Gypsies and Travellers and the general population**

Evidence in the JSNA and feedback from people with learning disabilities (as part of the Health and Wellbeing Board “Big Tent” Engagement Event that took place in October 2013) highlighted health issues for people with learning disabilities, which included diet, smoking, contraception and self-harm. The following new strategic action has been added to the JHWS:

- **Reduce the inequalities between people with learning disabilities and the general population.**

The Dual Diagnosis Strategy for County Durham has identified offenders as one of its priority groups. The following strategic action has been agreed with the North East Offender Health Commissioning Unit which identifies the work that will take place with offenders throughout the Criminal Justice System:

- **Work together to address the health and social needs of vulnerable people who come into contact with the Criminal Justice System**

A transformation of Public Health services is being undertaken to address the root causes of health inequalities. As part of this, a Wellbeing Service (that will take a whole person approach) is being developed in communities.

This will address unhealthy behaviours such as smoking, poor diet, risky alcohol consumption and lack of physical activity. It will also promote positive mental health and raise awareness of the signs and symptoms of common cancers. The following action is proposed for inclusion in the JHWS to reflect this work:

- **Develop an integrated and holistic Wellbeing Service to improve health and wellbeing and tackle health inequalities in County Durham**

### **Outcome: Reduced levels of alcohol and drug related ill health**

To support the evidence in the JSNA and to reflect the work that is taking place in relation to the development of the Drugs Strategy, a strategic action has been added to the JHWS as follows:

- **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**

### **Strategic Objective 3 – Improve the quality of life, independence and care and support for people with long term conditions**

#### **Outcome: Continuity of joint commissioning services with partners**

A main theme from the consultation on the JHWS has been early intervention / prevention. The following strategic action, linked to the local Care Bill Action Plan, has been added to the JHWS:

- **Carry out a review of preventative services and develop new services to meet gaps in provision**

Clinical Commissioning Groups and the local authority are committed to the provision of 7 day services in County Durham as part of the commitment in the Better Care Fund to help aid discharges and prevent re-admissions to hospital. The following action has been developed to reflect this:

- **Provide safe, high quality 7 day integrated services across the health and social care economy.**

The following strategic action has been agreed with CCG's and reflects feedback from Area Action Partnerships that more localised planning is required to address the health and social care needs of communities:

- **Work together to ensure a more localised approach to enable Clinical Commissioning Groups to set priorities based on local evidence.**

## **Strategic Objective 4 – Improve the mental and physical wellbeing of the population**

### **Outcome: Reduced social isolation**

A strong element in feedback was combating social isolation, which is also one of the key work programmes in our Better Care Fund plan. The following strategic action has been added to the JHWS:

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

### **Outcome: Increased physical activity & participation in sport & leisure**

The following action is proposed for inclusion in the JHWS to demonstrate the work taking place to improve the physical wellbeing of the people of County Durham:

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

## National Pensioners Convention Dignity Code

The purpose of this Dignity Code is to uphold the rights and maintain the personal dignity of older people, within the context of ensuring the health, safety and wellbeing of those who are increasingly less able to care for themselves or to properly conduct their affairs.

This Code recognises that certain practices and actions are unacceptable to older people, such as:

- Being abusive or disrespectful in any way, ignoring people or assuming they cannot do things for themselves
- Treating older people as objects or speaking about them in their presence as if they were not there
- Not respecting the need for privacy
- Not informing older people of what is happening in a way that they can understand
- Changing the older person's environment without their permission
- Intervening or performing care without consent
- Using unnecessary medication or restraints
- Failing to take care of an older person's personal appearance
- Not allowing older people to speak for themselves, either directly or through the use of a friend, relative or advocate
- Refusing treatment on the grounds of age

This Code therefore calls for:

- Respect for individuals to make up their own minds, and for their personal wishes as expressed in 'living wills', for implementation when they can no longer express themselves clearly
- Respect for an individual's habits, values, particular cultural background and any needs, linguistic or otherwise
- The use of formal spoken terms of address, unless invited to do otherwise
- Comfort, consideration, inclusion, participation, stimulation and a sense of purpose in all aspects of care
- Care to be adapted to the needs of the individual
- Support for the individual to maintain their hygiene and personal appearance
- Respect for people's homes, living space and privacy
- Concerns to be dealt with thoroughly and the right to complain without fear of retribution
- The provision of advocacy services where appropriate

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