

**Cabinet**

**16 April 2014**



**Joint Strategic Needs Assessment  
2013 and the review of the Joint Health  
& Wellbeing Strategy 2014-2017**

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**Report of Corporate Management Team**

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**Purpose of Report**

1. The purpose of this report is to present Cabinet with the:
  - Key messages from the review of the Joint Strategic Needs Assessment (JSNA) 2013 which is attached at Appendix 2.
  - Revised County Durham Joint Health & Wellbeing Strategy (JHWS) 2014-2017 which is attached at Appendix 3.

**Background**

2. The Health and Social Care Act 2012 places clear duties on local authorities and Clinical Commissioning Groups (CCGs) to prepare a Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy through Health and Wellbeing Boards.
3. The JSNA is used to inform key strategies and plans, for example, the JHWS, Sustainable Community Strategy (SCS), Children, Young People and Families Plan, Clinical Commissioning Group Plans and Durham County Council's Council Plan.
4. Equality Impact Assessments have been undertaken as part of the process for developing the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.
5. Extensive consultation has taken place on the JSNA and JHWS between October 2013 and February 2014 with over 400 people from different backgrounds taking part in the process.

6. A number of public consultation events have taken place including:
  - The “Big Tent” engagement event which included members of the public, patients, service users and carers, the voluntary and community sector and NHS and local government representatives
  - specific events with children and young people (including disabled children) and the parents of disabled children
  - Presentations to all 14 Area Action Partnerships
7. Online consultation also took place through the Durham County Council website, and Children and Young People’s Services and Adults, Wellbeing and Health Overview and Scrutiny Committees were also part of the consultation.
8. The JSNA key messages were received by the Health and Wellbeing Board on 21<sup>st</sup> January 2014 and the JHWS was approved by the Health and Wellbeing Board on 5<sup>th</sup> March 2014.
9. The Joint Health and Wellbeing Strategy has also been received and endorsed by North Durham and Durham Dales, Easington and Sedgefield Clinical Commissioning Groups, through their Governing Body meetings.
10. The Joint Health and Wellbeing Strategy 2014/17 has informed the development of the refreshed Sustainable Community Strategy 2010-30 and is aligned to the “Altogether Healthier” section of the Strategy.

### **Joint Strategic Needs Assessment 2013 and the Annual Report of the Director of Public Health**

11. The JSNA 2013 is the sixth edition produced in County Durham which provides an overview of health and wellbeing needs of the local population.
12. The JSNA 2013 is primarily a web based document, with links provided to instant atlas (an interactive web-based tool).
13. The JSNA has identified a number of key messages. A summary of these key messages, including new key messages added to the JSNA 2013, identified during the consultation process, are provided for information in Appendix 2.
14. A summary document has been produced for the JSNA 2013 which provides a narrative, based around a life course approach (from childhood, to adulthood and into older age) which focuses on health and social care needs including how these link to the wider determinants of health, for example, unemployment and deprivation.
15. Hard copies of the JSNA 2013 summary document and full JSNA document have been made available in the Members’ library. A copy of the JSNA can be accessed using this [link](#).
16. The JSNA 2013 has informed the Annual Report of the Director of Public Health 2012/13 which focuses on tackling health inequalities and proposes the actions that need to be put in place by a range of partner organisations to improve health and reduce health inequalities in County Durham. This is the first annual report produced

under the new NHS arrangements which transferred public health functions to local authorities. Equally the Director of Public Health's report has informed the JHWS.

## **Better Care Fund**

17. In June 2013, the Government announced that it would be allocating £3.8 billion to a pooled budget in 2015/16, initially called the Integration Transformation Fund, now called the Better Care Fund (BCF). The BCF will support the aim of providing people with the right care, in the right place, at the right time, including a significant emphasis upon care in community settings, with the express aim of reducing admissions and readmissions to secondary care and alleviating pressures on the acute sector.

18. In order to meet this aim, the BCF in Durham identifies seven work programmes as follows:

- **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

19. The Health and Wellbeing Board ratified the County Durham Better Care Fund plan at their meeting on 5th March 2014.

20. The Better Care Fund plan is clearly aligned to the Joint Health and Wellbeing Strategy and takes into account the evidence provided in the Joint Strategic Needs Assessment.

21. The work programmes identified in the BCF plan have been taken into account in the development of strategic actions in the JHWS to ensure that the work on integration and transformation is fully reflected.

## **Clinical Commissioning Group Plans**

22. North Durham and Durham Dales, Easington and Sedgefield CCG's already have in place five year "Clear & Credible Plans 2012/13 – 2016/17" that describes the strategic direction for the CCGs. In addition, the revised planning framework requires CCG's to produce detailed two year operating plans and a five year strategic plan. These plans have been aligned to the Joint Health and Wellbeing Strategy.

### **Review of the Joint Health and Wellbeing Strategy**

23. 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**

24. The Strategic Objectives and Outcomes Framework for the JHWS is provided below:

- **Strategic Objective 1: Children and young people make healthy choices and have the best start in life**
  - ❖ Reduced childhood obesity
  - ❖ Reduced levels of tobacco related ill health
  - ❖ Improved early health intervention services for children and young people
  
- **Strategic Objective 2: Reduce health inequalities and early deaths**
  - ❖ Reduced mortality from cancers and circulatory diseases
  - ❖ Reduced levels of alcohol and drug related ill health
  - ❖ Reduced obesity levels
  - ❖ Reduced excess winter deaths
  
- **Strategic Objective 3: Improve the quality of life, independence and care and support for people with long term conditions**
  - ❖ Adult care services are commissioned for those people most in need
  - ❖ Increased choice and control through a range of personalised services
  - ❖ Improved independence and rehabilitation
  - ❖ Continuity of joint commissioning services with partners
  
- **Strategic Objective 4: Improve the mental and physical wellbeing of the population**
  - ❖ Maximised independence
  - ❖ Increased social inclusion
  - ❖ Reduced suicides
  - ❖ Increased physical activity & participation in sport & leisure
  
- **Strategic Objective 5: Protect vulnerable people from harm**
  - ❖ Improve the safety of victims and reduce repeat incidents of domestic abuse
  - ❖ 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**
  - ❖ Improved end of life pathway

## **Strategic Actions**

25. The JHWS includes a number of Strategic Actions that identify the key areas of work for the Health and Wellbeing Board, linked to objectives and outcomes.
26. 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.
27. A hard copy of the Joint Health and Wellbeing Strategy 2014-17 has been made available in the Members' library. The JHWS will also be available on Durham County Council's website.

## **Delivery Plan**

28. 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 to show when actions will be achieved. This will be presented to the Health and Wellbeing Board for agreement on 3rd July 2014.

## **Recommendations**

29. Cabinet is requested to:
- Note the key messages in the Joint Strategic Needs Assessment (Appendix 2) and receive and endorse the Joint Health and Wellbeing Strategy (Appendix 3).

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## Appendix 1: Implications

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**Finance** - The Joint Health and Wellbeing Strategy has been developed in line with the Council's Medium Term Financial Plan, CCG efficiencies and the Better Care Fund.

The BCF national allocation, which has been top sliced from existing funding streams received by local authorities and CCG's, is £3.8 billion.

On 18 December 2013 the Local Government Finance Settlement covering the period 2014/15 and 2015/16 was published. Social Care funding allocations to DCC in 2014/15 were as expected (£12.936m) and the revenue element of the BCF in 2015/16 (which includes the DCC Social Care Funding of £12.936m) was confirmed as being £39.193m.

Indicative 2015/16 capital allocations for Disabled Facilities Grant (£2.970m) and Community Capacity Grant (£1.572m), which also form part of the pooled budget, have been released. The BCF planning total is therefore £43.735m in 2015/16.

**Staffing** - No direct implications.

**Risk** - No direct implications.

**Equality and Diversity / Public Sector Equality Duty** - Equality Impact Assessments have been completed for both the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS). Equality Impact Assessments will be available on the DCC website in April 2014.

**Accommodation** - No direct implications.

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

**Human Rights** - No direct implications.

**Consultation** - Engagement events on the draft strategic objectives and actions in the Joint Health and Wellbeing Strategy took place from October 2013 to January 2014. Consultation was completed on 11<sup>th</sup> February 2014.

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

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

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

## Appendix 2

### Summary of JSNA and Director of Public Health Annual Report 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 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).
- 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
- 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.
- Disability Free Life Expectancy (DFLE) is 14.7 years higher for males in the most affluent areas in County Durham than those from the most deprived areas, and is 13 years higher for females. This difference is greater than the national (10.9 years for males and 9.2 years for females) and regional (14.1 years for males and 11.8 years for females) differences.

## 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).
- During the year 2012/13, as in previous years, the majority of children who became subject to a child protection plan were aged under four and unborn – making up 52% of all plans

### **Appendix 3**

Revised County Durham Joint Health and Wellbeing Strategy 2014-17 attached as a separate document

## Appendix 4

### Joint Health and Wellbeing Strategy – New Strategic Actions

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

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

1. 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**
2. 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) plans for children with special educational needs**
3. 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**
4. 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**
5. 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**

6. 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 the Gypsy Roma Traveller community and the general population**

7. 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.**

8. 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**

9. 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 has been added to 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**

10. 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: Improved independence and rehabilitation**

11. 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 plan 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.**

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

12. A main theme from the consultation on the JHWS has been early intervention / prevention with more focus on utilising the voluntary sector. 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**

13. 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**

14. 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**

15. The following action has been added to 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**