

## Health and Wellbeing Board

28 January 2015



### **Joint Strategic Needs Assessment 2014 and the refresh of the Joint Health & Wellbeing Strategy 2015-2018**

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#### **Purpose of Report**

1. The purpose of this report is to present the Health and Wellbeing Board with:
  - An update on the development of the Joint Strategic Needs Assessment (JSNA) 2014 and Joint Health and Wellbeing Strategy 2015-18
  - A draft refresh of the JHWS 2015-18 (Appendix 2)
  - A subset of the JHWS indicators as part of the County Council's performance arrangements for the County Durham Partnership in 2014/15 (Appendix 3).
2. A presentation will also be provided to the Health and Wellbeing Board outlining the key messages from the JSNA 2014 and the new strategic actions in the JHWS 2015-2018 as a result of consultation to date.

#### **Background**

3. 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.
4. The JSNA is used to inform key strategies and plans, for example, the Sustainable Community Strategy (SCS), Children, Young People and Families Plan, CCG Operational Plans and Durham County Council's Council Plan. The Joint Strategic Needs Assessment 2014 and Annual Report of the Director of Public Health County Durham have informed the development of the refresh of the Joint Health and Wellbeing Strategy in order to influence commissioning priorities for health and social care.
5. Work has taken place to ensure that the Better Care Fund work programmes and the draft Clinical Commissioning Group commissioning intentions have been aligned to the JHWS.
6. Consultation on health and wellbeing has taken place with over 240 people from various groups including voluntary organisations, patient reference groups, Area

Action Partnerships (AAPs), service users and carers attending the Health and Wellbeing Board's Big Tent engagement event in October 2014.

7. A number of engagement events were also undertaken by Investing in Children to gather the views of young people in relation to health, and an engagement event with people with learning disabilities took place in November 2014.
8. Adults, Wellbeing and Health and Children and Young People's Overview and Scrutiny Committees were also consulted in January 2015.
9. As part of the consultation process a briefing note was shared with AAPs in January 2015 asking them to consider the following questions and provide feedback:
  - Are these still the correct outcomes on which the JHWS framework is built upon or do you think there are any changes required? (Page 8 of Appendix 2)
  - Are these still the right strategic actions in the JHWS 2015-18?
  - Are there any gaps in the strategic actions?
10. Further consultation comments will be considered as part of the refresh of the JHWS, prior to the final plan being presented to the Health and Wellbeing Board for agreement in March 2015.

#### **Joint Strategic Needs Assessment 2014**

11. The JSNA 2014 is the seventh edition produced in County Durham which provides an overview of the health and wellbeing needs of the local population.
12. The Health and Wellbeing Board will be asked to receive the summary of key messages from the JSNA 2014, which are outlined in the presentation.

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

13. The refresh of the JHWS 2015-18 includes updates on policy information, e.g. child poverty data shows County Durham (23%) has a higher rate than England (20.6%), consultation and evidence from the Joint Strategic Needs Assessment 2014 key messages and Annual Report of the Director of Public Health County Durham. Performance indicators have also been reviewed.
14. A first draft refresh of the JHWS 2015-18 is attached for comment, at Appendix 2. A final draft of the JHWS 2015-18, which takes into account any further comments from consultation events which are still to take place will be presented to the Health and Wellbeing Board for agreement in March 2015. Any feedback from Overview and Scrutiny Committees will be fed in verbally at the Health and Wellbeing Board meeting on 28<sup>th</sup> January 2015.
15. The vision for the JHWS is to **“Improve the health and wellbeing of the people of County Durham and reduce health inequalities”**.

## **Strategic Objectives and Outcomes**

16. A strategic objectives and outcomes framework has been included in the refresh of the JHWS 2015-18 as follows:

### **Strategic Objective 1: Children and young people make healthy choices and have the best start in life**

- i. Reduced Childhood Obesity
- ii. Improved early health intervention services for children and young people

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

- i. \*Reduced levels of tobacco related ill health
- ii. Reduced mortality from cancers and circulatory diseases
- iii. Reduced levels of alcohol and drug related ill health
- iv. Reduced obesity levels
- v. Reduced excess winter deaths

\* This outcome was moved from Strategic Objective 1, “Children and young people make healthy choices and have the best start in life” to Strategic Objective 2, “Reduce health inequalities and early deaths” to reflect feedback that there is targeted tobacco control work taking place across both adult and children’s age groups.

### **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. Improved joint commissioning of integrated health and social care

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

- i. Maximised independence
- ii. Increased social inclusion
- iii. \*\*Reduced self-harm and suicides
- iv. Increased physical activity and participation in sport and leisure

\*\* This outcome has been amended to include self-harm in addition to suicides, to reflect feedback that there is work taking place to develop a self-harm and suicide prevention plan.

### **Strategic Objective 5: Protect vulnerable people from harm**

- i. Provide protection and support to improve outcomes for victims of domestic abuse and their children
- 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

17. The JHWS links to other thematic partnership plans and has shared objectives with the Children, Young People and Families Plan: “Children and young people make healthy choices and have the best start in life” and the Safe Durham Partnership Plan “Protect vulnerable people from harm”.

## **Strategic Actions**

18. 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.
19. Work has been undertaken to streamline the number of Strategic Actions from 60 to 49 with many actions now being grouped together under common themes, for example the prevention and treatment of cancers. A number of actions also have amended wording. New Strategic Actions for 2015-18 have been agreed with key stakeholders and are outlined below:

### **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**

20. A separate strategic action has been developed in relation to under 18 conceptions which are higher in County Durham than the England average. This also reflects feedback from young people that there is a gap in education in schools. This will be addressed through the Teenage Pregnancy Health Needs Assessment and school nursing review.
  - **Support the reduction of teenage pregnancies (under 18 conceptions) in County Durham by delivering interventions that are in line with evidence and best practice.**
21. The following action has been added to reflect the early intervention work taking place through the Early Help Strategy. This action is also included in the Children, Young People and Families Plan.
  - **Implement the Early Help Strategy to better support families who have additional needs at an earlier point.**

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

#### **Outcome: Reduced levels of tobacco related ill health**

22. The JSNA states that “disadvantaged children, young people and adults are also likely to be exposed to higher levels of second-hand smoke than those from more privileged backgrounds, which is due to lower levels of smoking restrictions in the home.” The JSNA also states that the health and Social Care Information Centre reported that in 2012 “two thirds (67%) of pupils in England reported that they had been exposed to second-hand smoke in the past year”.
23. The following new action reflects the work taking place to address the issue of second hand smoke and smoke free play areas that the Health and Wellbeing Board supported at its meeting in July 2014.
  - **Implement local awareness-raising campaigns to support the Smokefree Families Initiative, by targeting specific age groups on the**

**health issues related to second hand smoke and by encouraging smoke free play areas across the county**

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

**Outcome: Adult care services are commissioned for those people most in need**

24. The following action has been developed to reflect the work taking place to implement The Care Act 2014.

- **Implement The Care Act to promote integration between care and support provision and health services**

**Outcome: Improved independence and rehabilitation**

25. The following action has been agreed with Clinical Commissioning Groups and aligns to CCG commissioning intentions. This also aligns to the BCF Plan.

- **Develop a new model for Community Services for the Frail Elderly that incorporates a whole system review that cuts across health, social care and the third sector; that delivers person centred care and places early identification, timely intervention and prevention at its core**

26. The following action has been included to track the implementation of the Integrated Short-term Intervention Service (ISIS) which is a BCF work programme:

- **Improve people's ability to reach their best possible level of independence by implementing the Integrated Short-term Intervention Service and other effective alternatives to hospital and residential care admission**

**Outcome: Improved joint commissioning of integrated health and social care**

27. The following actions have been added to reflect the work taking place to provide joint care packages and services between health and social care:

- **Implement the agreed framework for Clinical Commissioning Group decision-making in relation to continuing health care and integrated packages in mental health and learning disability, including personal health budgets**
- **Implement the Better Care Fund Plan to integrate health and social care services**

**Outcome: Increased social inclusion**

28. The JSNA states that "social isolation and loneliness is a significant and growing public health challenge for County Durham's population". The following two actions are included as recommendations in the Director of Public Health County Durham's Annual Report on social isolation and loneliness. They are also aligned to the Social Inclusion BCF work programme:

- **Work in partnership to identify those who are, or who are at potential risk of becoming socially isolated to support people at a local level and to build resilience and social capital in their communities**
- **Work in partnership to support the building of improved connectedness in communities in order to protect those most at risk of social isolation**

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

29. The JSNA identifies that adults in County Durham are significantly less physically active than the England average. The following Strategic Actions have been developed by DCC Neighbourhoods Service and will link to the Culture and Sport Strategy that is being developed:

- **Provide a wide range of physical activity opportunities across County Durham to support more active lifestyles and contribute towards tackling 'lifestyle conditions'**
- **Establish a wide and large scale intervention approach across agencies to support increased participation in physical activity through culture change**

### **JHWS Performance management arrangements**

30. The performance indicators included within the attached JHWS 2015-18 have been developed taking account of the views of key partners on the Health and Wellbeing Board including the County Council and Clinical Commissioning Groups (CCGs).

31. The indicator set will include the key indicators from the Better Care Fund and those identified by the CCGs as Quality Premium Indicators, which will be confirmed by the CCGs in January/February 2015 to align with their planning process.

32. A number of measures have also been removed from the indicator set to streamline performance monitoring arrangements and to enable a greater focus on key outcomes. The overall number of performance measures in the JHWS has reduced from 87 in 2014/15 to 68 in 2015/16.

33. Where it is possible to set targets for indicators included in the JHWS 2015-18, draft proposals will be developed in early 2015 and reported to the Health and Wellbeing Board in March 2015 for agreement.

34. As in previous years and in line with agreed performance reporting, it is also necessary to identify a subset of the JHWS indicators to be reported to the County Durham Partnership (CDP). This will provide the CDP with an overview of performance against the high level objectives identified within the Altogether Healthier theme of the Sustainable Community Strategy. Notwithstanding the comments on the final version of the JHWS a proposed subset of indicators is attached at Appendix 3.

## Timeline for development of the JHWS

35. The Health and Wellbeing Board is requested to note the following key dates for the development of the refresh of the JHWS 2015-18:
- HWB receives presentation on JSNA 2014 key messages and considers 1<sup>st</sup> draft of refreshed JHWS 2015-18 including draft performance indicators for comment – **28<sup>th</sup> January 2015 (deadline for comments 9<sup>th</sup> February 2015)**
  - HWB receives final version of JHWS 2015-18 for agreement including performance indicators – **11<sup>th</sup> March 2015**
  - Cabinet receives refreshed JHWS 2015-18 – **15<sup>th</sup> April 2015**
  - CCGs receive refreshed JHWS 2015-18 – **April /May 2015**

## Clinical Commissioning Group Commissioning Intentions

36. North Durham and Durham Dales, Easington and Sedgefield CCG's have drafted initial commissioning intentions to share with stakeholders to gain further views and ensure that their commissioning intentions inform the final JHWS. These draft commissioning intentions are also subject to a report for further discussion at this meeting.
37. In addition, further planning guidance was published by NHS England at the end of December 2014, and this guidance will also need to be considered fully in developing final commissioning intentions for North Durham and Durham Dales, Easington and Sedgefield CCG's.
38. In order to ensure that there is appropriate and continuing dialogue between CCG and Local Authority colleagues to further develop the plans, agree the local quality premium indicator and ensure alignment to the JHWS, a regular series of meetings has been established to ensure relevant information is included in the JHWS prior to final agreement by the Health and Wellbeing Board in March 2015.

## Recommendations

39. The Health and Wellbeing Board are recommended to:
- Receive the draft JSNA 2014 Key Messages in the presentation
  - Provide comments on the draft Joint Health and Wellbeing Strategy 2015-18 (Appendix 2), new strategic actions and performance indicators to Andrea Petty, Strategic Manager, Policy, Planning and Partnerships, **by 9<sup>th</sup> February 2015**
  - Agree the subset of JHWS indicators to be reported to the CDP (Appendix 3)

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**Contact: Andrea Petty, Strategic Manager, Policy, Planning and Partnerships**  
**Tel: 03000 267 312**

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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** - Equality Impact Assessments have been completed for both the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy (JHWS). Both impact assessments are available on Durham County Council's website.

**Accommodation** - No direct implications.

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

**Human Rights** - No direct implications.

**Consultation** - Consultations have taken place with over 400 key partners and organisations including service users, carers and patients as part of the refresh, to ensure the strategy continues to meet the needs of people in the local area and remains fit for purpose for 2015-18.

**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.



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**Appendix 2: JHWS 2015-2018**

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Refresh of County Durham Joint Health and Wellbeing Strategy attached as a separate document

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### Appendix 3: County Durham Partnership Performance Indicators

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No	Indicator
1	Prevalence of breastfeeding at 6-8 weeks from birth
2	Percentage of children aged 4-5 and 10-11 classified as overweight or obese
3	Under 16 conception rate and Under 18 conception rate
4	Percentage of mothers smoking at time of delivery
5	Emotional and behavioural health of Looked After Children
6	*Placeholder: Children & Adolescent Mental Health Services (CAMHS)
7	Young people aged 10-24 admitted to hospital as a result of self-harm
8	Mortality from all cardiovascular diseases (including heart disease and stroke) for persons aged under 75 years per 100,000 population
9	Mortality from cancer for persons aged under 75 years per 100,000 population
10	Percentage of the eligible population aged 40-74 who received an NHS Health Check
11	Percentage of women eligible for cervical, breast and bowel cancer screening who were screened adequately within a specified period
12	Mortality from liver disease for persons aged under 75 years per 100,000 population
13	Mortality from respiratory diseases for persons aged under 75 per 100,000 population
14	Male life expectancy at birth (years)
15	Female life expectancy at birth (years)
16	Successful completions as a percentage of total number in drug treatment – Opiates and Non Opiates
17	Successful completions as a percentage of total number in treatment – Alcohol
18	Four week smoking quitters per 100,000 population
19	Estimated smoking prevalence of persons aged 18 and over
20	Diabetes Prevalence
21	Excess winter deaths
22	The percentage of service users reporting that the help and support they receive has made their quality of life better
23	Proportion of people using social care who receive self-directed support
24	Adults aged 65+ per 100,000 population admitted on a permanent basis in the year to residential or nursing care
25	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services
26	Delayed transfers of care from hospital per 100,000 population
27	Delayed transfers of care from hospital attributable to adult social care per 100,000 population
28	Suicide rate

\* development of indicator to be discussed with CCGs and Tees, Esk and Wear Valleys NHS Foundation Trust