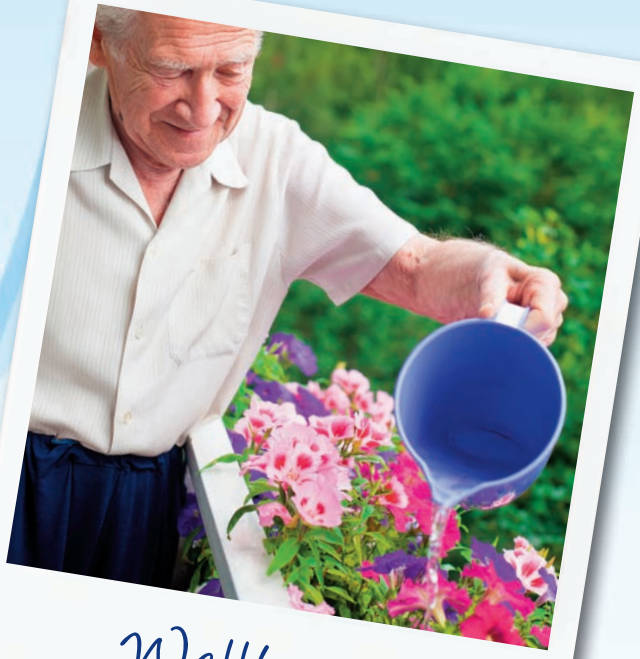
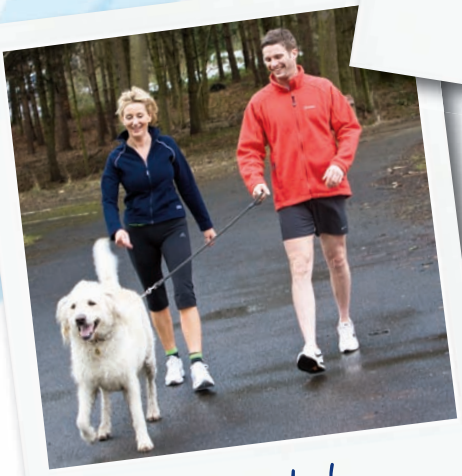
Support



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

2015-2018

Contents

1. Foreword

The first Joint Health and Wellbeing Strategy (JHWS) for County Durham was developed in 2013 and was reviewed from 2014 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 which are included in the JHWS are:

- Agreement of the strategy for the Prevention of Unintentional Injuries in Children and Young People aged 0-19 in County Durham to promote safety education in areas that target both parents and carers, and focusing on home safety issues with relevant multi-agency partners.

- A Wellbeing for Life Service has been implemented to help people achieve a positive physical, social and mental state. The wellbeing approach goes beyond looking at single-issue healthy lifestyle services and a focus on illness, and aims to influence the circumstances that help people to live well, and build their capacity to be independent, resilient and maintain good health for themselves and those around them.

- The provision of a new service providing short term rehabilitation to help people remain independent and out of hospital and residential care. The service provides one route into all intermediate care services that prevents unnecessary admission to hospitals or premature admission to care homes, and promotes independence and faster recovery from illness.

- The implementation of the No Health Without Mental Health government policy brings together all the strands of mental health and wellbeing to better support people who need it. This includes the Mental Health Crisis Care Concordat that provides joined up service responses to people who are suffering from mental health crisis.

- Agreed the Dementia Strategy for County Durham and Darlington that identifies areas of need and services we need to prioritise to enable people to live well with dementia. A key area of the strategy is the roll out of 'Dementia Friendly Communities' which will focus on improving inclusion and quality of life for people living with dementia.

- We have reviewed the Safeguarding Framework to clarify the working arrangements between the Safeguarding Adults Board and Local Safeguarding Children's Board with the Health and Wellbeing Board, Children and Families Partnership and Safe Durham Partnership.

- Agreement of a five year plan for Palliative and End of Life Care in County Durham and Darlington to deliver high quality sustainable services and improvements for patient and carer experience for people diagnosed with a life limiting condition. This will ensure people who need it receive excellent palliative care, in the place they want to receive it, when they are progressing towards the end of life.

Over recent months, consultations have taken place with over 400 key partners and service users, carers and patients to ensure the strategy continues to meet the needs of people in the local area and remains fit for purpose for 2015-18.

The financial constraints placed on public services require that we work together to maximise opportunities. This is reflected in the Better Care Fund Plan which includes joint initiatives between health and social care organisations. The objectives identified in the Better Care Fund Plan are the same as those identified in the Joint Health and Wellbeing Strategy and reflect the long term aspirations of the Health and Wellbeing Board to further integrate services.

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 by working together. This refresh of the Joint Health and Wellbeing Strategy is the next step to achieve that vision.

Councillor Lucy Hovvels

Chair of the Health and Wellbeing Board

Cabinet Portfolio for Safer and Healthier Communities

Dr Stewart Findlay

Vice Chair of the Health and Wellbeing Board

Chief Clinical Officer, 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.

As well as being a Council Committee, 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.

An annual report is produced which identifies achievements of the Health and Wellbeing Board and the forward programme of work.

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 and initiatives that should be prioritised.

County Durham's Health and Wellbeing Board has the responsibility to deliver the Joint Health and Wellbeing Strategy 2015 -18. The refresh is informed by the Joint Strategic Needs Assessment 2014 and the Annual Report of the Director of Public Health County Durham, which is 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.

It sets the priorities for commissioners to purchase health and social care services from April 2015 onwards. These will be reflected in Clinical Commissioning Group and local authority plans, including the Better Care Fund work programme.

What consultation has taken place?

Consultation has taken place with over 400 people as part of the refresh of the Joint Health and Wellbeing Strategy.

The Health and Wellbeing Board held an engagement event that was attended by over 240 people from various groups including voluntary organisations, patient reference groups, service users, carers and Area Action Partnerships and Elected Members.

A number of engagement events were also undertaken by Investing in Children to gain the views of young people in relation to health and wellbeing.

An engagement event with people with learning disabilities was also undertaken.

In addition, consultation took place on Durham County Council's website.

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 to capture the views of local people and this information has informed both the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

Commitments of the Health and Wellbeing Board

Examples of commitments undertaken by the Health and Wellbeing Board 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 Carers' Call to Action to ensure that the vision for carers of people with dementia is achieved.

- 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.

- As part of the Winterbourne View Concordat and Action Plan, a Learning Disability Champion has been identified to promote the needs of people with learning disabilities.

Stakeholders

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
- Durham Constabulary
- The Durham Tees Valley Community Rehabilitation Company Limited
- National Probation Service
- Safeguarding Adults Board
- Local Safeguarding Children Board
- Veterans Wellbeing Assessment and Liaison Service (VWALS)
- Tobacco Control Alliance
- Think Family Partnership
- Learning Disabilities Engagement Forum
- Older Adults Engagement Forum
- Mental Health Partnership Board
- Community Wellbeing Partnership
- Community Services and Care Closer to Home Group
- System Resilience Group
- Protected Characteristic Groups
- Social Care Reform Board
- Children's Joint Disability Commissioning Group

(NB this is not an exhaustive list)

3. Vision for health and wellbeing in County Durham

The Joint Health and Wellbeing Strategy is informed by the Joint Strategic Needs Assessment 2014 and the Annual Report of the Director of Public Health County Durham, which focuses on social isolation and loneliness 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.

A long term aspiration of the Health and Wellbeing Board is to provide more integrated services in line with the Better Care Fund.

The Strategic Objectives were re-affirmed by the Health and Wellbeing Board in September 2014 as:

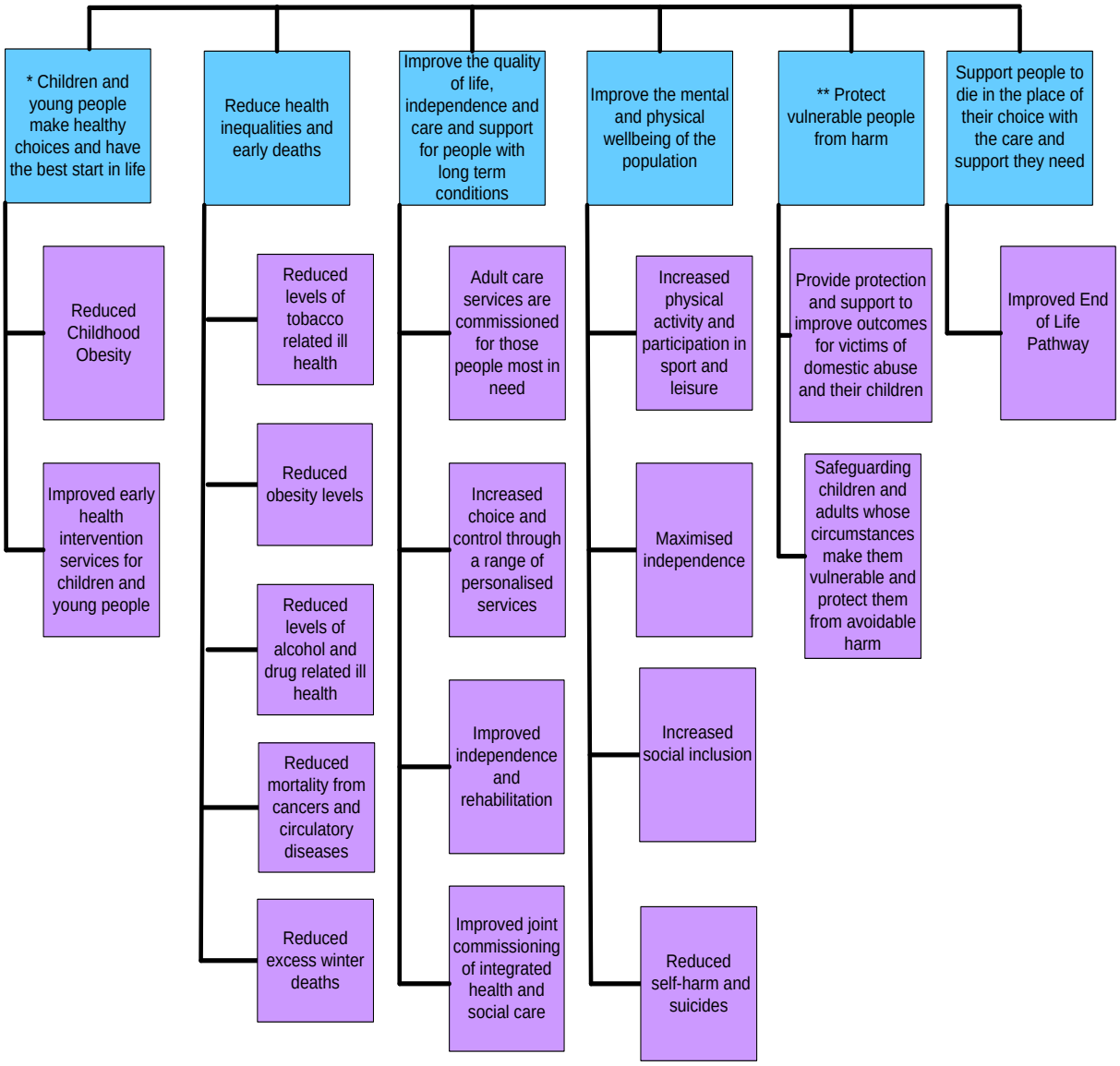
1. Children and young people make healthy choices and have the best start in life.
2. Reduce health inequalities and early deaths.
3. Improve quality of life, independence and care and support for people with long term conditions.
4. Improve the mental and physical wellbeing of the population.
5. Protect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

The Health and Wellbeing Board has also agreed a set of Outcomes that are aligned to the Strategic Objectives, 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. Performance monitoring reports are presented to the Health and Wellbeing Board on a 6 monthly basis to outline achievement and where further action is still required.

The Joint Health and Wellbeing Strategy has informed local authority plans, CCG commissioning intentions and plans, Better Care Fund plans, the 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:

- **The Economic Partnership**
  Aims to make County Durham a place where people want to live, work, invest and visit whilst enabling our residents and businesses to achieve their potential

- **The Children and Families Partnership**
  Works to ensure effective services are delivered in the most efficient way to improve the lives of children, young people and families in County Durham

- **The Health and Wellbeing Board**
  Promotes integrated working between commissioners of health services, public health and social care services, for the purposes of improving the health and wellbeing of the people in the area

- **The Safe Durham Partnership**
  Tackles crime, disorder, substance misuse, anti-social behaviour and other behaviour adversely affecting the environment and seeks to reduce re-offending

- **The Environment Partnership**
  Aims to transform and sustain the environment within County Durham, maximising partnership arrangements to support the economy and the wellbeing of local communities.

The 14 Area Action Partnerships (AAPs) across County Durham have been set up to help deliver high quality services and give local people and organisations a say on how our services are provided. Each AAP has a health representative from the CCGs sitting on their respective Boards as well as a designated Public Health officer who provide ongoing support. Public Health also provides the AAPs with an annual health budget which the AAPs and partners use to address local health issues.

The County Durham and Darlington Fire and Rescue Service is also represented on AAP Boards. Through the Transformation Challenge Award the Fire and Rescue Service has recently launched a scheme to engage socially isolated elderly people and provide them with crime and fire safety advice.

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 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 Local Transport Plan and the Housing Strategy.

Cross Cutting Issues

The SCS will provide particular focus on 6 cross cutting issues:

- Job creation
- Mental wellbeing
- Stronger families
- Volunteering
- Inequalities
- Alcohol

In November 2014, the CDP hosted an event to share good practice, shape the future of partnership working across the county and to launch the revised SCS 2014/30. Workshops were dedicated to each of the six cross cutting issues which highlighted how a broader perspective to these key issues can add value to existing work programmes to ensure that the work of the County Durham Partnership makes a real difference to facilitate change in the longer term to improve outcomes for local people.

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 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 some examples below:

Children and Families Act 2014 / Special Educational Needs and Disabilities (SEND) Reforms
The Children and Families Act brings together pre and post-16 support for children and young people with special educational needs and learning difficulties into a single, birth-25 system. From 1st September 2014 a new SEN code of practice was introduced, and SEN statements (for schools) and learning difficulty assessments (for young people in further education and training) were replaced with single 0-25 Education, Health and Care Plans. Local Authorities are now required to publish a 'local offer' to ensure that parents and young people have access to a single source of coherent and complete information to manage their choices with regard to SEND related services. The Act has also reformed the systems for adoption, looked after children and family justice.

The Care Act 2014
The Act places care and support legislation into a single statute designed to create a new principle where the overall wellbeing of the individual is at the forefront of their care and support.

The Act places broad duties on local authorities in relation to care and support including promoting people's wellbeing, focusing on prevention and providing information and advice. The Act requires local authorities and their partners to work together to integrate health and social care wherever possible so that the services people receive are properly joined up.

The Act extends local authority adult care responsibility to include prisons as well as introducing new duties around assessments including the right for carers to request an assessment of their care and support needs. The Act also places a duty on local authorities to provide a care and support plan, implement a cap on eligible care costs, a national minimum eligibility threshold and offer deferred payment scheme.

The Better Care Fund is a single 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. The Care Act 2014 facilitates the establishment of the Better Care Fund by providing a mechanism that allows the sharing of NHS funding with local authorities to be made mandatory from 2015/16.

The County Durham Better Care Fund is split into the following seven work programmes:

- **Short term intervention service** which includes intermediate care community services, reablement, support and support for young carers
- **Equipment and adaptations for independenc**e which includes telecare, disability, adaptations and the Home Equipment Loans Service
- **Supporting independent living** which included mental health prevention services, floating support and supported living and community alarms and wardens
- **Supporting carers** which includes carers breaks, carers emergency support and support for young carers
- **Social isolation** which includes local coordination of an assets 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 Act.

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 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'. This will include rolling out the No Health Without Mental Health Implementation Plan in County Durham.

'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 are reflected in the Joint Health and Wellbeing Strategy or in the Public Mental Health Strategy that links to it e.g. improved access to psychological therapies.

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 reflect 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
NHS England has a responsibility for planning how to deliver End of Life Care but there is also a role for Clinical Commissioning Groups and local authorities.

Following an independent review, the Liverpool Care Pathway was phased out over 2013/14 and a new approach has been developed by the Leadership Alliance for the Care of Dying People (LACDP) which focuses on achieving five priorities, including patient involvement in decisions about treatment, sensitive communication between staff and patients, and an individual care plan that is delivered with compassion. Joint working to develop End of Life Care Pathways in County Durham is shown in objective 6 of the Joint Health and Wellbeing Strategy.

Criminal Justice and Courts Bill
The Criminal Justice and Court Bill introduces two new criminal offences of willful neglect or ill-treatment in health and social care following recommendations made by Robert Francis QC in relation to the public inquiry into care at Mid Staffordshire Foundation Trust.

The offences to be introduced in 2015 will apply to:

- all formal healthcare provision for adults and children in both the NHS and private sector, other than in specific excluded children's settings and services which are already subject to existing legislative and regulatory safeguards;
- all formal adult social care provision, in both the public and private sectors, including where care is self-funded; and,
- individuals and organisations paid to provide or arrange for the provision of these health and adult social care services, but with the offence for organisations formulated differently from that for individuals.

6. The picture of health and wellbeing needs in County Durham linked to the Joint Strategic Needs Assessment and Annual Report of the Director of Public Health County Durham

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 unhealthy weight, 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.

Much 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, unhealthy weight in age 10 and 11 year olds and adults, alcohol specific hospital admissions and teenage conception rates are all greater than the England average. Lower than average levels of breastfeeding initiation are prevalent, combined with poor diet choices.

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

Demographics:

- The 65+ age group is projected to increase from almost one in five people in 2013 (19.2%) to nearly one in four people (24.5%) by 2030, which equates to an increase of 39.8% from 99,000 to 138,400 people.
- The proportion of the county's population aged 85+ is predicted to increase more acutely, from 2.2% in 2013 to 3.9% in 2030, doubling in terms of numbers from 11,300 to 22,000.
- Life expectancy is improving for both males (77.9) and females (81.5), but is still below the England average (79.2 for males), (83 for females).

Social isolation and loneliness is a significant and growing public health challenge for County Durham's population. It affects many people living in County Durham and has a significant negative effect on health and wellbeing across the life course. Anybody can be affected by social isolation or loneliness and it can 'affect any person, living in any community'. It is costly to local health and care services and can increase the chances of premature death.

Further information and detail is contained within the County Durham Joint Strategic Needs Assessment 2014 and the Annual Report of the Director of Public Health County Durham

7. Strategic Objectives

The following 6 Strategic Objectives are the medium term aims for the Joint Health and Wellbeing Strategy 2015-18.

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.

The proportion of children living in poverty in County Durham continues to be greater than the England average. Growing up in poverty has a significant impact on children and young people both during their childhood and beyond.

What is going well?

- The percentage of young people who exit from treatment for drugs and/or alcohol in a planned way has improved, exceeded target and is better than the national average.
- The percentage of mothers smoking at the time of delivery has reduced since 2012/13, has exceeded target and is lower than the regional average.

Areas of development

- Under 18 conception rates has increased and is worse than both the national and regional averages.
- Breastfeeding initiation and prevalence rates in County Durham are significantly lower than the national rate.
- The number of young people admitted to hospital as a result of self-harm is significantly higher than the national average.
- The number of young people admitted to hospital due to alcohol is higher than both national and regional averages.
- The percentage of children aged 10-11 classified as overweight or obese has reduced but is still higher than national and regional averages.

What you told us

- Relevant dedicated people (not necessarily teachers) to engage young people and deliver messages around sex education.
- Better accessibility and raised awareness of the role of school nurses.
- Young people raised concerns with regards to the amount of children and young people they are aware of that self-harm.

Investing in Children Agenda Days August – September 2014

- Improve the quality of the information about alcohol given in primary schools, using recovery ambassadors and Fire and Rescue Services' annual visit.

Health and Wellbeing Board Big Tent Engagement Event October 2014

EVIDENCE FROM THE JOINT STRATEGIC NEEDS ASSESSMENT
In County Durham:

- The number of women who start to breastfeed in County Durham has risen from 52.8% in 2007/08 to 57.4% in 2013/14. This remains lower than the national average (73.9%).

- The prevalence of excess weight for 10-11 year olds (35.9%) is higher than the England average 33.3% (2012/13).

- Teenage conception rates (33.7 per 1,000) are greater than the England average (27.7 per 1,000) but lower than the North East average (35.5 per 1,000) and have been falling over time (1998-2012).

- County Durham's under-18 alcohol specific hospital admission rate in 2012/13 was 81.5 per 100,000, higher than the regional rate of 72.2 (Local Alcohol Profiles for England 2014). County Durham is ranked 18th worst out of 326 local authorities.

- Too many of our children still experience preventable dental disease. Children's tooth decay at age 5 in County Durham in 2011/12 (0.93%) was not significantly different to England (0.94%) but was lower than the North East (1.02%).

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

- Admissions to hospital (2012/13) as a result of self-harm (aged 10-24) are significantly higher (410.5 per 100,000) than England (346.3 per 100,000) and not significantly different to the North East (479.6 per 100,000).

- County Durham has 4,070 disabled children and young people in receipt of Disability Living Allowance, of which 358 are severely disabled and receive a statutory service from the Children's Disability Team.

- Around 10% of those aged 5-16yrs have a classifiable mental health disorder, which is similar to the national and regional estimate.

- 23% of children aged under 16 years live in poverty compared with the England average of 20.6%.

- Physical activity levels for children in County Durham are higher than the English average. 56.7% of children in years 1-13 spend at least 3 hours per week on high quality PE and school sport, compared to 55.1% nationally.

Strategic Actions – How we will work together

Reduced Childhood Obesity

- Improve support to families and children to develop healthy weight.
- Improve support to women to start and continue to breastfeed their babies.

Improved early health intervention services for children and young people

- Continue to improve the Mental Health and emotional wellbeing of children and young people and ensure interventions and services are effective and available to those who need it.
- Support the reduction of teenage pregnancies (under 18 conceptions) in County Durham by delivering interventions that are in line with evidence and best practice.
- Reduce the oral health inequalities faced by children within County Durham
- Continue to implement the Healthy Child Programme.
- Implement the Early Help Strategy to better support families who have additional needs at an earlier point.
- Work together to reduce incidents of self-harm by young people.
- Implement the Special Educational Needs and Disability Strategy 2014-2018, based on the findings of the SEND Review, to enable joint commissioning of services and support for individual children across education, health and social care
- Ensure health, social care and third sector organisations work together to identify and support young carers.
- 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.

What are the outcomes / measures of success?

- Prevalence of breastfeeding at initiation and 6-8 weeks from birth.
- Percentage of children aged 4-5 and 10-11 classified as overweight or obese.
- Placeholder: CAMHS indicator
- Alcohol specific hospital admissions for under 18's.
- Percentage of exits from young person's substance misuse treatment that are planned discharges.
- Under 16 and 18 conception rates.
- Percentage of mothers smoking at time of delivery.
- Infant mortality rate.
- Emotional and behavioural health of Looked After Children.
- Emergency admissions for children with lower respiratory tract infections.
- Young people aged 10-24 years admitted to hospital as a result of self-harm.

Case Study

Young parents were referred into Children's Centre for family support to work on home routines and getting baby into a routine and support with bonding and attachment.

Senior Family Worker (SFW) started 1:1 work in the home supporting parents with routines both for baby and home. At first both parents didn't engage with the SFW.

Both parents started MAD's Group (Mam's and Dad's young parent's group) in a Children's Centre. Mother has continued to attend with baby for a number of months. Mother has accessed many training opportunities within the MAD's group such as; confidence building, looking at self-esteem, building positive relationships, cooking healthy fast food on a budget as well as adult learning courses.

Through coming to the MAD's group mother has:

- Developed a routine with the baby.
- Cooked healthy meals.
- Learnt how to play with baby.
- Learnt how to be patient.
- Become more confident with baby and developed excellent attachment to baby.

The baby is:

- Meeting all his stages of development: his physical development is excellent. He was an early crawler and is now a confident walker at 12 months.
- A happy and confident little boy who also lets you know when he's not happy.
- Good at showing his emotions.

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?

- The percentage of patients receiving treatment within 31 days of cancer treatment has achieved target and is consistent with regional and national averages.
- The percentage of people who successfully complete drug treatment for non opiate use has improved and is similar to the national average.

What you told us

- Building resilience for individuals and educating communities on how they can help individuals to help themselves is important.
- Inform communities of what help is available.

Health and Wellbeing Board Big Tent Engagement Event October 2014

Areas of development

- Successful completions as a percentage of total number in drug treatment for opiates is below target and national and regional averages.
- Four week smoking quitters is below target and has decreased from the same period of the previous year.
- The number of eligible people receiving an NHS Health Check has fallen and is below both the national and regional averages.
- Alcohol related admissions to hospital have reduced and are better than the regional average but are still significantly higher than the national average.
- Despite improvements in mortality rates for those under 75 years, the rate remains significantly higher than the national average.

EVIDENCE FROM THE JOINT STRATEGIC NEEDS ASSESSMENT

In County Durham:

- Children born in County Durham will, on average, live around a year and a half less than the average for England, and in some parts of the county life expectancy is even lower. The average life expectancy in County Durham is 77.9 years for males and 81.5 years for females (England average 79.2 males / 83.0 females).
- The healthy life expectancy for County Durham is significantly worse for both males (58.7) and females (59.4) than for England (63.4 and 64.1 respectively).
- In County Durham premature mortality rates for the 'biggest killers' (cancer, heart disease and stroke) are higher than nationally, but have been reducing at a faster rate than England.
- On average in County Durham around 1,075 people died per year from smoking-related causes in the period 2010-12. Smoking-related death rates are significantly higher in County Durham than England.
- In County Durham, males born in the most affluent areas will live 7 years longer than those born in the most deprived areas. Females born in the most affluent areas will live 7.2 years longer than those born in the most deprived areas.
- Recorded prevalence of many long term conditions is greater in County Durham than England (CHD, hypertension, COPD, diabetes).
- Smoking is the biggest single contributor to the shorter life expectancy experienced locally and contributes substantially to the cancer burden. Between 2010 and 2012 cardiovascular disease (CVD) and cancer accounted for 64% of early or premature deaths in County Durham.
- 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 in County Durham (27.4%) is not significantly different from England (23%) or the North East (25.9%). Excess weight in County Durham (72.5%) is significantly higher than England (63.8%) but not significantly different to the North East (68%). Being overweight and obese is more common in lower socioeconomic and socially disadvantaged groups, particularly among women.
- Significantly higher alcohol-related admission rates than England for men and women. For men and women the rates for County Durham (per 100,000) are 2000.8 and 1041.5 respectively compared to 1676.3 and 831.8 for England. Rates have been rising over time for men and women locally (8% men and 12% women), regionally (9% men and 10% women) and nationally (16% men and 18% women).
- Between 2009 and 2012 there was a total of 820 additional deaths, an average of 273 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 levels of tobacco related ill health

- Implement 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.
- 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.

Reduced obesity levels

- Implement the Healthy Weight Strategic Framework to develop and promote evidence based multi-agency working and strengthen local capacity and capability.
- Implement a Food and Health Action Plan for County Durham .

Reduced levels of alcohol and drug related ill health

- Work together to reduce the harm caused by alcohol to individuals, families and communities in County Durham while ensuring that people are able to enjoy alcohol responsibly.
- 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.
- Implement new specialist joint drug and alcohol service for children and adults.

Reduced mortality from cancers and circulatory diseases

- Work in partnership to develop effective preventative and treatment services for cancers.
- Work in partnership to develop effective preventative and treatment services for circulatory diseases.
- Implement an integrated and holistic Wellbeing for Life service to improve health and wellbeing and tackle health inequalities in County Durham.
- Reduce the inequalities between people with learning disabilities and the general population.

Reduced excess winter deaths

- 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 from all cancers for persons aged under 75 years.
- Percentage of eligible people who receive an NHS health check.
- Mortality rate from liver disease for persons aged under 75 years.
- Mortality rate 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 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.
- Percentage of people with learning disabilities that have had a health check

Case Study

Mr J began experimenting with drugs when he was 12 and was a heroin user by the age of 23. He became homeless, continued to take drugs and this led to severe health issues.

This was a turning point in Mr J's life. He contacted Recovery Academy Durham (RAD) and completed the 12 step rehab programme.

Mr J has now remained drug free for 17 months. He is currently volunteering as a drug and alcohol recovery ambassador in County Durham and is using his past experiences of addiction and his new knowledge of recovery to help and support other addicts to recover and find a new way to live.

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

Why is this a Strategic Objective?

- The number of people with long term chronic conditions requiring health and social care 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 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 Act 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 THE JOINT STRATEGIC NEEDS ASSESSMENT

In County Durham:

- The number of carers aged 65+ providing unpaid care is set to increase by 30.6% by 2030 (from 14,911 in 2014 to 19,481).
- The number of older carers aged 75 years and over receiving a service increased by 3% from 853 in 2010/11 to 875 in 2013/14.
- 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 2013/14 in County Durham 7,931 older people were in receipt of personal budgets, this is an increase of 20.8% when comparing 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.
- Between 1st April 2013 and 31st March 2014, there were 1,450 referrals to the in-house reablement service, an increase of 7.3% on the previous year (1,351). 62.3% of those referred completed the period without the need for ongoing care. 22.4%received a reduced care package. 81.1% of people completing reablement achieved their goals.
- In 2013/14 there were 293 adults with autism aged 18-64 years accessing social care services in County Durham, a 3.2% increase on 2012/13 (284) figures.

What is going well?

- 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.
- The number of people who are fit for discharge but delayed in a hospital bed has decreased and is better than the national average.
- The percentage of people who report that the services they receive has helped to improve the quality of their life has exceeded target.

Areas of development

- The number of older people admitted to hospital for falls or falls injuries is higher than the national average.
- The number of older people admitted to hospital with hip fractures is higher than the national and north east averages.

What you told us

- We need to involve patients earlier in the process of designing services and pathways to make sure they work for patients.
- Involve carers more in creating care plans.
- Better coordination across health and social care, including sharing information and systems.
- Need to raise the public's awareness of what Frail Elderly services are available.

Health and Wellbeing Board Big Tent Engagement Event October 2014

- 93% of service users reported that the help and support they receive has made their quality of life better.
- 93.4% of service users reported that they have control over their life.

Assessment and Review Survey

Strategic Actions – How we will work together

Adult care services are commissioned for those people most in need

- Implement The Care Act to promote integration between care and support provision and health services.
- Support people with caring responsibilities to identify themselves as carers so they can access the information, advice and support that is available.

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.

Improved independence and rehabilitation

- 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; whilst delivering person centred care and placing early identification, timely intervention and prevention at its core.
- Maintain people's independence at home and reduce unplanned admissions by expanding the use of self-management programmes and technology.
- 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.
- Provide safe, high quality 7 day integrated services across the health and social care economy.
- Implement the Urgent Care strategy to ensure that patients are seen by the right health/social care professional, in the right setting, at the right time, to the highest quality and in the most efficient way providing the best outcome for the patient.

Improved joint commissioning of integrated 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.
- 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?

- Carer reported quality of life.
- Overall satisfaction of carers with support and services they receive.
- Percentage of service users reporting that the help and support they receive has made their quality of life better.
- Proportion of people using social care who receive self-directed support.
- Adults aged 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.
- Emergency readmissions within 30 days of discharge from hospital.
- Delayed transfers of care from hospital.
- Falls and injuries in the over 65s.
- Hip fractures in the over 65s.
- Proportion of people feeling supported to manage their condition.
- Avoidable emergency admissions.
- Number of people in receipt of Telecare per 100,000.
- Prevalence of Diabetes.

Case Study

Mr D lives alone and is aged over 80. He has had a stroke, has reduced mobility and some memory problems. His daughter lives nearby and visits as often as she can. Mr D takes several different tablets during the day and was having trouble remembering when to take them. His daughter noticed he had taken too much medication on some days. Mr D was provided with a medication dispenser connected to Care Connect, which alerts him at set times during the day and allows him to access the correct tablets. Should he not take his medication the dispenser alerts the Care Connect control centre who contact Mr D or visit if there is a problem. Mr D now feels reassured and in control and his daughter no longer worries that he is taking too much medication.

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

Why is this a Strategic Objective?

Good mental wellbeing and resilience are fundamental to our physical wellbeing, 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. This objective recognises the impact physical wellbeing has on mental wellbeing and vice versa.

What is going well?

- The percentage of service users who have as much social contact as they would like is above target.

Areas of development

- The number of people accessing psychological therapy service is below target, and the recovery rate of those who have completed treatment is also below target.
- Suicide rates are higher in Durham than the regional and national averages.
- The rate of people admitted to hospital as a result of self harm is significantly higher than the national average.

EVIDENCE FROM THE JOINT STRATEGIC NEEDS ASSESSMENT

In County Durham:

- Projections for people with dementia suggest that the estimated 6,625 people affected in 2014 could almost double to 10,896 by 2030 (source: Projecting Older People Population Information).
- The number of adults referred and assessed with mental health needs increased year on year across County Durham, by 23.4% for referrals and by 22.9% for assessments when comparing 2010/11 figures with 2013/14.
- For the period 2011/13, the suicide rate per 100,000 in County Durham (13.4) was significantly higher than England (8.8).
- There are over 4,600 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.
- In County Durham estimates suggest that around 22,000 people aged 18-64 years are socially isolated (7%).

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 as likely to suffer Hepatitis C.
  - 15 times as 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.

Strategic Actions – How we will work together

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 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.

Maximised independence

- Work together to support people who have dementia to live in their own home for as long as possible.
- Develop and implement programmes to increase resilience and wellbeing through practical support.
- 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 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.
- Work together to address the health and social needs of vulnerable people who come into contact with the Criminal Justice System.
- Work together to reduce the health inequalities between the Gypsy Roma Traveller community and the general population

Reduced self-harm and suicides

- Implement the multi-agency Public Mental Health Strategy for County Durham including the self-harm and suicide plan.

What are the outcomes / measures of success?

- 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 people who use adult social care services who have as much social contact as they want with people they like.
- Estimated diagnosis rate for people with dementia.

What you told us

- Need to reduce the social stigma of mental health problems
- Care pathways should not end when treatment does, needs to link into physical activity opportunities and other support mechanisms.
- There's a link between crisis and who you talk to – communication is important.
- Flexible service is required following discharge – so people can dip in and out when need to.
- Cognitive therapy is important for people suffering from dementia.
- Increase speech and language support for young people in the criminal justice system.

Health and Wellbeing Board Big Tent Engagement Event October 2014

- 85.3% of people who use services and their carers reported that they have as much social contact as they would like.

Assessment and Review Survey

Case Study

Mr B is a 65 year old man with advanced dementia. He lives with his wife and needs 24 hour supervision.
Mr B's wife is his main carer and provides round-the-clock support for her husband. This is a big responsibility and often Mrs B struggles to sleep and also has physical health problems.
The couple receive weekly social work visits which provide support to Mr B's wife. Mr B has a Personal Budget which is used to purchase support services, including specialist day care, sitting services and residential respite care. Without the support that the couple receive, Mr B would need 24-hour residential care.

Strategic Objective 5: Protect vulnerable people from harm

Why is this a Strategic Objective?

- The Safeguarding Adults Board (which now has statutory powers) and the Local Safeguarding Children Board are committed to ensuring that adults, children and young people are kept safe and feel safe at all times, no matter what their background.
- The LSCB is responsible for developing a multi-agency approach to Child Sexual Exploitation and missing children.

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 and provide early help to families when they need it.

The implementation of the Care Act in April 2015 will result in the review and revision of Safeguarding Adults procedures/operating processes.

EVIDENCE FROM THE JOINT STRATEGIC NEEDS ASSESSMENT

In County Durham:

- Domestic abuse features in just less than half (46.1%) of all Initial Child Protection conferences (167) and continues to be the most common factor across all localities.
- Children in need referrals in 2013/14 show that abuse/neglect is the most significant type of primary need recorded.
- During 2013/14 the majority of children (50.3%) who became subject to a child protection plan were aged under 5 including unborn babies.
- In 2013/14 the majority of safeguarding adults 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 Neglect or Acts of Omission was the most common type of alleged abuse in 2013/14 (For example, failure to provide for medical, social or educational needs. Withholding necessities such as food, drink and warmth and a lack of protection from hazards).

What you told us

- 93.6% of Social Care users surveyed, reported that the care and support they received made them feel safer.

Assessment and Review 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.

Strategic Actions – How we will work together

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

- 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.
- Support families using a Think Family approach to address their needs at the earliest opportunity.

What are the outcomes / measures of success?

- Percentage of repeat incidents of domestic violence.
- Proportion of people who use services who say that those services have made them feel safe and secure.
- Number of children's assessments where risk factors of parental domestic violence, mental health, alcohol misuse or drug misuse are identified.
- Number of children with a Child Protection Plan per 10,000 population.
- Percentage of adult safeguarding referrals substantiated or partially substantiated.

Case Study

Miss V is a young lady who has learning disabilities. She had experienced financial abuse by her relatives for many years.

The Safeguarding Adults Team were alerted to Miss V's situation. The team's intervention prevented further abuse and protected her from debts which her relatives had run up in her name.

Miss V has moved into supported accommodation and now has access to her own money to spend. She has settled well in her new home and has no further contact with the people responsible for the abuse.

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 the care and provision meets the individual requirements of people identified with palliative needs and those living with increased need in their last year(s) of life and support is provided to families and carers.

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.

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

- Need to ensure that the needs of families and carers are reflected in palliative care services.

EVIDENCE FROM THE 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.

- For the period 2013/14 in County Durham 96% of people who stated their preferred place of death achieved it in the North Durham CCG area, and 83% in the Durham Dales, Easington and Sedgefield CCG area.

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.

Strategic Actions – How we will work together

Improved End of Life Pathway

- Ensure the care and provision meets the individual requirements of people identified with palliative needs and those living with increased need in their last year(s) of life and support is provided to families and carers.

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

Miss H is a lady with learning disabilities who has recently passed away. Although this is a sad event and she will be missed by those who knew her it is also a testament to the dignified and caring outcome that can be achieved for someone when agencies work together.

This lady had been ill for a number of months but would not tolerate medical intervention. Initially the health facilitation team worked with the staff in Supported Housing to try and look at ways of desensitising her against her needle phobia. Her GP surgery was very supportive and looked at ways of treating the symptoms she was showing while unable to reach a diagnosis. It was felt that as she had already been treated for breast cancer and had had a mastectomy she was aware of what hospitalization would involve and she continued to state that she did not want to go to hospital or have blood taken.

It was agreed at a best interest meeting that Miss H's wishes would be paramount and that Palliative care would be the best option. She was seen by the psychologist who confirmed that he felt that she was able to make that decision. As Miss H's condition deteriorated she was supported by physiotherapist, occupational therapists, District Nurses, MacMillan nurses and Supported Housing staff. As a result of this Miss H was able to stay at home and have a peaceful death without the interventions she didn't want.

8. Measuring Success: Performance Management Arrangements 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 regularly monitors and reviews the Strategy.

Copies of 6 monthly 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 and 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 and 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

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

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

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

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

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

JOSEPH CHANDY
Director of Primary Care, Partnerships and Engagement– Durham Dales,
Easington & Sedgefield Clinical Commissioning Group

DR. DAVID SMART
Clinical Chair – North Durham Clinical Commissioning Group

NICOLA BAILEY
Chief Operating Officer – North Durham and Durham Dales, Easington & Sedgefield
Clinical Commissioning Groups

CAROL HARRIES
Director of Corporate Affairs – City Hospitals Sunderland, NHS Foundation Trust

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

MARTIN BARKLEY
Chief Executive – Tees, Esk & Wear Valleys NHS Foundation Trust (TEWV)

JUDITH MASHITER
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 Group Plans
- NHS Acute Trust Quality Accounts
- Annual Report of the Director of Public Health County Durham
- County Durham & Darlington NHS Foundation Trust – Right first time 24/7 (Clinical & Quality Strategy)
- Urgent Care Strategy
- System Resilience Group's Resilience Plan

Objective 1

- Children, Young People and Families Plan 2015-18
- Early Help Strategy
- Early Years Strategy
- Disabled Children's Charter
- TEWV Transformation of children and young people services Plan
- Teenage Pregnancy Strategy Health Needs Assessment
- School Nurse Review
- Strategy for Prevention of Unintentional Injuries in Children and Young People (0-19year)
- Children and Adolescent Mental Health Services Strategy
- Mental Health and Emotional Wellbeing Strategy

Objective 2

- Physical Activity Strategy
- Healthy Weight Strategic Framework for County Durham
- Food and Health Action Plan
- Tobacco Alliance Action Plan
- County Durham Drug Strategy 2014-17
- Alcohol Harm Reduction Strategy 2013
- Review of County Durham's Specialist Drugs and Alcohol Provision
- Alcohol Needs Assessment
- Dual Diagnosis Strategy
- Intermediate Care Strategy
- Cardiovascular Disease Prevention Strategic Framework for County Durham

Objective 3

- Older Persons Accommodation and Support Services Strategy 2010-2015
- Learning Disability Self-Assessment Framework
- Winterbourne View Concordat and Action Plan

Objective 4

- County Durham Implementation Plan of the “No Health without Mental Health” National Strategy
- Dementia Strategy
- Public Mental Health Strategy
- Resilience Strategy
- Mental Health Crisis Care Concordat
- Self-Harm and Suicide Plan
- County Durham Physical Activity Delivery Plan
- Gypsy and Traveller Health Needs Assessment
- Gypsy, Roma, Travellers in County Durham: A strategy for the future 2014-17

Objective 5

- Safeguarding Framework
- Local Safeguarding Children Board Annual Report
- Safeguarding Adults Board Annual Report
- Safe Durham Partnership Plan 2015-18
- Domestic Abuse and Sexual Violence Strategy
- Perpetrator Strategy
- Health Needs Assessment of Offenders, 2011
- Think Family Strategy

Objective 6

- National Pensioners Convention’s Dignity Code
- Improving Palliative and End of Life Care: Strategic Commissioning Plan 2013 – 2018

Appendix 3 - Abbreviations / Glossary of Terms

AMHP	Adult Mental Health Professional
Autism	Autism is a condition which is characterised by impaired social and communication skills.
CAMHS	Child and Adolescent Mental Health Services
CHD	Coronary heart disease
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.
COPD	Chronic obstructive pulmonary disease
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
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.
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.
Fuel poverty	When a household's required fuel costs are above the median level; and if they were to spend what is required, then the household would be left with a residual income below the official poverty line.
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 will be targeted at those with an estimated 20% risk or more of developing cardiovascular disease in the next 10 years.
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 unhealthy weight through the implementation of evidence based programs that improve health and healthy behaviours.
IAPT	Improving Access to Psychological Therapies

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.
Looked after children	Children who are subject to care orders and those who are voluntary accommodated.
Life expectancy	The average number of years that an individual of a given age is expected to live if current mortality rates continue (Webb et al., Essential Epidemiology)
Long term condition (LTC)	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.
LSCB	Local Safeguarding Children Board
MAD's Group	Mam and Dad's young parent's group
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.
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.
RAD	Recovery Academy Durham
Reablement	Reablement is about giving people over the age of 18 years the opportunity, motivation and confidence to relearn/regain some of the skills they may have lost as a consequence of poor health, disability/impairment or accident and to gain new skills that will help them to develop and maintain their independence.
Respiratory disease	Disease of the respiratory system which supplies oxygen to and removes carbon dioxide from the body.
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.

SEND	Special Educational Needs and Disability
Stakeholders	Interested parties or those who must be involved in a service/project or activity.
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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