

# Adults, Wellbeing and Health Overview and Scrutiny Committee

19 January 2016



## Refresh of the Joint Health & Wellbeing Strategy 2016-2019

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### Report of Rachael Shimmin, Corporate Director of Children and Adults Services Anna Lynch, Director of Public Health County Durham

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#### Purpose of Report

1. The purpose of this report is to provide Adults, Wellbeing and Health Overview and Scrutiny Committee with a summary of key messages from the Joint Strategic Needs Assessment and information relating to the refresh of the Joint Health and Wellbeing Strategy 2016-19. A presentation will be provided at the Adults, Wellbeing and Health Overview and Scrutiny meeting on 19<sup>th</sup> January 2016.

#### Background

2. The Health and Social Care Act 2012 places clear duties on local authorities and Clinical Commissioning Groups (CCGs) to prepare a Joint Health and Wellbeing Strategy (JHWS) through Health and Wellbeing Boards.
3. Consultation relating to health and wellbeing has taken place with over 260 people from various groups including voluntary organisations, patient reference groups, Area Action Partnerships, members of Adults Wellbeing and Health Overview and Scrutiny Committee, service users and carers attending the Health and Wellbeing Board's Big Tent engagement event in November 2015.
4. Consultation in relation to health issues has also taken place with young people through Investing in Children reference groups, and the 'Try it Out' Young People's Patient Congress organised by North Durham Clinical Commissioning Group (CCG). Young carers and their families have also been consulted through The Bridge Young Carers Service.
5. In addition, separate consultation events have taken place through the Learning Disabilities Engagement Forum and Older Persons Engagement Forum to determine what health and wellbeing issues are important for those groups.
6. The refresh of the JHWS 2016-19 includes updates on policy information, consultation and evidence from the Joint Strategic Needs Assessment and Annual Reports of the Director of Public Health County Durham.
7. In order to inform discussions at the Adults Wellbeing and Health Overview and Scrutiny Committee meeting on 19<sup>th</sup> January 2016, a briefing note was circulated to

members of the Committee in December 2015, which included the following documents which are attached as appendices to this report:

- JHWS Objectives and Outcomes Framework (Appendix 2)
- Key messages from the Joint Strategic Needs Assessment (Appendix 3)
- Strategic actions in the JHWS 2016-19 (Appendix 4).

### Consultation Questions

8. Adults Wellbeing and Health Overview and Scrutiny Committee will be asked the following questions as part of the consultation process:
  - Are these still the correct outcomes on which the JHWS framework is built or do you think there are any changes required? (Appendix 2)
  - Are these still the right strategic actions in the JHWS 2016-19? (Appendix 4)
  - Are there any gaps in the strategic actions?

### Next Steps

9. The draft refresh of the Joint Health and Wellbeing Strategy 2016-19 will be presented to the Health and Wellbeing Board at its meeting on 21<sup>st</sup> January 2016 for comment.
10. The Joint Health and Wellbeing Strategy 2016-19 will be presented for agreement at the Health and Wellbeing Board meeting on 8<sup>th</sup> March 2016.
11. A copy of the final Joint Health and Wellbeing Strategy 2016-19 will be circulated to members of Adults Wellbeing and Health Overview and Scrutiny Committee for information.

### Recommendations

12. Adults, Wellbeing and Health Overview and Scrutiny Committee is requested to:
  - Provide comments to Stephen Gwilym, Principal Overview & Scrutiny Officer by **3<sup>rd</sup> February 2016** on the Joint Health and Wellbeing Strategy 2016-19

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## Appendix 1: Implications

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**Finance** – Ongoing pressure on the public services will challenge all agencies to consider how best to ensure effective services are delivered in the most efficient way.

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.

**Finance - Staffing** - There are no staffing implications.

**Risk** – There are no risk 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).

**Equality and Diversity / Public Sector Equality Duty** – The key equality and diversity protected characteristic groups were considered as part of the process to identify the groups/organisations to be invited to the Health and Wellbeing Board Big Tent annual engagement event in November 2015, which was attended by over 260 people from various groups including service users, patients, carers, members of the voluntary and community sector and GP's as well as professionals from partners agencies.

**Accommodation** - There are no accommodation implications.

**Crime and Disorder** - The JHWS is aligned with and contributes to the current priorities within the Safe Durham Partnership Plan.

**Human Rights** – Human rights have been considered in the production of this plan.

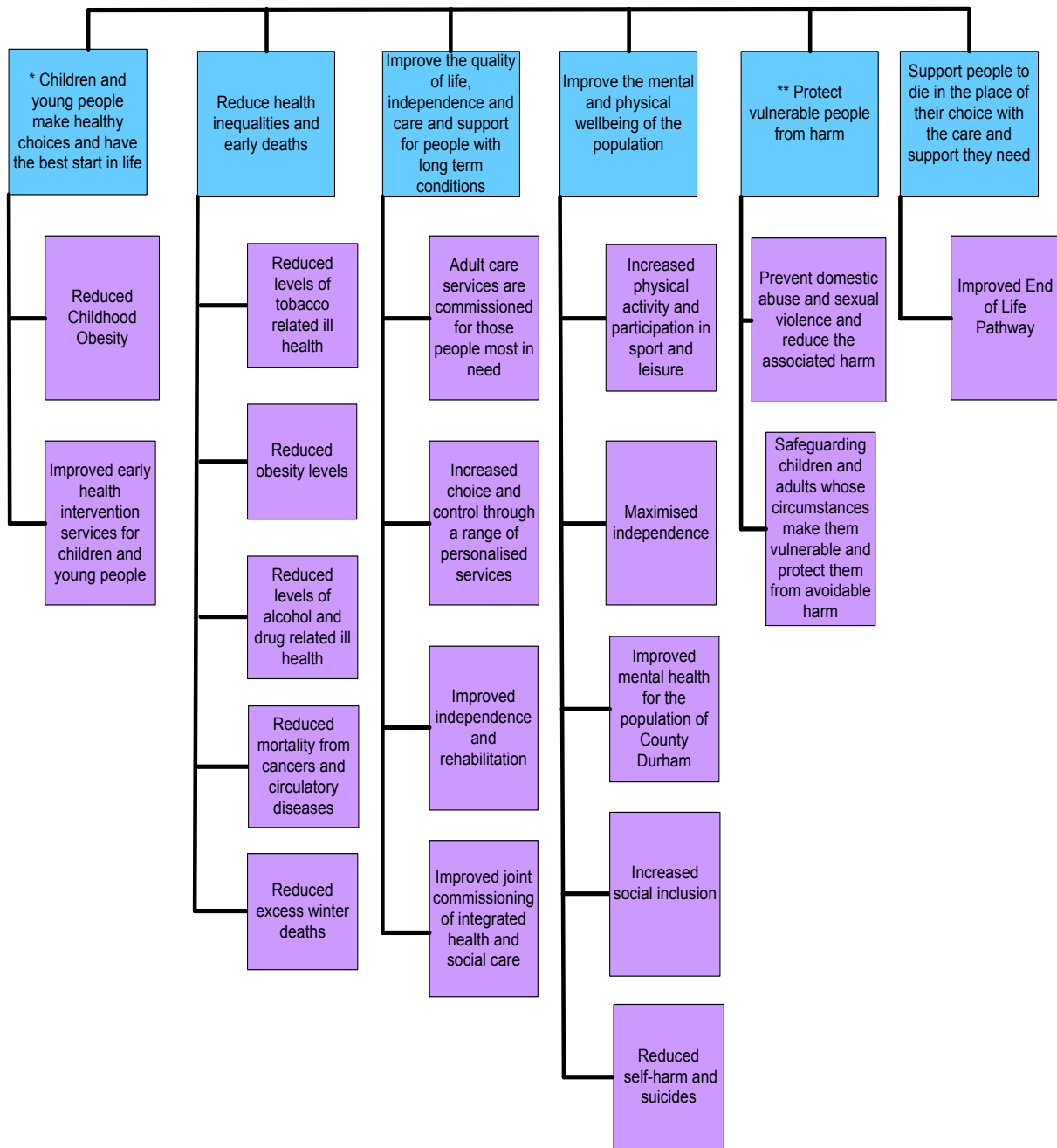
**Consultation** - Consultations have taken place with over 500 key partners and organisations including service users, carers, patients, members of the voluntary and community sector and GP's as well as professionals from partner agencies to ensure the strategy continues to meet the needs of people in the local area and remains fit for purpose for 2016-19.

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

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

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

## Appendix 2: JHWS Objectives and Outcomes Framework



\* 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

## Appendix 3 – Summary of Key Messages from the Joint Strategic Needs Assessment

### Demographics<sup>1</sup>

- In County Durham the total population has increased to 517,800 in 2014, an increase of 1,800 people from 2013.
- Projections indicate a further increase of 5% by 2021 (to 539,900), rising to 560,700 people by 2030 (9% increase from 2012).
- Between 2001 and 2014, the 0-17 population in County Durham has fallen by 5.8% which is a smaller fall than the North East region of 7.5%, while the national trend is reversed and saw an increase in the 0-17 population of 3.5% over the same period. By 2030, the number of children and young people aged 0-17 is projected to increase by 4.6%, reversing some of the declining trends seen prior to 2011.
- The 65+ age group is projected to increase from almost one in five people in 2012 (18.8%) to nearly one in four people (24.5%) by 2030, which equates to an increase of 43.3% from 96,600 to 138,400 people.
- The proportion of the county's population aged 85+ is predicted to increase more acutely, from 2.2% in 2012 to 3.9% in 2030, doubling in terms of numbers from 11,300 to 22,000.
- According to latest available data, the level of child poverty is worse than the England average (19.2%), with 22.7% of children under 16 years living in poverty (2012).

### Health in County Durham

*The following key messages are based on the latest available data.*

- Life expectancy has improved for males (78.0) but reduced slightly for females (81.3) - both are still behind the England average (79.4 for males and 83.1 for females, 2011-13).
- In 2013/14, the number of women who start to breastfeed (57.4%) continues to rise but remains lower than the England average (73.9%).
- Children in County Durham have worse than average levels of obesity:
  - In 2013/14, 10.7% of children aged 4-5 years are classified as obese, compared to the England average of 9.5%.
  - In 2013/14, 21.4% of children aged 10-11 years are classified as obese, compared to the England average 19.1%.
- In 2013, teenage conception rates (33.8 per 1,000) are greater than the England average (24.3), and the North East region (30.6).
- In 2013/14, alcohol-related hospital admission rates for under 18s (69.9 per 100,000) are higher than the regional (65.8) and national (40.1) rates.

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<sup>1</sup> Updated projection data not available until mid January 2016

- Hospital admissions for 15-24 year olds due to substance misuse are worse in the county (94.7 per 100,000) than the England average of 81.3 (2011/12 – 2013/14).
- In 2013/14, admission rates to hospital due to self-harm for 10-24 year olds (523.5 per 100,000) are higher than the England average (412.1 per 100,000).
- In 2013/14, the rate for hospital admissions caused by injuries in children (0-14 years) is worse in County Durham (168.4) than the England average of 112.2.
- In 2013/14, the rate for hospital admissions caused by injuries in young people (15-24 years) is worse in the county (201.7) than the average rate for England (136.7).
- In a Student Voice survey in 2015 across secondary schools in the county, over a third of young people stated that they do not participate in physical activity.
- The mortality rate for cardiovascular disease (88.8 per 100,000 population aged under 75) is higher than England (78.2) but has been falling over time (2011-13).
- The mortality rate for cancer (166.6 per 100,000 population aged under 75) has seen a small increase in 2011-13 and is higher than the England average (144.4).
- Smoking-related deaths in the county (381.3 per 100,000 population aged 35 and over) are worse than the England average of 288.7 (2011-13).
- Smoking prevalence in the county (22.7% in 2013) is worse than the England rate of 18.4%.
- There has been an overall downward trend in maternal smoking over time in County Durham, the North East and England. However, rates locally are still higher than the England average. In 2013/14, 19.9% of mothers in County Durham were smoking at the time of delivery compared to 18.8% regionally and 12.0% nationally.
- Levels of excess weight in adults are higher across the county (72.5% of adults) than the North East (68%) and significantly higher than England (63.8%) according to the Active People Survey 2012.
- In 2013/14, the diabetes prevalence rate for County Durham of 6.9% is higher than both regional (6.5%) and national (6.2%) rates.
- The rate for alcohol-specific admissions to hospital for adults in 2013/14 at 788 per 100,000 population is worse than the England average of 645.
- Between 2011 and 2013, the suicide rate (13.4 per 100,000 population) is higher than the England average of 8.8.

## Social Care in County Durham

- Census results for 2011 show that there are 4,201 young carers in County Durham between the ages of 0–24, which represents 3% of the 0–24 population. However in a school survey, of the survey cohort, 848 students (10.5%) identified themselves as a Young Carer which is significantly higher than the census data.
- The rate of children and young people aged 0-17 in receipt of Disability Living Allowance is higher in County Durham (41.8 per 1,000 population) than regionally (41.1) and nationally (33.9).
- There are 3,745 children in need in the county (March 2015) and in 52% of cases, neglect / abuse is the most common identified primary need, which is above the national average of 49%.
- The rate of emergency admissions for hip fractures in people aged 65 and over (674) is worse than the regional rate (651) and the England rate (580) in 2013/14.
- Since November 2014, there has been a reduction in the number of people whose discharge from hospital is delayed - this is better than England and North East rates. Latest data for the period April – August 2015 shows an average of 4.9 people delayed in Durham compared to a national rate of 11.1 and a regional rate of 7.4
- Admission rates for Older People to permanent care remain high in Durham (824 admissions per 100,000 population) in 2014/15 compared to England (669), however the number of beds being commissioned has reduced by 6.4% since 2011/12, as length of stay shortens and people are admitted later in life.
- Estimates suggest that over 6,600 people in County Durham aged 65+ have dementia. Projections suggest that this number will almost double between 2011 and 2030. This will present a significant challenge to health and social care services.
- In the Department of Health's national adult care survey in 2014/15, social care users in County Durham reported higher levels of satisfaction, have more control and have a better quality of life than the nationally.

## Appendix 4: Proposed Strategic Actions in the Joint Health and Wellbeing Strategy 2016-19

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

#### Reduced Childhood Obesity

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

#### Improved early health intervention services for children and young people

- Support children and young people to achieve their optimum mental health and emotional wellbeing by transforming the quality and availability of services from prevention and early intervention through to specialist care and recovery, delivered closer to home
- Support the reduction of teenage pregnancies (under 18 conceptions) in County Durham by delivering interventions that are in line with evidence and best practice
- Support the reduction in oral health inequalities faced by children within County Durham
- Deliver an integrated 0-19 model to include universal mandated services plus targeted services for vulnerable groups
- Implement the Early Help and Neglect Strategy to better support families who have additional needs at an earlier point
- Work together to reduce rates of self-harm by young people
- Deliver the Special Educational Needs and Disability Strategy 2014-2018 and support schools to improve outcomes relating to achievement, independence and preparation for adulthood
- Ensure health, social care and third sector organisations work together to identify and support young carers
- **NEW** Support young people to manage their risk taking behaviours by building resilience and creating a culture that encourages young people to choose not to drink
- **NEW** Reduce the negative impact alcohol has on the lives of children, young people and their families through parental alcohol use

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

#### Reduced levels of tobacco related ill health

- Support an infrastructure that delivers 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
- Support the local vision statement that “a child born in any part of County Durham will reach adulthood breathing smokefree air, being free from tobacco addiction and living in a community where to smoke is unusual”

#### Reduced obesity levels

- Implement the Healthy Weight Strategic Framework to develop and promote evidence based multi-agency working and strengthen local capacity and capability



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

- **NEW** Improve health inequalities and reduce early deaths in County Durham by reducing alcohol consumption across the population
- Implement the Drugs Strategy to prevent harm, restrict supply and sustain a future for individuals to live a drug free and healthy life, whilst minimising the impact of drugs on communities and families

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

- Work in partnership to develop effective pathways for cancers covering prevention, screening, diagnosis, treatment and survivorship
- **NEW** Work in partnership to develop and implement an effective preventative and treatment programme for people with and at risk of diabetes
- Deliver an integrated and holistic Wellbeing 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

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

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

- Provide better support to people with caring responsibilities by reviewing the service delivery model and increasing access to personal budgets for carers

### **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**

- Continue to progress the model for Frail Elderly that incorporates a whole system review that cuts across health, social care and the third sector providing safe, high quality seven day integrated services; delivering person centred care, and places early identification, timely intervention and prevention at its core.
- Improve people's ability to reach their best possible level of independence by evaluating the Intermediate Care Plus Service and other effective alternatives to hospital and residential care admission
- Provide safe, high quality seven day integrated services across the health and social care economy
- Implement the Urgent Care Strategy to ensure 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 effective way providing the best outcome for the patient

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

- Implement the agreed framework and policies for Clinical Commissioning Groups and partners in relation to continuing health care and integrated packages in mental health and learning disability, including personal health budgets
- **NEW** Develop a vision and new model of integration for County Durham to maximise the use of resources and improve outcomes for local people with regard to health and social care
- **NEW** Work together to consider the implications of the key clinical quality standards and potential models of care across the Durham, Darlington and Tees area within the resources available

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

### **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 through the development of the 'Altogether Active' physical activity framework for County Durham

### **Maximised independence**

- Work together to improve timely diagnosis and support for people with dementia and their family and carers

### **Improved mental health for the population of County Durham**

- Improve access to evidence based programmes which improve mental health, wellbeing and resilience
- Work together to find ways that will support the armed services community who have poor mental or physical health
- Ensure that people with poor mental health are supported to stay in work and gain employment
- Continue to improve access to psychological therapies
- 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)

### **Increased social inclusion**

- 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 together to reduce the health inequalities between the Gypsy Roma Traveller community and the general population

### **Reduced self-harm and suicides**

- Refresh the Public Mental Health Strategy for County Durham including the suicide prevention framework
- **NEW** Work in partnership to improve outcomes for people experiencing mental health crisis in the community and in custody

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

### **Prevent domestic abuse and sexual violence and reduce the associated harm**

- Ensure that all victims of domestic abuse and sexual violence have access to the right help and support throughout the criminal justice process and that services are available to address their needs

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

- Work with partners to help families facing multiple and complex challenges, ensuring that children are safeguarded and protected from harm and that early intervention and prevention services are in place to support Phase 2 of the Stronger Families Programme in County Durham
- **NEW** Develop the practice of adult protection lead officers and frontline teams to meet the requirements of 'Making Safeguarding Personal'

## **Strategic Objective 6: Support people to die in the place of their choice with the care and support that they need**

### **Improved End of Life Pathway**

- Ensure that providers deliver support to people at the end of their life based on the Five Priorities for Care that will deliver personal, bespoke care to people at the end of their life.