Health and Wellbeing Board

8 March 2016

Joint Health and Wellbeing Strategy 2016-19

Report of Peter Appleton, Head of Planning and Service Strategy, Children and Adults Services, Durham County Council

Purpose of the Report

1 The purpose of this report is to present the refresh of the Joint Health and Wellbeing Strategy (JHWS) 2016-19 for agreement.

Background

2 Consultation took place between August 2015 and February 2016 on the Joint Health and Wellbeing Strategy (JHWS) and has included children and young people, service users, patients, members of the public, voluntary and community organisations, the local authority, Area Action Partnerships and NHS colleagues.

3 The Children and Young People's and Adults, Wellbeing and Health Overview and Scrutiny Committees noted the content of the JHWS at their meetings in January 2016. They acknowledged the rigorous consultation process which has been undertaken and did not identify any gaps in the strategic actions. The Committees agreed the outcomes on which the framework is built are appropriate.

4 The Health and Wellbeing Board have been involved in the development of the JHWS and been provided with a summary of the key messages from the Joint Strategic Needs Assessment (JSNA) and the draft JHWS document for comment.

5 The JHWS is informed by the JSNA which provides an overview of health and wellbeing needs of the local population.

Refresh of the Joint Health and Wellbeing Strategy

6 Work has progressed in developing a final version of the JHWS 2016-19. This has included an update on policy information, consultation and evidence from the JSNA and the Annual Report of the Director of Public Health County Durham 2014 which focused on social isolation. The JHWS includes actions relating to childhood and adult obesity and actions within the JHWS Delivery Plan will be updated as required with information from the Annual Report of the Director of Public Health County Durham 2015, which focuses on obesity, when the document is available. Performance

indicators have been reviewed to ensure they remain appropriate to the priorities of the Health and Wellbeing Board.

7 The vision for the JHWS has been re-affirmed as **"Improve the health and wellbeing of the people of County Durham and reduce health inequalities"**.

Strategic Objectives and Outcomes Framework

8 A Strategic Objectives and Outcomes Framework has been agreed by the Health and Wellbeing Board and is outlined in the JHWS on page 8.

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

Strategic Actions

10 The JHWS includes a number of Strategic Actions that identify the key areas of work which the Health and Wellbeing Board will focus on, linked to objectives and outcomes.

11 Work has been undertaken to streamline the number of Strategic Actions where possible, from 51 to 47. A number of actions have amended wording or are new and have been agreed with relevant leads as part of the planning process to develop the Joint Health and Wellbeing Strategy.

12 A full version of the revised Joint Health and Wellbeing Strategy 2016-19 is attached in Appendix 2 for agreement.

JHWS Delivery Plan

13 More detailed actions outlining the work taking place to achieve the Strategic Actions will be included in the JHWS Delivery Plan. This will include target dates for when actions will be achieved. This will be presented to the Health and Wellbeing Board for agreement on 26th July 2016.

JHWS Performance Management arrangements

14 A proposed set of performance indicators were included within the draft JHWS 2016-19 which was presented to the Health and Wellbeing Board in January 2016. No further feedback was received and the indicators are now included in the attached JHWS for agreement.

15 The indicators will be reported to the Board on a six monthly basis, along with progress against the delivery plan actions.

16 There are two types of indicator included in the JHWS:

- Tracker indicators do not have targets for improvement as they are long-term in nature and the council and its partners are only able to partially influence change.
- Target indicators are those where it is possible to influence performance levels and consequently annual targets can be set. The list of target indicators are included at appendix 3 for agreement by the HWB Board.

17 The Quality Premium is intended to reward Clinical Commissioning Groups (CCGs) for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reducing inequalities. Key indicators from the Quality Premium are reported to the Board as part of the Performance Framework. However, the Quality Premium guidance for 2016/17 has not yet been published by NHS England and indicators and targets have therefore not been agreed. Once available, a report will be presented to the Health & Wellbeing Board which will confirm indicators and targets for 2016/17.

18 The Board are also asked to note that indicators which relate to the Better Care Fund are being considered by the Better Care Fund Monitoring Group. The final Plan, including performance indicators and targets (where required), will be submitted to NHS England, following agreement by the Health and Wellbeing Board, on 25 April 2016. Once agreed, these will be added to the Performance Framework for the Board.

Timeline for the development of the JHWS

18 The Health and Wellbeing Board is requested to note the following key dates for the development of the review of the JHWS 2016 – 2019:

- HWB receives final version of JHWS 2016-19 for agreement including performance indicators – **8th March 2015.**
- Cabinet receives refreshed JHWS 2016-19 – **15th April 2016.**
- CCGs receive refreshed JHWS 2016-19 – **May 2016.**
- HWB receives JHWS Delivery Plan 2016-19 – **26th July 2016.**

Recommendations

19 The Health and Wellbeing Board is recommended to:

- Agree the Joint Health and Wellbeing Strategy 2016-19.
- Note the current position in relation to indicators linked to national frameworks.
- Agree the 2016-19 JHWS target indicators.
- Agree the Joint Health and Wellbeing Strategy Delivery Plan is presented to the July HWB meeting.

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Appendix 1: Implications

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, where appropriate.

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 2016-19

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

Appendix 3: JHWS 2016-19 Target Indicators

Indicator	Historical Data			Latest Data	2015/16 Target	National	North East	Similar Councils	2016/17 Target	2017/18 Target	2018/19 Target
Percentage of exits from young person's substance misuse treatment that are planned discharges	88% (2012/13)	74% (2013/14)	69% (2014/15)	**77%** (Apr-Jun15)	83%	80% (Apr-Jun15)	Not available	Not available	**80%**	Targets to be agreed as part of review of Drug & Alcohol Provider Contract	
Percentage of mothers smoking at time of delivery	**19.9%** (2013/14)	**19.0%** (2014/15)	**18.1%** (Apr-Jun15)	**18.1%** (Jul-Sep15)	18.2%	10.7% (Apr-Jun15)	15.8% (Apr-Jun15)	Not available	**17.2%**	**16.6%**	**Not yet set**
Percentage of the eligible population who receive an NHS Health Check	10.3% (2013/14)	7.4% (2014/15)	**1.9%** (Apr-Jun15)	**5.4%** (Apr-Sep15)	8%	2.2% (Apr-Jun15)	1.9% (Apr-Jun15)	Not available	**8%**	**8%**	**Not yet set**
Percentage of patients receiving first definitive treatment for cancer within 31 days from diagnosis (decision to treat date) DDES CCG	**98.3%** (Oct - Dec14)	**97.7%** (Jan-Mar15)	**98.4%** (Apr-Jun15)	**98.8%** (Jul-Sep15)	96%	97.4% (Apr-Jun15)	98.7% [Durham, D'ton & Tees Area Team] (Jan-Mar 2015)	Not available	**96%**	**96%**	**96%**
Percentage of patients receiving first definitive treatment for cancer within 31 days from diagnosis (decision to treat date) North Durham CCG	**99.1%** (Oct-Dec14)	**98.8%** (Jan-Mar15)	**98.5%** (Apr-Jun15)	**98.9%** (Jul-Sep15)	96%	97.4% (Apr-Jun15)	98.7% [Durham, D'ton & Tees Area Team] (Jan-Mar 2015)	Not available	**96%**	**96%**	**96%**

Indicator	Historical Data			Latest Data	2015/16 Target	National	North East	Similar Councils	2016/17 Target	2017/18 Target	2018/19 Target
Percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer DDES CCG	**81.1%** (Oct-Dec14)	**83.5%** (Jan-Mar15)	**82.9%** (Apr-Jun15)	**71.4%** (Jul-Sep15)	85%	81.8% (Apr-Jun15)	Not available	Not available	**85%**	**85%**	**85%**
Percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer North Durham CCG	**86.2%** (Oct-Dec14)	**90%** (Jan-Mar15)	**79.9%** (Apr-Jun15)	No data?	85%	81.8% (Apr-Jun15)	Not available	Not available	**85%**	**85%**	**85%**
Successful completions as a percentage of total number in drug treatment - Opiates	7.3% (2012)	6.8% (2013)	6.8% (2014)	**6.5%** (Apr14-Mar15)	9.4%	7.4% (2014)	Not available	Not available	**Within Top quartile of similar LAs**	Targets to be agreed as part of review of Drug & Alcohol Provider Contract	
Successful completions as a percentage of total number in drug treatment - Non Opiates	36.1% (2012)	39.9% (2013)	39.9% (2014)	**41.0%** (Apr14-Mar15)	41.7%	39.2% (2014)	Not available	Not available	**Within Top quartile of similar LAs**	Targets to be agreed as part of review of Drug & Alcohol Provider Contract	
Successful completions as a percentage of total number in treatment – Alcohol	43.7% (2012/13)	34.8% (2013/14)	32.5% (Jul14-Jun15)	**26.9%** (Oct14-Sep15)	39.5%	39.1% (Jul14-Jun15)	Not available	Not available	**Within Top quartile of similar LAs**	Targets to be agreed as part of review of Drug & Alcohol Provider Contract	
Four week smoking quitters per 100,000 18+ smoking population [Number of quitters]	4,380 [4,134] (2013/14)	3,250.9 [3,068] (2014/15)	712 [672] (Apr-Jun15)	**641** [605] (Jul-Sep 15)	**2,939** [2,774 quitters]	Not available: New definition	Not available: New definition	Not available: New definition	**2,311 quitters**	Targets not yet set - Will be reviewed as part of Stop Smokng Service Contract	

Indicator	Historical Data			Latest Data	2015/16 Target	National	North East	Similar Councils	2016/17 Target	2017/18 Target	2018/19 Target
The percentage of women in a population eligible for breast screening at a given point in time who were screened adequately within a specified period	79.3% (2012)	78.6% (2013)	77.9% (2014)	**77.8%** (2015)	70%	75.9 (2014)	77.1 (2014)	75.8 (2013)	**70% (national target)**	**70% (national target)**	**70% (national target)**
The percentage of women in a population eligible for cervical screening at a given point in time who were screened adequately within a specified period	78.8% (2012)	77.7% (2013)	78% (2014)	**77.6%**(2015)	80%	74.2 (2014)	76.1 (2014)	77.3 (2013)	**80% (national target)**	**80% (national target)**	**80% (national target)**
The percentage of people eligible for bowel screening who were screened adequately within a specified period	N/A			**61.2%** (At 31 Mar 15)	60%	Not available			**60% (national target)**	**60% (national target)**	**60% (national target)**
Proportion of people using social care who receive self-directed support, and those receiving direct payments	Not available	89.8% (ASCOF 2014-15)	91.0% (At 30-Sep-15)	**90.1%** (At 31-Dec-15)	90.0%	83.7% (ASCOF 2014-15)	91.9% (ASCOF 2014-15)	82.9% (ASCOF 2014-15)	**90%**	**90%**	**90%**
Percentage of repeat incidents of domestic violence (referrals to MARAC)	8.9% (2013/14)	14.8% (2014/15)	18.5% (Apr-Jun15)	**14.9%** (Apr 15 - Sep15)	Less than 25%	25.0% (Jul 14 - Jun 15)	29.0% (Jul 14 - Jun 15)	Not available	**Less than 25%**	**Less than 25%**	**Less than 25%**