



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

2016-2019

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1. Foreword

The first Joint Health and Wellbeing Strategy (JHWS) for County Durham was developed in 2013 and has been reviewed on an annual basis with input from local stakeholders, including service users, patients, carers, members of the voluntary and community sector, GP's, NHS and local authority partners to ensure it focuses on the right priorities for joint action to improve people's health and wellbeing.

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 in services which are included in the JHWS are:

- Agreement of 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.
- 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.
- Agreement of the County Durham Dual Needs Strategy 2015-17 which identifies people with dual needs and ensures they have access to coordinated

and responsive services to meet their complex and changing needs and their families and carers are supported.

- Endorsement of the County Durham and Darlington Urgent Care Strategy 2015-20 which aims to improve people's ability to care for themselves through patient self-management programmes, improve patient access to urgent care from primary and community services and improve emergency care provision provided within hospital settings and by ambulance services.
- Awarded one of the eight Vanguard sites which are transforming emergency and urgent care. This provides an opportunity for us to not just work across organisations but also across geographical boundaries as part of the North East Urgent Care Network.
- Agreement of the comprehensive County Durham Transformation Plan for Children and Young People's Mental Health, Emotional Wellbeing and Resilience 2015 – 2020. This plan takes into consideration the national policy document 'Future in Mind' on promoting, protecting and improving children and young people's mental health and wellbeing.
- Supported progress towards the development of a new strategic framework for physical activity - Altogether Active – A Physical Activity Framework for County Durham.
- Agreement of the first Health and Wellbeing Board led Pharmaceutical Needs Assessment for County Durham

which looks at the current provision of pharmacy services across County Durham and whether there are any potential gaps to service delivery.

- Endorsement of the Strategic Framework for the Prevention of Cardiovascular Disease (CVD) 2015 – 19. The aim of this document is to set out a framework to help prevent CVD, by working together to reduce changeable risk factors, through tried and tested interventions for the general population, the community and also at an individual level.
- Agreed County Durham will be one of the early demonstrator sites for the new National Diabetes Prevention Programme (NDPP) commencing April 2016. In addition, a new local Integrated Diabetes Model with Consultants and G.P. Practices working jointly in the community to support their patients will be rolled out from April 2016.

As budgets continue to be squeezed in the public sector it is important we continue to work together to make the best use of resources and improve



Councillor Lucy Hovvels
Chair of the Health and Wellbeing Board
Cabinet Portfolio for Adult and Health Services

outcomes for local people with regards to health and social care.

National NHS Planning guidance, 'Delivering the Forward View', requires the development of a five year Sustainability and Transformation Plan 2016-21 to set out a vision for health to improve the quality of care, wellbeing and NHS finances.

The Sustainability and Transformation Plan will link to the Joint Health and Wellbeing Strategy, Better Care Fund and Better Health Programme to address the provision of the best possible local services over the next five years and beyond. The Better Health Programme aims to improve services whilst considering key challenges including:

- The changing health needs of local people
- Meeting recommended clinical standards
- Availability of highly trained and skilled staff
- High quality seven-day services
- Providing care closer to home
- Making the best use of our money

The Health and Wellbeing Board remains committed to working together to improve the health and wellbeing of the people of County Durham and reducing health inequalities.



Dr Stewart Findlay
Vice Chair of the
Health and Wellbeing Board
Chief Clinical Officer, Durham Dales,
Easington and Sedgfield Clinical
Commissioning Group

2. Introduction

What is the Joint Health and Wellbeing Strategy?

The Joint Health and Wellbeing Strategy is a legal requirement to ensure 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 2016-19. The refresh is informed by the Joint Strategic Needs Assessment and the Annual Report of the Director of Public Health, County Durham, which is produced 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 2016 onwards. These will be reflected in Clinical Commissioning Group and local authority plans.

The strategy also takes account of the national and local policy context which contributes to and helps shape this agenda. Overviews of the key policies which have been considered as part of this document are included at Appendix 1.

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. Membership of the Health and Wellbeing Board is included at Appendix 2.

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, commitments and engagement activity of the Health and Wellbeing Board as well as detailing locality health and wellbeing projects which are supported by the Board.

What consultation has taken place?

Consultation has taken place with over 500 people as part of the refresh of the Joint Health and Wellbeing Strategy to ensure the strategy continues to meet the needs of people in the local area and remains fit for purpose for 2016-19.

The Health and Wellbeing Board held an engagement event which was attended by over 260 people from various groups including voluntary organisations, patient reference groups, service users, carers, Area Action Partnerships and Elected Members.

A number of engagement events were also undertaken to gain the views of young people in relation to health and wellbeing. These included "Try it out" days undertaken by North Durham Clinical Commissioning Group and Agenda Days by Investing in Children.

Young carers and their families were also consulted through The Bridge Young Carers Service. Engagement events for older people and people with learning disabilities were also undertaken.

Adults, Wellbeing and Health and Children and Young People's Overview and Scrutiny Committees were also consulted.

Pledges of the Health and Wellbeing Board

Examples of pledges undertaken by the Health and Wellbeing Board include:

- Signed up to the Disabled Children's Charter to ensure 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 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.
- Signed up to St Mungo's Broadway Charter for Homeless Health pledging to measure and understand the needs of homeless people.
- Signed the NHS Statement of Support for Tobacco Control to actively support local work to reduce smoking prevalence and health inequalities.

Stakeholders

A list of stakeholders for the Joint Health and Wellbeing Strategy is shown below:

- Patients Reference Groups
- Service users
- Carers
- Durham County Council
- Clinical Commissioning Groups
- County Durham and Darlington NHS Foundation Trust
- North Tees and Hartlepool NHS Foundation Trust
- City Hospitals Sunderland NHS Foundation Trust
- Tees Esk and Wear Valleys 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
- County Durham and Darlington Fire and Rescue Service
- The Durham Tees Valley Community Rehabilitation Company Limited
- National Probation Service
- Durham Tees Valley Community Rehabilitation Company
- Safeguarding Adults Board
- Local Safeguarding Children Board
- Veterans Wellbeing Assessment and Liaison Service (VWALS)
- Tobacco Control Alliance
- Healthy Weight Alliance
- Think Family Partnership
- Learning Disabilities Engagement Forum
- Older Adults Engagement Forum
- Mental Health Partnership Board
- Community Wellbeing Partnership
- Area Action Partnerships
- System Resilience Group
- Protected Characteristic Groups
- North East Local Nature Partnership

(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 (JSNA) and the [Annual Report of the Director of Public Health 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 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.

The Health and Wellbeing Board will continue to further develop options for future integration in County Durham.

The strategic objectives were re-affirmed by the Health and Wellbeing Board in September 2015 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 the 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.**

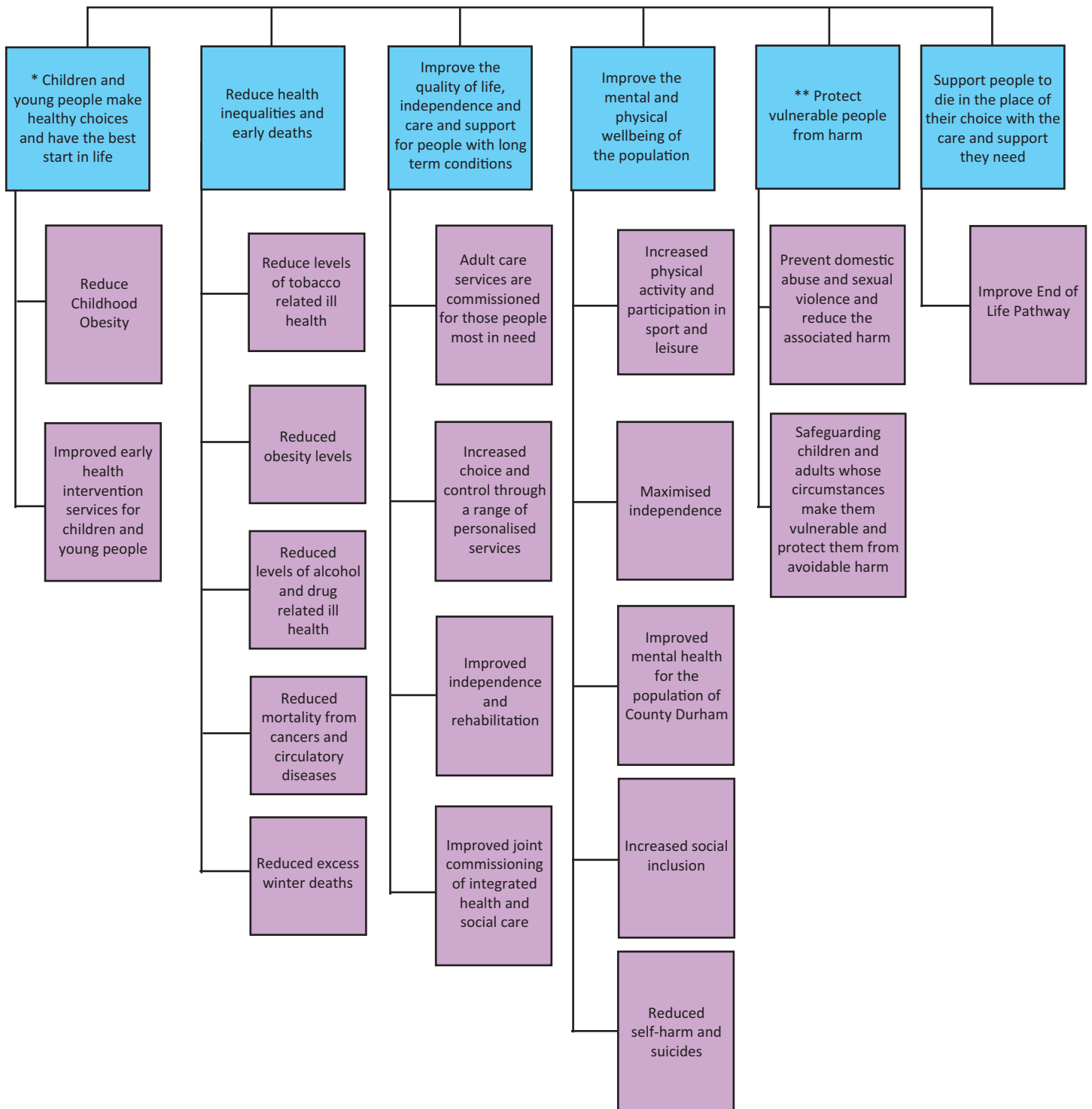
The Health and Wellbeing Board has also agreed a set of outcomes that are aligned to the strategic objectives, for example ‘Reduced childhood obesity’, ‘Improved independence and rehabilitation’ and ‘Increased social inclusion’. Please see the diagram on the next page for a full illustration of strategic objectives and outcomes.

The strategic objectives and outcomes are underpinned by a number of strategic actions which will be undertaken to meet the objectives. The Joint Health and Wellbeing Strategy Delivery Plan will ensure the strategy is effective and performance managed, allowing 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 six monthly basis to outline achievements and where further action is still required.

The Joint Health and Wellbeing Strategy has informed local authority plans, Clinical Commissioning Groups (CCG) commissioning intentions and plans, the Sustainable Community Strategy, NHS Provider Plans (including Quality Accounts) and the Sustainability and Transformation Plan 2016–21. An overview of the range of strategies and documents which the Joint Health and Wellbeing Strategy links to is provided at Appendix 3.



Joint Health and Wellbeing Strategy 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

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, one of which is the Health and Wellbeing Board.

Each of these has a specific focus, as outlined below along with their strategic objectives:

- **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.

- Thriving Durham City
- Vibrant and successful towns
- Sustainable neighbourhoods and rural communities
- Competitive and successful people
- A top location for business

- **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.

- Children and young people realise and maximise their potential
- Children and young people make healthy choices and have the best start in life
- A Think Family approach is embedded in our support for families

- **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.

- Reduce anti-social behaviour
- Protect vulnerable people from harm
- Reduce re-offending
- Alcohol and substance misuse harm reduction
- Embed the Think Family approach
- Counter terrorism and prevention of violent extremism
- Implement measures to promote a safe environment

- **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.

- Deliver a clean, attractive and sustainable environment
- Maximise the value and benefits of Durham's natural environment
- Reduce carbon emissions and adapt to the impact of climate change



Cross cutting priorities

There are 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 children and young people’s mental health including self-harm by young people are included under this objective and will be led by the Health and Wellbeing Board with support from the Children and Families Partnership.

The following objective is shared with the Safe Durham Partnership:

‘Protect Vulnerable People from Harm’

As a shared objective, actions relating to issues such as alcohol and substance misuse 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 carers as well as those with a long term health conditions including diabetes and cardiovascular disease.

Community issues

There are fourteen Area Action Partnerships (AAPs) across County Durham which 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 CCG sitting on their respective Boards, as well as a designated Public Health officer aligned to the AAP who provides ongoing support.

In 2015-16, Public Health provided the AAPs with a health budget which the AAPs and partners can 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 launched a scheme, known as Safer Homes to engage isolated, vulnerable and elderly people and provide them with crime and fire safety advice as well as protection. Along with practical help to make homes safer, the project aims to improve the health and wellbeing of those people involved, with the project designed to foster further collaboration with as many frontline health care professionals, practitioners, families and friends as possible in order to reach the most vulnerable members of the community.

Wider determinants of health

The Marmot Review [‘Fair Society Healthy Lives’ \(2010\)](#) acknowledged the wider determinants of health which include employment, education, transport, housing, environment and crime and disorder. These issues are best addressed through the Sustainable Community Strategy (SCS) which is the over-arching strategic document of the County Durham Partnership. The SCS has 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 County Durham Plan, Regeneration Statement, the Local Transport Plan and the Housing Strategy.

The SCS provides particular focus on the following cross thematic areas:

- Job creation
- Mental wellbeing
- Think Family
- Volunteering
- Inequalities
- Alcohol

5. The picture of health and wellbeing needs in County Durham

The Joint Strategic Needs Assessment is the evidence base which informs the Joint Health and Wellbeing Strategy. A new approach is being taken to develop a web based Integrated Needs Assessment for County Durham, which will incorporate the Joint Strategic Needs Assessment from summer 2016.

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 which can vary over the geography of the County. The links between poor health outcomes and deprivation are well documented.

The latest release of the Children in Low-Income Families Local Measure shows the gap between County Durham and England continues to widen. In 2007, 22.8 percent of County Durham children aged under 16 were in families receiving less than 60 percent of median national income. This was only slightly higher than the national rate of 22.4 percent. However, latest data from 2013 indicates the absolute gap to have grown to 3.9% (County Durham 22.5 percent, England 18.6 percent). If the level of child poverty in the County had followed national trends since 2007, there would have been over 2,100 fewer children in poverty in 2013.

It is essential a strong partnership approach is taken to address poverty, working across sectors and with partner organisations, to understand impacts and to support individuals and communities affected by welfare reform and related poverty issues.

A Poverty Action Steering Group (PASG) is in place, led by the Assistant Chief Executive of Durham County Council, which co-ordinates the delivery of a range of new and existing policy work which seeks to achieve a much broader understanding of the issues affecting residents, resulting from continuing changes to welfare and other issues which mean residents can experience poverty. Building on this understanding, the Group will seek to identify actions to support residents and help address identified inequalities. The PASG has developed a Poverty Action Plan which outlines the vision as:

“To work together to reduce and prevent poverty as far as possible across County Durham”

In addition there are three objectives and five themes which include child poverty, under which identified actions will be coordinated.

Many of the Area Action Partnerships (AAPs) have identified welfare reform as one of their key priorities and have supported various projects in their areas, focusing on the issues which are particularly relevant to each local community. For example, Stanley AAP provided assistance to a project offering face to face local Welfare Rights advice, through a series of surgeries throughout the area, has provided support to residents affected by welfare changes and who are experiencing difficult times. The service is being further enhanced by partnership links with Macmillan Cancer Support, Stepchange debt charity, sensory support services and local mental health support projects.

The Council has worked with partners to support the Advice in County Durham Partnership to help co-ordinate and develop capacity to provide welfare and poverty advice in the County. The partnership seeks to bring together statutory, community and voluntary sector organisations under a ‘no wrong door’

approach, to improve the co-ordination of advice services and ensure agencies work together to support the needs of our communities.



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 consumption, reducing teenage conceptions (and promoting good sexual health), promoting positive mental health and reducing early deaths from heart disease and cancer. The Economic Partnership's focus includes raising aspirations for young people, engaging adults into work and mitigating the impact of welfare reform on our most vulnerable residents. The Partnership also focuses on housing and we will continue to work with them to ensure there is a link between housing and health.

Much of our population suffer from avoidable ill-health or premature deaths. Lifestyle choices remain a key driver to reducing premature deaths but it is clear that social, economic and environmental factors also have a significant and direct impact on health.

Smoking prevalence, proportion of mothers smoking during pregnancy, unhealthy weight in children and adults, alcohol specific hospital admissions and teenage conception rates are all greater than the England mean. Lower than average levels of breastfeeding initiation are prevalent, combined with poor dietary choices.

The County has an ageing population which will present challenges in delivering services. Our most recent population information for County Durham shows:

- The total population has increased to 517,800 in 2014, an increase of 1,800 people from 2013.
- Projections indicate a further increase of 2.8% by 2021 (to 532,200 from a 2014 base year), rising to 548,500 people by 2030 (5.9% increase from 2014).
- Between 2001 and 2014, the 0-17 population in County Durham fell by 5.9%; a smaller fall than the North East region (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 4.7% (from 2014), reversing some of the declining trends seen prior to 2011.
- Between 2001 and 2014 the 18 to 64 age group increased by 3.5% (10,700 people); this group is predicted to decrease to 311,200 by 2021 (a fall of 1.5%) and continue to fall by a further 2.1% by 2030 (a fall of an additional 6,600 people).
- The 65+ age group is projected to increase from almost one in five people in 2014 (19.6%) to one in four people (25.3%) by 2030, which equates to an increase of 36.8% from 101,500 to 138,800 people.
- The proportion of the County's population aged 85+ is predicted to almost double (+93.9%) by 2030.

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.

People with stronger social networks are more likely to be healthier and happier. Those with weaker social networks can become isolated and, as a result, more likely to experience poor physical and mental health, increase the burden on local health and care services and can increase the chances of premature death.

Earlier interventions could help prevent some of the negative effects of social isolation.



6. Strategic Objectives

The following six Strategic Objectives are the medium term aims for 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

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 and the gap between County Durham and England continues to widen. Growing up in poverty has a significant impact on children and young people both during their childhood and beyond.

What is going well?

- The downward trend in the under 18 conception rate in County Durham has continued.
- The percentage of children achieving a good level of development at early years foundation stage has increased and is in line with national averages and above the average North East rate.

Areas of development

- The rate of young people admitted to hospital as a result of self-harm is significantly higher than the national average.
- The provision of services for Children and Young People with eating disorders is a concern nationally and locally.
- The rate of young people admitted to hospital due to alcohol is higher than both national and regional averages.
- Children in County Durham have worse than average levels of unhealthy weight for children aged 4-5 and 10-11 years.
- The percentage of young people leaving drug and alcohol treatment in a planned way as it is below the national average.
- The percentage of mothers smoking at the time of delivery is above regional and national averages.

What you told us

Investing in Children Agenda Days, August to September 2015

- Young people highlighted that child obesity is an issue, and that the influence of parents is a major factor.
- There needs to be more promotion about mental health and emotional wellbeing in order to tackle the stigma of mental health.
- Improved access to quality education and advice regarding sexual health services with professionals that can relate to young people.
- All of the young people agreed that alcohol is very easy to get a hold of and is easily affordable by children and young people.

The Bridge Young Carers Service Family Fun Day, October 2015

- People don't understand what it's like to be a young carer and support is really important.

Student Voice Survey, February 2015

- Over 10% of young people identified themselves as a Young Carer.
- Over a third of young people in secondary school do not participate in physical activity in and out of school, other than School PE.

EVIDENCE FROM THE COUNTY DURHAM JOINT STRATEGIC NEEDS ASSESSMENT:

- The percentage of women who start to breastfeed (57.4%) continues to rise but remains lower than the England average (73.9%). This is a continuation of the trend for County Durham.
- In 2014/15, 23% of children aged 4-5 years are classified as overweight and obese compared to the England average of 21.9%
- In 2014/15, 36.6% of children aged 10-11 years are classed as overweight and obese compared to the England average of 33.2%.
- 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.
- 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%) however too many of our children still experience preventable dental disease.
- 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.
- Children and young people are often exposed to second hand smoke. In the Student Voice Survey (2015) across secondary schools in the County, over half of the students identified that they often find themselves near other people who are smoking.
- Admission rates to hospital due to self-harm for 10-24 year olds (523.5 per 100,000) in 2013/14 were significantly higher than the England average (412.1 per 100,000).
- Around 10% of those aged 5-16 years have a classifiable mental health disorder, which is similar to the national and regional estimate.
- The rate of children and young people aged 0-17 in receipt of Disability Living Allowance is higher in County Durham (41.8) than regionally (41.1) and nationally (33.9 per 1000 population).
- There are 22.5% of children aged under 16 years living in poverty in County Durham compared with the England average of 18.6%.

Strategic Actions – How we will work together

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.
- 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.
- Reduce the negative impact alcohol has on the lives of children, young people and their families through parental alcohol use.

What are the outcomes / measures of success?

- Prevalence of breastfeeding at initiation and 6-8 weeks from birth.
- Under 16 and 18 conception rates
- Percentage of children aged 4-5 and 10-11 classified as overweight or obese.
- Number of young people referred to Child and Adolescent Mental Health Services (CAMHS) who are seen within 9 weeks.
- Alcohol specific hospital admissions for under 18's.
- Percentage of exits from young person's substance misuse treatment that are planned discharges.
- 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.
- Reduction in tooth decay in under 5's.

Case Study

H has been attending the teen parents group, which has helped her to improve her confidence. H is a bright and capable young lady and is looking at a career in midwifery; she has made enquiries about a science access course at her local college. H is an inspiration to others; she is motivated to pursue her career, despite being a young mum, and is very focussed on how she will shape her future.



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 we recognise more still needs to be done, as County Durham is still worse than the England average in terms of life expectancy and the number of years someone can expect to live in good health. There is also inequality within County Durham for many measures including life expectancy and premature mortality.

What is going well?

- The percentage of patients receiving treatment within 31 days of cancer diagnosis has achieved target and is consistent with regional and national averages.
- County Durham is above the regional and national average for breast and cervical screening rates.
- Performance is above the national average for the percentage of people with learning disabilities who have had an annual health check.

Areas of development

- Successful completions as a percentage of total numbers in drug treatment are below target and below regional averages.
- Despite improvements, alcohol related admissions to hospital for all ages are significantly higher than the national average.
- All-cause mortality rates for those under 75 years remains significantly higher than the national average.
- The percentage of those in alcohol treatment who successfully complete treatment has declined and is significantly below the national average.



What you told us

Investing in Children Agenda Days, August to September 2015

- It is important to educate parents in relation to alcohol behaviours as they influence the behaviour of young people

Health and Wellbeing Board Big Tent Engagement Event, November 2015

- Access to diabetes facilities and services is an issue.
- Communication is key so people have the information they need to help themselves

EVIDENCE FROM THE COUNTY DURHAM JOINT STRATEGIC NEEDS ASSESSMENT:

- 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).
- In County Durham, men born in the most affluent areas will live 7 years longer than those born in the most deprived areas; women born in the most affluent areas will live 7.5 years longer than those born in the most deprived areas.
- Prevalence of long term conditions (such as diabetes, coronary heart disease, and stroke) is significantly higher than the England average.
- Mortality rates for the major causes of death (cardiovascular disease, cancer and stroke) in County Durham are significantly higher than England, but have been falling over time (although cancer mortality has seen a small increase most recently).
- Smoking is the biggest single contributor to the shorter life expectancy experienced locally and contributes substantially to the cancer burden. Between 2011 and 2013 cardiovascular disease (CVD) and cancer accounted for 63% 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.
- The levels of excess weight are higher across County Durham (69%of adults) than the North East (68.6%) and significantly higher than England (64.6%).
- The rate for alcohol-specific admissions to hospital for adults at 788 per 100,000 population is worse than the England average of 645.
- Between 2010 and 2013 there was a total of 944 additional deaths, an average of 315 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.

Strategic Actions – How we will work together

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

- Reduce 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.
- Work in partnership to develop and implement an effective preventative and treatment programme for people with and at risk of diabetes through the delivery of Integrated Diabetes Model with Consultants and GP Practices working together to deliver improved health outcomes for people with 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.
- Work together to reduce the health inequalities between the Gypsy Roma Traveller community and other BME Groups 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.
- Prevalence of Diabetes.

Case Study

J is an elderly gentleman who was receiving social care services due to his poor health and mobility. When his old gas fired boiler stopped working there was a risk of his health deteriorating significantly due to the cold conditions. Social care staff therefore referred J to the Warm and Healthy Homes Scheme. J was assessed and based on his state of health, income and heating conditions, he was offered support from the Warm and Healthy Homes Scheme.

As a result a new energy efficient gas combi-boiler was installed in his home at no cost. Free insulation was also provided by Warm Up North. Following a further referral to the fire service, smoke alarms were also installed. J now has a warm, safe and well insulated home and the risks to his health have significantly reduced.

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.
- Local authorities with adult social care responsibilities have a statutory duty to provide an assessment, including a duty for carers and children who are likely to need support after their 18th birthday.

What is going well?

- The percentage of people with no ongoing care needs following completion of provision of a reablement package has increased.
- 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 the services they receive have helped to improve the quality of their life has exceeded target.
- There has been an increase in the number of people in receipt of Telecare.
- More older people are remaining at home three months after being discharged from hospital into Reablement services.
- Increase in the use of community services avoiding unplanned admissions to hospital.

Area of development

- The number of older people admitted to hospital for falls or falls injuries is higher than the national average.



What you told us

Health and Wellbeing Board Big Tent Engagement Event, November 2015

- We need to clearly communicate systems and processes to patients about seven day services.
- Integration is important to ensure we improve the quality of local services to meet the needs of the local population.
- There are opportunities to deliver integrated health and social care systems by involving the Voluntary and Community Sector.
- We need to be proactive in relation to preventative services, for example, physical activity opportunities.

Older Adults Engagement Forum, October 2015

- Carers need help to identify choices available to them in order to take greater control over their care and support.
- Give older people more choice about staying in their own home – people feel that they have been moved into care too early, without them having enough say and without enough being done to help them to live in their own home.

EVIDENCE FROM THE COUNTY DURHAM JOINT STRATEGIC NEEDS ASSESSMENT:

- There has been an increase in the number of older carers aged 65+ who receive either a social care or information and advice service; in 2014/15 there were 2,516 carers aged 65+ who were offered support.
- There were 1,658 referrals to the reablement service in 2014/15. This service gives people over 18 years of age the opportunity, motivation and confidence to regain some of the skills they may have lost as a consequence of poor health, disability, impairment or accident and helps people to stay independent in their own homes for as long as possible. Of those referred 64% completed the reablement period without the need for ongoing care, whilst 20% completed with a reduced care package. A total of 94% of people completing reablement achieved their goals.
- The number of people delayed discharge from a hospital bed is reducing and is better than England and North East rates.
- The average age of people going into residential care has risen (84.4 in 2004/5 to 87.1 in 2014/15). People are going into care later in life and staying for a shorter period of time.
- In 2014/15 there were 259 adults with autism aged 18-64 years in County Durham, a 3.2% increase on 2012/13 (284) figures.
- The rate of emergency admissions for hip fractures in people aged 65+ (574) is better than the regional rate (618) and only slightly worse than the England rate (571) in 2014/15.

Strategic Actions – How we will work together

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 which incorporates a whole system review that cuts across health, housing, 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, Reablement Service and any 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.
- 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.
- 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.

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.
- Number of residential / nursing care beds for people aged 65 and over commissioned by Durham County Council.
- 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.

Case Study

X has a hearing impairment and breathing difficulties. She sustained a fracture which limited her mobility and she lost confidence. X lived alone and required assistance to wash and dress, take her medication, prepare meals and complete household tasks.

She was referred to the Reablement Service, and her care package was initially increased to provide the additional reassurance she needed. This was gradually reduced as her confidence improved. X has now completed her reablement programme, regained her confidence and does not require any ongoing care.



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

Why is this a Strategic Objective?

Having good mental and physical health are fundamental to our wellbeing. They impact on relationships, education, training, work as well as on our ability to achieve our potential.

Rates of mental health illnesses, for example depression, are projected to significantly increase by 2030.

This objective recognises the impact both physical and mental health have on our wellbeing.

What is going well?

- A higher percentage of people in secondary mental health services in County Durham live independently than nationally.
- More people in County Durham report they have as much social contact as they want with people they like than do nationally.

Areas of development

- Improve access to psychological therapy services.
- 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.
- Health related quality of life for people with a long term mental health condition is below the national average.

What you told us

Health and Wellbeing Board Big Tent Engagement Event, November 2015

- Include local communities in developing good mental health.
- Link with AAP's and VCS who understand the local infrastructure and can provide positive activities for people including education programmes.
- It is important to provide and promote activities for dementia in care homes to promote good mental health.
- Crisis care for mental health is as important as it is for physical health.

Investing in Children Agenda Days, August to September 2015

- More promotion is needed to tackle the stigma of mental health.

Older Adults Engagement Forum, October 2015

- People thought tackling social isolation was very important as action on this priority would improve people's mental and physical health, and impact directly on number of the other priorities
- Local communities can help to deliver activities which support the priorities, but they need help from DCC and Health to link everything together, provide intelligence and publicise what is happening.

EVIDENCE FROM THE COUNTY DURHAM JOINT STRATEGIC NEEDS ASSESSMENT:

- Estimates suggest over 6,600 people in County Durham aged 65+ have dementia. Projections suggest this number will almost double between 2011 and 2030. This will present a significant challenge to health and social care services.
- The number of referrals for Adult Mental Health Professional (AMHP) assessments for adults with mental health needs increased by 40% when comparing 2010/11 with 2014/15, and by 26.9% when comparing 2014/15 figures with 2015/16.
- The number of adults assessed with mental health needs increased by 19.2% between 2010/11 and 2014/15.
- Between 2012 and 2014, the suicide rate was significantly higher (13.3) than the England average (8.9) per 100,000 population.
- There are over 4,600 people in County Durham registered with GP's with a diagnosis of mental illness. More than 50,000 have a common mental disorder (for example, anxiety and depression).
- In County Durham estimates suggest that around 22,000 people aged 18-64 years are socially isolated (7%).
- Estimates suggest 1 in 4 adults will experience mental health problems at any one time; for County Durham this represents over 100,000 people aged 18 and over.
- Nationally 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 nationally report having a long-term illness or disability, compared with 35% in the general population.
- 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.
- 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+.

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 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.
- Improve access and availability of suitable accommodation and services to support recovery for people with a range of needs including learning disabilities, mental health problems and autism to enable them to live as independently as possible in the community.

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 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) and improve the physical health of people with secondary mental health problems.

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.

Reduced self-harm and suicides

- Refresh the Public Mental Health Strategy for County Durham including the suicide prevention framework.
- Work in partnership through the Crisis Care Concordat action plan to improve outcomes for people experiencing mental health crisis in the community and in custody.

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.

Case Study

D cares for her husband, who is a military veteran and suffers with post traumatic stress resulting in flashbacks, nightmares, anxiety etc. The couple recently moved to County Durham, and D contacted Carers Support to seek help with coping with the stress of her caring role. D was put in touch with a local support group and was quickly able to establish new friends and a support network including other wives of military veterans.

D was also able to access the Carer Breaks service which allows her to spend time away from her caring duties and relieve the associated stress. D reports that both the support group and the Carer Breaks service have encouraged her to become actively involved in supporting others in similar circumstances.



Strategic Objective 5: Protect vulnerable people from harm

Why is this a Strategic Objective?

The Safeguarding Adults Board and the Local Safeguarding Children Board (LSCB) are committed to ensuring adults, children and young people feel safe and are kept safe from harm.

The LSCB is responsible for developing a multi-agency approach to Child Sexual Exploitation and missing children.

What is going well?

- The proportion of people who use services who say those services have made them feel safe and secure is above target.
- The percentage of children in need referrals occurring within 12 months of a previous referral has reduced and is lower than national or regional rates.

Areas of development

- The transition between children and adults services, including disability services, and the development of a countywide team to ensure the experience of children and their carers is positive and seamless.

What you told us

Investing in Children Agenda Days, August to September 2015

- Young people do not think about or consider the consequences of using social media e.g. posting photos online or being at risk of exploitation.
- Young people are witnessing domestic abuse between parents.

EVIDENCE FROM THE COUNTY DURHAM JOINT STRATEGIC NEEDS ASSESSMENT:

- Domestic abuse features in over a third of all initial child protection conferences and continues to be the most common factor across all localities.
- Children in need referrals in 2014/15 show that neglect/abuse continues to be the most common identified primary need (52%) and is above the national average (49%).
- The rate of children subject to a Child Protection Plan (per 10,000 population) is lower than England and North East rates.
- Neglect or acts of omission and physical abuse represent the most commonly reported forms of abuse for adult safeguarding investigations.
- The number of reported safeguarding incidents has increased - in the previous three years, activity levels had remained relatively static.

Strategic Actions – How we will work together

Prevent domestic abuse and sexual violence and reduce the associated harm

- Ensure all victims of domestic abuse and sexual violence have access to the right help and support and 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 children are safeguarded and protected from harm and early intervention and prevention services are in place to support Phase 2 of the Stronger Families Programme in County Durham.
- Develop the practice of adult protection lead officers and frontline teams to improve safeguarding for individuals and to involve them in the process.

What are the outcomes / measures of success?

- Percentage of repeat incidents of domestic violence.
- Proportion of people who use services who say 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.
- The percentage of individuals who achieved their desired outcomes from the adult safeguarding process.

Case Study

P is an elderly gentleman with severe mental health problems who lives in a care home. He was unable to manage his money effectively. A carer asked P for a loan and then proceeded to access additional funds from his account. The matter was reported to the Councils Safeguarding Team by a member of staff which resulted in a safeguarding investigation.

The police arrested the carer who has been dismissed and referred to the national Disclosure and Barring Service. The carer can no longer work with vulnerable adults. Durham County Council is now acting as P's appointee to make sure his money is looked after properly and he has access to funds when he wants them.



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 bespoke support is provided to meet the individual needs of people at the end of their life.

What is going well?

- County Durham has higher percentage of people at the end of their life dying in their place of choice (their usual place of residence rather than a bed in a hospital or hospice) than national figures.
- The number of patients recorded on practice registers as in need of palliative care has increased and is above the national rate.

Areas of development

- Inappropriate hospital admissions for people approaching end of life.
- Limited access to advice and medication over 24 hour period.

What you told us

North Durham CCG Patient Congress, September 2015

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

EVIDENCE FROM THE COUNTY DURHAM JOINT STRATEGIC NEEDS ASSESSMENT:

- One indication of end of life care is whether or not a person achieves a death in their place of choice. According to research carried out by Dying Matters, around 70% of people nationally would prefer to die at home or their place of residence.

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% of all deaths were in hospital.
 - 22% occurred at home.
 - 19% occurred in a care home.
 - 3% were in a hospice.
 - 3% were in other places.
- 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.

Strategic Actions – How we will work together

Improved End of Life Pathway

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

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.



7. 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 and ensure responsibility and accountability of the strategic actions within the Strategy.

The Health and Wellbeing Board regularly monitors and reviews the Strategy.

Copies of six monthly performance reports, agendas and minutes from previous Health and Wellbeing Board meetings can be found on the [Health and Wellbeing Board committee webpage](#).

8. Appendices

- Appendix 1 National and Local Policy Context
- Appendix 2 Membership of the Health and Wellbeing Board
- Appendix 3 Other strategies and policies in place that link to the Joint Health and Wellbeing Strategy
- Appendix 4 Abbreviations / Glossary of Terms

Appendix 1 – National and Local Policy Context

A number of national policies have influenced the refresh of the Joint Health and Wellbeing Strategy. Please see some examples below:

Autumn Statement 2015

The Autumn Statement 2015 created a new social care precept in council tax of up to 2% which, if used to its maximum effect, could help local authorities raise nearly £2bn a year by 2019/20 to spend exclusively on adult social care. The government also earmarked an extra £600m for mental health services to be spent on talking therapies, perinatal mental health services, and crisis care.

Cities and Local Government Bill

The Bill paved the way for powers over housing, transport, planning and policing to be devolved to England's cities. A devolution deal, signed by the North East Combined Authority in October 2015, includes: in partnership with the NHS, a Commission for Health and Social Integration which will look at the potential for further integration of health services, including acute and primary care, community services, mental health services, social care and public health, in order to strengthen services, improve outcomes and reduce health inequalities.

Five Year Forward View

The NHS Five Year Forward (5YFV) sets out a vision for the future of the NHS. There are four main themes for development in the 5YFV: getting serious about prevention, empowering patients, engaging communities and the NHS as a social movement. The vision sets out the need to remove barriers across providers and the various healthcare settings and talks about networks of care centred around the patient, where care is provided closer to home where possible. It introduces seven new models of care: Multispecialty Community Providers (MCP), Primary and Acute Care System (PACS), Urgent and Emergency Care Networks, Viable Smaller Hospitals, Specialised Care, Modern Maternity

Services, Enhanced Health in Care Homes.

Better Care Fund

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.

From 2017-18, as part of the Spending Review, the government will make funding available to local authorities, worth £1.5 billion by 2019-20, to be included in the Better Care Fund. The County Durham Better Care Fund 2015/16 has been split into the following seven work programmes:

- **IC+ Short term intervention services** which includes intermediate care community services, reablement, support and support for young carers.
- **Equipment and adaptations for independence** which includes telecare, disability, adaptations and the Home Equipment Loans Service.
- **Supporting independent living** which includes mental health prevention services, floating support and supported living and community alarms and wardens.
- **Supporting carers** which includes carers breaks, carers emergency support and support for young carers.
- **Social inclusion** 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.

Public Health England: Everybody active, every day

In October, 2014 Public Health England (PHE) published, 'Everybody active, every day', a framework for national and local action to address the national physical inactivity epidemic, responsible for 1 in 6 deaths and costing the country an estimated £7.4 billion a year.

To make active lifestyles a reality for all, the framework's four areas for action will:

- change the social 'norm' to make physical activity the expectation
- develop expertise and leadership within professionals and volunteers
- create environments to support active lives
- identify and up-scale successful programmes nationwide

Due North: the Report of the Independent Inquiry on Health Equity for the North

Due North is the report of an independent inquiry, commissioned by Public Health England. Its aim is to provide further evidence on the socio-economic determinants of health and additional insights into health inequalities for the North of England (covering the North East, North West and Yorkshire and the Humber regions). The report builds on the *Marmot Review* and provides additional evidence on what actions are needed to tackle the underlying determinants of health on the scale needed to make a difference.

The report sets out four high level recommendations: tackle poverty and economic inequality within the North and between the North of England and the rest of England, promote healthy development in early childhood, share

power over resources across the North and increase the influence that the public has on how resources are used to improve the determinants of health and strengthen the role of the health sector in promoting health equity.

Transforming Urgent and Emergency Care Review: NHS England

The vision of this Review is: firstly, for those people with urgent but non-life threatening needs to be provided with highly responsive, effective and personalised services outside of hospital – as close to people's homes as possible, minimising disruption and inconvenience for patients and their families. Secondly, for those people with life threatening needs we should ensure they are treated in centres with the very best expertise and facilities.

The overall outcome for the County Durham and Darlington Urgent Care Strategy 2015-20 is to provide an urgent and emergency care system that is able to meet the needs of the County Durham and Darlington population, both adults and children, within the resources available, delivering improved quality and patient experience.

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 the services people receive are properly joined up. From April 2015, the Act extends local authority adult care responsibility to include prisons, introducing a national eligibility threshold as well as introducing new duties around assessments including the right for carers to request an

assessment of their care and support needs.

The Government announced in July 2015 that it has decided to postpone the implementation of the cap on care costs and the proposed appeals system until April 2020.

Better Health Programme

The Better Health Programme is about achieving and sustaining high quality care provided by hospital services as defined by agreed clinical quality standards and national expectations.

Delivering the Forward View, NHS planning guidance for 2016/17 – 2020/21

This NHS guidance sets out the steps to help local organisations deliver a sustainable, transformed health service and improve the quality of care, wellbeing and NHS finances. It outlines a new approach to help ensure that health and care services are planned by place rather than around individual institutions.

NHS organisations are required to produce individual operational plans for 2016/17. In addition, every health and care system is required, for the first time, to work together to produce a Sustainability and Transformation Plan, a separate but connected strategic plan covering the period October 2016 to March 2021.

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 publish a 'local offer' which is hosted on the County Durham [Families Information Service](#) website 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. In April 2015, a peer network programme was introduced by the Department for Education and Durham is taking a leading role in the North East. The Peer Network is designed to encourage a regional peer learning approach that will drive quality improvement around the SEN reforms.

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 Drug 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.

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 through changing the drinking culture in County Durham while ensuring adults who choose to drink alcohol are able to enjoy it responsibly.

National Dementia Strategy: Local Delivery and Local Accountability

The aim of the strategy is to ensure significant improvements are made to dementia services across three key areas: improved awareness, earlier diagnosis and intervention, and a higher quality of care.

The objectives of the national dementia strategy and the Prime Ministers Challenge on Dementia 2020, which sets out a new, long-term strategy focused on boosting research, improving care and raising public awareness about dementia, are reflected in the Dementia Strategy for County Durham and Darlington 2014 – 2017. 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'.

The **County Durham Healthy Weight Strategic Framework** has been developed by the County Durham Healthy Weight Alliance (HWA) as a local response to '**Healthy Lives, Healthy People: A Call to Action on Obesity in England**'. This was developed as a policy priority to tackle the emerging rise in overweight and obesity observed over the past few decades. The aim of the strategic framework is to develop and promote evidence based multi-agency working and strengthen local capacity and capability to achieve a sustained upward trend in healthy weight for children, young people and for adults in County Durham by 2020.

NHS Health Check Programme

The NHS Health Check programme aims to prevent heart disease, stroke, diabetes and kidney disease and raise awareness of dementia both across the population and within high risk and vulnerable groups. Local authorities are responsible for making provision to offer an NHS Health Check to eligible individuals aged 40-74 years once every five years.

NHS Diabetes Prevention Programme

The NHS Diabetes Prevention Programme is a joint commitment from NHS England, Public Health England and Diabetes UK, to deliver at scale, an evidence based behavioural programme to support people to reduce their risk of developing Type 2 diabetes which is a leading cause of preventable sight loss in people of working age and is a major contributor to kidney failure, heart attack, and stroke.

Durham County Council is one of seven demonstrator sites for this programme and their Check4Life service includes a diabetes risk assessment and referral to an intensive lifestyle programme to reduce the risk.

County Durham Dual Needs Strategy 2015-17

This strategy takes account of changes introduced as part of the Health and Social Care Act 2012. 'Dual needs' refers to an individual with needs arising out of one or more of the following as well as experiencing a substance misuse issue (drugs and/or alcohol): mental and behavioural disorders, dementia; learning disability. The strategy aims to raise awareness, challenge stigma and promote good practice by supporting individuals and families through integrated care pathways, ensuring they have access to coordinated and responsive services to meet their complex and changing needs.

No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages

The No Health Without Mental Health strategy is a cross government mental health strategy for people of all ages drawing together the wider principles that the government has laid down for its health reforms, including patient centred care and locally determined priorities and delivery.

The strategy sets out the “high level” objectives to improve the mental health and wellbeing of the population;

- More people will have good mental health.
- More people with mental health problems will recover.
- More people with mental health problems will have good physical health.
- More people will have a positive experience of care and support.
- Fewer people will suffer avoidable harm.
- Fewer people will experience stigma and discrimination

Objective 4 of the Joint Health and Wellbeing Strategy is to ‘Improve the mental and physical wellbeing of the population’. The County Durham Mental Health Implementation Plan is the overarching joint mental health plan which sets out how we intend to meet the objectives within the National Strategy “No Health without Mental Health” locally, to improve the mental wellbeing of people across County Durham. The plan is overseen by County Durham Mental Health Partnership Board and includes mental health and wellbeing for all ages including young person’s resilience strategy, dual needs strategy, dementia work and public mental health strategy. The plan will be reviewed following revised national direction plans and is being monitored through an Implementation Group.

‘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 strategically linked.

The National Mental Health Crisis Care Concordat

One of the key aims of the national concordat is to develop joined up service responses to people who are in mental health crisis. The Mental Health Crisis

Care Concordat Local Action Plan mirrors the objectives of the national concordat and focuses on: continued implementation of the policy arrangements for patients detained under section 136 of the Mental Health Act, review of protocols for people presenting with mental health problems and intoxication from alcohol or drugs, reviewing data sharing proposals between health and the police and reviewing the evidence from the national “Street Triage pilots”.

Future in Mind: Promoting, protecting and improving our children and young people’s mental health and wellbeing (March 2015)

‘Future in mind – promoting, protecting and improving our children and young people’s mental health and wellbeing’ makes a number of proposals the government wishes to see by 2020. These include tackling stigma and improving attitudes to mental illness; introducing more access and waiting time standards for services; establishing ‘one stop shop’ support services in the community and improving access for children and young people who are particularly vulnerable.

The report also calls for a step change in the way care is delivered moving away from a tiered model towards one built around the needs of children, young people and their families. A Children and Young People Mental Health, Emotional Wellbeing and Resilience Plan for County Durham (2015-2020) has been developed to take the work forward.

Think Autism Fulfilling and Rewarding Lives, the strategy for adults with autism in England: an update

First published in March 2010, Fulfilling and rewarding lives: the strategy for adults with autism in England sets a clear framework for all mainstream services across the public sector to work together for adults with autism. Actions in the autism strategy include: a new National Autism Programme Board; a programme to develop training with health and social

care professional bodies and autism awareness training for all Job Centre Disability Employment Advisers.

The update provides challenges on making public services accessible for adults with autism, improving buildings, public transport and communication and providing a clear, consistent pathway for diagnosis.

'Think Autism' has a new focus on building communities that are more aware of and accessible to the needs of people with autism. It also looks at promoting innovative local ideas, services or projects that can help people in their communities and how advice and information on services can be better joined up.

Durham County Council has compiled an action plan and self-assessment framework to progress the actions in the national autism agenda.

Altogether Active – Start, stay and succeed - A Framework to increase Physical Activity in County Durham 2016 – 2021

The County Durham framework provides an overarching vision, over the next five years, to encourage more people of all ages and backgrounds in County Durham to 'start, stay and succeed' in their endeavours to be more physically active.

Learning Disabilities Transforming Care Programme

Nationally the Learning Disabilities Transforming Care Programme aims to reshape services for people with learning disabilities and/or autism with a mental health problem or behaviour that challenges, to ensure more services are provided in the community and closer to home rather than in hospital settings. It arose as a result of Sir Stephen Bubb's review of the Winterbourne View concordat.

The Transforming Care programme focuses on addressing long-standing issues to ensure sustainable change and

includes five key areas of: empowering individuals; right care, right place; workforce; regulation; and data.

The North East and Cumbria region is one of five fast track sites selected because of high numbers of people with learning disabilities in in-patient settings. The ambition across the North East and Cumbria is to reduce current Assessment and Treatment beds by 12% by the end of March 2016, with a future ambition to reduce by 50% by the end of March 2019. There is also an ambition to reduce the number of specialised commissioning beds which are occupied by North East and Cumbria patients.

Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020 builds on the Department of Health's 2008 Strategy for End of Life Care and responds to an increased emphasis on local decision making in the delivery of palliative and end of life care services since the introduction of the Health and Social Care Act 2012.

The national framework for action sets out six 'ambitions'/principles for how care for those nearing death should be delivered at local level, including: each person is seen as an individual; each person gets fair access to care; maximising comfort and wellbeing; care is coordinated; all staff are prepared to care and each community is prepared to help.

It calls on Clinical Commissioning Groups, Local Authorities and Health and Wellbeing Boards to designate a lead organisation on palliative and end of life care and to work collaboratively to bring people together to publish local action plans based on population based needs assessments.

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.

Appendix 2 – Membership of the Health and Wellbeing Board

COUNCILLOR LUCY HOVELLS
Chair of Health & Wellbeing Board
Member Portfolio Holder (Adult & Health Services) – Durham County Council

DR. STEWART FINDLAY
Vice Chair of Health & Wellbeing Board
Chief Clinical Officer - Durham Dales, Easington and Sedgfield
Clinical Commissioning Group

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

COUNCILLOR JOY ALLEN
Member Portfolio Holder (Safer Communities) – 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 & Sedgfield Clinical Commissioning Group

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

NICOLA BAILEY
Chief Operating Officer – North Durham and Durham Dales, Easington & Sedgfield 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
Chief Executive, Healthwatch County Durham

Appendix 3 - Other strategies and documents in place 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 Clinical and Quality Strategy

Objective 1

- Children, Young People and Families Plan 2016-19
- Early Help and Neglect Strategy
- Early Years Strategy
- Teenage Pregnancy Health Needs Assessment
- Strategy for the Prevention of Unintentional Injuries in Children and Young People (0-19 years)
- County Durham Transformation Plan for Children and Young People's Mental Health, Emotional Wellbeing and Resilience 2015-20
- A Strategy for Youth Support in County Durham
- Strategy for Children and Young People with SEND 0-25, 2016-18

Objective 2

- Altogether Active – A Physical Activity Framework for County Durham
- Healthy Weight Strategic Framework for County Durham
- Tobacco Alliance Action Plan
- County Durham Drug Strategy 2014-17
- Alcohol Harm Reduction Strategy 2015-20
- Cardiovascular Disease Prevention Strategic Framework for County Durham

Objective 3

- Learning Disability Self-Assessment Framework
- Transforming Care for People with Learning Disabilities (Fast Track Plan)
- County Durham and Darlington Urgent Care Strategy 2015 - 2020

Objective 4

- County Durham Implementation Plan of the “No Health without Mental Health” National Strategy
- Dementia Strategy for County Durham and Darlington
- Public Mental Health Strategy (including self-harm and suicide)
- Mental Health Crisis Care Concordat local implementation plan
- Health and wellbeing of Gypsy, Roma, Traveller communities

Objective 5

- Safeguarding Framework
- Local Safeguarding Children Board Annual Report
- Safeguarding Adults Board Annual Report
- Safe Durham Partnership Plan 2016-19
- Domestic Abuse and Sexual Violence Strategy 2015 -18
- Think Family Strategy

Objective 6

- Improving Palliative and End of Life Care: Strategic Commissioning Plan 2013 – 2018

Appendix 4 - Abbreviations / Glossary of Terms

Area Action Partnership (AAP)	AAPs are organised across the County and allow people to have a say on services as well as giving organisations the chance to speak directly with local communities.
Autism	Autism is a condition which is characterised by impaired social and communication skills.
Black Minority Ethnic (BME)	Black and Minority Ethnic is the terminology normally used to refer to members of non-white communities in the UK.
Clinical Commissioning Groups (CCGs)	Groups of GP practices, including other health professionals who will commission the great majority of NHS services for their patients.
County Durham Plan	The overarching plan for County Durham which 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.
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.
Demographics	The statistical data of a population.
Deprived areas	Geographical areas which fall under the nationally recognised standard levels of a range of issues e.g. financial, wealth, education, services or crime.
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.
Health and 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 invites people who meet certain criteria to a check to assess their risk of developing heart disease, stroke, diabetes, kidney disease and certain types of dementia. The programme aims to prevent these diseases by offering advice and support to help people reduce or manage that risk.
Health Inequalities	Health inequalities are differences between people or groups due to social, geographical, biological or other factors. These differences have a huge impact, because they result in people who are worst off experiencing poorer health and shorter lives.
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.
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.
Joint Health and Wellbeing Strategy (JHWS)	The Health and Social Care Act 2012 places a duty on local authorities and CCGs to develop a Joint Health and Wellbeing Strategy to meet the needs identified in the local Joint Strategic Needs Assessment (JSNA).
Joint Strategic Needs Assessment (JSNA)	A Joint Strategic Needs Assessment (JSNA) looks at the current and future health and care needs of local populations to inform and guide the planning and commissioning (buying) of health, well-being and social care services within a local authority area.
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 based on various demographic factors.
Long term condition (LTC)	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.
Palliative Care	Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.
Patient Reference Group	A voluntary group consisting of patients of a certain GP Practice who represent service users in the decision making process regarding the range and quality of services it provides. A Patient Reference Group can also be the source to which a Practice may obtain the advice, views and help of its patients.
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 on the quality of services by an NHS healthcare provider. The reports are published annually by each provider, including the independent sector, and are available to the public.
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 lungs which supplies oxygen to and removes carbon dioxide from the body.
Telecare	Telecare and telehealth services use technology to help people live more independently at home. They include personal alarms and health monitoring devices.
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).
Winterbourne View Concordat and Action Plan	A programme for change to improve the quality of care offered to children, young people and adults with learning disabilities or autism who have mental health conditions or behaviour that challenges.

County Durham Joint Health and Wellbeing Strategy 2016-2019

Contact Details

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