

**Joint Strategic Needs Assessment and
the refresh of the Joint Health and
Wellbeing Strategy 2016-2019**

Report of Corporate Management Team

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Purpose of Report

- 1 The purpose of this report is to present Cabinet with the:
 - Summary of key messages from the Joint Strategic Needs Assessment 2015 (JSNA) which is attached at Appendix 2.
 - Refreshed County Durham Joint Health and Wellbeing Strategy (JHWS) 2016-2019 which is attached at Appendix 3.

Background

- 2 The Health and Social Care Act 2012 places clear duties on local authorities and Clinical Commissioning Groups (CCGs) to prepare a Joint Health and Wellbeing Strategy, through Health and Wellbeing Boards.
- 3 The JHWS has been refreshed for 2016–19 to ensure it is fit for purpose, continues to meet the health and wellbeing needs of the population, and is aligned to the Sustainable Community Strategy and CCG plans.
- 4 An Equality Impact Assessment has been undertaken as part of the process for refreshing the Joint Health and Wellbeing Strategy.

Engagement

- 5 Consultation on the Joint Health and Wellbeing Strategy took place between August 2015 and February 2016 with over 500 people from different backgrounds taking part in the process.

- 6 The Health and Wellbeing Board hosted the annual “Big Tent” engagement event which took place in November 2015, and was attended by over 260 people from various groups including service users, patients, carers, members of the voluntary and community sector and GP’s as well as professionals from partners agencies.
- 7 Engagement in relation to health issues has also taken place with young people through Investing in Children reference groups, and the ‘Try it Out’ Young People’s Patient Congress organised by North Durham Clinical Commissioning Group. Young carers and their families have also been part of the engagement process through The Bridge Young Carers Service.
- 8 In addition, separate engagement events have taken place through the Learning Disabilities Engagement Forum and Older Adults Engagement Forum to determine what health and wellbeing issues are important for those groups.
- 9 The Children and Young People’s and Adults, Wellbeing and Health Overview and Scrutiny Committees noted the content of the JHWS at their meetings in January 2016. They acknowledged the rigorous consultation process which has been undertaken and did not identify any gaps in the strategic actions. The Committees agreed the outcomes on which the framework is built are appropriate.
- 10 All fourteen Area Action Partnerships were also part of the consultation
- 11 The JSNA key messages were received by the Health and Wellbeing Board on 21st January 2016 and the JHWS was approved by the Health and Wellbeing Board on 8th March 2016.
- 12 Durham Dales, Easington and Sedgefield and North Durham Clinical Commissioning Groups will be asked to receive and endorse the JHWS through their Governing Body meetings in May 2016.

Joint Strategic Needs Assessment

- 13 The key messages from the Joint Strategic Needs Assessment have been refreshed and are attached at Appendix 2.
- 14 As part of this process, work has taken place to ensure alignment to the indicators in the County Durham Child Health Profile 2015 and the County Durham Health Profile 2015.
- 15 An Integrated Needs Assessment (INA) is being developed for County Durham. This will bring together, for the first time, the evidence base and wide range of strategic assessments used to inform strategic planning across the council and by thematic partnerships, and will provide links to data, analysis, external frameworks, strategies and plans relevant to life in County Durham. The INA will become the 'place to go' for up to date information on health and wellbeing in the county and wider economic data.
- 16 From April 2016 the JSNA will be presented, within the INA, as a web based series of factsheets, using a topic-based approach. The factsheets will be updated regularly. They will provide current data and information for stakeholders which is easier to access, to inform planning and commissioning of services.

Refresh of the Joint Health and Wellbeing Strategy

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

Strategic Objectives and Outcomes Framework

- 18 The Strategic Objectives and Outcomes Framework for the JHWS is provided below:

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

- Reduced childhood obesity
- Improved early health intervention services for children and young people

Strategic Objective 2: Reduce health inequalities and early deaths

- Reduced levels of tobacco related ill health
- Reduced obesity levels
- Reduced levels of alcohol and drug related ill health
- Reduced mortality from cancers and circulatory diseases
- Reduced excess winter deaths

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

- Adult care services are commissioned for those people most in need
- Increased choice and control through a range of personalised services
- Improved independence and rehabilitation
- Improved joint commissioning of integrated health and social care

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

- Increased physical activity and participation in sport and leisure
- Maximised independence
- Improved mental health for the population of County Durham
- Increased social inclusion
- Reduced self-harm and suicides

Strategic Objective 5: Protect vulnerable people from harm

- Prevent domestic abuse and sexual violence and reduce the associated harm
- Safeguarding children and adults whose circumstances make them vulnerable and protect them from avoidable harm

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

- Improved End of Life Pathway

Strategic Actions

- 19 The JHWS includes a number of Strategic Actions that identify the key areas of work which the Health and Wellbeing Board will focus on, linked to the objectives and outcomes.
- 20 A number of actions have amended wording or are new and have been agreed with relevant leads as part of the planning process to develop the Joint Health and Wellbeing Strategy. New Strategic Actions are shown in Appendix 4.
- 21 A hard copy of the Joint Health and Wellbeing Strategy 2016-19 has been made available in the Members' Library. The JHWS will also be available on Durham County Council's website.

Delivery Plan

- 22 More detailed actions outlining the work taking place to achieve the Strategic Actions will be included in the JHWS Delivery Plan. This will include target dates to show when actions will be achieved, and will be presented to the Health and Wellbeing Board for agreement on 26th July 2016.
- 23 The Joint Health and Wellbeing Strategy is monitored robustly and progress is reported to the Health and Wellbeing Board on a six monthly basis. This allows partners the opportunity to challenge each other and ensure that services are delivered timely and effectively and achieve good outcomes. As well as providing performance highlights, the Board also receives information on areas for improvement. A performance scorecard / dashboard is also provided to the Board.
- 24 In addition to performance monitoring through the Health and Wellbeing Board, a subset of performance indicators from the JHWS is reported to the County Durham Partnership under the "Altogether Healthier" theme. Overview and Scrutiny Committees are also provided a subset basket of indicators to provide them with oversight of the performance.

Health and Wellbeing Board Annual Report

- 25 The Board produced its second annual report for 2014/15 which outlined the work and achievements the Health and Wellbeing Board has made since its implementation and include details of the Local Government Association Peer Challenge which took place in February 2015. It also outlined the Board's future work programme. Cabinet received the Health and Wellbeing Board Annual Report 2014/15 at its meeting on 16th September 2015.
- 26 The third Annual Report, for the period 2015/16, will look at the work and achievements that the Health and Wellbeing Board has made and include details of engagement mechanisms used by the Board, areas of best practice and planned work for 2016/17.

- 27 The Health and Wellbeing Board Annual Report 2015/6 will be presented to the Health and Wellbeing Board at its meeting on 26th July 2016 for agreement and will be received by Cabinet on 14th September 2016 for information.

Recommendations

- 28 Cabinet is requested to:
- Note the summary of key messages in the Joint Strategic Needs Assessment (Appendix 2).
 - Receive and endorse the Joint Health and Wellbeing Strategy (Appendix 3).
 - Agree to receive the Health and Wellbeing Board Annual Report 2015/16 on 14th September 2016 for information.

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Appendix 1: Implications

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

The demographic profile of the County in terms of both an ageing and projected increase in population will present future budget pressures to the County Council and NHS partners for the commissioning of health and social care services.

Finance - Staffing - There are no staffing implications.

Risk – There are no risk implications

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

Accommodation - There are no accommodation implications.

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

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

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

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

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

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

Appendix 2 – Summary of Key Messages from the Joint Strategic Needs Assessment

The following key messages are based on the 2014 ONS mid-year population estimates and the ONS 2012 population projections

Demographics

- In County Durham the total population has increased to 517,800 in 2014, an increase of 1,800 people from 2013.
- Projections indicate a further increase of 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, due to the increase in birth rate, the 0-4 age group in County Durham increased by 10.5%. As a result of the increase in the birth rate, it is expected that there will be approximately 1,700 more primary aged pupils by 2024/25 than there were in 2014/15.
- Between 2001 and 2014, the 0-17 population in County Durham has fallen by 5.9% which is a smaller fall than the North East region of 7.5%, while the national trend is reversed and saw an increase in the 0-17 population of 3.5% over the same period. By 2030, the number of children and young people aged 0-17 is projected to increase by 4.7% (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%, an increase of 10,700 people. However 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.
- According to latest available data, the level of child poverty is worse than the England average (18.6%), with 22.5% of children under 16 years living in poverty (2012).
- In County Durham, estimates suggest that around 22,000 people aged 18-64 years are socially isolated (7%).
- Durham City's student population, as enrolled at the Durham campus, is 15,129 (2015/16) and tourism trips to the city in 2013 totalled 3.8 million visitors.

Health in County Durham

- 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.
- In 2013/14, the percentage of women who start to breastfeed (57.4%) continues to rise but remains lower than the England average (73.9%).
- Children's tooth decay at age five 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 2014/15, 23% of children aged 4-5 years and 36.6% aged 10-11 are classified as overweight and obese compared to the England average of 21.9% and 33.2% respectively.
- During October 2013 to September 2014, teenage conception rates (30.5 per 1,000) were greater than the England average (23.3), and the North East region (30.2). There has been a sustained downward trend since monitoring commenced in 1998.
- In 2013/14, alcohol-related hospital admission rates for under 18s (69.9 per 100,000) are higher than the regional (65.8) and national (40.1) rates.
- Hospital admissions for 15-24 year olds due to substance misuse are worse in the county (94.7 per 100,000) than the England average of 81.3 (2011/12 – 2013/14).
- In 2013/14, admission rates to hospital due to self-harm for 10-24 year olds (523.5 per 100,000) are higher than the England average (412.1 per 100,000).
- In 2013/14, the rate (per 10,000) for emergency hospital admissions caused by unintentional and deliberate injuries in children (0-14 years) is worse in County Durham (168.4) than the England average (112.2).
- In 2013/14, the rate (per 10,000) for emergency hospital admissions caused by unintentional and deliberate injuries in young people (15-24 years) is worse in the county (201.7) than the average rate for England (136.7).
- In a Student Voice survey in 2015 across secondary schools in the county, over a third of young people stated that they do not participate in physical activity in and out of school, other than School PE.
- Prevalence of long term conditions (such as diabetes, coronary heart disease, and stroke) is significantly higher than the England average.
- The mortality rate for cancer (168.6 per 100,000 population aged under 75) has seen a small increase in 2012-14 and is higher than the England average (141.5).

- The mortality rate for cardiovascular disease (81.7 per 100,000 population aged under 75) is higher than England (75.7) but has been falling over time (2012-14).
- The mortality rate for respiratory disease (41.8 per 100,000 population aged under 75) is higher than the England average (32.6). (2012-14)
- The mortality rate for liver disease (20.1) per 100,000 population aged under 75 is higher than the England average (17.8) (2012-14)
- Smoking-related deaths in the county (381.3 per 100,000 population aged 35 and over) are worse than the England average of 288.7 (2011-13).
- Smoking prevalence in the county (22.7% in 2013) is worse than the England rate of 18.4%.
- There has been an overall downward trend in maternal smoking over time in County Durham, the North East and England. However, rates locally are still higher than the England average. In 2013/14, 19.9% of mothers in County Durham were smoking at the time of delivery compared to 18.8% regionally and 12.0% nationally.
- Levels of excess weight in adults are higher across the county (69% of adults) than the North East (68.6%) and significantly higher than England (64.6%).
- In 2013/14, the diabetes prevalence rate for County Durham of 6.9% is higher than both regional (6.5%) and national (6.2%) rates.
- The rate for alcohol-specific admissions to hospital for adults in 2013/14 at 788 per 100,000 population is worse than the England average of 645.
- The number of emergency hospital admissions due to drowning or submersion injuries per 100,000 population is 0.8 for County Durham, compared to an England average of 0.9.
- 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 (13.3 per 100,000 population) is higher than the England average of 8.9.

Social Care in County Durham

- Census results for 2011 show that there are 4,201 young carers in County Durham between the ages of 0–24, which represents 3% of the 0–24 population. However in a school survey, of the survey cohort, 848 students (10.5%) identified themselves as a Young Carer which is significantly higher than the census data.
- The rate of children and young people aged 0-17 in receipt of Disability Living Allowance is higher in County Durham (41.8 per 1,000 population) than regionally (41.1) and nationally (33.9).

- There are 3,745 children in need in the county (March 2015) and in 52% of cases, neglect / abuse is the most common identified primary need, which is above the national average of 49%.
- 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.
- 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.
- In 2013/14 performance (46.7%) was above the national average (44.2%) for the percentage of people with learning disabilities who have had an annual health check.
- In 2013/14, 2,159 older people were admitted to hospital for falls or falls injuries which is higher than the national average (2,064)
- The rate of emergency admissions for hip fractures in people aged 65+ (674) is worse than the regional rate (651) and the England rate (580) in 2013/14.
- Since November 2014, there has been a reduction in the number of people whose discharge from hospital is delayed - this is better than England and North East rates. Data for the period April – August 2015 shows an average of 4.9 people delayed in Durham compared to a national rate of 11.1 and a regional rate of 7.4
- There were 1,658 referrals to the reablement service in 2014/15. 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.
- 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.
- The average age of people going into residential care has risen – people are going into care later in life and staying for a shorter period of time.
 - Average age in 2004/05 was 84.4 – in 2014/15 it was 87.1
 - Average length of stay in 2007/08 was 637 – in 2014/15 it was 597
- Estimates suggest that over 6,600 people in County Durham aged 65+ have dementia. Projections suggest that this number will almost double between 2011 and 2030. This will present a significant challenge to health and social care services.
- In the Department of Health's national adult care survey in 2014/15, social care users in County Durham reported higher levels of satisfaction, have more control and have a better quality of life than nationally.

- 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.

Appendix 3 - Joint Health and Wellbeing Strategy 2016-19 attached as a separate document

Appendix 4 – New Strategic Actions for 2016-19

Strategic Objective 1: Children and Young People make healthy choices and have the best start in life

Outcome: Improved early health intervention services for children and young People

- 1 The JSNA states that in 2013/14, alcohol-related hospital admission rates for under 18s (69.9 per 100,000) are higher than the regional (65.8) and national (40.1) rates.
- 2 The following actions have been included to reflect the two key objectives in the Alcohol Harm Reduction Strategy 2015 – 20 aligned to the Altogether Better for Children and Young People theme.
 - **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**

Strategic Objective 2: Reduce health inequalities and early deaths

Outcome: Reduced levels of alcohol and drug related ill health

- 3 The JSNA states that the rate for alcohol-specific admissions to hospital for adults in 2013/14 at 788 per 100,000 population is worse than the England average of 645.
- 4 The following action has been added to reflect the key objective in the Alcohol Harm Reduction Strategy 2015 – 20 aligned to the Altogether Healthier theme.
 - **Improve health inequalities and reduce early deaths in County Durham by reducing alcohol consumption across the population**

Outcome: Reduced mortality from cancers and circulatory diseases

- 5 The JSNA identifies that in 2013/14, the diabetes prevalence rate for County Durham of 6.9% is higher than both regional (6.5%) and national (6.2%) rates.
- 6 The following action reflects the work taking place to address the issue of diabetes across the County.
 - **Work in partnership to develop and implement an effective preventative and treatment programme for people with and at risk of diabetes**

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

Outcome: Improved joint commissioning of integrated health and social care

- 7 The following action has been included to reflect the work taking place to further develop options for future integration in County Durham.
 - **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**
- 8 At the Health and Wellbeing Board meeting in July 2015, it was agreed that an action in relation to the Better Health Programme (previously Securing Quality in Health Services - SeQHHS) would be included in the Joint Health and Wellbeing Strategy 2016 – 19. The action relates to phase three of the Better Health Programme as follows:
 - **Work together to consider the implications of the key clinical quality standards and potential models of care across the Durham, Darlington and Tees area within the resources available**

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

Outcome: Maximised independence

- 9 The following action has been added to reflect the work to meet the accommodation needs for people with mental health, autism and / or learning disabilities issues. This will include remodelling existing accommodation and sub actions will be included in the JHWS Delivery Plan.
 - **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.**

Outcome: Reduced self-harm and suicides

- 10 The JSNA identifies that in 2013/14, admission rates to hospital due to self-harm for 10-24 year olds (523.5 per 100,000) are higher than the England average (412.1 per 100,000). The JSNA also identifies that between 2012 and 2014, the suicide rate (13.3 per 100,000 population) is higher than the England average of 8.9.
- 11 The following action has been added to reflect the work taking place to improve outcomes for those who experience mental health crisis as part of the work taking place in relation to the local Mental Health Crisis Care Concordat action plan.
 - **Work in partnership to improve outcomes for those people experiencing mental health crisis in the community and in custody**

Strategic Objective 5: Protect vulnerable people from harm

Outcome: Safeguarding children and adults whose circumstances make them vulnerable and protect them from avoidable harm

12 The Care Act 2014 places Safeguarding Adults Boards on a statutory basis. The following action has been included to strengthen the arrangements that are in place in County Durham in protecting adults.

- **Develop the practice of adult protection lead officers and frontline teams to meet the requirements of 'Making Safeguarding Personal'**