

Health and Wellbeing Board

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Joint Health and Wellbeing Strategy Delivery Plan 2016-19



Report of Andrea Petty, Strategic Manager – Policy, Planning and Partnerships, Children and Adults Services, Durham County Council

Purpose of Report

- 1 The purpose of this report is to present the Joint Health and Wellbeing Strategy Delivery Plan 2016-2019, attached as Appendix 2, for agreement.

Background

- 2 The Joint Health and Wellbeing Strategy (JHWS) 2016-19 was agreed by the Health and Wellbeing Board on 8th March 2016 and endorsed by Durham County Council's Cabinet and CCG Governing Bodies in April and May, respectively. A copy of the final JHWS is available to view [here](#).
- 3 Performance indicators and targets for the JHWS, where they relate to the health of children and young people, were also agreed at the Children and Families Partnership meeting on 21st March 2016.

JHWS Delivery Plan

- 4 The JHWS Delivery Plan includes more detailed actions outlining the work that will take place to achieve the strategic actions in the JHWS which includes target dates for when actions will be achieved.
- 5 Examples of key pieces of work included in the JHWS Delivery Plan 2016-19 for the Health and Wellbeing Board are outlined below under the strategic objectives:

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

- 6 As part of the Wellbeing for Life Service, mothers and families are supported by the community parent volunteers in the following areas:
 - Transition to parenthood.
 - Breastfeeding.
 - Nutrition and physical activity.
 - Maternal mental health.
 - Accidents and minor illness.
 - Development at 2 – 2.5 years.

- 7 A study on access to dental services carried out in 2010/11 (most recent data available) showed significant variations across the wards in the county with populations living in the poorest wards having the lowest uptake. For example, there were 61% of five year olds with tooth decay in Woodhouse Close compared to 6% in Chester-Le-Street South.
- 8 An Oral Health Strategy for County Durham is currently in development to support the reduction in oral health inequalities faced by children within County Durham. Actions include ensuring frontline health and social care staff can give advice on the importance of oral health and the consideration of supervised tooth brushing schemes for nurseries in areas where children are at high risk of poor oral health.
- 9 In 2013 teenage conception rates (30.5 per 1,000) were greater than the England average (23.3) and the North East region (30.2), although there has been a downward trend over a number of years in County Durham.
- 10 The Young Mind's resilience programme operates in schools to increase resilience and support young people from engaging in risk taking behaviours.
- 11 The commissioned Sex and Relationships Education (SRE) project improves the quality of SRE in secondary schools, focussing on schools in locations with persistently high teenage conception rates.

Objective 2: Reduce health inequalities and early deaths

- 12 The Wellbeing for Life Service will support and help people to set personal wellbeing plans to improve their health around the following key areas:
 - Improving diet and nutrition.
 - Increasing physical activity especially with a social component.
 - Helping support healthy weight.
 - Reducing smoking prevalence.
 - Signposting to community learning, housing and services addressing the social determinants.
 - Improving mental wellbeing, resilience and strengths using evidence based approaches.
 - Supporting community health development initiatives.
- 13 The development of a 'Community Health Champions' volunteering programme will enable local people to take a greater interest and control of health issues in their communities including:
 - Increased knowledge and awareness of health issues in the local community.
 - Supporting positive behaviour changes, particularly when working with disadvantaged, low income or minority ethnic communities.
 - Improving health status including better mental health and expert patient.
 - Supporting appropriate use of health care services.

- Supporting people to set up their own groups and programmes to improve health e.g. arts, literacy, cooking, self-care etc.

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

- 14 The ageing demographic is a key issue for health and social care partners. The number of people aged 65 and over is predicted to increase by 22.7% (+22,000) by 2022 and by 57.5% by 2037 an increase of 55,000 people in the County by 2037.
- 15 The 85 and over age group will increase by 44.1% (+5000) by 2022 and will more than double in size by 2037 with an increase of 171.4% (+19,300 – from 11,300 in 2012).
- 16 The mortality rates for cancer, cardiovascular disease, liver disease and respiratory disease are all higher than the England average and the prevalence of long term conditions (such as diabetes, coronary heart disease and stroke) is significantly higher than the England average presenting a challenge to the local health and care system.
- 17 A vision and new model of integration for County Durham will be developed to maximise the use of resources and improve outcomes for local people with regard to health and social care.
- 18 The NHS Sustainability and Transformation Plan includes within it two major transformational change projects that have been progressed through the Better Health Programme which incorporates the Emergency and Urgent Care Project and the Not in Hospital project (NiH). The NiH work will be considering a community hub and discharge to assess model.
- 19 There will be a greater emphasis on early intervention, prevention and promoting independence.
- 20 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
- 21 The County Durham and Darlington Urgent Care Strategy 2015-20 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.
- 22 Work is taking place to ensure the system is easier for people to navigate. This includes reviewing access to primary care including GP's having an Out of Hour Services and extended access to patients across primary care will be reviewed to meet the needs of patients.

- 23 The North East is also one of eight new Vanguard sites transforming emergency and urgent care which provides an opportunity to not just work across organisations but also across geographical boundaries as part of the North East Urgent Care Network.

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

- 24 Mental Health needs are a key issue for health and social care, both for children and adults.
- 25 Between 2010/11 and 2014/15 the number of adults assessed with mental health needs increased by 19.2% and the number of referrals for Adult Mental Health Professional (AMHP) assessments for adults with mental health needs increased by 40%.
- 26 Self-harm in young people is identified as a key issue for County Durham. In 2013/14, admission rates to hospital due to self-harm for 10-24 year olds (523.5 per 100,000) in County Durham were higher than the England average (412.1 per 100,000).
- 27 The 'No health without mental health' Implementation Plan for County Durham is the overarching mental health strategy for children and adults. The Mental Health Taskforce has recently published the Five Year Forward View for Mental Health report and the Implementation plan in County Durham will be refreshed to incorporate the recommendations in this report.
- 28 Workforce development is a key priority across all partners, working with both children and adults. Providing training for health and social care staff involved in care and support of people with mental health problems including dealing with common physical health problems, mental health prevention (including suicide), and empowering people to understand their own strengths and carer involvement.
- 29 A strategic review of preventative mental health and suicide prevention services will take place and a mental health crisis service based on a 24/7 model of care and provided in local communities will be developed in partnership with children, young people and their families.
- 30 Working in partnership through the Crisis Care Concordat action plan includes exploring options for projects to improve outcomes for children and adults experiencing mental health crisis including street triage and crisis assessment suites.
- 31 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.

- 32 The Dementia action plan for County Durham will be refreshed with a stronger focus on prevention and the benefits of having a healthy lifestyle, and work with partners will continue to improve timely diagnosis and support for people with dementia, their family and carers to support people with dementia to live in their own home for as long as possible.

Objective 5: Protect vulnerable people from harm

- 33 The County Durham Domestic Abuse and Sexual Violence Strategy 2015/18 ensures that all agencies work together to seek to reduce the prevalence of domestic abuse in County Durham and continue to provide and further develop a co-ordinated community response that provides high quality preventative, support and protection services and effectively deals with perpetrators.
- 34 Actions include raising public awareness of domestic abuse and sexual violence, across services, organisations and the general public and early identification and coordinated intervention by front line professionals to protect victims of domestic abuse and sexual violence which includes children, young people and adults.

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

- 35 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 Sedgfield CCG area.
- 36 The Palliative and End of Life Care plan programme for County Durham ensures the continuation of high quality services and provides further help for those diagnosed with a life limiting condition and also their carers.
- 37 Actions include the provision of 24/7 patient and carer support through a single point of access and improving the quality of GP palliative care registers to ensure that a preferred place of death is recorded for all patients on end of life care pathways.

Performance Management

- 38 The JHWS Delivery Plan is monitored robustly and progress on the performance indicators 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 in a timely and effectively way to achieve good outcomes for service users, patients and carers. As well as providing performance highlights, the Health and Wellbeing Board also receives information on areas for improvement.

Recommendations

39 The Health and Wellbeing Board is requested to:

- Agree the Joint Health and Wellbeing Strategy Delivery Plan 2016-19
- Note the performance monitoring arrangements for the JHWS Delivery Plan (paragraph 38)

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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.

Staffing - There are no staffing implications.

Risk – There are no risk implications

Equality and Diversity / Public Sector Equality Duty – An Equality Impact Assessment has been completed for the Joint Health and Wellbeing Strategy (JHWS).

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

Accommodation - There are no accommodation implications.

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

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

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

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

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

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