

Health and Wellbeing Board

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Development of the Joint Health and Wellbeing Strategy 2018/2021



Report of Andrea Petty, Strategic Manager – Policy, Planning & Partnerships, Transformation & Partnerships, Durham County Council

Purpose of Report

1. The purpose of this report is to provide an update on the development of the Joint Health and Wellbeing Strategy (JHWS) 2018/21 and agree the draft priorities of the JHWS for wider consultation.

Background

2. The Health and Wellbeing Board has the responsibility to deliver the JHWS, which is a statutory duty placed on Local Authorities and Clinical Commissioning Groups (CCGs) under the Health and Social Care Act 2012. The JHWS informs a number of key strategies and plans such as the Sustainable Community Strategy (SCS) and CCG operational and strategic plans and aligns to the NHS Sustainability and Transformation Plans.
3. The Sustainable Community Strategy sets the long term vision for the future of County Durham and identifies priority areas to tackle for the area. A review of the Sustainable Community Strategy is currently taking place which will include a revised vision for the County.
4. The development of the JHWS is set within the context of the wider County Durham Partnership and the Sustainable Community Strategy (SCS) which is currently being reviewed.
5. A review of Strategic Planning and Performance is taking place as a part of the Council's Transformation agenda. This has resulted in a new streamlined approach for the future development of strategies and plans, based on a "Plan on a Page" concept. The key aim is to make our strategic planning process as efficient as possible by focusing on a smaller, more concise set of strategic plans.
6. A consistent approach to the development of strategies and plans, across the County Durham Partnership and Thematic Partnerships, which includes the Joint Health and Wellbeing Strategy would ensure that time and resources are concentrated in the right areas with:
 - Fewer strategies and plans to produce, review and monitor
 - Amalgamation/rationalisation of strategies and plans where possible to do so

- New plans not automatically produced, without consideration as to whether they are required or whether they can be incorporated into existing strategies and plans.
- A better product for communicating to members of the public

Development of the JHWS 2018/21

7. A strategic objective and outcomes framework for the JHWS 2016/19 was agreed by the Health and Wellbeing Board in September 2015 and is included in the JHWS 2016/19, and attached as Appendix 2.
8. A Health and Wellbeing Board (HWB) development session took place on 5th July 2017, where discussions took place to consider the future priorities of the HWB including areas of duplication and gaps. Further discussions took place at the JHWS Strategy Development Group, which is a multi-agency sub group of the Health and Wellbeing Board which supports the development of the Joint Health and Wellbeing Strategy. As a result of this work it is recommended that the following priorities should remain:
 - Children and young people make healthy choices and have the best start in life
 - Reduce health inequalities and early deaths
 - Improve the quality of life, independence and care and support for people with long term conditions **and their carers***
 - * It was recognised that carers is an important area of focus for the Health and Wellbeing Board and should be incorporated into this priority.
 - Improve the mental and physical wellbeing of the population

Suggested new priorities

9. Evidence in the Integrated Needs Assessment (INA) identifies that dementia prevalence in County Durham is significantly higher than England and has been rising over time both locally and nationally. The Alzheimer's Society in its Dementia UK 2014 update report estimated dementia prevalence by type of dementia within the UK population. These estimates suggest over 6,600 people in County Durham having some form of dementia. The majority of estimated sufferers have Alzheimer's disease (62%). Alzheimer's and vascular dementia (or a combination of both) make up an estimated 89% of dementia.
10. Projections suggest that the estimated 6,625 people affected in 2014 could rise to 10,896 by 2030, an increase of almost 65%. Therefore the observed prevalence in GP surgeries, in other words the number of people registered with dementia, (around 4,800 in County Durham) is around 40% of the expected prevalence. This has implications in terms of lack of treatment, care and unmet need.
11. It is recommended that a new priority of **“Improve early diagnosis and intervention and enable people to live well with dementia”** is included in the Joint Health and Wellbeing Strategy.

12. The JSNA identifies in 2015/16, 22.1% (1,174) of children in Year 6 were classified as obese, worse than the average for England. 37% (1,968) were classified as overweight (including obese). At age 10-11 obesity levels are 1.5 times higher in our most deprived communities and there are 68% adults with excess weight.
13. The prevalence of long term conditions (such as diabetes, coronary heart disease, and stroke) is significantly higher than England and premature mortality rates locally have been reducing over time for Cardiovascular disease (CVD), cancer, respiratory disease, liver disease and stroke, but remain significantly higher than the rate for England.
14. The Director of Public Health annual report for County Durham 2015, Obesity: An issue too big to ignore or too big to mention highlights the wider impact of obesity with the rise in childhood obesity a concern, as overweight and obese young people have an increased risk of becoming overweight adults which could further increase the scale of the issue.
15. In addition, if an individual is overweight they are more prone to a range of health of serious health problems, including type 2 diabetes, CVD and stroke and there is a relationship between common mental health disorders and obesity. An obese person has a 55% increased risk of developing depression over time, whereas a depressed person has a 58% increased risk of becoming obese. Severely obese people are over three times more likely to need social care than those who are a healthy weight.
16. It is recommended that a new priority **“Tackle the issues which result in people of all ages becoming obese”** is included in the Joint Health and Wellbeing Strategy.
17. It is recommended that the following will no longer be separate priorities for the Health and Wellbeing Board.
 - ‘Protect vulnerable people from harm’ will be a priority for the Safe Durham Partnership and Safeguarding Boards.
 - ‘Support people to die in the place of their choice with the care and support that they need’ will be incorporated under “Improve the quality of life, independence and care and support for people with long term conditions and their carers”
18. In summary, the proposed draft priorities for the JHWS 2018/21 are as follows:
 - Children and young people make healthy choices and have the best start in life
 - Reduce health inequalities and early deaths
 - Improve the quality of life, independence and care and support for people with long term conditions and their carers
 - Improve the mental and physical wellbeing of the population
 - Improve early diagnosis and intervention and enable people to live well with dementia
 - Tackle the issues which result in people of all ages becoming obese

Consultation and engagement activities

19. As part of the process for the development of the JHWS 2018/21 a number of engagement events have been arranged which will inform the document. The draft priorities for the Joint Health and Wellbeing Strategy will form part of the consultation and we therefore need to be mindful that there may be changes as a result of the wider consultation taking place.
20. The Health and Wellbeing Board Big Tent Engagement Event 2017 will take place on 3rd October 2017, 12.15 pm – 4.00 pm at the Durham Centre, Belmont. The Health and Wellbeing Board received a report on the Health and Wellbeing Board Engagement Event at their meeting in July 2017.
21. Key note speeches will focus on tobacco and dementia and will be provided by Ann McNeill, Professor of Tobacco Addiction, King's College London and Lenny Shallcross, Head of Community Engagement at Alzheimer's Society.
22. Workshop discussions will take place on the following topics:
 - Adult and Young Carers
 - Children's Mental Health and Wellbeing
 - Adults Mental Health and Wellbeing
 - Dementia
 - Making Smoking History in County Durham
 - Healthy Weight and Obesity
 - Active Durham Partnership
23. A wide range of stakeholders have been invited to the engagement event, including the Chief Executive of Durham County Council, members of Overview and Scrutiny Committees, service users, patients, carers, GPs, members of the voluntary and community sector as well as professionals from partner agencies.
24. Separate consultation events, specifically tailored for other groups will also take place including the Gypsy, Roma, Travellers summer fun day. A number of surveys have also been undertaken including the Area Action Partnership priority survey and the student voice survey, further details are available in Appendix 3.
25. The development of the JHWS will also be subject to a presentation to the Adults, Wellbeing and Health and Children and Young People's Overview and Scrutiny Committees.
26. The feedback from these surveys/events will be used to inform the development of the JHWS.

Next steps

27. The Health and Wellbeing Board is requested to note the next steps:

- Health and Wellbeing Board Big Tent Engagement event – **3rd October 2017**
- Draft JHWS 2018-2021 to Health and Wellbeing Board for comment – **25th January 2018**
- Draft JHWS 2018/21 to Joint Special Children and Young People's and Adults Wellbeing and Health Overview & Scrutiny Committee for comment - **5 February 2018**
- JHWS 2018-2021 to Health and Wellbeing Board for formal agreement – **20th March 2018**
- Cabinet receives JHWS 2018-2021 – **16th May 2018.**

Recommendations

28. The Health and Wellbeing Board is recommended to:

- a) Agree the draft strategic priorities for the Joint Health and Wellbeing Strategy 2018-2021 for wider consultation (paragraph 18).
- b) Note the process for the development of the Joint Health and Wellbeing Strategy 2018-2021.
- c) Note that the draft priorities may be subject to change as a result of the consultation process.
- d) Note the engagement activities planned.

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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 to meet the priorities identified in the Joint Health and Wellbeing Strategy.

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 will be 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 October 2017. An Equality Impact Assessment will be undertaken as part of the process for development the Joint Health and Wellbeing Strategy.

Accommodation - There are no accommodation implications.

Crime and Disorder – This is addressed through the Safe Durham Partnership Plan.

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

Consultation – Consultation will take place as part of the development of the JHWS 2018/21 which will include service users, carers, patients, members of the voluntary and community sector and GP's as well as professionals from partner agencies.

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 will be 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: Strategic objective and outcomes framework 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

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

Strategic Objective 2: Reduce health inequalities and early deaths

- i. Reduced levels of tobacco related ill health.
- ii. Reduced obesity levels.
- iii. Reduced levels of alcohol and drug related ill health.
- iv. Reduced mortality from cancers and circulatory diseases.
- v. Reduced excess winter deaths.

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

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

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

- i. Increased physical activity and participation in sport and leisure.
- ii. Maximised independence.
- iii. Increased social inclusion.
- iv. Reduced self-harm and suicides.

Strategic Objective 5: Protect vulnerable people from harm

- i. Provide protection and support to improve outcomes for victims of domestic abuse and their children.
- ii. 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

- i. Improved End of Life Pathway.

Appendix 3: Student Voice Survey and AAP Priority Survey

Area Action Partnerships

Area Action Partnerships (AAPs) were introduced in County Durham in 2009 as part of the reorganisation of local government. There are 14 Partnerships covering all areas of the county. The AAPs bring together local people, councillors and partners to identify and set local priorities and explore ways to take action to address these priorities.

To identify and help set these priorities, AAPs annually engage local residents and key stakeholders to ask them to use their local knowledge to provide their opinions on what they consider to be the key local priorities for their AAP area.

There were 7,976 residents from across County Durham who completed an AAP Priority survey between November 2016 and February 2017; this is broken down into 3,346 pupils from across 17 secondary schools; 2,776 residents who took part in the general SurveyMonkey survey and 1,854 residents who took part in the participatory budget and community event survey.

Participants were asked to choose their top three priorities from ten priority themes. Across the county the Children, Young People and Families theme was ranked number one across all voting methods, the Older People theme was ranked in the top three Health and Wellbeing theme was ranked in the top four.

Under the Health and Wellbeing theme, mental health was the number one issue across all rankings. It also topped the older people's priority issues and came third in the Children, Young People's and Families section.

Access to health services and Physical health finished second and third respectively, but both had similar overall countywide ranking score.

Social Inclusion was the most interesting anomaly with general public ranking it their second highest issue and schools ranking it their lowest.

Nine AAPs have identified Health and Wellbeing as a key priority for 2017/18.

Student Voice Survey

A student voice survey was undertaken in primary and secondary schools in County Durham which ran from January to April 2017, to gather the views of young people in relation to their health and wellbeing.

Questionnaires were designed to provide schools with an evidence base to use in their OFSTED 'Self Evaluation form', and to provide the thematic partnerships with a robust data set which can be used to inform service planning and policy. Questionnaires were completed by 9351 pupils from 117 schools across the county. Key health and wellbeing messages from the survey are identified below.

A total of 1,481 primary school and 1,418 secondary school pupils said they were bullied at their current school. Bullying is more prevalent in above average Free

School Meal (FSM) schools and appears more prevalent in primary school than in secondary school.

Children across all age groups drunk at least one energy drink the previous day, with the average drinking two per day. Boys are more likely to consume energy drinks than girls. A total of 354 students claimed to have consumed '5 or more' posing a potentially serious risk to their health.

There were 59% of primary school children and 47% of secondary school pupils who had 5 or more portions of fruit and vegetables a day. In both primary and secondary schools, girls are more likely to eat 5-a-day than boys. Students eat most of their fruit and vegetables at home rather than at school.

In primary schools with above average FSM students significantly fewer students eat their 5-a-day.

Boys are more likely to be active on all seven days than girls with the average across all ages at least 60 minutes activity on 4.3 of the last 7 days. Childhood obesity levels rise with age as physical activity levels fall and inactivity rises. There was no difference in these figures for students in receipt of FSM.

Primary age students in high FSM schools join fewer clubs outside of school and in secondary schools students who are in receipt of FSM are less likely to take part in sport or physical activities when not at school.

An action plan will be compiled against the findings of the survey.