BACKGROUND
The Health and Social Care Act 2012 places clear duties on local authorities and Clinical Commissioning Groups (CCGs) to prepare a Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS). The functions to produce a JSNA and JHWS are discharged through the Shadow Health and Wellbeing Board (SHWB) and subsequently Health and Wellbeing Boards (HWB).

The JSNA is used to inform key strategies and plans, for example the Sustainable Community Strategy (SCS), Children, Young People and Families Plan, Clinical Commissioning Group (CCG) Clear and Credible Plans and Durham County Council’s Council Plan. The JSNA 2012 has informed the development of the JHWS in order to influence commissioning priorities for health and social care.

JOINT STRATEGIC NEEDS ASSESSMENT 2012
The JSNA 2012 is the fifth edition produced in County Durham which provides an overview of health and wellbeing needs of the local population. The JSNA 2012 has again incorporated the ‘Altogether Themes’ of the Sustainable Community Strategy and a refresh of the data, analysing a number of key indicators from which ‘key messages’ have been produced. The JSNA is primarily web-based, with links provided to InstantAtlas (an interactive web-based tool). The Joint Strategic Needs Assessment is available on the Durham County Council website (www.durham.gov.uk/JSNA).

A summary of key messages from the JSNA 2012 is attached in Appendix 1.

JOINT HEALTH & WELLBEING STRATEGY
A consultation process was undertaken as part of the development of the first Joint Health & Wellbeing Strategy for County Durham. Following an engagement event held on 27th June, a feedback opportunity on the draft strategic objectives and actions for the JHWS ran until 11th July.

A consultation exercise was carried out on the draft JHWS and ran from 6th September to 19th October 2012. It was carried out in a number of ways as outlined below:

- Durham County Council’s website through ‘survey monkey’ questionnaire
- Targeted briefing notes to stakeholders who attended the engagement event
Presentations to Adults and Children’s Overview and Scrutiny Committees
Presentation to County Durham Partnership
Presentation or e-mail consultation with the 14 Area Action Partnerships

A total of 85 comments were received on the draft JHWS. Feedback on the whole has been very positive.

Vision
The vision for the JHWS is to “Improve the health and wellbeing of the people of County Durham and reduce health inequalities”.

Strategic Objectives
Following the consultation exercise the six strategic objectives agreed for the Strategy are:

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 mental health and 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.

Strategic Actions
There are a number of strategic actions that underpin the strategic objectives to show what action will be delivered to meet the objective.

Wider Determinants of Health
Many of the comments received in the consultation related to the wider determinants of health including transport, crime, education, employment, poverty, housing, environment and the economy. Many respondents felt that the wider determinants of health should be contained within the Joint Health and Wellbeing Strategy whereas others acknowledged and accepted that the wider determinants of health will be included in the Sustainable Communities Strategy. It has been agreed by the Shadow Health and Wellbeing Board and the County Durham Partnership that the wider determinants of health are of such importance that they are addressed at a strategic level through the County Durham Partnership as part of the review of the Sustainable Community Strategy which is due for completion in September 2013.

A contextual section on the wider determinants of health has been developed and included in the JHWS and also signposts to the Sustainable Community Strategy.
Next Steps - JHWS Action Plan
Comments were received about the delivery of the strategic actions, for example “they need to be specific, measurable, costed and with lead people who are tasked to deliver to a timescale”. This aspect of the JHWS will be developed as an action plan with a performance management framework which will bridge the gap between the JHWS and the commissioning intentions/plans.

Final Version of the Joint Health & Wellbeing Strategy
The final version of the Joint Health and Wellbeing Strategy was agreed by the Shadow Health and Wellbeing Board at its meeting on 8th November 2012. The Joint Health and Wellbeing Strategy has also been agreed at Clinical Commissioning Group Boards, Durham County Council Cabinet and County Durham Partnership. The Strategy is available on the Durham County Council website www.durham.gov.uk/JHWS and will be made available on partner websites.

FUTURE BRIEFING NOTES
The Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy will be reviewed in 2013. Further briefing notes will be provided at key points during the review process.

Rachael Shimmin  
Chair of the Shadow Health & Wellbeing Board

Members of the Shadow Health & Wellbeing Board  
(Please see Appendix 2)
APPENDIX 1

JSNA 2012 – KEY MESSAGES

Life in Durham
- There is a predicted increase of 1% in the overall population in County Durham from 2011 to 2026.
- By 2026 the number of retired people aged 65+ will have increased by 45.6% and by 2031 by 61.6%.
- By 2026 the number of older people aged 85+ will have increased by 108.5% and by 2031 by 157.3%.

Altogether Better for Children & Young People
- With regard to children in year 6 (age 10/11) 21.6% are classified as obese, which is around twice that of children in reception (age 4/5), and is above the national average of 20%.
- Teenage conception rates were lower in County Durham than in the North East region, but still higher than the national average.
- Although breastfeeding prevalence is increasing in County Durham it remains lower than the England average.
- Alcohol-related admission rates to hospital for under 18’s in County Durham are higher than the regional average.
- Since 2008/09, there has been a significant increase in safeguarding for children in County Durham.

Altogether Healthier
- Life expectancy for males at birth has increased from 76.9 to 77 years, and for females has increased from 80.7 to 81 years from 2007 to 2009, but still remains below the England average of 78.6 for males and 82.6 for females.
- There is a large gap in premature mortality between the more affluent and more deprived areas in County Durham.
- Male life expectancy at birth ranges from 71.6 years to 81.3 years within County Durham, a gap of 9.7 years.
- Female life expectancy at birth ranges from 76.2 years to 87.1 years within County Durham, a gap of 10.9 years.
- Early death rates from heart disease and strokes, although continuing to fall, are significantly worse than the England average.
- Smoking is the biggest single contributor to the shorter life expectancy experienced locally and contributes substantially to the number of people with cancer.
- Obesity levels for adults in County Durham are worse than the England average; obesity prevalence for adults in County Durham is 28.6% compared to the England average of 24.2%. Obesity disproportionately affects the least well off.
- Rates of hospital stays for alcohol related harm have risen over time and remain significantly higher than the England average.
Prevalence of dementia in County Durham is predicted to increase in County Durham from 6,153 in 2011 to 10,951 by 2030, an increase of 78%.

Suicide rates in County Durham for men were significantly higher than the England average.

Over half (52%) of North East ex-service community (veterans) report having a long-term illness or disability, compared with 35% in the general population.

According to research commissioned by Dying Matters who raise awareness of dying, death and bereavement, around 70% of people nationally would prefer to die at home or their place of residence.

The number of supported (residential) bed days commissioned in the independent sector for dementia care for older people aged 65 years and over, when comparing figures for 2008/09 and 2011/12 increased by 6.2% from 236,266 to 251,029.

There has been a steady increase in the number of carer assessments carried out jointly with the service user from 3,614 in 2008/09 to 5,327 in 2011/12 (47.4%).

Between 1st July 2011 and 31st March 2012, there were 967 referrals to the Reablement Service. Of those people referred, 54.3% completed the reablement period without the need for ongoing care whilst 23.1% completed with a reduced care package. There were 75.6% of people completing reablement who achieved their goals.

**Altogether Safer**

- Figures provided by Durham Constabulary identify that 9.5% of all crime committed in 2010/11 was alcohol-related, and in the last 4 years the rate has risen slightly from 7.5% in 2008/09.
- In 2011/12 however, physical abuse is the most common type of alleged abuse increasing by 135.3% from 136 in 2009/10 to 320 in 2011/12.

**Altogether Greener**

- In County Durham 21.9% of households suffered from fuel poverty in 2010.
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<tr>
<th>Name</th>
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<tr>
<td>Rachael Shimmin (Chair)</td>
<td>Corporate Director of Children &amp; Adults Services</td>
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<td>Councillor Lucy Hovvells (Vice-Chair)</td>
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<td>Portfolio Holder for Adult Services</td>
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<td>Councillor Claire Vasey</td>
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<td>Dr Mike Guy</td>
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