report

meeting	HEALTH AND WELLBEING BOARD		
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REPORT OF THE CORPORATE DIRECTOR FOR ADULT SOCIAL CARE, HEALTH AND PUBLIC PROTECTION

THE ROLE AND ACTIVITIES OF THE HEALTH AND WELLBEING BOARD

PURPOSE OF THE REPORT

1. The purpose of the report is to outline the roles and activities of the Health and Wellbeing Board.

BACKGROUND

2. The Health and Social Care Bill envisages the County Council to establish a Health and Wellbeing Board. The overarching aim of the Board is to assess the needs of the county and develop a strategy to address the health and wellbeing of Nottinghamshire and ensure that services commissioned best meet the needs of the population.

3. The Board will have a number of core statutory responsibilities which are:

- to prepare a Joint Strategic Needs Assessment (JSNA)
- to prepare a Health and Wellbeing Strategy to address the needs identified
- production of a Pharmaceuticals Needs Assessment
- to promote integrated working between the NHS and local government as well as commissioners and providers of services which impact on the wider determinants of health
- to provide advice, assistance or other support to encourage financial partnerships under Section 75 of the National Health Service Act 2006 in connection with the provision of such services
- to encourage persons who arrange for the provision of health-related services in its area to work closely with the Health and Wellbeing Board
- to encourage persons who arrange for the provision of any health or social care services in its area and persons who arrange for the provision of any health-related services in its area to work closely together.

4. In addition to these responsibilities the Council may also delegate other functions which may also impact on health.

TERMS OF REFERENCE

5. The following Terms of Reference were approved at the Full Council meeting on the 31st March 2011.

a) To prepare and publish a Joint Strategic Needs Assessment of the population of Nottinghamshire.

b) To prepare a Health and Wellbeing Strategy based on the needs identified in the Joint Strategic Needs Assessment and to oversee the implementation of the strategy.

c) To ensure that commissioning plans have due regard to the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy.

(d) To promote integrated working including joint commissioning in order to deliver cost effective services and appropriate choice. This will also include joint working with services that impact on wider health determinants.

A summary of the issues and current status of activity in Nottinghamshire is outlined below.

A. To prepare and publish a Joint Strategic Needs Assessment of the population of Nottinghamshire

6. Primary Care Trusts (PCTs) and upper tier authorities have been required to jointly produce a JSNA since 2008. The current JSNA has been prepared by a multi-agency steering group and is produced in 4 chapters; Children and Young People, Adults and Vulnerable Groups, Older People and a Summary Chapter. The current Joint Strategic Needs Assessment is available on the Nottinghamshire County Council website on the following link and is listed as a background paper to this report.

http://www.nottinghamshire.gov.uk/home/youandyourcommunity/factsaboutnotts.htm

7. This steering group currently reports into the Executive Joint Commissioning Group and could be tasked to undertake work on behalf of the Health and Wellbeing Board to refresh the JSNA.

8. In Nottinghamshire the JSNA is drawn up based on a dataset which exceeds the minimum national requirements and after consultation with stakeholders, service providers, users and carers. The aim is to identify local priorities for health and wellbeing and for this to be a dynamic and continual exercise rather than a static document.

9. The JSNA includes a joint analysis of current and predicted health and wellbeing outcomes, an account of what people in the local community want from services and a view of the future, predicting and anticipating new or unmet needs.

10. To date statutory responsibilities have focussed on the production of the JSNA. There has been no extension of this to address the needs identified within the document. In Nottinghamshire, some of these needs have been addressed through the Joint Commissioning Strategy.

11. The Board will also have to produce a Pharmaceuticals Needs Assessment. This has been a requirement of the Primary Care Trusts and it has enabled the Primary Care Trust to identify the pharmaceutical needs of its population, support the decision-making process for pharmacy applications (subject to regulation) and support commissioning decisions in relation to pharmacy services.

12. The Pharmaceuticals Needs Assessment takes account of the JSNA for Nottinghamshire and is also drawn together through a wide consultation process using information and feedback from stakeholders, the public and pharmacists to inform the assessment process.

13. Within the proposed changes to health services the coalition government has indicated that there will continue to be a greater emphasis on the provision of a wider range of services through community pharmacy and making better use of pharmacists' expertise and clinical skills.

14. Like the JSNA the Pharmaceuticals Needs Assessment is a working document which is under regular review.

15. The Pharmaceuticals Needs Assessment has been developed by the Primary Care Trust.

B. To prepare a Joint Health and Wellbeing Strategy (JHWS) based on the needs identified in the Joint Strategic Needs Assessment and to oversee the implementation of the Strategy

16. The development of the Health and Social Care Bill extends the requirements to produce a JSNA to include a requirement to produce a strategy to address these priorities identified.

17. This strategy must 'span the NHS, social care and public health and potentially consider wider health determinants such as housing or education'. It should be a concise document identifying how health needs will be addressed and health inequalities reduced and provide an overarching framework within which commissioning plans for the NHS, social care, public health and other services, which the Health and Wellbeing Board agree are relevant, can be developed.

18. The key platform for the work of the Board is the JSNA and the development of the Health and Wellbeing Strategy. It is proposed that the Board sets the objective of completing the JSNA and the first Health and Wellbeing Strategy during 2011/12. This will be a full year before it becomes a statutory requirement of the Board. This will ensure that the assessment and strategy are in place at an early stage to drive local authority, GP Consortia and Joint Commissioning.

19. The Joint Commissioning Unit within the County Council will be ideally placed to deliver support in the preparation of the Strategy document and would be operationally able to lead on the commissioning plans on behalf of the local authority.

C. To ensure that commissioning plans have due regard to the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy

20. GP Commissioning Consortia and local authorities will have a statutory duty to have regard to the JHWS and the Board will be able to consider whether the commissioning arrangements are in line with this Strategy. As such the Board may ask for regular reports on commissioning plans and decisions for consideration.

21. The Board will be able to write formally to the NHS Commissioning Board or the local authority leadership if it does not consider local commissioning plans adequately reflect the Strategy. GP Consortia will have an obligation to state in the plans they will submit to the NHS Commissioning Board whether the Health and Wellbeing Board agrees with their plans. Clearly, reaching agreement in the Board about the key priorities across Nottinghamshire is a key task of the Board.

22. It is the intention that the Health and Wellbeing Boards will be able to look at the totality of resources in their local area for health and wellbeing. Within the JHWS the Board will be able to consider how prioritising health improvement and prevention, the management of long-term conditions, and provision of rehabilitation, recovery and re-ablement services can best deliver reductions in demand for health services as well, as the wider benefits to health and wellbeing.

23. One example of how the Joint Health and Wellbeing Strategy could make a tangible difference to the local population would be in addressing strokes.

24. Stroke is the third biggest cause of death in the UK and the largest cause of severe disability. There are around 110,000 strokes and 20,000 TIAs (transient ischemic attack – where the blood supply to the brain is temporarily interrupted. Also known as a mini-stroke, the symptoms are temporary) per year in England.

25. A stroke is a condition where part of the blood supply to the brain is cut off. It is largely a preventable disease and many risk factors can be reduced through addressing the risk factors.

26. Most people who have a stroke are aged over 65, although younger people are affected as well. In an aging population there are implications for the services which are provided for people who have strokes as well as preventative measures,

27. Risk factors for stroke include:

- smoking
- high blood pressure
- high cholesterol
- being overweight or obese
- diabetes
- a family history of stroke/heart disease
- abnormal heart beat (arrhythmia)
- conditions that increase your bleeding tendency (e.g. haemophilia)
- regular, heavy drinking
- using illegal drugs.

28. Once someone has had a stroke the speed of treatment and the type of treatment they receive will affect their long-term recovery.

29. Stroke experts have set out standards which define good stroke care, including:

- a rapid response to a 999 call for suspected stroke
- prompt transfer to a hospital providing specialist care
- an urgent brain scan (for example, computerised tomography [CT] or magnetic resonance imaging [MRI]) undertaken as soon as possible
- immediate access to a high quality stroke unit
- early multidisciplinary assessment, including swallowing screening
- stroke specialised rehabilitation
- planned transfer of care from hospital to community and longer term support.

30. The National Institute for Health and Clinical Excellence (NICE) has produced a quality standard for stroke that describes the level of care that the NHS is working towards.

31. Within the JSNA presented to the Health and Wellbeing Board, analysis of the risk factors within Nottinghamshire could be undertaken. This could also be extended to identify any particular groups of people who would be at risk. The JSNA process could also provide data around the numbers of strokes within the local population and also any variations within the County. There could also be a review of deaths as a result of strokes, the immediate treatment services provided and the long term services required for those people

affected and disabled by stroke. This could extend to data from the hospitals, community services as well as from the GP data held within surgeries.

32. From this information the Joint Health and Wellbeing Strategy may consider aspects of prevention and where services may be targeted. Within this consideration may be given to other disease areas within the JSNA which may overlap - such as exercise, obesity, heart disease and cancer to provide a joined up approach where appropriate.

33. The strategy may address the treatment services which are available and consider those already available and the commissioning of specialist services where necessary. This may require commissioning a central service on behalf of all of the local GP Consortia.

34. Traditionally, immediate healthcare will be provided by services commissioned through the health services. Long-term care and support would be the responsibility of social care commissioned through local government.

35. Long-term care and rehabilitation is important for people who have suffered a stroke. Within the Joint Health and Wellbeing Strategy there may be opportunities for joint commissioning of services across health care which may deal with the immediate health need but then into social care which may provide support in the long-term.

D. To promote integrated working including joint commissioning in order to deliver cost effective services and appropriate choice. This will also deliver joint working with services that impact on wider health determinants

36. The Health and Wellbeing Board will have a strategic overview of the health and wellbeing needs of the people of Nottinghamshire. It will have a duty to encourage integrated working between commissioners and providers of services. For example, the Board may require secondary care providers to work with social care services and commissioners to ensure that services are fully integrated.

37. The Board will also have a strategic overview of services which impact on health such as housing, leisure and education and it will be able to review the commissioning plans of these services to assess their impact on the health and wellbeing of the local population.

38. This legislation provides for working within pooled budget arrangements on behalf of commissioners. Within Nottinghamshire County Council a Joint Commissioning Unit has been established which could provide the infrastructure to be able to deliver these services and to build on existing joint commissioning arrangements. The Unit will have an overview of the local requirements of the JSNA, as well as national priorities, and could develop commissioning intentions to meet those identified needs within the available resources and in consultation with the local population.

39. In Nottinghamshire there has been a Joint Commissioning Strategy for the last 2 years. A report later on this agenda identifies more of the detail in these strategies. The Strategy focuses on those areas where there is a high level of overlap between services to children and adults. The areas of focus for the strategy are:

- Older people
- Older people with Dementia
- Physical disability and sensory impairment
- Mental health
- Learning disability
- Aspergers.

40. These services constitute many of the statutory services to the most vulnerable in our communities and the way in which they receive Health and Social Care services. The arrangements for devising the strategy, developing annual implementation plans and monitoring progress have been overseen by an Executive Joint Commissioning Board. The Board consists of:

- Corporate Director of Adult Social Care, Health and Public Protection (Chair)
- Corporate Director of Children's, Families and Cultural Services
- Chief Executive of Primary Care Trust – NHS Nottinghamshire County
- Chief Executive of Primary Care Trust – NHS Bassetlaw.

41. This group is supported by commissioning leads in each organisation and a Joint Commissioning Manager who is funded by all the agencies until March 2012.

42. The current and previous governments have encouraged local health and social care organisations to plan and commission services together. This has, at times, been associated with targeted funding, which is channelled through either the health service or local government for expenditure on jointly agreed priorities. Examples of funding streams have been to support carers, intermediate care and dementia.

43. The most recent examples are:

- Approaching £2 million in 2011/12 for expenditure on "reablement" in the health service. Reablement is defined as:

  'the use of timely and focused intensive therapy and care in a person's home to improve their choice and quality of life, so that people can maximise their long-term independence by enabling them to remain or return to live in their own homes within the community. This approach focuses on re-abling people within their homes …. So they achieve their optimum stable level of independence with the lowest appropriate level of ongoing support care'. *(East Midlands Reablement Plan 2010/11)*

- An allocation of £9.68 million for 2012/13 (from £648 million nationally) which is provided through Primary Care Trusts to support social care. This funding has to be transferred to local authorities for priorities consistent with the Joint Strategic Needs Assessment and Joint Commissioning priorities.

44. The Health and Wellbeing Board will have a duty to tackle any barriers to pooled budgets and joint commissioning arrangements and is encouraged to use these formal flexibilities as well as more informal local working arrangements through teams working together.

45. An area of important inter-agency working is Children's and Adults Safeguarding which have their own inter-agency Boards. The Board will want to consider this area of activity as part of its consideration of the needs of the population and the overall Health and Wellbeing Strategy.

46. It is the aspiration of the Government that the Health and Wellbeing Boards will become 'deep and productive partnerships that develop solutions to commissioning challenges' and that 'collaboration must be the norm'.

47. The Board also has a duty to encourage service providers to work closely with it. This may be appropriate in developing the Joint Health and Wellbeing Strategy, in considering the capacity and scope of local service provision.

48. In order to perform its functions the Health and Wellbeing Board may request information from the local authority which established it, the GP Consortia representatives, the HealthWatch representatives or any other Board members. These requests must be complied with.

STATUTORY AND POLICY IMPLICATIONS

49. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder and those using the service. Where such implications are material, they have been described in the text of the report.

RECOMMENDATIONS

50. It is recommended that:

(a) the Board approves the objective of developing a revised Joint Strategic Needs Assessment and Health and Wellbeing Strategy by the end of March 2012.

(b) a further report is brought back to the Board identifying a work programme and structures required to deliver the Joint Strategic Needs Assessment and Health and Wellbeing Board.

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Financial Comments of the Service Director (Finance) (RWK 15/04/2011)

51. The Health and Social Care Bill is still in the early stages of its passage through the Parliamentary process. As a consequence the detailed requirements of the Bill, budgetary allocations and any other financial implications are not yet clear. Further reports will be presented to Cabinet on any detailed implications for the County Council as the Bill progresses through the Parliamentary process.

Legal Services Comments (LMc 18/04/2011)

52. A report on the formation of the Health and Wellbeing Board was approved by the County Council on 31st March 2011. An expression of interest by the County Council was made and accepted to be an Early Implementer for the Health and Wellbeing Board. The recommendations in the report fall within the remit of the Health and Wellbeing Board.

Background Papers Available for Inspection

53. 31st March 2011 – Full Meeting of the Nottinghamshire County Council – agenda item 15.

54. Nottinghamshire County Joint Strategic Needs Assessment – Executive Summary June 2008.

http://www.nottinghamshire.gov.uk/home/youandyourcommunity/factsaboutnotts.htm

Electoral Divisions Affected

55. Nottinghamshire.

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