



Nottinghamshire
County Council

Report to Health and Wellbeing Board

11th January 2012

Agenda Item: 7

REPORT OF DIRECTOR OF PUBLIC HEALTH

UPDATE ON THE HEALTH AND WELLBEING STRATEGY

Purpose of the Report

1. The Health and Wellbeing Board does not take on its statutory duties of producing a Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Strategy until April 2013. However, in light of the need for Clinical Commissioning Groups (CCGs) to develop commissioning plans for 2012-13, an early start has been made on agreeing local priorities. This report provides information on the progress being made on the development of the Health and Wellbeing Strategy (HWS). It describes the work of the HWS Editorial Group and outlines emerging common priorities which will be subject to further assessment and consultation. The initial draft of the HWS, which includes identified high level priorities common to multiple health and local government partner organisations, is included in **Appendix One**.
2. The strategy gives a useful baseline and reference point for organisations, whilst work continues on developing a strategy for the future. It has been developed alongside the refresh of the JSNA and therefore, will be subject to review as new priorities emerge. In light of the interim nature of the strategy, restricted consultation will take place within 2011-12. However, wider consultation will take place during 2012-13 as part of the extended review of the strategy. Assistance will be sought from CCGs using their public involvement processes to shape the future priorities.

Information and Advice

3. The Health and Wellbeing Board (HWB) received a report from the Director of Public Health in July 2011 providing detail on the development of the HWS. The recommendations in the report were supported which described the scope and outline for the strategy.
4. The HWB agreed that the scope of the strategy would include wider determinants of health, such as age, gender, lifestyle issues, living and working conditions and social and community networks. General socio-economic, cultural and environmental conditions would not feature heavily in the strategy.
5. A further paper was presented to the Board in November 2011 describing the planned development of the first version of the HWS, through the work of a newly formed HWS Editorial Group.
6. Following approval by the HWB, the first meeting of the HWS Editorial Group took place on 18th November 2011.

7. The scope and content of the HWS was considered at this meeting and the group developed its plan to write the first version of the strategy. It was agreed that the future role of the group would be reviewed as the scope of the strategy changed to reflect new and evolving priorities.
8. The HWB agreed that the first version of the HWS would reflect common priority areas included in current organisational strategies. This will give a useful baseline and reference point for organisations, whilst work continues on developing a strategy for the future. The HWS will be produced by April 2012 and include high level priorities areas, which will be drilled down further through the review of the JSNA in later versions.
9. The HWS will not reflect the entirety of what needs to be commissioned to improve health and wellbeing. Instead it will reflect what can be done jointly to make further improvements. Assurance will need to be given to organisations to confirm that the content will not dictate that these priority areas are the only priorities for Nottinghamshire. Commissioning and decommissioning will be considered in future in order to use resources most effectively.
10. Emerging priorities that require further work to classify need and/or actions will be highlighted in the strategy as work in progress.
11. Following review of the relevant strategies, emerging priorities were ranked according to the frequency they were mentioned in the range of strategies considered.
12. Emerging Priorities, which were consistently included in several strategies: (NB: These include children, young people and adults where appropriate, with special reference to transitions risks across age groups.)
 - Obesity (including physical activity and healthy eating)
 - Mental Health and Emotional Wellbeing
 - Older people (including falls and fuel poverty)
 - Substance Misuse - especially alcohol
 - Learning Disability and Autism
 - Smoking
 - Long-term conditions (including NHS health checks)
 - Teenage conception and pregnancy
 - Education / personal attainment and aspirations
 - Environment, community engagement and community satisfaction
 - Dementia
 - Physical Disability
 - Crime and safety.
13. Furthermore, a full list of priorities included in individual or several strategies are listed in alphabetical order as follows: (These also include children, young people and adults where appropriate, with special reference to transitions risks across age groups.)
 - Abdominal Aortic Aneurism screening
 - Avoidable Injuries
 - Cancer
 - Care Homes, reablement and intermediate care

- Carers
- Child Poverty
- Domestic Violence
- Early Years Prevention services
- Economic Prosperity / Employment
- End of Life
- Healthcare Acquired Infections
- Housing
- Independence and personalised services
- Military and Veteran Health
- Offender health (emerging priority)
- Sexual Health
- Stroke
- Supporting people – vulnerable, with complex needs etc
- Transport / Road Traffic Accidents
- Workplace Health.

14. Given the need to agree a core set of early priorities for delivery during 2012, it is suggested that a workshop is arranged to allow HWB members time to discuss and agree which areas are priorities for early action. This will also build in discussion around the application of the national Public Health outcomes framework in relation to the strategy.

15. A set of common themes were identified during the review of strategies, which can be grouped according to 3 core principles important in achieving measurable outcomes by improving the health and wellbeing for Nottinghamshire.

a. Potential Impact

This defines the potential for benefit from a suggested course of action. Significant improvement in life expectancy and reduction in health inequalities will have a high impact in this area. Consideration will include:

- Is there potential to extend life?
- Will health inequalities be reduced?
- Does this action reduce ill health, disability and/or improve quality of life?
- What is the size and scope of impact e.g. across agencies.

Prevention and early intervention strategies, safeguarding actions and better management of illness will all score according to their impact on addressing unmet need.

b. Evidence and Cost Effectiveness

The JSNA outlines the evidence on local needs assisting the HWB to identify where resources should be directed to address unmet need. Evidence on what works well to achieve benefits (using measurable outcomes) supports the choice of potential interventions. Consideration will include:

- Is there evidence that the proposed strategy will deliver measurable outcomes?
- What is the cost versus benefit of undertaking the action?
- Is there potential for efficiency or cost avoidance?

In the current financial climate careful consideration of the cost versus benefit will ensure that the best outcomes can be achieved from the available resource. A focus on efficiency and cost avoidance will also help improve efficiency of services and promote continual improvements in quality through innovation.

c. Delivery

Once potential impact and evidence and cost effectiveness are considered, further prioritisation can be made to identify areas where delivery is simplified. Consideration will include:

- Is there a shared vision across partners?
- Can quick wins be identified?
- Are there greater potential benefits through collaboration?

Agreed organisational priorities, including statutory duties, provide a means to agree common priorities for delivery and expedite action. All actions must maintain balance of benefit against resources to deliver and identify the quick wins needed to produce measurable outcome, so that resource is not used inefficiently.

16. Each emerging priority will be assessed against these themes to help prioritise each action for inclusion in the HWS. Throughout this assessment, a core principle underpinning the work of the HWB will be to ensure a person-centred approach and potential to achieve greater benefits through a joint approach.
17. In support of the consultation on the HWS, **Appendix One** includes a first draft of the strategy including high level information only. At this stage, only core themes can be included as confirm and challenge is required along with engagement with commissioning groups to agree the core themes and define the priorities within these. The content of the strategy will therefore, be reviewed pending further consultation and engagement.
18. Presentation of the HWS is also essential for engagement, with this in mind the following titles are suggested to frame each section for priority areas in the strategy:
 - Title of HWS priority area
 - Why this is a proposed priority (making reference to JSNA)
 - What are we doing now?
 - What more needs to be done?
 - How will we show improvement (with reference to outcomes framework)?
 - Reference to existing strategies
 - Link to other related sections of HWS
 - What does this mean for 'Helen'.
19. **Appendix Two** illustrates what a final section of the Health and Wellbeing Strategy webpage may look like for an agreed priority. Dementia is used as an example and will include a case study to illustrate what this means for an individual. It has been suggested that a common name be used to link the case studies across the strategy. The sections of

the electronic HWS will have active links to navigate the reader to further information and other related sections of the strategy.

20. Further work will now be taken forward to address the following:

- Assessment of Priorities will be carried out to confirm that they meet the necessary core principles.
- Presentation of the strategy: The HWS is intended to be a Web-based strategy with a printable executive summary. Consideration is needed on which priorities to include in each designated section of the strategy and how to capture cross cutting themes and joint issues.
- Agreement of Outcome measures: These will be reviewed and confirmed once the Public Health outcomes framework is produced.
- Engagement and Consultation: As version one of the HWS will be based on existing strategies, some consultation will already have taken place within individual organisations. However, engagement with stakeholders will be critical to the success of the HWS. Stakeholders will now be consulted on the range of potential priorities, using stakeholder events where possible.
- Context and Terminology: Further work will need to be undertaken to agree the language of the strategy to span both health and local government and provide a broad context to the strategy ensuring the reader can clearly understand why priorities have been chosen.

Statutory and Policy Implications

21. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION/S

The Health and Wellbeing Board are asked to:

- 1) Acknowledge the progress made on the development of the Health and Wellbeing Strategy and offer comment on the draft first version.
- 2) Support the need for a workshop to allow Health and Wellbeing Board members time to discuss and agree which Health and Wellbeing Strategy areas are priorities for early action.

CHRIS KENNY
Director of Public Health

For any enquiries about this report please contact:

Cathy Quinn
Associate Director of Public Health

Constitutional Comments (SLB 15/12/2011)

22. The matters set out in this report are within the remit of the Board as agreed by the County Council at its meeting of 31st March 2011.

Financial Comments (RWK 13/12/2011)

23. None.

Background Papers

None.

Electoral Division(s) and Member(s) Affected

Nottinghamshire.

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