

meeting HEALTH AND WELLBEING BOARD

date 6th July 2011

agenda item number 9

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

NOTTINGHAMSHIRE COUNTY COUNCIL, NHS NOTTINGHAMSHIRE COUNTY AND NHS BASSETLAW - OUTLINE PLAN FOR HEALTH AND WELLBEING STRATEGY JUNE 2011

PURPOSE OF THE REPORT

1. The purpose of the report is to consider 3 main issues:
 - A Outcomes from discussion at the first meeting of the Health and Wellbeing Board regarding the scope of the health and wellbeing strategy.
 - B Current health and wellbeing plans across organisations within Nottinghamshire.
 - C A proposal for the plan for the Health and Wellbeing Strategy for Nottinghamshire.

INFORMATION AND ADVICE

- A **Discussion points regarding the Scope of the Health and Wellbeing Strategy**
2. At the first meeting of the Health and Wellbeing Board on 4th May 2011, it was acknowledged that there are a number of determinants of health, many of which interact with each other in a complex and unpredictable way:
 - Age, sex and genetic factors
 - Individual lifestyle issues e.g. smoking, exercise, drug misuse
 - Social and community networks e.g. family networks, leisure clubs
 - Living and working conditions e.g. water/sanitation, housing, employment, education, health services
 - General socioeconomic, cultural and environmental conditions e.g. national economic situation, climate change.

3. Key points from the discussion were:
- a. The biggest influences on health are age, sex and constitutional (genetic) factors. By their very nature nothing can be done about them, but the effects can then be modified (reduced or enhanced) by lifestyle factors or aspects of personal behaviour e.g. smoking, drinking, eating, exercise, drug taking, driving a car too fast.
 - b. In turn these health effects can be influenced by social and community networks e.g. family support, religion, leisure clubs, although the overall effects can be difficult to measure, and the relative emphasis that should be placed on their development is sometimes controversial.
 - c. These factors are then influenced by the overall living and working environment. For example, it is well known that poor housing can severely affect your health (e.g. asthma) and good water and sanitation facilities are the biggest single factors that improved health during the 19th century. There are significant differences in health between different occupational groups, which has long demonstrated the influence of employment on health, and there is no doubt that good access to health services, particularly preventive services such as vaccination programmes, has a positive impact on health. Education is essential for good health, e.g. it is well known that poor levels of education correlate with high rates of teenage conception.
 - d. It was acknowledged that all the above issues should, in some way, feature within the Health and Wellbeing Strategy, although it may be necessary to combine issues together (e.g. alcohol and education in schools) where this makes sense.
 - e. Issues in relation to the general socioeconomic conditions of the country, many aspects of which are influenced by actions at national or international level, were acknowledged by the Board but at this stage their influence needs to be noted rather than feature heavily in the overall strategy.
 - f. There was some concern by Board members that the strategy may be too adult focused and may overlook issues in relation to children and young people. It was agreed that this should not happen, and indeed this topic will be the focus for discussion at the second Board meeting.

B Current plans in relation to health and wellbeing across Nottinghamshire

4. There are already a number of plans which relate to health and wellbeing across the county as follows:

- I. Sustainable Community Strategy
 - II. Children and Young People's Strategy
 - III. Nottinghamshire County Council Strategy
 - IV. District Council Strategies
 - V. Primary Care Trusts' 5 year Strategic Plans.
5. The Joint Strategic Needs Assessment (JSNA) is not a strategy in its own right but contains information which is used to help formulate the above strategies. Its use in relation to the Health and Wellbeing Board is set out in the Health and Social Care Bill currently going through Parliament as follows:

JSNA

- To be undertaken by local authorities and GP Consortia through the Health and Wellbeing Board, with each having equal and explicit responsibility for its preparation
- The responsibility for the pharmaceutical needs assessment transfers to the local authority
- There is a new legal obligation on commissioners (GP Consortia and local authorities) to have regard to the JSNA in exercising relevant commissioning functions.

Sustainability Strategy

6. Nottinghamshire's Sustainable Community Strategy 2010 to 2020 replaced *All Together Better*, the first community strategy for Nottinghamshire, which ran from 2005 to 2009. The new strategy was approved by Nottinghamshire County Council on 25th February 2010, following a period of consultation.
7. The six priorities agreed within this strategy for Nottinghamshire were:
- A greener Nottinghamshire
 - A place where Nottinghamshire's children can achieve their full potential
 - A safer Nottinghamshire
 - Health and wellbeing for all
 - A more prosperous Nottinghamshire
 - Making Nottinghamshire's communities stronger.
8. These priority areas are still relevant, and need to be reflected in any new approach to health and wellbeing.

Children and Young People's Strategy

9. This has been developed by The Nottinghamshire Children's Trust (previously Nottinghamshire's Children and Young People's

Partnership) which is now a formal part of the Health and Wellbeing Board as agreed at the last meeting. The Children and Young People's Strategy describes how the members of the Nottinghamshire Children's Trust will work together to improve the lives of children and young people in Nottinghamshire.

10. The strategy describes how work is planned around all five of the outcomes for children and young people and is a legal requirement for all local authorities together with their partners under the Children Act 2004.
 - Being healthy - physical and mental and emotional wellbeing
 - Staying safe - protection from harm and neglect
 - Enjoying and achieving - education, training and recreation
 - Making a positive contribution - the contribution made by them to society
 - Achieving economic wellbeing - social and economic wellbeing.

Nottinghamshire County Council Strategy

11. The County Council has a number of strategic priorities which directly relate to its wide range of responsibilities:

- **To foster aspiration, independence and personal responsibility**

This priority is to raise the aspirations of local people by enabling them to achieve more both as individuals and as neighbours.

- **To promote the economic prosperity of Nottinghamshire and safeguard our environment**

Successful local businesses and a prosperous economy are key to the future. The priority here is to do everything possible to help the local business community thrive and promote Nottinghamshire as a place to invest, do business and to visit and stay.

- **To make Nottinghamshire a safe place to live**

It is important that people feel that the county is a safe place to live. Managing safety and having a coordinated approach to keeping people and places safe is vital. The priority will be on the safety of those groups and communities that are more vulnerable and on reducing crime and disorder.

- **To secure good quality, affordable services**

The priority is to ensure that the County Council provides good quality, affordable services for the people of Nottinghamshire. This means that the County Council will involve citizens in all aspects of

the services through consulting, listening and acting on what they say.

- **To be financially robust and sustainable**

The priority is to be cost effective, run as 'one council-one business' and provide value for money in everything that is done.

District Council Strategies

12. All the District Councils across Nottinghamshire have local strategies which they have developed after consultation with partners and local people. They cover a wide range of issues relevant to district council areas of responsibility:

- Housing
- Environmental health
- Community safety
- Planning
- Waste collection
- Leisure
- Business development.

Primary Care Trusts 5 year Strategies

13. These were developed as part of the assessment process for World Class Commissioning (2008-10) and set the overall direction for the way in which health outcomes would improve over a 5 year period. Both NHS Nottinghamshire County and NHS Bassetlaw developed a number of strategic initiatives which would be implemented to achieve the health outcomes. Even though each PCT's strategy was slightly different it covered the following elements:

- An assessment of health need based on the JSNA (first published in 2008)
- A focus on health leadership, partnership working, clinical engagement, and patient and public involvement
- An emphasis on using the commissioning process to ensure good prioritisation decisions, to stimulate the development of new health providers, to ensure innovation in health service delivery, and to procure and monitor services with maximum efficiency
- Particular emphasis was given to the following health issues:

- A reduction in health inequalities
 - Improvements in life expectancy (with a consequent focus on cardiovascular disease, diabetes and COPD (chronic obstructive pulmonary disease))
 - Cancer
 - Tobacco
 - Obesity
 - Alcohol
 - Stroke
 - Teenage conceptions
 - Falls in older people
 - End of Life care
 - Mental health.
14. As part of this process, challenging targets were developed for each area which are still routinely monitored by the PCT Boards. Although the process of World Class Commissioning is no longer in existence, the health issues above are still relevant, and the PCTs are still in the process of implementing the initiatives which support them. Due to the financial problems which have developed over the last couple of years, some of the initiatives have slowed down particularly where new investment was required.

C A proposal for the plan for the Health and Wellbeing Strategy for Nottinghamshire

15. With a full understanding of the overall determinants of health, and in the light of what currently exists across Nottinghamshire organisations in relation to health and wellbeing, the Health and Wellbeing Board for Nottinghamshire has a right to set its own scope, not only for how it does its business, but also what responsibilities it should take on.
16. The national guidance on the development of Health and Wellbeing Strategies is set out in the Health and Social Care Bill currently going through parliament; however, due to “pause and think” process at national level some of this may be subject to change:

Joint Health and Wellbeing Strategy (JHWS)

- *All Health and Wellbeing Boards should have to develop a high level JHWS that spans the NHS, social care, public health and could consider wider health determinants – housing and education cited as examples*
- *No statutory guidance to be issued regarding the JHWS, no submission to Department of Health or National Health Service Commissioning Board required, but the Health and Wellbeing Board*

will have a duty to have regard to the National Health Service Commissioning Board mandate in preparing it and it will be public

- *JHWS will provide an overarching framework for the development of commissioning plans for the NHS, social care and public health (and other services if agreed by the Health and Wellbeing Board)*
- *GP consortia and local authorities will be required to have regard to both JSNA and JHWS*
- *Health and Wellbeing Board will consider whether individual partners' strategies are in line with the JHWS and can write to GP consortia, National Health Service Commissioning Board and local authority/ies if their commissioning plans have not taken adequate regard*
- *GP consortia will be obliged to state to National Health Service Commissioning Board whether Health and Wellbeing Board has agreed their plans have due regard to JHWS*

Health and Wellbeing Boards as an open ended vehicle

- *Health and Wellbeing Boards may be used to undertake additional functions e.g. consider wider health determinants, e.g. co-ordinate commissioning of children's services*
- *GP consortia can enter into voluntary arrangements with local authorities to perform additional functions on their behalf e.g. if it improves commissioning*
- *GP consortia may wish to secure commissioning support from local authorities 'given their expertise in commissioning and contracting'.*

17. On the basis of the above issues, a proposal for a health and wellbeing strategy for Nottinghamshire could include the following elements:

a. ***An assessment of health and social needs for the population of Nottinghamshire;***

This would be achieved by the Joint Strategic Needs Assessment, which is a document that is a means to an end rather than an endpoint in its own right; this is currently being updated.

b. ***A contextual section describing Nottinghamshire as a place, its people, the organisations present, and how the Health and Wellbeing Board will operate;***

This would also include the financial constraints within which all organisations are currently operating.

c. ***A section on health and social care outcomes;***

This will be an important section as it will enable the Health and Wellbeing Board to be clear what the overall health and social care objectives should be over the next few years; it will need to be based on the 3 outcomes frameworks either already published (NHS and social care) or still being consulted on (public health). This will be an opportunity to focus on the overall strategic approach the health inequalities, and ways to improve life expectancy.

d. ***A lifecourse section focused on children and young people;***

This would reflect the current strategies in this area but would need to be clear how the strategy related to the JSNA and the health and social care outcomes; it could include relevant health policy areas such as teenage conceptions and Child and Adolescent Mental Health Services (CAMHS).

e. ***A lifecourse section focused on adults;***

Again this section would focus on the strategic approach to generic issues pertinent to adults which are not health topic based; this could include the social care needs of working age adults and older people, irrespective of the origin of the need; this section could also cover NHS continuing care policy.

f. ***A section focused on the wider determinants of health;***

This would include a number of important policy areas like health in the workplace, roads, parks and leisure, housing and environmental health.

g. ***A section focused on behaviours;***

This would be an opportunity for the Health and Wellbeing Board to be clear what the overall strategic approach should be to the following topics:

- Tobacco
- Diet / exercise / nutrition / obesity
- Alcohol
- Drug misuse.

All of these have national strategies which have been published over the last couple of years, so the local approach in Nottinghamshire will need to reflect what is expected at a national level.

h. A section focused on priority health policy areas;

This could include the following topics which again need to reflect the national strategy / policy direction:

- **Mental health** – the local approach could include people of all ages so duplication with other sections above would need to be avoided.
- **Long-term conditions** – this section would provide clarity on the approach to cardiovascular disease, diabetes, COPD, falls, stroke, and other long-term neurological conditions.
- **Cancer** – particularly screening programmes and other aspects of early diagnosis as part of the National Cancer Reform Strategy.
- **End of Life** – with a particular focus on ensuring access to services for all relevant people not just those with cancer.

i. Concluding Section;

This would indicate how the strategy would be monitored, particularly the health outcomes and how these would be presented to the public, as part of an overall accountability mechanism.

18. It would be the intention to highlight particular issues for local areas in each section of the Strategy. As part of the Strategy, the current level of investment in each area of service will be identified. Clearly these sections are not mutually exclusive and there is scope for duplication. However, this needs to be minimised during the process of developing the overall Health and Wellbeing Board Strategy. The sections also need to refer to other documents as appropriate (e.g. the JSNA) which could be an appendix rather than in the main part of the strategy.

POINTS TO CONSIDER

19. This document has made proposals about how a Health and Wellbeing Strategy could be developed in Nottinghamshire and what it might look like. However, important points to consider are:
- Has it properly reflected discussions at the first meeting of the Board?
 - Has it captured the right issues in relation to health and wellbeing?
 - Is it potentially too long? Or too short?
 - Is there the right balance between medical issues, lifestyle factors and other wider determinants of health?
 - How do we avoid unhelpful duplication between sections?

- Will it enable buy-in from all the relevant stakeholders across the county?

SUMMARY

20. This paper has summarised the outcomes from discussions at the first meeting of the Health and Wellbeing Board, the current strategies that exist across Nottinghamshire relating to health and wellbeing, and what a Health and Wellbeing Strategy might look like.

STATUTORY AND POLICY IMPLICATIONS

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

RECOMMENDATION

22. Members of the Board are invited to comment as to how they would like to see the development of the Health and Wellbeing Strategy for Nottinghamshire.

CHRIS KENNY
Director of Public Health

Financial Comments of the Service Director (Finance) (RWK 17/06/2011)

23. There are no additional financial implications arising from the development of the Health and Wellbeing Strategy for Nottinghamshire.

Legal Services Comments (LMc 14/06/2011)

24. The Health and Wellbeing Board has delegated authority to approve the recommendations in the report.

Background Papers Available for Inspection

25. None.

Electoral Divisions Affected

26. Nottinghamshire.

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