Nottinghamshire County Council

Report to Health Scrutiny Committee

18 January 2016

Agenda Item: 4

REPORT OF THE DEPUTY LEADER AND CHAIR OF THE HEALTH & WELLBEING BOARD

THE WORK OF THE HEALTH & WELLBEING BOARD & ACTIONS TO REDUCE HEALTH INEQUALITIES

Purpose of the Report

1. This report provides a brief summary of the work of the Health & Wellbeing Board and how it is helping to improve health and wellbeing and reduce health inequalities for Nottinghamshire.

2. The report also provides information on the current state of health inequalities in Nottinghamshire. It describes the main underlying factors that contribute to health inequalities in Nottinghamshire County; exploring actions being taken to address these and highlighting areas where more effort is required.

Information and Advice

The role and work of the Health & Wellbeing Board

3. The main purpose for the Health & Wellbeing Board is to build strong and effective partnerships, which improve the commissioning and delivery of services across the NHS and local government, leading in turn to improved health and wellbeing for local people. The Board has three statutory duties to support this function. They are:
   a. To prepare a Joint Strategic Needs Assessment (JSNA) to provide an accurate assessment of local needs
   b. To publish a Joint Health & Wellbeing Strategy to address the needs identified through the JSNA
   c. To encourage integrated working

   Since the introduction of the Better Care Fund, there is also a requirement on the Board to jointly agree the local Better Care Fund plan.

   Through this work the Board is also responsible for leading locally on reducing health inequalities.

4. The Joint Strategic Needs Assessment is under a continual review and has also recently been reviewed to improve the process and access to information. The JSNA is located on a newly formed webpage to improve access and make the content more user friendly. The new weblink is as follows: http://www.nottinghamshireinsight.org.uk/insight/nottinghamshirehome.aspx

5. The second Health & Wellbeing Strategy for Nottinghamshire; Our Strategy for Health and Wellbeing in Nottinghamshire 2014-17 was approved by the Board in March 2014. The weblink is: http://www.nottinghamshire.gov.uk/care/health-and-wellbeing/health-and-wellbeing-board/health-and-wellbeing-strategy

6. The Strategy includes 20 priorities underpinning FOUR ambitions:

   a. **A good start –** For everyone to have a good start in life.
   b. **Living well –** For people to live well, making healthier choices and living healthier lives.
   c. **Coping well -** That people cope well and that we help and support people to improve their own health and wellbeing, to be independent and reduce their need for traditional health and social care services where we can.
   d. **Working together-** To get everyone to work together.

7. The strategy is delivered through partnership working, using responsible organisations to lead the work, alongside engaging partners and providers in implementation plans. Through its supporting structure, the Board keeps oversight of the delivery of the strategic priorities.

8. In September this year, the Board considered the range of priorities and, in the context of overall health outcomes, impact on health inequalities and potential added value that the Board could bring, the following seven priority actions were agreed for 2015/16. Work is currently underway to improve health & wellbeing outcomes in these areas:

   I. **Work together to keep children & young people safe -** Develop a partnership agreement to tackle child sexual exploitation in Nottinghamshire, in conjunction with the Nottinghamshire Safeguarding Children's Board

   II. **Improve children & young people's health outcomes through integrated commissioning of services -**

      i. Improve uptake of breastfeeding, particularly in the Ashfield, Bassetlaw, Gedling, Mansfield and Newark and Sherwood districts**.**

      ii. Improve Children and Young People's Mental Health and Wellbeing across Nottinghamshire through Implementation of the Nottinghamshire Children's Mental Health & Wellbeing Transformation Plan.

   III. **Reduce the number of people who smoke -** Health and wellbeing partners to implement their agreed actions for the Nottinghamshire County and Nottingham City Declaration on Tobacco Control.

   IV. **Reduce the number of people who are overweight & obese and develop healthier environments to live and work -** Facilitate a joint approach across Health and Wellbeing partners to planning to maximise benefits, leading to the use of Health Impact Assessments.

   V. **Provide coordinated services for people with mental ill health -** Facilitate a joint approach to crisis support (including work around the crisis care concordat) to maximise resources to support individuals in the community

   VI. **Ensure we have sufficient & suitable housing, including housing related support, particularly for vulnerable people -** Extend integrated working to include Housing so that support for vulnerable people is assessed collectively and delivered by the most appropriate agency.

9. The Better Care Fund plan was approved by the Board in April 2014, and supports delivery of the elements of the overall health & Wellbeing Strategy, with particular emphasis on coping well and working together across health and social care.

10. The Board also leads a significant programme of engagement activity. This includes the following elements:
    a. Bespoke workshops with the Board and key partners to agree actions to address strategic priorities
    b. Network events to involve a wide range of stakeholders across the health and wellbeing network, to broker two-way communication to help form strategy
    c. Summits designed to progress a specific area of work, which are opened out to invited guests
    d. Communication activity through meeting summaries, media relations and social media to spread the work of the Board

11. An example of some of the achievements are listed below. Further detail will be included in the Boards annual report for 2015/16.
    a. The board has hosted 8 workshops from April 14 to date, ranging from health & social care finances to the implications of the Care Act. A brief summary and key outcomes for some of these sessions include:

        - The Health & Wellbeing Board undertook a peer challenge in February 2015. The review highlighted three main themes for the Board to consider: strategic leadership, communications & engagement and governance & support. A follow-up workshop was arranged to engage key stakeholders in developing an action plan to address the findings. The workshop explored current experiences of the Health & Wellbeing Board, future ambition and considered how these would be achieved. The workshop successfully set the direction for the Boards response to the peer challenge, which has led to an agreed implementation plan, which is currently being delivered.

        - A workshop was held to explore the area of NHS Health checks. This was prioritised due to concerns over service coverage and patient uptake. The workshop considered barriers and facilitators to success, and allowed concerns to be discussed directly with the GP workforce to help identify possible solutions. Following the session, the outcomes have been used to form an action plan, which is being implemented to improve the service. Actions include direct support to practices, and engagement with CCGs to explore and develop new models.

        - A joint workshop across city and county Health & Wellbeing Boards took place in November to explore possible local solutions to known workforce issues. The session highlighted common issues across the health and care sector and considered actions to help address some of the pressures. Suggestions included improved sharing of workforce plans, extension of a local holistic worker model and joint training & development opportunities to support career development opportunities across the sector. A report is due to be presented at both Boards in January 2016 with key recommendations for sector-wide action.

    b. Review of services for domestic abuse and violence – Sponsored through the Board, the Public Health department led a joint commissioning exercise with the Police and Crime Commissioner. The contract was awarded in July 2015, and services commenced on 1 October 15. The new joint approach reviewed the way services were delivered to improve

consistency and quality across the County, and agree a common approach for commissioning to secure better outcomes for citizens.

c. Since approval of the plans in 2014, the Better Care Fund has moved from planning, to implementation and monitoring of progress against the national conditions and key performance indicators. The Health and Wellbeing Board has an oversight role, receiving regular updates from the Better Care Fund Programme Board on progress. The latest report for the period July-Sept 15 shows early signs of success, with targets being met for non-elective hospital admissions, care home admissions and care home admissions from hospital.

d. Review of the Child & Adolescent Mental Health service (CAMHS) – The Board requested an in-depth discussion on the quality of local CAMHS services. This led to a review of services which is Improving access to services, including increasing funding for the intensive home treatment service. The review is also providing better access to local inpatient beds and increased awareness and knowledge in GP practices and schools to improve support for children and young people who present with concerns around their mental health.

e. The Board has hosted 7 stakeholder network events from April 2015 to date that focussed on significant issues for health & wellbeing and engaged a wide range of stakeholders, including the general public. Examples of two events are:

- A young person health event took place in August 2015 to give young people the chance to say what they would like from health services and input into the development to a young people's health strategy. The session showcased an excellent example of engagement by young people in assessing how 'young people friendly' services are and allowed young people to give valuable feedback to commissioners of services. The feedback from the event directly influenced the development of the strategy and also set the direction for broadening engagement of young people in future.
- A voluntary and community sector event took place in September 2015, themed around 'We're in it together.' The session promoted a better understanding of the role of the Health & Wellbeing Board and considered ways that community and voluntary organisations can engage with the Board. The event incorporated table hosting to share good practice and facilitate boarder learning and helped third sector organisations make contacts and consider new ways to support health and wellbeing together.

Health Inequalities

12. Health Inequalities is a huge and complex topic. There are many factors that affect health and wellbeing, all of which can contribute to health inequalities. One way of looking at Health Inequalities might be to review equality of access to the services that support health and wellbeing. However, this risks being overly simplistic, as many of the determinants and causes of inequalities overlap and interact. The diagram in **Figure One** represents the main groups of factors that determine health and wellbeing for individuals and populations.

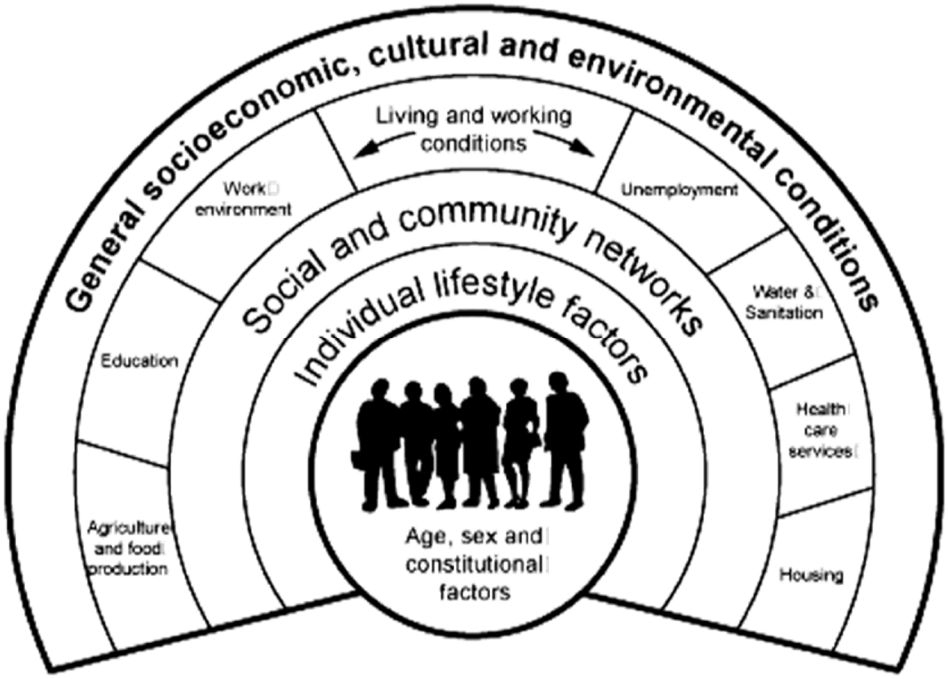

Figure One: Factors that determine health and wellbeing for individuals and populations

Marmot objective	Determinants	Local lead
i. Give every child the best start in life	Smoking in pregnancy Breastfeeding	Nottinghamshire County Council Nottinghamshire County Council
ii. Enable all children, young people and adults to maximise their capabilities and have control over their lives	Education	Nottinghamshire County Council
iii. Create fair employment and good work for all	Employment Living wage	Local Enterprise Partnership All members as employers and as advocates at national level
iv. Ensure healthy standard of living for all	Employment Living wage Housing, Planning	Local Enterprise Partnership HWB members as employers and as advocates at national level District & Borough Councils
v. Create and develop healthy and sustainable places and communities	Community Engagement Access to leisure facilities and green spaces	District & Borough Councils
vi. Strengthen the role and impact of ill health prevention	Access to and quality of primary care Healthy Lifestyles	Clinical Commissioning Groups Local Enterprise Partnership

Figure Two: six policy objectives needed to tackle Health Inequalities

13. In November 2008, Professor Sir Michael Marmot was asked to chair an independent review to propose the most effective evidence-based strategies for reducing health inequalities in England. His report "Fair Society, Healthy Lives" centred on the themes of: social justice, the social gradient in health and health inequalities, fairness, economic context, social

inequalities and climate change. The costs of inequalities were explained in terms of years of life lost, years of healthy life lost and economic costs.

14. Marmot concluded that reducing health inequalities would require action on six policy objectives (see **Figure Two**) and that delivering these policy objectives would require action by central and local government, the NHS, the third and private sectors and community groups. The Marmot review identified that strategies to address health inequalities needed to tackle health risks (smoking, alcohol, obesity and drug use) and social determinants (early years, education, work, income and communities).

15. As the system leader, the Health and Wellbeing Board is well placed to engage in participatory decision-making at local level to ensure that there are effective local delivery systems focused on health equity in all policies.

Life Expectancy

16. Life Expectancy is the length of time that, on average, a new-born baby can expect to live. It is a recognised marker for health inequalities, and is used to look at differences between populations. Many factors determine life expectancy, and significant variations are found based on sex, ethnicity and socio-economic status.

17. There is a 3.4 year difference in Life Expectancy in Nottinghamshire between males (79.6 years) and females (83 years). The gap in Life Expectancy between males and females has remained consistently below and better than the national average (see **Figure 3.**) Over time the Life Expectancy gap between the sexes is decreasing, as male Life Expectancy is improving faster than female Life Expectancy, from a 4.4 year gap in 2000-02 to a 3.4 year gap in 2011-13.

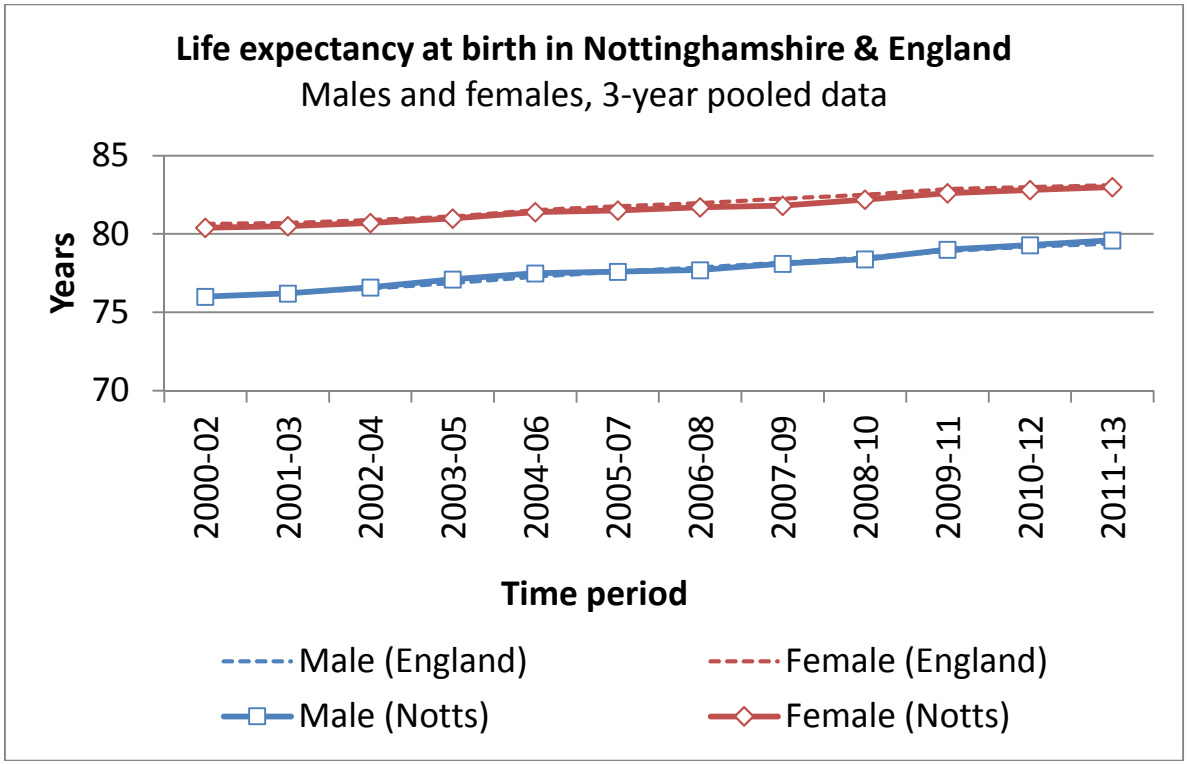

Figure 3: Source: Public Health Outcomes Framework Data tool, Public Health England. Accessed April 2015

18. Life Expectancy is increasing over time in all districts, however there is still a geographical variation in Life Expectancy across Nottinghamshire. Life Expectancy is greatest in Rushcliffe (84.1 years for females and 80.8 years for males), and least in Mansfield (81.3 years for females) and Ashfield (77.6 years for males). The gap in Life Expectancy between the best and worst districts is staying the same for females and reducing slightly for males. Bigger geographical differences in Life Expectancy are seen at sub-district level (i.e. areas of between 5,000 and 15,000 people or 2,000and 6,000 households, known as Middle Super Output Areas).

19. The main contributors to the Life Expectancy gap between males and females in Nottinghamshire are Cardiovascular Disease (CVD), cancer and respiratory disease. These three disease groups together account for 3.77 years of Life Expectancy lost in males and 3.07 years lost in females, between the most and least deprived areas in Nottinghamshire i.e. between approx. 60-65% of the total difference.

20. The main modifiable risk factor underpinning Cardiovascular Disease, cancer and respiratory disease is tobacco use. Indeed research suggests tobacco explains half the difference in the Life Expectancy gap. Alcohol and obesity are also known to feature prominently in many types of cancer, as they do for Cardiovascular Disease. Actions to address these risk factors are included in the Health & Wellbeing Strategy.

21. Healthy Life Expectancy (HLE) is an indicator that has not been reported in Nottinghamshire before. It is a measure of the average number of years a person would expect to live in good health, as opposed to overall length of life. This is illustrated in **figure 3** below:

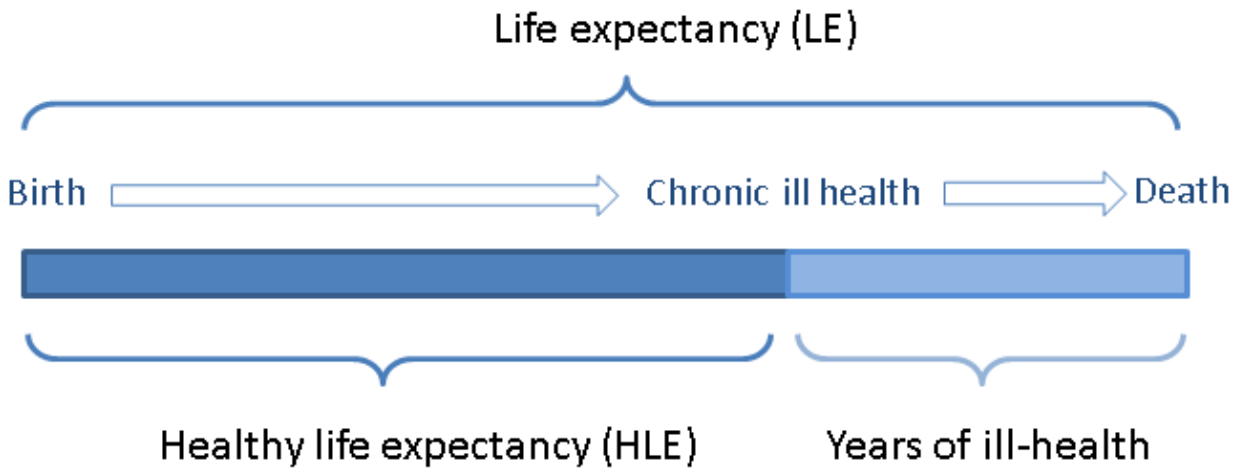

Figure 3: Illustration of Healthy Life Expectancy

22. Healthy Life Expectancy is the definitive aim for health improvement; therefore there are plans in place to use this measure going forwards.

23. The main contributors to poor Healthy Life Expectancy overlap with those for poor Life Expectancy, however there are some conditions that do not significantly affect overall length of life but that contribute significantly to chronic ill-health, such as mental health disorders, injuries and musculoskeletal diseases.

Action to Address Health Inequalities

24. For any geographical area or population group there is no simple root cause of health inequalities but where underlying factors and causes intersect, this leads to "hotspots" and creates sharp gradients of health inequality that merit concerted action at a local level by individual partners, multi-agency partnerships and / or by the Health and Wellbeing Board as a whole. There is always more that could be done. Areas of work that have the greatest potential to yield results would aim to:
    - Eliminate unwarranted variation in medical and clinical outcomes between primary care practices
    - Embed action to address health inequalities across all areas of the Health and Wellbeing Strategy
    - Ensure that area-based initiatives include actions to address the main underlying causes of health inequalities.

25. The Health and Wellbeing Board leads strategy within these broad areas of work, but some partners are clearly better placed to lead on particular strands of work, and some areas of existing work warrant greater effort (see **Figure 4**, showing areas where there is robust evidence to support improvements in LE – these will also have an impact on HLE).

26. Examples of existing services and initiatives to address the main factors that contribute to Life Expectancy and Healthy Life Expectancy variations in Nottinghamshire include:
    - Combined – Tobacco Declaration; Lifestyle services; Change 4 Life; Healthy Options Takeaway Scheme; Wellbeing at Work Scheme; Daybrook Connecting Communities Programme, Nottinghamshire Obesity Strategy
    - CVD – NHS Health Check Programme; Abdominal Aortic Aneurysm Screening, Stroke awareness campaign (Act F.A.S.T.)
    - Cancer – Cancer Screening, Be Clear on Cancer national media campaigns
    - Respiratory disease – Air quality management areas, Flu and pneumococcal immunisation, COPD pathways
    - Early years – Sure Start services located in areas of deprivation, Child immunisation, Healthy Schools, Educational psychology service / Inclusion support, Nottinghamshire Child Poverty Strategy
    - Long term conditions – Multidisciplinary locality teams and integrated services; Patient education programmes; Diabetic Eye Screening; Rushcliffe Primary Care Best Practice Specification
    - Mental Health – Nottinghamshire Mental Health Strategy.

27. Areas of work can also be identified to address inequalities in Healthy Life Expectancy, but there is less known about the evidence base. There is evidence to support the following:
    - Musculoskeletal health – workplace ergonomic assessment and training, NICE guidance for the management of low back pain (equal roles for local authorities and primary care)
    - Mental Health - building resilience and social inclusion, access to treatment/talking therapies and parity of esteem in primary care identification and early intervention (equal roles for local authorities and primary care)
    - Housing and Planning – links between health and housing are well established but less known about what works best, other than fuel poverty and winter deaths.

Figure 4: Areas to support improvements in Life Expectancy			
Pregnancy / Early Years	**Role: Local Authority**	**Role: Primary Care**	**More effort needed**
Good antenatal / Obstetric care	Less	More	
Smoking and Obesity in Pregnancy	Equal	Equal	✓
Reduce Teenage Pregnancy	More	Less	
Family Planning	Less	More	
Breast Feeding	Less	More	✓
Vaccination	Less	More	
Children and Young People	**Role: Local Authority**	**Role: Primary Care**	**More effort needed**
Educational Attainment	More	Less	✓
Prevent uptake of smoking	More	Less	✓
Childhood Obesity	More	Less	✓
Adults and Older People	**Role: Local Authority**	**Role: Primary Care**	**More effort needed**
NHS Health Checks	Less	More	✓
Lifestyle – Smoking	Equal	Equal	✓
Lifestyle – Exercise	More	Less	✓
Lifestyle – Diet	More	Less	✓
Lifestyle – Alcohol	More	Less	✓
Road Traffic Accidents	More	Less	
LTC Management / Pathways / Self Management	**Role: Local Authority**	**Role: Primary Care**	**More effort needed**
Cardiovascular Disease & Diabetes (inc reducing BP,HbAIc,Cholesterol,detect AF)	Less	More	✓
Respiratory Disease / COPD (inc detect, diagnosis, manage)	Less	More	✓
Employment /Environment	**Role: Local Authorities**	**Role: Primary Care**	**More effort needed**
Wellbeing at Work scheme	More	Less	✓
LA and NHS as good employers (Living Wage)	Equal	Equal	✓
Living Wage advocacy	More	Less	✓
Cancer Prevention	**Role: Local Authorities**	**Role: Primary Care**	**More effort needed**
Lifestyle – Smoking *	As above for Adults & Older People. * 30% of cancer is due to smoking, and 30% is due to diet		
Lifestyle – Diet *			
Lifestyle - Alcohol			
Cancer Early Detection & Treatment	**Role: Local Authorities**	**Role: Primary Care**	**More effort needed**
Screening	Less	More	
Education	Less	More	ongoing;national campaigns
Early Referral	Less	More	?
Effective Treatment	Less	More, + secondary care	?

28. Clearly there are too many areas of work where more effort is needed to be able to do justice to them all at the same time. Therefore the Health & Wellbeing Board prioritises action within its strategy to address areas of greatest risk and largest impact.

Statutory and Policy Implications

29. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATIONS

1) That the Health Scrutiny Committee note the report.

Cllr Joyce Bosnjak
Deputy leader and Chair of the Health & wellbeing Board

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Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- None

Electoral Divisions and Members Affected

- All