

meeting HEALTH AND WELLBEING BOARD

date 4<sup>th</sup> May 2011

agenda item number **7**

## **REPORT OF THE DIRECTOR OF PUBLIC HEALTH**

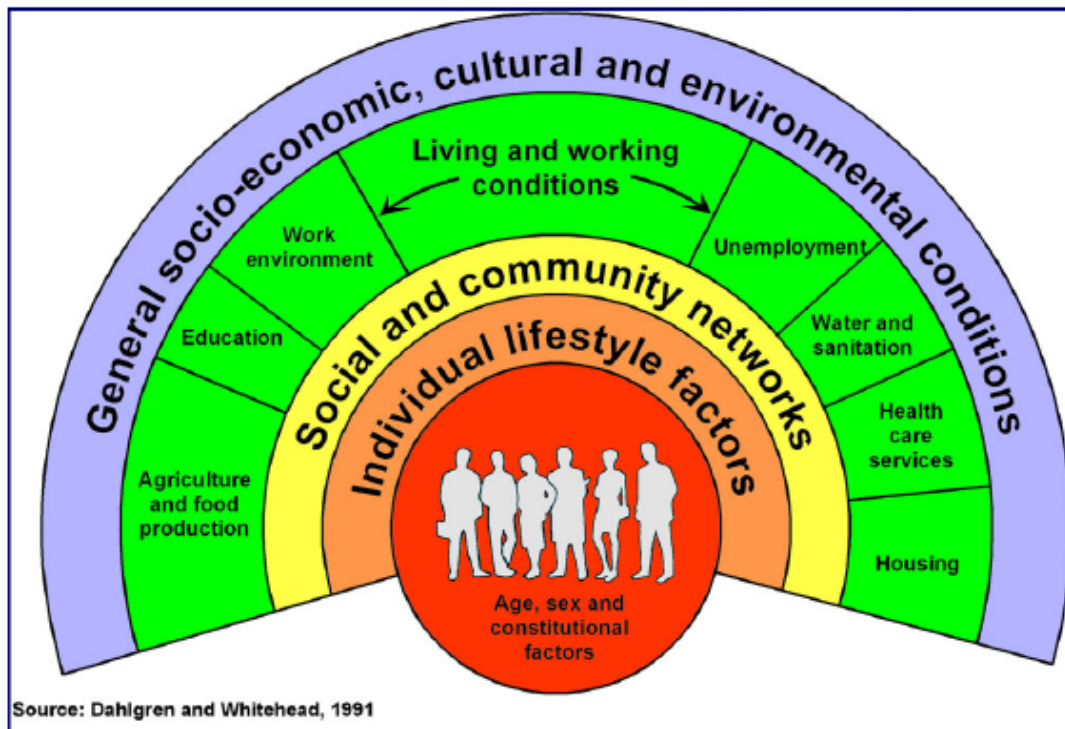
### **NOTTINGHAMSHIRE COUNTY COUNCIL, NHS NOTTINGHAMSHIRE COUNTY/ NHS BASSETLAW - SCOPE OF HEALTH AND WELLBEING STRATEGY - APRIL 2011**

#### **PURPOSE OF THE REPORT**

1. This paper considers 3 main issues:
  - A The determinants of health and wellbeing
  - B What the Health and Social Care Bill says about the remit of the Health and Wellbeing Board
  - C Options for the scope of a Health and Wellbeing Strategy for Nottinghamshire

#### **A THE WIDER DETERMINANTS OF HEALTH AND WELLBEING**

2. These are summarised in the Figure 1.



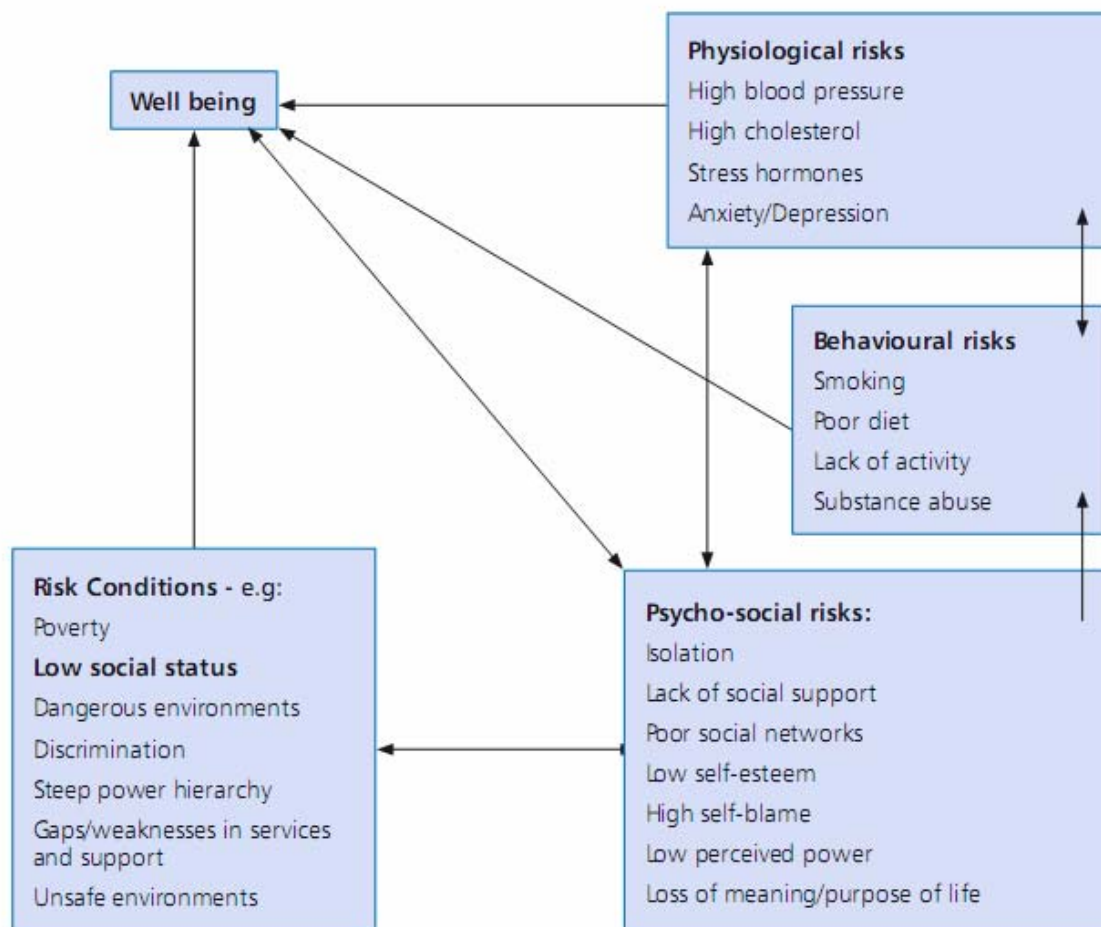
**Figure 1: Dahlgren and Whitehead's model of the social determinants of health**

3. Key points to note:

- a) The biggest influences on health are age, sex and constitutional (genetic) factors. By their very nature nothing can be done about them, but they do influence the development of many conditions (e.g. heart disease, cancer, dementia).
- b) These effects can then be reduced or enhanced by lifestyle factors or aspects of personal behaviour. For example smoking, drinking, eating, exercise, drug taking, driving a car too fast. In some cases like cancer, lifestyle factors have a very important role to play in determining whether the disease happens in the first place, or how aggressive it is. In others, like dementia, lifestyle factors play a very minor part and age is the most important determining factor.
- c) In turn personal behaviour is influenced by social and community networks e.g. family support, religion, leisure clubs. For example, exercise is significantly influenced where individuals belong to a sport or leisure club.
- d) These factors are then influenced by the overall living and working environment. 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 19<sup>th</sup> 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, for example poor levels of education correlate with high rates of teenage conception.

- e) These issues are then influenced by the general socioeconomic conditions of the country, many aspects of which are influenced by actions at national or international level. Some people have argued that the person with the biggest single influence on the health of the whole population is the Chancellor of the Exchequer.
- f) All these issues interact in a complex way to achieve health and wellbeing as shown in the diagram below.



## B REMIT OF HEALTH AND WELLBEING BOARD

- 4. The Health and Social Care Bill currently going through Parliament sets out the overall vision for the Health and Wellbeing Board:

***“The core purpose of the new Health and Wellbeing Boards is to join up commissioning across the NHS, social care, public health and other relevant services that the board agrees are directly related to health and wellbeing, in order to secure better health and wellbeing outcomes for their whole population, better quality***

***of care for their patients and care users, and better value for the tax payer.” (p94, para 5.16)***

5. However, there is no further detail as to exactly how wide the remit should be, although other aspects of guidance include the following in relation to the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS):

Joint Strategic Needs Assessment

- To be undertaken by local authorities and GP consortia through the Health and Wellbeing Board, with each having an equal and explicit obligation to prepare the JSNA through the Health and Wellbeing Board
- Responsibility for the pharmaceutical needs assessment transfers from Primary Care Trusts to the local authorities
- New legal obligation on commissioners to have regard to the JSNA in exercising relevant commissioning functions.

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 within housing and education cited as examples.
- It is not anticipated that there will be any statutory guidance regarding the JHWS, and it will not be scrutinised outside of the County Council although it will be a public document. It will also be prepared in consultation with the NHS Commissioning Board.
- The 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 Health and Wellbeing Board).
- GP consortia and local authorities will be required to have regard to both JSNA and JHWS.
- The Health and Wellbeing Board will consider formally whether individual partners' strategies are in line with the JHWS and can write to GP consortia, National Health Service Commissioning Board and local authority if their commissioning plans have not taken adequate regard.
- GP consortia will be obliged to state to the NHS Commissioning Board whether the Health and Wellbeing Board has agreed their plans have due regard to JHWS
- Health and Wellbeing Board will not, however, approve GP consortia commissioning plans.

### 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'.

## **C OPTIONS FOR THE SCOPE OF A HEALTH AND WELLBEING STRATEGY FOR NOTTINGHAMSHIRE**

6. With a full understanding of the overall determinants of health, and in the light of the loose national guidance above, 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.

7. There are 5 main options:

- I. ***focus on health issues determined solely by age, sex and constitutional (i.e. genetic) factors***; this would include a number of important health policy areas (e.g. heart disease, stroke, cancer, dementia etc):

Advantages: this would be straightforward with many plans and resources already in place.

Disadvantages: this option is based on a medical model and would not capitalise on the benefits of having a local authority based health system enabling a wider approach to health.

- II. ***all of option 1 plus an additional focus on health issues determined by lifestyle and individual behaviours***; this would include a number of important health issues like tobacco, alcohol, illicit drugs, diet, nutrition, exercise, obesity, drink driving, domestic violence:

Advantages: again this would be straightforward within existing plans and resources. This option would be better aligned with local authority structures and processes.

Disadvantages: this option may focus on lifestyle without understanding the social context within which those behaviours are occurring.

- III. ***all of option 2 plus an additional focus on the social and community influences on health;*** this would include a number of important health policy areas (e.g. adult and children's social care, role of voluntary groups, leisure, planning etc):

Advantages: many plans are already well developed but interactions between different policy areas may need to be reviewed. Many resources are already in place to support this option but could be better aligned.

Disadvantages: this option is more complex and it does not fully capitalise on the benefits of the wider economic approaches to health.

- IV. ***all of option 3 plus an additional focus on a range of other influences on health;*** this would include a number of important policy areas like schools/colleges, workplace health, roads, parks, water/sanitation, housing, environmental health, economic development:

Advantages: there could be a significant impact on health and wellbeing. It presents an ideal opportunity to have a genuinely integrated approach between health, local authorities, the police and other services.

Disadvantages: this is a complex approach and it may be difficult to quantify health benefits.

- V. ***all of option 4 plus an additional focus on a wide range of other influences on health;*** this would include a number of important policy areas like the national economy, poverty, taxation, climate change, culture:

Advantages: the impact on the health and wellbeing on the local population is likely to be profound.

Disadvantages: this is an extremely complex approach. Many of the influences are of national or international origin which would be difficult to tackle at a local level.

## SUMMARY

8. This paper has summarised what the determinants of health are, what national guidance says about the scope of the Health and Wellbeing Board, and what the local scope in Nottinghamshire could be.

## **STATUTORY AND POLICY IMPLICATIONS**

9. 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.

## **RECOMMENDATION**

10. It is recommended that members comment as to how wide the scope of the Health and Wellbeing Board and which option should be adopted from paragraph 7 above.

**CHRIS KENNY**  
**DIRECTOR OF PUBLIC HEALTH**

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

11. None.

### **Legal Services Comments (LMc 18/04/2011)**

12. A report on the formation of the Health and Wellbeing Board was approved by the County Council on 31<sup>st</sup> 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**

13. None.

### **Electoral Divisions Affected**

14. Nottinghamshire.

HWB2