

**2<sup>nd</sup> May 2012****Agenda Item:6****REPORT OF THE DIRECTOR OF PUBLIC HEALTH****NOTTINGHAMSHIRE HEALTH AND WELLBEING STRATEGY 2012-13****Purpose of the Report**

1. This report provides an overview of the development of the Health and Wellbeing Strategy. It provides a summary of the Health and Wellbeing Board workshop held on 15<sup>th</sup> February 2012 and consultation comments received through the public consultation, detailing the actions taken in response to the feedback received. The report presents the final strategy for endorsement by the Health and Wellbeing Board, which has been revised to incorporate the comments received through the consultation and engagement process.

**Information and Advice**

2. 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 Health and Wellbeing Strategy (HWS). The recommendations in the report were supported which described the scope and outline for the strategy.
3. Further reports were presented to the Board between November 2011 and March 2012 to provide information on the development of the HWS, including presentation of the draft strategy for consultation.

**Health and Wellbeing Board Workshop**

4. A workshop was held with Health and Wellbeing Board members on 15<sup>th</sup> February 2012 to consider and agree the range of priorities contained within the strategy and the principles that were used to prioritise the areas for local action.
5. Following discussion and reference to summary information on each priority area, there was general consensus was that all proposed priority areas contained in the draft strategy were important for the local area.
6. Comment was made that the priorities for the Health and Wellbeing Board should reflect where the Board could add value. Therefore, it was proposed that areas such as crime and safety, which is under the remit of the Safer Nottinghamshire Partnership Board could be removed as these priorities were included within the Safer Nottinghamshire Partnership Board Strategy. Similarly, the Children's Trust Executive provides strategic leadership through its Nottinghamshire Children, Young People's and Families plan to cover the wide

range of priority areas, such as disability in children and young people and educational attainment and aspiration.

7. The area of community engagement was viewed as a means of delivery, not as a stand-alone priority to address a local need.
8. The members of the Board considered the three broad principles for prioritisation that were proposed as part of the preparatory work. These are:
  - a. **Potential Impact:** which 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 for the local communities.
  - b. **Evidence and Cost Effectiveness:** which considers the cost versus benefit of undertaking an action, including the potential for efficiency or cost avoidance. The JSNA outlines the 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.
  - c. **Delivery:** Once potential impact and evidence and cost effectiveness are considered, further prioritisation can be made to identify areas where it is possible to simplify or expedite delivery through a shared vision or objective.
9. Discussion across the three workshop groups consisted of Board members from a range of backgrounds. Each group identified a number of principles that fitted well with those proposed, highlighting those which were felt to be most important. The collective feedback from discussions is summarised as follows:
  - Priorities should be based on available evidence
  - There should be a focus on cost effectiveness, offering good value
  - Actions should have a significant positive impact for communities, prioritising action to close the inequalities gap
  - Actions should be outcome focussed, so that there is a concentration on improving outcomes
  - The Board felt there should be constant challenge to question approaches, rigorously monitoring progress and delivery
  - Options considered should offer best value and highest quality from the public purse
  - The Board agreed that there was a need for quick wins to recognise the financial situation and allow short term efficiencies to fund longer term actions.
10. The workshop highlighted additional factors which the Board members recognise as worthy of consideration. These included:
  - Actions should reflect the views from the community

- The importance of maximising quality of life for people as they live longer
  - Use of evidence wherever available but the need to recognise that it is not always available
  - Focus on areas that require joint work
  - The need to balance actions with a long term focus with those with a short term gain
  - Balance is required between targeted action and population-based approaches
  - The need to understand cultures, boundaries, avoid duplication and work collaboratively and synergistically
  - Prioritisation of common areas, aligning peoples work-streams
  - Inclusion of priorities to include sectors of the population that may be missed
  - The need to take a holistic view to issues, promoting a cross sector approach.
  - The need to drill down to focus on specific areas within the broad areas.
11. Through discussion, the workshop successfully reached a consensus on what factors should be used to prioritise action. Following the workshop, these principles were applied to each priority to assess whether they met the needs of the local population and were Health and Wellbeing Board priorities.
12. The workshop did not agree a limited range of priorities or reach a consensus on specific actions required to address each area of need. This is not surprising, as consideration of the diverse range of actions requires time, considering detailed information on evidence, costs and benefits. Further information is being collated as part of a high level Health Impact Assessment that has been undertaken in response to the identification of prioritisation principles (see below). In addition, extended work is being taken forward by the strategic commissioning groups dedicated to considering each priority area.

### **Assessment of Priorities**

13. A Health Impact Assessment offers a route to understanding the potential health risks and benefits entailed in any proposal and doing so in a rigorous fashion. It is designed to be sufficiently flexible to match both the resources and the responsibilities of decision-maker.
14. A Health Impact Assessment framework was developed to systemically apply the prioritisation principles agreed at the HWB workshop to each proposed area within the draft Health and Wellbeing Strategy. Information on evidence, costs and benefits were assessed.
15. This was analysed through Public Health to assess the extent and nature of problem and the extent and nature of what can be done, to demonstrate whether the areas represented local needs and health and wellbeing priorities. Throughout this assessment, a core principle

underpinning the work of the HWB is to ensure a person-centred approach and potential to achieve greater benefits through a joint approach.

16. The process successful concluded that the proposed areas within the Health and Wellbeing Strategy met the desired criteria. As the work was undertaken on such broad priorities, further assessment is required through the strategic commissioning groups as they consider specific action to address each local need.

### **Health and Wellbeing Board Stakeholder Network**

17. The first Health and Wellbeing Board stakeholder network event was held on the 14<sup>th</sup> March 2012.
18. The session was well attended by a range of stakeholders from diverse backgrounds. The session gave local stakeholders the opportunity to raise comments on the Health and Wellbeing Strategy and JSNA directly with members of the Board.
19. Comment was made that the proposed priorities represented the needs of communities, although gaps were expressed in domestic violence and housing.
20. Stakeholders were keen to find out more information on how the Board would engage and work collaborative across sectors and share good practice to improve health and wellbeing. Comment was also made around the need to take a wider holistic view of services centred around the individual, as the strategy was viewed as concentrating on a medical model, focussing on separate priority areas.
21. Participants were also invited to submit comments directly through the Health and Wellbeing webpage.

### **Consultation**

22. The public consultation for the Health & Wellbeing Strategy was conducted between 22<sup>nd</sup> February to 21<sup>st</sup> March 2012. Consultation was limited to one month in this initial phase as plans are in place to develop a longer term work programme including wide engagement and consultation, ensuring the views of communities are captured in a meaningful way.
23. The consultation was primarily a web-based consultation, hosted on the Health and Wellbeing Board webpage. Copies of the draft strategy were also placed in the major libraries across Nottinghamshire. In addition, presentations were made to selected groups across the core organisations/partnerships connected to the Health and Wellbeing Board.
24. Each stakeholder was contacted with information on how to access the consultation and was also invited to attend the stakeholder network.
25. Comments were received from 43 individuals / groups. Comments were diverse but overall, the vast majority of respondents agreed with the priorities listed in the strategy.
26. Once again feedback highlighted the need to include domestic violence, housing and troubled families. Comments were made that further work was needed to identify specific

actions within the broad priority areas and consider the needs of specific groups, for example healthy aging strategies.

27. It was noted that the strategy was viewed as illustrating silo working. Views suggested that the strategy should clearly promote a jointed up approach that is person-centred. Focus on early intervention and prevention strategies were proposed to avoid long-term health and wellbeing issues.
28. Areas identified as being covered outside the remit of the Board e.g. the Safer Nottinghamshire Partnership Board and Children's Trust Executive were highlighted again in the comments received. However, it was suggested to continue to include these areas to illustrate the diverse range of factors affecting health and wellbeing, but to clearly state that separate plans govern these areas of the strategy.
29. Community engagement was once again highlighted as being a process, and suggestion made to review the section to cover environment and housing to illustrate the wider partnership approaches needs across the county and districts. Conversely, one response felt it important to include community engagement as a separate priority area.
30. All comments have been considered and written responses are being developed for each consultation comment received. A summary of the comments and responses will shortly be available on the Health and Wellbeing Board webpage.

<http://www3.nottinghamshire.gov.uk/caring/yourhealth/health-and-wellbeing-board/>

## **Equality and Diversity Assessment**

31. The Public Sector Equality Duty which is set out in the Equality Act 2010 requires public authorities to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

NB: Protected characteristics are: age, disability, gender reassignment, pregnancy and maternity, race (this includes ethnic or national origins, colour or nationality), religion or belief (this includes lack of belief), gender and sexual orientation.

32. An Equality Impact Assessment is being undertaken in relation to the content of the proposed Health and Wellbeing Strategy for 2012-13. This assesses the impact of any proposed change to services or policy on people with protected characteristics. This in turn demonstrates that the Health and Wellbeing Board have considered the aims of the Equality Duty.
33. The assessment provides evidence that the strategy does not discriminate against people with protected characteristics and promotes equality through applying evidence consistently to agree policy to address unmet need, which is based on identified need and potential for benefit.

34. The Health and Wellbeing Strategy provides information on the high level priorities only, and therefore the Public Sector Equality Duty will be applied at all levels to ensure the work of the Board takes this duty into consideration as further detailed plans are developed.

### **Final Content, Format and Delivery of the Strategy**

35. The Draft Health and Wellbeing Strategy for 2012-13 has been revised to respond to the comments made and address any associated concerns. **Appendix One** includes the revised unformatted strategy.
36. In preparation for publication, the Health and Wellbeing Strategy is currently being formatted. This will ensure that the appearance of the strategy is similar to other local strategies, such as the Children, Young Peoples and Families Plan.
37. An electronic version of the strategy will be available for access and download from the Health and Wellbeing Board webpage. In addition, a limited number of paper copies of the Strategy will be produced to raise the profile of the Health and Wellbeing Board and strategy and assist in further engagement with stakeholders.
38. Key actions identified to deliver the strategy will be incorporated into an action plan and monitored by the Health & Wellbeing Implementation Group. This will also ensure alignment is maintained between the strategy and local commissioning plans.

### **Endorsement of the Strategy**

39. The Health and Wellbeing Board does not obtain its statutory powers until 1<sup>st</sup> April 2013, it is therefore operating in shadow form in the interim with no independent decision making powers. However, the Board agreed to make an early start and publish early Health and Wellbeing priorities for 2012-13.
40. The Board members have been fully involved in the development of the strategy and are therefore the most qualified to provide endorsement and approval of the Health and Wellbeing Strategy for 2012-13.
41. It is proposed that the Health and Wellbeing Board endorse the strategy acting on behalf of their representative organisations. This decision can then be ratified by the Nottinghamshire County Council's Policy Committee to ensure robust governance.

### **Statutory and Policy Implications**

42. 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**

It is recommended that Health and Wellbeing Board:

- 1) Endorses the process followed in the development of the Health and Wellbeing Strategy.
- 2) Endorses the Health and Wellbeing Strategy for 2012-13.
- 3) Requests that the Nottinghamshire County Council Policy Committee ratifies the Health and Wellbeing Strategy.
- 4) Requests a follow-up report to be presented at its September 2012 meeting, outlining the action plan developed and progress being made on the implementation of the Health and Wellbeing Strategy.

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**Director of Public Health**

**For any enquiries about this report please contact:**

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**Constitutional Comments (LMc 05/04/2012)**

43. The recommendation in the report falls within the remit of the Health and Wellbeing Board.

**Financial Comments (RWK 11/04/2012)**

44. None.

**Background Papers**

JSNAs and Joint Health and Wellbeing Strategies – draft guidance – Department of Health – 19<sup>th</sup> January 2012,

**Electoral Division(s) and Member(s) Affected**

All.

HWB36