

11 December 2012		ITEM 5
Children's Services Overview and Scrutiny Committee		
THURROCK JOINT HEALTH AND WELL-BEING STRATEGY 2013 - 2016		
Report of: Jo Olsson, Corporate Director of People Services		
Wards and communities affected: ALL	Key Decision: N/A	
Accountable Head of Service: Roger Harris, Head of Commissioning		
Accountable Director: Jo Olsson, Corporate Director of People Services		
This report is Public		
Purpose of Report: <ul style="list-style-type: none"> • To provide an overview of the Strategy and its purpose; and • To enable the Committee to have the opportunity to input in to the development of the final Strategy. 		

EXECUTIVE SUMMARY

The Council shares a joint duty with Thurrock NHS Clinical Commissioning Group to develop a Health and Well-Being Strategy. The purpose of Health and Well-Being Strategies is to improve the health and well-being of the local community and reduce inequalities.

The Strategy applies to the entire population – both adults and children and young people. To ensure that priority issues relating to the health and well-being of children and young people are not diluted, the Strategy has been split in to 2 parts: part 1 – Health and Well-Being of Adults (appendix 1); and part 2 – Health and Well-Being of Children and Young People (appendix 2).

The purpose of this report is to provide the Committee with an overview of the Strategy and its function, and to enable the Committee to have the opportunity to input in to the development of the final Strategy.

1. RECOMMENDATIONS:

- 1.1 That the Committee note progress made on the development of Thurrock's inaugural Health and Well-Being Strategy – including the incorporation of the Children and Young People's Plan; and
- 1.2 That the Committee provide comment on the draft Strategy.

2. INTRODUCTION AND BACKGROUND:

- 2.1 The Health and Social Care Act 2012 has made the introduction of a joint Health and Well-Being Strategy a statutory duty for Clinical Commissioning Groups and Local Authorities. Responsibility for overseeing the development and delivery of the Strategy sits with Health and Well-Being Boards.
- 2.2 The purpose of the Strategy is to act as 'an overarching framework within which commissioning plans are developed for health services, social care, public health and other services which the [Health and Well-Being] Board agrees are relevant'.¹
- 2.3 Thurrock Health and Well-Being Board has agreed the vision and overarching aims for Health and Well-Being in Thurrock. The Board has also agreed the priorities for part 1 of the Strategy. The vision and aims are as follows:

Vision: 'Resourceful and resilient people in resourceful and resilient communities'.

Aims:

- Every child has the best possible start in life;
- People make better lifestyle choices and take more responsibility for their health and well-being;
- People stay healthy longer, adding years to life and life to years; and
- The health and well-being of communities in Thurrock are more equal.

3. ISSUES AND/OR OPTIONS:

- 3.1 The Marmot Review of Health Inequalities in England post-2010 urged all authorities to prioritise giving 'every child the best start in life' and stated:

'disadvantage starts before birth and accumulates throughout life. Action to reduce health inequalities must start before birth and follow the life of the child. Only then can the close links between early disadvantage and poor outcomes throughout life be broken'
- 3.2 For this reason, the Health and Well-Being Board agreed to retain a separate focus on children and young people and also the Children and Young

¹ Health and Well-Being Boards: System leaders or talking shops? King's Fund, April 2012

People’s partnership. The separate focus on children and young people would be captured as ‘part 2’ of the Health and Well-Being Strategy – with part 1 focusing on Adults. The Children and Young People’s partnership will be responsible for overseeing part 2 of the Strategy and holding individuals to account for its delivery.

3.3 Part 1 of the Strategy (Adult Health and Well-Being) is underpinned by four priorities:

- Improve the quality of health and social care;
- Strengthen the mental health and emotional well-being of people in Thurrock;
- Improve our response to frail elderly people and people with dementia; and
- Improve the physical health and well-being of people in Thurrock (focusing on reducing the prevalence of smoking and obesity).

3.4 Part 2 of the Strategy (Children and Young People’s Health and Well-Being) is underpinned by four aims – with each aim being supported by three objectives. Part 2 will deliver the Health and Well-Being Strategy’s overarching aim of ‘Give every child the best possible start in life’.

Aim	Objective
Outstanding universal services and outcomes	<ul style="list-style-type: none"> • Raise attainment at the end of Early Years Foundation Stage; Key Stage One; and Key Stage 2; • Promote and improve the health and well-being of children and young people; and • Ensure progression routes to higher level qualifications and employment.
Parental, family, and community resilience	<ul style="list-style-type: none"> • Early offer of help; • Reduce and mitigate the impact of child poverty; and • Strengthened communities.
Everyone succeeding	<ul style="list-style-type: none"> • Promote the attainment and achievement of under-achieving children; • Promote and support inclusion; and • Narrow health inequalities for

	children and young people.
Protection when needed	<ul style="list-style-type: none"> • Provide outstanding services for children who have been or may have been abused; • Provide outstanding services to children in trouble; and • Provide outstanding service for children in care.

- 3.5 Both parts of the Strategy have been developed in draft and have been circulated for comment. The accompanying letter containing consultation questions about the content of the Strategy is attached at appendix 3. Responses to the questions will be used to finalise both parts of the strategy.
- 3.6 Parts 1 and 2 of the Strategy will be accompanied by one year delivery plans. The delivery plans will be developed by April and be monitored by the Health and Well-Being Board and Children and Young People’s Partnership respectively.
- 3.7 The Committee are asked to note the draft Strategy and make any comments regarding the contents of the Strategy.

Next Steps

- 3.8 31st December 2012 is the deadline for comments on the Strategy. Once comments have been collated and the Strategy finalised, it will be submitted for sign-off as follows:
- Cabinet – 13th February 2013
 - Health and Well-Being Board – 14th March 2013
 - Thurrock NHS Clinical Commissioning Board – TBC
 - Full Council – 27th March 2013.

4. CONSULTATION (including Overview and Scrutiny, if applicable)

- 4.1 The Strategy is being consulted on with a wide range of stakeholders – including Boards and committees. This includes:
- Thurrock Community Safety Partnership (25th October)
 - Thurrock shadow Health and Well-Being Board (23rd November);
 - Children and Young People’s Strategic Partnership Executive (28th November);
 - Health and Well-Being Overview and Scrutiny Committee (4th December);

- Local Safeguarding Children’s Board (5th December)
- Children’s Services Overview and Scrutiny Committee (11th December).

4.2 Consultation has also been on-going since the beginning of October on the 4th priority of part 1 ‘Improve Physical Health and Well-Being’. Although the priority is specific to Adult Health and Well-Being, views are being captured from young people to ensure that delivery plans make connections across the whole population when required.

5. IMPACT ON CORPORATE POLICIES, PRIORITIES, PERFORMANCE AND COMMUNITY IMPACT

5.1 Thurrock Health and Well-Being Strategy will be the principle delivery vehicle for the following Community Strategy priorities:

- Improve Health and Well-Being; and
- Create a great place for learning and opportunity (specifically part 2 of the Strategy).

5.2 The aims and the priorities contained within the Strategy will influence the refresh and development of both new and existing strategies and plans – of both the Council and partner organisations. Strategies and plans key to the delivery of the Health and Well-Being Strategy will require the input of the Health and Well-Being Board (and Children and Young People’s Partnership when relating to part 2 of the Strategy) both in development stage and prior to final approval.

6. IMPLICATIONS

6.1 Financial

Implications verified by: **Mike Jones**
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The delivery of the Strategy will be within existing budgets. All partners involved in the delivery of the Strategy are operating within stretching financial circumstances. The Strategy recognises this and identifies core principles that aim to make the resource available have the greatest impact – e.g. prevention and early intervention; partnership working; integration and joint working; community-based solutions; and personal responsibility.

6.2 Legal

Implications verified by: **Daniel Toohey**
 Telephone and email: **01375 652049**

daniel.toohey @BDTLegal.gov.uk

The Council alongside Thurrock NHS Clinical Commissioning Group have a shared duty as of April 2013 to develop a Health and Well-Being Strategy.

6.3 **Diversity and Equality**

Implications verified by: **Samson DeAlyn**
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The priorities within the Strategy reflect greatest need. Thurrock's health and well-being needs are highlighted within its Joint Strategic Needs Assessment. The JSNA looks at data spanning a range of factors – e.g. gender, disability, and ethnicity. One of the key reasons behind the development of Health and Well-Being Strategies is to reduce health inequalities. There are significant health inequalities in Thurrock. These are most acute in the Borough's most disadvantaged areas.

The final Strategy will be supported by an Equalities Impact Assessment. The strategies and plans responsible for delivering the Health and Well-Being Strategy will also be subject to EIAs as appropriate.

6.4 **Other implications (where significant) – i.e. Section 17, Risk Assessment, Health Impact Assessment, Sustainability, IT, Environmental**

None.

BACKGROUND PAPERS USED IN PREPARING THIS REPORT:

- None

APPENDICES TO THIS REPORT:

- Appendix 1 – Health and Well-Being Strategy Part 1
- Appendix 2 – Health and Well-Being Strategy Part 2
- Appendix 3 – Health and Well-Being Strategy Consultation Letter

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