

1st October 2015		ITEM: 6
Health and Wellbeing Board		
Joint Health and Wellbeing Strategy 2016 - 2019		
Wards and communities affected: All	Key Decision: Non-key	
Report of: Ceri Armstrong, Strategy Officer and Ian Wake, Director of Public Health		
Accountable Head of Service: N/A		
Accountable Director: Roger Harris, Director of Adults, Health and Commissioning (Thurrock Council), Carmel Littleton, Director of Children's Services (Thurrock Council), Ian Wake (Director of Public Health), and Mandy Ansell, Acting Interim Accountable Officer (Thurrock CCG)		
This report is Public		

Executive Summary

Health and Wellbeing Strategies articulate how an area will improve health and wellbeing and reduce inequalities. For Thurrock, this means developing a health, wellbeing and care system whose focus is on prevention and early intervention and reducing the number of people reaching crisis point. Ultimately, it is about supporting people to achieve a good quality of life.

Thurrock's Strategy will both build on and aim to influence work already started across the whole health and care system – for example through Stronger Together, Building Positive Futures, and the developing Primary Care Strategy. Influencing and recognising the importance of the wider determinants of health and wellbeing will be as important as transforming how health and social care is and is not delivered.

This report sets out the proposed Direction of Travel for achieving good health and wellbeing for Thurrock's population, and proposes a refreshed set of priorities, focused on achieving a population health approach.

The report recommends testing the vision, aims and priorities through an engagement approach being developed in conjunction with Thurrock Healthwatch and Thurrock CVS.

1. Recommendation(s)

- 1.1 That the Health and Wellbeing Board agrees in principal the draft outline for the refreshed Health and Wellbeing Strategy – including the direction of travel and draft priorities; and
- 1.2 That the Health and Wellbeing Board agrees to testing the vision, aims, priorities and direction of travel through a period of consultation and engagement – including a stakeholder workshop with the Board to be held in the Autumn.

2. Introduction and Background

- 2.1 The legal framework for Health and Wellbeing Boards includes the preparation of a Joint Health and Wellbeing Strategy (JHWS). The purpose of the JHWS is to improve the health and wellbeing of the local population and reduce inequalities in health and wellbeing. The JHWS should also influence the commissioning landscape across the health, wellbeing and care system.
- 2.2 The current Joint Health and Wellbeing Strategy (JHWBS) expires in 2016 and the process of refreshing the Strategy needs to begin. The paper attached at appendix A outlines the proposed focus and rationale for the refreshed Strategy.

3. Issues, Options and Analysis of Options

System Transformation – Setting the Direction of Travel

- 3.1 The current health and care system is ill-equipped to meet future need and there are a number of reasons for this. For example, when the NHS was founded in 1948, only 52% of the population lived beyond the age of 65. Today, that figure is 86% and is set to increase. 70% of the NHS budget is spent on caring for patients with long-term conditions, and the complexity of cases seen by both the NHS and Social Care has increased through the rise of conditions such as dementia, and the number of people living with multiple health conditions.
- 3.2 We know that the system's focus needs to shift from treating and responding to ill-health to prevention and early intervention, and that the response needs to move from services to solutions that meet the outcomes the individual wishes to achieve. This includes solutions provided from within communities themselves. Wider determinants of health are key components of this approach – e.g. education, housing, employment, planning, environment, communities. The Strategy therefore needs to influence both the 'place' and 'people' agendas. Individual responsibility will also be a key aspect of the Strategy.
- 3.3 Thurrock's refreshed Health and Wellbeing Strategy will encapsulate and build on the system transformation required to develop improved health and wellbeing and reduce inequalities in health and wellbeing. The Strategy will build on work already begun and also aim to assess what more needs to be done. It will also influence related strategies and plans that impact upon

improving health and wellbeing. This includes the need to influence the development of the place agenda to both reduce health inequalities and improve overall health.

- 3.4 The proposed Direction of Travel and priorities contained within the refreshed Strategy will reflect a population-health approach, which includes delivering the following elements:
- Pooling of data about the population;
 - Segmentation of the population to enable interventions and support to be targeted appropriately;
 - Pooling of budgets to enable resources to be used flexibly to meet needs;
 - Place-based leadership – e.g. via the Health and Wellbeing Board;
 - Shared goals for improving health and tackling inequalities;
 - Effective engagement of communities; and
 - Consideration of how to incentivise joint working on population health.

This approach is adopted from the King's Fund's publication 'Population Health Systems' which argues that population health 'is affected by a wide range of influences across society and within communities', and that 'improving population health is not just the responsibility of health and social care services, or of public health professionals', but 'requires co-ordinated efforts across population health systems'.

- 3.5 The national drivers that add weight to the Strategy and its focus include:
- the NHS 5-Year Forward View which states that 'the future of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health';
 - The Care Act 2014 which places emphasis on wellbeing, and on the need to prevent, reduce and delay the need for care and support;
 - The 2012 Children and Young People's Health Outcomes Strategy which makes a range of recommendations including 'acting early and intervening at the right time'; and
 - The King's Fund recent publication on inequalities in life expectancy which recognise the importance of a focus on the wider determinants of health.
- 3.6 The refreshed Strategy will reflect an understanding of and respond to local need and the causes of that need. Thurrock's key needs have been identified via the Joint Strategic Needs Assessment and other local intelligence resources and are classified in terms of epidemiological, comparative, and corporate needs. Further detail about Thurrock's need is contained within the attached paper.

Vision, Aims and Priorities

Vision

- 3.7 The current vision for health and wellbeing in Thurrock is ‘resourceful and resilient people in resourceful and resilient communities’. It is recommended that the vision is tested as part of our engagement approach.

Aims

- 3.8 Current aims are:
- Every child has the best possible start in life;
 - People stay healthy longer, adding years to life and life to years;
 - Inequalities in health and wellbeing are reduced; and
 - Communities are empowered to take responsibility for their own health and wellbeing.

There is a question as to whether the aims add an unnecessary layer to the Strategy and it is recommended that this is tested via our engagement approach. One proposal is that the aims of the Strategy will be reflected by a clear Direction of Travel for health and wellbeing in Thurrock.

Priorities

- 3.9 Four draft strategic priorities have been developed to both respond to key health and wellbeing needs and to reflect the system transformation required to deliver improved population health:
- Develop a health and care system that systematically works to prevent ill-health, improve and maintain wellbeing, and intervenes at the earliest and most timely opportunity;
 - Building strong and sustainable communities;
 - Strengthen the mental health and emotional wellbeing of people in Thurrock; and
 - Health and social care transformation.

The rationale for the draft priorities is detailed in the appended paper and reflects both the people and the place agenda and also both children and adults.

- 3.10 The priorities will be underpinned by a range of both planned and new activity and supported by action plans. The priorities build on work which has already begun – for example strengthening communities, building positive futures etc. The Board may also wish to include as part of the priorities, issues it consider require a higher profile – e.g. air quality.
- 3.11 Whilst the Strategy, its vision, direction of travel, and priorities will be ‘whole population’, Children and Young People will have a stand-alone delivery plan. This will allow issues specific to children and young people to be identified and addressed – e.g. educational attainment.

Next Steps

- 3.12 Thurrock Healthwatch and Thurrock CVS are developing a proposed engagement approach to test and develop the Strategy. This will include testing the vision, aims, and draft priorities set out within this and the attached paper.
- 3.13 Consultation on the draft vision, aims and priorities will also take place with key stakeholders. It is recommended that a stakeholder event with the Health and Wellbeing Board and other key organisations takes place in the Autumn.
- 3.14 A draft Strategy including and responding to engagement feedback will be prepared for the January Health and Wellbeing Board, and will also be discussed at the Health and Wellbeing Overview and Scrutiny Committee. The Children and Young People's part of the Strategy will be tested via the Children's Overview and Scrutiny Committee.
- 3.15 It is anticipated that the final Strategy will be signed off by the Health and Wellbeing Board and Council in March 2016.

Draft Timetable

Date	Audience	Activity
1 st October 2015	Health and Wellbeing Board	Outline Strategy and approach
TBC	CCG Board/Seminar	Outline Strategy and approach
October – December (dates TBC)	Service Users, Carers, General Public	Engagement
November (dates TBC)	Health and Wellbeing Board plus additional stakeholder organisations	Strategy stakeholder event
5 th January	Children's Services O&S Committee	Draft Strategy
11 th January	Children and Young People's Partnership Board	Draft Strategy
12 th January	Health and Wellbeing O&S Committee	Draft Strategy
13 th January	Cabinet	Draft Strategy
14 th January	Health and Wellbeing Board	Draft Strategy
27 th January	CCG Board	Draft Strategy
9 th March	Cabinet	Final Strategy
10 th March	Health and Wellbeing Board	Final Strategy
TBC	Children and Young People's Partnership	Final Strategy
23 rd March	Council	Final Strategy
30 th March	CCG Board	Final Strategy

4. Reasons for Recommendation

4.1 To refresh Thurrock's Health and Wellbeing Strategy which is set to expire at the end of March 2016.

5. Consultation (including Overview and Scrutiny, if applicable)

5.1 The Strategy's engagement approach is being developed in consultation with Thurrock Healthwatch and Thurrock CVS.

6. Impact on corporate policies, priorities, performance and community impact

6.1 The Health and Wellbeing Strategy reflects the Community Strategy priorities 'Improve Health and Wellbeing' and is responsible for articulating how that priority will be delivered.

7. Implications

7.1 Financial

Implications verified by: **Roger Harris**
Director of Adults, Health and Commissioning

Whilst there are no financial implications attached to the preparation of the Strategy, there will be implications linked to the delivery of the priorities – e.g. the ability to shift resource towards prevention and early intervention as a key driver of reducing and preventing ill health and maintaining health and wellbeing.

7.2 Legal

Implications verified by: **Roger Harris**
Director of Adults, Health and Commissioning

Preparation of the Joint Health and Wellbeing Strategy is a statutory responsibility of the Health and Wellbeing Board.

7.3 Diversity and Equality

Implications verified by: **Roger Harris**
Director of Adults, Health and Commissioning

One of the reasons for developing a Health and Wellbeing Strategy is to reduce inequalities in health and wellbeing. This includes using local intelligence to understand the key causes of the Borough's inequalities and identifying how these can be addressed – e.g. via commissioning activity or via system transformation. This includes focusing on the wider determinants of health.

7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

None.

8. **Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- Population Health Systems – Going Beyond Integrated Care (King's Fund)
- Inequalities in Life Expectancy (King's Fund)
- Good practice in joint health and wellbeing strategies: a self-evaluation tool for health and wellbeing board (LGA)
- Creating a better care system – setting out key considerations for a reformed, sustainable Health, Wellbeing and Care system of the future (Ernst Young)

9. **Appendices to the report**

- Thurrock Health and Wellbeing Strategy 2016-2019 – Outline Strategy

Report Author:

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