Developing a new Thurrock Joint Health and Wellbeing Strategy (JHWBS)

1. Introduction

This paper sets out the steps to refresh the Thurrock Joint Health and Wellbeing Strategy as the current Strategy is due to end in March 2016. The paper also provides a draft outline for the new Strategy.

Joint Health and Wellbeing Strategies (JHWSs) are strategies to meet local population health and wellbeing needs as identified by the Joint Strategic Needs Assessment (JSNA) process, and to reduce health inequalities. They should be a key component of the local partnership and commissioning landscape.

The JHWS is the highest level strategic document of the Health and Wellbeing Board. As such, this paper recommends that the Strategy captures and drives system transformation – transformational activity aimed at shifting demand and resource away from the acute end of the system and towards preventing, reducing and delaying the need for care and support and promoting good health and wellbeing.

2. Background

The current health and care system is regularly quoted as being fragmented - working around professional and organisational boundaries as opposed to being centred on meeting the needs and outcomes of the individual. The clear boundaries between social care and health have also become increasingly blurred. When the NHS was founded in 1948, only 52% of the population lived beyond the age of 65. By 2011, the percentage had increased to 86% - although a greater number of people are living with disabilities. Service demand continues to increase alongside pressure to meet year on year savings, and the nature of that demand has increased in complexity – Department of Health states that 70% of the NHS budget is spent on caring for patients with long-term conditions, and social care is facing increasing pressure from both older client groups (e.g. dementia) and also young adults with specialist care needs (e.g. autism).

Therefore without significant system transformation, demand will continue to outstrip supply. It is widely acknowledged that there needs to be an increased focus on prevention and early intervention. This means shifting the focus of the local system on promoting health and wellbeing, and that this needs to be across the entire population.

The system driving health and wellbeing is extremely broad – expanding far beyond the NHS and Social Care, and wider determinants of health such as education, housing, employment, and planning play a much more significant role in determining health outcomes and driving health inequalities. ‘It also means that accountability for population health…..is not concentrated in single organisations or within the boundaries of traditional health and care services’ (Kings Fund, Population Health Systems, Feb 2015).

Therefore the HWBS and Health and Wellbeing Board is well placed to be able to drive the change in the system required, and define what that looks like in Thurrock.

3. National strategic drivers

This section provides a very high level view of some of the strategic drivers shaping the future of health and wellbeing and therefore influencing Thurrock's refreshed HWBS. It is by no means an exhaustive list.

Health
The NHS five year forward view:

- 'The future health 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 NHS will take decisive steps to break down the barriers in how care is provided between family doctors and hospitals, between physical and mental health, between health and social care – with far more care delivered locally, some services delivered in specialist centres organised to support people with multiple health conditions.
- A number of new models of care – e.g. Acute Care Collaborations, Enhanced Health in Care Homes, Multi-Speciality Community Providers etc.

Adult Social Care
The Care Act 2014 sets out statutory duties for local authorities concerning care and support. This includes a new duty of wellbeing, and the duty to prevent, reduce and delay the need for care and support. The Care Act recognises the importance of strengthening and developing the market place, and the need to act before people reach crisis point or even require a service.

Children
The 2012 Children and Young People's Health Outcomes Strategy forum report makes a range of recommendations for the NHS and local authorities centred around key themes including:

- Putting children, young people and their families at the heart of what happens;
- Acting early and intervening at the right time;
- Integrating services;
- Ensuring services are safe and sustainable; and
- Developing the workforce, education and training.

Inequalities in life expectancy
A recent King's Fund publication looking at changes to inequalities in life expectancy since the Marmot Report was published made the following key findings and implications for policy:

- Health policy is too fixed on integration between health and social care – rather than wider integration with other public services and community assets – population health systems;
- Unemployment and older people's deprivation play a particularly important role in determining differences between areas in life expectancy; and

- Where we live and who we live with affects our health over and above our own individual circumstances – e.g. the negative impact of a lack of community and networks around older people.

4. Local Needs Assessment

A successful health and wellbeing needs assessment considers:

- Epidemiological need – what issues are causing significant harm to large sections of our population;
- Comparative need – what are the issues where Thurrock residents have significantly poorer outcomes than other populations in England; and
- Corporate need – what issues make the system unsustainable.

Key needs concluded from the Thurrock JSNA and other local health intelligence are:

Epidemiological Needs:
The three biggest causes of premature death in Thurrock are:

- Cardio-vascular disease;
- Cancer; and
- Respiratory disease.

The most common long-term conditions are:

- Hypertension (high blood pressure);
- Depression;
- Respiratory problems (asthma and COPD);
- Diabetes; and
- Cardio-vascular disease including strokes/TIAs, Coronary Heart Disease and Heart Failure.

Comparative Needs:
Thurrock has significantly poorer outcomes than England on:

- Slope of health inequalities (life expectancy between top and bottom decline of deprivation);
- Percentage of Children in Poverty;
- Rate of Violent Crime;
- Breast feeding initiation;
- Child and adult obesity;
- Smoking prevalence and smoking attributable mortality;
- Male life expectancy at 65;
- Female life expectancy at 65;
- Under 18 conceptions;
- Cancer screening coverage, breast and cervical;
- People presenting with HIV at late stage of infection;
- <75 mortality from cardio-vascular disease;
- Hip fractures in those aged 65+; and
- Percentage of children in care.

Corporate needs:

- Financial viability of health and social care;
- Unacceptable levels of variation in primary care quality and access – including significant levels of under-doctoring; and
- Fragmented health and wellbeing system.

5. Suggested Vision and Direction of Travel

Vision

Thurrock JHWS's existing vision is:

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

We are recommending that we test whether the vision reflects what we and the community want the JHWBS to help deliver as part of our engagement activity.

Aims

The existing Strategy has four 'aims', and we are recommending that we test whether a set of 'aims' is still required (and if so, whether the current aims are still appropriate), or whether they add an unnecessary layer and can be reflected by an articulation of Thurrock's Direction of Travel.

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.

Direction of Travel

The purpose of the Strategy is to improve health and wellbeing and reduce inequalities in health and wellbeing as expressed by the vision. Whilst that is the purpose the Strategy, it spans just three years. It is therefore important to ensure that the Strategy is improving outcomes that reflect and help achieve Thurrock's direction of travel - which will be achieved over a longer time frame.

We are recommending that the Direction of Travel (DoT) for Thurrock's Health and Care system reflects the achievement of a population health system as articulated by the King's Fund in its publication 'Population Health Systems – going beyond integrated care'. This describes the health and care system of the future – including an emphasis on prevention and early intervention and what the health and care system needs to do to shift from responding to illness, to promoting and maintaining good health and wellbeing. This includes a focus on some of the wider determinants of health and wellbeing impacting on both adults and children.

Thurrock's Direction of Travel for the health and care system would therefore include:

- Pooling of data about the population to identify challenges and needs and to improve planning and commissioning;

- 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 population health needs – at least between health and social care but potentially going much further;
- Place-based leadership via the Health and Wellbeing Board;
- Shared goals for improving health and tackling health inequalities based on an analysis of needs and linked to evidence based interventions – e.g. JSNA;
- Effective engagement of communities and their assets through third sector organisations and civic society in its different manifestations;
- Developing a system that incentivises joint working on population health

Thurrock's refreshed JHWS would be an articulation of the steps taken over the next three years to achieve this Direction of Travel and therefore achieve a population health system aimed at improving health and wellbeing.

6. Proposed Priority Areas for a new Thurrock Joint Health and Wellbeing Strategy

In order to work towards achieving the vision and direction of travel detailed in section 5, and respond to the needs identified in section 4, four priority areas for the refreshed strategy have been identified. Further work will be carried out with Children's Service to ensure that the priorities span a 'whole population'.

Draft Priorities

1. 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.

This will be broken down in to:

- Primary prevention – solutions aimed at individuals or populations who have no current particular health or social care support needs. Primary prevention aims to avoid people developing care and support needs;
- Secondary prevention – solutions aimed at individuals who have an increased risk of developing needs. Secondary prevention aims to help to slow down further deterioration or preventing more serious ill-health from developing;
- Tertiary prevention – solutions aimed at minimising the effect of disability or deterioration in people with existing health conditions, complex care and support needs or caring responsibilities.

Delivery of the priority will include a focus on:

- The key lifestyle behaviours that underpin ill-health in Thurrock – smoking, obesity, diet, alcohol consumption;
- Greater investment in prevention and early intervention;
- Delivery of care closer to home;
- Development of risk stratification and early identification tools;

- Greater development of technological solutions – e.g. assistive technology/telehealth;
- Better self-management – e.g. of long term health conditions;
- Supportive communities;
- Good quality primary care; and
- A focus on wellbeing – e.g. social isolation, connectiveness etc.

2. Building strong and sustainable communities:

- Recognises that the health and wellbeing of individuals is influenced by the communities in which they live;
- Will build on work already started – e.g. via Stronger Together Programme – Building Positive Futures, Asset Based Community Development, Community Builders, Community Hubs, Local Area Coordination;
- Builds on links with wider determinants of health and wellbeing – e.g. planning and development, housing – Health and Wellbeing Housing and Planning Advisory Group etc.
- Influencing the 'place agenda' – e.g. regeneration agenda and the built environment

3. Strengthen the mental health and emotional wellbeing of people in Thurrock:

- Recognises the importance of achieving good mental health and wellbeing – e.g. 1 in 4 people will experience a mental health problem at some point in their life;
- Will include a focus on how current mental health services are provided and delivered – e.g. mental health and physical health inextricably linked;
- Will also link to non-health and social care interventions and the wider determinants of mental health and emotional wellbeing – e.g. social isolation, debt, poor housing, mental health problems in childhood etc.

4. Health and Social Care Transformation

System transformation is required if there is to be a shift away from current fragmentation and towards population health. We need to create a system focused on improving and maintaining good health and wellbeing and not a system focused on treating illness. Whilst system transformation can be seen as an enabler, the importance of transformation to delivering improved health and wellbeing is so great that we are recommending that it becomes a priority in its own right. The priority will include:

- New and alternative models of care – e.g. development of health and wellbeing hubs;
- Move towards integrated commissioning;
- Market development – to support greater choice and control;
- Further development of the Better Care Fund and pooling of budgets – e.g. to enable system redesign and the resourcing of transformation;

- A set of refreshed design principles that underpin all commissioning and service development – as agreed with the CCG in December 2013 and focused on the shift towards prevention and early intervention;
- Care closer to home – including integrated service delivery/access

7. Joint Health and Wellbeing Strategy Delivery

Governance and Monitoring
This will include:

- Outline governance arrangements including who has responsibility for ensuring the delivery of priorities or parts the priority and how the Board will receive assurance that the Strategy is a) being delivered; and b) achieving the outcomes required;
- Each priority will be supported by action/delivery plans – clearly stating who and which organisation is responsible for delivering which aspect of the priority (Children and Young People and Adults with have respective delivery plans);
- Possible development of a performance framework – e.g. how will we know if the Strategy is being successful?
- Health and Wellbeing Board work plan that reflects the Strategy;
- Possible refresh of Board responsibilities – e.g. consideration of decision making and delegations

*there are already a number of strategies and plans in place that if appropriately focused will deliver the priorities and direction of travel as described within this paper. It is expected that where necessary, the Strategy will influence the development of those related strategies – e.g. Primary Care Strategy, Building Positive Futures, Public Health Strategy.

Risks
Key risks include:

- Spread of innovation – risk appetite;
- Engagement to mobilise – engaging at the earliest opportunity;
- Shared purpose – getting clear sign up and clarity about the problem we need to fix (and does everyone agree what that is);
- System drivers – ability to understand different drivers and the impact of different parts of the system on other parts etc.; and
- Sustainability and capacity – e.g. funding, budgets, workforce development, skill sets

8. Engagement Approach

It is important to ensure effective and appropriate engagement influences the development of the Strategy. It is likely that engagement will be used to test out proposed priorities and what they mean to the community – both in terms of what works well and what needs to improve.

Initial discussions have taken place with CVS and Thurrock Healthwatch to scope the engagement approach for the Health and Wellbeing Strategy. The approach will inform engagement work on the Strategy as it is developed.

A stakeholder event for Health and Wellbeing Board members and other individuals/organisations as appropriate will be organised towards the end of the period of engagement to review feedback and to shape the final draft of the Strategy.