

12th November 2015		ITEM: 6
Health and Wellbeing Board		
Thurrock Joint Health and Wellbeing Strategy – Progress Report		
Wards and communities affected: All	Key Decision: Non-key	
Report of: Ceri Armstrong, Directorate Strategy Officer and Ian Wake, Director of Public Health		
Accountable Head of Service: None		
Accountable Directors: Roger Harris, Director of Adults, Health and Commissioning, Carmel Littleton, Director of Children’s Services, Ian Wake, Director of Public Health and Mandy Ansell, Acting Interim Accountable Officer (Thurrock CCG)		
This report is Public		

Executive Summary

This report builds on the report presented to the Board on the 1st October. It provides an update on progress made with the development of the Health and Wellbeing Strategy and also presents a recommended approach to engagement which the Board are asked to agree.

- 1. Recommendation(s)**
 - 1.1 To agree the Health and Wellbeing Strategy Engagement Plan;**
 - 1.2 To note progress on the development of a refreshed Health and Wellbeing Strategy;**
 - 1.3 So as to make the necessary progress between Board meetings, to agree to delegate agreement to changes to the Strategy’s development to the Health and Wellbeing Strategy Steering Group and Health and Wellbeing Board Chair; and**
 - 1.4 To agree to scheduling a special Board meeting in February for the purpose of signing off the final Strategy.**
- 2. Introduction and Background**

- 2.1 A report was brought to the Health and Wellbeing Board on the 1st October that presented a draft outline for a refreshed Joint Health and Wellbeing Strategy 2016 - 2019. The current Strategy agreed in 2013 is due to expire in 2016. The Board agreed the draft outline and also to testing the proposed vision, aims, priorities and direction of travel through consultation and engagement.
- 2.2 A presentation made by the Director of Public Health and agreed by the Board outlined the elements important to developing and achieving a refreshed and effective Health and Wellbeing Strategy. This included:
- Co-created via effective engagement with providers and the community;
 - Driven using intelligence from the Joint Strategic Needs Assessment;
 - Adding value to strategic plans to reduce health inequalities;
 - Addresses wellbeing and not just health;
 - Systematically aligns partner resources with strategic priorities;
 - Clear delivery mechanisms in place;
 - Holds partners to account for actions; and
 - Outcomes presented in an accessible and compelling way.
- 2.3 It was also discussed and recommended that an outcomes framework should be developed alongside the Strategy to ensure its achievements could be monitored.
- 2.4 This report updates the Board on progress made on developing the refreshed Strategy since the last meet, and also provides a proposed Engagement Plan which the Board is asked to agree.

3. Issues, Options and Analysis of Options

Overview and progress update

- 3.1 Since the last report to the Board, activity has been focused on:
- Ensuring that the vision, aims, priorities and overall health and wellbeing direction of travel reflects both the adult agenda, and also the children and young people agenda – to ensure it reflects the whole population; and
 - Developing the Strategy's engagement approach.
- 3.2 It is important that the Strategy develops priorities and actions that improve the wellbeing of the whole population. To ensure that the agenda for children and young people as well as the adult population is reflected within the Strategy, work is being carried out by the Strategic Lead for Children's Commissioning and Service Transformation. The results of the work undertaken will allow further development of the Strategy's priorities if and as required.
- 3.3 As a result of these and other possible changes, one of the recommendations to the Board is to delegate decision making on changes to the Strategy

between Board meetings to the newly formed Health and Wellbeing Strategy Steering Group. Agreeing this recommendation will help to ensure that sufficient progress can be made in between Board meetings. The Board will be made aware of any delegated decisions made when it received further progress updates.

- 3.4 Work has also been carried out to help contextualise each of the four draft priorities in the form of a matrix. This is appended (appendix 1). The matrix identifies what might be contained within each of the four priorities and any key documents and strategies that link to the delivery of the priorities. Once the Strategy has been approved, there will be a piece of work to ensure that the key documents identified are consistent with the Health and Wellbeing outcomes the Strategy is in place to deliver. The matrix will be further developed as the Strategy is developed and finalised. The purpose of developing the matrix at this early stage is to help people, particularly via engagement, understand what each of the priorities means and how they might be delivered.
- 3.5 To help with the development of the Strategy, a Strategy Steering Group has been established. The Group consists of:
- Director of Public Health (Chair)
 - Head of Integrated Commissioning, Thurrock CCG
 - Business Improvement Manager, Housing
 - Strategic Lead for Children's Commissioning and Service Transformation
 - Chief Executive Thurrock CVS
 - Chief Operating Officer Thurrock Healthwatch
 - Corporate Performance Officer
 - Strategic Lead Commissioner for Public Health
 - Directorate Strategy Officer Adults Health and Commissioning

The purpose of the Group is to steer and oversee the development of the Strategy for reporting to the Health and Wellbeing Board. The first meeting of the Group is the 5th November, and any key issues to arise from the meeting will be reported to the Board.

Engagement Approach

- 3.6 As reported to the Board in October, the Strategy's engagement approach has been developed in conjunction Thurrock CVS, Thurrock Healthwatch and the Health and Wellbeing Engagement Group. The suggested approach for testing the Strategy is appended – appendix 2.
- 3.7 The approach not only recommends how the developing Strategy should be tested, but also recommends the use of events in Thurrock as a way of feeding back to the public what has been achieved since the first Strategy was agreed in 2013.

- 3.8 As with the overall focus of the Strategy, work is taking place to ensure that the appropriate engagement mechanisms with children and young people are included in the approach.
- 3.9 Subject to the Board's agreement, activity will be developed and commence by December and complete by the end of January 2016. Feedback and analysis from the engagement events will be reported to a special Board meeting in February alongside the final draft of the Strategy.
- 3.10 The Board are asked to agree the engagement approach attached and/or make amendments as necessary.
- 3.11 Further engagement linked to the delivery of prevention and early intervention will be worked on separately to the Strategy – e.g. activity to raise awareness of health and wellbeing and an understanding of what citizens can do for themselves. This will include the promotion of existing activities, and also seeking to find gaps in provision which can then inform commissioning activity and planning.

Timescales

- 3.12 As further work has been carried out since the last Board, timescales to ensure the Strategy's agreement by the end of March are clearer – but stretching:

Committee	Purpose	Date
Children's Services Overview and Scrutiny	Consultation on outline strategy (vision, aims, priorities, outcomes etc.)	5 th January 2016
Health and Wellbeing Board	Strategy Progress Report	7 th January 2016
Children and Young People's Partnership Board	Consultation on outline strategy (vision, aims, priorities, outcomes etc.)	11 th January 2016
Health and Wellbeing Overview and Scrutiny	Consultation on outline strategy (vision, aims, priorities, outcomes etc.)	12 th January 2016
Children's Services Overview and Scrutiny	Final Draft including engagement feedback	9 th February 2016
Health and Wellbeing Overview and Scrutiny	Final Draft including engagement feedback	16 th February 2016
Health and Wellbeing Board	Approve Final Draft – including engagement feedback	TBC (Feb 2016)
CCG Board	Approve Final Draft – including engagement feedback	24 th February 2016
Cabinet	Approve Final Draft – including engagement feedback	9 th March 2016
Council	Approve Final Draft – including engagement feedback	23 rd March 2016

Any changes to timescales will be reported to the Board.

4. Reasons for Recommendation

- 4.1 Recommendations are in place to ensure that the Strategy can be progressed and developed in an effective and efficient manner, including appropriate engagement and sign-off.

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

- 5.1 The proposed engagement approach is appended to the document. Further consultation on the Strategy as it develops will take place via Overview and Scrutiny Committees, the Board itself, the CCG Board, and Cabinet. The engagement approach will be overseen by the Health and Wellbeing Engagement Group.
- 5.2 Analysis of engagement will be appended to reports to the Board and to other committees per the timescale in 3.11.

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

- 6.1 The Health and Wellbeing Strategy is the key strategy for the community priority 'Improve Health and Wellbeing'.

7. Implications

7.1 Financial

Implications verified by: **Kay Goodacre**
Finance Manager

The development of the Strategy will be managed within existing budgets and costs are likely to be minimal – officer time and resources to undertake engagement activity.

There may 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: **Chris Pickering**
Principal Solicitor Employment and Litigation

Preparation of the Joint Health and Wellbeing Strategy is a statutory responsibility of the Health and Wellbeing Board. This report is to update the

Board and proposes appropriate consultation before implementation. The Board is also asked to delegate to senior officers changes to the Strategy's development, but the approval of the final Strategy requires a special Board meeting to approve. There are no further legal implications.

7.3 **Diversity and Equality**

Implications verified by: **Natalie Warren**
**Community Development and Equalities
Manager**

A key focus of the 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 identify how these can be addressed. This includes a focus 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):

- Report to the Health and Wellbeing Board 1st October.

9. **Appendices to the report**

Appendix 1 – Priority Matrix
Appendix 2 – Engagement Approach

Report Author:

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