

11 February 2016		ITEM: 5
Health and Wellbeing Board		
Thurrock Joint Health and Wellbeing Strategy 2016 - 2021		
Wards and communities affected: All	Key Decision: Key	
Report of: Ian Wake, Director of Public Health		
Accountable Head of Service: n/a		
Accountable Directors: Ian Wake, Director of Public Health, Roger Harris, Director of Adults, Housing and Health, David Archibold, Director of Children's Services, Mandy Ansell, Acting Interim Accountable Officer NHS Thurrock CCG		
This report is Public		

Executive Summary

The purpose of this report is to seek approval from the Health and Wellbeing Board for Thurrock Joint Health and Wellbeing Strategy 2016 – 2021.

The Strategy focuses on prevention and early intervention to ensure that Thurrock people can **'add years to life and life to years'**.

The goals and outcomes set out within the Strategy focus on the areas that will make most difference to the health and wellbeing of the population. These have been developed through a period of engagement and in response to detailed needs analysis.

Success of the Strategy will be measured through an Outcomes Framework. This will enable the Board, Overview and Scrutiny Committee, and the Public to identify whether the Strategy is being delivered.

Further work will take place to develop co-produced action plans. The action plans will clearly set out action owners and will enable the relevant organisations and individuals to be held to account for their part in delivering the Strategy.

1. Recommendation(s)

1.1 That the Health and Wellbeing Board agree the draft Thurrock Joint Health and Wellbeing Strategy and Outcomes Framework; and

1.2 That the Health and Wellbeing Board delegate authority to approve any further changes to the Strategy and Outcomes Framework to the Board's Chair.

2. Introduction and Background

2.1 The Health and Social Care Act 2012 introduced the requirement for all local areas to have a Health and Wellbeing Strategy that identified priorities for reducing inequalities in health and wellbeing and improving the health and wellbeing of the local population. The Strategies are prepared jointly by the Council and CCG and owned by Health and Wellbeing Boards who are then responsible for the delivery of the Strategies. Previous reports brought to the Board's October and November meetings provide further detail.

2.2 It was agreed at the October meeting that the refreshed Strategy should be:

- 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;
- Address wellbeing and not just health;
- Systematically align 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 The work to develop the 2016-2021 Strategy has incorporated the points in 2.2 with the aim of producing a goal-based Strategy that drives change and holds partners to account. More importantly, the Strategy identifies the areas of focus (goals and objectives) that will improve the health and wellbeing of the local population.

2.4 The Board are asked to approve the Strategy and Outcomes Framework and to delegate responsibility for signing off any final changes to the Chair.

3. Issues, Options and Analysis of Options

Overview

3.1 The focus of Thurrock's Health and Wellbeing Strategy is prevention and early intervention. For reasons set out in detail in previous reports, a focus on prevention and early intervention across the health and care system will allow resources to be placed where they are most effective and provide Thurrock citizens with the best opportunity to **'add years to life and life to years'**.

3.2 The Strategy recognises the importance of the wider determinants of health on achieving good health and wellbeing for all Thurrock people. The Strategy therefore has a far broader focus than health and social care services. We know that influencing some of the wider determinants of health and wellbeing will have a significant impact on the life chances of the population but will take some time to embed. For this reason, we are recommending that the

Strategy's life span is five rather than three years. This also reflects comments made during the period of engagement.

- 3.3 To ensure that relevant strategies and plans are aligned with and helping to achieve the vision set out within the Strategy, a number of core principles have been established and reflect the tone of the Strategy and what we wish to achieve. These are:
- **Reducing inequality in health and wellbeing** – we want things to get better for everyone but we are also committed to ensuring that the poorest communities enjoy the same levels of opportunity, health and wellbeing as the most affluent;
 - **Prevention is better than cure** – rather than waiting for people to need help, we want Thurrock to be a place where people stay well for as long as possible;
 - **Empowering people and communities** – we don't just want to do things to people, but give people the opportunity to find their own solutions and make healthy choices;
 - **Seamless services** – good health and care services should be organised around the needs and outcomes people wish to achieve, not around the needs of organisations.

- 3.4 Through consultation and engagement and detailed analysis of available intelligence, five clear and concise goals have been identified. The goals are set to ensure that Thurrock's Strategy is focused, outcome-based and easy to understand. The five goals are:
- Opportunity for all;
 - Healthier environments;
 - Better emotional health and wellbeing;
 - Quality care centred around the person; and
 - Healthier for longer.

Further detail on what success looks like and how success will be monitored is detailed further in the report.

Goals and Objectives

- 3.5 The Strategy must be able to drive change and success and it must be easy to identify and measure whether success is being achieved. For this reason, the Strategy is underpinned by a clear set of goals. The goals reflect common themes and suggestions made through the engagement process. The goals are supported by a number of clear outcomes-focused objectives which help define what success looks like. These are as follows:

Goal A – Opportunity for all

- All children in Thurrock making good educational progress;
- More Thurrock residents in employment, education or training;
- Fewer teenage pregnancies in Thurrock; and

- Fewer children and adults in poverty.

Goal B – Healthier environments

- Create outdoor places that make it easy to exercise and to be active;
- Develop homes that keep people well and independent; and
- Building strong, well-connected communities.

Goal C – Better mental health and wellbeing

- Give parents the support they need;
- Improve children’s emotional health and wellbeing;
- Reduce social isolation and loneliness; and
- Improve the identification and treatment of depression, particularly in high risk groups.

Goal D – Quality care centred around the person

- Create four integrated healthy living centres;
- When services are required, they are organised around the individual;
- Put people in control of their own care; and
- Provide high quality GP and hospital care to Thurrock.

Goal E – Healthier for longer

- Reduce obesity;
- Reduce the proportion of people who smoke;
- Significantly improve the identification and management of long-term conditions; and
- Prevent and treat cancer better.

Measuring success

- 3.6 The delivery of the Strategy is supported by an Outcomes Framework. The Outcomes Framework contains the goals and outcome-focused objectives as detailed in 3.5 and a number of related performance indicators. The Outcomes Framework will allow the Health and Wellbeing Board to assess whether the Strategy is making a difference. The Outcomes Framework is appended to the report for the Board to agree.
- 3.7 In addition to the Outcomes Framework, each goal will be supported by a range of actions set out within an action plan. The action plan will detail who is accountable for what action. This will enable the Board, Overview and Scrutiny Committee and the community to hold action owners to account.
- 3.8 It is important that the actions are well thought out and that action plans are co-produced. This will ensure that they are recognisable by Thurrock people and that Thurrock’s communities feel that they jointly own the Strategy. Development of the action plans will commence after the Strategy and Outcomes Framework have been agreed and will be brought back to the Board for agreement at a later date.

Consultation and Engagement

3.9 Consultation and engagement has been carried out on the initial priority areas (now goals) and Outcomes Framework throughout its development. This has included:

- An on-line survey to test initial priority areas and seek the views of the public;
- Face-to-face contact with residents on the survey – primarily through Healthwatch, Ngage, and Thurrock Coalition;
- Attendance at community meetings – e.g. community forums, commissioning reference group; Youth Cabinet;
- Attendance at and discussion by staff groups;
- Discussion with partner organisations and committee meetings – e.g. Children and Young People’s Partnership Board, Health and Wellbeing Overview and Scrutiny Committee, Children’s Services Overview and Scrutiny Committee, Health and Wellbeing Board, Clinical Engagement Group; Head Teachers’ Forum; and
- Development and input via Health and Wellbeing Strategy Steering Group members.

The number of completed surveys during the period 21st November – 22nd January totalled 533. Specific and collated responses were also received from different voluntary sector organisations – namely SERICC and Thurrock Coalition.

3.10 Additionally, the Health and Wellbeing Board held an extended workshop on the draft Outcomes Framework at its January meeting which led to a further iteration of the Framework.

3.11 A full Engagement Report and analysis will be carried out and brought to the next Board meeting, but key themes to come from engagement with the community include:

- Quality of and access to GPs – including time to get an appointment;
- Air Quality – particular mention of traffic congestion;
- Access to quality open space and affordable exercise facilities;
- Number of take away outlets;
- Ability to access good information and support – both about what services are available but also about lifestyle; and
- Loneliness and isolation was also mentioned by a number of people.

3.12 The themes detailed in 3.11 are reflected within the Outcomes Framework, and further detail from the engagement exercise will help to inform the development of the action plans.

3.13 Work is now being carried out to outline plans for ongoing dialogue with communities on health and wellbeing and for community involvement in the

development of action plans. Plans will be brought to the Board for discussion and agreement and will be aligned with the Board's forward plan.

Looking Back – 2013-2016

3.14 Thurrock's first Strategy was agreed in 2013. The Strategy was split in to two parts – the first part focusing on Adult Health and Wellbeing, and the second part focusing on Children's Health and Wellbeing and also acting as the Children and Young People's Plan. With the reorganisation of the NHS having just taken place (Health and Social Care Act 2012), part one of the Strategy (Adult Health and Wellbeing) was very much focused on health and care services – namely the quality of health and social care.

3.15 Key achievements throughout the life of the 2013-2016 Strategy include:

Adult Health and Wellbeing

- Fully developed Local Area Coordination service – with evaluation reports showing the impact of the service;
- Development of a housing scheme designed specifically to keep older people well and independent (Bruyn's Court, Derry Avenue);
- Opening of four GP hubs offering extended opening hours during the weekend and a walk-in service;
- Basildon Hospital out of special measures;
- Development of Thurrock's first Better Care Fund to deliver closer working between health and social care;
- Further development and implementation of strength-based approaches – e.g. Asset Based Community Development;
- Delivery of Elizabeth House Extra Care Housing facility; and
- Maintaining the spotlight on Learning Disability Health Checks

Children and Young People

- Thurrock performing above the national/comparator average for children with good level development (GLD);
- The number of pupils achieving grades A-C GCSEs has improved;
- There is an improved rate of young people achieving at least a level 3 qualification by the age of 19;
- Thurrock has launched a Multi-Agency Safeguarding Hub;
- There has been strong performance on the number of young people not in employment, education or training (NEET); and
- The number of looked after children living in suitable accommodation has improved – whilst there is more to be done.

3.16 The refreshed Strategy will build on and consolidate the successes of 2013-16.

4. Reasons for Recommendation

4.1 To agree Thurrock's Joint Health and Wellbeing Strategy 2016 – 2021 and Outcomes Framework for the reasons set out under 3.

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

5.1 Detailed consultation and engagement has been carried out on the development of the Strategy and Outcomes Framework. This is detailed within 3.9 – 3.13. A detailed engagement report will be written and brought to a future Board meeting.

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

6.1 The Strategy will drive the Council's Health and Wellbeing priorities as set out within the Corporate Plan. It will also act as the Council's 'people' Strategy and make the necessary connections with the 'place' agenda.

7. Implications

7.1 Financial

Implications verified by: **Jo Freeman**
Management Accountant Social Care and Commissioning

Whilst the Strategy will need to be delivered within existing budgets, a focus on prevention and early intervention will require partners to review, and if necessary refocus the allocation of resource. This will be essential to the success of the Strategy and to the reduction of inequalities in health and wellbeing across the Borough. A focus on prevention and early intervention is also expected to release resource from the more expensive areas of the system to be reallocated to areas that prevent, reduce and delay the need for care and support.

7.2 Legal

Implications verified by: **Dawn Pelle**
Adult Care Lawyer

The Health and Social Care Act 2012 established a responsibility for Councils and CCGs to jointly prepare Health and Wellbeing Strategies for the local area as defined by the Health and Wellbeing Board.

7.3 Diversity and Equality

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

The aim of the Strategy is to improve the health and wellbeing of the population of Thurrock. Doing so will mean reducing inequalities in health and wellbeing.

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):

- Previous reports to the Health and Wellbeing Board in October and November 2015.

9. **Appendices to the report**

- Draft Thurrock Joint Health and Wellbeing Strategy 2016 – 2021
- Draft Thurrock Health and Wellbeing Strategy Outcomes Framework

Report Author:

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