

4 December 2012		ITEM: 9
Health and Well-Being 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		
<i>If the report, or a part of this, has been classified as being either confidential or exempt by reference to the descriptions in Schedule 12A of the Local Government Act 1972, it is hereby marked as being not for publication. The press and public are likely to be excluded from the meeting during consideration of any confidential or exempt items of business to which the report relates.</i>		
Date of notice given of exempt or confidential report: not applicable		
Purpose of Report: <ul style="list-style-type: none"> • To update the Committee on the development of Thurrock's Joint Health and Well-Being Strategy; and • To ensure that the Committee have the opportunity to input in to the development of the final Strategy. 		

EXECUTIVE SUMMARY

The Council has a joint duty alongside 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 for all ages.

The Committee endorsed Thurrock's Health and Well-Being vision and priorities at its September meeting.

This report asks the Committee to note and comment on the draft three-year Strategy.

1. RECOMMENDATIONS:

- 1.1 That the Committee note progress made on the development of Thurrock's inaugural Health and Well-Being Strategy; and**
- 1.2 That the Committee provide comments on Thurrock's draft Health and Well-Being strategy.**

2. INTRODUCTION AND BACKGROUND:

- 2.1 Health and Well-Being Strategies set the strategic direction for Health and Well-Being in a local area and are a response to both needs and strengths. They reflect the entire breadth of the population.
- 2.2 Local Authorities and Clinical Commissioning Groups have a joint duty to prepare a Joint Health and Well-Being Strategy, the delivery of which will be overseen by the Health and Well-Being Board.
- 2.3 At its September meeting, the Committee endorsed Thurrock's vision and priorities:

Vision:

Resourceful and resilient people in resourceful and resilient communities where:

- 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.

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 (focus on reducing smoking and maintaining a healthy weight).

- 2.4 At the September meeting, the Committee asked to know who was responsible for delivering the different aims and priorities. This information will be confirmed once the Strategy, and therefore leads have been finalised.

- 2.5 Thurrock's Health and Well-Being Strategy is comprised of two parts: part one focuses on adults; and part two focuses on children and young people. The purpose of this is to ensure that the children and young people's agenda does not become diluted or lost. Ensuring the delivery of the children and young people part of the Strategy will be the responsibility of the Children and Young People's Partnership – with reporting to the Health and Well-Being Board.
- 2.6 The Children and Young People element (part two) has four specific aims and is a refresh of the 2010-13 Children and Young People's Plan:
- Outstanding universal services and outcomes;
 - Parental and family resilience;
 - Everyone succeeding; and
 - Protection when needed.
- 2.7 Because the Strategy spans the entire population of Thurrock, the draft Strategy will be considered by the Children's Services Overview and Scrutiny Committee on the 11th December in addition to the Health and Well-Being Overview and Scrutiny Committee.

3. ISSUES, OPTIONS AND ANALYSIS OF OPTIONS:

Draft Strategy

- 3.1 Thurrock's draft Health and Well-Being Strategy is attached at appendix 1 and 2 (parts 1 and 2 respectively). The Strategy is high level and is set over three years. It will be refreshed on an annual basis and each priority will be supported by a one year delivery plan.
- 3.2 The development of the plan has been shaped by what is known about 'needs' in Thurrock – through the Joint Strategic Needs Assessment (JSNA); and what is know about Thurrock's strengths.
- 3.3 Thurrock Health and Well-Being Board will be responsible for ensuring the delivery of the Strategy and setting corrective action as required. The Board will be assisted in this function through the development of a performance framework. The Children and Young People's Partnership will be responsible for overseeing the implementation of part 2 of the Strategy.
- 3.4 The Strategy is supported by a range of strategies and plans – many already in existence. For example: South Essex Mental Health Strategy; Southend, Essex, and Thurrock Dementia Strategy; and the Commissioning Strategy for Primary and Community Care Services in South West Essex.
- 3.5 The Health and Well-Being Board will be involved in the development and sign-off of any strategy and plan key to the delivery of the Health and Well-Being Strategy. Key milestones for the implementation of the supporting strategies and plans will be included in the Board's performance monitoring arrangements.

- 3.6 The Committee are asked to note the draft Strategy and to provide comment. Comments will be used to help shape the final draft of the Strategy as part of the consultation process. A letter outlining the Strategy’s consultation questions is attached at appendix 3.

Consultation and Engagement

- 3.7 The Strategy is supported by a number of existing strategies and plans that have already been subject to consultation and engagement. As a result, consultation and engagement for the Health and Well-Being Strategy has been focused on the fourth priority of ‘improve physical health and well-being’.
- 3.8 Within this priority, the areas requiring most attention are smoking and obesity. The Committee received two reports on smoking and obesity at its October meeting.
- 3.9 Consultation and engagement has consisted of: an on-line questionnaire (www.shapingthurrock.org.uk/health), attendance at events, targeted e-mails to stakeholders, focus groups, and sessions at Thurrock’s main supermarkets.
- 3.10 Analysis from the consultation and engagement exercise will help to support the development of smoking and obesity strategies and action plans.
- 3.11 Consultation on the draft Strategy will be through Thurrock’s key partner organisations, officers, elected members and voluntary and community sector stakeholders – e.g. via Health and Well-Being stakeholder champions.

Milestones

- 3.12 The key milestones in the development and approval of the final Strategy are as follows:

Meeting	Date	Status
Community Safety Partnership	25 th October	Draft
Health and Well-Being Board	23 rd November	Draft
Children and Young People’s Partnership Executive	28 th November	Draft
Health and Well-Being Overview and Scrutiny Committee	4 th December	Draft
Local Children’s Safeguarding Board	5 th December	Draft
Children’s Services Overview and Scrutiny Committee	11 th December	Draft
Thurrock NHS Clinical Commissioning Group	TBC	Approved
Cabinet	13 th February	Approved
Health and Well-Being Board	14 th March	Approved
Full Council	27 th March	Approved

4. REASONS FOR RECOMMENDATION:

- 4.1 To allow the Health and Well-Being Overview and Scrutiny Committee to input in to the development of the final draft of Thurrock Health and Well-Being Strategy.
- 4.2 To allow the Committee to note progress being made with the development of the Strategy and to identify any concerns.

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

- 5.1 As described in paragraphs 3.7 – 3.11.

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

- 6.1 Thurrock Health and Well-Being Strategy will be the principle delivery vehicle for the following Community Strategy priorities:
- Improve Health and Well-Being (part one of the Strategy); and
 - Create a great place for learning and opportunity (part two of the Strategy).
- 6.2 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 both in development stage and prior to final approval.

7. IMPLICATIONS

7.1 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.

7.2 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.

7.3 Diversity and Equality

Implications verified by: **Samson DeAlyn**
 Telephone and email: **01375652472**
sdealyn@thurrock.gov.uk

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, 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.

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

None.

BACKGROUND PAPERS USED IN PREPARING THIS REPORT (include their location and identify whether any are exempt or protected by copyright):

- Health and Well-Being Overview and Scrutiny Report ‘Health and Well-Being in Thurrock – Setting the Strategic Direction’, September 2012.

APPENDICES TO THIS REPORT:

- Appendix 1 – HWB Strategy Part 1
- Appendix 2 – HWB Strategy Part 2
- Appendix 3 – HWB Strategy consultation letter and questions

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