

7 February 2013		ITEM: 5
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: Key	
Accountable Head of Service: Roger Harris, Head of Commissioning		
Accountable Director: Jo Olsson, Corporate Director of People Services		
This report is Public		
Purpose of Report: The Committee discussed and reviewed an earlier draft of the Strategy at its meeting in December 2012. This report provides an opportunity for the Committee to review and commend the final draft of the Strategy (with the exception of minor amendments.) to Cabinet on the 13 th February 2013 and Council on the 27 th March 2013 for approval.		

EXECUTIVE SUMMARY

The Council has a joint duty with the Clinical Commissioning Group to develop a Health and Well-Being Strategy. This is a statutory duty contained within the Health and Social Care Act 2012. The Strategy spans 3 years and is in two parts: part 1 – Adult Health and Well-Being and part 2 – Children’s Health and Well-Being. The delivery of the Strategy will be the responsibility of Thurrock Health and Well-Being Board – with part 2 being overseen by Thurrock’s Children and Young People’s Strategic Partnership.

An earlier draft of the Strategy was discussed and commented on at the December 2012 Committee meeting.

1. RECOMMENDATIONS:

1.1 That the Committee commend Thurrock’s joint Health and Well-Being Strategy 2013 – 2016 to Cabinet and Council for approval.

2. INTRODUCTION AND BACKGROUND:

2.1 As part of the Health and Social Care Act 2012, all upper tier authorities have a statutory duty to develop a Health and Well-Being Strategy. The Strategy should respond to needs identified as part of the Joint Strategic Needs Assessment (JSNA). The duty to develop the Strategy is a shared duty

between local authorities and Clinical Commissioning Groups – (CCGs are the local NHS commissioning body replacing the Primary Care Trust.)

- 2.2 Thurrock has developed its inaugural Health and Well-Being Strategy 2013 - 2016. The Strategy consists of two parts:
- Part 1: Adult Health and Well-Being; and
 - Part 2: Children and Young People’s Health and Well-Being.

The purpose of presenting the Strategy in two parts is to ensure that issues concerning children and young people are given sufficient focus. Issues spanning the whole population will continue to be identified and acted on.

- 2.3 The vision and aims for Health and Well-Being in Thurrock are:

Vision: ‘Resourceful and resilient people in resourceful and resilient communities’

Aims:

- Every child has the best possible start in life;
- Ensure people stay healthy longer, adding years to life and life to years;
- Reduce inequalities in health and well-being; and
- Empower communities to take responsibility for their own health and well-being.

The aims are consistent with the Community Strategy and priorities 1 and 4 of the Council’s Corporate Plan. The Health and Well-Being Strategy will be the delivery vehicle for the Community Strategy’s priority on ‘Improve Health and Well-Being’.

- 2.4 The priorities for improving health and well-being in Thurrock as contained within the Strategy are as follows:

Part 1:

- 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.

Part 2:

- Outstanding universal services and outcomes;
- Parental and family resilience;
- Everyone succeeding;
- Protection when needed.

The priorities respond to the Joint Strategic Needs Assessment and refreshed Children and Young People’s Plan and were subject to a prioritisation exercise carried out by the Health and Well-Being Board.

- 2.5 The Strategy’s Vision, Aims and Priorities were taken to and endorsed by the Health and Well-Being Overview and Scrutiny Committee in September 2012.
- 2.6 Delivery of the Strategy will be overseen by the Health and Well-Being Board – with the Children and Young People’s Partnership responsible for the delivery of part 2.
- 2.7 The Strategy will be accompanied by one year delivery plans and a performance framework. These will be refreshed on an annual basis.
- 2.8 The Health and Well-Being Strategy was endorsed by the Health and Well-Being Board at its January meeting.

3. ISSUES, OPTIONS AND ANALYSIS OF OPTIONS:

- 3.1 An earlier draft of the Strategy was discussed and commented on at the December Committee. Key comments from Committee members were as follows:
 - One Member felt that black mould should be mentioned within the Strategy as it was a Thurrock issue;
 - One Member felt that the Strategy should have been divided in to health issues – such as children’s care, mental health and older people – as opposed to two sections on adults and children;
 - One Member felt that some of the statements within the Strategy were either too political or inappropriate – e.g. ‘withering on the vine’ and ‘the Government’ wanting to reduce the national deficit; and
 - One Member felt that the Corporate Parenting Committee should be mentioned prominently throughout the Strategy.
- 3.2 Comments made by the Committee have been considered and taken forwards as follows:

Black Mould – the priorities within the Strategy focus on those areas that are having the greatest impact on health and well-being in Thurrock; those that most impact on health inequalities; and those that most need to be tackled in partnership. There are many issues that determine health, housing being one of them. Dampness which leads to mould is just one factor that influences the health and housing agenda. While this is important and is affecting some residents, it is currently not the Borough’s most significant health and well-being priority. A number of issues linked to health and well-being will not necessarily be contained within the Strategy. This does not mean that those issues will not be dealt with as part of an existing work plan or part of an

organisation fulfilling its statutory obligations. Work is on-going on the issue of dampness and housing, and has previously been a focus of the Committee.

Part 1 and 2 – the Health and Well-Being Board made a deliberate decision to develop the Strategy in two parts. The overriding reason was to ensure that neither adult’s or children’s issues were diluted. Part 1 of the Strategy delivers the Community Strategy priority 4 (improve health and well-being), and part 2 delivers Community Strategy priority 1 (create a great place for learning and opportunity). Furthermore, Part 2 of the Strategy is the Children and Young People’s Plan 2013-2016. In terms of overseeing delivery, the Health and Well-Being Board have delegated part 2 of the Strategy to the Children and Young People’s Partnership. For these reasons, the way in which the Strategy is organised is still considered the most practicable approach.

Statements ‘too political or inappropriate’ – a number of revisions have taken place since the last Committee meeting. These include changes to wording that appeared to Committee members to be either political or inappropriate.

Corporate Parenting Committee – the role of the Corporate Parenting Committee in ensuring looked after children achieve the best possible outcome is included within the ‘Protection When Needed’ priority of part two of the Strategy.

- 3.3 The Strategy has been further strengthened in response to the stakeholder consultation that closed on the 31st December. Further information is included under section 5.

4. REASONS FOR RECOMMENDATION:

- 4.1 The Strategy is a ‘key strategy’. Its development will ensure that the Council meets its statutory duty to jointly develop a Health and Well-Being Strategy. The Council has a statutory duty to have a Health and Well-Being Strategy in place by April 2013.

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

- 5.1 The Strategy was subject to a consultation exercise with a wide range of stakeholders which ended on the 31st December. This included the following bodies, committees, and groups:
- Health and Well-Being Overview and Scrutiny Committee
 - Children’s Services Overview and Scrutiny Committee
 - Children and Young People’s Partnership Executive
 - Community Safety Partnership Executive
 - Local Children’s Safeguarding Board
 - Leadership Group
 - Schools and nurseries
 - Councillors
 - Neighbouring Health and Well-Being Boards (Southend and Essex)

- Thurrock NHS Clinical Commissioning Board
- Thurrock Clinical Executive Committee
- South Essex Primary Care Trust

- 5.2 Responses have been received from groups and individuals alike. This includes individuals representing Thurrock CVS, North East London Foundation Trust, Essex Police, and Essex Probation Service.
- 5.3 A separate consultation and engagement exercise was also carried out on the priority 'Improve Physical Health and Well-Being'. This led to just short of 600 responses. The results of this exercise are being used to develop action plans on tobacco control and maintaining a healthy weight – specifically aimed at reducing the prevalence of smoking and preventing the increase in obesity. Other priorities contained within the Strategy have either already been consulted on as a result of previous work (e.g. via the South Essex Mental Health Strategy), or are already supported by a raft of good quality evidence.
- 5.4 The responses received from the consultation exercise on the draft Strategy have been used to inform the final draft submitted for approval.

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

- 6.1 Thurrock's Health and Well-Being Strategy will deliver the Community Strategy's priority 'Improve Health and Well-Being'. Part 2 of the Strategy will deliver the priority 'Create a Great Place for Learning and Opportunity'. This will include the Council's contribution to the Community Strategy as contained within Thurrock's Corporate Plan.

7. IMPLICATIONS

7.1 Financial

Implications verified by: **Mike Jones**
 Telephone and email: **mjones@thurrock.gov.uk**

Priorities as contained within the Strategy will be delivered through existing budget allocations or through looking at more effective ways of utilising budget allocations – e.g. joint working and integrated solutions.

7.2 Legal

Implications verified by: **David Lawson**
 Telephone and email: **dlawson@thurrock.gov.uk**

The Council and Clinical Commissioning Group have a joint statutory duty to develop a Health and Well-Being Strategy by April 2013. This Strategy responds to that duty.

7.3 **Diversity and Equality**

Implications verified by:

Telephone and email:

The Health and Well-Being Strategy responds to Thurrock Joint Strategic Needs Assessment. This was refreshed in 2012 and identifies key needs. This has helped identify priorities for improving health and well-being.

The Strategy looks at both improving health and well-being and reducing inequalities in health and well-being. Against all priorities, the Strategy has considered how all communities can achieve the best possible outcomes and opportunities. This includes Thurrock's most vulnerable and disadvantaged groups. For example, ensuring access to primary care services is equitable across the Borough; ensuring good outcomes for those with a mental health conditions; reducing the gap in educational attainment of vulnerable and underperforming groups against the rest; and reducing the prevalence of smoking and obesity – which is greatest in Thurrock's most deprived areas.

Many of the strategies that underpin the Health and Well-Being Strategy will undertake a separate Equality Impact Assessment. An Equality Impact Assessment has been carried out on this Health and Well-Being Strategy.

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):

- None

APPENDICES TO THIS REPORT:

- Appendix 1: Thurrock Joint Health and Well-Being Strategy

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