

<b>7 October 2021</b>		<b>ITEM: 6</b>
<b>Cleaner, Greener and Safer Overview and Scrutiny Committee</b>		
<b>Health &amp; Wellbeing Strategy Refresh</b>		
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> No	
<b>Report of:</b> Jo Broadbent, Director of Public Health		
<b>Accountable Director:</b> Ian Wake, Director Adults, Housing & Health		
<b>This report is Public</b>		

## **Executive Summary**

This paper provides an update on progress in refreshing the Health & Wellbeing Strategy (HWBS) for 2021-26. The attached slide set (Appendix A) sets out the scope, arrangements and timeline for the refresh.

- 1. Recommendation(s)**
  - 1.1 The Committee is asked to note and comment on the project scope outlined in the attached slide set (Appendix A) and the arrangements for completing the strategy refresh:**
  - 1.2 The overarching Vision for the refresh will be “Levelling the Playing Field”, with each chapter identifying ambitious actions required to do that.**
  - 1.3 The actions to Level the Playing Field will be arranged around 6 key influences on health and wellbeing, including wider determinants of health, around which the strategy will be structured:**
    - 1. Quality Care Centred Around the Person**
    - 2. Staying Healthier for Longer**
    - 3. Building Strong & Cohesive Communities**
    - 4. Opportunity for All**
    - 5. Housing & the Environment**
    - 6. Community Safety**
  - 1.4 Review & sign-off of the draft strategy document will be at the HWB Board meeting in March 2022, before review through the Council’s committee structure.**

**1.5 Operational oversight of the refresh process will be via: HWB Strategy / TICP Strategy Group, AD Oversight Group, and HWBS Engagement Group.**

**1.6 The Strategy will be finalised and launched in June 2022.**

## **2. Introduction and Background**

2.1 The HWBS is a whole system plan for health & wellbeing and a means to engage all partners in the wellbeing agenda, co-ordinating strategic thinking of all elements of the council and all system partners to deliver quantifiable gains in health and wellbeing of residents.

2.2 Thurrock agreed its first HWBS in 2013. The second and current HWBS was launched in July 2016 and can be accessed here:  
<https://www.thurrock.gov.uk/strategies/health-and-well-being-strategy>

## **3. Issues, Options and Analysis of Options**

3.1 Preparatory work with system partners and HWBB Chair to date has identified the 6 key influences and suggested that the HWBS needs to:

- Be high level and strategic
- Be highly ambitious and set out genuinely new plans rather than just describe what has already been done
- Provide a clear narrative that drives the work of all aspects of the local authority, NHS and third sector
- Address resident priorities and be co-designed with residents
- Be place and locality based and take a strengths and assets approach, not focused only on deficits or services

3.2 The attached slide set (Appendix A) sets out the scope, arrangements and timeline for the refresh of the HWBS 2021-2026. The pressures of Covid-19 have impacted on the timeline for the strategy refresh. It is intended that the strategy will be finalised by January 2022.

## **4. Reasons for Recommendation**

4.1 The Health & Wellbeing Board (HWBB) has a collective statutory duty to produce a HWBS. It is one of two highest level strategic documents for the Local Authority and system partners, the other being the Local Plan. The statutory status of the document means that the new Integrated Care System (ICS) must have regard to it when planning their own strategy.

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

5.1 A plan for engagement on the HWBS is attached at Appendix B, underpinned by an engagement framework, attached separately at Appendix C.

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

6.1 The HWBS is one of two highest level strategic documents for the Local Authority and system partners, the other being the Local Plan. It is a whole system plan for health & wellbeing and a means to engage all partners in the wellbeing agenda, co-ordinating strategic thinking of all elements of the council and all system partners to deliver quantifiable gains in health and wellbeing of residents.

6.2 In order to support delivery of the Council's Vision, the 6 Domains of the HWBS Strategy each relate to one of the Council's key priorities of People, Place and Prosperity, as outlined in the attached slide set.

## **7. Implications**

### **7.1 Financial**

Implications verified by: **Mike Jones**  
**Strategic Lead – Corporate Finance**

The cost associated with the strategy refresh will be delivered within existing budgets or agreed through existing Council and partner agencies governance finance arrangements.

### **7.2 Legal**

Implications verified by: **Lindsey Marks**  
**Deputy Head of Law**

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: **Rebecca Lee**  
**Team Manager, Community Development and Equalities**

The aim of the strategy is to improve the health and wellbeing of the population of Thurrock and reduce health and wellbeing inequalities. A community equality impact assessment (CEIA) will underpin the strategy and mitigate the risk of disproportionate negative impact for protected groups. This approach will ensure the strategy itself and implementation supports delivery of the council's equality objectives while maintaining compliance with the Equality Act 2010 and Public Sector Equality Duty.

7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder or Looked After Children

The refreshed Health and Wellbeing Strategy will facilitate crime and disorder priorities that relate specifically to health and wellbeing, further strengthening the relationship between the Health and Wellbeing Board and Community Safety Partnership.

8. **Appendices to the report**

Appendix A – Refresh Scope

**Report Author:**

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