

19 January 2016		ITEM: 9
Children's Services Overview and Scrutiny Committee		
Thurrock Health and Wellbeing Strategy 2016 - 2019		
Wards and communities affected: All	Key Decision: Non-key	
Report of: Ian Wake, Director of Public Health		
Accountable Head of Service: n/a		
Accountable Director: Carmel Littleton, Director of Children's Services; Roger Harris, Director of Adults, Health and Commissioning and Ian Wake, Director of Public Health		
This report is public		

Executive Summary

This report outlines the rationale behind the refresh of Thurrock's Health and Wellbeing Strategy, the case for change, proposed area of focus, and the draft priorities for the refreshed Strategy. The Strategy aims to improve population-wide outcomes and therefore includes agendas for children and young people and also adults and older people.

The report aims to seek the views of the Committee as part of the Strategy's engagement approach.

A final draft of the Strategy will be referred to the Committee prior to seeking agreement at Full Council in March 2016.

- 1. Recommendation(s)**
 - 1.1 The Committee comment on the refreshed Strategy's proposed priorities and areas of focus as part of the engagement process;**
 - 1.2 That a final draft of the Strategy be referred to the Committee by briefing note prior to sign off by Council in March 2016; and**
 - 1.3 The Committee note progress made on the development of the refreshed Strategy.**

2. Introduction and Background

2.1 Health and Wellbeing Boards were established as part of the Health and Social Care Act 2012. All upper-tier local authority areas are required to have a Health and Wellbeing Board which contain representatives from the Council, NHS and voluntary and community sector. The Boards focus on improving the health and wellbeing of the local population and reducing health inequalities. They do this by identifying priorities and areas of focus that are contained within Joint Health and Wellbeing Strategies. The Director of Children's Services and also the Portfolio Holder for Children's Services are Board members.

2.2 Thurrock's first Health and Wellbeing Strategy was introduced in 2013 and will expire in 2016. The Strategy focused on the following priority areas for Adult Health and Wellbeing and Children and Young People's Health and Wellbeing:

Adult Health and Wellbeing

- Improve the quality of health and social care;
- Strengthen the mental health and emotional wellbeing of people in Thurrock;
- Improve our response to frail elderly people and people with dementia; and
- Improve the physical health and wellbeing of people in Thurrock.

Children and Young People's Health and Wellbeing

- Outstanding universal services and outcomes;
- Parental, family and community resilience;
- Every succeeding; and
- Protection when needed.

2.3 The priorities concerning Children and Young People are delivered through the Children's Plan, the delivery of which is overseen by the Children and Young People's Partnership. One of the questions for the refreshed Strategy as it develops is whether a separate set of priorities is required, or whether the interests of children and young people can be captured within one set of priorities and goals – so long as actions and outcomes are specific to children and young people.

2.4 The process to refresh the Strategy 2016-2019 has commenced. This paper details progress made on the development of the refreshed Strategy and asks the Committee to comment on proposed priorities and areas of focus – in particular those affecting the health and wellbeing of children and young people.

3. Issues, Options and Analysis of Options

3.1 The Committee will be acutely aware of the current pressures on public services, which includes both the reduction in available resources alongside

an increase in demand and complexity of individuals requiring care and support. In 1948, only 52% of the population lived beyond the age of 65. By 2011, this percentage had increased to 86%. Whilst people living longer should be celebrated, a greater number of people over the age of 65 are living with disabilities and there are pressures from both older client groups (e.g. dementia and complex needs) and also children, young people and young adults with specialist care needs (e.g. autism). The case for change is clear.

- 3.2 The refreshed Strategy needs to be an expression of Thurrock's response to the case for change and must drive that change. Not only is demand growing and resources shrinking, but the majority of resources available for health and care are focused on treating ill-health when it is most acute – e.g. Hospitals or in providing high level interventions such as through child protection plans or taking children into the care of the local authority. It is key that an outcome of the Strategy is getting better value from the 'Thurrock Pound' which can be achieved both by releasing resource through prevention and early intervention, but also through more effective commissioning of areas that are prioritised within the Strategy and which impact upon demand.
- 3.3 Ensuring that children and young people and their families can 'start well' and 'live well' is essential to achieving the outcomes required to ensure that Thurrock's population can also 'age well'. The strategic focus for services for children and young people remains on early help, working together to identify when a child or family need support and helping them to access support before their difficulties become so great that specialist services are required. Improving outcomes for children and young people must mean ensuring that every child in Thurrock regardless of their circumstances has access to the right services at the right time and that this results in improved best services and outcomes. Doing so will mean continuing to focus on the reduction of inequalities, including health inequalities, recognising the strong links between different outcomes such as child poverty, attainment, neglect and physical and emotional/mental health.
- 3.4 The refreshed Strategy must respond to key needs, and also maximise existing strengths. Key needs concluded from the Thurrock JSNA and other local intelligence on the needs of Thurrock's population are detailed below:

Epidemiological needs

The three biggest causes of premature death in Thurrock are:

- Cardio-vascular disease;
- Cancer; and
- Respiratory disease.

The most common long-term conditions are:

- Hypertension (high blood pressure);
- Depression;
- Respiratory problems (asthma and COPD);
- Diabetes; and

- Cardio-vascular disease including strokes/TIAs, Coronary Heart Disease and Heart Failure.

Comparative Needs

Thurrock has significantly poorer outcomes than England on:

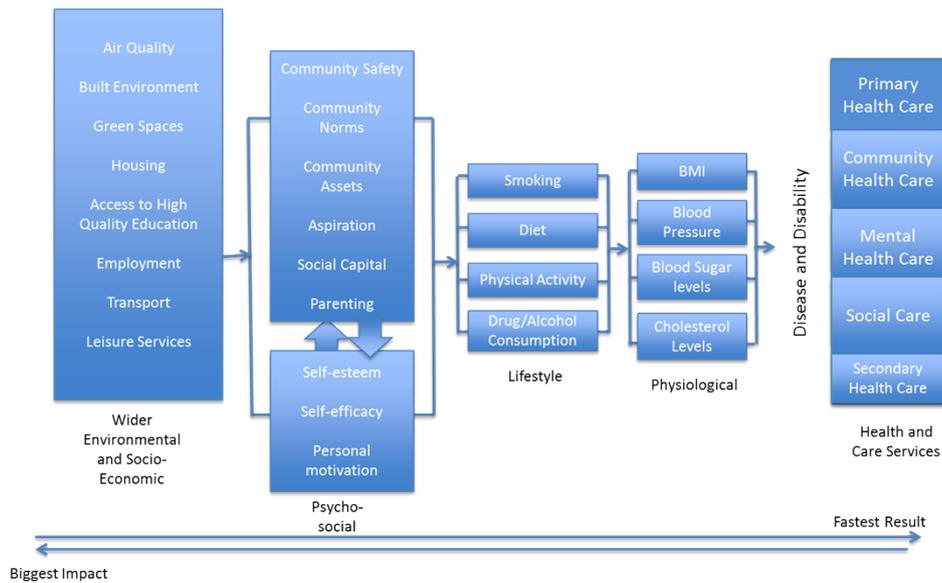
- Life expectancy (between top and bottom decline of deprivation);
- Percentage of children in poverty (20.8% of children aged under 16 are in poverty – Child Health Profile 2015);
- Smoking prevalence and smoking attributable mortality;
- Obesity levels (22.3% of children aged 10-11 are obese – Child Health Profile 2015);
- Male and Female life expectancy at 65;
- Under 18 conceptions;
- Percentage of looked after children
- Attainment levels at key stage 2

Corporate Needs

- Financial viability of health and social care – including children’s services;
- Unacceptable levels of variation in primary care quality and access – including significant levels of under-doctoring;
- Fragmented health and wellbeing system;
- Significantly increasing 0-19 population; and
- Insecure joint investment in the children’s Early Help offer.

The Strategy must focus on making an impact on the issues detailed above. To ensure that the Strategy is having the impact and making a difference, an outcomes framework including targets and indicators will sit alongside the Strategy. This will allow the Health and Wellbeing Board, and also the Children’s Strategic Partnership Board, to hold organisations and individuals to account for delivery and to monitor the success of delivery on reducing health inequalities in particular.

- 3.5 Key to reducing the issues identified in 3.4 is developing a Strategy that focuses on prevention and early intervention. This would mean ensuring that the ‘system’ shifts from responding to illness and high level statutory intervention for children, to promoting and maintaining good health and wellbeing. Doing this requires a focus on some of the ‘wider determinants of health’ – those critical to improving health and wellbeing outcomes for Thurrock’s population. The determinants that influence good health and wellbeing and ensure the whole population are able to achieve good health and wellbeing outcomes are demonstrated in the following chart:



- 3.6 For children and young people, this means focusing on those areas that are current outliers and that make a significant difference to the health and wellbeing of children and young people – e.g. child poverty, attainment, neglect, physical and emotional/mental health, to ensure that every child in Thurrock can achieve the best outcomes regardless of circumstances. It also means building on the resilience of individuals and communities.
- 3.7 The Strategy will need to ensure that families as a whole can achieve the best outcomes, which reflects the need for a population-wide approach to the Strategy – e.g. supporting individuals in to work, improving living standards, raising educational attainment of both children and adults.
- 3.8 Five draft priority areas have been developed and are being engaged on that capture the focus set out in 3.5 and aim to respond to the needs detailed in 3.4. To ensure that the Strategy is focused on delivery, work is in progress to look at how the priority areas can be described as goals – in brackets. The priorities and goals will be further influenced by comments received as part of the on-going engagement process, including those from Overview and Scrutiny. The draft priority areas are:
- Prevention and early intervention (reduce avoidable ill-health and mortality);
 - Build strong and sustainable communities (create physical and social environments which promote health and wellbeing);
 - Improve mental health and wellbeing (strengthen emotional health and wellbeing);
 - Transform health and social care (create a health and social care system which is integrated around the person); and
 - Ensure that all agencies work together to deliver services that collectively improve the lives of all children and young people, ensuring that every

child regardless of their circumstances has access to the best services and outcomes (improve educational outcomes and employment).

- 3.9 For the Strategy to be successful, it needs to drive both specific action and influence other agendas across the Council and beyond. Action plans linked to each priority will therefore contain a mixture of new and existing activity. This will include linking to and influencing agendas such as the vision for Primary Care, Economic Development Strategy, Local Plan (Planning Framework), Stronger Together Programme, Building Positive Futures Programme, Children and Young People’s Plan.

Strategy Development Timetable

- 3.10 The Strategy will continue to be developed through engagement activity and oversight by the Strategy Steering Group (containing representatives from across the Council, CCG, and Voluntary Sector). The timetable for Strategy development and sign-off is detailed below:

Committee/Activity	Purpose	Date
Engagement Activity	Engagement on draft priorities	23 rd November 2015 – 22 nd January 2016
Children and Young People’s Partnership Board	Consultation on outline	11 th January 2016
Health and Wellbeing Overview and Scrutiny	Consultation on outline	12 th January 2016
Children’s Services Overview and Scrutiny	Consultation on outline	19 th January 2016
Children’s Services Overview and Scrutiny	Final Draft	9 th February 2016
Health and Wellbeing Board	Approve Final Draft	11 th February 2016
Health and Wellbeing Overview and Scrutiny	Final Draft	16 th February 2016
CCG Board	Approve Final Draft	24 th February 2016
Cabinet	Approve Final Draft	9 th March 2016
Council	Approve Final Draft	23 rd March 2016

4. Reasons for Recommendation

- 4.1 To seek the Committee’s views on the development of Thurrock’s refreshed Health and Wellbeing Strategy and suggested approach.

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

- 5.1 An engagement approach has been designed as part of the development of the Strategy. The approach has been developed with advice from Thurrock

CVS, Healthwatch Thurrock and Thurrock Coalition. This includes ensuring that on-going dialogue with the community is built in to the on-going development of actions and initiatives linked to how to improve health and wellbeing in Thurrock.

- 5.2 The engagement approach includes an on-line survey, but aims to maximise opportunities for face-to-face engagement and discussion.
- 5.3 The first stage of engagement will conclude on the 22nd January 2016 and be supported by the analysis of responses received and a post-engagement report.
- 5.4 To ensure that the views of children and young people are sufficiently incorporated, engagement has been targeted at specific groups and networks – e.g. Youth Cabinet, Children in Care Committee, Head Teachers' Forum, service providers (including fostering), Children's Centres.

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

- 6.1 The development of the Strategy is intrinsically linked to the Corporate Priority 'Improve Health and Wellbeing' and is the delivery arm of that priority. The Strategy has strong links to all of the other Corporate Priorities due to the impact of the wider determinants of health on the ability to deliver improved health and wellbeing.

7. Implications

7.1 Financial

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

The Strategy's development and delivery will be within existing budgets.

7.2 Legal

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

The Health and Wellbeing Board has a statutory responsibility for overseeing the development and delivery of the Strategy, and the Council and CCG has a shared duty for preparing the Strategy as part of the Health and Social Care Act 2012.

7.3 **Diversity and Equality**

Implications verified by: **Rebecca Price**
Community Development Officer

The focus of the Strategy is improving the health and wellbeing of the local population. This will include a strong focus on reducing health inequalities which will mean understanding and responding to intelligence identifying geographical areas and population groups where health inequalities are most prevalent.

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

N/A

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):

- N/A

9. **Appendices to the report**

None.

Report Author:

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