



Essex County Council

Essex Health and Wellbeing Board

10:00	Wednesday, 18 September 2019	Committee Room 1, County Hall, Chelmsford, CM1 1QH
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For information about the meeting please ask for:

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1	Membership, Apologies, Substitutions and Declarations of Interest	5 - 6
2	Minutes and Progress Report on Actions Arising: 17 July 2019	7 - 24
3	Public Questions The Chairman to respond to any questions from members of the public which are relevant to the business of the Board and of which notice has been given in advance - further details available here .	
4	Brexit (HWB/18/19) (15 minutes) For information To receive a briefing from the Chief Executive of Essex County Council outlining the preparation work and to receive feedback on key risks / issues	25 - 32

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|-----------|---|------------------|
| 5 | <p>Draft Better Care Fund Plan 2019/20 (HWB/19/19)
 (30 minutes)
 For approval
 To confirm the BCF/iBCF targets for 2019/20 and to discuss how best all parties can work together, and what additional actions are required, to ensure achievement thereof</p> | 33 - 48 |
| 6 | <p>STP Draft System Plans (HWB/20/19)
 Verbal Update
 (60 minutes)
 For consultation
 a. Mid and South Essex
 b. North East Essex and Suffolk
 c. Hertfordshire and West Essex</p> | |
| 7 | <p>Sport England Essex Local Delivery Pilot Update (HWB/21/19)
 (10 minutes)
 For information
 Update on recent developments of the planning and implementation of the Essex Local Delivery Pilot</p> | 49 - 64 |
| 8 | <p>NE Essex Alliance - Community Assets and Voluntary Services Mapping for Colchester and Tendring (HWB/22/19)
 (10 minutes)
 For Information
 To share the output from the North East Essex Alliance's mapping work of community assets and voluntary services in Colchester and Tendring</p> | 65 - 170 |
| 9 | <p>Partnership Mapping (HWB/23/19)
 (10 minutes)
 For consultation
 To provide an update and consider how best to create a forum for best practice without duplication.
 Deferred from July.</p> | 171 - 186 |
| 10 | <p>Health and Wellbeing Board Development Session (HWB/24/19)
 (5 minutes)
 For discussion
 To gauge the appetite of Members for an informal workshop session in January 2020 and to consider possible agenda items</p> | 187 - 188 |

- 11 Date of Next Meeting**
To note that the next meeting of the Board will take place at 10.00am on Wednesday 20 November 2019 in Committee Room 1 at County Hall, Chelmsford, CM1 1QH
- 12 Forward Plan** **189 - 192**
To discuss the latest Forward Plan and consider requests for additional items
- 13 Urgent Business**
To consider any matter which in the opinion of the Chairman should be considered in public by reason of special circumstances (to be specified) as a matter of urgency.

Exempt Items

(During consideration of these items the meeting is not likely to be open to the press and public)

The following items of business have not been published on the grounds that they involve the likely disclosure of exempt information falling within Part I of Schedule 12A of the Local Government Act 1972. Members are asked to consider whether or not the press and public should be excluded during the consideration of these items. If so it will be necessary for the meeting to pass a formal resolution:

That the press and public are excluded from the meeting during the consideration of the remaining items of business on the grounds that they involve the likely disclosure of exempt information falling within Schedule 12A to the Local Government Act 1972, the specific paragraph(s) of Schedule 12A engaged being set out in the report or appendix relating to that item of business.

- 14 Urgent Exempt Business**
To consider in private any other matter which in the opinion of the Chairman should be considered by reason of special circumstances (to be specified) as a matter of urgency.

Essex County Council and Committees Information

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Committee: Essex Health and Wellbeing Board (EHWB)

Enquiries to: Judith Dignum, Democratic Services Officer
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Membership, Apologies, Substitutions and Declarations of Interest

Recommendations:

To note

1. Membership as shown below
2. Apologies and substitutions
3. Declarations of interest to be made by Members in accordance with the Members' Code of Conduct

Membership

(Quorum:

One quarter of the membership and will include:

- At least one Essex County Council Elected Member
- At least one Clinical Commissioning Group Representative
- Essex County Council either Director of Adult Social Care, Director of Children's Services or Director for Public Health.

Councillor John Spence
Councillor Susan Barker
Dr Hasan Chowhan
Councillor Terry Cutmore
Dr Anna Davey
Cllr Peter Davey

Ian Davidson
Dr Anand Deshpande
Dr Mike Gogarty
Dr Sunil Gupta
Dr Angus Henderson

Nick Hulme
Lorraine Jarvis
Brid Johnson
Gavin Jones
Helen Lincoln

Les Lodge
Sally Morris
Clare Panniker

Chairman, EHWB
Essex County Council
North East Essex CCG
District Council
Mid Essex CCG
Voluntary Sector - Essex Association of Local Councils (EALC)
District Council (ECEA Rep)
Mid and South Essex CCG Joint Committee
Essex County Council
Castle Point and Rochford CCG
West Essex CCG
(named substitute: Dr Rob Gerlis)
Acute Hospital Trusts
Voluntary Sector – Chelmsford CVS
Non-Acute Providers
Essex County Council
Essex County Council
(named substitute: Clare Kershaw)
Healthwatch Essex
Non-Acute Providers
Acute Hospital Trusts

Nick Presmeg
Trevor Smith
Dr 'Boye Tayo
Councillor Chris Whitbread
Alison Wilson
Simon Wood
Vacancy
Vacancy

Co-opted Members

Roger Hirst
Phil Picton

Essex County Council
Acute Hospital Trusts
Basildon and Brentwood CCG*
Essex County Council
Voluntary Sector – Mind in West Essex
NHS England
District Council (nomination requested)
District Council (nomination requested)

Essex Police, Fire and Crime Commissioner
Independent Chair of the Essex Safeguarding
Children and Adults Boards

Minutes of the meeting of the Essex Health and Wellbeing Board, held in Committee Room 1, County Hall, Chelmsford, CM1 1QH at 10:00am on Wednesday 17 July 2019

Present:

Board Members

Councillor John Spence
Councillor Susan Barker
Dr Hasan Chowhan
Terry Cutmore
Dr Anna Davey
Cllr Peter Davey

Ian Davidson

Lorraine Jarvis
Brid Johnson
Clare Kershaw

Maggie Pacini

Nick Presmeg
David Sollis

Dr 'Boye Tayo
Cllr Chris Whitbread
Alison Wilson

Co-opted Members

Greg Myddleton

Other Attendees

Rebekah Bailie
Claire Bartoli
Cllr Anne Brown
Beverley Flowers

Susannah Howard
Ben Hughes
Iain MacBeath

Caroline Russell
Emma Richardson
Judith Dignum

Chairman
Essex County Council
North East Essex CCG
Borough/City/District Councils
Mid Essex CCG
Voluntary Sector – Essex Association of Local Councils
Borough/City/District Councils (ECEA Rep)
Voluntary Sector
Non-Acute Providers
Essex County Council (substitute for Helen Lincoln, Executive Director, Children and Families)
Public Health Consultant, ECC (substitute for Dr Mike Gogarty, Director, Wellbeing, Public Health and Communities)
Essex County Council
Healthwatch Essex (substitute for Les Lodge)
Basildon and Brentwood CCG
Essex County Council
Voluntary Sector

OPFCC (substitute for Roger Hirst, Essex Police, Fire and Crime Commissioner)

Essex County Council
Essex County Council
Essex County Council
Joint Lead, Hertfordshire and West Essex STP
Suffolk and North East Essex CCG
Essex County Council
Joint Lead, Hertfordshire and West Essex STP
Mid and South Essex STP
Essex County Council
Essex County Council (Board Secretary)

1. Membership, Apologies, Substitutions and Declarations of Interest

The report of Membership, Apologies and Declarations was received.

The Chairman welcomed Beverley Flowers and Iain MacBeath, Hertfordshire and West Essex STP Joint Leads, to their first meeting.

Noting that Dr Anand Deshpande, newly-elected Chair of Mid and South Essex CCG STP Joint Committee, had been appointed as that Committee's representative on the Board, the Chairman thanked the previous representative, Mike Bewick, for his contribution.

It was noted as follows:

1) Apologies for absence had been received from:

Board Members

Dr Mike Gogarty	Director, Wellbeing, Public Health and Communities, Essex County Council (for whom Maggie Pacini was substituting)
Dr Rob Gerlis	West Essex CCG
Dr Sunil Gupta	Castle Point and Rochford CCG
Dr Angus Henderson	West Essex CCG
Roger Hirst	Police, Fire and Crime Commissioner (for whom Greg Myddleton was substituting)
Nick Hulme	Acute Hospital Trusts
Les Lodge	Healthwatch Essex (for whom David Sollis was substituting)
Phil Picton	Independent Chair of the Essex Safeguarding Children and Adults Boards

Other apologies

Harper Brown	Hertfordshire and West Essex STP
Paul Burstow	Hertfordshire and West Essex STP
Peter Fairley	Essex County Council
Terry Huff	

2) There were currently vacancies for two representatives of District Councils and one representative of NHS England; nominations had been requested from the relevant bodies.

3) There had been one change in membership since the last meeting:

- Dr Anand Deshpande, newly-elected Chair of Mid and South Essex CCG STP Joint Committee had been appointed as the Joint Committee's representative in place of Mike Bewick.

- 4) The Chairman, Cllr J Spence, declared a Code Interest in Agenda Item 9 (Garden Communities in Essex) in that he represents Essex County Council on the Board of North Essex Garden Communities Ltd and is the Board Chairman (minute 9 below refers).

Action

To liaise with the Essex Leaders and Chief Executives Association (ECEA) regarding nominations to fill the vacancies for ECEA representatives. (Ian Davidson)

2. Minutes and Progress Report on Action Arising: 15 May 2019

The minutes of the meeting held Wednesday 15 May 2019 were agreed as a correct record, and the progress report on actions arising since that meeting was noted.

3. Public Questions

None received.

Referring to issues raised at a previous meeting concerning pharmacy provision in Stansted Mountfitchet, the Chairman advised that, despite efforts to the contrary, it had not been possible to resolve the situation to the satisfaction of local residents. He expressed sympathy for those concerned.

4. Sustainability and Transformation Plans (STPs) – verbal updates

The Board received updates on Sustainability and Transformation Plans as set out below:

- West Essex and Hertfordshire STP: Beverley Flowers and Iain MacBeath
- Mid and South Essex STP: Caroline Russell
- Suffolk and North East Essex STP: Susannah Howard

The following issues arose from the Board's consideration of the updates:

- It was agreed that the draft five-year strategic plans for each STP/ICS should be submitted to the next meeting of the Board on 18 September 2019, with less formal engagement between officers to take place in advance. In order to allow the views of partner councils to be heard, Ian Davidson and Cllr Chris Whitbread were asked to identify a District/City/Borough Council representative from each STP/ICS area who could attend the next meeting and actively engage. The agenda for that meeting would need to allow sufficient time for consideration of each plan.
- The need for the plans to portray collaborative work with local government as a partnership was highlighted, as was the need to consider them from the point of view of individuals and carers.
- The four-year Forward Plan being produced by the Essex Association of Local Councils should be included on the agenda for an appropriate future meeting of the Board.

- When beginning its work on Population Health Management, Suffolk and North East Essex ICS may wish to liaise with Essex County Council which had already completed work in this area.

The updates were **noted**.

Actions

- 1) The following reports to be included on the agenda for future meetings:
 - a. September: the draft five-year strategic plans for each STP/ICS area. (Board Secretary / Beverley Flowers and Iain MacBeath/Caroline Russell/Susannah Howard)
 - b. TBC: the four-year Forward Plan being produced by the Essex Association of Local Councils. (Board Secretary / Cllr Peter Davey)
- 2) Informal engagement between officers on the draft five-year strategic plans to take place prior to the September meeting. (STP/ICS leads to initiate)
- 3) A District/City/Borough Council representative from each STP/ICS area to be invited to attend the next meeting to engage with consideration of the five-year plans. (Cllr Chris Whitbread/Ian Davidson)
- 4) Ensure agenda for September meeting allows sufficient time for consideration of each five-year plan. (Board Secretary in consultation as necessary)
- 5) Suffolk and North East Essex to liaise with Essex County Council regarding the Council's previous work on Population Health Management. (Susannah Howard/Mike Gogarty)

5. Health, Wellbeing and the Workplace (HWB/12/19)

The Board received an update presented by Claire Bartoli on behalf of Chris French and draft ECC action plan and was asked to comment upon:

- How well the actions within were prioritised
- Whether the action plan was sufficiently ambitious and if not where it should be strengthened
- How best to work collectively to maximise impact in the workplace

The following points arose from consideration of the report:

- Members questioned whether it may be more effective to measure the percentage of employees reached by the Work and Health Programme rather than the percentage of employers.
- The need for a joined-up, collaborative approach was highlighted.
- It was important for the employers represented on the Board to lead by example, including by becoming early adopters of the Working Well Programme delivered by Provide, commissioned by Essex County Council.

We could also consider how we celebrate those employers who become accredited (through the Working Well accreditation programme).

- Related to an outcome from the Domestic Abuse Strategy Board, the Office of the Police, Fire and Crime Commissioner expressed a willingness to be involved in efforts to improve employers' understanding of domestic abuse issues.
- Given that small employers were often unable to provide occupational health services for their workers, there may be an opportunity for introducing a 'buddy' system, where access to such services could be made available through a large employer. The plan to establish a Facebook group for small employers as part of the Work and Health Programme, offering access to online resources, was welcomed. There were positive comments also from some members re working with small businesses e.g. MHFA training for hairdressers etc who are likely to come into contact with people with mental health issues as well as those who are lonely/socially isolated.
- Although many tools were available to assist employers in improving workplace health and wellbeing, wider issues were fundamental, such as the need for an acceptance of what being a 'good employer' means and acknowledgement of the importance of an employer's behaviour towards and treatment of their workforce. The benefits to employers of a healthy workforce in terms of productivity and loyalty, leading to competitive advantage, also needed to be made clear.
- The recent issue of revised guidance for Blue Badges, extending eligibility with effect from 30 August this year to those with 'hidden' disabilities such as autism and dementia, was noted. It was agreed to consider issues surrounding implementation of the revised scheme at the next meeting of Essex Leaders and Chief Executives Group and to involve GP representatives in the discussion, if appropriate.

Resolved:

- 1) To note progress in the current approach to workplace health and wellbeing across Essex.
- 2) To note the development of the Work and Health Strategy, which is in the process of being finalised.
- 3) To support the next steps proposed.

Action

To consider issues surrounding implementation of the extended availability Blue Badge scheme at the next meeting of the Essex Leaders and Chief Executives Group, involving GP representatives in the discussion if appropriate. (Ian Davidson)

6. Suicide Prevention Strategy (HWB/13/19)

The report was presented by Maggie Pacini.

The Board received an update on the Southend, Essex and Thurrock (SET) Suicide Strategy and was asked to support a proposal that all partners provide appropriate training for relevant staff.

The Board welcomed the report, and the following issues arose from its consideration:

- Improved and more detailed data was crucial to developing a thorough understanding of the issues around suicide and how best to address them.
- Much could be achieved through better co-ordination and integration of existing initiatives, rather than seeking to fund new ones.
- There was a need to improve knowledge-sharing and communications around successful initiatives such as Risk Avert, a schools-based programme commissioned by Essex County Council aimed at early identification of students with a potential to take risks and/or with mild or emerging mental health concerns.
- Recognising that 50% of those committing suicide in Essex were in employment, efforts should be made to connect with the Working Well programme and healthy workforce agenda.
- There was a perceived gap around older children/young adults within the report.
- Increased investment was required for the expansion of preventative work and to address the major factors influencing suicide risk, such as loneliness and substance misuse.

Resolved:

- 1) To note the Southend, Essex and Thurrock Suicide Prevention Strategy update 2019, which will remain a live document; and to support the general approach as outlined in terms of setting priorities for tackling the issues surrounding suicide, and the direction of the suicide prevention agenda generally moving forward.
- 2) To note the progress made since the SET Suicide Prevention Strategy was published in 2017, as set out in the draft SET Suicide Prevention Strategy Update 2019 (Appendix A to report HWB/13/19).
- 3) To note the establishment of the Suicide Prevention Steering Board with terms of reference as set out in Appendix B to report HWB/13/19.
- 4) To endorse the preferred option for suicide prevention training as set out in paragraph 5.9 (ii) of report HWB/13/19; to promote training across the system

but leave to individual organisations (or collaboratively in partnership with others), responsibility for commissioning their own training.

- 5) To note the ongoing negotiations with the Senior Coroner in relation to undertaking the annual audit of suicides in Southend-on-Sea, Essex and Thurrock in 2018.

7. Alcohol Hospital Provision (HWB/14/19)

The report was presented by Greg Myddleton (OPFCC) and Ben Hughes (Essex County Council).

The Board received a presentation which provided an update on community and hospital-based alcohol services, including individual updates from Mid and South Essex STP area and North East Essex and West Essex CCG areas. A number of common issues were identified, together with proposed next steps and an illustration of the level of savings which could be achieved as a result of investment in additional capacity. The importance of improved consistency and collaboration was emphasised.

Members acknowledged the need for additional capacity for Hospital Alcohol teams with a view to achieving consistency of provision across all five Essex hospitals. They agreed to endorse requests to CCGs for associated funding. Support was also expressed for the development of improved collaboration between alcohol and mental health workers and for the provision by CCGs of consistent office/working space for alcohol workers across all five Essex hospitals.

Members expressed the view that meetings of Essex Accountable Officers (attended by Peter Fairley) offered the most appropriate forum for consideration of the issues raised in the presentation. Ben Hughes was invited to attend and give a presentation at a future meeting of the group.

Resolved:

- 1) To endorse requests for CCGs to fund additional capacity for Hospital Alcohol Teams with a view to achieving consistency of provision across all five Essex hospitals
- 2) To support the development of improved collaboration between alcohol and mental health alcohol workers in the five Essex hospitals.
- 3) To encourage CCGs to provide consistent office/working space for alcohol workers in the five Essex hospitals.

8. Learning Disabilities Mortality Review (LeDeR): Southend, Essex and Thurrock End of Year Report (HWB/15/19)

Rebekah Bailie, Commissioning Manager, Essex County Council attended for this item and presented the report.

The Board received the Learning Disabilities Mortality Review (LeDeR) Southend, Essex and Thurrock (SET) End of Year report for 2018-19. Members noted that, in SET, it was not currently possible to meet the target for LeDeR reviews to be undertaken within six months of the notification of a death. In order to resolve this, a bid for funding had been submitted which, if successful, would facilitate an increase in reviewer capacity to address the backlog and sustain the system within Key Performance Indicator (KPI) targets by March 2020.

The Board welcomed the proposals for taking forward the SET LeDeR programme.

Resolved:

- 1) To note the Learning Disabilities Mortality Review (LeDeR) Southend, Essex and Thurrock (SET) End of Year Report for 2018-19.
- 2) To agree that the Action Plan for the year ahead is satisfactory and affirm the Board's commitment to collaborative working in order to achieve the outcomes.
- 3) To agree the local approach to the management of backlog.

Action

SET LeDer End of Year Report for 2019-20 to be received at the July 2020 meeting (Board Secretary to add to Forward Plan/Rebekah Bailie).

9. Garden Communities in Essex (HWB/16/19)

The Chairman, Councillor John Spence, declared a Code Interest in this item, minute 1 above refers. It was also noted that Ian Davidson attends meetings of the Board of North Essex Garden Communities Ltd in a non-voting capacity.

Steve Evison (Director of Strategic Commissioning and Policy, Place) and Laura Taylor-Green (Head of Wellbeing and Public Health: Healthy Places and People), Essex County Council were in attendance for this item.

The Board received a presentation on emerging thinking around the creation of garden communities in Essex and was asked to consider how to ensure that the Board infrastructure kept pace with these developments.

The following issues arose from discussion of the presentation:

- Garden communities were being created as a response to housing targets set by the Government and did not represent additional growth. Sanctions under the Housing Delivery Test allowed the Government to remove control of local planning from local authorities which did not deliver the amount of housing specified, leading to unplanned development in the affected areas.
- The creation of garden communities allowed a planned approach to meeting housing need, incorporating new infrastructure provision rather than attempting to adapt existing facilities to accommodate cumulative growth.

However, it was noted that the majority of the Essex population (90%) would continue to live in traditional communities.

- The agreed design principles for the garden communities sought to ensure embedding of health and wellbeing considerations in the planning of the new settlements.
- Although plans were still at an early stage, decisions on the design of the communities were being taken now, and it was important to engage at this point to have the greatest chance of influencing the outcome.
- Work was ongoing with NHS partners regarding delivery of the required infrastructure, taking into consideration the need to future-proof systems to allow for changes in service delivery over time. The Board emphasised the need to ensure that provision was relevant to the communities it was designed to serve and that sufficient consideration was being given to the longer-term.
- The Board stressed the need to learn from previous mistakes, referring to the rapid and sizeable development of Colchester, where evidence now showed a decline against all indicators of health and wellbeing.
- Some concern was expressed that the presentation included no reference to tackling and mitigating crime.
- The importance of town and parish councils in helping people to interact and develop as a community was acknowledged, and it was suggested that creation of such local councils should be included as an integral part of the design, as had been the case in Milton Keynes.
- The importance of effective economic growth and its links with fundamental drivers of wellbeing such as employment opportunities and a sense of community were emphasised. The potential for quality places to live which offered good employment prospects to act as catalyst for inward investment was noted.

Resolved:

That the content of the presentation be noted and the Board's comments as set out above considered in taking forward the Garden Communities project.

10. Health and Wellbeing Board Scorecard (HWB/17/19)

The Board received the revised Health and Social Care Scorecard which reported on the long-term trends against key metrics relating to the Joint Health and Wellbeing Strategy and progress on integration. Members noted the new, more user-friendly format and that consideration was being given as to how best to reflect developments around greater integration.

Attention was drawn to a typographical error within the Scorecard for North East Essex CCG (Appendix D to the report) which included comments appearing to relate to Mid Essex CCG.

It was agreed that the possibility of reporting on the basis of STP, rather than CCG, areas, should be investigated.

The report was **noted**.

Action

To investigate the possibility of reporting on the basis of STP, rather than CCG, areas. (Peter Fairley/Emma Richardson)

11. Date of Future Meetings

It was noted that:

1. The next meeting of the Board would take place on Wednesday 18 September 2019 at 10.00am in Committee Room 1 at County Hall.
2. Meetings of the Board in 2020 would take place on the following dates:

29 January, 18 March, 20 May, 15 July, 16 September and 18 November*

* all Wednesdays at 10.00am at County Hall, Chelmsford+

12. Forward Plan

The Board noted the items planned for consideration at future meetings.

13. Urgent Business

The Chairman agreed to consideration of the following item of urgent business on the grounds that there was a need to update the Board on an issue of current interest:

Essex Association of Local Councils (EALC) – Health and Wellbeing Update

Councillor Peter Davey updated the Board on progress since the EALC's appointment of Danielle Frost as Health and Wellbeing Officer. The following were noted:

- Priorities for the first year of activity were currently being determined
- Training sessions were to be offered to parish councillors and clerks
- A template Health and Wellbeing Plan was to be produced for adoption by Parish Councils

There being no further business the meeting closed at 12:00 midday.

**Councillor John Spence
Chairman
18 September 2019**

ESSEX HEALTH AND WELLBEING BOARD: 18 September 2019

Progress Report on Actions Arising (as at 4 September 2019)

Meeting Date	Minute	For Action By	Action Arising	Deadline	Progress/status ie in progress/ completed/delayed (with reasons)
20/03/2019					
	4: Developing an Integrated Sensory Pathway	Lisa Wilson to receive	CCGs to provide a named contact to enable better collaboration	17/07/19	<p>Complete – names now received from each STP and some initial conversations have taken place. Some CCG contacts received, but this is complicated in some areas as sight and hearing loss are not always covered within a single role.</p> <p>We have made further progress in CCG and STP relationships but this is a continuous dialogue – we are trying to get more involved in STP level high impact change work in relation to sight loss and community services and have made contact – some of the changes within CCGs as a result of the move towards STP footprints may impact on relationships but we are mindful of this</p>
		Lisa Wilson	Recommendations to be put forward to the County Forum for local Health and Wellbeing Boards	15/05/2019	<p>Complete - We have continued to present at local HWBs and have had positive responses. In one district the whole board is interested in accessing the sensory champions training which is positive and this is in mid so we are now able to broaden the model outside health in</p>

Meeting Date	Minute	For Action By	Action Arising	Deadline	Progress/status ie in progress/ completed/delayed (with reasons)
					another area of the county alongside the work we are doing in NEE
		Board Secretary / Lisa Wilson	Board to receive an annual update from the sensory Strategic Partnership Group (SPG)	15/05/19	Complete - Added to the Forward Plan – further update to be provided after the next SPG meeting.
	6: 'Open Up, Reach Out' – Children's Mental Health Local Transformation Plan Refresh Year 4	Chris Martin	Provide a progress report later in the year and to present the plan for moving forward	15/05/19	Complete - to be considered at the November meeting
28/05/2019					
	5: STP Updates	Board Secretary	Secretary to add the following reports to Forward Plan:		Complete - added to Forward Plan
		Report author tbc	<ul style="list-style-type: none"> The role of the Board in supporting Primary Care Networks 		In progress - Awaiting scheduling
		Lead officer / report author tbc	<ul style="list-style-type: none"> A discussion on means of achieving integrated consideration on issues of common interest to the various stakeholders 		In progress - Awaiting scheduling
		Report author tbc	<ul style="list-style-type: none"> Shared Care Records 		In progress - Awaiting scheduling
	6: Essex Workforce	Mike Gogarty	Arrange a meeting with the borough, city and district councils to consider issues around housing for healthcare staff	17/07/19	Complete - there is a TFG looking at essential healthcare worker housing made up of N Essex, Mid and South Essex and other key health providers (some outside of Essex). At present this is a limited group working internally in health to determine an evidence base for need and look at existing schemes in Essex. There has been 1 meeting with another scheduled next month.

Meeting Date	Minute	For Action By	Action Arising	Deadline	Progress/status ie in progress/ completed/delayed (with reasons)
					Following this, discussions may then take place with districts.
	6: Essex Workforce	Terry Huff	Ask LWABs to consider how a broader skills base could be used to maximise capacity and report on the outcome to a future meeting	17/07/19	In progress - The next meeting of the Mid & South Essex LWAB is on 2 July 2019. It will be proposed that an Integrated Workforce Strategy is taken forward to enhance capacity within the MSE system.
	6: Essex Workforce	Harper Brown / Nick Presmeg (working with Essex Housing)	Report to a future meeting setting out the current position with regard to independent living provision for elderly and disabled people	17/07/19	Complete – report added to Forward Plan for 29 January 2020
	7. Essex Local Delivery Pilot – Investment Guidance	Brid Johnson / Jason Fergus	To liaise regarding interested community providers	17/07/19	Complete - <ul style="list-style-type: none"> Brid Johnson & Jason Fergus have had a conference call to discuss how best to proceed and understand potential synergies with the Local delivery pilot , North East London Foundation Trust (NELFT) and partners. JF attended and presented at the (NELFT) senior leadership team and this has resulted in several links identified and dates for future operational team meetings to better understand and action how we embed physical activity into interventions as an outcome. A conversation is also planned with NELFT staff

Meeting Date	Minute	For Action By	Action Arising	Deadline	Progress/status ie in progress/ completed/delayed (with reasons)
					engagement lead to support how we promote physical activity opportunities in the workplace.
	8. Essex Data and the Essex Centre for Data Analytics	Mike Gogarty	Board Members to suggest three priorities for further research, with an explanation of their reasons	17/07/19	Complete - responses from the board numbered 5. Priorities identified were~ Mental health especially Early years re predictors of mental illness (3) Social isolation/ Impact social prescribing (2) Predicting the last year of life (with a view to better support people in this phase and reduce demand on services) Predictive analysis to plan for future proofing proactive work Workforce Issues in the Health and Social Care sector Violence and Vulnerability Link between housing and health~ 1 each
	10. Mapping of Partnership Bodies	Will Herbert	Board to receive a full report at the July meeting (to include examples of best practice from areas already operating a more integrated model)	18/09/19	Complete – on the agenda for this meeting.
17 July 2019					
	1. Membership, Apologies, Substitutions and Declarations of Interest	Ian Davidson	Liaise with Essex Leaders and Chief Executives Group re filling vacancies for ECEA representatives	18/09/19	Update to be provided at the meeting

Meeting Date	Minute	For Action By	Action Arising	Deadline	Progress/status ie in progress/ completed/delayed (with reasons)
	4. STPs - verbal updates	Board Secretary	Secretary to add the following reports to Forward Plan:	18/09/19	Complete - added to Forward Plan
		STP/ICS Leads	The draft five-year STP/ICS Strategic Plans	18/09/19	Complete – on the agenda for this meeting
		Joy Darby / Cllr Peter Davey	EALC Five-Year Forward Plan and Actions	18/09/19	Complete – EALC have undertaken to report to the Board in January or March 2020
	4. STPs - verbal updates	STP/ICS Leads to initiate	Informal engagement between officers on the draft plans prior to the September meeting	18/09/19	Complete
	4. STPs - verbal updates	Cllr Chris Whitbread/Ian Davidson	District/City/Borough Councillor to attend the September meeting re the item on the five-year plans	18/09/19	Update to be provided at the meeting
	4. STPs - verbal updates	Board Secretary	Agenda to include sufficient time for detailed consideration of STP/ICS draft plan	18/09/19	Complete - agenda planned accordingly
	4. STPs - verbal updates	Susannah Howard/Mike Gogarty	Suffolk and North East Essex ICS to liaise with Essex County Council re the Council's previous work on population health management	18/09/2019	Complete – information has been shared
	5. Health, Wellbeing and the Workplace	Ian Davidson	To arrange to consider issues surrounding the implementation of the extended availability Blue Badge scheme at the next meeting of Essex Leaders and Chief Executives Group, involving GP representatives if appropriate	18/09/2019	Update to be provided at the meeting
	8. Learning Disabilities Mortality Review (LeDeR): Southend, Essex and Thurrock End of Year Report	Board Secretary / Rebekah Bailie	SET LeDeR End of Year Report for 2019-20 to be received at the July 2020 meeting	18/09/2019	Complete – added to the Forward Plan for 15 July 2020 and report author advised

Meeting Date	Minute	For Action By	Action Arising	Deadline	Progress/status ie in progress/ completed/delayed (with reasons)
	10. Health and Wellbeing Board Scorecard	Peter Fairley/Emma Richardson	To investigate the possibility of reporting on the basis of STP, rather than CCG, areas.	TBC	Complete - The scorecard covers the area of Essex Health and Wellbeing Board and its component CCG parts. The scorecard allows for reports to be generated by CCG area. We recognise that our neighbouring Health and Wellbeing Boards might have a different set of priorities to the Essex one so a single scorecard might not be possible. Through the STPs and their five-year planning processes there may become an alignment of priorities that allows a consistent scorecard and metrics to be produced across all the Essex STPs.

Report title: Brexit	
Report to: Health and Wellbeing Board	
Report author: Gavin Jones	
Date: 18 September 2019	For: Information
Enquiries to: Gavin Jones	
County Divisions affected: All Essex	

1 Purpose of Report

For information

Project name Brexit – No deal	
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Brexit no deal preparation

Health and Wellbeing Board update

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1 Brexit No deal Risks and Response

A no deal Brexit introduces risks of both:

- Acute impacts of border disruption associated with the exit event
- Structural changes caused by exit or anticipation of these

In many cases the same issues apply to both these mutually dependent sectors. Challenges in either sector can impact the other through Delayed Transfer of Care or delays in treatment increasing need for care.

Central Government has published guidance for both social care and health:

- [social care providers](#)
- [supplying medicine and medical devices](#)
- [Operational readiness for health and social care](#)

ECC will be writing shortly to all social care providers to remind them of the guidance documents and to encourage them to draw up appropriate contingency plans.

Regionally we are linked in through emerging work from ADASS, and any Government organised local events, to consider implications and planning for Brexit.

In many cases the risks need to be managed nationally:

- Guidance advises against localised actions such as stockpiling.
- Measures for mitigation are centrally controlled – e.g. import of medicines or immigration policy.

However, we are able to take local steps we've included potential actions below.

2 The acute impacts of disruption associated with a no deal exit

2.1 Essex response

The national risks from issues at the Border have been widely commented on – shortages of medicines, scarcity of some types of food, transport disruption, possible fuel distribution issues.

Locally the [Essex Resilience Forum](#) has assessed local risk and managing mitigations including localise transport risks. It is important that we manage the planning and response to acute issues through the Forum. We are working to confirm contact lists.

2.2 Business continuity

Partners will already have BCP plans for winter weather which can be used for the basis for localised travel or fuel disruption. There are benefits in sharing ideas for improved resilience:- e.g. encouraging the take up of leased electric vehicles in key staff to reduce fuel dependency, reviewing and publicising car share arrangements and matching tools, reviewing viability of childcare cover for key staff in case of local school disruption, reviewing plans for use of volunteer.

2.3 Demand management

Existing work on demand management will help. As potential dates for a no deal exit now fall in winter, we should look at support for the [NHS Winter campaign](#) including promotion to businesses.

3 The impacts of structural changes caused by a no deal exit

3.1 Potential impacts

The impacts potentially caused by a no deal exit include:

- Recruitment and retention - Settlement
- Supply chain for equipment - supply of non-clinical consumables, goods and services;
- Demographics
- Entitlements and charging for services

We have some options to develop localised responses.

3.2 Recruitment and retention

- Promotion of the settlement scheme and other activity to make existing EEA staff continue to feel welcome and valued.
- Review how to promote the benefits of Essex as a place to live and work to health and social care workforce in a competitive national market.
- Review of support measures such as [key worker housing](#) including options for social care.
- Review of plans for training and recruitment from existing providers in region.

3.3 Supply chain

- After a no deal exit the administration of importing may be more significant than the effect of tariffs themselves. Review scale of importing and identify existing capabilities or customs agent/ freight forwarding partners will help. Funds are available for [customs declaration](#) training and software.

3.4 Demographics

- Future immigration policy will influence population growth. Bilateral agreements of healthcare and EU protections of UK citizens settlement rights mean that there is no immediate risk of repatriation of citizens overseas. However, the level of population retiring abroad may decrease. Reviewing changes in demographics will help identify trends.

3.5 Entitlements and charging

- Government guidance on [charging for NHS services](#) has been published. Promoting the settlement scheme to vulnerable groups will avoid potential “windrush” type issues for EU citizens eligible to apply, but not doing so.

Report title: Better Care Fund Plan 2019/20	
Report to: Health and Wellbeing Board	
Report author: Peter Fairley, Director, Strategy, Policy and Integration	
Date: 17 September 2019	For: Decision
Enquiries to: Emma Richardson emma.richardson@essex.gov.uk	
County Divisions affected: All Essex	

1 Purpose of Report

- 1.1 The Essex health and care system will receive a total of £154m (£98m from NHS and £56m from the Ministry for Housing, Communities and Local Government) to be spent in accordance with the Better Care Fund programme. In order to comply with the terms of funding it is necessary for Essex County Council and partners to submit a plan showing how the money will be spent to NHS England by 27 September 2019.
- 1.2 This report sets out the BCF Partnership's spending plans which the Council has developed with health partners and asks Health and Wellbeing Board to endorse this plan before its submission by 27 September 2019.

2 Recommendations

- 2.1 That the Health and Wellbeing Board endorses this plan before its submission by 27th September 2019.

3 Summary of issue

- 3.1 The Better Care Fund was announced by Government in June 2013. It was intended to provide an opportunity to transform local services through better integrated care and support. Health and Wellbeing Boards have been obliged to submit BCF Plans since then that meet mandated minimum financial values and demonstrate achievement of a series of NHS England national conditions. The BCF is overseen by the Health and Wellbeing Board and quarterly status reports are submitted to NHS England on performance. The Better Care Fund incorporates funding to support local authority social care (the Improved Better Care Fund; and Winter Pressures) that is subject to conditions that it be pooled into the BCF and used to ease pressures in the health and care system.
- 3.2 Since 2017 the Improved Better Care Fund (iBCF) has been included as part of the wider BCF and is part of the 6th county wide section 75 agreement. It is a grant provided to Adult Social Care and must be focused on:
- Sustaining Adult Social Care

- Supporting activity to ease health pressures
- Sustaining the Care Market

- 3.3 In 2019 there is some limited change to the BCF and iBCF elements of the plan mainly to allow for continuity of spending. However, we will also see the addition of Additional Winter Money funding (£5.9m) included as part of the wider BCF which will be included in the 2019/20 S75 agreement.
- 3.4 Local health and care systems have to submit their Better Care Fund (BCF) plans for 2019-20 to NHS England by 27 September 2019. The Better Care Fund plan for Essex will cover the ECC area which is also covered by and five NHS Clinical Commissioning Groups.
- 3.5 The Essex BCF Plan is also relevant to, and links to, the work of the three NHS Sustainability and Transformation Partnerships (STPs) that cover Essex. Schemes funded through the BCF provide a foundation of integrated funding which allows localities to begin delivering STP priorities.

The total value of the Better Care Fund will be £153.9m. The size of the fund has been growing as set out below:

2017/18: £98.9m
2018/19: £135.8m
2019/20: £153.9m

- 3.6 Although the fund covers 2019/20 and relies on the production of a plan, the national guidance on the production of the BCF plan was only released in July 2019 with a requirement for plans to be submitted to NHS England by 27 September 2019 which is a challenging timetable. This report outlines the key elements of the plan and Essex's position on them.

3.7 **National Conditions:**

As with previous BCF plans there are four national conditions for the funding:

3.7.1 **National Condition 1 – The plan must be jointly agreed**

The plan must be signed off by ECC, the individual CCGs and by the Health and Wellbeing Board. The BCF plan will be presented to Cabinet on 17 September and to the Health and Wellbeing Board on 18 September. Each CCG will take the plan through its governance before 27 September.

3.7.2 **National Condition 2 – NHS contribution to Social Care is maintained in line with inflation**

The total amount from the Better Care Fund CCG minimum contribution allocated for supporting social care in 2019/20 is £38.846m and represents a 5.21% increase.

3.7.3 **National Condition 3 – NHS commissioned out of hospital services**

The total amount invested from the Essex Better Care Fund in NHS commissioned out of hospital care is £59.568m. Full details are set out in the scheme level spending plan which is attached at appendix A.

3.7.4 **National Condition 4 – Managing Transfers of Care**

Essex partners continue to work towards the national targets set for this – further details are outlined below.

3.8 **Metrics**

As with previous BCF plans there are also 4 national metrics used to measure progress:

3.8.1 **Non-elective admission (specific to Acute)**

Figures relating to this will be collected directly from CCGs partners to ensure they align to a narrative plan set out in the BCF plan (appendix A). The non-elective admission targets for 2019-20 have been set with the aim of halting current increases in these admissions, and then starting to reduce the volume back to 2017-18 levels.

3.8.2 **Admission to residential and care homes**

The 2019/20 target of no more than 1,570 admissions over the year is designed to be stretching and represents a 2% reduction in admission volumes for 19/20 compared with 2018/19.

3.8.3 **Effectiveness of reablement**

In 2019/20, the reablement target is for at least 82% of the people who have received reablement services to remain out of hospital for 91 days following completion of reablement. This target is the same as set in 2018/19.

3.8.4 **Delayed transfers of care (DTC)**

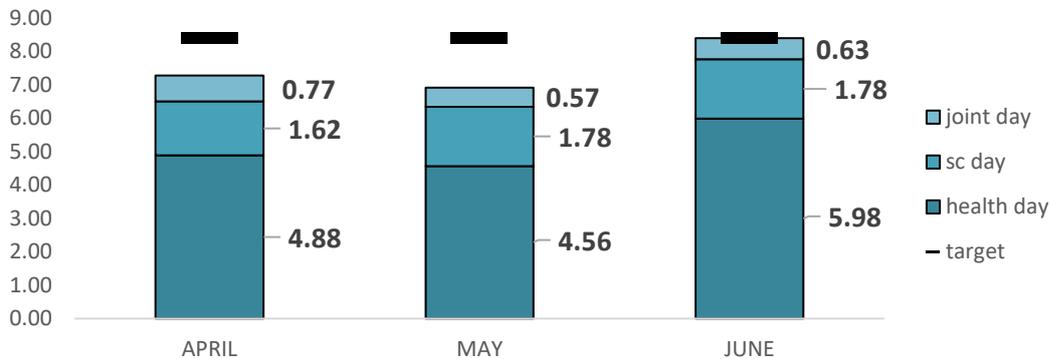
The new mandated target is a combined health and social care rate of 8.4 delays per 100,000. Translated into numbers this would mean no more than 32,253 delays a year or 2,938 per month across health and social care.

If the rate of 8.4 had been set in 2018/19 the Essex health and care system would have narrowly missed it as the rate per 100,000 was 8.56.

However, performance in 2019/20 so far has been good and the Essex system has been performing better than the target rate for the first quarter as can be seen in the chart below.

Monthly DTOC Day Rate - Q1 2019/20

Overall DTOC has been consistently on or below target.



Essex social care has made considerable progress at reducing delays due to social care. These have fallen from over 1,900 in February 2017 to 614 in June 2019. Social care delays have been well below the former target of 2.6 per 100,000 for the last five months (with current performance at 1.78 per 100,000). ECC is committing to aim for social care delays of no more than 2.4 per 100,000 for 2019/20 to continue to maintain low delays.

4 Other Considerations

4.1 IBCF (Improved Better Care Fund)

In the Government’s March 2017 Budget additional transitional funding was allocated to social care. The funding is non-recurrent and reduces over a three-year period. For Essex County Council, this amounts to £8.3m in 2019/20. The Grant Determination Letter issued by the Department of Communities and Local Government in April 2019 stated that the Improved Better Care Fund is to be used to:

- Meet adult social care needs
- Reduce the pressures on NHS (especially delayed transfers)
- Stabilise the care market

4.2 In 2017-19, Essex County Council agreed with partners that :

- The original allocation of IBCF plus a proportion of the additional transitional tapering element of IBCF be used to maintain investment in social care services that have a benefit to both health and social care, and help offset pressures such as growth in demand, inflation and the national living wage.
- A proportion of the additional transitional tapering grant would be applied to fund new initiatives that support the NHS and help the care market.

4.3 The iBCF has funded various schemes and initiatives over the course of the allocation and these will need to be afforded within the reduced iBCF envelope in 2019/20. Management of this has been through locality partnership boards where those schemes that have shown to add value have been adopted as part of mainstream health or care base budgets. Scheme level information will be included within the plan (Appendix A).

4.4 **Additional (winter pressures) funding for Social Care**

It has also been confirmed within the guidance that additional winter money, which has historically been allocated as a separate fund, will be included as part of the Better Care fund during 2019/20. ECC will receive a second tranche of £5,919,494 for social care in 2019/20. The funding is to support social care and winter pressures but that does not mean it can only be spent during the winter period – it can support seasonal pressures, and areas can invest in schemes earlier to better prepare in advance for winter.

4.5 **Disabled Facilities Grant**

The Disabled Facilities Grant (DFG) is transferred directly from ECC to the twelve District, Borough and City councils to allow them to discharge their statutory duty with regard to DFGs. The main area of focus for 2019/20 is to improve the quality of life and promote independence within home settings. The DFG will continue to be used by each of the twelve District, Borough and City councils in Essex to discharge their statutory housing responsibilities.

4.6 **High Impact Changes**

The High Impact Change Model was developed by the LGA and NHSE as a way to Support local care and health systems to manage patient flow and discharge and implementation of the model has been a requirement of the BCF plan since 2017. It is used to self-assess how local care and health systems are working now, and to reflect on, and plan for, action they can take to reduce delays throughout the year. The model identifies eight system changes which will have the greatest impact on reducing delayed discharge (below table).

Each locality is required to assess themselves, on a quarterly basis on progress against the eight HIC schemes according to whether they are:

- Not yet Established
- Plans in place
- Established
- Mature
- Exemplary

The Quarterly updates for High Impact Changes are completed at an Essex level. The Quarter 4 return for 2018/19 assessed all the expected changes as Established.

High Impact Changes will continue to form part of the Better Care Fund plan. The requirements outlined by NHS England for 2019/20 confirm the need to continue to progress against existing changes outlined below. The below table also shows the current assessment of progress against them using criteria provided by NHSE – the aspiration is to become Mature by March 2020:

HIGH IMPACT CHANGES	Description of Scheme	North East Essex	West Essex	Mid Essex	South East Essex	South West Essex
<p>Early discharge planning</p>	<p>In elective care, planning should begin before admission. In emergency/ unscheduled care, robust systems need to be in place to develop plans for management and discharge, and to allow an expected date of discharge to be set within 48 hours.</p>	Established	Established	Established	Established	Established
<p>Systems to monitor patient flow</p>	<p>Robust patient flow models for health and social care, including electronic patient flow systems, enable teams to identify and manage problems (for example, if capacity is not available to meet demand) and to plan services around the individual.</p>	Mature	Established	Established	Established	Established
<p>Multi-disciplinary/multi-agency discharge teams</p>	<p>Coordinated discharge planning based on joint assessment processes and protocols and on shared and agreed responsibilities, promotes effective discharge and positive outcomes for patients.</p>	Established	Mature	Established	Established	Established
<p>Home first/discharge to assess</p>	<p>Providing short term care and reablement in people's homes or using 'step-down' beds to bridge the gap between</p>	Established	Mature	Established	Established	Established

	hospital and home means that people no longer need wait unnecessarily for assessments in hospital. In turn, this reduces delayed discharges and improves patient flow.					
Seven-day service	Effective joint 24/7 working improves the flow of people through the system and across the interface between health and social care meaning that services are more responsive to people's needs.	Established	Established	Established	Mature	Established
Trusted assessors	Using trusted assessors to carry out a holistic assessment of need avoids duplication and speeds up response times so that people can be discharged in a safe and timely way.	Plans in Place	Established	Established	Plans in Place	Established
Focus on choice	Early engagement with patients, families and carers is vital. A robust protocol, underpinned by a fair and transparent escalation process, is essential so that people can consider their options. The voluntary and community sector can be a real help to patients in supporting them to explore their choices and reach decisions about their future care.	Established	Mature	Established	Established	Established
Enhancing health in care homes	Offering people joined-up, coordinated health and care services, for example by aligning community nurse teams and GP practices with care homes, can help reduce unnecessary	Plans in Place	Mature	Established	Established	Established

admissions to hospital as well as improve hospital discharge					
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4.7 The Future

The future of the BCF and iBCF beyond March 2020 is unclear. 2019/20 is the last year of planned activity and committed funds from NHSE. Given the significant financial value of the BCF, and the amount of activity being funded through it, clarity on the future will be essential.

5 Financial implications

5.1 ECC is the pooled fund holder for the Essex Better Care Fund. The BCF Planning Requirements were not published until July 2019, and so ECC and the CCGs agreed interim arrangements in March 2019 to ensure that payments to NHS providers under the BCF could continue (insert ref of cabinet decision). Approval of the BCF Plan clears the way for ECC and the CCGs to draw up section 75 agreements for 2019/20. This must be done by 15th December 2019.

5.2 The tables below summarise the funding sources and planned expenditure at a countywide and local level for 2019/20:

Better Care Fund Summary	2019/20 £m
Funding Sources	
Minimum CCG Contributions	97.601
Additional CCG Contributions	0.822
Original iBCF Contribution	30.749
New iBCF Contribution (tapering transitional funding)	8.349
Winter Pressures Grant	5.919
Disabled Facilities Grant	10.475
Total BCF pooled budget	153.915
Expenditure Summary	
Community Health	59.576
Social Care (funded from min CCG Contribution)	38.847
Social Care (funded from iBCF)	36.231
New schemes funded from iBCF	2.867
Winter pressures Schemes	5.919
Disabled Facilities Grant	10.475
Total Expenditure	153.915

CCG area allocations within the above summary	Community Health	Disabled Facilities Grant	New schemes	Winter pressures	Total

	funded from iBCF				£m
	£m	£m	£m	£m	
Basildon & Brentwood Castlepoint & Rochford	10.831	1.209	0.286	0.779	13.105
Mid Essex	7.061	1.638	0.167	0.517	9.383
North East Essex	14.266	2.441	0.474	1.161	18.342
West Essex	14.411	3.325	0.348	0.975	19.059
	13.006	1.862	0.351	0.917	16.136
TOTAL	59.576	10.475	1.627	4.348	76.025
Countywide schemes			1.240	1.571	2.811
TOTAL	59.576	10.475	2.867	5.919	78.836

Expenditure on all schemes including those specific to each CCG area are outlined in the attached BCF plan

6 Legal implications

- 6.1 The mandate from the Secretary of State to NHS England under which requirements as to how NHS money is spent may include specific requirements relating to the establishment and use of an integration fund. In recent years the Secretary of State has done this by requiring CCGs to establish better care funds (BCF).
- 6.2 In Essex the BCF is established by means of individual agreements under section 75 of the National Health Service Act 2006 between ECC and each of the five CCGs operating within Essex, together with an overarching co-operation agreement between all five CCGs and ECC.
- 6.3 Any changes to the section 75 agreements must be agreed separately by each partner. The Health and Wellbeing Board's role is to considering reports as requested by the Department of Health and the section 75 agreements. This is part of the Board's role to promote the integration of health and social care.
- 6.4 Following approval of the final BCF Plan, it will be submitted to the Health and Well Being Board for endorsement on 18 September 2019. The Board's role is to consider reports as requested by the Department of Health and to note the proposal with regards to the iBCF. This is part of the Board's role to promote the integration of health and social care.

7. Equality and Diversity implications

- 7.1 The Public Sector Equality Duty applies to ECC when it makes decisions. The duty requires us to have regard to the need to:
- Eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Act. In summary, the Act makes discrimination etc on the grounds of a protected characteristic unlawful
 - Advance equality of opportunity between people who share a protected characteristic and those who do not.

(c) Foster good relations between people who share a protected characteristic and those who do not including tackling prejudice and promoting understanding.

7.2 The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, gender, and sexual orientation. The Act states that 'marriage and civil partnership' is not a relevant protected characteristic for (b) or (c) although it is relevant for (a).

7.3 The equality impact assessment (appendix 1) indicates that the proposals in this report will not have a disproportionately adverse impact on any people with a characteristic.

8. List of appendices

Equality impact assessment

9. List of Background papers

Appendix A - BCF 2019-20 Planning Template

Equality Impact Assessment

Reference: EQIA138694265

Submitted: 21 August 2019 10:23 AM

Executive summary

Title of policy or decision: Essex Better Care Fund (BCF) 2019/20

Describe the main aims, objectives and purpose of the policy (or decision): To create an Essex wide BCF Plan in line with national planning requirements. The Essex BCF is owned by the Essex Health and Wellbeing Board

The outcome will be the continued commissioning and provision of services, in line with funding allocations for the BCF and the Improved Better Care Fund (IBCF), by ECC and the five Essex CCGs and the commissioning of new activity to advance integration of health and social care; increase the range of support provided closer to home; and address pressures on the NHS, including delayed transfers of care and non elective admissions.

What outcome(s) are you hoping to achieve?: Help people get the best start and age well

Which strategic priorities does this support? - Help people get the best start and age well: Enable more vulnerable adults to live independent of social care, Improve the health of people in Essex

Is this a new policy (or decision) or a change to an existing policy, practice or project?: a new policy (or decision)

Please provide a link to the document / website / resource to which this EqIA relates: This is an update to last years EQIA for the BCF

Please upload any documents which relate to this EqIA, for example decision documents: This is an update to last years EQIA for the BCF

Assessing the equality impact

Use this section to record how you have assessed any potential impact on the communities likely to be affected by the policy (or decision): ECC currently supports about 16,500 adults with social care needs at any one time. About 9,800 of these are older people, nearly 3,800 people with learning disabilities, 2,100 people with physical or sensory impairments, and 1,200 people with mental health needs. We also support around 4,000 carers. However demand for services is expected to increase.

Essex is the second largest county in the UK with a population of 1.4 million, with 1.74 million in Greater Essex (i.e. including Southend and Thurrock). The population of Greater Essex is projected to increase by more than 8% over the next decade.

Essex has an older population than the national average with 19.5% of residents aged over 65, compared to 17.2% nationally. Essex is "super-aged" (where more than 20% of the population are aged over 65) and this population is expected to grow by 21% over the next ten years while the population over 85 is expected to grow by more than 60%.

In addition to the ageing population, rising demand for health and care services is closely correlated to low income, high deprivation areas. Over the past ten years there has been a significant increase in the number of areas in Essex that are among the most deprived 4% of areas in England and the average deprivation ranking of all 12 district council areas across Essex worsened between 2004 and 2015. There are 9 districts with areas

within the 20% most deprived areas of the country, but nearly 80% of the population living in those areas live in parts of Basildon, Colchester and Tendring.

In Essex this means that we have differing levels of need and challenges across the county. We have therefore looked to address this through the local level schemes included in the BCF plan.

Does or will the policy or decision affect:

Service users: Yes

Employees: No

The wider community or groups of people, particularly where there are areas of known inequalities: Yes

Which geographical areas of Essex does or will the policy or decision affect?: All Essex

Will the policy or decision influence how organisations operate?: Yes

Will the policy or decision involve substantial changes in resources?: Yes

Is this policy or decision associated with any of the Council's other policies?: No

Description of impact

Description of Impact. If there is an impact on a specific protected group tick box, otherwise leave blank.:

Age, Disability - learning disability, Disability - mental health issues, Disability - physical impairment, Disability - sensory impairment, Gender / sex, Gender reassignment, Marriage / civil partnership, Pregnancy / maternity, Race, Religion / belief, Sexual orientation

Age

Nature of impact: Positive

Please provide more details about the nature of impact: The overall objectives of the BCF is to improve the quality of outcomes for the population of Essex whilst removing inequality of service provision and improving the Health and Social Care system sustainability.

Extent of impact: High

Please provide more details about the extent of impact: The positive impacts on the aging population will be:

- Frail people are able to enjoy healthier lives, feeling safe at home and connected to their community. Greater numbers of people physically active, not smoking, eating healthily and maintaining a healthy weight.
- Reduced social isolation and loneliness. Improved mental health and greater community engagement and participation.
- Frail people with long term conditions enabled to live well and avoid unnecessary complications and acute crisis.
- Frail population will have personalised care plans and be involved in decision- making
- Improved co-ordination of care and co-morbidities will help people remain as well and independent for as long as possible and avoid deterioration and complications.
- Carers of frail people will be offered assessment of their needs and signposted to interventions to support them in their caring role.
- Frail people will receive adequate rehabilitation and re-ablement when needed to prevent further disability, greater reliance on care and support, avoidable admissions to hospital, delayed discharge from hospital.

Disability - learning disability

Nature of impact: Positive

Please provide more details about the nature of impact: The overall objectives of the BCF is to improve the quality of outcomes for the population of Essex whilst removing inequality of service provision and improving the Health and Social Care system sustainability.

Extent of impact: High

Please provide more details about the extent of impact: For people with disabilities this will include:

- Improved quality of care
- better access to provision
- support for carers of people with disabilities

Disability - mental health issues

Nature of impact: Positive

Please provide more details about the nature of impact: The overall objectives of the BCF is to improve the quality of outcomes for the population of Essex whilst removing inequality of service provision and improving the Health and Social Care system sustainability.

Extent of impact: Medium

Please provide more details about the extent of impact: For people with mental health issues this will include:

- Improved quality of care
- better access to provision
- support for carers of people with disabilities

Disability - physical impairment

Nature of impact: Positive

Please provide more details about the nature of impact: The overall objectives of the BCF is to improve the quality of outcomes for the population of Essex whilst removing inequality of service provision and improving the Health and Social Care system sustainability.

Extent of impact: Medium

Please provide more details about the extent of impact: For people with physical impairment this will include:

- Improved quality of care
- better access to provision
- support for carers of people with disabilities

Disability - sensory impairment

Nature of impact: Positive

Please provide more details about the nature of impact: Positive. The overall objectives of the BCF is to improve the quality of outcomes for the population of Essex whilst removing inequality of service provision and improving the Health and Social Care system sustainability.

Extent of impact: Medium

Please provide more details about the extent of impact: For people with sensory impairment this will include:

- Improved quality of care
- better access to provision
- support for carers of people with disabilities

Gender / sex

Nature of impact: Neutral

Please provide more details about the nature of impact: The services affected are primarily aimed at the older population and those with physical and mental disabilities. However, a prime objective is to remove current inequalities of service provision around Essex and this will include this equality group

Extent of impact: Low

Please provide more details about the extent of impact: The services affected are primarily aimed at the older population and those with physical and mental disabilities. However, a prime objective is to remove current inequalities of service provision around Essex and this will include this equality group

Gender reassignment

Nature of impact: Neutral

Please provide more details about the nature of impact: The services affected are primarily aimed at the older population and those with physical and mental disabilities. However, a prime objective is to remove current inequalities of service provision around Essex and this will include this equality group

Extent of impact: The services affected are primarily aimed at the older population and those with physical and mental disabilities. However, a prime objective is to remove current inequalities of service provision around Essex and this will include this equality group

Please provide more details about the extent of impact: The services affected are primarily aimed at the older population and those with physical and mental disabilities. However, a prime objective is to remove current inequalities of service provision around Essex and this will include this equality group

Marriage / civil partnership

Nature of impact: Neutral

Please provide more details about the nature of impact: The services affected are primarily aimed at the older population and those with physical and mental disabilities. However, a prime objective is to remove current inequalities of service provision around Essex and this will include this equality group

Extent of impact: Low

Please provide more details about the extent of impact: The services affected are primarily aimed at the older population and those with physical and mental disabilities. However, a prime objective is to remove current inequalities of service provision around Essex and this will include this equality group

Pregnancy / maternity

Nature of impact: Neutral

Please provide more details about the nature of impact: The services affected are primarily aimed at the older population and those with physical and mental disabilities. However, a prime objective is to remove current inequalities of service provision around Essex and this will include this equality group

Extent of impact: Low

Please provide more details about the extent of impact: The services affected are primarily aimed at the older population and those with physical and mental disabilities. However, a prime objective is to remove current inequalities of service provision around Essex and this will include this equality group

Race

Nature of impact: Neutral

Please provide more details about the nature of impact: The services affected are primarily aimed at the older population and those with physical and mental disabilities. However, a prime objective is to remove current inequalities of service provision around Essex and this will include this equality group

Extent of impact: Low

Please provide more details about the extent of impact: The services affected are primarily aimed at the older population and those with physical and mental disabilities. However, a prime objective is to remove current inequalities of service provision around Essex and this will include this equality group

Religion / belief

Nature of impact: Neutral

Please provide more details about the nature of impact: The services affected are primarily aimed at the older population and those with physical and mental disabilities. However, a prime objective is to remove current inequalities of service provision around Essex and this will include this equality group

Extent of impact: Low

Please provide more details about the extent of impact: The services affected are primarily aimed at the older population and those with physical and mental disabilities. However, a prime objective is to remove current inequalities of service provision around Essex and this will include this equality group

Sexual orientation

Nature of impact: Neutral

Please provide more details about the nature of impact: The services affected are primarily aimed at the older population and those with physical and mental disabilities. However, a prime objective is to remove current inequalities of service provision around Essex and this will include this equality group

Extent of impact: Low

Please provide more details about the extent of impact: The services affected are primarily aimed at the older population and those with physical and mental disabilities. However, a prime objective is to remove current inequalities of service provision around Essex and this will include this equality group

Action plan to address and monitor adverse impacts

Does your EqIA indicate that the policy or decision would have a medium or high adverse impact on one or more equality groups?: No

Details of person completing the form

I confirm that this has been completed based on the best information available and in following ECC guidance: I confirm that this has been completed based on the best information available and in following ECC guidance

Date EqIA completed: 21/08/2019

Name of person completing the EqIA: Emma Richardson

Email address of person completing the EqIA: Emma.Richardson@essex.gov.uk

Your function: Adult Social Care

Your service area: Integration and Partnerships

Your team: Integration and Partnerships

Are you submitting this EqIA on behalf of another function, service area or team?: No

Email address of Head of Service: emma.richardson@essex.gov.uk

Report title: Essex Local Delivery Pilot Update	
Report to: Essex Health and Wellbeing Board	
Report author: Mike Gogarty - Director Wellbeing, Public Health and Communities	
Date: 18 September 2019	For: Information
Enquiries to: Jason Fergus Jason.fergus@essex.gov.uk	
County Divisions affected: All Essex	

1. Purpose of Report

- 1.1 To inform the Health and Wellbeing Board (the Board) of the latest developments with the Local Delivery Pilot (LDP) since May 15th 2019.

2. Recommendations

- 2.1 That the Board is asked to:

2.1.1 note the latest developments of the Local Delivery Plan,

2.1.2 Note that the Board will receive regular updates on any awards made against the LDP grant.

3. Summary of latest developments

- 3.1 The Board has been receiving regular updates following the approval in November 2017 by Sport England for Essex to be one of 12 local delivery pilots (LDPs) across England. The LDP's look to reduce inequalities and barriers to physical activity through system change and new ways of working. The focus of the Essex LDP is to test through system interventions to increase physical activity in the three areas of Basildon, Colchester, and Tendring (Pilot Areas), and to replicate and scale up good practice across Essex.
- 3.2 System interventions are planned with a number of organisations across the different settings. These are summarised in the new LDP plans for Tendring, Basildon, and Colchester, and in the Tier 1 action plan which focuses on health, education, social care, and infrastructure. The LDP Activity Dashboard Action Plan details the key work streams, deliverables, and milestones, and is attached at Appendix 1.
- 3.3 In May 2019, the Health and Wellbeing Board approved the LDP Investment Guidance which established clear investment priorities, criteria, budget headlines, governance, accountability, decision making levels, and sign off

thresholds.

- 3.4 In July 2019, Essex County Council and Sport England signed the new Lottery Funding Agreement and Deed which sets out the detailed legal and financial requirements for drawing down the new award of £9.84m up until 2025 (£5.9m committed for spend straightaway, and a further £3.94m in principle subject to satisfactory progress and more detailed spend plans in the future).
- 3.5 In accordance with the Lottery Funding Agreement, ECC is the Accountable Body for the grant. The three pilot areas are establishing LDP implementation groups, with membership from the different system settings and different target groups. Each group has written a plan to clarify the strategic and geographical priorities for their place and will develop investment proposals to bring forward for approval.
- 3.6 The LDP evaluation partner was appointed at the end of June following a comprehensive procurement process. The successful evaluation partner is made up of a consortium of University of Essex, Sheffield Hallam University, Brunel University, JUMP Social Impact, and Reason Digital. The value of the contract is £736,866, for an initial period up until December 2021. The evaluation will use qualitative and quantitative methods to examine the impact of different approaches to whole system change, system interventions, and test and learn projects. Evaluation tools will be co-produced and used to collect reference data for future measurement. The University of Essex consortium will work with people within the system to establish a sustainable approach to evaluation and learning across Essex.
- 3.7 To aid the delivery and evaluation of the LDP, data and insight capability is being built. We have engaged the services of a Senior Researcher sitting within ECC Strategy, Insight & Engagement and with an association to the Public Health Insight team. They will lead the data and insight work across Research & Citizen Insight and Data & Analytics supporting the LDP during the life of the project and ensuring that physical activity data and insight can be used to influence the business beyond this.
- 3.8 The LDP continues to share its learning to date and featured at the national cycling conference held in Chelmsford on September 5th, which included a keynote presentation from Tim Hollingsworth, Chief Executive of Sport England, who are the principal funder of the LDP programme. We will also be sharing our experiences at the Essex Assembly on September 17th where the LDP will be presenting a workshop about the importance of asset-based community development.

4. Financial implications

- 4.1. The work will be funded by Sport England through a series of grants to the LDP.
- 4.2. Where there is potential for added value to be achieved there may be the potential to match resources or funding from HWB partners or other sources. These proposals will be developed on a case by case basis as the next phase of the LDP develops.

5. Legal implications

- 5.1. ECC as the Accountable Body for the Essex Local Delivery Pilot has entered into a legal agreement with Sport England. The agreement was signed on 23rd July 2019.
- 5.2. This means that decisions about how the grant is spent are formally for ECC to take and must be taken under ECC's constitution rather than by the Board.

6. Equality Impact Assessment

- 6.1. The LDP will address a range of inequalities within Essex and has specific focus on older people, families with dependent children, and people with poor mental health living in low-income communities. A full EQiA will be prepared by the local authorities with the pilot areas.

7. Appendix

- 7.1. Appendix 1 – LDP Activity Dashboard

LOCAL DELIVERY PILOT – ACTIVITY DASHBOARD

HEADLINES FOR Q1 AND Q2 2019

- Sport England have clarified that the end point for all LDP spend is March 2025
- LDP Investment Guidance approved by HWWB on 15th May
- New LDP implementation groups established in Basildon, Colchester and Tendring made up of multiple stakeholders that represent the target audiences and system settings
- Three new LDP investment plans have been created for Basildon, Colchester, and Basildon. The plans reflect the local issues and opportunities in the three areas, and provide a clear direction of travel for future work, coordinated by the new implementation groups in each pilot area
- An Essex-wide delivery plan is being developed to shape LDP investment at county level across the seven different system settings
- New 6 day leadership programme started for the LDP Delivery Team
- Senior Researcher appointed to the LDP core team to lead on data and insight
- Essex LDP welcomed 20 colleagues from Sport England in June. Our Sport England guests work across the organisation, including external affairs, health, coaching, planning, disability, communications, data and insight, and research and evaluation. They met with community projects in Basildon and Colchester, followed by a workshop to discuss the different subject areas with ECC SME's

KEY MILESTONES

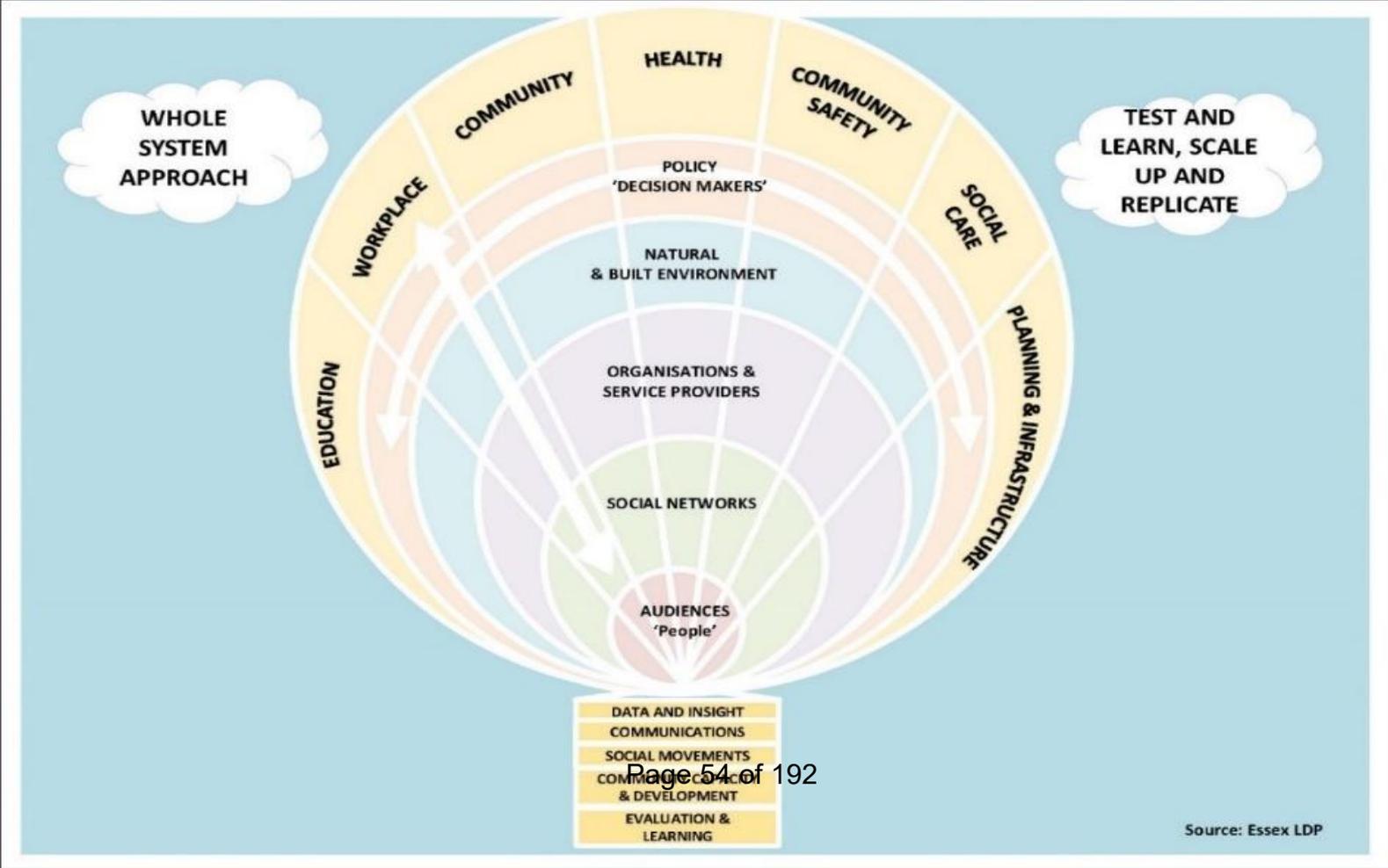
LDP Lottery
Funding
Agreement of
£9.84m signed
by Sport
England/ECC

New
Evaluation
Partner
'University
of Essex
consultant'
appointed in
June

LDP invest
£35k to into a
new £90k
county wide
holiday hunger
programme for
low-income
families

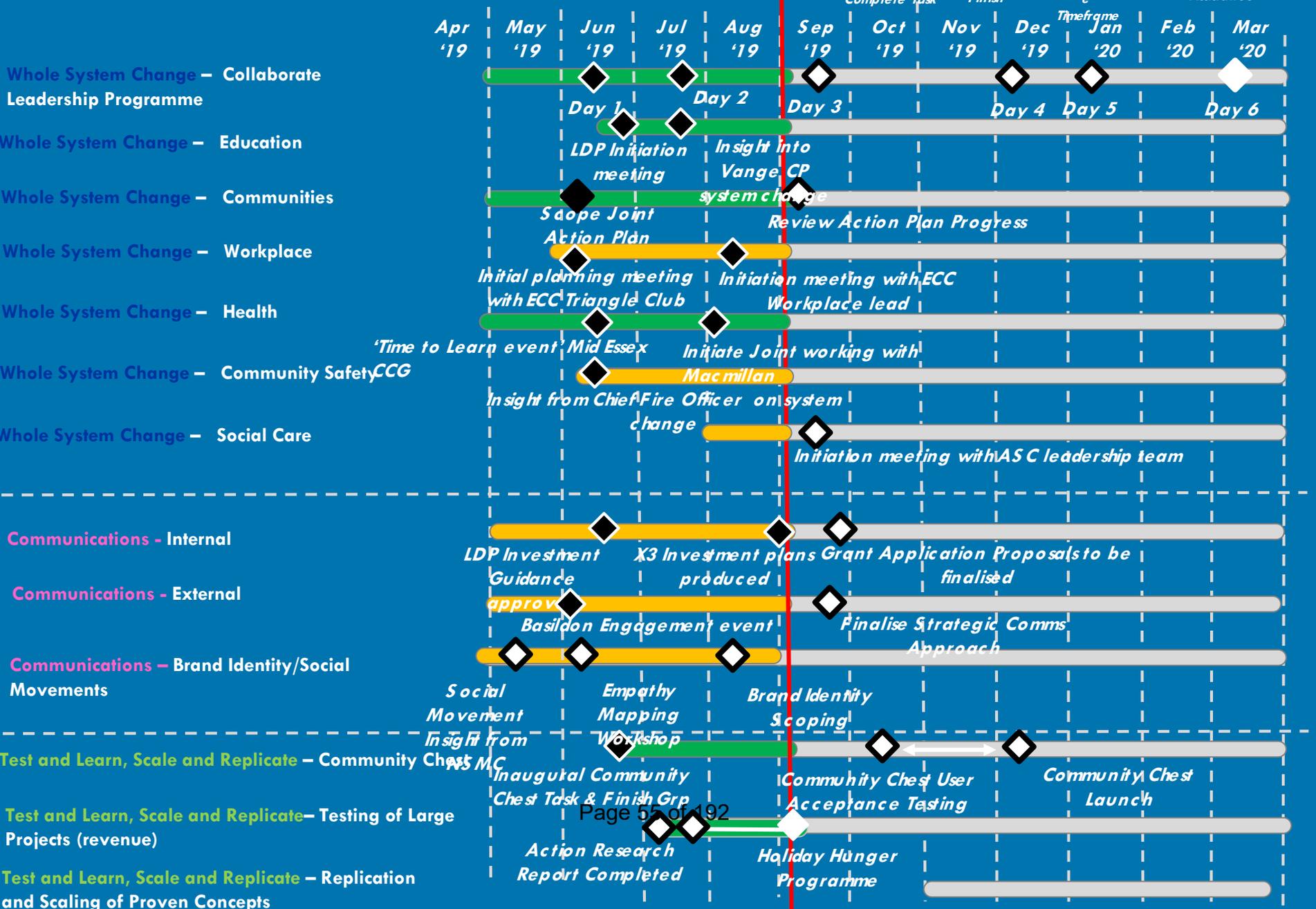
LDP WHOLE SYSTEM APPROACH

The model below has been developed to clarify the different system settings that the LDP is seeking to influence, and the context that the LDP seeks to impact at all levels from policy through to communities and individuals.



Local Delivery Pilot Strategic Priority Workstreams – Deliverables

Key: Task Complete Planned Task Planned Finish Deliverable On Track May need Off Track Assistance Off Track

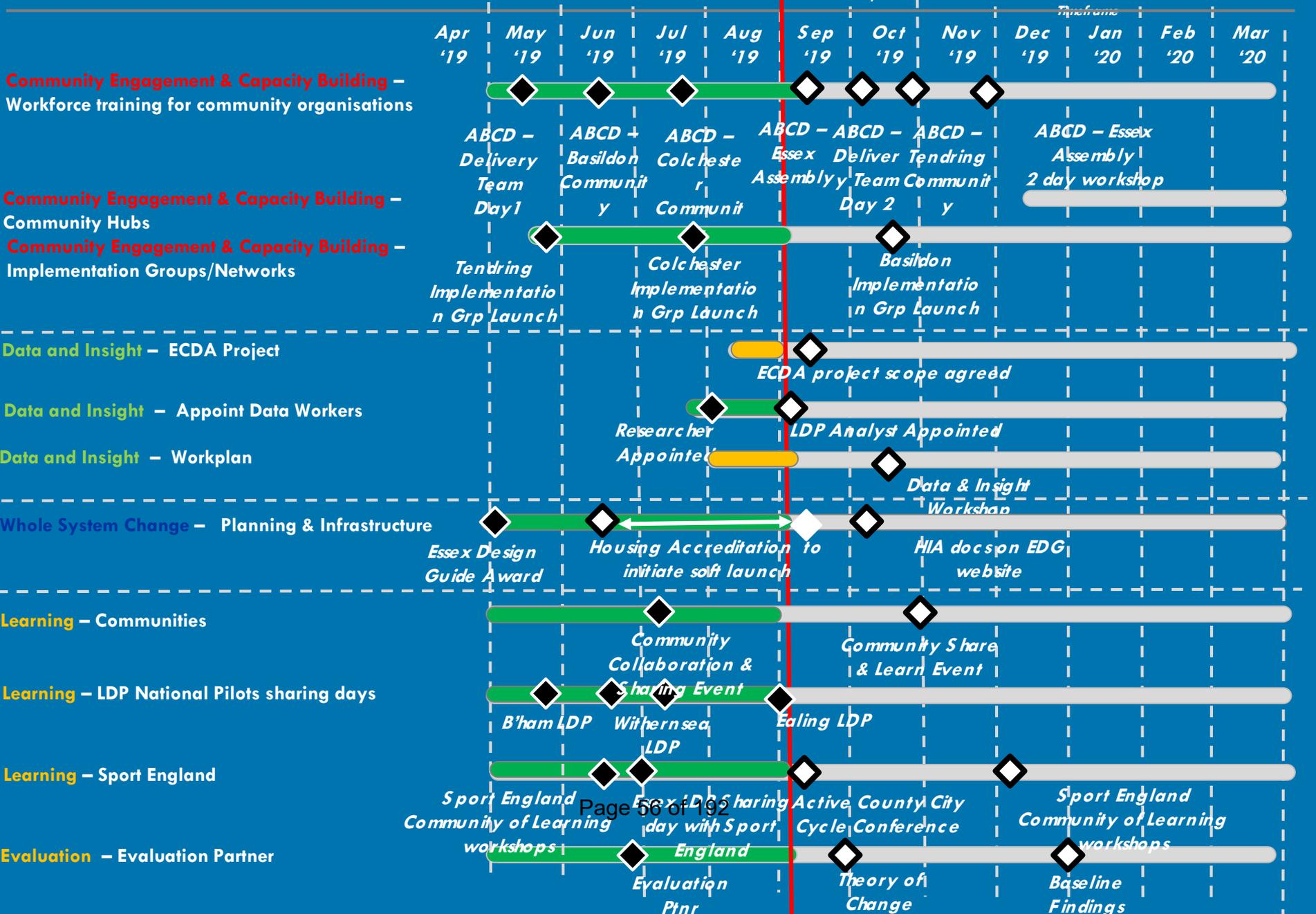


Local Delivery Plan Project Workstreams – Deliverables

Today

Key: Task Complete Planned Task Planned Finish

Deliverable On Track May need Off Track Assistance Off Track



WHOLE SYSTEM APPROACH NARRATIVE

- Jason and Dr William Bird presented to over 100 GPs and health care professionals at a Time to Learn event held by Mid Essex CCG
- The inaugural six day LDP Leadership Course led by Collaborate CIC kicked off in June attended by the LDP delivery team, featuring a fantastic presentation from Jo Turton, the Essex Chief Fire Officer
- Essex LDP welcomed 20 colleagues from Sport England in June. Our Sport England guests work across the organisation, including external affairs, health, coaching, planning, disability, communications, data and insight, and research and evaluation.
- LDP presented to ECC Education, Communities, Infrastructure, senior teams in June/July to discuss hard wiring physical activity into ECC services settings in low-income communities
- The second day LDP Leadership Programme looked at the different roles of members of the delivery team, understanding the balance between technical and adaptive work, and a keynote from Liz Keeble who is leading pioneering education and community work as head teacher of a primary school in Vange
- LDP met Macmillan Cancer Support to initiate joint working with the LDP

WHOLE SYSTEM APPROACH – LOOKING FORWARD

- LDP presenting to ECC Adult Social Care senior leadership on 9th September to embed and align LDP into the ASC vision
- Adult Social Care co-producing a new prevention approach with the LDP to pilot in Basildon or Canvey Island
- Essex Assembly and Partners selected the LDP as one of eight key projects and LDP providing a workshop at Essex Assembly on 17th September

COMMUNICATIONS AND SOCIAL MOVEMENT NARRATIVE

- The National Social Marketing Centre (NSMC) provided a briefing on developing social movements to the LDP delivery team in May and will deliver a workshop to Essex Assembly on 17th September
- Testing took place in June and July of the development of LDP 'brand identity' models using empathy mapping to understand the lifestyles of the LDP target audiences
- The comms leads in Basildon, Colchester and Tendring are engaged in the development of future comms work
- LDP Core team met with specialist communications experts Storm Creative in August to discuss the development of the LDP communications strategy
- Each pilot area have produced an LDP plan to communicate the strategic and geographical priorities for each of their areas.
- A number of presentations and workshops have taken place with a variety of stakeholders from across the different settings to communicate the purpose and vision of the LDP
- Essex presented at all three national LDP workshops organised by Sport England in June
- Health Watch Essex are partnering with the LDP to support the development of a communications strategy and support the ongoing implementation.

COMMUNICATIONS AND SOCIAL MOVEMENTS – LOOKING FORWARD

- The LDP communications strategy to be presented to Strategic Sponsors Group on 10th September
- Action plans to be developed for all key components of the communications strategy, including social marketing, social movements, brand identity, social listening, imagery, social media, and websites.

TEST & LEARN, SCALE UP AND REPLICATE NARRATIVE

- The criteria for investment in testing or replication was approved by the Essex Health and Wellbeing Board on 15th May to be used by local implementation groups for their investment plans and for Essex wide system investment
- The LDP core team agreed a Tier 1 investment to test the development of a holiday hunger programme for low-income families across Essex, fronted by the charity Active Essex Foundation. The testing is in 24 locations, and is the first project to be evaluated by the new LDP evaluation partner. The hypothesis is that holiday hunger can be led at Tier 1 by collaboration between different system leaders.
- LDP is collaborating with Essex Association of Local Councils (EALC) to scope future work on how physical inactivity can be tackled through the work of Parish Councils and Town Councils.
- Basildon has been awarded £1.3m over the next four years to test how arts and cultural activity can increase social capacity and community cohesion. The project will be delivered in partnership with the LDP to test how physical activity can add value to arts and culture.
- The testing of a new LDP micro grants programme is being developed, managed at Tier 1 level, and initially tested in the three pilot areas. Sport England have released further investment guidance to support micro grant programmes, and the guidance will be built into the delivery of the LDP micro grants programme.

TEST AND LEARN, SCALE UP AND REPLICATE – LOOKING FORWARD

- Initial testing of the LDP micro-grants programme will commence in September
- The evaluation of the test holiday hunger programme will be reviewed in October

COMMUNITY ENGAGEMENT AND CAPACITY BUILDING

- **Good progress is being made in Basildon, Colchester, and Tendring to agree the governance and implementation structures for LDP investment. Each area is creating implementation groups and networks, who's first task will be to pull together a local LDP plan that establishes priority themes for ongoing investment. The plans will be launched in September.**
- **The three full time LDP engagement workers in Basildon, Colchester, and Tendring have built relationships with over 75 organisations and community champions in each of their areas. These relationships will be crucial to the successful delivery of the LDP over the next few years.**
- **Basildon, Colchester, and Tendring have all held stakeholder engagement meetings and events in the past couple of months to shape plans for implementation with a variety of local organisations representing the different target audiences and different system settings. These stakeholder organisations will be integral members of the networks that the three pilot areas work with to deliver the LDP.**
- **Asset Based Community Development training and support is being provided across the LDP, led by our specialist partner Nurture Development. The ABCD training has been provided to over 200 organisations and 250 people so far, with excellent feedback.**
- **Three new LDP strategic plans have been created for Basildon, Colchester, and Basildon. The plans reflect the local issues and opportunities in the three areas, and provide a clear direction of travel for future work, coordinated by the new implementation groups in each pilot area.**

COMMUNITY ENGAGEMENT AND CAPACITY BUILDING – LOOKING FORWARD

- **Nurture Development will deliver a workshop at Essex Assembly on 17th September, and the second day of ABCD training for LDP Delivery team on 8th October**
- **ABCD Community training taking place in Tendring for local community organisations to take place on 21/22 October**
- **Essex Assembly/Essex Partner 2 day ABCD Workshop to take place end of November**
- **Social prescribing link worker training currently being developed and training will take place in autumn**

DATA AND INSIGHT NARRATIVE

- **Hannah Taylor was appointed as Senior Researcher for the LDP in June, and will lead the data and insight work. Hannah will be supported by Strategy, Insight & Engagement colleagues at Essex County Council and work closely with the ECC Public Health Insight team. Hannah will co-produce the Essex Centre for Data and Analytics project on physical activity. Essex Centre for Data and Analytics (ECDA) have been exploring opportunities to use predictive analytics to support the LDP.**
- **Hannah LDP visited Basildon, Colchester and Tendring in August to start to understand data and insight developments across the three pilot areas.**
- **Dr William Bird is a special adviser to the LDP, and he is supporting our scoping of work around the use of technology and artificial intelligence to support the behaviour change of inactive citizens. Dr Bird has undertaken pioneering work through his company Intelligent Health to put technology at the forefront of how games can inspire local communities to become more active.**

DATA AND INSIGHT – LOOKING FORWARD

- **LDP Data Analyst Kathryn Bennett to start on 2nd September**
- **A rolling Data & Insight work plan will be created in September.**
- **A Data & Insight Workshop day will be held on 16th October to upskill the LDP Delivery Team on the importance and uses of data and insight and identify questions and problems that could be answered by data and insight**
- **ECDA will present a project scope to their Sponsors Board in November.**
- **District level Physical Activity JSNAs / Insight Packs will be reviewed and refreshed**
- **The team will consider how insight can be drawn from records of conversations between LDP coordinators and members of the community**
- **We will bring together Data & Analytics, The Evaluation Partner and Comms to consider how insight from media data can be obtained and used**

ACTIVE ENVIRONMENTS NARRATIVE

- The LDP produced eight Health Places guidance documents, to support the planning for active environments around schools, workplaces, healthcare, and green/open spaces.
- The LDP supported the Essex Design Guide, which won a national award for excellence in planning for health and wellbeing at the Royal Town Planning Institute.
- Draft accreditation criteria and process being worked up - lead by Chelmsford. Linked to EPOA
- The LDP presented at NIC (National Infrastructure Commission) pilot for Basildon on Friday 5th July. Connections made with Active Travel, Workplaces and Health. NIC pilot will ensure LDP is connected going forward
- Working with ECC Infrastructure team around Pilot School learning Environmental improvement project with Prof S Heppell. Fingringhoe Primary (Poss Chapel Primary) - being used. LDP/ test and learning/ policy impact an outcome with role of physical activity to adding value to this.
- Sport England Active Travel evidence review shared with LDP team alongside Government papers on increasing Active Travel interventions

ACTIVE ENVIRONMENTS – LOOKING FORWARD

- The LDP features in the national cycling and active travel conference to be held in Chelmsford on Thursday September 5th. Tim Hollingsworth is a keynote speaker, who is the CEO of Sport England, the main funder of the LDP programme.
- Meeting to be scheduled with North Essex Garden Communities in September for LDP update/ sharing session
- Health Impact Assessments - Website Guidance created / static PDF's with link EDG to be live in September
- Quality assurance training on Health Impact Assessments to be organised for Essex planning sector stakeholder using Wales best practice example (Oct/ Nov)

EVALUATION AND LEARNING NARRATIVE

- The LDP evaluation partner was appointed in June. The partner is a consortium comprising five organisations (Universities of Essex, Sheffield Hallam, and Brunel) as well as specialist insight and analytics organisations JUMP and Reason Digital. The evaluation contract is initially until December 2021.
- LDP evaluation workshop held in August led by the evaluation partner in conjunction with the LDP evaluation sub-group chaired by Dr William Bird. The workshop scoped the framework that needs to be developed, and worked with community groups and citizens to understand their views on how the LDP can best be evaluated.
- University of Essex completed their evaluation of 17 action research projects that have received financial investment from the LDP.
- Essex LDP presented to over 150 delegates at all three of the Sport England LDP national learning workshops in Birmingham, London and Leeds sharing progress from all 12 LDPs
- An LDP sharing learning event took place in June attended by over 20 organisations.
- Members of the core team were welcomed to Withernsea LDP in Yorkshire to share ideas about how to use physical activity to help tackle coastal deprivation.
- Birmingham LDP visited Essex LDP on 26th April to share their learning and different ideas for working within the community with Delivery team and Essex community partners
- Over 20 staff from Sport England spent the day visiting the Essex LDP in June, including visits to meet community organisations in Colchester and Basildon. Two Sport England staff were motivated to write blogs to explain how much they valued the experience
- Essex LDP presented at the national Elevate conference in London with presentations from Dr William Bird, Jason Fergus, and Charlotte Luck from the Harwich Fit Club

EVALUATION AND LEARNING – LOOKING FORWARD

- Evaluation partner to agree the evaluation framework in September, which will include the development of key reference points against which to measure future success and impact.
- Sport England Community of Learning Events with the 12 LDPs to take place in October/November 19
- LDP sharing learning event to take place in October 2021. Action Research report presented and a focus on how data and insight is important to effective evaluation and sustainability.
- Action Research report to be available in September.

Report title: NE Essex Alliance – Community Assets and Voluntary Services Mapping for Colchester and Tendring	
Report to: Health and Wellbeing Board	
Report author: Mark Jarman-Howe, Chair of North East Essex Alliance	
Date: 18 September 2019	For: Discussion
Enquiries to: Mark Jarman-Howe mjarmanhowe@sthelena.org.uk	
County Divisions affected: North Essex	

1 Purpose of Report

- 1.1 To share the output from the North East Essex Alliance’s mapping work of community assets and voluntary services in Colchester and Tendring.

2 Recommendations

- 2.1 To note the contents of the reports and to discuss and consider the learnings it offers for other health and care systems in Essex

3 Summary of issue

- 3.1 The North East Essex Health and Wellbeing Alliance is a collaboration of organisations dedicated to improving the health and wellbeing of our local populations in Colchester and Tendring. We are all committed to working together in a more joined up way in the best interests of the people we serve.
- 3.2 We formed in early 2018 with the following membership: Colchester Hospital, North East Essex CCG, ACE, GP Primary Choice, Essex Partnership University Trust, East of England Ambulance Service, Essex County Council, Colchester Borough Council, Tendring District Council, St Helena, CVS Tendring and Community 360.
- 3.3 We know that to achieve our goals we need to do things differently. That includes a much greater focus on prevention and reducing inequalities in our communities. To do this we need to have broad partnerships beyond the NHS and local authorities.
- 3.4 This report, commissioned by the Alliance, is a sign of our commitment to work with our communities, recognising existing assets, and actively seeking

to support community and voluntary groups upon whom so many rely for their continuing health and wellbeing.

7. List of appendices

Community Assets in Colchester 2019
Tending Community Assets 2019

8. List of Background papers

Community Assets in Colchester

A Review and Introduction



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Foreword

The North East Essex Health and Wellbeing Alliance is a collaboration of organisations dedicated to improving the health and wellbeing of our local populations in Colchester and Tendring. We are all committed to working together in a more joined up way in the best interests of the people we serve.

We formed in early 2018 with the following membership: Colchester Hospital, North East Essex CCG, ACE, GP Primary Choice, Essex Partnership University Trust, East of England Ambulance Service, Essex County Council, Colchester Borough Council, Tendring District Council, St Helena, CVS Tendring and Community 360.

We know that to achieve our goals we need to do things differently. That includes a much greater focus on prevention and reducing inequalities in our communities. To do this we need to have broad partnerships beyond the NHS and local authorities. This report, commissioned by the Alliance, is a sign of our commitment to work with our communities, recognising existing assets, and actively seeking to support community and voluntary groups upon whom so many rely for their continuing health and wellbeing.

Thank you to colleagues in Community360 and Colchester Borough Council for coordinating this project, and to everyone who generously gave of their time to inform this powerful and important report.

Mark Jarman-Howe
Chief Executive, St Helena
Chair of the North East Essex Health and Wellbeing Alliance

Executive Summary

Colchester Borough is home to many types of community assets, ranging from established Borough-wide or local neighbourhood community groups to green spaces. Many wards and parishes contain village halls and venues for hire. Neighbourhoods develop their own publications and online resources to share with their neighbours. Volunteers lead and contribute to activities which improve the quality of life of residents.

In the course of completing this report, we have identified and reviewed more than 1200 different assets and continue to count many more as this process must carry on learning from local communities.

Colchester is growing and changing. It is becoming more diverse. It has some key centres of activity, such as the Garrison and the University. Significant proportions of the population live with specific health and wellbeing needs. Working patterns are evolving and employability skills with them. There are concerns about the deprivation some residents are experiencing.

We are able to see that the type and number of assets available is determined by the interests, strengths and needs of the local community. By reviewing this list of assets alongside the demographic data for the Borough and consultation with communities, we are able to pinpoint opportunities and concerns.

This report recommends that we apply the principles of Asset Based Community Development and focus on 'what is strong' in order to help us to strengthen community based activity and capacity further. We should:

- Acknowledge the support that assets provide to existing programmes of work, such as social prescribing, ensuring that they have the resources available to deliver and demonstrate impact
- Enhance the local offer in key areas and ways. These are:
 - Mental Health support for all ages, including peer-to-peer
 - Befriending and Social Isolation services, especially where they may support working age adults, people who are housebound and offering buddying to help people to access social groups
 - Practical support ranging from transport to home help
 - Extend availability of services to improve accessibility, for example arranging meetings at new venues and at different times
 - Integrate activities which support End of Life and Palliative care into the wider voluntary and community sector network
 - Offer peer support to enable people to better manage their health and wellbeing, such as assisting people who are living with a long term health condition, i.e. dementia
- Enable projects which support people affected by the wider determinants of health, be it through debt, housing or low income for instance, to manage their capacity and support prevention
- Ensure that the infrastructure which supports assets to operate is underpinned. This may be volunteer management, information and advice or training.
- Consider the role of social media and technology when understanding how we can support ourselves in our communities.

Intentions

Community360 would like to thank everyone who has contributed to the production of the 2019 '*Community Assets in Colchester: A review and introduction*'. We have titled this report in this way as it is a review of existing sources of data, drawn from public record and consultation with community services and members. It is also an introduction to what more we can do collaboratively to ensure our communities experience a good quality of life and environment. The production of the report is only the start of any process to enhance this aim.

We are grateful that the North East Essex Health and Wellbeing Alliance has identified that only by understanding more about the assets available within communities, can we effectively build on their strengths and identify where they may need more support. Our community is not static. We recognise that the following pages provide an overview of What Is. We would like to commit to What Can Be.

Therefore we intend to introduce the following actions in addition to the recommendations summarised in the final section of this document which are specific to Colchester as a place.

We will:

- *Share the findings of the report widely and update periodically* - We view the promotion of information captured in this report as a part of an ongoing consultation to determine what Colchester can offer. Through the completion of the report, we have found that we have engaged in many different conversations and the more people we speak to the more can be shared. As information is shared it can influence the findings and we may be required to amend or add to what we know.
- *Continue to consult with community members and review relevant data sources* - this will be achieved in partnership with colleagues such as Colchester Borough Council, St Helena, Citizen's Advice Colchester and Colchester Foodbank who contributed greatly to the production of the report by sharing their own data. We will facilitate regular feedback from voluntary and community groups through events and correspondence. This will serve both as a checkpoint for the findings gathered to date and to identify any emerging trends. We will report these back and publicise them at intervals through news and information sources.
- *Establish benchmarks which use local intelligence to assess community assets and needs* - an important part of the process of creating the report, has been sharing data from different partners, including data collected by voluntary and community groups, which is unpublished but adds to the public record. We will review these sources and work with communities to pinpoint key sources of data which can be tracked and reviewed over time. By doing this, we will be able to better understand the character of our neighbourhoods through joint working. We currently use EssexConnects as an online database and can build on the foundation the system provides.
- *Prioritise Asset Based Community Development (ABCD) principles in all that we do to deliver our recommendations* - Colchester is able to boast of many wonderful assets, including dedicated volunteers, skilled professionals, committed neighbours, community halls, green spaces and online resources. We must learn from what is working well already and support this in many different ways, whilst also adding to local resources through strong partnership working, sharing of resources and providing additional investment (be it time, funds and/or experience).

Methodology

In February 2019, Community360 (C360) and Community Voluntary Services Tending (CVST) were tasked by the North East Essex Health and Wellbeing Alliance to collaborate with local communities in Colchester and Tending to gain a deeper knowledge of the assets available to local residents and the issues that face individuals and community groups.

Inspired by the Alliance partners' agreement that '*Understanding both the 'needs' and 'assets' of the communities in which we are working will allow us, to more effectively design, deliver and evaluate the impact of our activities*'¹, C360 co-designed an approach to undertaking this task with Colchester Borough Council (CBC).

The methodology for this approach was informed by complementary work-streams under the Alliance, most notably Population Health – which seeks to review and support the aim of improving outcomes and reducing health inequality in North East Essex. It was also influenced by Asset Based Community Development (ABCD). ABCD focuses on what is working well and learning lessons from it to apply to existing or future activities. ABCD encourages innovation and partnership working to manage resources to their greatest potential. It empowers individuals to take charge and determine change. Nurture Development, a leading agency in implementing ABCD, cites five core principles²:

1. Citizen-led – residents must drive change and be active participants in making change in their communities
2. Relationship oriented – by working together, residents and organisations can maximise their potential and utilise the skills and assets they have
3. Asset-Based – identifying 'what's strong, not what's wrong'
4. Placed-Based – surveying assets and opportunities at a neighbourhood level
5. Inclusion focused – being flexible with our concept of boundaries that may exist

C360 and CBC agreed to draw upon existing data throughout the development stages of this report. The data included:

- *Statistics and Technical Information* – By reviewing data that is circulated or stored in the public domain, from the Office for National Statistics, Joint Strategic Needs Assessments, Essex Community Foundation Vital Signs Reports and Public Health England, amongst others, we have been able to gain a better understanding of the health and wellbeing of Colchester, as well as identifying potential trends for the future.
- *Patient/Resident Experience* – Data is collected regularly which provides information about how someone is affected by or uses local services. Where the data is available and relevant to the aims of the mapping process, we have drawn upon this. An example of this at a grassroots level is neighbourhood surveys collected during Street Weeks programmes led by Essex Police. The anonymised returns highlight



Community Noticeboard

¹ *Population Health: A Community Model Approach (February 2019) – Alliance Board Paper*

² <https://www.nurturedevelopment.org/blog/asset-based-community-development-5-core-principles/> (29 May 2019)

any concerns residents may have and what they value.

- *Partnerships* – We have consulted with existing partnerships, such as the Informal Youth Group and One Colchester, to collect relevant publications and feedback on what they may know as a connected group.

We have then researched and reviewed the data in conjunction with local information sources, be they online, such as EssexConnects; managed by an agency, for example Colchester Borough Council Zone Profiles for Zone Wardens; or published, such as Mersea Life. We have compiled a directory of community assets and assessed how the assets demonstrate local strengths and address needs at a neighbourhood level.

We have defined a community asset³ as a resource which exists to provide support to a local resident by generating social value rather than a financial return. An asset may be a regular activity, a news and information service or a physical space. We have not excluded public or business partners from this review where they are facilitating access to an asset which is not a statutory responsibility (i.e. a clinical service) or a purely commercial venture. However, we have prioritised recording and researching voluntary and community sector services and feel that there is an opportunity to conduct more in depth research into the impact of Corporate Social Responsibility in Colchester. All assets have then been tracked to one of three Neighbourhoods identified under a Community Model (described below) or recorded as operating Borough-wide.

Alongside the process of data collection, we have consulted with community leaders from the public and voluntary sector one-to-one and at group meetings. Using a set of four questions⁴ as a catalyst for open conversations, we have combined answers from 27 respondents with the data described and reviewed above. The questions were composed to reflect ABCD principles and to easily compare responses to similar activities already conducted in the Borough – i.e. Street Weeks and Winter Resilience programmes. The respondents came from services which operated under all of the Livewell headings (see page 8). We will use the questions in future sessions to reflect on the assets and needs of residents.

Community Model

The North East Essex Health and Wellbeing Alliance will be adopting a Community Model to create six '*functioning, multi-agency/multi-disciplinary teams in North East Essex – who are empowered and supported to deliver the Live Well outcomes in their neighbourhood*'. Three neighbourhoods have been identified in Colchester and three in Tendring based upon an agreed set of criteria.⁵

Consequently, Colchester North (approximately 76,000 residents) consists of Rural North, Lexden & Braiswick, Mile End, Highwoods, St Anne's & St John's and Stanway.

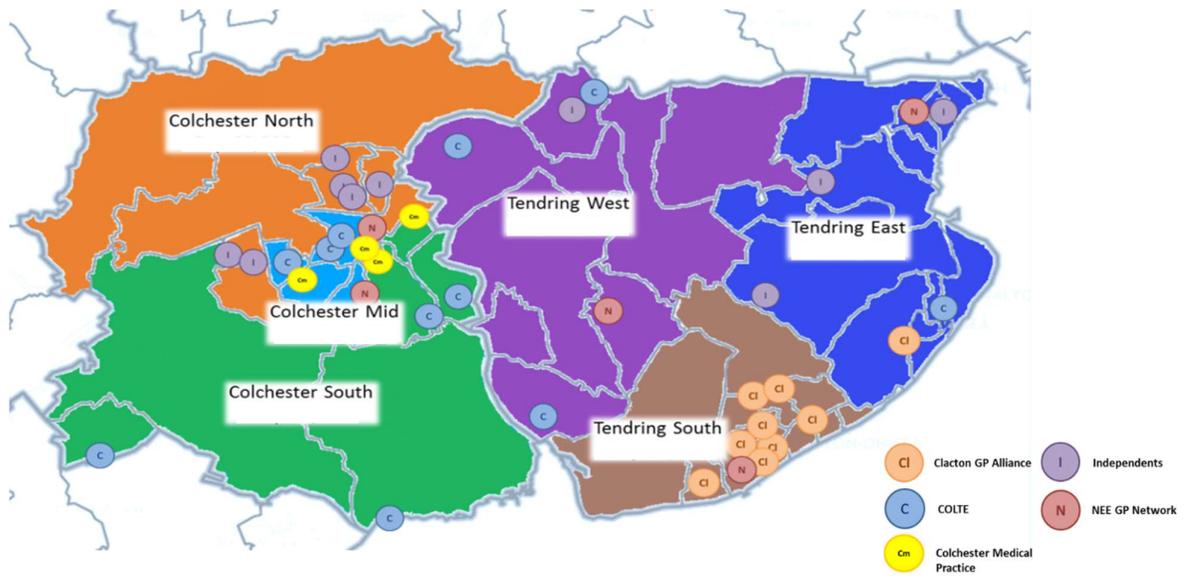
Colchester Central (approximately 57,000 residents) includes Castle, New Town & Christchurch, Prettygate, Shrub End and Berechurch.

Colchester South (approximately 50,000 residents) is comprised of Tiptree, Marks Tey & Layer, Mersea & Pyefleet, Wivenhoe, Old Heath & The Hythe, and Greenstead.

³ See Appendix E for examples

⁴ See Appendix B for questions

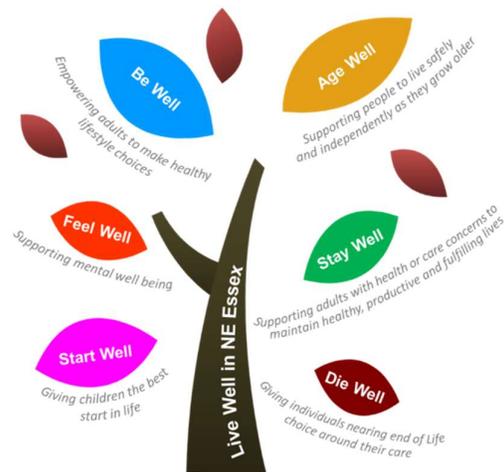
⁵ See Appendix C for criteria



Livewell

The livewell campaign was originally developed in Braintree District but has been adopted by local authorities across Essex to ‘engage communities, families and individuals with the aim of providing information about all that is on offer in Essex to improve health and wellbeing’.⁶ The North East Essex Health and Wellbeing Alliance has adopted the livewell campaign and its six key themes:

- **Start Well** – Giving children the best start in life
- **Feel Well** – Supporting mental wellbeing
- **Be Well** – Empowering adults to be active and make healthy lifestyle choices
- **Age Well** – Supporting people to live safely and independently as they grow older
- **Stay Well** – Supporting adults with health or care concerns to access support and maintain healthy, productive and fulfilling lives
- **Die Well** – Giving individuals nearing end of life choice around their care



When reviewing the data collected, we have considered each of the livewell themes and the assets which exist under each theme. In conjunction with the themes, the North East Essex Health and Wellbeing Alliance, working with the Suffolk and North East Essex STP and the Local Delivery Pilot programme⁷, also highlighted some priority areas. They include:

⁶ <https://www.livewellcampaign.co.uk/> (29 May 2019)

⁷ See Appendix D for information about the Suffolk and North East Essex STP and Local Delivery Pilot

- The under diagnosis and outcomes of individuals with dementia
- Individuals who are frail, and those who have reached end of life
- The proportion of people with learning disabilities who die in hospital
- The prevalence of self-harm and suicide
- The high proportion of families with young children, older people, and people living with poor mental health, living in circumstances of deprivation and who are inactive

Outcomes

Through the completion of the report we have sought to improve our understanding of gaps in the provision of community-based services which can benefit the quality of life and wellbeing of residents in Colchester. We have agreed to implement and maintain a process of measuring baselines for understanding the assets and opportunities within local neighbourhoods – in order to inform commissioning and service design to benefit residents.

We have split the results into three sections. The first provides an overview of demographic information. The second section offers more detailed insight into neighbourhood level results and the assets available to residents within the livewell categories. The third section offers recommendations and considerations, for the whole system, to integrate into planning, service design and community support programmes.

We believe that there is the potential to draw on more sources of data and to further consult with communities, as noted in our intentions statement. We will endeavour to work with our partners to further this aim, using the results to date as a foundation upon which we can build together.

Demographics of Colchester

Colchester Borough is comprised of 17 wards across rural, coastal and urban centres. It is a Garrison town and home to many higher education institutions, including the University of Essex, which contribute to developing a wide range of skills for, at times, a migrant population. The oldest recorded town in Britain, Colchester is a hub for heritage and for culture with assets such as the Mercury Theatre, Headgate Theatre and Firstsite offering people many chances to engage in the arts.



It is located on a popular commuter line, between Norwich and London, with intermediate links to Chelmsford and Ipswich in particular.

Population

The current population in Colchester is anticipated to reach 197,000 people by 2020.⁸ Colchester has been on a continuous trajectory of growth, rising by 2011 to become the most populous Borough in the county, having been only the third largest district authority in Essex in 2001.

Where and to what extent local neighbourhoods are growing is variable but it is to be expected that the total local population will continue to grow significantly over the coming years. The average increase in population between 2011 and 2017 is 9.8% across the entire Borough.

Higher than average increases have taken place in Greenstead (51%), Prettygate (40.8%), Old Heath and the Hythe (37.9%), Tiptree (22%), Berechurch (20.5%), Shrub End (18%), Wivenhoe (13.9%) and Castle (13.2%).⁹ There are a number of factors affecting change but immediate considerations must include the continuing extension of the Colchester campus of the University of Essex. The entire University which is expanding to accommodate a total enrolment of 20,000 students. At present there are 13,000 students linked to the Wivenhoe Park (Colchester campus).

Conversely, population size is shrinking in St Anne's and St John's, Marks Tey, Lexden and Braiswick, New Town and Christchurch, and to a very small degree in Rural North. This places a particular focus on Colchester North in the coming years, versus growth in Colchester South and Colchester Central.

Age and Diversity

The average age of a Colchester resident in 2016 was calculated to be 38.2 years old, slightly less than the national average of 40 years, with 51% of the population female.¹⁰

The number of people aged under 18 represents 20.8% of residents in the Borough and 17.2% are aged over 65 years old.¹¹ The number of older people is increasing across Essex and in Colchester.

⁸ *Local Authority Profile: Colchester* (July 2018)

⁹ *Ward Profiles* (provided by Colchester Borough Council)

¹⁰ *Colchester Community Safety Partnership Strategic Assessment 2018-19*

¹¹ *Local Authority Profile: Colchester* (July 2018)

Between 2015 and 2025 it was expected that the number of over 65s living in Colchester will increase from 31,780 to 39,240, an increase of 23%, with a special focus on the number of people living over the age of 85 (this age group is expected to double by 2030). The working age proportion will fall from 59% to 56%. There will be 4,930 more under 19s and 25,790 new babies will be born over the period.¹²

Focal points for the co-location of retired and older people include Mersea and Pyefleet, where 40.59% of the local population are retired and only 36.63% engage in full-time employment. Furthermore, in Prettygate, Tiptree, Wivenhoe, Lexden, Rural North, St Anne's and St John's and Stanway more than a quarter of all residents are retired.¹³

Since 2001 ethnic diversity has also increased. In 2001, this figure was only 3.8%.¹⁴ In 2018, 10.7% of the population came from an ethnic minority group. A great proportion of students at the University of Essex are international, representing more than 100 different countries. The Garrison also draws personnel from overseas to train and/or become based in the area. Across all age ranges, a greater proportion of young people are from Black Asian or Minority Ethnic communities (BAME). In 2016, BAME schoolchildren were 14.8% of the population in Colchester.¹⁵

Colchester supports an armed forces population of approximately 2,500 people in receipt of a pension from the armed services, primarily living in the CO2, CO3 and CO4 postcode areas. There are about 3,000 serving personnel registered in the Borough, predominantly in the Army, which hosts an estimated 800 spouses and family in accommodation in Shrub End.

Housing and Homelessness

With an increasing population and the challenges of supporting different communities of interest, housing is an important issue within the Borough.

Essex Partnership Board highlighted a future trend in 2016, when they noted that half of 20-39 year olds live in private rented property, up from 20% in 2000. A report registered that average deposits were reaching more than £50,000 and that housing completions had fallen markedly in the last five years. As of January 2016, the average house price in Essex was over £232,000, up 9.5% on the previous year.¹⁶ Across Colchester many areas have been experiencing even more significant increases in housing prices. Between 2007 and 2017, for example, average house prices in Greenstead increased by 33% (ward profile) and in Highwoods by 40%.¹⁷

Colchester Borough Homes registered (in September 2018) that they had received 2488 presentations to the Community Hub in Colchester over the preceding year, with 669 housing solutions appointments made and 320 homeless applications taken. The number of social housing properties available to let is far less than the total number of presentations.¹⁸ Beacon House, a leading charity supporting people at risk of homelessness saw 515 people in 2018-19.

¹² *Colchester's Voluntary and Community Sector* (June 2013)

¹³ *Ward Profiles* (provided by Colchester Borough Council)

¹⁴ *Colchester's Voluntary and Community Sector* (June 2013)

¹⁵ *Essex Partnership Board – 20 top trends* (April 2016)

¹⁶ *Essex Partnership Board – 20 top trends* (April 2016)

¹⁷ *Ward Profiles* (provided by Colchester Borough Council)

¹⁸ *One Colchester Operational Group Presentation* (September 2018)

Health and Wellbeing

Life expectancy in Colchester is similar to the national average but varies by 8.2 years for men and 7.3 years for women in the least and most deprived wards in the Borough.

General Health and Long Term Health Conditions

A review of data for Colchester North, Colchester Central and Colchester South has highlighted some specific health trends. They are:

- A prevalence of hypertension between 11% and 14% across the three areas
- A minimum number of 17% of children entering Reception with excess weight and a minimum number of 28% of children leaving Year 6 with excess weight
- Between 13.7% and 18.3% of adult populations smoking in Colchester South and Colchester Central respectively
- Prevalence of cancer and cardiac disease ranging between 2-4% of the population
- Colchester has an under-recorded prevalence of Dementia. The England average is 0.8% versus the local level of 0.6% and amongst over 65's the national average is 4.3% of the population.¹⁹

Sensory Impairments

The number of people living with a sensory impairment in Colchester is estimated to include:

- Approximately 5000 people with sight loss, of whom 500-600 people have severe sight loss
- Colchester has the second highest number of partially sighted children in Essex (69), after Basildon
- 17,200 people are believed to be living in Colchester with a hearing impairment
- Colchester is predicted to see large increases in the number of people living with sensory impairments by 2030 – for example, an increase of people with hearing loss exceeding 25,000 and the number of people experiencing less severe deafblind impairments rising by 70%.²⁰
- Many people living with dementia will also experience sensory impairments and would benefit from similar adaptations and support.

Mental Health

Mental Health Illness affects 1 in 4 people.²¹ In Essex, the Joint Health and Wellbeing Strategy has referenced that '8.7% or 17,390 children and young people aged between 5-16 years have a mental disorder and 16% of the population aged 16-74 across Essex have a common mental health disorder. Up to 40% of some groups of older people have depression.' The Strategy added that '25,290 people in Essex are in contact with specialist mental health services, 4,385 on a Care Programme Approach and 160 subject to the Mental Health Act.' Associated concerns include, '24% of adults in contact with secondary mental health services live in stable and appropriate accommodation. Significantly worse than England average. 39.4% of adults with severe mental illness smoke compared to 14% of the general population.'²²

Data from the *Fingertips Mental Health JSNA Profile for North East Essex* has also shown that there is a higher than average presentation of depression in North East Essex,

¹⁹ See Appendix A and North East Essex Dementia Diagnostic Review (September 2018)

²⁰ Sensory Impairment JSNA (July 2016)

²¹ Essex Mental Health JSNA (July 2016)

²² Joint Health and Wellbeing Strategy (August 2018)

compared to the national average and that BAME community members represent only 2.4% of people accessing mental health services, a lower than average number of people.²³

Furthermore, the rates for self-harm stays in hospital are above the national average for England. In Colchester, the rate of 306, represents 602 stays per year.²⁴

Drug and Alcohol

For both under 18's and over 18's, drug and alcohol use is an area of concern in Colchester. In the Local Ward profile 2018, it is reported that '*the rate of alcohol-specific hospital stays among those under 18 is 52, worse than the average for England...The rate of alcohol-related harm hospital stays is 723*, worse than the average for England. This represents 1,287 stays per year.*' The impact of drug and alcohol misuse has long term impacts including liver disease and repeated hospital admissions. County lines is a term used for organised drug dealing networks - usually controlled from urban areas - which distribute drugs across a county using runners, who are often young and vulnerable. Essex is affected by this issue.

Carers

By 2030, the number of people needing social care in Essex is expected to rise from 35,000 to 137,500 (Who Will Care Commission). At present, it is estimated that 145,000 people in Essex are caring for someone (10,000 are aged 11-18 years old) and in Central and South Colchester as many as nearly 9% of the population are offering 50 or more hours care per week. Carers are often managing their own health and wellbeing concerns, approximately 58% experience a mental health need.²⁵

Deprivation

There are 32 Lower Super Output Areas (LSOA's) in Colchester Borough that register some of the most deprived deciles within the Indices of Deprivation report 2015. The population living in these areas reaches 24,096 households.²⁶

Colchester ranks 4th in comparison to other Essex authorities in the average score, rank and extent measures, and 3rd in Essex County in the local concentration measure. Four LSOA's in Colchester are ranked in the 10% most deprived in the country. They are Magnolia, Barnhall, Salary Brook South and St Anne's Estate in the wards of Greenstead, St Anne's and St John's and Old Heath. Within these areas, and in Tiptree, Berechurch and New Town, residents are among those on the lowest incomes, highest unemployment and lowest education levels.²⁷

Employment levels in Colchester are good but we can anticipate change in the types of roles and ways of working of the local population. Two of the future trends identified by Essex Partnership Board in 2016 relate to employment. The importance of technology and the skills required to support it are going to place an emphasis on digital skills, as well as problem solving. Local education authorities reflect this and other employment trends. The trend will influence skills development. Research also demonstrated that one in seven working people in 2016 were self-employed. Self-employment was shown to account for more than half of all jobs growth between 2008 and 2014. At the time of the report, 10.3% of the working age population in Essex is self-employed.²⁸

²³ *Fingertips Mental Health JSNA Profile for North East Essex* (April 2017)

²⁴ *Local Authority Profile: Colchester* (July 2018)

²⁵ *Carers Count in Essex – Essex Carers Strategy 2015-2020 and STP Profile data*

²⁶ *ELDP Mosaic Analysis Report* (February 2019)

²⁷ *Colchester Borough Council The English Indices of Deprivation 2015*

²⁸ *Essex Partnership Board – 20 top trends* (April 2016)

Within the armed forces community a Joint Strategic Needs Assessment also highlighted that additional support may be required in specific areas. They were assisting:

- 1) *Families of serving personnel when first moving into Essex*
- 2) *Educational attainment of Essex armed forces children*
- 3) *Transferring medical records and health care for military to civil transition*
- 4) *Transition and early intervention support tailored for the increasing younger demographic of ex-service personnel*
- 5) *Responding to a predicted increase in numbers of reservists as a result of the strategic defence review*²⁹

Community Safety

Across Colchester Borough, violence with injury is identified as the top crime type. Colchester is also ranked with the third highest in number of incidences of Domestic Abuse in the county. As a result, the Community Safety Partnership has identified three key priorities:

- Tackling Gangs & County Lines, focussing on keeping drugs and weapons out of the Community
- Driving down Anti-Social Behaviour and Violent Crime in public places
- Increase Confidence in identifying & reporting Hidden Harms³⁰

Twice the number of crimes were reported in Castle ward as opposed to any other area. The next highest incidences of crime were reported in Greenstead, Old Heath and Hythe, New Town and Mile End.³¹

²⁹ *Armed Forces JSNA* (December 2014)

³⁰ *Colchester Community Safety Partnership Strategic Assessment 2018-19*

³¹ *Ward Profiles* (provided by Colchester Borough Council)

Neighbourhood Assets

As shown in the demographic review, Colchester Borough is a diverse community. A review of the assets available at a neighbourhood level also shows that it is also a community with a strong commitment to action.

Through the course of the mapping exercise, we have identified over 1200 separate assets...and counting. At the time of publication, we are continuing to research and categorise further community assets. They range from a village level community group to a branch of a national charity, with varying incomes, geographic footprints and levels of capacity. They represent all ages, many ethnic minorities and topics of interest. Assets include news publications and virtual Facebook groups.

Whilst it is difficult to characterise the voluntary and community sector as a whole because of this flexibility and multiplicity, we would comment that:

- *Area of Operation* – boundaries do exist within local communities but they can be fluid. Colchester is bordered by four statutory districts: South Suffolk, Maldon, Braintree and Tendring. This affects the make-up of the sector and accessibility to assets. Many organisations reflect public sector designations, be they ward or Borough as both a response to need, available funding and governance. However, many cross more than one area, for example across Colchester and Tendring, and these commonalities often reflect public sector considerations, for health services. This would North East Essex Clinical Commissioning Group.
- *Infrastructure Connections* – the neighbourhoods referenced in this document are not all directly connected by public transport and interact in varying ways. For example, Prettygate, Lexden and Braiswick and Shrub End primary and secondary education services draw in students from across a wide area and interlink. These considerations affect how people access the services they enjoy and need.
- *Communities of Interest* – Colchester Borough is home to large higher education institutions, notably the University of Essex and Colchester Institute and the Garrison. Both welcome migrant populations on a large scale who predominantly live and work within one of the three neighbourhoods. There are consequently variations in the services available to residents and employees connected to these communities that are not widely accessible to all local people.



(left to right) images from Colchester Town Centre, River Colne and Mersea

When broken down to a neighbourhood level, further trends emerge.

Colchester North

Colchester North includes a mix of suburban housing and rural parishes. Parts of Colchester North border South Suffolk and Tendring, with residents in the neighbourhood, for example those based in Woringford and neighbouring parishes, able to be drawn to

assets in both Colchester and Suffolk, heading towards Sudbury.

In Rural North, there are over 20 community halls and venues within distinct localities. They vary in size and amenities. They provide a range of regular activities, including friendship groups, exercise classes and leisure pursuits. Woringford Community Education Centre, a converted primary school, is notable as a centre managed and co-designed by the local community, offering Pilates, a Community Choir, Yoga, a Friendship Café, Hand Bell group and art classes on a regular basis, alongside one off events. It also serves as a hub for Abberton Rural Training, providing practical and skills training.

The regularity of activities across Colchester North, including Rural North, varies but frequency is often weekly or on a designated day each month. There is availability at centres to extend the existing calendar. Halls are available for hire and accommodate private and community events on an ever-changing programme.

In Mile End, Colchester Hospital is a hub for clinical cancer services but also importantly peer support groups. Specialist assets operate on site at the Hospital and include the Breast Cancer Support Group, North East Essex Urology Cancer Support Group, Gastrointestinal Cancer Support Group, Head and Neck Cancer Support Group, Palliative care and End of Life Drop in sessions and Colchester Cancer Services User Group.

Highwoods is home to Colchester's Breathe Easy group and one of a network of bereavement social groups run by Hunnaballs, alongside the wider pattern of leisure and social activities that is more common across all areas in Colchester.

Stanway is bolstered by a particularly active U3A (University of the Third Age) which run 70 groups (i.e. film club, walking groups, Rummikub), with other chapters being based in Tiptree and in Central Colchester.

Colchester North has the lowest take up rate for Colchester Foodbank, with 24% of the total number of people supported (over 7000 in the last year), versus 39% and 37% in Colchester Central and Colchester South respectively.

Colchester Central

Colchester Central contains the greatest concentration of support groups for people with a mental health need, for example, Futures in Mind Welcome Café and Art on a Friday afternoon or STaRs Health in Mind meeting on the Second and Fourth Thursdays. Meetings are held at a mix of commercial and voluntary sector centres. Regular social groups in Colchester North and Colchester South are more often managed as friendship meetings or activity clubs.

Castle Ward has the highest number of individual community facilities and meeting spaces of any ward within any neighbourhood, independent of commercial venues. This is unsurprising given the ease of access and town centre location but provides a good opportunity for local groups to establish hubs of activity that can be reached by public transport.

Many of Colchester's Community based Dementia services take place at venues within this area. They include the Shrub End based weekly Dementia café, Marylands groups and Singing for the Brain in Berechurch.

There are a number of very active faith centres and churches in Colchester Central, for example in New Town and Christchurch, which offer activities especially for children and families and older people.

The location of the Garrison in Shrub End is of significant impact in this area. We have noted above that the armed forces population in Colchester (including veterans) reaches more than 5000 people, exclusive of families. Through the process of mapping community assets, we have identified a need to further explore the unique services available to forces personnel, serving and retired, access to which may be restricted.

Colchester South

Colchester South has the highest proportion of community assets, based within local neighbourhoods, of any of the three areas. This includes community groups, halls and publications which only operate in a specific parish, or which are accessible only by visiting the neighbourhood.

This congregation of assets is driven in part by the rurality and parishes of much of the area, with a particularly significant proportion of the assets based in West Mersea, Wivenhoe and at the University. In the case of the University, we have identified 44 assets specifically for staff and students.

The range of different activities across the neighbourhood includes a notable proportion of outdoor and leisure activities, taking advantage of the rural and green spaces available, for example in Tiptree. Comparatively, we have not yet tracked as many activities in Greenstead as in the more rural sections of the community. The ability to reach Colchester Central and the activities based there will be a factor but further investigation of this area is advised. However, Greenstead is supported well with an integrated partnership (SAINT) facilitated by Colchester Borough Homes. This network is a good example of a neighbourhood based forum for partners to meet, share information and co-design solutions to local need.

Voluntary and Community Sector Sustainability

When responding to the question, '*What are the greatest assets to assist your service users*', volunteers were consistently cited as essential to the sustainability of community assets. One respondent replied with the '*skills and compassion of people who want to give to make things better*'. When a full review of voluntary and community sector volunteering in Colchester was completed in 2012/13, a sample of 58 organisations recorded that volunteers were providing approximately 4380 hours of support per week across the Borough.³² At present, St Helena manages 900 volunteers in North East Essex. Colchester Time Bank collected 14,471 hours through flexible reciprocal volunteering in 2018/19. However, organisations are experiencing challenges - both in terms of recruiting volunteers and in retaining them in much needed roles. For example, one respondent to our community consultation referenced the difficulty befrienders experience when entering people's homes. They can be asked to provide home help or care services, which is not a part of the original volunteer role.

There are concerns regarding access to funding which will impact upon sustainability in the medium to long term. The 2019 CAF (Charities Aid Foundation) UK Giving Survey has registered a decrease, for a third year in a row, in the overall number of people donating to charitable activities. Individual giving is the largest single source of voluntary sector income and provides 47% of the total amount managed by charities each year and for micro and

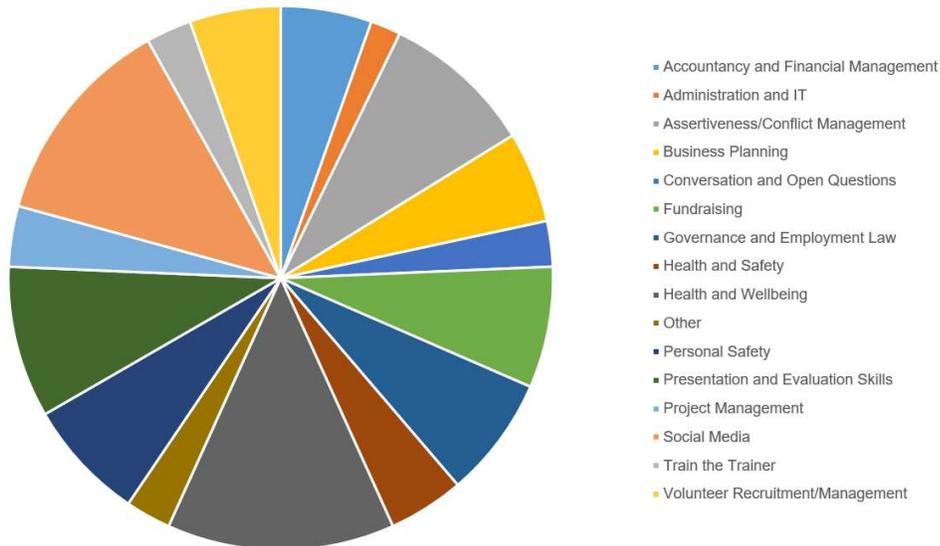
³² *Colchester's Voluntary and Community Sector* (June 2013)

small charities this increases to 58% of their income.³³ The second largest single source of funding is Government, which has also been decreasing over a period of time.

We are monitoring, in the medium term, access to capital funding. In recent years, local funders have closed (i.e. Cory Environmental Trust Colchester and Essex Environment Trust) who would distribute ENTRUST Landfill Communities Fund awards. Some grants are still available from national funders, but they do not have the same local experience. Essex County Council's Communities Initiatives Fund (CIF) has been reduced in capacity and has been widened to offer revenue funding. The National Lottery has also stated that whilst it will match fund large capital projects it will not lead in funding large capital projects. As noted above, many of the assets in the Borough are physical spaces which support a number of local groups. The full impact of this change in access to capital funding is yet to be seen. There is potential to review funding streams, such as section 106 local Borough funding, to anticipate where awards can support community assets and when additional resources may be available (in response to planning).

Furthermore, community groups have recognised a need for access to ongoing training and support. A review of feedback from attendees to Voluntary Sector Training (VST) courses since August 2018 has identified interest in a broad range of topics. The most requested courses are for Health and Wellbeing support (i.e. Mental Health First Aid, specialist courses on supporting people living with health conditions) and Social Media, with 14% and 13% of total requests. The next most common requests are for courses in personal safety or assertiveness/conflict resolution and fundraising. VST are also oversubscribed when we run Volunteer Management sessions.

Voluntary Sector Training - Requested Topics 2018/19



Start Well – Giving children the best start of life

Whilst reviewing the assets available to families, children and young people, three themes appeared and started to define our understanding of existing provision:

³³ https://data.ncvo.org.uk/a/almanac18/income-from-individuals-2015-16/#Earned_income_from_individuals (NCVO Civil Society Almanac 2018)

- Many peer-to-peer or support services are closely aligned to the public sector, especially Education and the Youth Service.
- Activities are particularly seasonal – more so than in any other livewell area. Again, this is affected by the school timetable, but also the prevalence of leisure and arts activities for young people.
- Access to information about leisure activities is more readily available (online and through publications) than information about support services where families may be in need of more intensive assistance.

Children are impacted by many of the wider determinants of health and a large number of children, for example, are assisted through the provision of food vouchers and the work of Colchester Foodbank. Connected to this trend, holiday hunger has been identified as a key issue and the breadth and capacity of services is becoming more visible annually, in a similar way to the growth of Foodbanks. Conversely, in spite of the pressures on families with low incomes during the Winter months (i.e. fuel poverty), we have not been able to identify as clear a focus across voluntary and community services during Winter Resilience campaigns. Individual organisations are conducting specific programmes, but are not as well integrated into wider partnership, although some progress was made in 2018-19 through collaboration with groups such as Essex Integration and their Uniform Exchange.

Further discussion with partners, such as Catch 22, has highlighted how families may struggle to access infrastructure services and how this can have a knock-on effect on families. When low income families have moved into new accommodation, often at a distance from children's schools, they can struggle to access regular transport. This can compromise school attendance and lead to isolation.

Churches are hubs for many family activities and the role of the churches and groups such as Christian Youth Outreach (CYO) is important. The Informal Youth Group is supported by faith groups and CYO offer student mentoring across the Borough co-located in several schools.

Anecdotally, we are seeing the emergence of new voluntary and community groups in the Borough, who are led by parents of children with learning or physical disabilities. Their motivation for establishing peer to peer groups is in addressing a need that they have felt unable to identify a solution for. We can highlight some established community groups, such as Stepping Stones Play and Learn, who offer an important service for children and families. Yet, there is additionally unease amongst some community members about the provision of Special Educational Needs.

How can existing assets collaborate within the livewell framework? - *the impact of the Young Children's Festival*

For the last 3 years, CBC livewell campaign has worked in partnership with the 'Young Children's Festival' to support them to deliver a free festival for primary age children which promotes a range of community based activities, services and support networks.

As a very small group of people the festival organisers had begun to struggle to deliver the festival themselves as their group of volunteers dwindled and they found it harder to connect with relevant organisations and groups. They were worried that the festival may have to end which would have been devastating considering the festival was started by Harri Miller in 1995 when she worked in the social care team at Essex County Council and she kept this going after she retired.

The main support provided has been to link the small team back with groups and organisations they had previously been in touch with but had lost contact over time as staff have moved on. By working in partnership the Young Children's Festival have been introduced to new groups and support agencies. The agencies have then benefitted by being able to link into each other.

Over the last few years of partnering with the volunteers, the number of activities and stalls has grown and the number of people attending has increased. There has been a focus on trying out physical activities and other crafts and workshops with tasters offered by almost every stall rather than just a stall to spend money at.

Supporting the group to access funding to enable the festival to continue has also been essential in order to run this free event as venue and promotion has to be paid but without any income.

One of the difficulties has been to increase the number of volunteers who contribute to running the festival. This is a key goal of the partnership between the livewell campaign and the young children's festival volunteers in order to enable the festival to continue to flourish as a community led free day out for children and families for many more years to come. This will be a focus for the next year so that the group will require less support and can continue as they once did and go from strength to strength.

Demographic data and consultation feedback has also highlighted the importance of mental health services for young people. Voluntary and community sector workers have reported instances where young people are struggling to access counselling (due to waiting lists and costs) and are in need of support to address self-harming. Specialist community groups do exist to offer mental health provision but with varying capacity to respond to referrals. This is an area where further investigation would be beneficial.

Feel Well – *Supporting mental wellbeing*

An ability to assist people to manage good Mental Health, at any age (as noted above) and within all areas of interest, has loomed large in consultation. This has been reflected both in relation to complex mental health needs and depression and isolation. Respondents referenced '*lack of confidence*' and '*lack of friends*' and the need for '*easy access to mental health support and interventions*'.

A focus on supporting people with more complex mental health needs to access any community assets has shown itself in different data sets. The fact that assertiveness and health are the two most popular requests for training demonstrates how organisations are seeking to support clients with additional needs. In the last twelve months, Voluntary Sector Training has also been over-subscribed for access to Mental Health First Aid training in the

voluntary and community sector. Practitioners have described their need for support to address complex concerns, including hoarding and self-harm.

A network of over 15 befriending agencies operates in Colchester, alongside a number of community based social support groups, often self-described as lunch clubs, compassionate friends or friends groups. They may be based in a defined locality or connected to a specific institution, such as a church. They are often designed for people over the age of 50 and meet on a weekly or monthly basis, for example Contact the Elderly.

A far smaller proportion of services will visit people at home. Where they do exist, home visiting services rely upon a team of befrienders, who in many instances are volunteers.

Across a number of the befriending services, waiting lists have been enacted at different times to manage the capacity of referrals or feedback has been received that volunteer recruitment and management can be impacted by other calls on their time (when home visiting) to provide care. One respondent spoke about how people who come into their service can use volunteering within their organisation as part of the recovery pathway. However, what they are able to give will vary considerably in terms of their abilities, commitment and the levels of support they will require in order to fulfil their volunteering role. Expectations of volunteers can vary and attendance on a training programme was reduced as a result. Once they have adopted a role, volunteers will also require regular supervision and support which requires investment of time and resources from the lead organisation.

A lack of confidence can affect a person's ability to engage with any of the community assets reviewed in this project rather than, in some cases, a lack of a service. Social prescribing practitioners and community development workers have identified a need for 'buddies' to help someone to kick-start a change in behaviour or access a new service.

However, provision of services for under 50's is less prominent in mapping and discussion with people of this age range and clinical partners have stressed a need to consider how people transition from public to voluntary services and ensuring that wider options, such as volunteering, are promoted alongside peer to peer support groups. This age group can include students, parents with new families, people living with disabilities, people with mental health conditions and those newly moved into the area. The working age adult group is under-represented by services and there is the potential to extend their reach to support people who are less socially connected.

Be Well – *Empowering adults to be active and make healthy lifestyle choices*

Consultation with community leaders referenced a concern for people's ability to manage many of the wider determinants of health, for example, poverty, housing needs and healthier lifestyles. When asked to comment on emerging trends, they described '*increased financial pressure (benefit cuts/employment issues/cost of living)*' and debt. This aligns with concerns raised under headings like Start Well, such as Holiday Hunger, and reinforces data such as the take up of Foodbank services.

53% of Foodbank recipients cite financial management, benefits and debt as reasons for the referral with a further 34% registering low income. Citizen's Advice Colchester responded to 7193 debt issues last year, with total debts written off via debt relief orders (DRO) of £3,458,085. They provided support to 2169 issues on benefits and tax credits, with 444 on universal credit and have noted that benefit sanctions are becoming a more common issue, as is recovery of historic benefit overpayments. They also assisted people with 945 housing concerns related to private rented accommodation. Citizen's Advice commented that they are working with people who have more complex cases and this is meaning that the time they spend with each client is increasing.

How do organisations implement different working patterns? - Accessibility to service - Alcoholics Anonymous (AA)

When reviewing available assets, we were able to see the reach of the AA network. Whilst many assets are based in one location, often operating during a normal working week, AA run 17 groups in Colchester Borough, at 10 different venues, split across all three neighbourhoods and operating on every day of the week, including evenings as well as during the daytime. This pattern is rarely replicated under any livewell heading by any other service.

Demonstrating the preventative effect of individual community assets can be a challenge within the voluntary and community sector. It requires medium to long term analysis, with specific skills available to evaluate and/or access to data which is held on discreet public sector systems (i.e. personal health and wellbeing information). The changing nature of funding programmes and their criteria often limit how long a project can operate for, with a maximum grant allocation being 4-5 years, which is relatively rare. Many projects can only access funding for 1-2 years before attempting to source alternative funds, if possible, and with different criteria.

There are important contracted services operated in the Borough to support living a healthy lifestyle, for example, the Essex Lifestyle Service managed by Provide and the My Weight Matters programme managed by Anglian Community Enterprise (ACE). They see people in large numbers and can reach across all neighbourhoods, often working in partnership with public and voluntary sector.

We have not identified a prevalence of locality based assets which may directly tackle the same issues which impact upon a healthy lifestyle, for example, healthy eating or reducing inactivity by targeting inactive communities. These issues are supported through lunch clubs and exercise groups indirectly, where social connectedness or sport are more overtly referenced when promoting services. Their impact together can be great in meeting the aim of 'Be Well' but their connection to it is more consequential.

Age Well – Supporting people to live safely and independently as they grow older

Where an age range is applicable to a community asset, it is often to support the older population. Activities and meetings are described as being available to 'Over 50's', 'Over 60's', 'Retired', 'Older' or 'Elderly' people. They exist at a parish, ward, neighbourhood and Borough level. The needs of this section of the population vary but analysis of feedback from consultation and sector data, including the most recently published performance report from Community Agents in Colchester, demonstrates some key concerns.

Covering the period between October 2017 and September 2018, the Community Agents performance report reviews 485 cases. Community Agents '*support older people and informal carers to find and develop independent living solutions*'.³⁴ Independent Living (25.3%), Information and Advice (17.1%), Social Inclusion (10.9%), Home Adaptations (10.2%) and Mobility Issues (10.1%) represent the greatest number of presenting needs of clients, with some clients exhibiting more than one presenting need.³⁵

³⁴ <https://www.communityagentsessex.org.uk/> (5 June 2019)

³⁵ Colchester Q15 to Q18 Year 5 data (December 2018)

A review of social prescribing data (for more detail see below) reiterates many of the same themes, with older residents requesting support to maintain their homes and gardens, to access transport services, to meet new people or engage in new activities in their local communities. Referrals can be made to many different community assets but the capacity of each to respond to referrals varies. Associated issues can also limit take up. These include lower incomes where services charge, confidence to take part in an activity for the first time or managing caring responsibilities.

A great many services are also moving online or supported by web based resources. A number of programmes of activity, from Digital and Community Fayres to IT skills sessions, operate in the Borough, often targeted at older people. We are seeing an extension of basic IT skills to implement technology, such as Alexa, to help people to live independently. Many neighbourhoods and communities of interest are supported online but their reach and number is not as readily tracked in directories or publications.

How do we unlock the potential of online assets? - the role of community websites and groups

Whilst many of the assets reviewed during this consultation period are supported by online resources, it became apparent that some only exist online. To explore the reach of these, we reviewed the prevalence of dedicated Facebook groups in two areas, Wivenhoe and Highwoods. In Wivenhoe, we have identified 49 different groups, of which eight primarily support online activity only. The two largest groups have 3700 and 3000 accounts connected to them. In Highwoods, we have identified 15 groups, with only three existing online only. The most popular group links 746 accounts. These groups are exclusive of trading or item exchange sites, of which there are another 26 groups across both areas. The opportunities that such groups afford residents can be great in terms of sharing information, items and reducing isolation.

Age Well is also importantly linked to many of the considerations of Stay Well, with older people often living with multiple long term health conditions.

Stay Well – Supporting adults with health or care concerns to access support and maintain healthy, productive and fulfilling lives

Through an analysis of the existing assets in Colchester Borough we have been able to recognise that a wide range of peer-led, health-focused assets do exist to help people to manage their health and wellbeing. They may specialise in a particular condition, for example, Parkinson's disease, Huntington's disease or Fibromyalgia. They will often be linked to a national charity, such as the British Lung Foundation, but can exist independently locally.

They do not operate on a seven day working calendar to reflect clinical services and in spite of their correlation to them, are more likely to take place during the working week, at a set time once a month or be accessible by phone. This also includes carers' groups which partners have identified as being less accessible to carers who work during the day.

How can we better enable self-care and self-management? - lessons from social prescribing practitioners

The 'My Social Prescription' project was established in North East Essex in January 2013. Managed by Community360 (formerly Colchester Community Voluntary Services), the scheme received nearly 2000 referrals in the last financial year. My Social Prescription is designed to reduce the time spent finding the help people need by informing them of the right service, in the right place, first time. It also reduces duplication of effort, plus encourages independence and self-care.

Categorised as level 1 and level 2, depending upon complexity, the scheme accepted 721 level 2 cases. This is an increase more than 30% on the previous year and includes the most complex of cases. Many of the patients referred are older, have long term health conditions and mental health needs. They receive information about multiple local services, which can prevent them from reaching public services. They are registering interest primarily in:

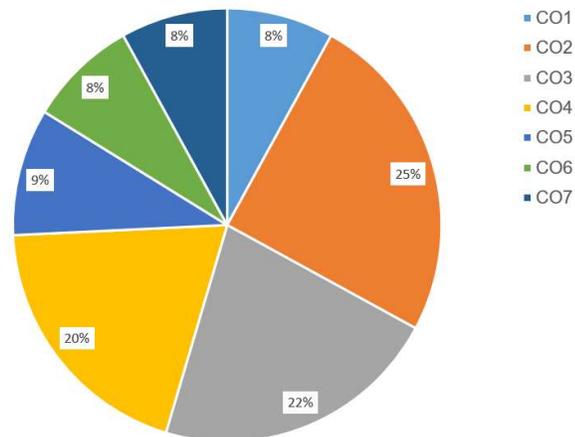
- Practical solutions to independent living – this includes transportation, cleaning, gardening, equipment
- Social isolation – ranging from social groups to special interest
- Condition management and caring – such as how to assist a loved one or connect to a peer support group
- Volunteering – identifying roles they can adopt as an active response to reach their goals

As the programme has become more well-known, and an understanding of the potential of the voluntary and community sector to support residents is acknowledged, community assets are also receiving ever greater numbers of referrals within the areas above. In order to accept the significant referral rates into the sector, and to absorb any increases which may continue with the roll out of link working in Primary Care Networks and the further public promotion of social prescribing, the groups and activities accepting new clients will need to be resourced adequately. Where capacity is high, and support not available, residents may be forced to go without or pay for services.

Furthermore, we have identified trends whereby the most complex social prescriptions are more centralised in CO1, CO2 and CO4 postcodes. Fewer referrals are made from more rural locations in CO5, or in CO3.

Transportation is one practical solution which is already experiencing a stretch on available resources. In the last financial year, Colchester Community Transport was unable to fulfil 1493 trips. These trips are both group hires, for example to attend therapy sessions, and individual journeys to and from local venues. With a current average of 10.8% of social prescriptions referencing mobility needs, echoing the 10.1% identified by Community Agents, it is clear that services assisting people with mobility needs are under-used by community members. A review of the residence of transport members demonstrates, as with social prescribing, that services may be

Community Transport Membership by Postcode



accessed more readily in some areas of the Borough. CO2, CO3 and CO4 take the greatest advantage of this resource but rural neighbourhoods, which have been identified as at a disadvantage with accessing transport, are using the scheme less. Over the last year, Colchester Community Transport has reduced the maximum number of trips per week to two per person because of capacity concerns and the age of the fleet. Community transport as it currently operates, can also only respond to planned need. Feedback from communities of all ages has highlighted the importance of unplanned need and emergency situations. We have seen how having a seven-day working team of community minibuses can assist with discharge from hospital over the last eighteen months. The project has undertaken 540 trips in one year and is providing a follow up call service to check back on residents. The extension of schemes like this to support other service areas is a consideration.

A review of public health data highlights that between 2.3% and 4.8% of neighbourhood populations in Colchester North, Central and South have coronary heart disease. This is a greater percentage than currently have a dementia diagnosis. However, we have as yet been unable to identify any community assets which specialise in offering cardiac support. Residents can access clinical services, support via national centres (i.e. online) but no peer-to-peer group is in operation. The British Heart Foundation hosts a fundraising team in Colchester and manages charity shops. Take Heart Cardiac Support Group was based at Colchester Hospital for many years but closed approximately two years ago and no new asset has emerged.

Dementia is under-diagnosed within the local population. Colchester will be working towards becoming a Dementia Friendly Borough over the next three years following investment from the National Lottery, North East Essex Clinical Commissioning Group and Colchester Borough Council. A separate consultation was conducted during August and September 2018. Results indicated that people felt that *'It would help if more people understood dementia... to actually hear the experience of what it is like every day'*, *'People need more peer support, coming together to talk is so important.'* and *'More groups where the carer and person with dementia are separate. We need some time apart, and it is good for them to have different conversation.'* Respondents were asked to score how dementia friendly the borough is, with an average score was 5.07 out of ten. 62% said we needed to raise awareness of the experiences of people with dementia. · 77% said they would like to see better access to information and support. 93% saying it should be a priority for the borough to be more dementia friendly. Many actions which can be taken to improve Dementia Friendly practice, such as access to technology, clear signage, interpersonal skills and accessibility to service would support many people living with a range of long term health conditions. Integrating this best practice into our community assets at large would be beneficial for many.

Die Well – *Giving individuals nearing end of life choice around their care*

Of any of the livewell headings, Die Well contains the smallest number of individual activities provided across Colchester Borough. It equates to less than 3% of the total number of activities but those organisations who do offer services or support, do so on a very large scale. St Helena and Macmillan work with thousands of people each year, for example, St Helena received approximately 3,800 referrals across North East Essex to assist them with their life limiting illness or for psychological or bereavement support in the last financial year.

Where smaller neighbourhood level organisations do operate, they are more often providing support for people who have been bereaved, offering community based care a very specific service (such as The Coffin Club – educating people regarding making choices for their funeral). A large number of commercial organisations are engaged in offering support to people and their families when they are planning for End of Life.

What is a community asset? - the potential role of business and success of integrated community activities

Hunnaballs facilitate four regular coffee mornings with 90% of the attendees experiencing bereavement. The lead for the coffee mornings works with attendees to build a trusted relationship before they first visit a session. Together, participants get to know one another, share a conversation over tea and cake and are now able to come together once a month for a meal. For attendees, the sessions are valued and they have commented “*you don't know how important it is to have these dates in my diary.*” The coffee mornings provide mutual support and understanding. Hunnaballs have been an active member of the Colchester ‘Find A Friend’ Befriending agency network and are willing to work in partnership to achieve outcomes with community groups.

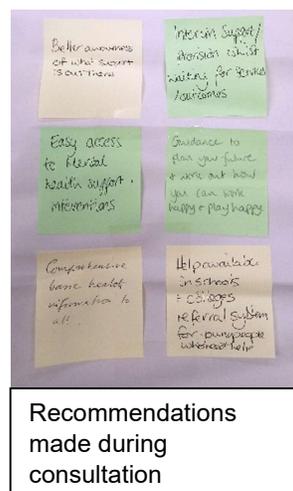
Partnership working is essential in developing integrated services within the category of Die Well. St Helena has been working with the Dementia Action Alliance (DAA) for the last eighteen months and made a commitment to the DAA to complete three actions. They have partnered with voluntary groups, the One Colchester network and groups such as Admiral Nurses at Colchester Hospital. They have trained Dementia Champions in house and ran Dementia Friends Information sessions, open to all staff and volunteers. They hosted a ‘Caring for those Dying with Dementia at the End of Life’ study morning and are running dementia awareness training which will be available to all clinical staff.

Macmillan Cancer Support and ESNEFT are currently developing a new Cancer Wellness Centre at Colchester Hospital due to open in Autumn/Winter 2019. This new facility will provide a home for Macmillan’s support services and a range of peer and volunteer-led groups for those who are receiving cancer treatment or have recently completed care. The facility will also provide support for families and carers. Once this facility is opened it will provide an additional asset to support the physical, emotional and mental wellbeing for the community.

The most pressing concern identified in consultation on this topic was providing enough palliative care for an increasing population, with complex needs and the challenges of maintaining adequate levels of voluntary and community sector fundraising.

Recommendations

- *Continue to maintain support for 'what is strong'* – we cannot ignore that there is a great amount of activity and assistance available in Colchester Borough. People are committed to operating a very wide range of services, in many different locations, which encourages a good, or an even better, quality of life. To maintain this support, organisations must be able to access what they need, be it community facilities, volunteers, information or funding. Where they identify a need for additional capacity or investment, there should be resources to support them.
- *Recognise the impact of wider promotion of the role of community assets, for example social prescribing* – we can see an upward trend in referring out to the voluntary and community sector. This will increase demand for services. Yet national trends in financial giving do identify risks to long term investment in the voluntary and community sector. We must support grassroots, local community assets by investing in them over a medium term to support residents with social and community needs. We must also encourage good joined up partnership working to enhance patient journeys.
- *Extend the reach of services in specific areas* – we acknowledge that this report represents only the first stage in assessing what exists locally and how we can continue to support and benefit from the assets. However, we are already able to register a need to support further development in some key areas, whether this be adding to or innovating:
 - *Mental Health* – the mental health of all ages in Colchester is a concern which could be supplemented by a wider range of services to target outreach in new localities, address self-harm, establish new resources for all ages and better connect people to those up and running. Any development in this topic would also be underpinned by offering more training to community groups, volunteers and leaders to support the good work of programmes already underway.
 - *Befriending and Social Isolation* – within many livewell themes, the need for 'buddies', befriending services and places to connect is clearly demonstrated by feedback, consultation and data analysis. There are a limited number of services operating within homes and a need to increase the capacity.
 - *Transportation* – we have unmet need, are able to identify emergency situations which require a response and an increasing population with multiple health and wellbeing concerns, for whom mobility issues are important.
 - *Seven Day Working* – we can review the accessibility of services throughout the week to all of those who need them, from carers' groups for people who work or peer support sessions for people living with long term health conditions.
 - *Die Well* – the workload of the organisations already operating under this theme is high but facing increasing pressure, with limited integration into wider community assets. In order to support residents we should investigate further how services can complement one another.
 - *Offer Peer Support* – many existing assets are led by peers who can use their experience to influence the lives of others positively. However gaps do appear to exist, such as cardiac care, dementia and support for families with specific needs.
- *Support activities which tackle the wider determinants of health and assist prevention* – with more than 7000 people accessing a service such as Colchester Foodbank, we must see how people living with challenges, such as low incomes, can support their health and wellbeing. With organisations operating in such areas as assisting people who are



at risk of homelessness or who have debt, registering clearly that they are supporting people living in more complex situations, we must encourage appropriate responses within a team-working environment to prevent reaching crisis.

- *Consider how infrastructure facilitates community asset management* – in particular, we can see the value of volunteering within the local Borough. Organisations recognise the value of the volunteers who enable positive change but also the challenges of recruiting, retaining and managing volunteer roles. Organisations benefit from investing in this area and from access to supports such as training.
- *Improve access to information* – when people find a community asset, they are often encouraged to gain the confidence and knowledge to find more which impacts positively on their lives. Finding that initial asset, can be a challenge with different access points and levels of understanding across the Borough. It will be beneficial to all to improve the process through information advice and guidance services, training and promotion. Any development of access to data must include development of online databases and assets. EssexConnects hosts a significant proportion of the services and activities we have collected in the course of researching this report and is being enhanced further to accommodate more detail.
- *Investigate further...* - by bringing together information to date, we have also identified gaps in our knowledge and the opportunity to utilise statistics and data more effectively in the future. This includes:
 - *Further research into neighbourhoods* – we would like to know more about specialist services – such as those connected to the Garrison and for armed forces personnel. We are also beginning to see how different parts of the Borough reflect different assets and would like to know more about how the assets are accessed by people in different neighbourhoods.
 - *Establish a shared framework to measure outcomes* – by doing this, we can evaluate consistently across the sector and explore further the capacity and level of impact made by the assets held in Colchester.
 - *Corporate Social Responsibility* – the interplay between business and community is clear but the extent to which they do and can support one another in the future may be reviewed in more detail.

Conclusion

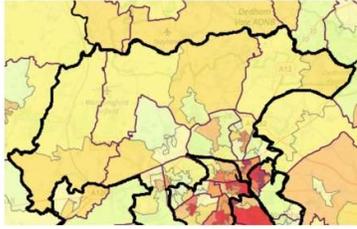
When we began the process of mapping assets in Colchester, we established some clear outcomes. We wanted to see what working doing well to better understand what may be missing. We also wanted to start to establish a baseline of activity and information. We have achieved both of these outcomes but also identified some unexpected outcomes too. We have:

- *Redefined our concept of an 'asset' available to the community* – through the process of analysing data and consulting with colleagues, we have been struck by the potential and value of our virtual/online communities – it is a key theme that has emerged. There is no single source of information. There is no single central directory of online and virtual resources; many are developed by local interest groups. Colleagues at Essex County Council have begun to bring together Facebook administrators in a new initiative and as we further map the Borough it is essential that we explore this element further.
- *Identifying overlap between national, county and local services* – we cannot review what assets are available to our community at a local level, without considering the access residents have to services that can meet their needs nationally or regionally. National helplines, programmes and cultural activities influence how people behave and what information they will trust and use.
- *Identifying patterns which influence access to services* – the barriers which transport, opening hours and accessibility pose to services must be taken into account when project proposals are developed and reviewed. We have included this in our recommendations and would continue to assess this alongside capacity.

Colchester is a vibrant community, which is supported by dedicated, skilled people. It hosts unique and essential facilities and is characterised by its diverse population and environment. We now have the opportunity with the North East Essex Health and Wellbeing Alliance to collaborate, connect and contribute towards enhancing this positive position. In doing so, we will continue to apply ABCD principles and encourage partnership working, be that pooling of budgets, sharing of skills or information and redefining how everyone can add value to what can be achieved within our local neighbourhoods.

Appendix A - Local area health profiles supplied by STP Programme Manager Prevention, April 2019

COLCHESTER NORTH



76593 RESIDENTS

Male average life expectancy 80 years

Female average life expectancy 83.2

Black and Minority Ethnic Groups comprise 8.77% of the population

7.16% live in fuel poverty



17.07% of children live in poverty



17.13% of Children in reception have excess weight

30.06% of Children in Year 6 have excess weight

61.29% of children are achieving a good level of development at age 5

54.02% Achieve GCSE (5A*-C including English & Maths)

3.4% of economically active adults are unemployed



27.5% of older people live alone

2.02% of people are providing 50 or more hours of unpaid care per week

Hypertension prevalence 11.5%

Chronic Obstructive Pulmonary Disease prevalence 1.3%

Dementia prevalence 0.6%

Cancer Prevalence 2.3%

Coronary Heart Disease prevalence 2.3%



16.1% of adults smoke

64.4% of adults in have excess weight*

54.6% consume five or more portions of fruit/veg per day*

21.6% are physically inactive*

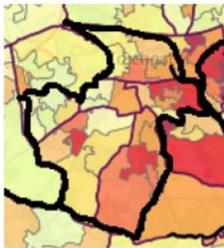


Some lifestyle behaviours are measured by a survey sample are too small to provide a reliable estimate at a small area level*

Icons made by Freepik, from www.flaticon.com

Colchester North				
Rural North	Lexden & Braiswick	Mile End	Highwoods	St Anne's & St John's
Stanway				

COLCHESTER MID



57304 RESIDENTS

Male average life expectancy 80 years

Female average life expectancy 83.2

Black and Minority Ethnic Groups comprise 8.69% of the population

8.45% live in fuel poverty



18.98% of children live in poverty



20.72% of Children in reception have excess weight

29.59% of Children in Year 6 have excess weight

60.65% of children are achieving a good level of development at age 5

52.16% Achieve GCSE (5A*-C including English & Maths)

4.22% of economically active adults are unemployed



27.0% of older people live alone

8.75% of people are providing 50 or more hours of unpaid care per week

Hypertension prevalence 14%

Chronic Obstructive Pulmonary Disease prevalence 1.8%

Dementia prevalence 0.7%

Cancer Prevalence 3%

Coronary Heart Disease prevalence 2.8%



18.3% of adults smoke

64.4% of adults in have excess weight*

54.6% consume five or more portions of fruit/veg per day*

21.6% are physically inactive*

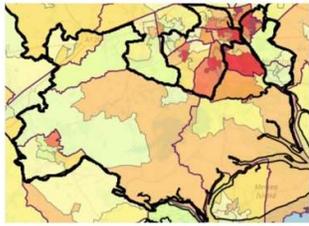


Some lifestyle behaviours are measured by a survey sample are too small to provide a reliable estimate at a small area level*

Icons made by Freepik, from www.flaticon.com

Colchester Central				
Castle	New Town & Christchurch	Prettygate	Shrub End	Berechurch

COLCHESTER SOUTH



50042 RESIDENTS

Male average life expectancy 80 years

Female average life expectancy 83.2

Black and Minority Ethnic Groups comprise 5.95% of the population

8.14% live in fuel poverty



18.98% of children live in poverty

21.21% of Children in reception have excess weight

28.96% of Children in Year 6 have excess weight

63.93% of children are achieving a good level of development at age 5

54.38% Achieve GCSE (5A*-C including English & Maths)

2.74% of economically active adults are unemployed



35% of older people live alone

8.75% of people are providing 50 or more hours of unpaid care per week

Hypertension prevalence 12.6%

Chronic Obstructive Pulmonary Disease prevalence 1.3%

Dementia prevalence 0.6%

Cancer Prevalence 2.8%

Coronary Heart Disease prevalence 4.8%



13.7% of adults smoke

64.4% of adults in have excess weight*

54.6% consume five or more portions of fruit/veg per day*

21.6% are physically inactive*



Some lifestyle behaviours are measured by a survey sample are too small to provide a reliable estimate at a small area level*

Icons made by Freepik, from www.flaticon.com

Colchester South			
Tiptree	Marks Tey & Layer	Mersea & Pyefleet	Wivenhoe
Old Heath & The Hythe	Greenstead		

Appendix B – consultation questions

The questions below were used to trigger conversations with community leaders during April and May 2019. They will form the basis of ongoing and continued consultation with other community leaders and members following the submission of this report. The questions are designed to encourage open conversations and to gather evidence from alternative sources.

- 1. What are the most pressing challenges or barriers which are affecting the quality of life of your service users/local community members in Colchester?**

(please provide a description and any evidence you have to demonstrate this)

- 2. What are the greatest assets available to assist service users/local community members?**

(this may be access to information, a specific service or a resource such as a volunteer or funding)

- 3. If you could make changes to support local community members, what would they be?**

(for example developing a new service or improving access to existing services)

- 4. Have you identified any trends which may affect the quality of life of local residents in the future?**

(if so, please describe and evidence how you have identified these trends)

Appendix C – criteria for defining neighbourhoods

- Cover populations of around 50,000 people
- Follow ward and district boundaries
- Be practical and make sense for communities (e.g. geography, rural/urban, road networks)
- As far as possible, be sympathetic to the new primary care groupings
- As far as possible, be sympathetic to other key partners' operating models (e.g. Police)
- Make connections to the Hub & Spoke model

Appendix D

Suffolk and North East Essex STP – *‘Suffolk and North East Essex is one of 44 geographical Sustainability and Transformation Partnership (STP) ‘footprints’ in England that have been asked to produce a long-term plan outlining how local health and care services will evolve, improve and continue over the next five years.*

STP footprints are not statutory bodies, but collective discussion forums which aim to bring together health and care leaders to support the delivery of improved health and care based on the needs of local populations. They do not replace existing local bodies, or change local accountabilities.’³⁶

Local Delivery Pilot - *‘Essex is one of 12 pilot areas selected by Sport England to develop new approaches to building healthier, more active communities with around £100 million of National Lottery funding being invested in the pilots over the next 3 years to help people from communities move from inactive to active and change their lives for the better.’³⁷* The programme is known as the Local Delivery Pilot (LDP) and will operate in Basildon, Colchester and Tendring.

³⁶ <https://www.neessexccg.nhs.uk/sustainability-and-transformation-plan> (7th June 2019)

³⁷ <https://www.activeessex.org/eldp-our-story/> (7th June 2019)

Appendix E

Examples of Community Assets, included in this profile:

- **Borough/Quadrant or Countywide Voluntary and Community Groups (operating services across Colchester)**

Action for Family Carers
African Families in the UK CIC
Age Concern Colchester and Tendring
Alzheimer's Society Colchester
Autism Anglia

- **Neighbourhood Level Community Groups and Activities (including locality based and devolved groups)**

Fordham Friendship Group
West Bergholt Youth Group
Woodland View Dementia Café
Stanway U3A Birdwatching Group 2
Futures in Mind Boxing Project at Adrenalyze Leisure
Rowhedge Heritage Trust
Wivenhoe Sailing Group
Mersea Community Support: including loan of personal equipment
Colchester Christ Church Breakfast Café

- **Media and Information Sources, including Social Media**

Colne Radio
Mersea Life
Glebe Recreation Ground
Wivenhoe Notice Board
Community360 Newsflash

- **Venues and Community Halls**

St Johns Church and Community Centre
Hythe Community Centre
Fingringhoe Village Hall
Marks Tey Village Hall
Friends Meeting House

- **Green Spaces/Outdoor**

Cymbeline Meadows
Lexden Springs Local Nature Reserve
Highwoods Country Park
Gosbecks Archaeological Park
Colchester Canoe Club

A Mapping of Community Assets in the Tendring District



Commissioned by the North East Essex Health and Wellbeing Alliance

Foreword

The North East Essex Health and Wellbeing Alliance is a collaboration of organisations dedicated to improving the health and wellbeing of our local populations in Colchester and Tendring. We are all committed to working together in a more joined up way in the best interests of the people we serve.

We formed in early 2018 with the following membership: Colchester Hospital, North East Essex CCG, ACE, GP Primary Choice, Essex Partnership University Trust, East of England Ambulance Service, Essex County Council, Colchester Borough Council, Tendring District Council, St Helena, CVS Tendring and Community 360.

We know that to achieve our goals we need to do things differently. That includes a much greater focus on prevention and reducing inequalities in our communities. To do this we need to have broad partnerships beyond the NHS and local authorities. This report, commissioned by the Alliance, is a sign of our commitment to work with our communities, recognising existing assets, and actively seeking to support community and voluntary groups upon whom so many rely for their continuing health and wellbeing.

Thank you to colleagues in CVS Tendring and Tendring District Council for coordinating this project, and to everyone who generously gave of their time to inform this powerful and important report.



Mark Jarman-Howe

Chief Executive, St Helena

Chair of the North East Essex Health and Wellbeing Alliance

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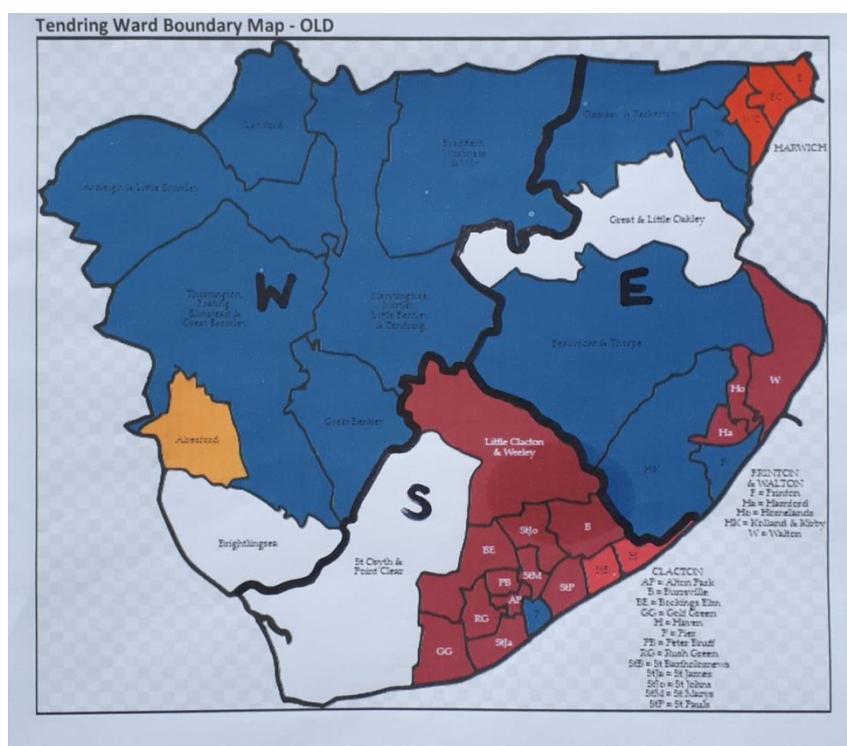
EXECUTIVE SUMMARY

This is a mapping of community assets in the Tendring district. It has been undertaken by Community Voluntary Services Tendring (CVST) and commissioned by the North East Essex Health and Well Being Alliance (NEEHWBA) in order to contribute to the Live Well Essex community model. This is underpinned by understanding both the 'needs' and 'assets' of the communities with the aim of identifying what is working well and what else might be enabled to strengthen community resilience and provide more holistic support to residents of all ages.

Tendring district is in the eastern half of the North East Essex catchment area, with a total population of 144,705 (2017)¹. It covers approximately 130 square miles². There are urban areas in Harwich & Dovercourt, Manningtree, Brightlingsea, Frinton, Clacton and Walton but it is generally characterised by small, rural villages. The road system through Tendring has the A120 (running between Harwich and Colchester) and the A133 (running from Clacton to Colchester), most roads are B roads or unclassified. Tendring is bordered by the sea (there are 37 miles of coastline), the River Stour and rural areas. It is a peninsula, to the very East of England.

Life expectancy in Tendring is relatively low, for males and females, and infant mortality rates are high.

For the purposes of planning around existing community links and resources each area has been divided in the three geographic community areas, Tendring South, Tendring East and Tendring West, based on the old ward structure:



¹ ONS UK

² Tendring District Council Website, 2019

The report was produced following analysis of available data, interviews with community and voluntary organisations, and stakeholder events in each of these three geographic areas in Tendring.

For the purposes of this exercise, community assets were defined as those which are universal to residents or visitors to Tendring (albeit that some will be age/condition specific), zero or low cost, and with clear relevance to physical and/or mental health and wellbeing in the broadest context. This includes services, clubs, support groups, etc provided by any local or national organisation. For the purposes of this report all such community assets are referred to as "services".

The mapping exercise identified the following key themes:

- Services are abundant in towns and villages, but not necessarily matching population need.
- There is a significant variation in how services are delivered in community centres and village halls. Some are very centrally controlled; others are just a series of individual bookings by private individuals and clubs.
- There is a significant variation in the type and quality of information available, and it is often difficult to find services or sufficient detail about them.
- It was widely reported that some people initially lack confidence to join activities, but once they are involved they feel benefit from them.
- Providers of the services report that the social aspect is as, if not more, important than the type of physical activity.
- Success in recruiting volunteers is variable. Some organisations report no problems, others are struggling. In many villages, volunteers managing halls or running services are getting older and it is difficult to see where the next generation will come from. Succession planning is vital and support mechanisms for volunteers need to be better established and more accessible for all.
- Transport into and around Tendring is variable - the train services are good, with main line links into Colchester and beyond from both the north and south of the peninsular, but some rural areas are poorly served by buses for more local journeys or for access to stations.
- CVST is seen as a particularly important resource to providers in South Tendring, and has growing importance in the Harwich area, since the development of the Dovercourt and Harwich Hub. It provides a valued support, information and development service to organisations and signposting for residents and organisations.

Recommendations have been drafted in a way which enables organisations to decide what they can respond to and how. They have been presented as recommendations which will, in most cases, require engagement and coordination with other partners to be able to make an impact.

1 INTRODUCTION

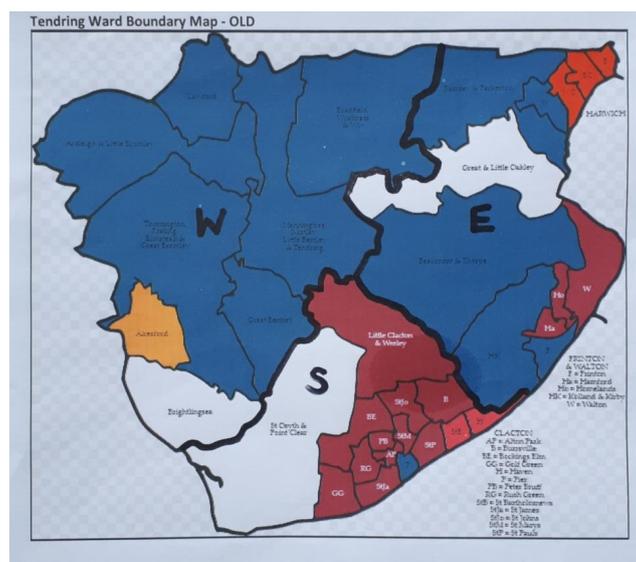
1.1 This report from Community Voluntary Services Tending (CVST) was commissioned by the NEE Health and Well Being Alliance (NEEHWB) to contribute to the creation of a Population Health System community model. This is underpinned by understanding both the 'needs' and 'assets' of the communities with the aim of identifying what is working well and what else might be enabled to strengthen community resilience.

1.2 In addition to the mapping of the more informal community assets, part of the exercise included updating information on the affiliated members of CVST and collating information on the wider sector to provide as complete a picture as possible of the non-statutory activities and services provided locally.

1.3 Tending district is in the eastern half of the North-East Essex catchment area, with a total population of 144,705.³ It covers approximately 130 square miles. There are urban areas in Harwich & Dovercourt, Manningtree, Brightlingsea, Frinton, Clacton and Walton but it is generally characterised by small, rural villages. The road system through Tending has the A120 (running between Harwich and Colchester) and the A133 (running from Clacton to Colchester), most roads are B roads or unclassified. Tending is bordered by the sea (there are 37 miles of coastline), the River Stour and rural areas. It is a peninsula, to the very East of England.

1.4 Although relatively small in geography and population, Tending has a wide variation across its communities, including pockets of high level deprivation amid relatively affluent areas and an above national and Essex average elderly population. Being bordered by the sea, the River Stour and rural areas, presents a number of challenges such as social isolation and access to transport.

1.5 To enable planning around existing community links and resources, the mapping for each area has been divided into three geographic community areas, Tending South, Tending East and Tending West, based on the old ward structure, as that is how most of the prevalence data is currently available (see map below). However, the findings identify many themes common to all areas regarding the scope of current and potential services and there is very little which sets the areas apart.



³ ONS UK

1.6 This Community Asset mapping has been done across the board, and, where possible has been built around the Live Well Essex model, supporting holistic planning and delivery of services to the whole population, within the following pillars of delivery:

Start Well - giving children the best start in life

Feel Well - supporting mental wellbeing

Be Well - empowering adults to make healthy lifestyle choices

Age Well - supporting people to live safely and independently as they grow older

Stay Well - supporting adults with health and/or care concerns to access support to maintain healthy and fulfilling lives

Die Well – giving people nearing the end of life choice around their care

Where there are overarching issues (e.g. transport and advice and information), these have been identified as generic within findings and recommendations.

1.7 This report has been written with due regard to the Tendring District Council Health and Wellbeing Priorities of:

- Tackling obesity, improving diet and increasing physical activity
- Improving mental health and wellbeing
- Preventing and managing long-term conditions to enhance quality of life and reduce inequalities

1.8 It equally gives due regard to the Sustainability and Transformation Partnership/Integrated Care System Board's (STP/ICS) Higher Ambitions of:

- Mental health – zero suicides and better support for children's mental health and well-being;
- Care closer to home – reduction in the number of unplanned admissions to hospital;
- Reducing the health gap – more comparable health outcomes for those living in our most and least deprived communities;
- Improved end of life care – less people dying in hospital and more people enabled to die either at home or the place of their choice;
- Positive about obesity – fewer children and adults developing obesity and more people with obesity able to access treatment and support including bariatric surgery;
- Less loneliness – 'living alone' no longer being a factor in admission to hospital.
- Looking with partners at how becoming an integrated care system could support the above aims.

1.9 A whole system approach is being used to achieve the best outcomes, engaging health and social care assets from the statutory and voluntary sector, and harnessing community assets which contribute to the overarching ambitions. The community asset mapping exercise described in this report is to be used in this context.

2 METHODOLOGY

2.1 CVST was asked to carry out a one-off piece of work to identify community assets, identify any gaps perceived by those currently providing those services so as to build recommendations of additional community services, facilities or networks that might be developed.

2.2 For the purposes of this exercise, community assets were defined as those which are universal to residents or visitors to Tendring (albeit that some will be age/condition specific),

zero or low cost, and with clear relevance to physical and/or mental health and wellbeing in the broadest context. This includes services, clubs, support groups, healthy living schemes, etc. provided by any local or national organisation. For the purposes of this report all such community assets are usually referred to as "services".

2.3 The report was compiled by first collecting information about groups, activities and services delivered in community settings. This included village halls, places of faith and church halls, community centres, pharmacies, residential homes etc. This was done through a web search, collection of information from information points – e.g. libraries, reception areas - and follow up telephone calls and visit. There were significant challenges in pulling information together due to poor response, wrong or changed contact details. In many cases, several attempts were made to make contact. This indicates how difficult it is for local residents to access data and how rapidly the community assets landscape changes.

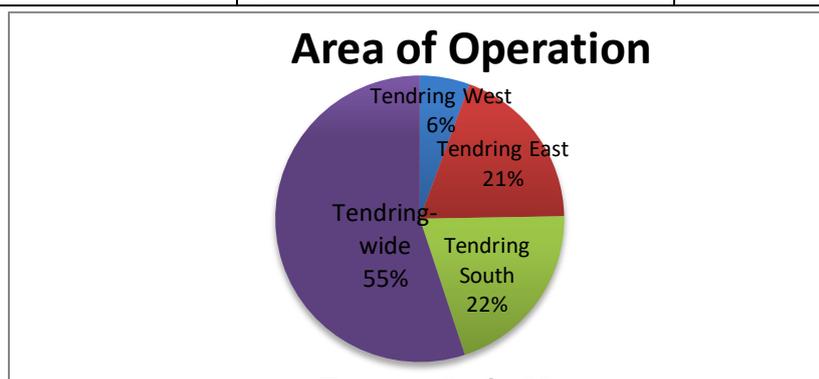
2.4 Questionnaire Analysis

2.4.1 In addition to information gathered about very locally based community services, the services provided by the affiliated members of CVST were updated to provide a complete picture of the community activities. This was done by way of a detailed questionnaire sent to all community and voluntary organisations on CVST’s database.

102 questionnaires were sent out and responses were received from 82, a response rate of 80%, which gives a robust sample size for data and information. Of those who responded, 70% were independent stand-alone organisations, charities and voluntary groups, 26% were branches of larger organisations, 2% church or place of faith and 2% company providing health and wellbeing services. 77% of respondents focus right across Tendring, 14% on deprived areas, 8% on named or specific areas (i.e. Weeley, Tendring, Jaywick Sands, Holland-on Sea, Harwich to Little Oakley and Brightlingsea, Alresford & Thorrington) and 1% on rural areas. 45% of respondents are registered with the Charity Commission, 27% are voluntary not-for-profit organisations, 10% are companies, 7% are social enterprises and 10% are ‘other’ (Parish/District Councils, Community Interest Company, NHS Foundation Trust, Not-for-profit statutory service, education sector and social/support groups). This represents a good spread of established community activity.

2.4.2 The spread of responding organisations is as follows (see map above for areas covered:-

Area covered	Number of organisations	Percentage
Tendring West	5	6%
Tendring East	17	21%
Tendring South	18	22%
Tendring-wide	49	60%
Total	82	

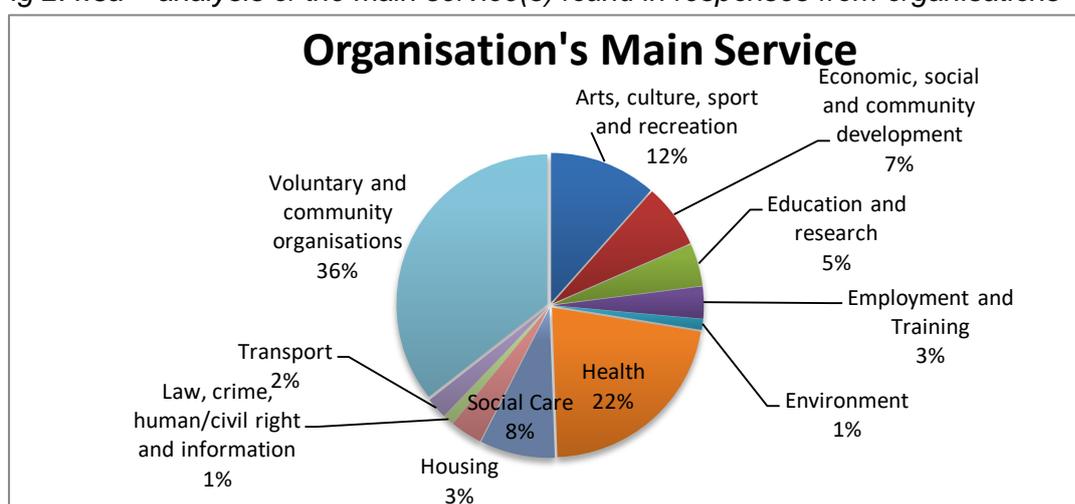


This shows the distribution of support which covers the whole of Tendring, with more localised support in the South and East, which is where there are greater levels of demand and the demographic profile indicates that there may be hidden need.

2.4.3 Responding organisations' main functions were distributed as follows:-

a) Providing advocacy, advice and information	24%
b) Providing activities for members and users	31%
c) Providing facilities (community centres, village halls, places of faith etc)	8%
d) Providing resources (finance, training, consultancy, volunteers)	7%
e) Providing representation (campaigning, lobbying, etc)	4%
f) Providing research	2%
g) Providing direct services (housing, health care, social care, etc)	23%

Fig 2.4.3a – analysis of the main service(s) found in responses from organisations



There is a widespread distribution of types of services and facilities, therefore it is important that people know what they are and where to find them. To this end, a directory of services will be an addendum to this report. The contents will be made widely available to residents, community agents, champions and facilitators, so that people can find out what is available and there will be regular updates and version control.

2.4.4 In terms of the NEEHWA Living Well categories, responding organisations were distributed as follows (note some organisations fell into more than one category):-

Category	Description	Number
Start Well	Giving children the best start in life	30
Feel Well	Supporting mental wellbeing	51
Be Well	Empowering adults to make healthy life choices	39
Age Well	Supporting people to live safely and independently as they grow older	33
Stay Well	Supporting adults with health or care concerns to access support and maintain healthy. Productive and fulfilling lives	50
Die Well	Giving people nearing the end of life choice around their care	8

2.4.5 Age groups supported by the responding organisations were spread across all ages, but the report detail highlights where there are areas of good practice and areas for development.

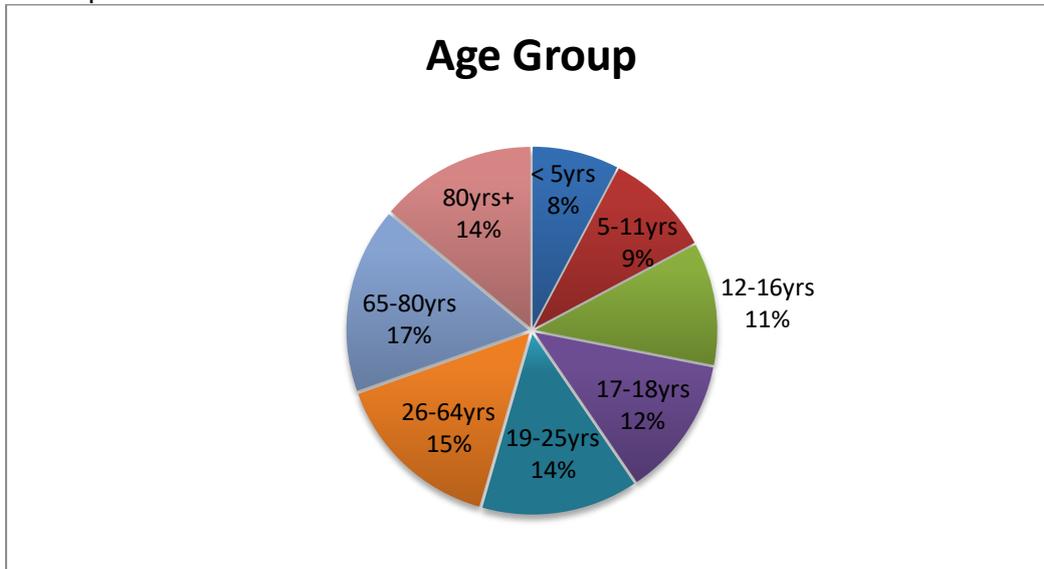


Fig 2.4.4a – analysis of the age groups targeted by organisations reported in responses

2.4.6 In order to gauge the level of voluntary activity, organisations were asked about the number of volunteers they have and the hours they give to the service. The total, over the 82 organisations which responded, is 3,143 volunteers, **with a total of 178,273 hours donated in 2018**. This highlights the strength of the voluntary sector and the availability of volunteering opportunities across a range of locations and services, supporting social inclusion and mental wellbeing.

2.5 To identify service gaps and potential for developing new services, an analysis of national and local population, health and other statutory data was undertaken.

2.6 Stakeholder focus groups were held in each of the 3 geographic areas to give a 'reality check' to information gathered and to identify where groups attending could work to help to address some of the gaps:

- South Tendring, 3rd April, CVST Sam's Hall, Clacton
- East Tendring, 4th April, CVST Dovercourt & Harwich Hub
- West Tendring, 5th April, Venture Centre 2000, Lawford

Invitations to these sessions were sent to around 35 attendees based in each area, selected through a simple randomisation process from the list of CVST member organisations. In addition, a few people were invited who, during the mapping exercise and by recommendation, expressed a keenness to develop further services and/or who clearly had a good understanding of the local context and culture. Because of the random nature of the selection process representatives were not expected to bring specialist expertise or knowledge in any particular field to the sessions but rather to review initial findings and set out what they saw as pertinent local issues, challenges and known gaps. All sessions were supported by three project staff.

3 DEMOGRAPHIC PROFILE

3.1 The NEEHWA are using the Live Well Essex model to holistically plan and deliver services to the population, with the following pillars of delivery:

Start Well - giving children the best start in life

Feel Well - supporting mental wellbeing

Be Well - empowering adults to make healthy lifestyle choices

Age Well - supporting people to live safely and independently as they grow older

Stay Well - supporting adults with health and/or care concerns to access support to maintain healthy and fulfilling lives

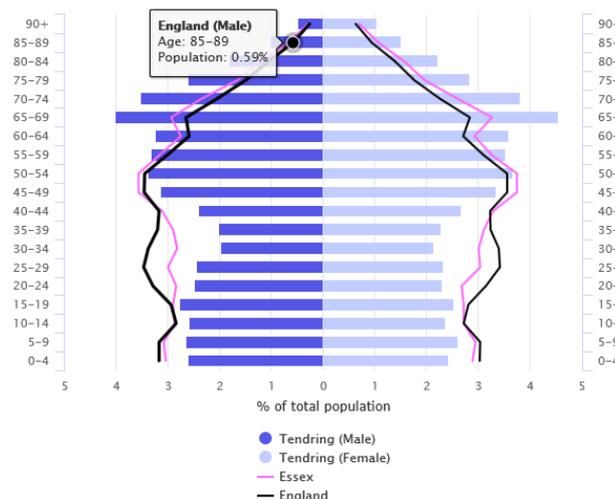
Die Well – giving people nearing the end of life choice around their care

3.2 Thriving communities can be identified as those where everyone has someone to talk to, neighbours look out for each other, people have pride and satisfaction with where they live and people feel able to influence decisions about their own lives and what happens in their area. This should be coupled with access to green, open space, feeling safe and having places and opportunities where people can get together. Engaging with the community and maximising the benefits of community enthusiasm and support are key to enabling the ambitions of the Living Well model.

3.3 The table below shows that Tendring has a relatively high population of residents over the age of 65 years, projected to increase by 17% up to 2022. This presents a challenge in the demand for health, social care and housing services as people age, the recruitment of volunteers (especially in small villages), and in the impact of caring, with the informal caring population getting older and less able to continue caring. The working age population, important for economic wellbeing, is low and is forecast to decrease slightly by 2024 from 54.7% to 51.5%.

3.4 The population of children and young people under the age of 18 is relatively low but is projected to increase significantly by 2024, with the 5-10 year age group predicted to rise

by 14.05% from 8400 to 9580 and the 11-15 age group by 15.7% from 7190 to 8320. This will put pressure on children and young people's services, especially with high numbers of children in need, children in care (though about 50% do not originate from Tendring) and children with a child protection plan in the District.⁴



3.5 Life expectancy in Tendring is relatively low, for males and females, and infant mortality rates are high. There are major health inequalities across the District, with those in Alresford living, on average, thirteen years longer than those in Pier Ward, Clacton.⁵ Younger people are shown to have a range of issues affecting their lives, the highest level of

childhood obesity in Essex, the lowest educational attainment rate in Essex and a high level of teenage pregnancy.⁶ (See Appendix 1 for further details)

⁴ A profile of people living in Tendring, Essex County Council JSNA, April 2016

⁵ Community Safety Partnership, Tendring District Strategic Assessment, 2018-19

⁶ Summary of headline health indicators from Fingertips, Public Health England 2018

3.6 There is a high rate of hospital admissions from Tendring. 2 of the 4 practices with increases of over 100 patient emergency admissions and >20% growth rate, were from Tendring practices, one from Clacton and one from Ardleigh.

3.7 The three geographic areas in Tendring are close in proximity but demonstrate significant variation in the fortunes of residents. For example, some wards in Harwich, Walton on the Naze and Jaywick Sands are ranked high in the Index of Multiple Deprivation (IMD) and have a very high relative risk of residents experiencing social isolation and loneliness⁷. In general, rural communities and villages across Tendring have strong community networks, but people can be isolated due to lack of awareness of or inaccessibility of services.

3.7 In summary, Tendring West has the best life expectancy and the least children living in poverty. It also has higher levels of academic attainment and lower levels of unemployment. It does however, have a higher prevalence of coronary heart disease compared with the rest of Tendring. Tendring South has the most residents, the lowest level of life expectancy, the highest rate of children living in poverty and the lowest levels of academic attainment. It also has a higher level of people providing 50+ hours of unpaid care per week. Tendring East sits somewhere in the middle but does have the same level of children living in fuel poverty as Tendring South and a very slightly lower level of attainment at GCSE. This is illustrated in Appendix 2.

3.8 The above are clearly embedded complex issues that will not have a simple or quick solution but it is believed that deploying community support and resources in places where people feel welcome or already go may help ameliorate the impact of some of these issues on the communities experiencing them. Anecdotal evidence was given that people are reluctant to approach statutory services with a range of issues, especially in the early stages, and would prefer to access local community based services. This included the early stages of dementia, carer fatigue and problems with children and young people.

4 CHILDREN AND FAMILIES

4.1 Good physical and mental health positively influence children and young people's wellbeing, their educational achievements and their life chances for the future. There are approximately 26,612 children under 17 in Tendring, accounting for 18.4% of the population. This figure is projected to rise significantly to 2020. Mental and emotional wellbeing, positive learning, education and development and maintaining a healthy lifestyle are central to ensuring a strong foundation for life.

4.2 Whilst there is an abundance of groups and locations across the district where activities and services are provided, the actual range of services likely to appeal to young parents with pre-school children is relatively small with Yoga, Pilates, Parent and Toddler groups, and coffee mornings being among the most common. The high number of Parent and Toddler groups across Tendring give a platform from which to develop other services. Most have a very local flavour and are often in church halls and community halls, where people already go. There remains an issue of people with health and wellbeing needs actually being able to get to services, either due to lack of confidence, insecurity or lack of transport. Enabling access is a core issue which has become evident throughout this research.

4.3 For pre-school children and parents/carers there are forest schools which, for a relatively small fee enable children to learn to respect their environment, play outdoors in all weathers, develop practical skills, get creative and mix with their peers. These are generally

⁷ Age UK Loneliness Maps 2016 ageuk.org.uk/loneliness-maps/england-2016/

open during term time. These tend to be privately run and child led, an example is Muddy Boots in Tendring. Although relatively low cost, these are unaffordable to some families, and attendees need to have appropriate clothing to be outdoors in all weathers. If a way could be found to collect appropriate clothing and support low income families with a bursary, this could be accessible to all. Getting outdoors into woodlands and enjoying the natural surroundings makes a difference to mental health of adults and children.

4.4 EXTRA, support for families, runs a number of courses to support parents with a range of issues, including Building Confidence (9 week course) and Improving your Emotional Wellbeing (5 week course) - these are available in Jaywick, Clacton, and in a range of settings in East Tendring. EXTRA also runs a wide range of courses across Tendring to support parents with babies, very young children (2-5years), children with additional needs, with relaxation and to build resilience.

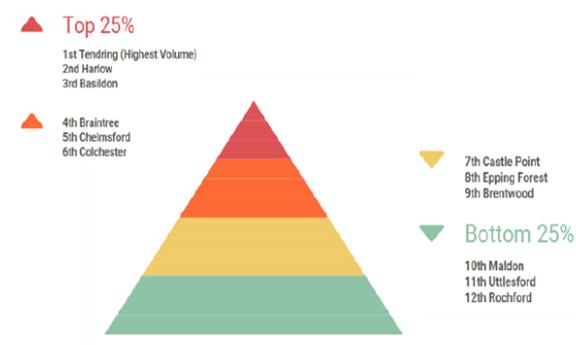
4.5 Data shows that Tendring West does not experience the same level of childhood deprivation as the rest of Tendring, measured through prevalence of low income families, educational attainment, and free school meals. There appeared to be a limited level of services in those towns and villages but there was anecdotal evidence that people, particularly at the border with Colchester (e.g. Alresford and Ardleigh) tend towards Colchester services. Tendring East has fewer challenges towards the West of the District, its main issues being in Harwich, Dovercourt and Parkeston, where there is a broader range of services on offer.

4.6 Tendring South has some of the highest prevalence (the most deprived one per cent of nearly 33,000 areas) of low income families in England are in Tendring, in Golf Green (50%), Rush Green (48.6%), Pier (42.3%) and Alton Park Tendring (36.7%).⁸

Statistics for Tendring overall are:

- 19.0% of children are in non-working households (highest number in Essex)
- 26.2% of children are in low income families (highest number in Essex)
- 8.0% of households are in fuel poverty (lower than national average which is 10.6%)
- 67.0% of children have a good level of development
- 49.0% of children have an expected level of education standard or above at Key Stage 2
- 48.7% of young people have 5 A* - C at GCSE (incl maths and English) – lowest in Essex
- 25.5 (per 1000) teenage pregnancy rate (2nd highest rate in Essex, although rates dropped by 7% between 2012 - 2015)
- 0.94% current mental health prevalence (by Clinical Commissioning Group area) – highest prevalence in Essex

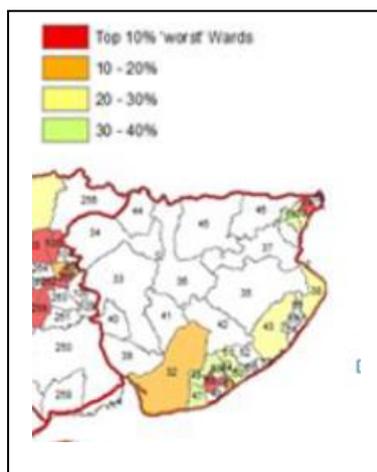
4.7 Safeguarding children of all ages



4.7.1 In 2015-16, Tendring was in the top quartile in Essex for safeguarding needs, though this varied when looking on a ward basis. Domestic abuse and mental health are most prominent factors across the wards identified in the top 10%. Support to parents and children, particularly in the identifiable safeguarding hotspots, is needed, in a non-judgemental way, to prevent safeguarding needs

⁸ Health and Wellbeing Report for Essex 2016, Board Intelligence Report, Produced by organisation Intelligence for Essex County Council, June 2016

and build a safe environment for children and young people to thrive and develop. This may be unconnected but it is worth noting that the Infant mortality rate (deaths in infants age under 1 year) is the highest in Essex, at 5.5 compared with 3.1 per 1,000 live births.



4.7.2 When broken down into wards it is clear to see where services to support safe parenting are needed. Safeguarding needs are prevalent in parts of Tendring South and East and not in evidence in Tendring West.

4.7.3 Safeguarding is an issue for everyone who comes into contact with Children and Young People. Essex Safeguarding Children's Board 2017-18⁹ identifies the following issues as priorities for the coming year which are very relevant to Tendring and local organisations should be encouraged to get involved in consultations:-

- Thematic review of teenage suicides
- Communication activities around Emotional Wellbeing and Mental Health
- Monitoring the Emotional Wellbeing and Mental Health Services
- Involvement of Young People in Child S
- exual Exploitation (CSE) campaigns
- Communication activities to raise awareness of safeguarding
- Engagement with the voluntary sector

4.8 School age children

4.8.1 There is some evidence of groups that provide low cost activities for younger people, there are specific sport clubs, Scout and Guide groups and library drop in sessions for advice. Local Sports centres in Walton, Harwich and Clacton offer a range of reasonably priced swimming and gym sessions which young people can participate in after school and during school holidays. This still excludes those who cannot afford to participate and may lead to further isolation.

4.8.2 A number of youth groups were found across the District such as 4Youth in Brightlingsea which engages with young people through music, art and social events and the Inclusion Ventures in Jaywick which runs social and sporting activities. However, a number of youth clubs have closed in recent years, some promising to re-launch but which do not appear to have done so. No information is available as to why these clubs have failed and any number of staffing or resourcing factors may be involved. In 2007 a study by the charity 4Children found that the most common reasons clubs failed were that users said that they operated at the wrong times, were difficult to access, badly publicised and under-resourced¹⁰. Clearly developing and maintaining such a service has its problems and should not be underestimated.

4.8.3 Across Tendring, primary and secondary schools provide extra-curricular activity to boost physical activity and confidence. At primary stage there are a range of activities, depending on the school, such as Art, Athletics, Basketball, Chess, Choir, Cross country, Dodgeball, Drama club, Gardening, Football coaching, Football teams (girls and boys),

⁹ Essex Children's Safeguarding Board, Annual Report, 2017-18

¹⁰ 4Children charity is no longer operational.

Netball and Ukulele. These do vary, but there is something for most children to enjoy. At secondary stage a number of schools run programmes targeted at secondary age pupils particularly on a range of subjects, but these are not generally accessible to pupils or young people from outside the school. An example of school run activity is use of 'drop down days' also known as 'off-timetable' days, which replace structured classroom lessons with activities used to strengthen students' practical application of skills and provide a deeper learning experience. Harwich & Dovercourt High School, for example, highlighted that it runs 'drop down days' covering Knife crime, Road safety, Samaritans, NELFT emotional health and wellbeing, E safety, Prison no way - understanding the law and consequences of actions, work skills, healthy eating, Teen pregnancy. These sessions are provided in partnership with DWP, NELFT, Provide, The Children's Society, HSBC, Samaritans, to name a few – thus indicating that even though they are provided within the school, they are also making best use of community assets in Tendring and across Essex.

4.8.4 While this may help young people within those schools, it may mean that there are inconsistencies across the District, depending upon the availability of staff and resources at each school and there remains a challenge for those who are not in school due to health, behaviour or home schooling. The 'Skipping School: Invisible Children' ¹¹ report by the Children's Commissioner highlighted the challenges presented by children taken out of schools, often due to bullying, school standards or lack of trust, who then are not on any school's roll and therefore under the radar in terms of their physical and emotional wellbeing.

4.8.5 Based in Harwich, Teen Talk supports young people age 11 to 25 years across the Tendring area, providing confidential support on any issue, without the need for appointments or time limits. They support young people to build their confidence and self-esteem and therefore make sure they are better placed to engage in education and training or in employment. The HIYA project is a youth forum for young people between 11 and 18 years of age and it works to tackle negative stereotypes of youths by engaging in projects, events and campaigns in the local community.

Teen Talk (Harwich) adapts to the changing needs of young people and is currently addressing emerging mental health issues, low self-esteem, confidence and the pressures of media, which play a critical role in preventing a young person from reaching their full potential.

At its core is their confidential, one-to-one drop-in service, where Support Workers are available at a young person's immediate time of need, offering a listening ear and providing simple strategies, enabling the young person to build their resilience and overcome the difficulties they face.



Teen Talk also offers weekly group activities such as cookery workshops, wildlife activities, volunteering and community programmes. These youth led activities encourage the development of a range of skills such as communication, team building, project planning, marketing and event organisation.

Through a combination of drop-in services and complimentary group activities, Teen Talk aims to provide young people and their families with the tools and strategies they need to tackle the difficulties they face at their immediate time of need.

4.8.6 The Youth Enquiry Service (YES) works with children and young people age 11-25 years with support including addressing relationships, building self esteem, addressing self harm, suicidal thoughts and sexual health matters and report that demand outstrips supply

¹¹ Skipping School: Invisible Children, report of the Children's Commissioner, February 2019

and that there is a waiting list for counselling of between 4 to 16 weeks. YES also provides homeless prevention support for 16-19 year olds but this is not funded to cover Tendring, where risks are high.

4.8.7 Organisations supporting young people tend to work in partnership well, and their services complement each other. There is clearly a demand for more. This type of activity is always needed to ensure that young people get better life chances, informed guidance and support with the challenges which prevent them from securing employment or training and valuing themselves in order to start a career and have a stable income. Whilst risk factors for social disconnection vary through life, the impact on young people, their isolation and mental health, can be significant.

4.9 Families and Children and Young People who have Additional Needs

4.9.1 Tendring has a lot to offer parents/carers of and children with additional needs. There is always the issue of accessible transport and transport arrangements to be able to attend groups, which can act as a barrier to services.

4.9.2 In the West, Brightlingsea Saturday Club disco for people with learning disabilities (14+) runs on various Saturdays throughout the year. Mistley Kids Club offers fully inclusive after school and holiday care, and has its own SENCO to support children and young people with physical and learning disabilities and other medical conditions. It supports children aged from 4 years until 16 years or, if the child has special or additional needs, up to their 19th birthday.

4.9.3 In the East, the Ark Centre provides a range of support services including sensory facilities, pre-school play, learning and outreach home based support. Unified Rainbow Support is group supporting parents, carers and families who have children with additional needs in Harwich and Dovercourt.

4.9.4 In the South, Colchester Gateway Club Clacton provides social clubs and activities for adults with learning disabilities. Walton Community Centre and Coppins Hall Community Centre have Special Needs Support Coffee mornings once a month, hosted by EXTRA. Shorefields School also hosts a monthly coffee morning. These give parents and carers of children with additional needs the chance to meet up and chat about common issues, with occasional speakers.

4.9.5 Across Tendring there is a range of services available. For children aged 2 upwards with speech and language problems, including stammering, and social communication, Essex Speech Therapy is an independent speech and language service which covers Tendring. Families InFocus, based in Chelmsford but outreaching across Essex, including Tendring, provides independent support to families who have children with additional needs to support parents with preparation for meetings, the one planning, statementing and appeal processes.

4.9.6 Crossroads Care runs Light Touch Respite, providing up to 4 hours per month respite to families who have a child with a disability who are NOT in receipt of a personal budget from ECC. Parents can choose how those four hours are allocated to fit their own lives. Support workers can provide personal care, specialised care and coach life skills.

4.9.7 To build confidence, trust and communication skills, Dogs for Development is a Community Interest Company which offers canine assisted therapy and sensory storytelling through individual or group therapy sessions. It supports adults and children with learning disabilities, autism, EBD and/or mental health problems.

4.9.8 'All Together' is an Active Essex campaign to promote the opportunities available for people with disabilities to participate in sport and physical activity across Essex. The Bumble Bees Inclusive Football Club in Harwich, Tendring Canoe Club in Walton and healthy 4 Life in Clacton all offer sporting opportunities.

4.9.9 Recognising that some people have needs which require specialist equipment which is not available through statutory organisations, Colchester Catalyst Charity may make a contribution to the cost incurred by individuals through their Special Individual Needs Grants. These have to be applied for individually.

4.10 NEETs (Not in Education, Employment or Training)

4.10.1 NEETs are young people, typically aged between 16 and 24 years, who are not in education, employment or training (NEET). Tendring has consistently had levels of NEETs above the national average. Being NEET presents further health and wellbeing challenges in later life, including:-

- regular bouts of unemployment post-18;
- when in employment, lower job security and lower rates of pay (under-employment);
- teenage pregnancy and earlier parenting;
- persistent youth offending, resulting in custodial sentences;
- insecure housing and homelessness;
- mental and physical health problems;
- use of illicit drugs and transition to the use of class A drugs;
- earlier death.

This is underpinned by evidence from health indicators, particularly Alcohol-specific hospital stays (under 18s) being the second highest prevalence in Essex (44.1 compared with 21.9) and under 18 conceptions being the second highest in Essex (23.5 compared with 16.7).

4.10.2 Tendring has had consistently levels of NEETS above the national average. District level variations in the percentage of 16-18 year-olds who are not in education, employment or training across Essex, demonstrate the prevalence for young people in Tendring.

District	2013	2014	DOT 13-14	2015	DOT 14-15	One year change (14-15)	Two year change (13-15)
Basildon	7.53	6.00	↓	5.89	↓	-0.11	-1.65
Braintree	5.70	4.60	↓	4.08	↓	-0.51	-1.62
Brentwood	5.33	4.40	↓	3.44	↓	-0.95	-1.89
Castle Point	5.73	4.96	↓	3.79	↓	-1.17	-1.94
Chelmsford	5.00	3.78	↓	4.16	↑	0.38	-0.84
Colchester	5.40	5.29	↓	4.72	↓	-0.57	-0.68
Epping Forest	5.57	4.14	↓	3.51	↓	-0.63	-2.06
Harlow	7.10	6.02	↓	4.81	↓	-1.21	-2.29
Maldon	6.13	4.49	↓	4.49	↓	-0.01	-1.65
Rochford	4.73	3.47	↓	3.81	↑	0.35	-0.92
Tendring	6.73	6.76	↑	6.73	↓	-0.03	0.00
Uttlesford	4.37	3.10	↓	2.82	↓	-0.28	-1.55
Essex	5.67	4.93	↓	4.55	↓	-0.38	-1.12
England	5.80	5.30	↓	4.67	↓	-0.63	-1.13

4.10.3 Signpost is an independent charitable organisation, which includes Tendring residents and helps people of all ages and from all walks of life to get back into work or to

move on. It offers free internet access, access to local newspapers, CV updates and use of phone and fax. All Teen Talk services can be accessed by young people who are NEET. They have a weekly Coffee Club of 18-25 year olds in both Harwich and Clacton. These groups provide peer support for young people to develop their confidence and aspirations and Teen talk most commonly sees young people undertaking volunteering, training, college or securing employment having participated in the groups. They also provide a youth volunteering programme to help young people develop the skills they need to progress onto volunteering, training and employment.

5 WORKING AGE ADULTS

5.1 Socio-Economic and Other Challenges

5.1.1 Tendring has some key characteristics shaping the prospects of working age residents. Employment in service industries, health and education are higher than average, with wealth generating industries being underrepresented. The total workforce as a proportion of the population is lower than average, with 57% of working age (Essex average 63%/England 65%). The workforce has a higher than average age, with 37% being over 50yrs (Essex 32%/England 29%). There is a lower than average number of people with formal qualifications at 34% (Essex 24%/England 22%). Whilst employment levels overall are in line with national averages, 41% of those jobs are part time (nationally 32%), perhaps reflecting the generally older workforce and high number of jobs in service industries. Jobs are concentrated in the towns, notably Clacton and Harwich. Growth projections to 2029 reflect a lower than average economic growth rate.¹² There are also a number of social challenges for working age adults emerging from the mapping exercise and stakeholder feedback.

5.1.2 There are pockets of affluence across the district but this does not equate to social inclusion. Evidence suggests that those experiencing social exclusion in rural areas are dispersed in areas of apparent affluence so do not attract the same level of attention as those in problem areas; transport can also be a major barrier to social inclusion.¹³ In these areas our stakeholders report low uptake from new volunteers moving into the community, many will be working outside Tendring and not tend to want to participate in community activities or volunteering. Stakeholders stress how new groups must be sustainable if they are to flourish and survive, they must be embedded into communities and not just "bolted on". Some long established social and exercise groups are in jeopardy as ageing volunteers retire and no one is coming forward to take them over.

5.1.3 The Tendring health profile shows an above average number of adults in Tendring who are overweight and inactive but notably there is no evidence of regular community services aimed at helping people improve their diet through their food preparation.

5.1.4 The health profile also demonstrates that Tendring has a high number of hospital admissions and alcohol related harm (the highest in Essex at 770 vs. 589 Essex average). There are gaps in alcohol services in a number of areas, such as Walton on the Naze which has no provision.

5.1.5 Feedback from stakeholders suggests that support for families with children can be challenging to obtain, particularly early intervention and ongoing support. There are a number of groups and activities available for families with pre-school children, but far fewer for the families of junior age groups.

¹² Regeneris Consulting: Tendring Socio-Economic Baseline 2013

¹³ Joseph Rowntree Foundation: Exclusive Countryside? Social Inclusion and regeneration in rural areas 2000

5.2 Employment

5.2.1 Transport in Tendring can be challenging, particularly for those seeking work. Rural transport can be sporadic, but even in more urban areas public transport can be costly and not operating at times to suit working hours. Feedback from organisations such as Citizens Advice suggests that this is a real barrier for people either accessing help or trying to find work. There are excellent low cost or free transport services run by the voluntary sector but these are often over-subscribed and do not have the capacity for all requests, nor would they be able to provide transport for people getting to and from work.

5.2.2 Young people in Tendring have the lowest level of educational attainment in Essex, translating into young working age adults with little in the way of promising employment prospects.

5.2.3 Many carers are of working age, but may be unable to work outside the home due to their family commitments. There are a few community groups and activities aimed specifically at carers (such as the Parkinson's carer's group in Holland on Sea and various groups for carers of children) but no evidence of any, where respite care may be offered at the same time for adult dependents who cannot be left.

5.2.4 Some Tendring residents experience long term unemployment. There are organisations such as Signpost based in Jaywick which helps people back in to the job market and they are trying to expand their operations into Harwich.

5.3 Gendered Activities

5.3.1 There are very few community activities or services aimed specifically at working age men. There are some gentlemen's friendship groups and lunch clubs that seem to cater mostly for older men, with many groups apparently running over several years with long term established membership. Organisers report that there are very few new members joining, which suggests these groups are not appealing to a new audience. For example, one men's friendship club in west Tendring apparently had around 100 active members 25-30 years ago, now with around 20; this is quite good in terms of groups attendance, but the co-ordinators are worried about the fall in numbers every year and with no new leaders stepping forward the group will eventually wither away.

5.3.2 There are a number of activities specifically for women and whilst others are open to all it is evident that groups such as "Knit and Natter", Yoga, Pilates and general fitness tend to attract mostly women. There are others that are only open to women, such as the weekly meeting of the WREG (Women's Recovery Empowerment Group) in Clacton to support survivors of abuse. There are walking groups for women, such as the WOW (Women Out Walking) in various locations where women talk a brisk morning walk together.

5.3.3 There are a few adult male activity groups in Tendring that reflect the successes that some have enjoyed elsewhere in England, such the walking football groups in West and East Tendring districts. There are a range of clubs across the district for activities such as bowls, football or model boat sailing but these mostly require a particular interest, skill or investment in equipment. There are no obvious groups or activities for the less mobile or active, or where other more generic skills might be useful, such as the national Men in Sheds project. There is a successful project operating in Maldon and partnership working may help to revitalise the Tendring project.

5.3.4 In recent years studies have found evidence that involvement in gendered interventions have a significant effect on the physical health of older men, and some evidence of a positive effect on their mental health.¹⁴ A recent study by the Samaritans

¹⁴Men in sheds: improving the health and wellbeing of older men through gender based activity interventions; NHS National Institute for Health Research 2013

found that men who are unemployed or without a life partner are more prone to experiencing midlife social disconnection and the subsequent associated health risks¹⁵.

5.3.5 An opportunity exists for promoting some of the volunteering opportunities open to men, many of which can be tailored to meet the individual's skills and fitness levels. This may include sports coaching or providing support and inspiration to younger people, with a range of activities provided through charities such as Lads Need Dads. This charity runs activity and mentoring programmes for boys aged 11-15yrs with absent fathers or limited access to a positive male role model. The courses run during the day or evening and volunteers use a range of their life skills in a range of activities including outward bound and survival training and training in motor mechanics. This type of activity benefits both the volunteers and those on the programme as there is significant evidence that there are multiple mental health benefits for those involved in altruistic activities such as volunteering.¹⁶

5.4 Adult Physical Disability and Special Needs

5.4.1 There are a number of supported living, residential and day care facilities in the district which cater for people with physical disabilities or special needs and learning difficulties. The services offered by the facilities are mainly only available to registered users or residents and their families, although some do host occasional events which are open to the general public or for people with specific disabilities.

5.4.2 There are groups offering support to people with specific conditions, including events aimed at supporting families and carers. The Parkinson Group (affiliated to the Parkinson's Society UK) meets monthly in Holland on Sea and a support group for carers meets monthly in the Kingscliffe Hotel in Holland for a sociable meal out. Cadows Day Care Centre in Clacton hosts an MS Society monthly group on the 3rd Thursday of each month for MS sufferers and their families. The Clacton and District MS Society does also host occasional events such as craft fayres across the district open to the general public, but these are mainly fund raising rather than support groups as such.

5.4.3 There are exercise groups which cater for people with disability, such as the weekly over 60yrs exercise group run at Alresford village hall which is also aimed at people who have had a stroke or other physical disabilities. There is also a sitting only exercise group fortnightly at Alresford and the weekly over 60yrs exercise group in St Osyth also caters for people with disability or limited movement. In Harwich there is the successful Bumble Bees FC inclusive football team, open to people aged 17 and over with any disability including special needs. Clacton, Walton and Dovercourt Bay leisure Centres all offer 50+ and disabled swimming sessions.

5.4.4 Acorn Village in Mistley is a community living scheme for adults with learning disabilities. It has accommodation and facilities to teach life skills, cooking facilities to support training and independent living, a creative craft centre, a sensory room and music session. The sensory room is available for hire by external individuals or groups for 50 minute unsupported sessions. Hirers are shown how to use the equipment and help is on hand with any technical problems. There may be potential to offer activities to outside groups from this establishment in the future, and to develop new services and pop-up sessions to improve the lives of adults with learning disabilities. Acorn Village hosts a coffee shop with walled garden, a charity shop, pre-loved furniture shed and creative craft centre (for all adults with learning disabilities). Regular fund raising events engage the local community.

¹⁵ Samaritans, survey 2013

¹⁶ Mental Health Foundation: Altruism and Well Being (multiple study report) 2019.

5.4.5 There are some regular social groups operating across the wider community which cater specifically for people with disability or learning difficulties, such as those at Weeley Village Hall which hosts The Lynch Mob, a weekly social club for able and disabled people over 19yrs, the weekly social club hosted by St Osyth Village Hall for able and disabled adults with tea, chatter and music, and Interact runs social events for people with learning disabilities and special needs in Kirby le Soken.

6 OLDER PEOPLE

6.1 This report is set in the context that Tendring has a higher than average number of older people, with 29% of the population being over 65yrs, significantly higher than the national average of 18%, and for this age group Tendring health data shows a relatively higher level of hip fractures and a lower diagnosis of dementia suggesting that there is a degree of unknown or unmet need (Appendix A).

6.2 Whilst there are some very lively pockets of activity some areas do not have many activities within easy reach of residents, particularly older people who may experience greater mobility challenges. For the more informally established or user led groups the greatest concentration of activities are in rural areas, often based in village, church or community halls and driven by key local enthusiasts. There are some, but far fewer, activities for older people in the larger towns. Despite this wider spread, reaching activities can be an issue for older people across the district (see section on access).

6.3 Given that information about what is available to people is inconsistent and varies hugely across the district some older people may not be aware of what is available to them. Many village halls have lots of very good activities for older people happening each week but it can be that each organiser works in isolation, details of their group can often only be obtained through the notice board in the hall or phoning the organiser individually. Not all have printed material which may be more accessible to older age people, such as advertisements in local newsletters or other information sheets circulated to homes.

6.4 There are a number of social groups, coffee mornings and lunch clubs which attract mainly older people. There are also dementia drop-ins in a number of areas such as those operated by CVST at Sam's Hall in Clacton and the Alzheimer's Society monthly Information Hubs in Dovercourt and Clacton. A new drop-in is about to start in and run by Don Thompson House in Dovercourt. These are very popular and well attended by dementia sufferers and their carers. These provide a tailored social environment, much appreciated by carers who have the opportunity to socialise with others in similar circumstances. The Alzheimer's Society Dementia Friends scheme is also quite active locally, raising general awareness and understanding of the needs of dementia sufferers. The Tendring Dementia Action Alliance consists of businesses, public and voluntary sector whose aim is to raise awareness of and to work toward becoming a dementia friendly district.

6.5 The U3A offers facilities for retired or semi-retired people to join a range of activities, many of which support physical and emotional health and wellbeing. There are many groups to join, depending on personal interests, and these provide strong social networks and meaningful activity. There are four covering Tendring – Harwich Peninsula, Tendring District (Clacton focused but with a Frinton & Walton Satellite branch), Brightlingsea and Stour Valley. Joining is straightforward and low cost and the U3A website is an excellent source of information for prospective participants.

6.6 Age Concern Colchester and North East Essex has had a lot of success in Colchester and its surrounding areas with their 'The Veranda' project, based on delivering a face-to-face befriending service, an advice service that removes the barriers to social isolation and financial stress, with a view to connecting people with their communities and

peer support. By extending its services into Tendring, Age Concern will be in a position to develop a similar operational model that works for the Tendring area and its demographic challenges. Initial developments will be a befriending service and an advice service, with more extensive services to follow.

6.7 Loneliness and Isolation

6.7.1 There is a difference between living in isolation and being lonely - one does not necessarily lead to the other, and many people living alone or apparently isolated will not consider themselves to be lonely. For this report the focus is on those people who at some stage negatively experience involuntary social isolation and/or loneliness

6.7.2 Age UK's mapping of loneliness is based on 4 key criteria which have been shown to predict around 20% of loneliness in people aged over 65yrs¹⁷:

- marital status (with widowed or divorced people more likely to report being lonely)
- self reported health status, particularly affecting mobility or sensory engagement
- age
- household size.

6.7.3 Using these factors the map shows 3 wards in Tendring in Harwich, Walton on the Naze and Jaywick Sands have a very high relative risk of residents experiencing social isolation and loneliness¹⁸. Whilst each of these areas appears to have vibrant community activities this does not seem to assuage the risk of people experiencing social isolation. This is also despite those areas having a relatively higher level of urban density and associated infrastructure and transport links than some wards further inland which show a lower risk. However, Age UK research has found that whilst some studies show that living in a rural area correlates with loneliness, a number of other studies suggest the opposite is the case and in fact report a marginal increase in areas of greater urban density¹⁹.

6.7.4 Tendring has an above average older population (in common with many coastal towns nationally) with an average of 28% of residents over 65 compared with an England average of 17%. It is estimated that the number of people over 65 years living on their own will have increased by around 17% by 2020.²⁰ Health data shows a relatively high incidence of hip fractures, and with around 3,000 residents living with dementia but with a low diagnosis rate of dementia²¹ the actual figure could be higher. When added to the potential for isolation suggests further socialising support to these communities might be beneficial.

6.7.5 There is no simple package of techniques to tackle loneliness and isolation in older people. An evidence review concludes that whilst most interventions do no harm there are no one-size-fits-all solutions and the best outcomes are achieved through an individual person centred approach²². What also emerges strongly is that befriending relationships must be meaningful; the evidence shows people withdraw further if they feel labelled or stigmatised in any way. The evidence also supports the points made by our stakeholders that technology can reinforce social isolation if relied upon as the main source of communication and multiple contact points and methods may be required.

6.7.6 The evidence review also found that social engagement had the most impact for those who were often lonely; for those who were lonely only some of the time or hardly ever

¹⁷ English Longitudinal Study of Ageing (ELSA) criteria

¹⁸ Age UK Loneliness Maps 2016 ageuk.org.uk/loneliness-maps/england-2016/

¹⁹ Age UK Loneliness Evidence Review; Davidson/Rossall; July 2015

²⁰ Essex Joint Strategic Needs Assessment 2017

²¹ Health indicators in Tendring: appendix A

²² An Overview of Reviews: the effectiveness of interventions to address loneliness at all stages of the UK life course. Prof C Victor et al October 2018

lonely then it was welfare benefit advice which had the biggest impact. Advice in general and transport also featured as support that had an impact for older people in terms of loneliness reduction.

6.7.7 The findings in all reports do suggest that offering targeted programmes can be a useful way of giving people the confidence to try out something different by offering a safe, comfortable space. This was found to act as a springboard to get people socialising in a meaningful and natural way, with activities such as music sessions or afternoon tea allowing people to mix and chat. If befriending is on a more individual basis, such as for those with significant mobility issues or ill health, then a tailored approach is needed sensitive to the individual's preferences.

6.7.8 There are advice sessions available across the district, such as Citizens Advice Tendring which operates from Clacton with some out-reach sessions.

6.7.9 There are some (although not many) residential homes which offer activities or social events to non residents. These include open days at Corner Lodge in Jaywick and the open sessions at its sister organisation Corner House in Clacton. While talking with residential homes, it became clear that some would offer shower/bathing facilities to older people living in the community and unable to bathe themselves, as well as access to lunch or coffee in their communal areas. This may be an area for commissioners to explore in contracts with residential and nursing providers.

Corner House Clacton is a residential home offering a wide variety of activities for residents (including numerous outings, day trips, fish and chip suppers, etc) many of which involve the wider community. For example, the local St James church and congregation join the residents' weekly choir, the young Beaver scouts group will pay regular visits, and regular open cake and coffee mornings are held where the public can come in and hear more about the home's services. The home is sister organisation to the Corner Lodge specialist dementia home in Jaywick, which also runs numerous open days and events where the community can enjoy the day's activities with residents. Both homes achieve a "good" CQC rating.



6.8 Living with the experience of dementia

6.8.1 According to the Alzheimer's Society, around 800,000 people in the UK have Dementia. This condition has major impacts on ability to live independently and on accessing the right type of care and support. Research²³ updated in 2015 into dementia prevalence by Parliamentary Constituency and CCG, indicates that Tendring has significant challenges with dementia, reflecting the high number of older people in its population. The Parliamentary Constituency of Clacton has 2129 people living with dementia, which ranks 11th out of the 650 constituencies in the UK, and Harwich and North East Essex constituency has 1562 people living with dementia, ranking 119th in the UK. When looking at this as a percentage of the population, Clacton has 2.43% of the population with dementia, which ranks 4th in the UK. Looking at North East Essex CCG level, there are 5669 people with dementia (ranked 23rd out of 209 CCGs), which equates to 1.63% of the population (ranked 33rd). The rate of diagnosis of dementia in Tendring is significantly lower than in Essex and England. This may be due to poor recording practice from GPs and care homes, rather than poor or no diagnosis.

²³ Alzheimer's research UK, Dementia Hotspot Maps, updated 2015

6.8.2 The biggest risk factor for dementia is age. Older people are more likely to develop the condition, but it is not an inevitable part of ageing. About two in 100 people aged 65 to 69 years have dementia, and this figure rises to 19 in 100 for those aged 85 to 89.²⁴ Activities that reduce risk and delay rate of deterioration include stopping smoking, taking more physical exercise, keeping mentally active, healthy eating and managing alcohol intake (for some specific types of dementia), so the better the access to support in these areas, the better the prospects. Social isolation and loneliness can result in mental and physical inactivity and poor eating habits, so access to social interaction is important, with one study finding that lonely people have a 64% increased chance of developing clinical dementia.²⁵

6.8.3 There are some sessions available for people with dementia within the community but provision is patchy and it's hard to find out what and when. This includes a dementia café run weekly in Clacton, a residential home in Jaywick which holds open days and plans to run dementia cognitive sessions, open to all. In Harwich, one residential home is about to start a dementia café for one day per month and in Manningtree, a Community living scheme hosts a monthly Dementia café for people living with dementia and their carers. There is very little in the way of short term respite, especially day care to allow carers a few hours to themselves; many of the daytime events for dementia require the carer to remain and supervise. There is a day centre, based with a residential home in Dovercourt, which accepts people with dementia and has additional capacity and a private day care centre in Clacton which offers respite days. Tendring Eldercare offers a range of activities for people with dementia and the transport to support access.

6.8.4 To be able to make an impact on dementia care it is vital that community and voluntary sector, primary and secondary care services work well together as a joined up system. This means GPs making a diagnosis, knowing what is available and referring people on to the support they need. EPUT provides a Memory Assessment Service and a Dementia Access Service, which cover all North East Essex, offering patient appointments and home visits as well as a helpline, group work and cognitive stimulation therapy for older people and younger adults living with dementia. In Tendring, these are based at the Landermere Centre at Clacton Hospital and the Fryatt Hospital in Harwich, as well as being available at King's Wood Centre in Colchester. For many, much more locally based community support, as outlined above, is needed to complement this.

6.8.5 In undertaking this research, some residential homes indicated that they would be willing and able to offer more support to people living in the community. Crossroads offers a sitting service to give carers a break. Support for carers makes a huge impact on their ability to maintain their caring role. Services need to be relevant and close to home or easily accessible.

6.8.6 The vision of the Essex Dementia Strategy 2017-2021²⁶ is *"The future is one in which: People living with dementia are recognised as unique individuals who are actively shaping their lives and their care whilst being able to remain as physically and emotionally healthy for as long as possible."* To achieve this, organisations need to pull together and empower people with dementia with complete, accurate and understandable information and guidance. The priorities particularly relevant to the community should be prevention (maintaining healthy lifestyles, exercising body and brain and identifying when people are at higher risk); access to good information and advice (including identifying when assessment should be sought), living well with dementia in the community (making communities, services and places dementia friendly) supporting carers (and ensuring that they can live a life as well as caring, and feel positively supported in this) and ensuring that people living with dementia can live well in long-term care. This includes support for people to plan for their end of life,

²⁴ Reducing the risk, Alzheimer's research UK, July 2017

²⁵ Feelings of loneliness, but not social isolation, predict dementia onset: results from the Amsterdam Study of the Elderly (AMSTEL) *Journal of Neurology, Neurosurgery and Psychiatry* T J Holwerda et al. 2012

²⁶

while they still have the capacity to do so. This takes pressure off them and their family and carers. The Alzheimer's Society works with the Dementia Action Alliance to deliver these priorities. This needs to be done in a structured, systematic way, which includes all the key stakeholders. Our society has moved on a lot, but there is still a long way to go.

6.9 Stroke

6.9.1 While stroke can happen at any age, it is more prevalent in older people. The cause of stroke can be prevented or reduced by making lifestyle changes. While the risk factors of age, family history, ethnicity and previous medical history cannot be changed, there are risk factors which can, with changes in lifestyle or by taking the right medication. These risks include: high blood pressure - the major, treatable risk factor (the estimated prevalence of high blood pressure in Tendring is 27%, compared with an England average of 21%), smoking, high blood cholesterol (controllable by diet and medication), atrial fibrillation (controllable by medication), low levels of physical exercise (30% of adults in Tendring do not walk at least once a week, compared with 21% Essex average), diabetes, being overweight or obese (child and adult obesity rates are comparatively high) and drinking more than the recommended amounts of alcohol (alcohol-related hospital stays are the highest in Essex). The services and activities outlined in this report can do much to address these risks.

6.9.2 Many local pharmacies across the District will provide weight management support, blood pressure checks, smoking cessation advice and cholesterol checks, which can help to reduce stroke risk.

6.9.3 However, strokes do happen, and life after stroke is often a huge challenge for the person affected and their families and carers. Tendring Specialist Stroke Service (TSSS) is based in Holland-on-Sea, with services in Harwich too, focusing on the survivor and the carers, helping them to re-build their lives. There is also a Tendring Stroke Club which meets in the Park Pavilion in Dovercourt. Stroke survivors have the opportunity to meet other stroke survivors and carers can meet other carers, providing mutual support and sharing knowledge and experiences. TSSS provides therapeutic activities for stroke survivors; their aim is to:

- Reinforce daily living skills
- Develop effective communication skills
- Promote self-confidence and initiative
- Increase independence and encourage social integration
- Develop strategies to manage psychosocial difficulties

6.9.4 Tendring is lucky to have such a strong support service but attendees are challenged by transport difficulties. Some are able to use Dial-a-Ride services but some are in inaccessible parts of the District and are not always able to get to support.

6.10 Older People - Physical Well Being

6.10.1 There are a number of physical activity classes aimed mainly at the elderly, including some all sitting sessions, such as an exercise group in Alresford which provides sitting only sessions for able and disabled older people. There are groups aimed at the over 60s (albeit that many of these are for women only, such as the Keep Fit in St Osyth).

6.10.2 The local authority swimming pools offer over sessions for people over 50yrs and exercise and lifestyle courses for over 50yrs in the adjoining gym facilities. These are very popular, and concession rates are low for those in receipt of the state pension (£3 for pay per use). In addition there are gentle walking clubs, weight management, walking football and numerous non-age specific exercise classes to suit all abilities.

St Osyth enjoys some lively local groups, including a keep fit class for mature ladies run by the users themselves. Officially the club is for the over 60s but most members are now mostly aged over 70yrs. They have been meeting weekly for many years, and are on their feet for an hour a week exercising to their own selection of 1960s music on a CD player. The small cost of a £2pa membership fee pays for the rental of the hall, and new members join all the time to keep the regular numbers attending at about 20 women. Another local weekly club, again run by a keen amateur, is aimed at providing a friendly social session for able and disabled adults. There is no fixed attendance fee, everyone is simply asked to make whatever contribution they can, with around 30 regular attendees. The leads of both these groups speak enthusiastically about the people who come to their sessions, clearly each giving years of service to their community over many years.



6.11 End of life

6.11.1 It is recognised that End of Life care is not only an issue for older people but can affect anyone at any age. The recent report 'Investing in quality: The contribution of large charities to shaping future health and care' looks at collaboration and impact of health, social care, community health and community and voluntary sector working together on delivery of health and care. In the section regarding End of Life care it states *"Around one in four deaths are thought to be unexpected; the rest could potentially benefit from proactive care at the end-of-life (Association for Palliative Medicine of Great Britain and Ireland et al 2012). However, there are longstanding challenges in meeting this need effectively. People with life limiting conditions other than cancer (e.g. circulatory disease and cognitive problems like dementia) are less likely to access care even when they would benefit (Dixon et al 2015). People from lower socio-economic groups (Buck et al 2018) and vulnerable groups such as people who are homeless (Hudson et al 2016) are similarly less likely to access palliative care. Geographical variation remains an issue, as does co-ordination of the numerous professionals involved in supporting patients and their families near death."*²⁷ This is certainly relevant for and a challenge to providers of end of life care in Tendring, with relatively high numbers of older people in the population. The number people dying in hospital, rather than at home or in hospice care is high compared with Colchester. Families and carers need to be made aware of what to expect and how to cope with it to be able to manage at home. Preparation for end of life is very important, to give peace of mind to the individual and their family/loved ones. This means early identification of the need for end of life care, having open discussion about wills, lasting power of attorney, advance statements of wishes and Do Not Resuscitate (DNR) forms before they are needed to facilitate planning, end of life planning and coordination of care to deliver on expressed wishes. Many organisations do some of the awareness raising through relevant speakers but this could be more widespread. There is a role for organisations like Age Concern, Tendring Stroke Services, PPGs, as well as the Hospice and MacMillan Nursing, to develop information to support awareness raising.

6.11.2 For people with a terminal diagnosis, there is good support from MacMillan Nursing and St Helena Hospice. MacMillan Nursing provides support to people living with or caring for someone with cancer and equips them with the information to help them cope. They offer

²⁷ Investing in quality: The contribution of large charities to shaping future health and care, The Kings Fund, Helen Gilbert and Leo Ewbank, 2019

a range of services including information and advice, support groups, benefits advice but these are largely based in Colchester but there is also access to an online community. Services being based in Colchester pose the problem of transport, particularly from more rural villages where the Hospital hoppers and regular bus services do not go.

6.11.3 There has been a lot of coverage about the closure of the Jackson Road Centre in Clacton. St Helena Hospice state that regardless of the future of the Tendring Centre, the Hospice will continue to offer the same range and volume of day therapies and other outpatient and bereavement support that it does now from sites in the Tendring area. In addition to the growing Hospice in the Home service, which covers all of Tendring, they have a 24/7 SinglePoint coordination centre and help line available to local residents and a Virtual Ward service which helps people get home from or stay out of hospital. As well as access to beds at The Hospice, there are 5 end of life care beds on St Osyth's Priory Ward at Clacton Community Hospital and 3 end of life care beds at The Fryatt Community Hospital in Harwich. When the CCG completes the reconfiguration of the community hospital sites next year then the total number of end of life care beds in Tendring will increase to 16.

6.12 Bereavement

6.12.1 It is acknowledged that bereavement can occur at any age in life and that it can impact considerably on physical and mental health, levels of loneliness and motivation. There are some dedicated bereavement groups across the district, and friendship or social clubs (including organisations like the U3A) can sometimes provide a similar support network.

6.12.2 Some services and groups are provided through community centres, such as in Jaywick Community Resource Centre, and there is a gardening club specifically for bereaved people. A number of churches run bereavement groups, such as those at St John the Baptist and United Reform Churches in Clacton. The Coastal Community Centre runs support groups for coping with bereavement and building personal coping strategies and resilience (for all ages). CVST has instigated Bereavement and Friendship cafes in Clacton, Walton, Jaywick and Harwich, many of which are now run by volunteers and sustainable for the future and attendees have now developed friendship groups and meet outside the cafes for coffee, theatre trips etc.

7 MENTAL AND EMOTIONAL WELLBEING

Mental ill-health and suicide have a high prevalence in Tendring. Awareness of one's own and others' mental wellbeing is central to supporting people in lifestyles, services and activities which make a positive difference. Courses such as Mental Health First Aid, provided by CVST, help to raise awareness and give people the confidence to interact and support someone who is in distress or experiencing mental ill-health. Volunteering is a very positive way for people recovering from mental ill health, or who feel isolated and lonely, to make a positive contribution and build self confidence and self esteem.

7.1 Children and Young People

7.1.1 Tendring children experience a high rate of mental health problems. A study of Essex data showed that 9 Tendring wards featured in the 20 across Essex for children receiving tier 2 and tier 3 mental health interventions. The top 3 were all Tendring wards - Golf Green, Rush Green and Homelands all have a rate per population of between 161 and 179.1 referrals per 1,000 population, more than double the Essex average of 64.8 per 1,000 across the rest of the top 20²⁸.

²⁸ Essex CC Research and Analysis Unit: Essex Needs Assessment for Schools, Children and Families 2013

7.1.2 Child and adolescent mental health and wellbeing are both hugely affected by environmental factors. It is important that they are able to build mental resilience in their early years of life and into adulthood. About 5% of primary and 9% of secondary pupils in Essex (about 16,000 people) have poor emotional wellbeing, likely affecting their emotional development and educational attainment. Children and young people report that their safety, especially from bullying, is their biggest concern. Being a carer can also adversely affect the wellbeing of both children and adults.²⁹

7.1.3 Stakeholders report that capacity appears to be an issue for charitable and statutory mental services aimed at children across the district. This was expressed as a particular concern when linked to a capacity gap in the provision of social support to children and availability of low cost activities in some areas.

7.1.4 Across Tendring there are many organised and supervised activities for young people, such as football and sports clubs, leisure centre sessions and longer term ventures such as the activity programmes provided by organisations like Lads Need Dads. The Only Cowards Carry charity runs a number of awareness sessions for young people, primarily aimed at reducing knife crime but also covering bullying and drugs and alcohol. Teen Talk has weekly drop in and coffee morning sessions in Harwich and Clacton where young people can meet, chat and seek confidential advice. Teen Talk also offers training for young volunteers, opening up a wider range of opportunities. Futures In Mind runs pop in sessions and coffee mornings for young people to socialise and seek support, including for those with drug or alcohol problems.

7.1.5 The Tendring Youth Network offers support and advice and provides a single source of information online for what is available to young people across the spectrum of issues affecting them, such as housing, money management, pregnancy, etc. A consultation carried out at the time of Essex data collection found that young people and parents wanted to raise awareness of what is available. Parents particularly wanted easy access to services through schools, GPs or direct access although this was of less concern to young people. Both groups felt that having trust in the service and feeling in a safe and comfortable environment is of great importance³⁰.

7.1.6 Many community providers are of the view that from a community and developmental perspective it is the children and young people who are not involved in organised activities who are most in need of support. Whilst it is unsurprising that the range of activities available to all age groups are concentrated in towns and areas of greatest known need there still appear to be gaps in accessibility for some people - this could be for any number of reasons including awareness, proximity or cost.

7.1.7 Stakeholders report that a few years ago it was children aged 12yrs and over where this gap was most noticeable, with a dwindling number of more informal youth clubs and indoor activities. However, community leads in some areas say that the need is now for those aged 8yrs and upwards, with many children wandering through towns in groups unable to find anywhere to go. This social drift means they become vulnerable to social disconnection and the resulting longer term impacts, such as poor employment prospects or being recruited into crime.³¹

²⁹ Essex Joint Strategic Needs Assessment 2017

³⁰ Essex CC Research and Analysis Unit: Essex Needs Assessment for Schools, Children and Families 2013

³¹ Arts and Humanities Research Council; Youth and Community: Connections and Disconnections R Cavalcanti et al; 2015



FC Clacton

FC Clacton is a community football Club, based in Rush Green Road, Clacton run on a strictly not for profit basis to provide football and social opportunities to players, their families and supporters. They are proud to be an FA Charter Standard Community Club – the highest accolade The FA can award to non-league Clubs to recognise excellence in coaching and long term player development. They engage with all age groups and next season they expect to have around 500 players representing the club each week, with around 75 volunteers working behind the scenes. This will be in 33 teams, ranging from under 7s to Veterans, plus an under 6s development squad and a weekly FA Wildcats girls only training session. Of the 33 teams, 29 are youth teams (including 5 girls only teams) and the remaining 4 senior teams includes our Ladies squad.

They are one of the largest football Clubs in Essex and one of the largest sports Clubs in Tendring. New coaches usually take on a team at u6s and ideally stay with them right through to u18s, moving up each year with the same team and building lasting trust and a close bond with their players and families that will often last long into adulthood. They encourage coaches to continue their professional development and over half have gone on to do the FA Level 2 or beyond. Some finding employment with these coaching qualifications and experience, and some setting up their own businesses to provide coaching in schools, holidays etc. Players also get involved with more than just playing. At 14 players can complete the Junior Football Leader course to assist with coaching. 4 of the Ladies team are undertaking their FA Level 1 to coach girls at the FA Wildcats sessions. At 14 plus players can take the FA basic referee course and several who have done so now referee the younger ages.

7.2 Adults

7.2.1 There are some challenging issues in Tendring with regard to mental wellbeing for all age groups. Tendring has the highest level of hospital stays for self-harm in Essex (notably very high at 289 vs. 157 Essex average) and the highest suicide level in Essex (again high at 16 vs. 9.6 England – in fact, it is the 5th highest rate in England) - see Appendix A. Stakeholders report that there appears to be limited access to community based counselling for all age groups.

7.2.2 Many providers of the social activities are convinced of the mental health benefits that structured social activities can bring to all age groups, particularly in helping motivate and inspire people who may otherwise become socially isolated. Evidence suggests that social disconnection and loneliness in adults affects the physical health of those affected to the same degree as smoking 15 cigarettes a day, an increased risk of cardiovascular disease, high blood pressure and overall increased mortality of up to 26%. Mental health is also affected with an increased risk of depression and dementia in later life.³²

7.2.3 Recognising the need to improve people's lives by helping them restore their self-belief, self-reliance, self-need and self-worth, SUMMIT (Tendring Mental Health Support), based in Clacton, provides a range of service to restore and maintain people's mental and emotional wellbeing. Their client-centred work includes mindfulness and meditation, relaxation, art therapies, mutual support groups and advocacy. They maintain their independence, ensuring there is no conflict of interest, and treat their clients with honesty, dignity and respect. This enables people with mental health problems and learning disability to be supported in a culture of enablement, not dependency developing the skills and confidence and take back control over their lives.

³² Campaign to End Loneliness; Holt-Lustead 2015; Valtorta et al 2016; et al



One of SUMMIT's successful projects, funded by the Big Lottery, has enabled the introduction of a new and innovative service for people in the Tendring area. The successful lottery bid enabled SUMMIT to deliver a wide range of structured sessions, aimed at improving the quality of life for people with mental illness and learning disabilities. Summit also provides duty advocacy, which assists clients with a wide range of issues. The Reaching Out service is very popular and ensures that the most isolated receive a service from SUMMIT, so they also can begin to take those small steps towards inclusion.

The WRAP Project (Wellness, Recovery Action Participation), enabling people to access their GP, groups and counselling, was initially a pilot funded from IBCF grant. Due to its success and proven impact, further funding has been secured to develop this innovative project.

Staff and volunteers are patient and skilful listeners and will help to get an individual's voice heard. Their approach is empowering, never limiting

anyone's ambition.

7.2.4 There is a wide variety of activities and support sessions available across Tendring, unsurprisingly, most are located in towns or areas of known deprivation. For example, the Clacton Coastal Academy/ Community Centre hosts a diverse range and groups such as the STAR group offering support and developing coping strategies following loss alongside other bereavement and support groups. There are groups in support of young families, foster carers and social clubs offering low cost breakfast and games tournaments. There is also a weekly meeting of the WREG (Women's Recovery Empowerment Group) to support survivors of abuse. Not far away in Jaywick Sands the Community Resource Centre also runs a wide variety of support and social groups for adults, young people and families. Older people enjoy weekly activities such as the lunch clubs and Knit and Natter sessions. There is very little mental health support available in the Harwich area where, anecdotally, there are considerable challenges. The Salvation Army offers support and advice but there is little structured, community-based support available to enable people to feel included in local life and to build their self-worth and motivation. Home Start Harwich offers support to parents to strengthen their emotional wellbeing.

Citizens Advice Tendring (CAT) have set up a charity shop which acts as a hub to the main advice centre for people who may be suffering from anxiety or other mental health problem. Instead of



queuing at the main office drop in centre for advice they can book an appointment at the hub and be seen without waiting in a quieter more relaxed environment. People recovering from mental health are also encouraged to work in the shop as a volunteer, supported by trained staff to help them back into a working routine ahead of them taking their next step back into employment or other roles they may previously have found very stressful. The service is well regarded and supported by the Essex Public Health Team and the Clinical Commissioning Group.

7.2.5 Whilst Tendring does enjoy many varied activities for adults, these again tend to be clustered in pockets. Stakeholders feel that activities are not necessarily accessible or affordable to all the vulnerable groups or those who might wish to use them due to the usual variety of factors such as proximity, cost or awareness.

7.2.6 There is scope for organisation's supporting and empowering people with mental health problems to work more closely together to provide a more holistic approach avoid people having to repeat their story and helping people to move on when they are ready.

7.3 Volunteering

7.3.1 The organisations and activities reflected in this report and the accompanying directory indicate the huge impact that volunteering has on the wellbeing of individuals and communities. There is evidence that helping others is good for mental health and wellbeing, reduces stress, encourages self-worth and can improve both physical and emotional fitness. For many people with mental health challenges, volunteering can be a step back into training and employment, building confidence while supporting others.³³ It gives a sense of belonging and reduces isolation.

7.3.2 By raising awareness of mental health and understanding mental health first aid, more organisations may be encouraged to recruit and support people as part of their recovery journey. Many organisations do this already but there is a role for coordinating organisations, such as CVST, to continue to promote this and support community and voluntary groups. Young people should be encouraged to volunteer as well, Teen talk, Harwich has a range of volunteering opportunities for young people and young adults which can help to build sense of purpose, self worth and inclusion, while challenging some of the stereotypes of youth.

8 NUTRITION AND HEALTHY LIVING

8.1 Physical Activities

8.1.1 Adults of all ages in Tendring spend less time undertaking physical activities than others in Essex or England as a whole, with a Tendring indicator of the number of physically active adults at 62.6 against an Essex and England average of 66. As explored above, there are many exercise and fitness groups operating in Tendring, including low cost gym and swimming facilities in TDC operated leisure centres across the district. Many village halls and community centres run Yoga and Pilates, keep fit and a variety of sports activities and clubs. There are a number of regular walking groups, many of which use the coastal paths and seafront to maximise use of Tendring's natural assets. The groups and activities appear well used but clearly there are many people who do not access them regularly.

8.1.2 This is accompanied by high numbers of adults carrying excess weight (67.5 in Tendring vs. 61.3 England average) and a higher than average smoking prevalence (16.7 vs. 14.9) which builds a picture of worrying health risks across the adult population.

8.1.3 Essex won a bid with Sport England to be one of twelve national pilot sites to look at innovative ways of reducing inactivity. Active Essex's winning bid in Tendring is looking at whole system change to increase activity, with a particular focus on individuals with poor mental health, older people and families with young children within areas of high deprivation. Active Essex recognises that previous attempts to increase activity have focused on exercise referral schemes, reduced prices at the gym, swimming vouchers etc, but this has met with limited success as within Tendring we have the highest prevalence of physical inactivity within Essex (33%) and significantly poorer health outcomes. A key aim of this pilot will be to co-produce hyper-local solutions for sustainably, increasing activity within our communities. Active Essex have carried out research with the University of Essex to understand local barriers to activity and are now moving into the consultation phase where they will be engaging with both local organisations and the target communities. Identifying

³³ Doing good does you good: a pocket guide to helping others, Mental Health Foundation

members of the community or 'sticky people' who are reducing inactivity hyper-locally, self-motivated and unaffiliated to any groups or associations.

8.1.4 There are at least 7 walking football groups in Tendring, enabling those who are less physically active but have a passion for football to continue to enjoy the game, at a different pace and with some rule differences, improving fitness at the same time. These groups are primarily people age over 50 years.

8.2 Food and Diet

8.2.1 There is a challenge in tackling poor dietary choices, particularly in coastal towns that have large numbers of cheap fast food shops catering for visitors and locals which make healthier choices harder to make for many people. Some children will grow up in a family environment where home food preparation is not the norm so they too will find it easier to resort to the low cost unhealthier options that they are used to.

8.2.2 Despite this there is little evidence of regular or widely available community services aimed at encouraging healthy eating or improving diet or improved home food preparation. There are some occasional local sessions, for example Colchester First Site is running food support training at Harwich Arts and Heritage Centre and a few groups in schools specifically for families with pre-school children or young people (below). There are commercially run weight loss groups such as Slimming World and Weight Watchers operating at a number of venues but these provide very specific weight loss programmes, only accepting individual adult members above a minimum BMI or weight loss requirement and paying a weekly fee.

8.3 Children and Young People

8.3.1 Tendring also has the highest level of year 6 childhood obesity in Essex. There are some sessions which might help parents encourage healthier eating for toddlers and children but these are not widely available in all areas. However, there is an opportunity to access the multitude of mother and toddler groups which are in place and use these to encourage healthy eating. For example, this might include holding fun events such as indoor picnics to give parents and toddler an opportunity to try out healthier options or encouraging children to plant and grow simple salads or vegetables which they can tend and eat.

8.3.2 Schools are already equipped with kitchens and may be able to host courses or events during school holidays which families can attend. There are examples of these already successfully in place with a model that might be replicated across the district, such as St James' Children's Centre Clacton offers a weekly, 6 week Confident Cooking course for families with 2-5 year old children where families can learn new healthy recipe ideas and make simple snacks on Friday mornings. Teen Talk runs a 6 week cookery course for young people ages 12-25 in Harwich. The course is split into 2 age groups, 12-16 and 17-25 and runs weekly for one and a half hours on a Tuesday evening, a time when people can get to it. Home Start Colchester, Clacton and Jaywick also provides advice and support in healthy eating and includes this as part of its workshops for children between 5 and 11 years of age.

8.3.3 There are a number of sole traders across the District providing dance classes, fitness, arts and outdoor activities for children, young people and adults. Sometimes this is unaffordable for parents and carers, so the opportunity is perhaps lost to those who need it most. One sole trader (Diddi Dance) reduced the price of dance sessions from £5 to £2 and found that the take up increased significantly, but this is not a sustainable model. There may be scope for innovation to facilitate inclusion.

Diddi Dance School has been operating across the district since 2015. The dance leader strongly believes that toddlers should be encouraged to get active and socialise so that their confidence increases and they have a great start in life. She has aspirations to open further classes and is hopeful to attract children with additional needs. One barrier to attending classes has been lack of money as many parents can't afford it. She offered a bursary and was overwhelmed with many more children wanting to join. Sadly the bursary offer had to be withdrawn as it wasn't viable. *"I understand how difficult it is to join clubs and activities in the community and how often we cannot as needs are such that it is hard to participate, but I would really encourage any parents and carers who have a child under five with special needs to come along to one of the classes during the day. It will change lives. I understand what it's like"* The dance leader is the parent of a child with additional needs. If funding support could be secured for this, many more children with different abilities and different backgrounds would have greater access to dancing.

8.4 Older People

8.4.1 The lunch clubs across the district do provide nutritious low cost lunches (free in Walton on the Naze) and are very popular among older people. There are weekly lunch clubs in many locations, such as Brightlingsea, Harwich, Alresford, Jaywick Sands, Clacton and Walton on the Naze. A given number of people can attend each sitting, although providers report that some attendees attend sessions in different locations on a weekly basis, so it is difficult to calculate how many individuals benefit from attending.

8.4.2 There are many websites offering advice on a healthy eating and nutrition for older people. For example, Waitrose supermarket has developed recipes and food advice for people over 70yrs advising on a good diet as we age and The Royal Voluntary Service website contains a lot of information about diet and exercise for older people. However, whilst this may be of interest and value, there is no evidence that printed versions are available for people without Internet access, which our stakeholders repeatedly say is an issue for older people.

8.4.3 In addition some people experiencing family breakdown or bereavement can lose a partner or family member who took care of food preparation and they lose this practical support. A gentle intervention to build confidence could help to prevent someone from eating unhealthily or becoming malnourished.

8.5 Food Banks

8.5.1 The food banks across the district usually offer 3-4 day packages of food for families but observations suggest that some donations can be high in fat or sugar laden items and require little preparation. Anecdotal evidence from some of the food bank staff suggests that this is the type of food in demand and that attempts to introduce different (healthier) styles of food is not welcomed by most recipients and attempts to do so would result in wastage. Their supplies are largely dependent upon the type of food donated, which mostly has to be non perishable, although local supermarkets do donate fresh food that has passed its use by date but is still in good condition.

8.5.2 This mapping exercise did not encompass a comprehensive review of food bank activities, but this would appear to be an area for further exploration to see where healthier eating habits might be encouraged through the food banks to help people prepare healthier meals. For example, Walton on the Naze food bank trialled a scheme whereby a recipe card was prepared showing how simple ingredients from the pack could easily be used to prepare nutritious meals. Samples of the meals were prepared so people could see the likely results. The scheme didn't progress due to volunteer capacity but could be replicated

with some dedicated support, with food banks perhaps sharing resources in devising the meals. The ingredients could be gathered through the targeted donations and a recipe card prepared with simple instructions to be handed out with the food. Local supermarkets might be persuaded to work with the scheme by being encouraged to add prominence to those ingredients suggesting them as the preferred choice for donations to the food bank, and organisations such as Adult Community Learning have already suggested that they would go out to teach food preparation skills

8.6 Food Preparation and Cooking

8.6.1 With many community centres and schools across the district having commercial standard kitchens, these could be used to deliver practical support to everyone in the community through sociable cooking groups. These could be run for short burst simple courses, preparing the sort of food that the people attending like to eat (such as 'Learn how to cook 5 basic meals in 5 weeks').

8.6.2 Food preparation sessions such as this in schools could be targeted at young families and the cooking groups could also be inter-generational. Stakeholder feedback suggests that enabling older children to bring younger siblings may enable this to happen as a free after school activity as often teenagers are the main carer of younger family members whilst parents are at work. Older people with cooking and food preparation skills could be encouraged to act as mentors and instructors, whilst the bereaved might come along for practical advice, with the added benefit of participating in a social event.

9 INFORMATION AND ADVICE

9.1 In addition to the actual mapping of services, the exercise itself proved useful as it provided a clearer understanding of how communities might find out about the activities and services available to them locally. Some websites are easy to find, up to date and provide very detailed information on what is available and how people might access it, any cost and who is it aimed at. However, information about the majority of services is fairly fragmented and the following issues prevail:

9.2 In many locations there is not a single organising body and providers rent space on an ad hoc basis, designing, publicising and delivering their own service or activity or allowing external organisations or individuals to hire space and advertise with the rest of the centre's activity. Usually in these circumstances a phone number or email address for the organiser is provided with varying information about what the activity might be, occasionally giving additional information about cost and/or who the activity it is aimed at. Experience has shown that whilst many organisers are helpful, quick to respond and very knowledgeable about their local facilities but not all can be reached and some fail to respond. This might dissuade some users from pursuing things further.

9.3 Services are often not publicised in a way that easily reaches potential new users. Publicity can be limited to a poster pinned up outside the building where the activity takes place so new users who do not already visit the location would not see it. In some circumstances the information is inside the building on a notice board, making it impossible to access from outside. Some activities are advertised in local free magazines, but not comprehensively or regularly. The information might then not be fulsome enough to attract or encourage someone new.

9.4 Where websites exist they are not always found through searching by location or service, users would often need to specify the name of the building or location or even the provider of the activity, rather than being able to browse a range of local options and choose from available opportunities.

Brightlingsea Community Centre has an excellent website which is easy to navigate and sets out details of all the activities and sessions through the week. It only takes a few clicks to find the information needed, which is welcome given that local Broadband can be variable. There are also posters of events locally, as well as entries in the free press for special events. The centre provides a wide range of activities for all age groups and tastes, acting as a lively hub for the town.



9.5 Some service providers and localities use Facebook pages to advertise their activities and services, answer questions and make recommendations. Facebook pages have also been used to set up very local walking groups, club activities, events etc. However, this does exclude anyone who does not use Facebook. Stakeholders repeatedly told us that whilst many older people embrace new technology this is by no means universal and is no substitute for face to face interaction, especially for people who may have become isolated and detached from community activities.

9.6 The quality of information across the District is very variable, from scrappy sign in the door of a village hall, to a detailed handbook for local residents giving all information necessary to participate fully in that community. Setting standards for public information which are adopted by community and voluntary groups, along with guidance on how to attain them, could be very helpful.

9.7 Community Agents are a successful model for providing local information about services in specific localities. However, the web-based information is very patchy and 1:1 contact is needed to explore what is available. Local groups find them useful in providing advice about services and activities.

9.8 We found some good practice examples which may serve to provide a basis for a focus group on community information standards.

The **Great Bentley Good Neighbours** committee of volunteers works throughout the year to produce an Annual Booklet detailing all relevant local services, with contact details for residents. The team ensures that:

- each road in the parish has a specified road steward responsible for properties in that road to assist residents should they require any help.
- each resident in their road receives an Annual Booklet.
- arrangements can be made with volunteer drivers to take Great Bentley residents to the Doctors, Hospitals or relevant clinics; even collecting shopping in an emergency and more.
- there is local support and liaison with Neighbourhood Watch.



There are medical aids which can be provided quickly – wheelchairs, crutches, walking sticks, Zimmer frames, commodes and much more.

A Pets to Vets service is included and the booklet has a list of all organisations in the village that residents might like to join, as well as contact numbers for organisations outside the village, including local council, health and amenities numbers.

9.9 Websites do not always show detailed information such as cost or joining details and some are out of date and/or difficult to navigate. Often there is no venue address, it seems to be assumed that the reader will have local knowledge and know where the building is. Telephone numbers and email details are sometimes out of date or no longer available.

9.10 Most services provided in community settings can be considered universal in so much as there are no restrictions on who can attend, unless they are externally run, formal groups which require membership, but this is not always clear to potential new users. Costs are rarely set out.

9.11 Stakeholders shared an interest in having known, easily identifiable information points, located where people go as a matter of routine, staffed by volunteers who are trained on what is available within that specific area and elsewhere in the district. When not staffed, it could hold a range of literature, so that people can pick them up and follow up where interested. It could also provide information of how to find a 'buddy' if self confidence in approaching services is low or the enquirer is new to the area.

9.12 Social prescribing

9.12.1 Social prescribing is about aligning the services that are available to a person in different sectors and identifying the need for new services.³⁴ The aims of social prescribing are:

- To link people to sources of opportunities and support in their community
- To enable people and health and social care and voluntary sector providers to collaborate to find the right social prescription
- To decrease prescribing medication and follow-up consultations
- To empower people and encourage a sense of purpose

9.12.1 CVS Tendring has been enabling and supporting people to help them reach their potential for many years, mainly via their Community Information Centre in Rosemary Road Clacton and more recently at the Dovercourt and Harwich Hub. In addition, through funding support from North East Essex Clinical Commissioning Group (NEECCG), a CVST Community Development Officer has been successfully engaging with patients in 9 surgeries based in Clacton on Sea and at Caradoc surgery in Frinton on Sea and as a result, a huge difference has been made on many patients lives. The aim of Managing My Health is to gently engage with patients and surgery staff and connect people with the many opportunities, activities and help available.

9.12.3 In April 2019, a new joint collaboration between ECC, NEECCG, Provide, RCCE Community Agents and CVS Tendring began, with the aim of rolling out Social Prescribing to the wider community and to provide wellbeing support for non-medical matters such as; loneliness, anxiety, mental health issues, unemployment, housing, long term health conditions and debt. The service connects patients, residents and service providers with appropriate support and guidance help them make positive changes to their personal health and wellbeing; identify and link them into appropriate support in the community; assist them in developing personal goals focused on what matters. Outcomes for individuals include:

- Healthy living and wellbeing
- Taking up volunteering
- Lifestyle advice and weight management

³⁴ *Making Sense of Social Prescribing, University of Westminster, 2017*

- Reducing isolation and loneliness
- Supporting independent living
- Mobility and home adaptations
- Help with looking after someone/carers
- Getting out and about / joining community activities
- Increasing levels of physical activity
- Increased financial capability (access to benefits)

10 ACCESSIBILITY

10.1 Getting people involved

10.1.1 Access to services goes well beyond physical access. Quality of information, communication, welcome, time to get there, waiting lists, having to make phone contact, lack of access to the internet and knowing what to expect can all either help or act as barriers to participation. So, even in areas where there are abundant services, for many people, actually getting there and through the door is a major challenge.

10.1.2 Access can also be hindered for older people for other reasons, such as lack of confidence or information as to what is available. Even where people live close to services and might be within easy walking distance, access for older people can be made more difficult by other issues such as a lack of footpaths for either walking or using a mobility device, busy roads with no crossings or poor lighting. Even where facilities are good, a lack of confidence on slippery paths or on darker days might also prevent someone from wishing to leave home during winter months. A possible solution might be a buddy system, whereby other club members could escort people to and from activities.

10.1.3 The Community Agents role could be further developed. In stakeholder focus groups there was a lot of discussion about the potential value that could be added by providing a 'buddy' service. This would comprise well-trained volunteers who would get to know people in their own homes, or at a mutually agreed place, and explain what services are available and accompany people to them and help them settle in. The buddy would move away once confidence is built and the person is engaged with what (s)he wants to do.

10.1.4 A welcome is so important for new participants in any community activity. An example was given of a bereaved woman who decided to go to a yoga class to get out of the house, meet new people and relax. On arrival, she was 'told off' as she did not have a mat and then, when she found herself a space to do yoga in, was told that she was in someone (a regular attendee) else's place. She did not return.

10.1.5 NICE Clinical guidance 136 looks at improving the experience of care for people using NHS Mental health services. Part of these guidelines covers access to services and states that "in some services poor communication skills, information provision and staff attitudes can have a negative influence on the experience at first point of contact and impair the extent and degree of engagement with services and treatment." This is equally true for those using community and voluntary services.³⁵

10.1.6 Service providers report that encouraging new members and volunteers can sometimes be the greater challenge, but this varies from service to service - some report a

35 Service User Experience in Adult Mental Health: Improving the Experience of Care for People Using Adult NHS Mental Health Services, NICE Clinical Guidelines, No. 136, National Collaborating Centre for Mental Health (UK), Leicester (UK): [British Psychological Society](#); 2012.

good flow of new volunteers, others are worried that it is increasingly hard to find anyone. Likewise some groups struggle to recruit new participants, others are full and turning new members away. For example Headway, the charity supporting people with acquired brain injury, cannot secure enough places on social events to meet demand - a particularly popular bowling event has a 6 month waiting list for new users.

10.1.7 To recruit new participants, some providers report that taster sessions for new groups can be very effective but that they need time to work, a single session is often not enough. The HILL project in Harwich offered 10 free swimming sessions as an opportunity for physical exercise and to meet new people. During this time relationships were built and participants recognised the value from regular exercise. The group chose to continue, paying the small charge at the swimming pool, and it continues to run on that basis. Taster sessions are held at TDC owned leisure facilities (as below) but some of the smaller charities or small groups would need some financial support for this to be viable for them. Tendring has many swimming pools, including those run by the local authority with attached leisure facilities and private pools (including those in holiday parks, some of which already offer low cost use to local residents). Although these facilities tend to be close to the coast, so not necessarily within easy reach of all residents, they do provide good physical assets that might be used for a variety of activities. Taster sessions are already offered for some new groups at Clacton Leisure Centre, such as the new walking netball group, and it may be possible to use this model to expand upon men's activities.

10.1.8 Local champions and buddies (to support attendance at new activities) help to get new services in place. National charities, such as those running Men in Sheds, could be brought in to support new targeted local developments or local champions could be identified to build local ideas. Areas where there are currently fewer activities for particular groups could be targeted, with the emphasis on sociable activities known to help improve health or mental well being for those participating.

	<p>Weeley Residents Association is a good example of how a small group of residents galvanised their community and created a lively and engaging group working together for common benefit. The Association was started from an original group of 8 keen residents and now boasts 432 members. The group thrives on connecting people, assets and groups through word of mouth, and building trust and relationships. Recognising that future success is all about sustainability, they routinely pull in new volunteers through personal invitation and perseverance. Residents meet and make friends by participating in various activities such as litter picking (some in their own version of Womble outfits!), fish and chip suppers, bingo, children's groups, and many other events. They are keen to engage directly with each other through word of mouth and they go where people go (not just emails), and they have an excellent website, giving comprehensive details of all the activities and contacts. They produce two community newsletters and have printed posters in the village hall, shops and GP surgery.</p>
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10.1.9 People will need to enjoy participating; those groups enjoying greater success are seemingly those with a high level of social interaction or where people have some degree of control over the extent to which they participate. There is a risk in terms of the range of activities however, that leaving this to local chance could result in duplication of popular services rather than new, more innovative endeavours.

10.1.10 Short course activity has been shown to work as a way of rejuvenating group activities that may otherwise become stale or encouraging a core group to the exclusion of new members. For example, many of the group sessions operating at the CVST Dovercourt and Harwich Hub operate in this way in order to refresh membership and

enthusiasm. They report that this means everyone starts new at each of the re-launched groups, avoiding the possibility of perceived cliques forming among well established members that may put off new members.

10.1.11 Many services take place during the day, which can suit people who are retired better. However, there are many people in employment who may wish to access services in the evenings or at weekends and there is limited availability at these times. Consideration should be given to how opening hours can act as a barrier to accessing services and whether there is a need to extend or vary opening times to embrace people who work.

10.2 Transport

10.2.1 Getting to a service is a constant challenge in rural areas, and access to transport is a recurring issue. There are over 141,000 people in Tendring. 42,638 are over 65. 2011 Census data tells us that 17303 (12.5% of population) people had their day-to-day activities limited a lot by long-term conditions or disability and 17959 (13%) had their day-to-day activities limited a little. This figure will have increased over the past eight years, as the population has become older. This demonstrates how important transport is to be able to access services, especially if people are unable to drive, or have no carer/relative/friend to transport them. Access to services is generally measured by the distance to shops, chemists, libraries, petrol station and Post Offices. Data from Grant Thornton Place Analytics shows that in Essex, Tendring is among the worst performing for access to services. In general, Essex underperforms compared to both the regional and England-wide averages.³⁶

10.2.2 There are a number of well-established community transport schemes within Tendring that provide wheelchair accessible transport, often from the door, for those who have difficulties accessing public transport. Other schemes provide minibuses to enable people to go shopping, meet friends or attend day centres or lunch clubs. Some villages have volunteers who will support local people who are unable to drive or have no access to transport to attend hospital or other appointments in. Other villages have reported difficulties in getting access to community transport as they are outliers (e.g. Beaumont cum Moze).

Known schemes in Tendring are as follows:-

- Tendring East – Walton Community Care Hospital Car Service; Harwich Connexions and Hospital Hopper, Frinton and Walton Community Bus, The Silver Circle Club in Frinton.
- Tendring West – Manningtree and District Community Bus, Family Support, Brightlingsea
- Tendring South – Helping Hands, Clacton, Tendring Community Transport and Hospital Hopper, Tendring Eldercare

10.2.3 All these groups transport large numbers of people to hospital or GP appointments, to services in the community. Over the past year Harwich Connexions and Tendring Community transport serviced over 131,000 passenger journeys. It is reported that demand continues to outstrip supply. There is potential for Transport Schemes to work more closely with a range of smaller, widespread community groups if they have the capacity to do so. For example, Harwich Connexions has permission to run a dial-a-ride service in Harwich, Dovercourt, Parkeston, Ramsey, Little Oakley, Wrabness, Great Oakley, Stones Green, Bradfield, Bradfield, Heath, Little Bromley, Great Bromley, Horsley Cross and Street, Little Bentley and Wix. However, they can only offer transport to Harwich, Dovercourt, Parkeston, Ramsey, Little Oakley, Wrabness, Great Oakley and Wix, due to limited vehicle numbers and lack of funding.

³⁶ Essex Community Foundation, Vital issues, 2015

10.2.4 For people who are able to get into a standard car easily, without wheelchair access, there are Car-Share Schemes operating throughout Tendring District. Where such schemes exist, the challenge is to maintain staff and volunteer numbers. There are, however, many rural communities who do not have access to public or community transport, so this is a gap which will need some consideration.

10.2.5 Tendring villages provide well for their residents in terms of local services. For those who live in more rural settings, the need for transport is critical, to enable them to enjoy a feeling of inclusion and reduce their isolation. There are a large number of community transport schemes and volunteer car driver schemes, but local bus services have been reduced and access to the bus stop alone can be problematic for many people. To be compliant with legislation, most transport schemes require a charge of £1 for membership, with the journey cost on top of that.

10.2.6 Car ownership in parts of Tendring is comparatively low, which means that transport needs are relatively high. Tendring East and Tendring South have significantly more households without a car than Tendring West. In Pier ward 49%, Alton Park 41% and Harwich East 38% of households have no car; this compares with Ardleigh and Bromley at 7% and Thorrington, Frating, Elmstead and Great Bromley at 8%, so there are considerable differences across the District (see Appendix 3).

Tendring Community Transport (TCT) and Harwich Connexions support each other with:

- Funding Sources
- Sharing information and good practice
- Sharing networking opportunities



They are working in partnership to grow community transport services across the Tendring District, specifically between the Clacton and Harwich hospitals and the surrounding areas as there are little or no transport links. The service will operate six days per week between 09:00 – 17:00; it will be split between the two organisations enabling people to access hospitals, GP surgeries, health/medical centres, community groups and social/leisure activities. People will be able to access affordable food supermarkets, training, education, job opportunities across Tendring.



The purpose of both organisations is to provide transport services to people who are unable or find it difficult to access conventional transport. This is achieved by providing people who are at the margins of society with services which will allow them to access local amenities. The services we provide enables people to live independently for longer in their own homes, prevents loneliness and rural/social isolation.

10.2.7 The Government's Community Transport Enquiry in 2017³⁷ stated, in its response to consultation, that "The Government has long made clear its belief in the vital importance of the services provided by community transport operators. Many community transport operators are in effect also providers of social care services, especially to people who are elderly, isolated and disabled, and they are generally motivated by compassion and philanthropy, not profit."

³⁷ The Community Transport and the Department for Transport's proposed consultation: Government Response to the Committee's First Report of Session 2017-19

10.2.8 For the Tendring transport schemes which own their own bus/fleet, there is always the challenge of long-term funding and maintenance of vehicles, along with replacement plans for older vehicles to ensure that they are safe and fit for purpose. Some have to complement their income by making their buses available to schools, taking them away from community outreach availability. There are also the challenges of recruitment and retention, security clearance and recruitment and training of volunteers to ensure that high and safe standards continue to be met.

10.2.9 This extract from an evidence review sums up our findings: “The most difficult needs to meet are the diverse recreational and social needs of the different sectors of the rural population, both young and old. Encouraging the development of voluntary organisations that could utilise public vehicles outside of school/work hours offers some scope for enhancing social interaction, but reliance on volunteer drivers can limit hours of operation, and a community transport approach based on volunteers and inconsistent grant funding is unlikely to compensate for decreased public transport services (House of Commons Transport Committee, 2014). There may be some scope for the consideration of public subsidy to pay for qualified drivers to operate schemes outside of working hours to enhance social interaction, but again this requires deeper investigation.....”³⁸

10.2.10 A report by the Campaign for Better Transport ³⁹concluded, among other issues:

- Improving transport services and making them affordable and accessible addresses social exclusion.
- Those on low incomes are more reliant on bus services with half of the poorest fifth of the population not having a car, rising to more than two thirds of job seekers Those on low incomes may also be less able to take advantage of cheaper bus or train fare deals which involve paying sums up front
- Low income communities tend to have higher exposure to the negative impacts of transport, facing greater risk of being killed or seriously injured on the roads, higher levels of air pollution leading to greater risk of premature death, and also lower levels of social interaction due to higher traffic levels affecting the level of contact between neighbours and others in the community.

10.2.11 Tendring is not alone but it is among those rural areas where transport can enable reduction in loneliness and isolation, therefore keeping Community Transport and Volunteers Car Driver schemes going is a lifeline for many and may improve wellbeing for those for whom it is not available.

11 CRIME AND COMMUNITY SAFETY

11.1 Essex Insight’s Profile of Tendring 2016 states that fewer Tendring residents feel safe during the day or after dark than those in the rest of Essex. ⁴⁰

Citizen Insight

- 79% of adults in Tendring say they feel safe during the day, the third lowest district figure and below the Essex average of 85%.
- 41% say they feel safe after dark, lower than the county average of 49%.
- 40% of adults are satisfied with safety on the roads, just below the county average of 42%.

Source: Residents Survey 2015

11.2 There are many risk factors that increase the likelihood of offending and other poor outcomes. These include: attitudes to crime, risk taking behaviour, substance misuse,

³⁸ What works in tackling rural poverty, : an evidence review of Interventions to Improve Transport in Rural Areas, John Powell, Dan Keech and Matt Reed, Countryside and Community Research Institute, University of Gloucestershire, March 2018

³⁹ Transport, accessibility and social exclusion, Campaign for Better Transport, July 2012

⁴⁰ A profile of people living in Tendring, Essex Local Authority portraits, ECC, April 2016,

mental and physical health, access to employment and training, financial issues and family relationships. Evidence suggests that supporting people with the right support at the right time and ensuring that there are not any gaps or inconsistencies between agencies may be most effective way in reducing crime.

11.3 It is known that both crime levels and perception of safety impact on peoples' health and wellbeing. Although it contains some of the most deprived areas in England (as measured by the Index of Multiple Deprivation), the district of Tendring is a relatively safe place to live. Essex has one of the lowest crime rates in England; Home Office figures show that only four police forces, of the 40 in England, had a lower crime rate.

“Community safety is ... a key concern for ward members. It determines how people perceive their neighbourhood and helps to reduce the fear of crime. In particular, a low crime rate is frequently seen by local people as their priority for a good place to live. And despite falls in crime rates, the public demand for community safety, and in particular a reduction in anti-social behaviour, remains very strong.”⁴¹

11.4 Knife Crime

11.4.1 Prevalence of bladed weapons, particularly among children and young people, is increasing. This is evident at local and national level. Only Cowards Carry runs an education programme for children and young people but schools cannot always afford to run it, which means that the messages are not always getting to where they need to be heard. They would like to be able to offer sessions to parents, social housing estates and community groups across the district. There are nine weapons amnesty bins across Essex, collecting approximately 10,000 bladed weapons when they are emptied every six months.

Driven by the fatal stabbing of her son, a Clacton mother founded the organisation “Only cowards carry weapons awareness”. It is based in Clacton⁴² and its mission is:-

- For weapons awareness education to be added to the national school curriculum
- To raise awareness of the dangers and consequences of carrying a weapon
- To petition for tougher action against knife and weapon crime
- To change the mindset of teenagers who think they are 'cool' and 'safe' by carrying a weapon.



The organisation works with schools, academies, Essex Police, Crime Stoppers, Fearless and other partner agencies. It is extending its reach across Tendring, further into Essex and beyond to raise awareness and lobby for change. It also places bladed weapon Amnesty Boxes around Tendring to enable weapons to be surrendered without question.

11.4.2 An analysis of overall recorded crime, together with an evaluation of responses from public engagement, identified that the key priorities for the Tendring Community Safety Partnership⁴³ should be the following:

1. Tackling Anti-Social Behaviour and Acquisitive Crime
2. Protecting Vulnerable People from Hidden Harms
3. Reducing Violence and Knife Crime

⁴¹ Local Government Association, Community Safety Councillors Workbook, October 2012

⁴² “Only cowards carry weapons awareness” website

⁴³ Tendring Community Safety Partnership, Tendring District Council

11.4.3 Tackling crime at a local level involves investing in a number of different strands of community activity. Those which are evident from research include diversionary activity for teenagers, a holistic response to drug and alcohol misuse and tackling addictions, promoting positive mental health, reducing worklessness and providing support to those with concerns within their domestic environment.

11.4.4 In the year ending September 2018, the crime rate in Tendring was the fifth highest in Essex and higher than average for the force area. Average crime rates Crime rates in Tendring are consistently higher than the Essex average and in similar areas to Tendring.⁴⁴

11.5 County Lines

11.5.1 County Lines are increasingly a challenge for Tendring, at the time of this report there were 29 County Lines known to be operational across Tendring. They are developed by criminal gangs setting up drug dealing operations somewhere outside their usual operating area. Gangs will move their drug dealing from big cities (e.g. London, Manchester, Liverpool etc.) to smaller towns in order to make more money. This can have a significant effect on the community who live there and bring with it serious criminal behaviour. Gangs recruit and use children and young people to move drugs and money for them. Children as young as 11 years old are recruited, often using social media. They are exploited and forced to carry drugs between locations, usually on trains or coaches. They are also forced to sell drugs to local users.

11.5.2 The national picture on county lines continues to develop but there are recorded cases of:⁴⁵

- children as young as 12 years old being exploited or moved by gangs to courier drugs out of their local area; 15-16 years is the most common age range
- both males and females being exploited
- White British children being targeted because gangs perceive they are more likely to evade police detection, but a person of any ethnicity or nationality may be exploited
- the use of social media to make initial contact with children and young people
- class A drug users being targeted so that gangs can take over their homes (known as 'cuckooing').

11.5.3 Gangs are known to target vulnerable children and adults; some of the factors that heighten a person's vulnerability include:

- having prior experience of neglect, physical and/or sexual abuse
- lack of a safe/stable home environment, now or in the past (domestic violence or parental substance misuse, mental health issues or criminality, for example)
- social isolation or social difficulties
- economic vulnerability
- homelessness or insecure accommodation status
- connections with other people involved in gangs
- having a physical or learning disability
- having mental health or substance misuse issues;
- being in care (particularly those in residential care and those with interrupted care histories)
- being excluded from mainstream education, in particular attending a Pupil Referral Unit.

⁴⁴ Police crime statistics

⁴⁵ Home Office County Lines Guidance, September 2018

11.5.4 Tendring Community Safety partnership has had a strong focus on County Lines and on the impact of drugs on the local community and it raising awareness of County Lines, Cuckooing and the impact on vulnerable young people and adults across the District. There is a lot of activity in schools to raise awareness of the risks of county lines and vulnerability. Since May 2014 Operation Raptor, an anti-gangs project from Essex Police, has made more than 663 arrests and seized drugs with an estimated street value of more than £1million. Many of these have been in the Tendring Policing area.⁴⁶ This highlights the need for awareness raising among other vulnerable groups (particularly children leaving care, living in unstable families or feeling excluded, people with mental health problems, people with learning difficulties) at places where they go. This is best achieved through community groups and schools who have regular contact with these vulnerable groups, helping them to understand and recognise the warning signs and discussing strategies for self-protection and support to keep safe.

11.5.5 Tendring Community Policing Team has a Facebook page and twitter account to engage with the local community. Their aim is to:-

- Make sure the Tendring district is a safe and pleasant place to live, work and visit
- Detect and prevent crime effectively through partnership work, efficient and proportionate investigations, high visibility policing and by using support from specialist colleagues.
- Community engagement and involvement enables them to work effectively, using local information and intelligence, whether about anti-social behaviour, abuse or exploitation, drug dealers and gangs and/or any other issues

11.5.6 With its high proportion of older people, there is a comparatively higher risk of vulnerable people being targeted by rogue traders. Tendring Neighbourhood Watch is run by a committee of six volunteers and a group of volunteer street coordinators. Membership is increasing (now approximately 3000). Neighbourhood Watch spends time trying to make people aware of the scams and cold calling prevalent in the district and giving advice to keep safe and secure. Tendring District Council is issuing advice to residents about how to deal with doorstep traders safely, and to prevent them from potentially falling victim to scams, working in partnership with Essex Trading Standards. Again, many community organisations for older people and vulnerable groups can be used as channel to raise awareness and keep people safe.

11.6 Drugs and Alcohol

11.6.1 There are strong links between drug and alcohol use and crime, so by tackling these, particularly drug use, community safety can be improved. Equally, drug and alcohol related conditions and accidents take their toll on health services, family life, friendships, mental health, employment and housing.

11.6.2 There were 194 arrests for drug possession in Tendring in the year to September 2015, down 23% from a year earlier and accounting for 7.9% of all arrests across the county.

11.6.3 From population and drug prevalence figures for North East Essex (mid 2014), it can be estimated that there are approximately 947 individuals aged between 15 and 64 using opiates and/or crack cocaine. Research indicates that Opiate/Crack-cocaine users (OCUs) are proportionally much higher in the 35-64 age group.⁴⁷ The figures in the table below

⁴⁶ NLA Presentation: Gangs and Gang Activity: Within the Tendring District, Tendring District Council

⁴⁷ Estimates of the prevalence of opiate use and/or crack cocaine use (2016-17), Gordon Hay, Anderson Rael dos Santos, Howard Reed, Vivian Hope, Public Health Institute, Liverpool John Moores University, March 2019

indicate that there is a significantly higher level of classified drug use of all types in Tendring. In 2015, there were 16 drug-related deaths in Tendring.⁴⁸

	Population age 15-64	OCU	Opiate users	Crack users	Injecting
Tendring	78,058	377	323	241	89
North East Essex	195,958	947	812	606	224
% of NEE population	16%	40%	40%	40%	40%

Estimated Prevalence of Drug Use in North East Essex per 1,000 population aged 15-64 (2011/12 estimates)

11.6.4 A report for the Home Office in January 2016 stated that “Though research suggests that not all OCUs resort to acquisitive crime to help finance their drug use, numerous studies show that a proportion consistently do and these individuals can be extremely prolific offenders (Morgan, 2014). One study by Frontier Economics estimated that the average lifetime cost to society of an injecting drug user was £445,000 from crime alone. Hence analysing and identifying new OCUs is a policy priority (Frontier Economics, 2010)”.⁴⁹ It is estimated that the annual cost of drug addiction to society in England is £15.4bn. This includes £488m to the NHS and £42.5m for looking after drug using parents’ children who have been taken into care. Alcohol-related healthcare costs in NHS North East Essex CCG were an estimated £15.6m, equating to £56 per adult. This breaks down to a cost of £3.8m for A&E attendances, £10.1m for in-patient admissions and £1.6m for outpatient admissions.

11.6.5 There is no data available relating to the costs of drug use at Local Authority or CCG level, but these figures indicated that supporting people with drug and alcohol addictions into recovery should remain a priority for Tendring in order to promote health & wellbeing, enhance community safety and remove pressure on the NHS and social care.

11.6.6 The likelihood of secondary school age children having ever taken drugs increases with age, from 11% of 11 year olds to 37% of 15 year olds. Cannabis is the most widely used illegal drug among children and young people, with 8% of secondary school pupils saying they took the drug in the last year, and 14% of 16 to 19 year olds. Use of Class A drugs such as heroin and cocaine is very uncommon. The most recent drug use survey includes new data on nitrous oxide and new psychoactive substances (NPS – ‘legal highs’): in the last year, only 4% of pupils said they had used nitrous oxide, and 2% used NPS.⁵⁰

11.6.7 For those of all ages with drug and/or alcohol problems there is help and support available. However, drug and alcohol awareness and counselling are always in demand. Open Road and The Children’s Society work in partnership to deliver Choices, the all age recovery coordination service, which includes Tendring. Essex Young People’s Drug and Alcohol Service (EYPDAS) is the children and young person’s element of the service. There is a Community Hidden Harm Awareness Team run by the Children’s Society supporting young people between 8 and 19 years of age who are affected by family substance misuse.

11.6.8 Action on Addiction delivers a structured programme called M-PACT (Moving Parents and Children Together) to address parental substance misuse for parents and children aged 10-17 years – these are available in various locations. Similarly the NSPCC has a 20 week programme for parents who have a child under 2 and a half and are on a drug or alcohol treatment related programme – these are held across Colchester and Tendring.

⁴⁸ NE Essex CCG figures

⁴⁹ New opiate and crack-cocaine users: characteristics and trends, Home office research report 90, Nick Morgan, Daniel Heap, Amy Elliott, Tim Millar, January 2016

⁵⁰ <https://mentoruk.org.uk/get-the-facts/>

11.6.9 Open Road runs a drop-in and needle exchange in Clacton, which is open daily and covers Tendring, including Clacton, Harwich and Jaywick. It provides information, advice, support, or initial assessment as well as help and advice on gaining skills, training, education and employment opportunities to support long-term recovery.

11.6.10 Futures in Mind holds Welcome Cafes in Manningtree, Harwich and Clacton, offering the opportunity for adults recovering from mental health and drug and alcohol problems to meet like minded people, access support and build confidence. The organisation also offers befriending, support to develop skills and gain qualifications and access to a range of peer led activities.

11.6.11 Within North East Essex, approximately 169,774 (73%) people drink within the recommended alcohol guidelines, 45,370 (19%) drink above the recommended which increases the risk of damaging their health and 16,086 (6%) drink at very heavy levels which significantly increases the risk of damaging their health and may have already caused some harm. The NHS estimates that around 9% of adult men and 4% of adult women in the UK show signs of alcohol dependence. A more specific estimate from the Department of Health suggests that approximately 3.4% of people in the UK are dependent on alcohol.

11.6.12 In the Tendring district 770 people per 100,000 were admitted to hospital with alcohol related conditions, the highest in Essex and 22% higher than the national average. Hospital admissions for children and young people under 18 are more than double the Essex average. (see Appendix 1). Again support is available in A&E but for those who do not need to get admitted to hospital, services like Open Road's SOS bus can really make a difference by supporting people in the place and at the time they need it.

For the last 10 years, Open Road has run the SOS bus, and its support minibus, in Colchester town centre. It is based there on Friday and Saturday nights from 20:30 – 04:00 every week throughout the year. Over half of those attending the bus were under the influence of alcohol or drugs. Last year 18%



(109 people) of those treated were from the Tendring area. The bus is staffed by one team leader, one medic, and 6 volunteers and provides a safe haven for late-night visitors. Remote medics UK have been providing the SOS bus team and community with an enhanced and professional medical service over the last year. Open Road's volunteers help diffuse trouble and provide medical support to people who need it. This helps reduce the negative impact of the night time economy on the businesses and residents of the town. The SOS team coordinates with other support services – street pastors, doormen at pubs & clubs, the Police, Ambulance Service and A&E.

This means that incidents can be quickly coordinated, assessed and dealt with and avoids many A&E attendances and call-outs for ambulances. This is a good example of going where people go.

12 CARERS

12.1 Essex Carers Strategy highlights what needs to change in the support given to Carers in the County as *"We need to embrace a prevention agenda. For carers, this means reducing the impacts of caring on their lives, enabling them to achieve their aspirations and cope with crises in their caring roles. This requires a fundamental shift from reactive services that address ill health and care needs once they have arisen, to proactive approaches that build individual resilience and help people to achieve their potential."*⁵¹ Carers need to be able to feel connected to their communities, to retain employment and a lifestyle of their own and being able to maintain

⁵¹ Carers Count in Essex, Essex Carers Strategy 2015-2020

and improve their emotional and physical wellbeing. Much of this depends on community-based services which are local, accessible and valued by carers.

12.2 According to the 2011 Census, 145,872 adults in Essex provided informal care to relatives, friends or neighbours - a 13% increase in the number of carers from the previous Census. A large number of carers (31,882) provide more than 50 hours of care per week. For adults with physical disability, carers are likely to be spouses in their mid/late years. In Essex, 43% of people caring for an older person are themselves aged over 65. The number of older carers (65 years and over) providing care is also significant at 35,512.

12.3 In Tendring there were 17,323 carers (approximately 12.5% of the population), 2240 carers claiming benefits, 2.9% of the population, compared with 1.5% for Essex and 1.7% in England. 31.6% of carers were aged over 65 and providing unpaid care, the highest number in Essex. Tendring was ranked 8th in England for provision of 50 or more hours of unpaid care. This changed from 2.8% in the 2001 census to 3.5% (i.e. 206 more carers) in the 2011 census, showing that there is an upward trend. With the ageing population in Tendring rising and level of need increasing, this is expected to continue to rise.

12.4 There are an estimated 10,000 young carers (aged between 11 and 18) in Essex, who have to combine their caring and support role with their education, early employment and their social and emotional life as a young person growing up. In the Essex Carers Strategy it is reported that over 25% of all young carers of secondary school-age experience problems of some kind, while 40% of children caring for someone who misuses drugs or alcohol have educational difficulties. Supporting young carers is essential if they are to start well and live well in the future.

12.5 In Tendring there is a range of Carers Groups, many specific to different conditions, for example, Parkinson's support groups in Holland-on-Sea and Harwich, Stroke clubs in Holland-on-Sea and Harwich, Dementia Café in Clacton and Headway NE Essex group. There is very little in evidence in the West of the District, where many people appear to look towards Colchester.

12.6 Crossroads Tendring and Colchester runs a free to attend Young Carers group covering Tendring only, for children age 8-18 who have a caring role within the home. Meetings are held fortnightly and transport is provided, and day trips are arranged for young carers during the school holidays. There are currently about 100 members, with 55 children and young people on average attending each session. It is the largest young carer group in Essex.⁵²

12.7 The 'Supporting Carers in Essex' partnership, providing a range of Essex-wide advice, information and support services, ended in March 2018. Carers First are now the main provider of advice and information services for carers across the whole county; much of this is achieved through a telephone based information hub, offering advice, support and information about facilities available to carers.

12.8 Essex Carers Support remains very active across Tendring and, over the past year, the organisation has supported 143 carers in Tendring through a range of innovative projects. By their very nature, carers need to have support local to home, so outreach services into local communities are essential.

12.9 There are many groups and activities where a carer can attend with the cared for person. However, we found few activities where carers can leave their loved one to be cared for while they take a break in the daytime. Crossroads continues to provide respite breaks and sitting services, as well as information advice and signposting, which are highly valued by its service users.

⁵² Crossroads Tendring and Colchester website,

12.10 Respite care is a very valuable resource for families and carers, many themselves older and in need of their own help and support (physical or emotional). There is little evidence of low cost respite care available locally for people with dementia or other conditions mainly affecting those in older age. A private care home in Clacton provides day care support and a cognitive programme for up to 6 users for £60 per day on some weekdays, another dementia specialty home in Jaywick Sands is planning on providing day time cognitive development sessions for non residents (likely cost unknown), a day centre, attached to a residential home, in Harwich offers day care for £45 per day for older people and people with dementia (they report that they have plenty of space to accommodate more people) but there is little else, particularly at low cost; residential respite can cost users upwards of £800 per week if they do not qualify for financial support. Some residential homes do have daily sessions open to non-residents but dementia sufferers would need to be accompanied by their carer.

12.11 For those caring for people with dementia, there are three new admiral nurses working in North East Essex whose role is primarily to support carers.

12.12 Stakeholders suggest that an opportunity may exist for developing low cost respite care in conjunction with charities and some of the district's residential homes for people with learning disability or dementia. They have facilities and trained staff to care for people, and it might be possible to develop short occasional daytime sessions. The Alzheimer's Society has offered to talk to groups to provide information, and raise awareness and understanding.

13 FINDINGS

13.1 The mapping exercise was undertaken on a geographic basis corresponding with the 3 defined areas of Tendring District. There are some very specific issues which emerged in some wards in Tendring but overall it was found that there is sufficient congruity across the Tendring area to allow overarching findings below to be reported in terms of current and potential service provision.

13.2 This report reflects the complex range of issues affecting residents of all ages, economic fortunes and health status across each of the 3 geographic areas in Tendring. Findings focus on how existing and potential community services might be shaped for better impact, acknowledging that there is not one single solution and that success is more likely where statutory, voluntary and community services complement one another across the whole system.

13.3 General Observations, which cover a range of Living Well categories

13.3.1 The stakeholder sessions held in each of the 3 geographic areas (West, East and South Tendring) revealed interesting perspectives across a wide range of participants and informed some of the comment in this report. Early findings were presented to them, seeking comments and feedback on the emerging issues. Participants were asked what might help them improve or expand services, and what they might need in the way of resources or support from others to do this. Many in Clacton, and the South and East areas, reported that CVST is a very good source of advice and support, and usually their first port of call in terms of finding out what help exists and how they might work with others. Many said that they found the stakeholder sessions and the structured conversations themselves of use in terms of finding out what is available and helping build partnerships. Theme-based focus groups on specific issues may be a good way forward to facilitate sharing of ideas and pooling of resources and information.

13.3.2 There is concern among stakeholders and providers of some activities that new volunteers are not coming forward and activities may stop as a result. Some report that it is the same few people trying to run multiple services, leading to volunteer fatigue. However,

this varies between services rather more than it does geographically - some providers have a healthy supply of new volunteers, which might suggest it is service specific rather than geographic or general volunteer fatigue.

13.3.3 In terms of the asset map, there are many community activities available but these are concentrated in pockets and, as most have developed over a long period of time, are not evenly distributed across the district. There is not an observable pattern to the distribution; it appears mostly due to the enthusiasm of local leaders in setting up and maintaining groups or activities. The leaders themselves can vary from church leaders, charity volunteers to keen local residents. Identifying community leaders who can link people up has been demonstrated to have positive results.

13.3.4 Access to services and activities varies, depending on where within Tendring people live. Tendring East, at the coastal side, and parts of Clacton and Walton have relatively low levels of car ownership and limited access to public transport. While Community Transport Schemes make a significant contribution to plugging the gaps, coverage is limited, as is the ability to cover outlying and more remote areas.

13.3.5 Schools across the district generally have significant capability and good physical assets but it was hard to find many activities that are universally available and not just for pupils in the school. Stakeholders reported that they struggle to engage with schools to share resources or run events, with staff turnover and capacity seen as the main reason for this. Parents tend to move through quickly as their children grow up so there is a general lack of continuity, meaning that, even where relationships have been forged in the past, parents and teachers move on and those relationships are not always sustained.

13.3.6 There is an abundance of less formally established social events and activities such as fitness and exercise sessions, book clubs and mother and toddler groups as well as local interest activities. These sessions are also held in libraries, cafes, community centres and village and church halls and are often organised and run by users or enthusiastic local champions. However, finding out what is available, when it runs and from where can be challenging - there is no consistency in how this is done and details can be buried in obscurity.

13.4 Start Well - giving children the best start in life

13.4.1 There are a wide range of services for children and young people – mother & toddler groups, support to teenage parents, sports and fitness clubs, uniformed organisations, drop-ins, teen-led projects etc., but there remains an issue about attainment, mental health, self esteem and obesity. Projects supporting young people must be relevant to them and give them a sense of purpose and appeal to their interests. Again, going where young people go and inspiring them is a challenge for future planning.

13.4.2 There is scope to introduce more whole family activity, where children and families can attend together.

13.5 Feel Well - supporting mental wellbeing

13.5.1 The role of buddying and face to face engagement emerged strongly as a catalyst for engaging with individuals of all ages and circumstances. The most successful local groups report that the best way to bring people in is through direct contact, some have had to be quite tenacious but the results are impressive. They still use email and websites to share information and maintain contact, but it is not the way in which people are initially encouraged to participate in groups or other events.

13.5.2 Buddying can help with access to activities, particularly for older people and people with mental health problems. It would even help with those who are physically frail and who might live close to amenities but have problems just crossing a busy road or with poor lighting and slippery paths in winter months. A simple helping hand or someone to walk with might make all the difference. Buddying might help when people have been bereaved and, as well as their grief, go on to experience loss of confidence and desire for social engagement. Where people have been a part of an active social group or activity others might be encouraged to check up on them if they slip from their normal social group following loss or bereavement. They may not wish to rejoin social activities straight away but might be encouraged to attend one of the bereavement and loss groups.

13.5.3 Awareness of how mental ill-health impacts on peoples' lives is still a challenge, despite its high prevalence. Given the high levels of suicide, mental ill-health and drug and alcohol related problems, this needs a new drive to raise awareness and understanding. Early intervention services need to be easily accessible (in terms of information, location and physical access), non-judgemental and supported by access to clinical input when they are being developed. The HILL programme and SOS buses are good, holistic models for this.

13.6 Be Well - empowering adults to make healthy lifestyle choices

13.6.1 There are many vibrant and well supported activities taking place in every type of centre, church or village hall with some being set up as charities or community ventures to purposefully meet specific community needs such as the Jaywick Community Resource Centre and Walton Community Centre and, more recently, Dovercourt and Harwich Hub. There are activities available for all age groups, interests and physical abilities. Whilst unsurprising that many activities are clustered in the towns, these are predominantly those run or supported by organisations, registered charities or local authorities. The public health and social issues affecting Tendring communities have clearly influenced the development of many of the services available in towns and areas of deprivation, such as those held in libraries and additional services commissioned through pharmacies, offering lifestyle and wellbeing services which are mostly free to users.

13.6.2 Many of these local activities are clearly very popular but there is no obvious way for people to suggest where gaps exist and other services might be added (unless they wish to set them up themselves) and this seems to lead to (mainly rural) events being more focussed on existing popularity than potential need. There is little in the way of infrastructure to help people access the activities, for example transport or advertising. Some stakeholders spoke of the "invisible people", those who experience any number of issues without seeking help or being known to the authorities and these groups may well remain well hidden within rural communities.

13.6.3 There is an observable pattern that the more informal and user led services occur in rural areas and those of perceived affluence, with a concentration of system resources in the towns. Whilst there is an obvious concentration of effort in areas of known need it does pose a question about those with greater need living in rural areas and associated access problems that this may present for them. It is unlikely that diverting resources from high need areas can be justified but it may be necessary to acknowledge that there might be hidden need in apparently well resourced neighbourhoods and supporting them in accessing a wider range of activities than currently exists would be helpful.

13.7 Age Well - supporting people to live safely and independently as they grow older

13.7.1 In terms of addressing loneliness and isolation, older people particularly will respond better if engaged in a meaningful and genuine relationship, they will not favour being

patronised or stigmatised as in need of help. It cannot automatically be assumed that people living alone will be lonely, but they may welcome more information about what is available at any time they may wish to participate. This might be social, but also practical, such as the availability of benefits advice or other matters. Many stakeholders believe that technology can reinforce social isolation if relied upon as the main source of communication and multiple contact points and methods are required including printed material, newsletters, etc.

13.7.2 Services and activities for people with dementia are patchy and spread across the District. Information about them is hard to find. There is very little to support people caring for someone with dementia which enables a complete break (e.g. day care) for the carer.

13.7.3 Information should be accessible to all. Many older people do not feel comfortable with information technology and do not have someone in the family or a friend or neighbour who can help them. Information should be freely available through local champions and community agents and people should know how to get in touch with them. As well as looking at how websites should be structured, high quality, accurate, printed information is also very important.

13.8 Stay Well - supporting adults with health and/or care concerns to access support to maintain healthy and fulfilling lives

13.8.1 The findings in all reports do suggest that offering targeted programmes can be a useful way of giving people the confidence to try out something different by offering a safe, comfortable space. This was found to act as a springboard to get people socialising in a meaningful and natural way, with activities such as music sessions or afternoon tea allowing people to mix and chat. If befriending is on a more individual basis, such as for those with significant mobility issues or ill health, then a tailored approach is needed, sensitive to the individual's preferences.

13.8.2 Unpaid carers continue to maintain their caring role, but often fall into that category of 'invisible people', while their contribution is priceless. To be able to maintain that role and live their own lives, trusted support at a local level is essential as is being able to access trusted care for their dependents.

13.9 Die Well – giving people nearing the end of life choice around their care

13.9.1 People with terminal illness that live in Tendring, including Harwich and Dovercourt, are more likely to die in hospital than in a Hospice or at home.⁵³ This means that the end-of-life experience in Tendring may not be what people or their families would chose. There is little evidence of community or social support for people living in their own homes and nearing the end of life or their families, other than statutory hospital, hospice or community nursing care. A rapid response to care coordination could be designed and implemented to include voluntary organisations with well trained and supported staff and volunteers facilitating routine tasks to support people to stay at home.

⁵³ From ONS data on Dying at Home, provided by St Helena Hospice, 2016

14 RECOMMENDATIONS

There are some issues which extend across all Live Well categories and which should be taken on board across the whole system, these are listed first.

14.1 Community Leadership

14.1.1 Identify and connect community leads and assets across the neighbourhood with a purpose; allow them easy access to information about what is available so that they can draw connections. Facilitate ongoing dialogue between asset leads under the auspices of a co-ordinating body, such as CVST, to maximise existing linkages and organisational skills

- regularly bring people together to reinforce and expand upon neighbourhood linkages and service synergies, such as use of network breakfasts, but locating these in different community venues
- Learn by doing, enable those delivering the service to help evaluate and plan what works best

14.1.2 Further support and develop existing and identify new local champions to set up, run and/or promote sessions in the community. These pro-active members of the community have achieved excellent results through a mixture of confidence and tenacity and clearly help to establish and maintain many community assets.

14.1.3 Encourage providers to meet regularly, approximately twice a year, to have facilitated, semi-structured, themed group discussions about their services and localities and how they might work jointly with others in their locality or across the district. This should include a new mix of attendees across the sessions to widen the perspective and inspire joined up working. This could be facilitated by Community Agents.

14.2 Improving Transport

14.2.1 Community transport is a lifeline for people living in rural or remote areas. At present the support available does not reach everyone, making risk of loneliness and isolation potentially greater for those excluded. Current transport providers should be encouraged to continue working together to develop a business plan to cover the whole District and support finding applications. Support would be needed to recruit and train more volunteers and to support funding of journeys, volunteers, vehicles for community transport and maintenance costs.

14.3 Improving Information and Access

14.3.1 All significant village halls and community centres and other venues should have a website with good information about what activities are run there, with times, cost and who they are aimed at. This must include having a named person responsible for updating and a simple way of doing so. This should be a simple page avoiding lots of graphics and data heavy animated extras given that many people will be trying to access them on mobile devices or the poor Broadband connections which still exist across the district. It is recommended that service providers avoid using social media platforms (such as Facebook) as an alternative to websites - even where people are digitally active they may not wish to register as users of these sites, which is often required to access all the details. It is recommended that funding is provided to assist with this. It may be helpful to take some good examples and develop guidance for community organisations to use.

14.3.2 Older people need printed information leaflets or newsletters. Some villages have excellent examples of this, available to all households, which could be shared. The existing free press might be used to support this.

14.3.3 The asset map needs to be updated regularly if it is to be of ongoing use, this needs to be done simply and easily and resourced appropriately. There are other activities in the District which this project may not have picked up, and they will need to be added as they are identified, along with new ones and removing activities which are closing down.

14.3.4 Providers and those running activities need to ensure that new members receive a warm welcome and good information about what to expect. If they need to bring equipment or wear particular clothes they should be told in advance, including being informed of what happens at the session and what to expect.

14.3.5 Many activities and support groups are only open during weekdays and usual working hours (approx 9am – 5pm). It would support those who are working and in need of community based support to move to a culture where evening and weekend opening a regular feature. This is particularly relevant for working people who have caring responsibilities, people with mental or physical health problems who are working and people whose partners work and who have shared family responsibilities.

14.4 Recruiting participants

14.4.1 Many providers report that taster sessions for new groups can be very effective but that they need time to work, a single session is often not enough. Taster sessions of around 4-6 free sessions might be offered for new groups or to encourage new members. This may require some pump priming funding.

14.5 Raising awareness of vulnerabilities

14.5.1 There needs to be more universal awareness of issues relating to and helping develop understanding of child criminal exploitation, drugs and alcohol, mental health issues, living after stroke, living with the experience of dementia etc. Many existing charities have indicated that would be willing and able to assist with this.

14.6 Start Well - giving children the best start in life

14.6.1 There needs to be more accessible affordable, meaningful and relevant activity for school age children. Introducing activities at any age is good, but at 8 years plus, this helps to build interest for the future and supports young people not to be lonely, or become bored, destructive or alienated. This may mean having to fund transport to allow access to services/activities.

14.6.2 There is some excellent social and emotional support but this is often stretched to a point that young people sometimes have to wait too long for support. This impacts on their educational achievement, their emotional wellbeing and their life chances. The type of support which works best should be explored by existing providers, in discussion with their young people. Young people should be welcomed into activities and supported while confidence builds. There are some good models in the District.

14.6.3 Continue to support programmes and courses targeted at parents and families to develop strategies to handle difficult conversations and situations and confidence in parenting.

14.6.4 Young people living in outlying villages are often low in number and opportunities for activities, clubs and places to go are often limited. Outreach models or a means of bringing dispersed young people together may help to address this.

14.6.5 There is scope to set up intergenerational activity, encouraging older people to share their life skills and history with children and young people. This could be support to studies and healthy eating with the added bonus of preventing loneliness and isolation.

14.6.6 Nurseries and pre-school groups could try running periodic sessions on healthier eating for parents and children to try new foods. This could be in the style of an indoor picnic, with paper cloths on floor mats and healthy snacks and drinks served. Children might also be encouraged to grow simple fast-growing salad items in class which they then harvest and eat with their parents.

14.6.7 Given the challenges around knife and gun crime and the links between weapons, drug dealing activity and County Lines, to support the education and awareness programme. A rolling programme should go into every school and educational establishment once a year, to ensure that all new admissions receive the training and have strategies to manage themselves and the risks. Bladed weapons Amnesty Boxes could be more prevalent and available where young people go across the District. It is important to work in partnership to further develop methods of raising awareness with parents, children and young people, youth organisations, schools, on social housing and in local communities about the harms that can be and are being caused as a result of weapons and how they can be avoided.

14.7 Feel Well - supporting mental wellbeing

14.7.1 There is a high level of demand for community-based support for children and young people with mental health problems and evidence of waiting lists for counselling. Ways to change the situation should be explored through funding potential services and partnership working to build more capacity.

14.7.2 With the 5th highest suicide rate in the country, more work is needed to determine why mental ill health is so prevalent and how it can best be addressed. It is recommended that stakeholders are brought together and a whole system discussion is facilitated to determine innovative means of improving mental health.

14.7.3 More work should be done to support access to groups, activities and services which have been proven to improve mental health and wellbeing, for example walking groups, exercise, access to community-based talking therapies. This could be achieved through buddying and supported induction into groups, until those most vulnerable have the confidence to attend under their own motivation.

14.7.4 Promote some of the volunteering opportunities open to men, such as sports coaching or providing support and inspiration to younger people. Charities such as Lads Need Dads need volunteers with life skills in a range of activities such those with outward bound and survival training (such as ex-military), teaching, woodwork, motor mechanics, etc.

14.7.5 Encourage and support the new Men in Sheds project. This has recently opened in Clacton and is a significant opportunity for gender-specific activity.

14.8 Be Well - empowering adults to make healthy lifestyle choices

14.8.1 Seek the support of schools and the many community centres across the district with commercial standard kitchens to deliver inter-generational or family-centred sociable food preparation/cooking groups. Courses could be short bursts of simple recipes without demanding onerous commitment. Menus can be developed by asking people the sort of food that they like to eat regularly and the course could be limited to, say, how to cook 5 basic meals in 5 weeks. People can be asked what they prefer to eat, recipes devised with minimal skill and preparation in mind and recipe cards printed up with easy instructions.

Sessions would engage people to cook or prepare the meal themselves under supervision, with the emphasis on making this a sociable event.

14.8.2 Food preparation sessions can be operated in schools, again catering to inter-generational groups and trying to overcome some of the barriers allowing older children to bring younger siblings to these as a free after school activity (given that teenagers can be the main carer of younger family members whilst parents are at work). Older people with cooking and food preparation skills could be encouraged to act as mentors and instructors. This may require funding, but partnership working (such as with food banks below) might share existing resources.

14.8.3 Food banks could build recipes, sharing resources with others in the district in devising the meals. The ingredients could be gathered through targeted donations in supermarkets and a recipe card prepared with simple instructions to be handed out with the food packages. Sample meals could be prepared to show the finished product. This might be used in the cooking groups and by local lunch clubs who could be asked to use the recipe for one of the lunchtime menus, also handing out the recipe cards highlighting how easy it is to prepare at home. It is recommended this is developed in partnership with organisations, such as other food banks, schools or community centres with kitchen facilities and local food stores.

14.8.4 With regard to County Lines, the Police are working with Community Safety Partners to highlight the issues which enable and result from County Lines. With good awareness training and support, organisations working with vulnerable young people and vulnerable adults could use their volunteers to work with other organisations to spot warning signs of County Lines recruitment and cuckooing and know what to do if they suspect children and/or young or vulnerable people in their care or environment may be preyed on.

14.8.5 Continue to work with GP practices and partner agencies on shared care for people with substance misuse or addiction and to raise the profile of diversionary activities available within localities. Strengthen support to people with mental health and/or drug and alcohol problems by holding locally based activities and services. Finding the bus fare or developing the personal motivation to travel long distances to appointments can be a barrier to receiving support that is needed.

14.8.6 Develop very locally based services to support those with drug and alcohol addiction, building on the one door approach and supporting access to volunteering, training activities, services, housing and employment.

14.9 Age Well - supporting people to live safely and independently as they grow older

14.9.1 Introduce a buddy system in local groups and charities to help people attend some of the social groups where access is an issue. This might involve helping them get to and from activities, or contacting them if they have missed a number of sessions or are known to have lost a partner, close relative, close friend or animal.

14.9.2 Further encourage residential homes to develop services and activities which older residents in their locality can attend. This could be attending for coffee, lunches, watching a film, joining a music session, having a supported shower/bath, visiting a hairdresser. Most of these can be done at little or no cost to the home and benefit to local people.

14.9.3 Ensure that older people can easily find information and advice on financial and benefit matters that is not reliant on Internet access. Age Concern Colchester and NE Essex are taking on advice and information services in the coming months, support to get a strong

information base, support with benefits and allowances through supported volunteers (accessible across Tendring) is being facilitated with Transformation Funding. There are advice sessions available across the district, such as Citizens Advice Tendring which operates from Clacton with some outreach sessions across the district, but people may benefit from more accessible information about what is available and how to access it.

14.9.4 Community organisations should be encouraged to take up the Dementia Friends training offered by the Alzheimer's Society to both help them identify people with early dementia leading to diagnosis and better support and to make the sessions they provide more open to dementia sufferers. A target could be to make Tendring District a Dementia Friendly area in terms of local businesses, services, activities and residential and nursing homes.

14.9.5 Care homes for the elderly or those with staff trained in managing people with learning disabilities could be encouraged offer occasional daytime respite sessions, even at a small cost, for families to be able to leave the dementia sufferer whilst they shop or attend appointments, etc.

14.9.6 Information about what is available should be more widely available in a media or format more suited to the elderly or carers. Using Facebook for on line information is particularly unhelpful as even if people are IT literate, they might not use social media.

14.10 Stay Well - supporting adults with health and/or care concerns to access support to maintain healthy and fulfilling lives

14.10.1 Encourage people to try what is available through taster sessions, maybe with a buddy to make sure they know where to go and receive a warm welcome. Where able, some people might prefer to be busy making the tea or baking cakes within a group, therefore it would be positive to encourage them to attend by offering them a role which suits their interests/preferences in some of the groups.

14.10.2 Set up systems/services to support carers closer to home where time and transport are less of an issue.

14.10.3 Explore options to develop existing services to provide respite during the day to enable carers to follow some of their own life choices.

14.11 Die Well – giving people nearing the end of life choice around their care

14.11.1 There is more work to be done to support people living in the community and their families at the end of life. This should include better generalised information preparing for and facilitating end of life planning and about end of life care and pathways.

14.11.2 There is scope for closer collaboration between health and care organisations such as St Helena Hospice, MacMillan nursing, GPs, community nursing and voluntary organisations in Tendring to provide more holistic support to families, carers and patients at end of life.

15 CONCLUSIONS

15.1 There is a huge amount of community-based assets across all of Tendring, much of which is well attended. Volunteers tend to be older people and it is important that volunteering opportunities and a volunteering culture are fostered across the District, aimed at all age groups.

15.2 There are still significant health and wellbeing challenges and organisations are encouraged to work in partnership and in consultation with a range of stakeholders to develop activities which people will want to go to and feel confident going to.

15.3 The range of services which exist could work well in partnership to deliver a solid prevention agenda, with in-reach to local communities and a philosophy (given the right resources) of going where people go anyway to recruit them into services and activities or to develop the offer there.

15.4 During this research, it became very apparent that the most effective means of empowering people to integrate into community activities and develop new ones (which people want to go to) are:

- a) Identify and support community activists and champions to lead development of ideas – there are many already there and no doubt others waiting in the wings
- b) Equip them with all the information they need on what is available locally, in a format that is understandable, so they can direct people with confidence to a wider range of services/activities
- c) Make information about resources freely available, up to date and accurate – with clear and known information points for people to go to
- d) Support people to build the confidence to take part in community based activities
- e) Go where people go and keep it informal
- f) Make best use of existing assets, e.g. community centres and school facilities, when they are not being used

15.5 Transformation funding

15.5.1 Whilst this research was underway, the NEEWHA released funding to enable organisations to start the process of Transformation. The purpose of the fund was to help local organisations transform their service and support and empower local people with services that are accessible, appropriate and sustainable. The fund aligned to the community model, based on the Live Well ethos. Projects were required to impact on either self-care or crisis intervention in a community setting in order to avoid hospital admissions and GP visits. All successful organisations will be expected to report an impact aligned to the outcomes by end of May 2019, although project outputs may extend beyond this milestone.

15.5.2 Using intelligence gained to date, a panel reviewed the applications and grants were made to support the process of transformation, as indicated in the table below.

Organisation	Activity	Live Well categories	Amount
Age Concern Advice Centre	Advice Service for people over 60, developing the most common areas of support such as Attendance Allowance, Pension Credit and Blue Badge Applications initially. The project will recruit and train volunteers.	Feel Well, Be Well, Age Well, Stay Well, Die Well	£17,480

Organisation	Activity	Live Well categories	Amount
Essex Carers Support	Action Learning Research Project adult carers supported on a 1:1 basis will identify, source and resource innovative, creative and personalised carer breaks. A final project report will share this learning with partners and provide a useful tool for persuading change amongst those involved in the facilitation and provision of carer breaks	Feel Well, Be Well, Age Well, Stay Well, Die Well	£25,000
Extra Support for Families	Holistic support aimed at improving the mental health, confidence and resilience of parents/carers in Tendring. The project will consist of three 'Improving Your Emotional Wellbeing' 5 week courses, two 'Building Confidence' 8 week courses and three 'Building Resilience' 2 hour workshops.	Start Well, Feel Well	£19,456
Home Start Colchester	Delivery of a multi component service including, workshops to meet unmet need, one to one peer personal support and assistance. Providing encouragement, practical support and reducing barriers to access. Create and deliver 14 workshops with themes under Healthy Eating, Improve Wellbeing, Build self-help skills and Play workshops running alongside wellbeing groups	Start Well, Feel Well, Be Well, Age Well, Stay Well	£13,700
SUMMIT	Individuals with persistent and serious mental illness will be assisted to develop the emotional, social and intellectual skills needed to live, learn and work in the community with the least amount of professional support. Trained Volunteers, shadowing experience with trained staff will provide the service including GP Appointment Buddies.	Feel Well, Be Well, Age Well, Stay Well	£14,500
Tendring Community Transport	Funding towards the purchase of a 15 passenger, wheelchair accessible minibus to enable growth to the community transport services. The door to door service will support the outlying villages, plus all areas on route between Clacton on Sea and Harwich.	Be Well, Age Well	£10,000
		Total awarded	£100,136

15.5.3 Funding was used to enable this research to be undertaken, the results of which will be of use to local community and voluntary organisations in terms of their own development and bids for funding. The next steps will be to find a means of publishing and maintaining the directory, which has been developed from this research. As with any directory, it is only accurate on the day the information is collated, so work will need to be done to make it widely accessible and to keep it current. Any new services will need to be added and those that are no longer operational will need to be deleted.

15.5.4 This work shows the importance of going where people go, making information accessible, using people who have the motivation to make a difference in their community and, above all, making sure that prevention has both a meaning and an impact.

16 MEASURING THE IMPACT OF COMMUNITY ASSETS

16.1 Measuring the impact or value of community assets in terms of the gain to health and well being is difficult and can only realistically be done over a 5-10 year timescale, or longer. Evidence from similar projects suggest it might be possible to develop an evaluation framework that takes into account the fact that community assets may not best measured by traditional health or social care metrics, such as reduced hospital admissions or delayed transfers of care⁵⁴. It is recommended that if this is required then a simplified outcomes framework is co-produced with indicators that are relevant and meaningful to service providers, users and funders. Too much time spent completing complex performance reports to justify relatively small investments may lead to a lack of interest in innovative developments.

16.2 The people who use services and activities are best placed to feedback on their value, as well as measuring the impact on statutory organisations. All organisations should be encouraged to use a simple framework to get feedback from their customers/clients and there should be opportunities for feedback to be shared to secure a holistic approach to service development.

Charlotte Fitzgerald & Tonia Parsons for CVST, April 2019

⁵⁴ Social Care Institute for Evidence report "Asset Based Places: a model for development" July 2017

Thanks and acknowledgements to:

All the many people from Tendring organisations and groups who gave their time to provide us with information, data and insights.

Liesel Park, STP Programme Manager Prevention
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Matt Gauden, Open Road
Tasmin Connett, Open Road
Anna Trudgian, Open Road
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Angela Barnes, Weeley Residents' Association
Jackie Pobjoy, Walton Community Centre
Cynthia Akinsanya, British Lung Foundation
Simon Prestney, Age Concern, Colchester & NE Essex
Jane Blomeley, Youth Enquiry Service
Avril O'Sullivan, SUMMIT
Jo Gardiner-Irving, Harwich & Dovercourt High School
Emma Blaber, Teen Talk, Harwich
Caroline Shearer, Only Cowards Carry
Great Bentley Good Neighbours
Brightlingsea Community Centre
DiddiDance School
Citizens Advice Tendring
FC Clacton
Corner House, Clacton

Dave McLeod, Harwich Town Council
Ivan Henderson, Essex County Council, Tendring District Council, Harwich Town Council

All the staff at CVST, who gathered and contributed information, analysed data, gave insights and facilitated this research.

Health needs in Tendring

Positives – areas which show indicators better than Essex and England averages

Indicator	Tendring	Essex	England	Definition
Health protection				
New sexually transmitted infections	430	581	794	Number of new sexually transmitted infection diagnoses (excluding Chlamydia in under 25 year olds) per 100,000 population age 15 to 64

Average – within average bounds for Essex

Indicator	Tendring	Essex	England	Definition
Injuries and ill health				
Killed and seriously injured on roads	57.4	51.3	40.8	Rate of people killed or seriously injured on the roads, number all ages per 100,000 resident population
Hip fractures in older people (age 65+)	661	612	576	Age-sex standardised rate of emergency admissions for fractured neck of femur in number of persons age 65 and over per 100,000 population
Cancer diagnosed at early stage	52.6	54	52.6	Proportion of invasive malignancies of breast, prostate, colorectal, lung, bladder, kidney, ovary, and uterus, non-Hodgkin lymphoma, and melanomas of skin, diagnosed at Stage 1 and Stage 2
Diabetes diagnoses (age 17+)	78.1	-	78	Estimated diagnosis rate for people with diabetes age 17 and over
Behavioural risk factors				
Smoking prevalence in adults (age 18+)	16.7	13.6	14.9	Smoking prevalence in adults – current smokers as % of adult population
Physically active adults (age 19+)	62.6	66	66	Percentage of adults age 19+ that meet CMO recommendations for physical activity (150+ moderate intensity equivalent minutes per week)
Excess weight in adults	67.5	63.6	61.3	Percentage of adults classified as overweight or

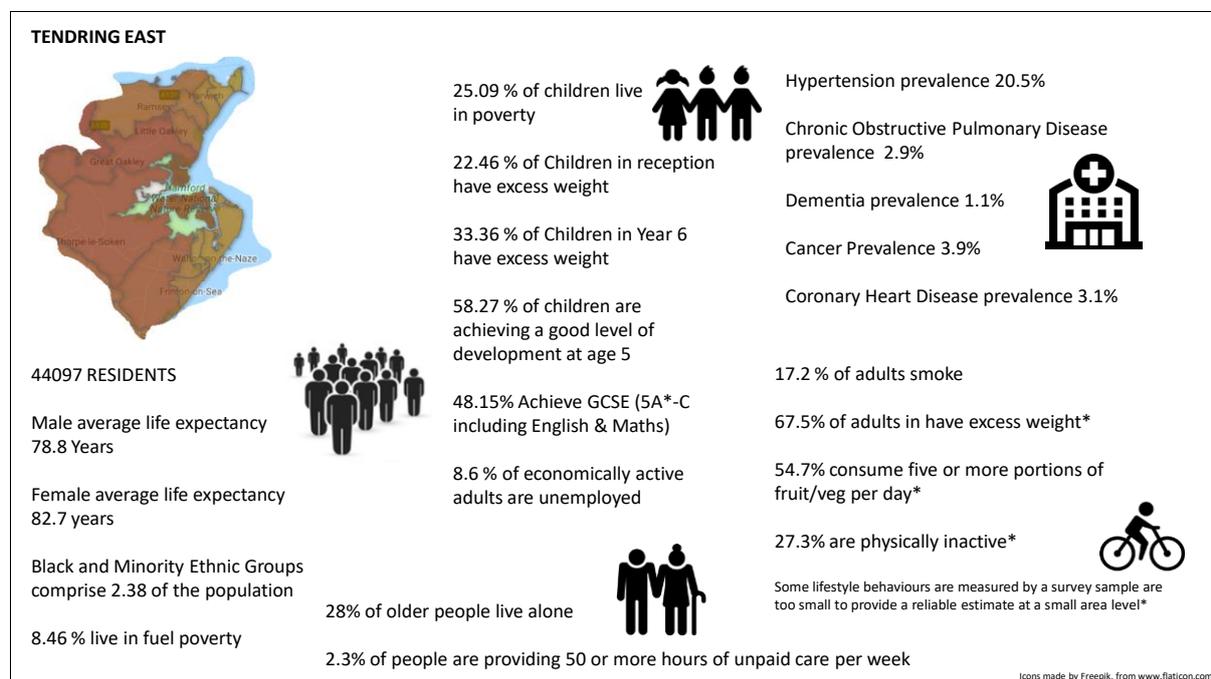
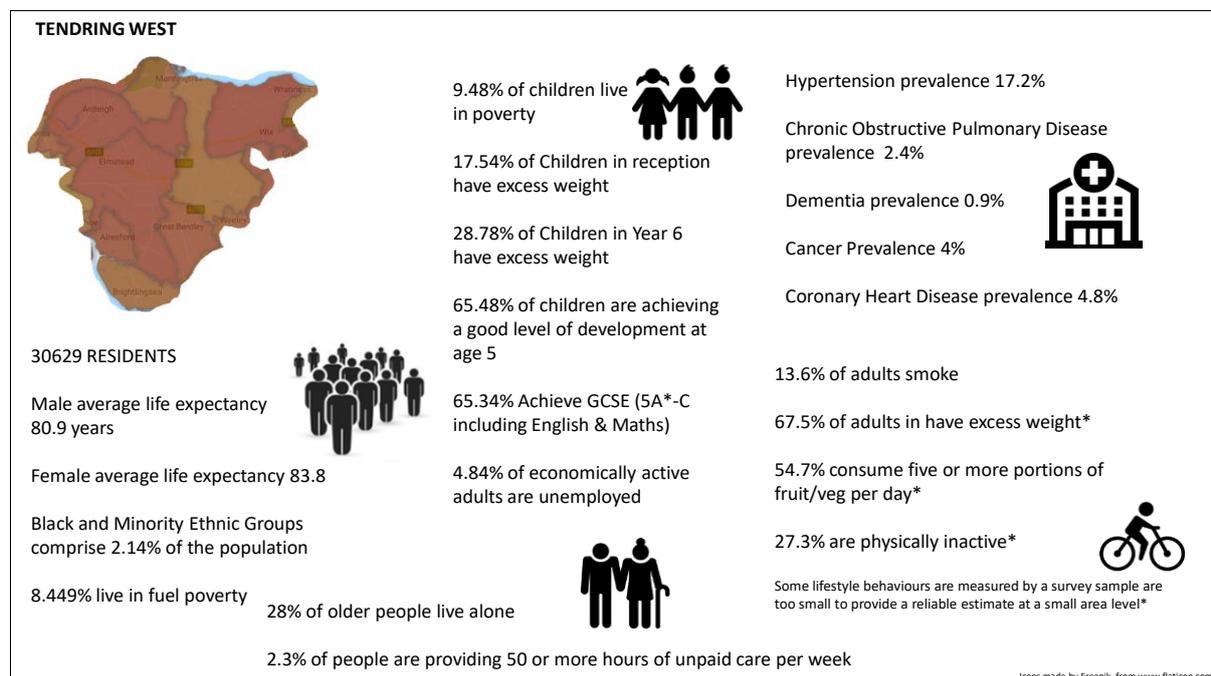
				obese – current method
Child health				
Under 18 conceptions	23.5	16.7	18.8	Rate of conceptions per 1,000 females age 15-17
Infant mortality rate	5.5	3.1	3.5	Highest in Essex Rate of deaths in infants age under 1 year per 1,000 live births
Inequalities				
Smoking prevalence: routine and manual occupations	28.5	21.9	25.7	Smoking prevalence in adults in routine and manual occupations – current smokers – as % of adult population working in routine and manual occupations
Wider determinants of health				
Employment rate (age 18-64)	70.2	78.2	70.2	Lowest employment rate in the county. % of all respondents in the Labour Force survey classed as employed (18-64)
Statutory homelessness	0.6	0.7	0.8	Number of eligible homeless people not in priority need per 1,000 households
Health protection				
Excess winter deaths	26.1	23.3	21.1	Excess winter deaths (3 years, all ages)

Areas for further attention or new developments - show indicators are worse than Essex and England average

Indicator	Tending	Essex	England	Definition
Life expectancy and causes of death				
Life expectancy at birth (male)	78.5 years	80.2 years	79.6 years	The average number of years a person would be expected to live based on contemporary mortality rates
Life expectancy at birth (female)	81.5	83.3	83.1	Highest in Essex. The average number of years a person would be expected to live based on contemporary mortality rates
Under 75 mortality rate (all causes)	400	307	332	Highest in Essex Directly standardised mortality rate for mortality from all causes, age under 75
Under 75 mortality rate (cardiovascular)	79.6	62.6	72.5	Directly standardised mortality rate for mortality from cardiovascular diseases, including heart disease and stroke, age under 75 per 100,000 population
Under 75 mortality rate (cancer)	149.4	131.2	134.6	Directly standardised mortality rate for mortality from all cancers, age under 75 per 100,000 population
Suicide rate	16	10.9	9.6	Highest in Essex. Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population
Injuries and ill-health				
Hospital stays for self harm	289.2	157	185.5	Highest in Essex. Number of emergency hospital admissions for intentional self-harm
Dementia diagnosis age 65+	54.5	61.1	67.5	65+ estimated diagnosis rate %
Behavioural risk factors				
Alcohol-specific hospital stays (under 18s)	44.1	21.9	32.9	Number of hospital admissions for alcohol-specific conditions, under 18s crude rate per 100,000 pop
Alcohol-related harm hospital stays	770	589	632	Highest in Essex Number of admission episodes for alcohol related conditions – narrow definition
Child health				
Under 18 conceptions	23.5	16.7	18.6	Rate of conceptions per 1,000 females age 15-17
Smoking status at time of delivery	14.7	10.6	10.6	Joint highest in Essex % of women who smoke at time of delivery

Breastfeeding initiation	68.4	75	74.5	Breastfeeding initiation rate %
Infant mortality rate	5.5	3.1	3.9	Highest in Essex Rate of deaths in infants age under 1 year per 1,000 live births
Obese children (age 10-11)	22.6	17.9	20.1	Highest in Essex. Prevalence of obesity (including severe obesity) among children in year 6
Inequalities				
Deprivation score (IMD 2015)	28.4		21.8	Highest in Essex. IMD 2015
Wider determinants of health				
Average attainment 8 score	39.9	46.7	46.7	Lowest in Essex. Average attainment 8 score

Profile of the three Tendring Neighbourhoods



TENDRING SOUTH



59886 RESIDENTS

Male average life expectancy
76.5 Years

Female average life expectancy
80.9 years

Black and Minority Ethnic Groups
comprise 2.68% of the population

8.46% live in fuel poverty



36.32% of children live in poverty



23.62 % of Children in reception have excess weight

35.62 % of Children in Year 6 have excess weight

54.8 % of children are achieving a good level of development at age 5

48.41% Achieve GCSE (5A*-C including English & Maths)

11.1 % of economically active adults are unemployed



31.62% of older people live alone

4.3 % of people are providing 50 or more hours of unpaid care per week

Hypertension prevalence 20.5%

Chronic Obstructive Pulmonary Disease prevalence 3.9 %

Dementia prevalence 0.9%

Cancer Prevalence 3.9%

Coronary Heart Disease prevalence 3.6%



24.3 % of adults smoke

67.5% of adults in have excess weight*

54.7% consume five or more portions of fruit/veg per day*

27.3% are physically inactive*



Some lifestyle behaviours are measured by a survey sample are too small to provide a reliable estimate at a small area level*

Icons made by Freepik, from www.flaticon.com

Appendix 3

Merge of Car availability by ward and Census 2011 England and Wales Electoral Wards

Tendring East Location	% households with no car	Tendring South Location	% households with no car	Tendring West Location	% households with no car
Harwich East	38	Rush Green	36	Thorrington, Frating, Elmstead & Great Bromley	8
Harwich East Central	31	Alton Park	41	Ardleigh and Little Bromley	7
Harwich West central	26	St Marys	32	Lawford	14
Harwich West	20	Burrsville	19	Bradfield, Wrabness and Wix	7
Ramsey and Parkeston	18	St Johns	20	Manningtree, Mistley, Little Bentley & Tendring	18
Great and Little Oakley	10	Peter Bruff	24	Great Bentley	11
Beaumont and Thorpe	11	Little Clacton and Weeley	15	Brightlingsea	17
Walton	30	St Osyth and Point Clear	18	Alresford	10
Hamford	23	Pier	49		
Holland and Kirby	13	St Bartholomews	23		
Walton	30	St Pauls	25		
Frinton	20	St James	25		
Homelands	30	Golf Green	36		
		Bockings Elm	20		
		Haven	21		
Average	23.7%		26.9%		11.5%

Source: ONS UK

Report title: Partnership Mapping	
Report to: Health and Wellbeing Board	
Report author: Peter Fairley	
Date: 18 September 2019	For: Information
Enquiries to: Will Herbert Senior Equalities and Partnerships Adviser, will.herbert@essex.gov.uk	
County Divisions affected: All Essex	

1. Purpose of Report

- 1.1 To update the Health and Wellbeing Board (the Board) of the progress of the partnership mapping activity.

2. Recommendations

- 2.1 That the Board is asked to:
- 2.2 Consider links between existing boards and how these can be strengthened including through better utilisation of cross-cutting support groups such as the Essex Strategic Co-ordination Group.
- 2.3 Review sub-groups and their purpose regularly
- 2.4 Explore opportunities for more shared work, thematic plans on cross-cutting issues with other boards
- 2.5 Look to make best use of existing boards for oversight of projects and initiatives. Avoid creating boards to oversee projects or programmes where an existing board has capacity to fulfil this role.

3. Summary of progress

- 3.1 Over the last few months the Equalities and Partnerships team have been undertaking mapping of the various strategic boards and groups across Essex. This followed multiple requests from different partnership boards to better understand the landscape and how the links between groups could be strengthened.
- 3.2 The team has been contacting the support for the partnership boards and mapping the roles, purpose, chairs, and items covered at previous meetings. The aim is to provide the boards with an information bulletin (annex 1) that will

show the latest developments with each board and support information sharing between them.

- 3.3 To date the team has gathered information on 242 partnership boards and sub-groups.
- 3.4 The boards can be broadly grouped into 6 categories cross-cutting strategic boards, older people & health, children, crime and community safety, environment and rural, and employment, skills and growth.

The review has highlighted the complexity of the partnership landscape, the interlinks and overlaps between boards, and potential to strengthen the relationships and opportunities for increased joint working between boards.

4. Headline findings:

- 4.1 There are 242 partnerships mapped which equates to at least 1100 meetings a year.
- 4.2 Of the boards mapped to date 94 had a focus on adults and health, significantly more than any other issue. This may in part be due to visibility and awareness across the system of the boards.
- 4.3 A large proportion of the boards focus on a single district (44%), 37% cover all of Essex, and 18% cover more than one district but not all of Essex.
- 4.4 For adults and health focussed boards 65% cover a single district, 20% cover more than one district but not all of Essex, and 15% cover all of Essex.
- 4.5 When mapping the aims of the boards and the items they receive against the priorities of the Joint Health and Wellbeing Strategy:
- 4.6 Of the 242 the breakdown of links to the HWB priorities is as follows

- 166 Mental health and wellbeing
- 145 Addressing obesity, improving diet, and increasing physical activity
- 143 Enabling and supporting people with long term conditions and disabilities
- 114 conditions and behaviours linked to health inequalities

- 4.7 If we exclude the adults and health focussed boards the breakdown is:

- 73 Mental health and wellbeing
- 56 Addressing obesity, improving diet, and increasing physical activity
- 50 Enabling and supporting people with long term conditions and disabilities
- 21 Conditions and behaviours linked to health inequalities

5. Summary of the boards

Cross-cutting boards:

- 5.1 These boards are largely comprised of political leadership and chief executives. It includes Essex Leaders and Chief Executives, the Essex Chief Executives Association, and Essex Partners.
- 5.2 There are direct links between these groups and the Health and Wellbeing Board including:
- I. The Future of Essex ambitions including to provide an equal foundation for every child and enjoy life long into old age
 - II. A focus on tackling inequality (including health inequalities)
 - III. Leading Greater Essex (whole system leadership development programme)
- 5.3 As part of the early stages of the partnerships mapping the chairs of the Health and Wellbeing Board, Children's Partnership and Safeguarding Boards have been invited to Essex Partners to help improve the links between the groups.
- 5.4 In addition to the above boards there are two forums which have been established to support join up across multiple agendas and improve networking and sharing of best practice, information and learning.
- 5.5 **ESCG** - The ESCG informs and supports the work of the Essex Partnership Board (EPB) and the Essex Health and Wellbeing Board (HWBB).
- 5.6 It proactively develops links to and improves integration with other partnership bodies in Essex. Work includes:
- Co-ordination of the Essex Vision Projects
 - Supporting the development of the building blocks for partnership working
 - Co-ordinating the drafting of JHWS
 - Connecting projects and strategies to the wider system
 - System deep dives
- 5.7 **Essex Assembly** - To bring together a wide range of leaders across the public sector, universities, the voluntary and community sector and business to discuss how we can all work together to deliver the Future of Essex ambitions. Assemblies are themed on the ambitions outlined in the Future of Essex a 25-year vision for Essex. The ambitions are:
- I. Unite behind a sense of identity
 - II. Enjoy life long into old age
 - III. Provide an equal foundation for every child
 - IV. Strengthen communities through participation
 - V. Develop our county sustainably
 - VI. Connect us to each other and the world
 - VII. Share prosperity with everyone

Health and Social Care Boards

- 5.8 There are several overarching strategic groups with a focus on health and social care (Sustainability and Transformation Partnerships, Health and Wellbeing Boards and Place-based Alliances) with the Countywide Health and Wellbeing Board providing a central conduit for joining up conversations and connecting to local strategic groups and operational activity.
- 5.9 There is also the District & County Health forum which aims to enhance the role of District HWBBs at County level, ensuring that the views and experiences of all Essex Districts are effectively represented at the Essex HWBB
- 5.10 Below these groups sits the Local Authority Public Health Network (LAPH). The LAPH was established to enhance our collective thinking and improve communication. It has been instrumental in the development of the Essex's Public Health Strategic Approach to deliver on health and wellbeing priorities, policy alignment between District Councils, Essex County Council and the NHS. Its work includes:
- I. Leading the implementation of our shared Strategic Approach to address local priorities for public health, whilst helping to reduce health inequalities.
 - II. Sharing local plans and achievements, including the shared utilisation of the Public Health grant.
 - III. Work together to inform, influence and implement policies aimed at improving health and wellbeing across organisational boundaries.
 - IV. Facilitate public health practitioners and leaders across Essex to support one another in their organisational, professional development and shared work objectives.
- 5.11 In addition to these strategic overarching board there are sub-groups established to address specific issues such as the subgroups of the safeguarding boards, the well homes group and the prevention group which aims to ensure effective, efficient and evidence based joined up prevention activity across the system.

Children

- 5.12 In addition to the health partnership structures there are several boards and groups focussed on the children's agenda This includes the Children's Partnership Board. The Board is a statutory board which aims to facilitate cooperation between the Council and its relevant partners in discharging the authority's responsibility under section 10 of the Children Act 2004. The Partnership primarily seeks to identify the 'added value' that can be achieved through developing effective partnership working and by improving the efficiency of how partners work together as a whole system. The Board develops the Children and Young People's Plan.

- 5.13 In addition to this group there are 4 local Children's Partnership Boards – Mid, West, South and North.
- 5.14 There are overlaps between the agendas of the Children's Partnership Board and the HWB and an opportunity to develop plans, strategies, and activity in partnership with each other.

Crime and Community Safety

- 5.15 Safer Essex has the strategic co-ordinating lead for community safety issues across Essex, Southend and Thurrock and brings together key partner organisations to work jointly and effectively to deliver the following outcomes:
- Improve community safety
 - Reduce crime and disorder
 - Improve victim satisfaction and support
- 5.16 Links to HWB include violence and vulnerability, substance misuse, Safeguarding, Hate Crime and LD / Mental health and criminal justice system

Growth and infrastructure boards

- 5.17 There are a number of boards focus on growth and infrastructure ranging for regional economic growth boards such as SELEP to local rural partnerships and the Essex Housing Officers Group.

6. Appendix

- 6.1 Partnership boards presentation
- 6.2 List of partnerships

MAPPING THE PARTNERSHIP LANDSCAPE IN GREATER ESSEX

Update as of 20th August 2019

The Partnership Landscape in Greater Essex

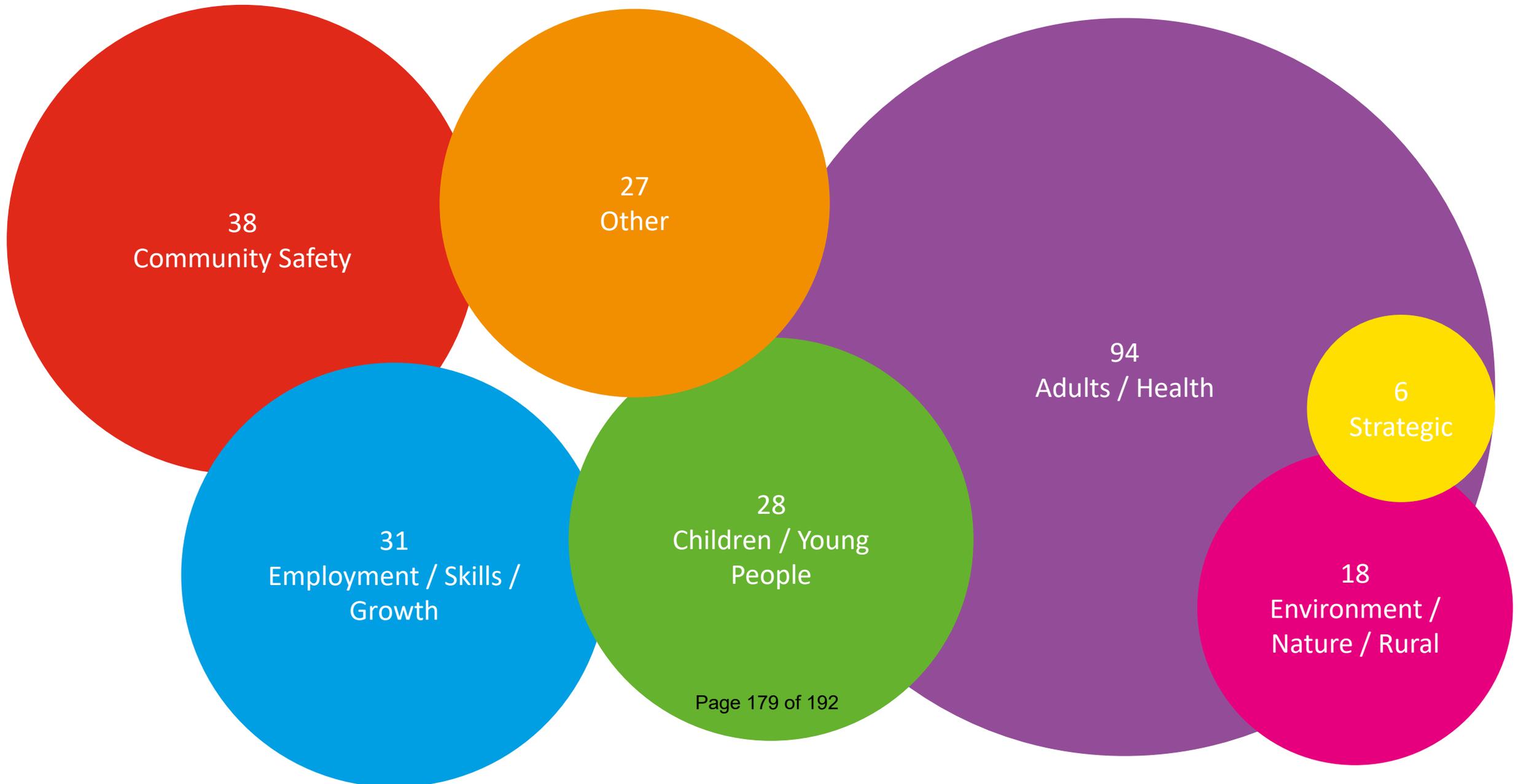
**242 Partnerships
Mapped**

**Avg. 110
partnerships per
District**

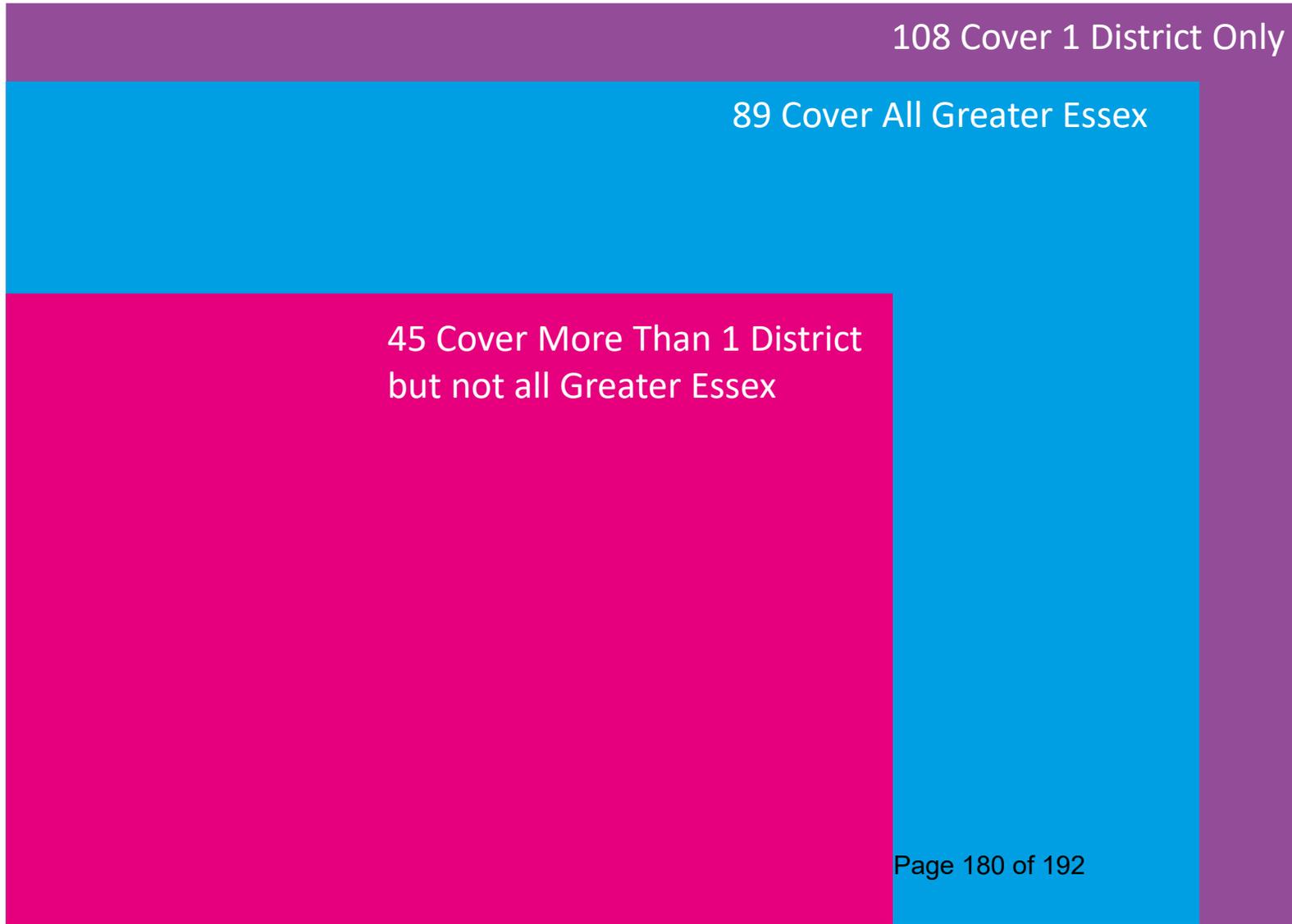
**Approx. 1,110
meetings per
year**

**16 different
strategies**

Of the 242 Partnerships Mapped...



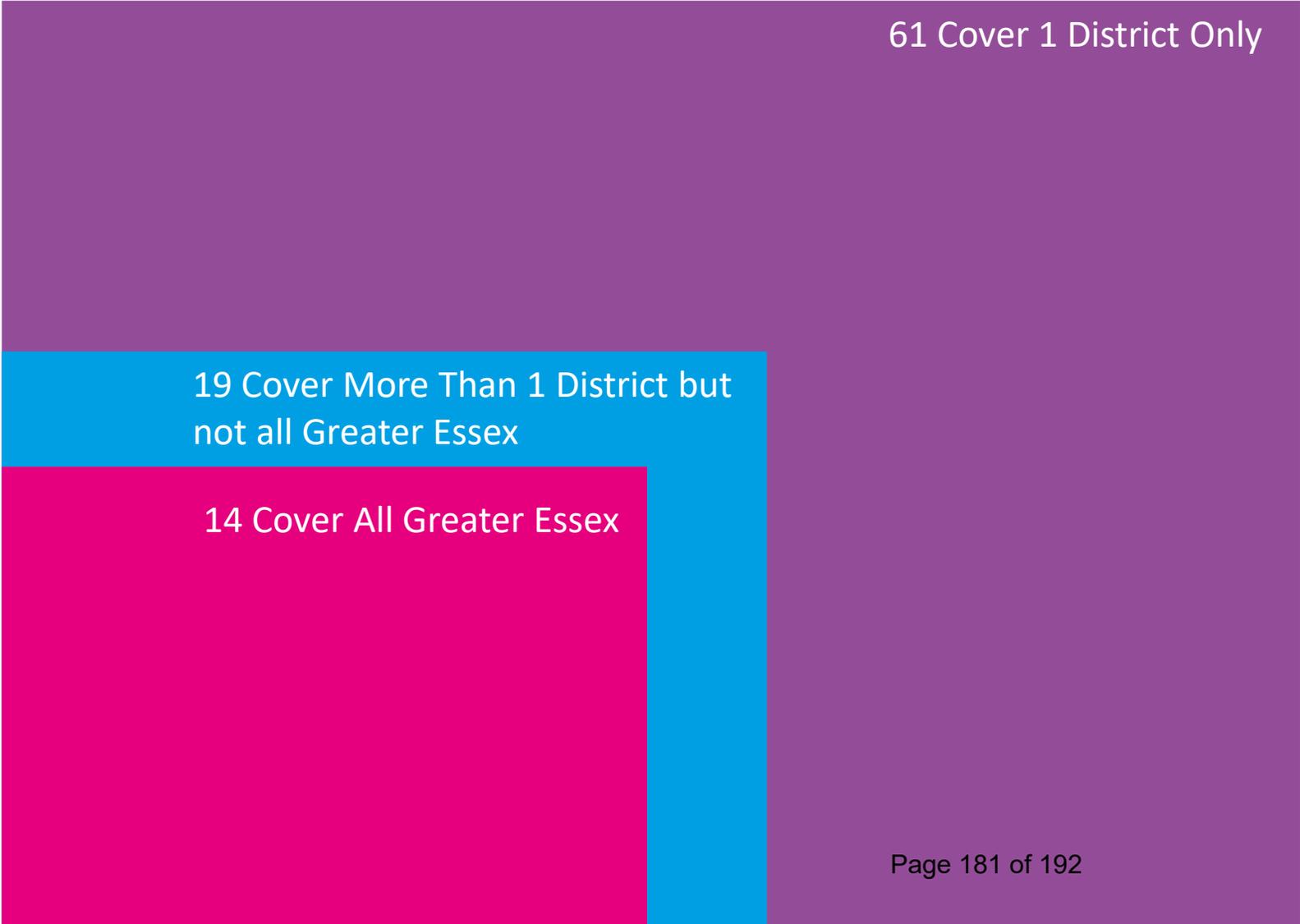
Partnerships by Geographical Area



Each District has an average of 110 partnerships active in it



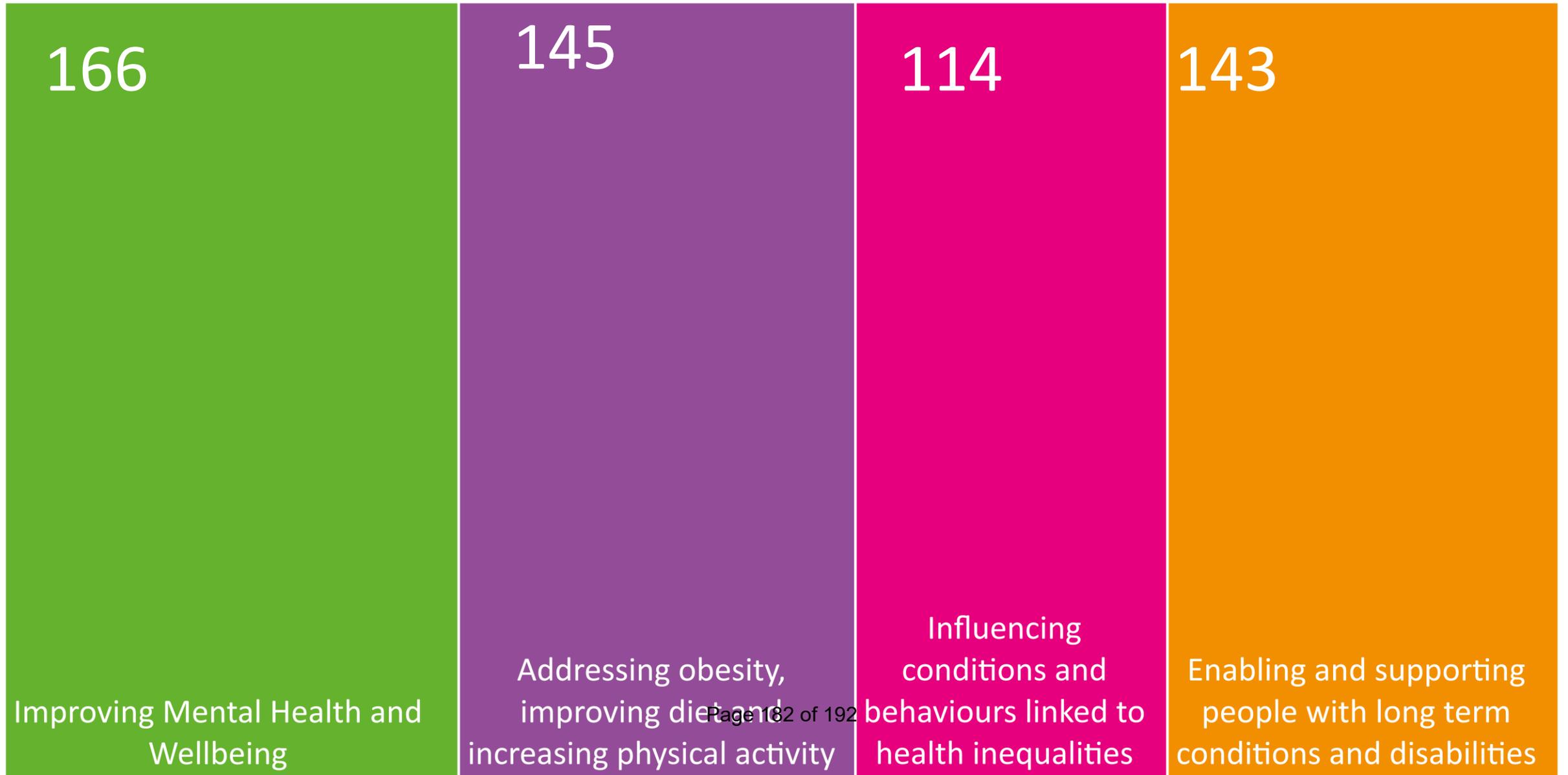
Adults / Health Partnerships by Geographical Area



Each District has an average of 25 partnerships active in it



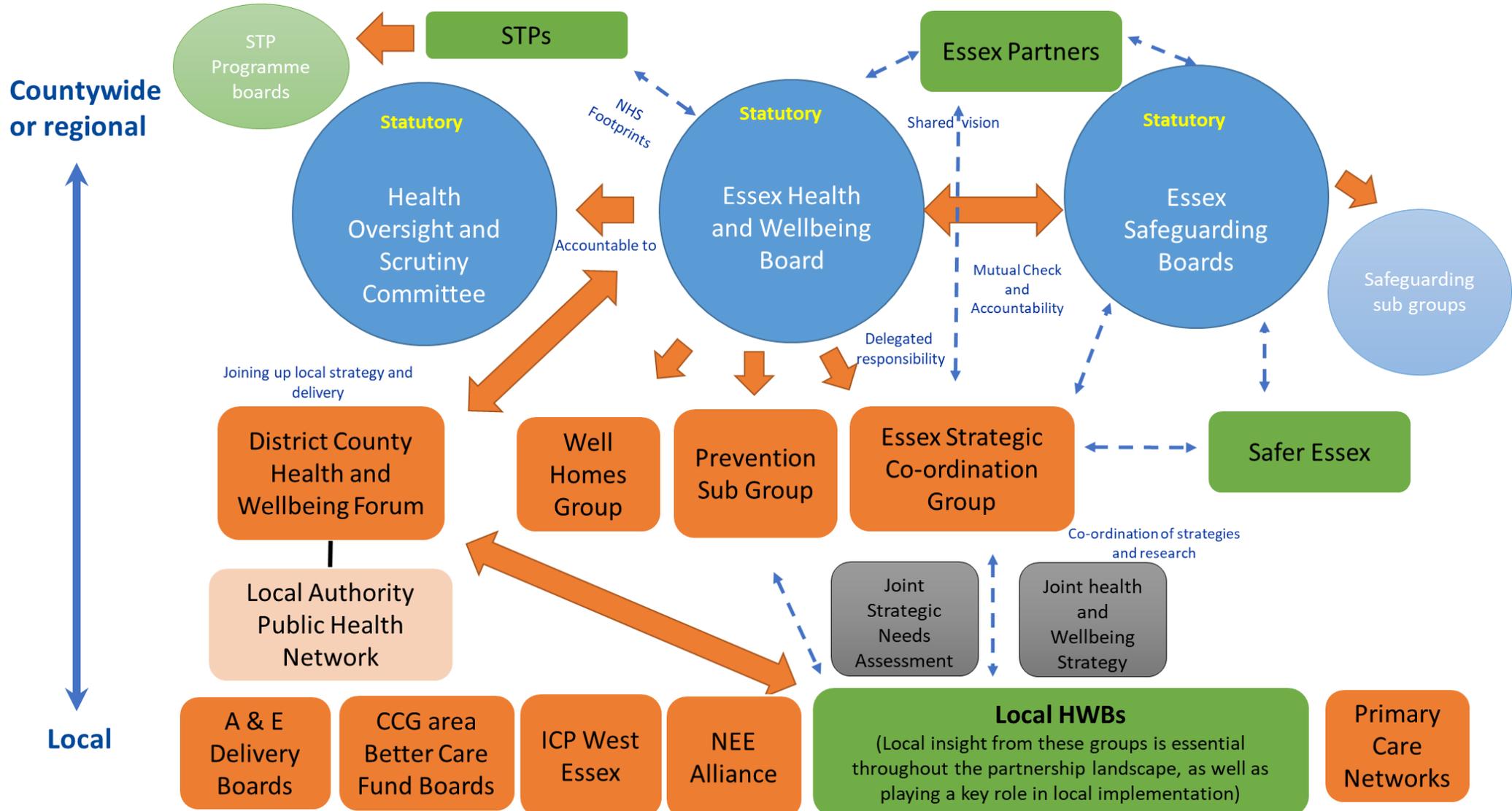
Partnerships by Health & Wellbeing Board Priority



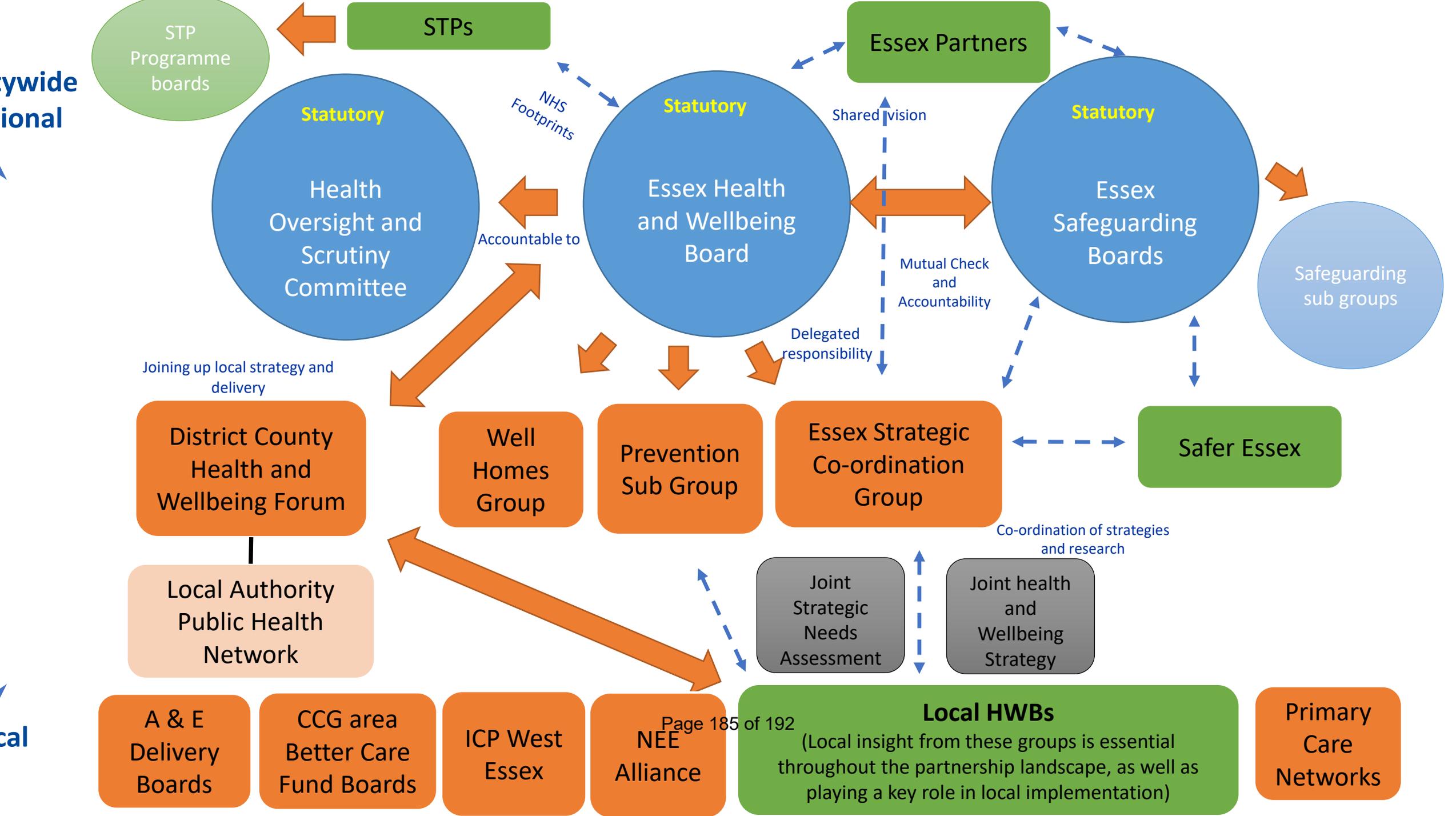
Non Adults/Health Partnerships by Health & Wellbeing Board Priority



MAP



Local HWB working groups including:
Age well, live well & start well groups



Report title: Health and Wellbeing Board Workshop Session	
Report to: Essex Health and Wellbeing Board	
Report author: Mike Gogarty, Director, Wellbeing, Public Health and Communities	
Date: 18 September 2019	For: Discussion
Enquiries to: Mike Gogarty: mike.gogarty@essex.gov.uk	
County Divisions affected: All	

1 Purpose of Report

- 1.1 To gauge the appetite of members for an informal workshop session in January and to consider possible agenda items.

2 Recommendations

Members are asked to discuss the merits of the above and how this session might best be used

3 Summary of issue

- 3.1 The Essex Health and Wellbeing Board continues to meet and tackle key business issues but we have not, since last January, had time to reflect on how effective we are and what we may wish to do differently to optimise effectiveness
- 3.2 It is proposed that there may be merit to a dedicated session, around half a day, perhaps on the rise of a shortened Health and Wellbeing Board meeting in January.
- 3.3 Members are asked to reflect, if appropriate, upon what this session may wish to consider.

Possible issues might include:

- The role of HWB member organisations as system anchors to help develop the local economy.
- Progress in delivering the agreed JHWS (Joint Health and Wellbeing Strategy) and how this might be optimised.
- Ensuring the wider system is sighted on and supportive of the HWB agenda

Health and Wellbeing Board Forward Plan 2019-20

November	Item No	Agenda Item	Lead Officer	Summary/Comments
Joint Health and Wellbeing Strategy Area of Focus: Long term conditions and disabilities				
Wed 20 November	1a	Mid & South STP	Caroline Russell	
	1b	Suffolk and NE Essex ICS	Susannah Howard	
	1c	West Essex and Hertfordshire STP	Beverley Flowers/Iain MacBeath	
	2	Essex Data	Stephen Simpkin	
	3	Health Inequalities	Mike Gogarty	
	4	Children and Young People's Mental Health and Wellbeing STP Long Term Plan and Local Transformation Plan Refresh	Chris Martin	
	5	Education, Health and Care (EHC) and Assessing Demand / SEND Local Area Review	Clare Kershaw	
January 2020	Item No	Agenda Item	Lead Officer	Summary/Comments
Joint Health and Wellbeing Strategy Area of Focus: Increasing physical activity				
Wed 29 January	1a	West Essex and Hertfordshire STP	Beverley Flowers/Iain MacBeath	
	1b	Mid & South Essex STP	Caroline Russell	
	1c	Suffolk and NE Essex ICS	Susannah Howard	
	2	Current position with regard to independent living provision for elderly and disabled people	Nick Presmet/Dale Evans/ Jo Grainger	Requested at May meeting
	3	Prevention update		To review work since Jan '19 workshop
	4	EALC Five Year Forward Plan and Action Plan	Joy Darby / Cllr P Davey	Requested July 2019 - may move to March.

March	Item No	Agenda Item	Lead Officer	Summary/Comments
	Joint Health and Wellbeing Strategy Area of Focus:			
Wed 18 March	1a	Suffolk and NE Essex ICS	Susannah Howard	
	1b	West Essex and Hertfordshire STP	Beverley Flowers/Iain MacBeath	
	1c	Mid &South Essex STP	Caroline Russell	
	2	Essex Data	Stephen Simpkin	Deferred from January and March. Requested for May (work in progress and planned) and November (results of MH and Homelessness) at March meeting,
May	Item No	Agenda Item	Lead Officer	Summary/Comments
	Joint Health and Wellbeing Strategy Area of Focus:			
Wed 20 May	1a	Mid &South Essex STP	Caroline Russell	
	1b	Suffolk and NE Essex ICS	Susannah Howard	
	1c	West Essex and Hertfordshire STP	Beverley Flowers/Iain MacBeath	
July	Item No	Agenda Item	Lead Officer	Summary/Comments
	Joint Health and Wellbeing Strategy Area of Focus:			
Wed 15 July	1a	West Essex and Hertfordshire STP	Beverley Flowers/Iain MacBeath	
	1b	Mid &South Essex STP	Caroline Russell	
	1c	Suffolk and NE Essex ICS	Susannah Howard	
September	Item No	Agenda Item	Lead Officer	Summary/Comments
	Joint Health and Wellbeing Strategy Area of Focus:			
Wed 16 September	1a	Suffolk and NE Essex ICS	Susannah Howard	
	1b	West Essex and Hertfordshire STP	Beverley Flowers/Iain MacBeath	
	1c	Mid &South Essex STP	Caroline Russell	

	2	Prevention – review the role of the Prevention Group (in accordance with the desire not to have too many bodies)	Mike Gogarty	September 2020 (18 months from March 2019, as requested by Board at 20 March 2019 meeting)
November	Item No	Agenda Item	Lead Officer	Summary/Comments
	Joint Health and Wellbeing Strategy Area of Focus:			
Wed 18 November	1a	Mid & South Essex STP	Caroline Russell	
	1b	Suffolk and NE Essex ICS	Susannah Howard	
	1c	West Essex and Hertfordshire STP	Beverley Flowers/Iain MacBeath	
	2	Learning Disabilities Mortality Review (LeDeR): Southend, Essex and Thurrock End of Year Report 2019-20	Rebekah Bailie, Commissioning Manager, ECC	Annual Report – last submitted July 2019
Date to be confirmed				
TBC	Item No	Agenda Item	Lead Officer	Summary/Comments
Date to be confirmed	1	North East Essex Health and Wellbeing Alliance Update	Ed Garrett	
	2	Essex Sexual Health Services	Mike Gogarty/Claire Bartoli/Chris French	Awaiting rescheduling
	3	Developing an Integrated Sensory Pathway	Board Secretary	Board to receive an annual update from the Sensory Strategic Partnership Group (SPG)
	4	Role of the Board in Supporting Primary Care Networks	Author?	Requested May 2019
	5	Discussion on the means of achieving integrated consideration on issues of common interest to the various stakeholders	Lead officer / author?	Requested May 2019
	6	Shared Care Records	Susannah Howard, Suffolk and NE Essex STP	Requested May 2019

