2013 to 2018

Essex Health & Wellbeing Board

Joint Health & Wellbeing Strategy for Essex

1st Annual Refresh v.5

06/11/2013

Contents

1. The vision

This is the first Health and Wellbeing Strategy for Essex. The Essex Health and Wellbeing Board brings together key partners to improve health and wellbeing through the development and implementation of a Health and Wellbeing Strategy for the communities of Essex.

The World Health Organisation (WHO) defines health as "a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity". We have used this definition to develop our strategy.

This strategy sets out how the partners will work together to improve health and wellbeing over the next five years in Essex. The key priorities are based on evidence from the Joint Strategic Needs Assessment (JSNA), and an extensive consultation process throughout the county.

It is fully recognised that Essex has different communities with significant socio-economic/health diversity; wide variances in baselines for health and wellbeing; and that any strategy must be driven by, and be relevant to, the needs and priorities within those communities.

The vision for better health and wellbeing in Essex

By 2018 residents and local communities in Essex will have greater choice, control, and responsibility for health and wellbeing services. Life expectancy overall will have increased and the inequalities within and between our communities will have reduced. Every child and adult will be given more opportunities to enjoy better health and wellbeing.

To pursue the vision, the Essex Health and Wellbeing Board will:

- promote a shift from acute services to the prevention of ill health, to primary health care, and to community-based provision;
- support investment in early intervention and the prevention of risks to health and wellbeing to deliver long-term improvements in overall health and wellbeing;
- support individuals in exercising personal choice and control, and influence over the commissioning of relevant services;
- enable local communities to influence and direct local priorities for better health and wellbeing strengthening their resilience and using community assets to reduce demand;
- promote integration across the health and social care systems to ensure that services are planned and commissioned in an integrated way where it is beneficial to do so;

- ensure resources are allocated consistent with the needs within and between the communities in Essex; and

- support individuals in making informed lifestyle choices and promoting the importance of individuals taking responsibility for their own health and wellbeing.

The strategy has a five-year life span, from 2013 – 2018. This document embodies the 1st Annual Refresh, signed off by the Health and Wellbeing Board in November 2013. The updates that have been incorporated include:

- incorporating the progress that has been made and the future plans to continue at pace, with the integration of health and social care, into the whole document;

- the most recent data from the JSNA;

- a renewed evaluation framework for the strategy (as approved at the Health and Wellbeing Board in May 2013);

- performance "score cards" for each of the three priorities, which will act as a baseline to track progress in future years;

- a clearer focus for each of the priorities and cross cutting themes for the year ahead (2014/15).

These changes are shown in olive green text.

2. Setting the priorities

This strategy has been developed by looking at the data and information on health and wellbeing in Essex to pin-point what the key challenges and areas for focus should be, and also an extensive programme of consultation and engagement with stakeholders and residents seeking their views on the areas that need prioritising.

The Joint Strategic Needs Assessment (JSNA)

This is the main source of evidence and related information on the health and wellbeing of the population of Essex; the wider determinants of health; and the quality of life in the county. It has been used to identify the key areas that need addressing in this strategy to make the greatest improvements in health and wellbeing. The JSNA is the fundamental basis for choosing our priorities.

Consultation on the key health and wellbeing challenges facing Essex

In addition to the evidence in the JSNA this strategy has been influenced by a wide-ranging consultation programme undertaken between May and August 2012. There have been 4 elements to the consultation and engagement process supporting the strategy's development.

1. Circulation of a draft strategy with consultation questions to key stakeholders;
2. An on-line survey open to partners and the public that resulted in nearly 750 responses;
3. Consultation events across the county involving general briefings and discussion as well a detailed exercises looking at potential priorities;
4. A health and wellbeing conference and stakeholder forum on the 18 July 2012.

From August 2012 – September 2013, other consultation and engagement activity has taken place on a range of topics. These are summarised on the Essex Insight website.

JSNA: Summary of the headline health and wellbeing issues in Essex

Essex Population and Health Determinants

The **population** of Essex is close to 1.74 million (including Southend and Thurrock) with Colchester Town and Chelmsford city being the largest urban areas. The older population is expected to grow to 28% by 2033, with a 15% reduction in the working age group. Currently 10.5% of the population are from ethnic backgrounds (9.2% for Essex) and 30% of travelling families in the county live on unauthorised sites. Essex has some of the most affluent and some of the most **deprived areas** in the country, with further pockets of disadvantaged communities that are hard to identify.

Employment opportunity, mental health and **educational achievement** have a strong association. Although the Essex unemployment rate is lower than the national rate, there is a nearly threefold variation between districts (from 13.2% to 4.6%). The working age population is ageing and the level of adult qualifications is low. The number of young people in Essex not in

education, employment or training (**NEET**) is higher than national and regional averages but has reduced slightly over the last year. Young people from more disadvantaged communities are at a higher risk of becoming NEET.

Effective and efficient transport can support people in having good access to services and is essential to local economic prosperity but must be at a reasonable cost, in reasonable time and with reasonable ease. There should be clear strategy for promoting walking and cycling as well as good road safety measures.

Crime and community safety continue to be highlighted as a priority by the residents of Essex. The issues of domestic abuse, violence and burglary link closely with other issues related to criminality such as drug and alcohol misuse and anti -social behaviour.

Decent, affordable and appropriate **housing** is increasingly needed to meet the current and longer term needs of the people of Essex, especially with the rise in older residents, people with a disability and other vulnerable groups. Poor housing conditions, including heating deprivation, is a local concern in our disadvantaged communities. Welfare reform also has serious consequences for housing which need to be monitored.

In regards to environmental issues, Essex is doing well in **waste management** and in implementing measures to keep air pollution low, but with increasing housing development, making these improvements sustainable will prove a challenge. Essex is also highly dependent on non-renewable energy.

Essex has a number of **poverty related issues**, especially in Harlow where the level of house ownership is very low and the level of benefit claimants is high. Building strong social capital can help reduce childhood poverty, which in turn will provide the right opportunities for young people and the community to flourish.

Community cohesion cannot be maintained without balancing the need for targeted and universal interventions and explicitly addressing the socioeconomic wellbeing of communities, including engaging with young people, enabling social inclusion for marginalised groups and instilling a sense of localism.

Health, Community Wellbeing and Inequalities

Although the trend in life expectancy is upward, there is a 3.5 year gap between males and females across Essex, with more inequalities in disadvantaged communities. There is a 17% difference in people's perception of their quality of life between the best and worst districts in Essex.

There is a decreasing trend in **cancers** across Essex but we have geographical and gender differences. Survival rate is dependent on early diagnosis as well as good prevention programmes. There is a decreasing trend in **cardiovascular diseases (CVD)** across Essex but we have geographical and gender differences. With an ageing population, and early identification of CVD including current undiagnosed cases, the prevalence is likely to be much higher.

Although mortality for **respiratory diseases** such as Asthma and Chronic Obstructive Pulmonary Disease (COPD) is on the decline, the level of morbidity can be reduced with good policy measures and prevention work especially around smoking.

The mortality and morbidity rates for conditions related to **liver disease** are increasing, especially among younger people, primarily due to the excessive consumption of alcohol.
The prevalence of diabetes is likely to rise over coming years, especially with better ascertainment and poor lifestyle choices.

The level of **accidental mortality and intended deaths** is relatively high in Essex, with the home and roads being the most common sites.

Largely preventable **accidental falls** continue to have a significant impact on quality of life and independent living as well as a significant contribution financially.

With a growing ageing population, good falls prevention work can contribute to low levels of morbidity and mortality. A number of districts in Essex have levels of **excess seasonal deaths**, which could be caused by fuel poverty, exceptional warm weather, poor safety at home and the severity of flu outbreaks.

After a gradual increase in mortality rates from **communicable diseases** there has been a reduction across Essex, possibly as a result of better surveillance and increase in immunisation rates.

Over 150,000 Essex residents are expected to be living with a **mental health illness**, with almost 50% of them having developed this condition in their early teens. The prevalence of **dementia**, which increases rapidly with age, is projected to increase by 38% by 2021 which will have a significant impact on public services.

There is a rising rate in obesity with a corresponding high level of physical inactivity in Essex, with fewer women taking part in **physical activity** and resulting in high public services costs. Some districts in Essex have higher than national obesity rates and there is an 11.7% difference between the higher and lower prevalence districts rate. The projected annual increase in obesity rate is 2% in adults and 0.5% in children.

Even though we predict a 1% annual reduction in **smoking prevalence**, there will be an increasing concentration of smokers in our younger population and in lower income groups.
Although Essex has a lower proportion of people consuming higher levels of alcohol, many young people are engaging in harmful drinking and we continue to see a rise in alcohol related hospital admissions. Evidence also suggests an increase in people consuming high levels of alcohol at home. This is fuelled by the low cost and accessibility of alcohol, especially to young people.

Drug misuse contributes to the associated health and crime burden in Essex with nearly 4600 known opiate and crack users and an increase in young people (under 18 years) accessing treatment.

There is a wide variation between districts in the level of poor **sexual health** practices as well as high service usage (eg terminations) especially related to teenage pregnancy.

There are some early signs of success with **interventions to reduce health inequalities**, particularly in reducing the impact of child poverty and targeted lifestyle interventions around childhood obesity and teenage pregnancy rates. But much remains to be done including improving joint working, ensuring appropriate measures of performance outcomes and rolling out more evidence based interventions.

A major task for the Pathfinder Healthwatch Essex will be to drive that integration by presenting the single view of health, social care and other related services that the public and service users have.

In regards to population protection across Essex, a number of key agencies collaborate effectively to ensure that the population is protected from the consequences of **major incidents**. The public health system provides adequate surveillance of infectious diseases as well as nationally accredited and monitored screening and immunisation programmes.

Children, Young People and Families

The health of children in Essex is generally better than or similar to the England average. Although the proportion of babies born with a low **birth weight and infant mortality** rates are relatively low, poor lifestyle choices, including smoking in pregnancy, alcohol misuse and poor diet are still a public health concern.

Rates of **breastfeeding**, which has numerous benefits, are comparatively low in most areas of Essex, especially in more deprived areas and among younger mothers. Good support and advice can help improve parenting skills, ensure adequate level of income support, promote healthier choices and give children a better future.

Although the childhood **immunisation** rates are improving and in some cases are higher than England, the uptake for Mumps, Measles and Rubella (MMR) vaccination remains lower than the required level to achieve population protection.

Poor **family environment** can have a significant impact on good outcomes for children. Research has suggested that a number of factors such as mental health, behaviour and youth offending etc. are influenced by the quality of the parent-child relationship and by improving this relationship it has a positive impact on outcomes for the child, the family as a whole and society (e.g. the social, health and economic costs of unemployment and poor health). Concerns about finances, lack of employment, the risk of eviction and homelessness alongside families with complex / multiple needs increases the risk of poor outcomes for children.

Attainment across Essex has improved significantly at each key stage, however there is a significant disparity across Essex in **educational achievements** at GCSE level. Areas with low educational attainment tend to have more young people who are NEET and higher levels of teenage pregnancies. Attainment for children in care has improved but is still below that of their peers.

We need to improve health education to ensure that the poor **lifestyle choices** we experience across Essex can be improved. Young people have easy access to alcohol and smoke from a younger age. Risk taking behaviours, possibly fuelled by alcohol misuse, can lead to high levels of Sexually Transmitted Infections (STIs), crime and violence, risk to personal safety as well as poor mental health, some of which will continue into adulthood.

Although lower than the national average **childhood obesity** continues to pose a challenge and continues to rise across the county. More can be done to improve diet and increase physical activity.

Mental health and emotional wellbeing depend both on environmental factors and the mental resilience built up throughout the years of early life and into adulthood. It is crucial that children and young people are supported more in this area.

There is a rising population of **children with disabilities** nationally, with two main elements: a growing number of children with profound learning disabilities and/or multiple complex health needs; and a growing number of children with autistic spectrum disorders, some of whom have very challenging behaviour.

It is important that agencies collaborate to ensure **young carers** are identified early, provided with adequate support to maximise their health and wellbeing, ensuring that they do not miss out on their life opportunities.

A number of risk factors can contribute to the likelihood of young people (10 to 17 years) becoming known to the local police and entering the **youth justice system**. These range from; poor family relationships, poor educational attainment, absenteeism or exclusion from school, associating with offending or risk-taking peers, drugs or alcohol use, mental health issues, accommodation in a high crime area or temporary accommodation / homelessness, poor communication or comprehension skills, anti-social attitudes or behaviour and thinking skill issues including impulsivity, risk taking and lack of victim empathy. Children who are in care or looked after are over-represented in the youth justice system.

In Essex (2012/2013) there are 3,569 offences where a young person aged 10-17 years old has been suspected as having committed the offence; a rate of 26.2 offences per 1000 10-17 year old population . The Youth Offending Service (YOS) caseload was 1220 young people in 2010/11, with the number of first time entrants continuing to fall in Essex in 2012.

Although of rare occurrence, the abuse and neglect of children is intolerable. **Safeguarding** is everyone's responsibility, parents, relatives, the public and staff. All staff who, during the course of their employment, have direct or indirect contact with children, or who have access to information about them, have a responsibility to safeguard and promote their welfare. Furthermore, children in care also need to receive better support to ensure they can maximise their potential.

Social deprivation, parenting history, poor education, parental mental health, drug and/or alcohol misuse, are issues that can all impact on **child neglect and abuse**. The Essex Drug and

Alcohol Partnership (EDAP) estimates there are 5,240 families in the county with four or more vulnerabilities, with a greater concentration of these families in deprived areas.

Adults and Vulnerable Groups

The current economic climate has created trends that will have a negative effect upon health. **Unemployment** rates, benefits claims and debt are increasing accompanied by concerns about the high level of fuel poverty. The impact of poor health or disability on a person's likelihood of finding and keeping a job are significant.

Predicted demographic change, increased survival rates, reduced mortality rates, improved diagnostic techniques and improved health care will lead to an increase in the number of people with **learning disabilities**. At present the highest rates of people with a learning disability can be found in Tendring, Colchester and Braintree where the historical long stay hospitals were located.

There are currently 814 **specialist housing** units to support adults with Learning disabilities in Essex. This is an increase on the previous year of 803 specialist housing units, which was a shortfall of 186 compared with the estimated requirement of 989 units. Braintree, Chelmsford and Colchester show the greatest deficits.

During 2011/12 approximately 3900 people, a 5% increase compared with the previous year, received support from the **re-ablement service**, which aims to support people to regain skills with a view to reducing longer term care.

The rate of adults with **physical disabilities** who are supported in Essex in terms of receiving either community or residential/nursing home care has seen an increase year on year since 2006/07 and is now at a rate that is higher than that of the East of England.

Almost 10% of our residents provide informal care to relatives, friends or neighbours. Research suggests that the economic value of the contribution made by **carers** in Essex is £2.4 billion per year which is £45.4 million per week. Over half of the people providing unpaid care are people aged over 50. The physical impairment planning group and older peoples planning group have reiterated the need to help carers maintain their caring role while preserving their health and wellbeing.

It is estimated that 90,500 **older people** with social care needs live in Essex that is 35% of the older population over 65 years. There is a projected 22.8% increase in older people with care needs over the next five years which is higher than the anticipated 19.2% increase for England.

Generally the 2012/13 ASC surveys suggest that people are experiencing decent services and are able to live reasonable lives. However, key areas for improvement include better **signposting** to existing sources of information, advice and support and improved standards following the assessment process.

During 2012/13, the ECC Customer Liaison Service, covering feedback about Adult Social Care services, handled 568 complaints and 581 representations were handled from Councillors and MPs. The team also recorded just under 200 compliments.

It is estimated that the number of people over 65 years living on their own will have increased by around 17% by 2020. **Loneliness** can damage both physical and mental health and can be further exacerbated by lack of transport and poor mobility.

Falls are a major cause of illness and disability amongst those over 65 years and one in three experiences one or more falls in a year. Falls can result in a loss of independence and may impact on both physical and mental health. The prevalence of falls almost doubles in the visually impaired and highly increases the risk of losing independence.

Engagement with planning groups has further highlighted the need to improve awareness and accessibility of information and services. **Visual impairment and deaf or hard of hearing** awareness training is also a key priority for all front line staff, in all service area.

As previously mentioned excess **seasonal deaths** are an important public health concern which sees an increase in mortality among older people. These deaths mostly occur during winter but also during heat waves. The uptake of flu immunisation needs to be kept at a high level to ensure better protection for the vulnerable population.

The population in Essex **aged over 75 years** is expected to increase significantly over the next 20 years and if the need for supported housing units follows this trend it is estimated there will be a potential deficit of over 11,384 units by 2020 and 22,000 units by 2030.

Summary of the headline health and wellbeing issues affecting local communities in Essex

Basildon has particular challenges related to high levels of deprivation. It has the highest level of teenage pregnancy in the county, equal lowest level of breastfeeding, and the lowest adult physical activity rates. It has the second highest rate of deaths due to smoking. It also has the lowest life expectancy rate for women in Essex.

Braintree has the second lowest life expectancy rate for women in Essex, and a high level of hip fractures in those aged 65 or older. GCSE attainment in Braintree is poor compared to most parts of Essex. The number of obese adults is also relatively high.

Brentwood has the equal lowest level of breast feeding in Essex; it also has a very low level of physical activity among adults. Brentwood has the highest level of excess winter deaths in Essex, and one of the highest levels of road injuries and deaths.

Castle Point has high levels of children with tooth decay and one of the lowest levels of adults who eat healthily, and the highest number of obese adults in Essex. It also has one of the highest levels of hospital stays for alcohol-related harm.

Chelmsford has a low level of physically active children and high levels of adults with increasing and higher risk drinking. It has the highest level of hospital stays for self-harm in Essex, and a high level of excess winter deaths.

Colchester has a high level of statutory homelessness; it also has the equal highest level of smoking while pregnant.

Epping Forest has the highest level of obese children in Essex (age 10-11) and the highest level of road injuries and deaths in Essex.

Harlow has the highest level of homelessness in Essex, and the lowest level of educational attainment. Harlow also has the highest level of violent crime and long-term unemployment in Essex. It has the highest number of adults who smoke, the highest number of hip fractures in those aged 65 or older, and the lowest level of physically active adults. It also has the highest rate of hospital stays for alcohol-related harm, drug misuse, new cases of TB, smoking-related deaths, and early deaths: heart disease, stroke, and cancer.

Maldon has relatively high levels of tooth decay among children, the second highest incidence of hospital stays for self-harm, low life expectancy for men, and relatively high incidence of road injuries and deaths.

Rochford has the second highest level of increasing and higher risk drinking, and a relatively high level of hospital stays due to alcohol-related harm.

Tendring has the second highest overall level of deprivation and the highest proportion of children in poverty. It has the equal highest incidence of smoking in pregnancy, and the lowest level of physical activity among children. It has one of the lowest rates of physical activity among adults, the highest level of people diagnosed with diabetes, and the equal lowest life expectancy for men. It has the second highest rate of smoking-related deaths, and one of the highest early death rates for heart disease and strokes.

Uttlesford has the second highest rate of physically inactive children and the highest rate of increasing and higher risk drinking. It has the second highest number of road injuries and deaths.

3. The priorities

There are a wide range of issues that we want to tackle to improve health and wellbeing in Essex. In order to be clear about our priorities we have combined the findings of the JSNA with feedback from stakeholders and the public. Our approach to health and wellbeing takes the perspective of the "whole life course": improving the outcomes for Essex's residents by focusing on prevention and better outcomes for every individual and family throughout their lives, and at the end of life – encompassing investment in palliative care. This strategy reflects the Marmot Review findings that action is needed across the social determinants of health. This means we have an over-riding strategic framework; specific priorities and areas for action; and wider cross cutting themes where action will occur to underpin the strategy. In this 2013 refresh document, the areas for focus have been updated and rationalised in order to present health and social care partners with a clearer steer for the delivery of integrated commissioning plans for the 2014/13 financial year.

The over-arching framework for better health and wellbeing in Essex

Starting well
Developing well
Living well
Working well
Ageing well

Starting and developing well: ensuring every child in Essex has the best start in life.

Recent External Influences

The government has increased the provision of free pre school education places. The extensive revision of the assessment and support arrangements for children with Special Educational Needs (SEN) which includes the introduction of a single education health and care assessment and plan for all children with SEN aged 0-25 is aligned with the moves in Essex to integrate health and care services and will be welcomed by children, young people, their parents and carers.

Areas for focus during 2014/15

- Improve pre-school support, in particular for the 0-2 age group
- Integrate the 0-5 years and 5-19 years Healthy Child Programmes
- Improve educational achievement

- Work with schools to identify children at greatest risk of becoming NEETs (not in education, employment or training) and provide early intervention support to lower their risk profile.
- Deliver the Family Solutions project.
- Integrate services so the transition from children's to adult services is more effective.
- Meet the requirements of the Children and Families Bill to prepare a local offer to deliver Education, Health and Care Plans for children and young people.

Areas for focus extending across the full lifetime of the strategy:

- Reduce teenage pregnancies and increase breast feeding rates.
- Increase immunisation take-up, particularly MMR.
- Improve pre-school and educational achievement.
- Improve outcomes for children with special educational needs.
- Reduce risk-taking behaviours.
- Design new interventions to focus on families with complex needs.
- Integrate services so the transition from children's to adult services is more effective.
- Reduce childhood obesity levels by increasing physical activity, improving diet, and delivering more effective education in health and health-related matters

Living and working well: ensuring that residents make better lifestyle choices and residents have the opportunities needed to enjoy a healthy life.

Recent External Influences

The impact from the introduction of welfare reforms is being monitored by partners, though a clear and decisive picture is still to emerge. As part of their approach to revitalising the economy, the government is providing stimuli to the housing market. The impact of these various initiatives on Essex in terms of the buoyancy of the housing market, and whether any growth is meeting the identified demand, is yet to be fully understood. The transfer of public health responsibilities from Primary Care Trusts to Essex County Council has resulted in a greater incorporation of public health issues into the Council's mainstream activities. There is strong partnership working emerging with the Police and Crime Commissioner on interventions aimed at reducing drug and alcohol misuse which can often result in criminal behaviour.

Areas for focus during 2014/15

- Reduce alcohol misuse and reduce smoking.
- Ensure sufficient affordable housing is available to meet the needs identified.
- Ensure sufficient supported and adapted housing is available.
- Reduce the harm caused by substance misuse.
- Increase physical activity and improve diet across all age groups.

Areas for focus extending across the full lifetime of the strategy:

- Increase physical activity and improve diet across all age groups.
- Reduce alcohol misuse and reduce smoking.
- Increase opportunities for training, apprenticeships, employment and skills.
- Ensure sufficient affordable housing is available to meet the needs identified.
- Ensure sufficient supported and adapted housing is available.
- Reduce the harm caused by substance misuse.
- Increase employment and other opportunities for people suffering from mental illness.

Ageing well: ensuring that older people remain as independent for as long as possible.

Recent External Influences

In Spring 2013, the government published the Care Bill. This is a significant piece of legislation that from 2015 onwards will transform the way in which social care is delivered and funded. The headline changes of the introduction of a cap on the total amount that people will have to pay for their own care and the right to deferred payments are just two of the many major changes that will take effect. The Bill which contains a number of new powers and duties for local authorities is passing through parliament during 2013. The regulations that will spell out in detail the full implications and enable local authorities to start to plan for implementation will not be published until Spring 2014.

The government is due to publish a plan to support vulnerable older people with a focus on a small number of key initiatives to enable older people to live more independent lives, including the nomination of a single named contact as the coordinator for all health and care.

The Health and Wellbeing Board received the final report from the "Who Will Care?" Commission led by Sir Tom Hughes Hallett. This inquiry reported 5 high impact solutions to prevent a health and social care crisis in Essex. The Health and Wellbeing Board will agree their response to the Report at their November meeting.

Areas for focus during 2014/15

- Develop and integrated pathway for elderly care to prevent and reduce the harm from falls.
- Extend the provision of re-ablement services across the county.
- Extend partnerships with the community and voluntary sector to provide community-based information and support services.

Areas for focus extending across the full lifetime of the strategy:

- Innovation and improvements to end of life care.
- Improve and develop services to respond to the rising prevalence of dementia.
- Developing integrated pathways for elderly care encompassing provision but also prevention, reducing falls, and ensuring independence is maintained for longer.
- Enabling residents to maintain or regain their independence for as long as possible via technology and equipment, supporting carers, and re-ablement services.
- Developing of community-based information and support services encompassing voluntary organisations, volunteering and more provision in primary care settings.
- Extending support for carers and responding to growing numbers of older people experiencing loneliness.

Cross cutting themes that underpin the priorities

Tackling health inequalities and the wider determinants of health and wellbeing

There are wide differences between the health and wellbeing of different groups of people and between different parts of Essex. Residents in the most deprived parts of Essex tend to experience poorer health and have a lower life expectancy. There are parts of Essex that have high levels of deprivation and Jaywick is the most deprived area. In addition, some groups experience a much poorer quality of life across all the wider determinants of ill-health. These groups include travellers, homeless people, and victims of domestic abuse. The overall focus of this strategy is to reduce health inequalities and tackle the wider determinants of health so life expectancy is increased and inequalities between areas and groups reduced.

Areas for focus during 2014/15

- Develop improved profiling and identification of vulnerable groups in each of the priorities and target specific interventions in order to close the health inequality gaps that exist.

Transforming services: developing the health and social care system

One of the main purposes of HWBs is to ensure that there is a better coordination between health and social care services in order to deliver better services to patients and service users. At the start of 2013, Essex County Council worked with each of the CCGs to produce integrated commissioning plans that in themselves were based on the JSNA and broadly reflected the priorities in this strategy. These have been further developed throughout the year and in June 2013 an accelerated design event saw the leaders of the health and wellbeing system coming together to ratchet up the progress of integrating health and social care. In the same month the government announced that health and social care provision by all local authorities must be integrated by 2018.

Areas for focus during 2014/15

This cross cutting theme has an overarching priority above all others. Without success in the integration of health and social care and the associated health and wellbeing system transformation that it will bring with it, the implementation of this Health and Wellbeing Strategy will only comprise a partial attempt.

- Continue the work to establish a full integration programme with overall leadership provided through the Health and Wellbeing Board and operational management through the Board's Business Management Group.

- Begin the implementation of whole scale transformation of primary care in line with NHS England Essex Area Team's Primary Care Strategy which will be published in April 2014.

Empowering local communities and community assets

To meet our vision the approach to improving health and wellbeing in Essex is underpinned by engaging with local communities so that children, young people, and families have the opportunity to have their say. HealthWatch will be supported to take an active role in the Essex

Health and Wellbeing Board, enabling it to effectively represent the views of patients and service users. The Essex Health and Wellbeing Board is working with local decision-makers and commissioners to ensure that it understands local communities' needs and aspirations, and that there is a clear understanding of how community assets can be used to improve health and wellbeing at a community or neighbourhood level.

To understand the most effective ways to improve the health and wellbeing of communities in Essex there is a need to develop an understanding of the strengths each community has that can be built on and focus support around this so that at the local level we can support and foster active citizens able to shape their own life and those of their friends, family and neighbours. The transformation of primary and community services in Essex will be supported by a fundamental change in the way services are commissioned and delivered. As well as integrated commissioning arrangements, a much greater emphasis will be placed on local communities – supporting investment in local activity and networks so that community assets are identified and developed.

Through the Community Budget programme, the Strengthening Communities Strand has established pilot projects in Harlow, Braintree, Tendring and Southend (in Southend unitary authority) that aim to create and build upon strong, resilient communities of active citizens who are willing and able to take responsibility for their own wellbeing, and work together to find local solutions for local problems.

Areas for focus during 2014/15

- Review the progress of the Community Builders pilots to assess their viability for extending county-wide.

Prevention and effective interventions

The Essex Health and Wellbeing Board will drive the changes needed to improve health and social care services in the county. Much more will be done to enable local residents and communities to develop their own capacity for self-care. For example, by supporting social enterprises, and developing more community-based services.

A key theme of the "Who Will Care?" Commission's report was concerned with emphasising that a new contract is required with the citizens of Essex, whereby they take a greater responsibility for their own health and wellbeing and take a much more proactive role in being a part of an empowered local community that helps itself to support older and more vulnerable people.

The priorities for investment must be chosen on the basis that interventions that delay or avoid the use of services offer the best use of resources and the best outcomes for residents and their families. Services will be re-designed so they start with individual needs plotted through

the whole life course from childhood to old age. For example, we can improve the quality of services for disabled children as they move into adulthood by creating an “all-age” service.

Areas for focus during 2014/15

- Improve identification and management of long term conditions

  Enable Essex residents to access and maximise uptake of national screening programmes in order to identify disease early and improve chances of survival
- Establish care pathways to deliver better coordinated and more effective health and care services that ensure that preventive interventions are made early enough to avoid/delay more costly and significant treatments

Safeguarding

Safeguarding has not been out of the news in the last year with a series of high profile inquiries into child deaths, investigations linked to Jimmy Saville and the conviction of child sexual exploitation groups. This issue maintains high levels of public and regulatory interest. The recent publication of Ofsted’s new inspection regime for children in need of help and protection will have implications for the content of the JSNA.

On a connected matter, following the publication of the Francis Report into the causes of the Mid Staffs Hospital failures in care and performance, Sir Bruce Keogh led a review into 14 hospitals that had been identified with outlying mortality statistics. This included Basildon & Thurrock University Hospital Foundation Trust and Colchester Hospital University Foundation Trust. These investigations resulted in Basildon Hospital being placed under special measures on 19 September 2013. Quality Surveillance Groups have been established across the country with a remit to carry out operational oversight regarding quality issues.

Areas for focus during 2014/15

- The scope of this cross cutting theme is extended to consider safeguarding **and quality** issues

4. Measuring success

The Evaluation Framework:
A process and the parameters for evaluation of the strategy

Background

The requirements of an Evaluation Framework for this strategy are that:

- if the framework acts as a distraction or complicates systems and processes already in place, then it will have failed;
- overall progress on the JHWBS should be measured with a limited set of indicators for each priority;
- the performance indicators would be selected from the national outcomes frameworks for the NHS, Adult Social Care and Public Health;
- evaluation of the strategy should be both quantitative and qualitative in form;
- the HWB will schedule in-depth reviews of each priority and cross cutting theme in its 4 meetings throughout the summer/autumn of each year in time to feed into the corporate planning cycle for the following year and the annual review of the strategy;
- Clinical Commissioning Groups (CCGs) and NHS England proposed that progress on the elements of the Integrated Commissioning Plans that contribute to the JHWBS should be assessed at 6 months during their regular progress reporting sessions with NHS England;
- Reporting to the HWB from these 6 month assessments should be on an exception (good and poor) basis.

Strategy Evaluation Process

April – November:

1. **Progress Reports**
   For each priority and cross cutting theme, the JSNA Planning Group will prepare a progress report. This report will include quantitative and qualitative elements. Healthwatch Essex will contribute towards the collection of the qualitative elements so that it represents the views of Essex residents. The report will consider the topic in the context of the whole Health and Wellbeing System. For the priorities, the latest data on each of the performance indicators will be included.

2. **In-depth Review(s)**
   An in-depth review will be conducted for each of the priorities and cross cutting themes. The aim of these reviews is to consider the progress report and for partners from across the Essex health and wellbeing system to contribute to a debate of the key issues and to make recommendations to the HWB on changes to the strategy.

3. **HWB Review**
   The HWB is scheduled to consider these in-depth reviews at its meetings throughout the summer/autumn period. Although the progress report and in-depth reviews will have taken into account each topic by looking at the impact on the whole Health and Wellbeing system, the HWB will, by virtue of their role as system leaders, be particularly focused on these aspects of the reviews. The conclusions of the HWB will be recorded and used to inform the following commissioning planning cycle and the annual review of the strategy.

The documentation for stages 1-3 (above) will be posted on the HWB website and opened for public comment and input. The effectiveness of the HWB's stakeholder networks will be crucial

in ensuring that partners are aware of and participate in this engagement opportunity. Proactive steps will be taken to encourage responses from community groups that the Equality Impact Assessment has identified as being underrepresented in previous consultation activity.

Stages 1-3 will then feed into the annual review of the strategy and the annual commissioning planning cycle (and in particular the integrated commissioning plans of CCGs and ECC):

November – December:

4. **Strategy Review**

   The following will be used to conduct an annual review of the strategy:

   - JSNA priority and cross cutting theme Progress Reports;
   - Key issues identified through the in-depth and HWB Reviews;
   - The conclusions of other strategic discussions that have been held by the Board throughout the year (eg Francis report);
   - Integrated Plans Summary Progress Reports (see below);
   - Feedback received from partners and responses to website publications of reports;
   - Other consultation events including any wider Stakeholder Conferences that have been held throughout the year.

   The annual review will be conducted by the HWB in November/December of each year. This will enable any changes to be incorporated into the following year's commissioning planning. It is expected that in the first year of the strategy, the review will be more substantial because partners will have a greater understanding of the direction being taken by the implementation of the integrated commissioning plans, and baseline figures will be available for the priority indicators.

October – March:

5. **Commissioning Planning Cycle**

   Our ambition is to incorporate progress reviews of the strategy through 2 of the quarterly checkpoints in the CCG Assurance Framework that NHS England and the CCGs will be conducting: in the Autumn as a mid-year review and in the spring as an end of year review. Further work is required to agree how to achieve this, ensuring that an equal assessment of ECC activity to deliver the integrated plans is embedded into these meetings and that there is sufficient assessment of the social care activities that are the sole responsibility of ECC. Support will be given to the CCGs by the HWB secretariat to carry out a self-assessment that will cover the delivery of the strategy priorities and cross cutting themes in order to identify topics for inclusion as "exceptional" (good and poor) issues.

   Following all of these review meetings, the BMG will agree a summary progress report that will be presented to the HWB. The autumn report will feed into the strategy's annual review and the start of the following year's commissioning planning activity. The spring report will feed into the sign-off of the Annual Commissioning Plans.

5. Priorities Scorecard

This section sets out the baseline data for each of the three priority areas: Children, Adults and Older Persons. Data sources are not published consistently for all areas, but where available, data has been presented for Essex, alongside a Comparator Neighbour, Eastern Region and England as a whole. There are contextual descriptions for each of the indicators on the Scorecard, however below, there is an overview of each of the priority areas as they currently stand.

Children: In nine out of the 18 indicators chosen to measure the impact of the Health & Wellbeing Strategy in the Children and Young People's priority area, Essex has matched or been better than the National average. Of the remaining nine indicators, four have yet to be fully developed, two do not have nationally comparable data and in only three areas Essex is fairing worse. Where data exists for Essex and our chosen comparator area, Essex is doing better in five out of the ten indicators chosen, which shows there is room for improvement.

Adults: Out of the 18 indicators in this section, only one data source: a nationally consistent count of housing adaptation - is yet to be published. Overall, Essex is doing better than other areas on healthy lifestyle indicators such as smoking, moderate drinking and exercise, along with good health check services offered and accessed. However, among those who need to access Health & Social Care Services, there is more of a mixed picture of success. For example although Essex compares well for offering stable accommodation for people with Learning Disability or Mental Health conditions, however, they are more likely to be unemployed when compared to other areas.

Older Persons: As in the case with data for Children, the data for Older Persons is not as consistently published for all areas – although more data is available for England as a whole. On data that is published for Essex and other areas, a mixed picture emerges. While there are lower rates of admission to residential and nursing homes, the rate of hip fractures is higher in Essex than all other areas. For other indicators such as Excess Winter Deaths, or a sufficient degree of social interaction, Essex is comparable to the England average.

Priority	Starting and developing well: ensuring every child in Essex has the best start in life

Reference	Frequency	Polarity	Measure	Baseline data: Essex	England (Average)	Regional	Comparator Neighbour	Period	Context
Reduce childhood obesity levels by increasing physical activity, improving diet, and delivering more effective education in health and health related matters									
PH 2.6i	A	▼	Percentage of children aged 4-5 classified as overweight or obese	20.6%	22.6%	n/a	21.7%	2011/12	Essex has a lower % of overweight or obese children (4-5yrs) than the England average and comparator area.
PH 2.6ii	A	▼	Percentage of children aged 10-11 classified as overweight or obese	31.9%	33.9%	n/a	32.7%	2011/12	Essex has a lower % of overweight or obese children (10-11yrs) than the England average and compararto area.
Reducing smoking, drug and alcohol misuse									
SHEU survey	A	▼	Secondary school pupils who say they smoke reguarly	9.9%	n/a	n/a	n/a	2013	No national, regional or comparator area data available as not all areas take part in the SHEU survey.
SHEU survey	A	▼	Percentage of secondary school pupils who say they have been drunk at least once in the last 4 weeks	4%	n/a	n/a	n/a	2013	No national, regional or comparator area data available as not all areas take part in the SHEU survey.
Improving Mental Health									
PH 2.07i	A	▼	Rate of hospital admissions caused by unintentional and deliberate injuries in children aged 0-14 years per 10,000 resident population	111.3	118.2	n/a	111.0	2011/12	Essex has a lower rate of hospital admissions caused by unintentional and deliberate injuries in children aged 0-14 than the National rate, and on par with the comparator area.
Increase immunisation take-up particularly MMR									
PH 3.03x	A	▲	MMR vaccination coverage - % of eligible children who have received two doses of MMR vaccine on or after their 1st birthday and at any time up to their 5th birthday	91.1%	92.9%	n/a	95.1%	2011/12	Essex has a lower % of eligible children who have received two doses of MMR vaccine on or after their 1st birthday and at any time up to their 5th birthday than the National average and comparator area.
Improve outcomes for children with special eductional needs									
		▼	Pupil absence in C&YP with mental health problems						Indicator not yet developed
SFR42/2013	A	▲	Educational achievement of children with SEN - Pupils achieving 5+ A*- C grades at GCSE and equivalent including English and Mathematics at the end of Key Stage 4 - Pupils with a statement of SEN	11.1%	8.4%	8.2%	8.4%	2012	Essex have a higher % of Pupils with a Statement of SEN achieving 5+ A*- C grades at GCSE and equivalent including English and Mathematics at the end of Key Stage 4 than the National, Regional and Comparator area average.
Improve preschool and educational achievement									
27b / SFR37/2013	A	▲	School readiness - Percentage of Year 1 children meeting the expected standard in the phonics screening check	67%	69%	67%	68%	2012/13	The Essex % of Year 1 children meeting the expected standard in the phonics screening check is equal to the regional average and just slightly below the National and comparator area average.
SFR42/2013	A	▲	Percentage of children (incl. SEN Children in Care and those eligible for free school meals) achieving 5+ A*-C GCSE or equivalent (incl. English and Maths)	58.9%	59.0%	58.2%	61.2%	2012	Essex have a near equal % of children (incl. SEN Children in Care and those eligible for free school meals) achieving 5+ A*-C GCSE or equivalent (incl. English and Maths) as the National and Regional averages and a slightly lower % compared to our comparator area.
SFR43/2013	A	▲	Percentage of children achieving a good level of development in Early Years Foundation Stage - A pupil achieving at least the expected level in the Early Learning Goals (ELGs) within the three prime areas of learning and within literacy and numeracy is classed as having "a good level of development"	53%	52%	52%	63%	2012/13	Essex have a slightly higher % of children achieving a good level of development in Early Years Foundation Stage compared with the National and Regional average, but are 10% lower compared to our comparator area.
Working with families with complex needs to ensure better outcomes for children									
	A	▼	Total average difficulties score for all looked after children aged between 4 and 16 (inclusive) at the date of their latest assessment, who have been in care for at least 12 months at 31 March	13.5	13.8	13.1	15.9	2012	A higher score on the SDQ indicates more emotional difficulties. Essex score better than the National and comparator area average, but worse than the Regional average.
	A	▼	Domestic Abuse						Indicator not yet developed
	A	▼	Incidence of harm to C&YP due to failure to monitor (NRLS)						Indicator not yet developed
Reduce teenage pregnancies and increase breast feeding rates									
PH 2.4	A	▼	Rate of conceptions per 1,000 females aged 15-17	28.3	31.7	n/a	31.0	2011	The Essex rate of conceptions in 15-17 year olds is lower than the National and comparator area average.
PH 2.2ii	Qtr	▲	Breastfeeding prevalence at 6-8 weeks after birth	43.8%	47.2%	n/a	n/a	2011/12	Essex has a lower % prevalance breastfeeding at 6-8 weeks after birth than the National average.
Integrate services so the transistion from children's to adult services is more effective									
	A	▲	C&YP continue to receive the care they need following transfer from paediatric services						Indicator not yet developed
Reduce risk-taking behaviours									
Q7.3	A	▼	Juvenile first time entrants to the criminal justice system as a rate per 100,000 population	630	595	N/a	600	2012	The Essex (police force area) rate of juvenile first time entrants to the criminal justice system as a rate per 100,000 population is higher than the England/Wales and comparator area and has been improving at a slower rate.

Key		
	▲	The higher the figure the better
	▼	The lower the figure the better

Priority	Living and working well: ensuring that residents make better lifestyle choices and residents have the opportunities needed to enjoy a healthy life.

				Baseline data					Current
Reference	Frequency	Polarity	Measure	Essex	England (Average)	Regional	Comparator Neighbour	Period	Context
Increase physical activity and improve diet across all age groups.									
PH 2.12	A	▼	Proportion of adults classified as overweight or obese.	24.2%	24.2%	23.6%	26.3%	2006-08	Essex has same as England average but higher than East Region, but lower than Comparator Neighbour.
PH 2.13	A	▲	Proportion fo adults achieving at least 150 minutes of physical activity/week.	57.4%	56.0%	57.1%	57.2%	2012-13	Essex has the highest rate when compared to other areas.
PH 2.11	A	▲	Comparison with national dietary targets and guidelines.	29.6%	28.7%	30.3%	27.3%	2006-08	Essex has a higher figure than the English average but lower then Eastern Region as a whole.
Reduce alcohol misuse and reduce smoking.									
PH 2.14	Q	▼	Prevalence of smoking among persons aged 18 years and older.	18.7%	20.0%	19.6%	20.1%	2011-12	Smoking lowest in Essex as compared to Comparator Neighbour, Region or England.
PH 4.07i	A	▼	Age-standardised rate of mortality from respiratory diseases in persons less than 75 years per 100,000 population.	18.3%	23.4%		22.4%	2009-11	Essex has the lowest rate when compared to other areas. No regional data exists from Public Health England.
PH 4.06i	A	▼	Age-standardised rate of mortality from liver disease in persons less than 75 years of age per 100,000 population.	10.9%	14.4%		11.5%	2009-11	Essex has the lowest rate when compared to other areas. No regional data exists from Public Health England.
PH 2.18	A	▼	Alcohol related admissions to hospital.	31.3%	61.8%	34.7%	54.9%	2007-10	Essex has significantly lower rate when compared to England.
Reduce the harm caused by substance misuse.									
PH 2.15i	M	▲	Number of drug users that left drug treatment successfully who do not then re-present to treatment again within 6 months as a proportion of the total number in treatment.	10.1%	8.6%		14.6%	2011	Only 1 in 10 people stay off drugs in Essex, which is less successful than Comparator Neighbour area, but better than Eastern Region as a whole.
Increase employment and other opportunities for people suffering from mental illness.									
NHS 2.5	Q	▲	Employment of people with mental illness / learning difficulty.	30.7%	32.4%	38.1%	33.6%	Q1 2013	Essex needs to improve its rate of employing people with MH conditions or LD, at 30.7% is the lowest compared to all other areas.
PH 1.06ii	Q	▲	% of adults receiving secondary mental health services known to be in settled accommodation.	79.1%	66.8%		68.4%	2010-11	Essex has the highest success rate of housing people with MH conditions.
NHS 1.5	A	▼	Excess under 75 mortality rate in adults with serious mental illness (per 100,000 population).	898.1	921.2		829.3	2010-11	Although Essex has a lower mortality rate among adults with a mental illness compared to England as a whole, it could do better, when compared to Comparator Neighbour which has a significantly lower figure.
Responding to long term conditions and chronic illness.									
NHS 2.1	BiA	▲	Proportion of people feeling supported to manage their condition.	69.0%	69.3%	70.3%	69.9%	2012-13	All areas are comparable on people who feel supported to manage their conditions.
NHS 2.2	Q	▲	Employment of people with long-term conditions.	11.2%	11.8%	10.3%	13.2%	2013 Q1	Although slightly higher than Eastern Regional average, Essex needs to increase its employment of people with LTC.
PH 4.04i	Q	▼	Age-standardised rate of mortality from all cardiovascular disease (including heart disease (including heart disease and stroke). Cases per 100,000	51.8%	60.9%	53.9%	58.0%	2009-11	Essex is managing its patients with CVD well, with lower rates of mortality when compared to other areas.
PH 2.22i	Q	▲	Percentage of eligible population aged 40-74 offered an NHS Check in financial year.	24.8%	16.5%		14.9%	2012-13	Essex offers 1 in 4 people aged 40-74 a health check which is significantly higher than other areas.
Ensure sufficient affordable housing to meet the needs identified.									
LBOI 1.9	A	▼	Affordable housing (ratio of average house price to average annual gross full time pay by place of residence.)	8.83	8.53		8.76	2010	The ratio of house prices to earning is higher in Essex, meaning affordable housing is more difficult to come by when compared to England as a whole.
Ensure sufficient support and adapted housing is available.									
									Data not published.
Increase opportunities for training, apprenticeships, employment and skills.									
PH 1.5	A	▼	Percentage of 16 to 18 year olds not in education, employment or training.	5.7%	5.8%		6.4%	2012	Essex has a lower rate of 16-18 year olds not in education, employment or training, comparable to England as a whole.

Key		
	▲	The higher the figure the better
	▼	The lower the figure the better

Priority	Ageing well: ensuring that older people remain as independent for as long as possible.

				Baseline data					Current
Reference	Frequency	Polarity	Measure	Essex	England (Average)	Regional	Comparator Neighbour	Period	Context
Increasing levels of physical activity and participarion in sport and improving nutrition.									
									No data published by age groups, therefore no data for Older Persons.
Reducing smoking and drug and alcohol misuse.									
									No data published by age groups, therefore no data for Older Persons.
Improve and develop services to respond to the rising prevalence of dementia.									
NHS 2.6i	A	▼	Estimated diagnosis rate for people with Dementia.		46.0%			2011-12	Figures are published for England only at 46.0% in the financial year 2011-12.
NHS OF Indicator 2	A	▲	Health-related quality of life for people with long-term conditions.					2012-13	Figures are published for PCTs, Districts, Regions and England only. No data at County level.
Responding to long term conditions and chronic illness.									
PH 2.22i	A	▲	Percentage of eligible population offered a Senior NHS Health Check in the financial year.						No data published by age groups, therefore no data for Older Persons.
Developing integrated pathways for elderly care encompassing provision but also prevention, reducing falls and ensuring independence is maintained for longer.									
PH 4.14	A	▼	Hip fractures in people aged 65 and over (per 100,000) people.	471.1	457.2	449.5	469.0	2011-12	The number of hip fractures in Essex is higher than all other areas. Preventive measures could benefit.
ASC 2A	A	▼	Permanent admission to residential and nursing care homes (per 100,000) people	610.0	708.8	617.2	818.7	2012-13	Essex has a low rate of admission into residential and nursing homes.
Enabling residents to maintain or regain their independence for as long as possible via technology and equipment, supporting carers and reablement services.									
NHS 3.5ii	A	▲	Proportion of patients recovering to their previous levels of mobility ability.		47.3%			2012	Figures are published for England only at 47.3% in 2012.
NHS 3.6i	A	▲	Proportion of older people who are still at home 91 days after discharge from hospital into reablement services.						Data to be published as part of ASCOF - not yet available.
Developing of community based information and support services encompassing voluntary organisations, volunteering and more provision in primary care settings.									
PH 4.15	A	▼	Excess winter deaths.	20.6%	19.1%	18.9%	20.8%	2008-11	Although marginally higher than England or the Region as a whole, Essex's rate of Excess Winter Deaths in in line with other areas.
PH 1.18	A	▲	Proportion of people who use services and their carers who reported that they had as much social contact as they woud like.	42.1%	42.3%		37.5%	2011-12	OP in Essex report about the same as national rates of social integration.
Providing better end of life care.									
NHS 4.6	A	▲	Bereaved carer's view on the qualitty of care in the last 3 months of life.					2012	Figures published for England only (April 2012). The survey asked: "Overall, and taking all services into account, how would you rate his/her care in the last three months of life?". The results are: Outstanding (12.6%), Excellent (31.2%), Good (33.5%), Fair (13.6%) and Poor (9.1%).

Key		
	▲	The higher the figure the better
	▼	The lower the figure the better