Essex County Council

Health Overview Policy and Scrutiny Committee

10:30	**Thursday, 01 June 2023**	**Committee Room 1 County Hall, Chelmsford, CM1 1QH**

For information about the meeting please ask for:
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		Pages
**	**Private pre-meeting for Committee members only** To begin at 9:30am in Committee Room 1, County Hall.	
1	**Election of Vice-Chairman for 2023/24 municipal year**	
2	**Membership, Apologies, Substitutions and Declarations of Interest** To be reported by the Democratic Services Manager.	5 - 5
3	**Minutes of previous meeting** To note and approve the minutes of the meeting held on Thursday 6 June 2023.	6 - 10

4	**Questions from the public** A period of up to 15 minutes will be allowed for members of the public to ask questions or make representations on any item on the agenda for this meeting. No statement or question shall be longer than three minutes and speakers will be timed. On arrival, and before the start of the meeting, please register with the Democratic Services Officer.	
5	**Dementia Services** To receive a presentation on dementia services in Essex.	**11 - 72**
6	**Mid and South Essex NHS Foundation Trust Update** To receive an update from Mid and South Essex NHS Foundation Trust.	**73 - 79**
7	**Vaccination Programme** In order to be presented with the most up to date data, the report will be presented on the day.	
8	**Mental Health Services for Young People joint Task and Finish Group Review Report – response to recommendations** To be received as a written report.	**80 - 84**
9	**Chairman's Report - June 2023** To note the report.	**85 - 85**
10	**Member Updates - June 2023** To note the report.	**86 - 86**
11	**Work Programme - June 2023** To note the current work programme.	**87 - 93**
12	**Date of next meeting** To note that the next meeting will be held on Thursday 6 July 2023 at 10:30am in Committee Room 1, County Hall.	
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.

Agenda Item 1

Report title: Membership, Apologies, Substitutions and Declarations of Interest	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Richard Buttress, Democratic Services Manager	
Date: 1 June 2023	**For:** Information
Enquiries to: Richard Buttress, Democratic Services Manager – richard.buttress3@essex.gov.uk or Freddey Ayres, Democratic Services Officer – freddey.ayres2@essex.gov.uk	
County Divisions affected: Not applicable	

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: 4)

Councillor Jeff Henry	Chairman
Councillor Martin Foley	
Councillor Paul Gadd	
Councillor Ian Grundy	
Councillor Dave Harris	
Councillor Eddie Johnson	
Councillor Daniel Land	
Councillor June Lumley	
Councillor Bob Massey	
Councillor Richard Moore	
Councillor Stephen Robinson	
Councillor Mike Steptoe	

Co-opted Non-Voting Membership

Councillor David Carter	Harlow District Council
Councillor Lynda McWilliams	Tendring District Council

Minutes of the meeting of the Health Overview Policy and Scrutiny Committee, held in the Committee Room 1, County Hall, Chelmsford on Thursday 6 April 2023 at 10:30am

Present

Cllr Jeff Henry (chairman)
Cllr Paul Gadd
Cllr Dave Harris (vice-chairman)
Cllr June Lumley
Cllr Bob Massey
Cllr Carlie Mayes (co-opted)
Cllr Anthony McQuiggan
Cllr Richard Moore
Cllr Clive Souter (vice-chairman)
Cllr Mike Steptoe

Apologies

Cllr David Carter (co-opted)
Cllr Martin Foley
Cllr Lynda McWilliams

The following officers were supporting the meeting:

- Richard Buttress, Democratic Services Manager
- Jasmine Langley, Democratic Services Officer

1. **Membership, apologies and declarations**
   Apologies were received from Councillors Carter, Foley and McWilliams.

2. **Minutes of previous meeting**
   The minutes of the meeting held on Thursday 2 March 2023 were approved and signed as an accurate record.

   Cllr Lumley asked if her attendance could be added to the minutes of the previous meeting. This has now been amended.

3. **Questions from the public**
   No questions from the public were received.

4. **Children's Community Health Services Mid and South Essex – Lighthouse Paediatric Centre**
   The Chairman welcomed to the meeting:

   - Helen Farmer, Deputy Director for Babies, Children and Young People, Mid and South Essex ICS

   The committee received the following update and responses to their questions:

   - The Lighthouse delivers specialist community children's services, including speech and language

- The service was previously being delivered by partly by EPUT and MSE. The Trust served notice to the then CCGs in 2021 and asked for the service to be transferred to another provider. The contract was awarded to EPUT after due process
- At the time performance was a challenge and have been on a journey of improvement. Still on this journey but progress is being made
- Feedback received from parents and carers has improved and focus continues to be on co-design
- A children's panel has been established across MSE and is central to development work
- Service development improvement plan has been approved and includes recruitment of a specialist who deals with people that have Tourette's
- Backlog remains with continued pressure on services, in line with the national picture
- Pressures on community children's services reported in the media recently
- Have seen an increase in demand of around 10 – 20% in referrals
- Business case put forward to address backlog and additional money from ICB of £1.5m will go towards this. Additional funding of £400k also received
- Encouraging 'grow our own' in terms of workforce
- Successful at securing additional funds for early years, focusing on oral hygiene and health
- Funding received to recruit a palliative and end of life care specialist
- Risk around increase in demand – sustainability issue
- Gap in this service provision for 16 – 18-year-olds for a long time. Previous arrangement was to have individual arrangement for each child
- Can now be referred straight to Lighthouse now. Monitoring carefully and receiving feedback. Transition stage is important and working to ensure there is not a gap in provision
- Immediate backlog is being addressed by locum and temporary staff which is costly. Long term discussions around having a more integrated and MDT model, providing much more holistic care which is more sustainable in the long term
- Working closely with the other two ICBs on specialist community agenda. Five different providers across the Essex footprint but framework has been created so everyone works to the same model of delivery
- Have seen an increase in the complexity of referrals being received. Have seen a reduction in the number of children presenting in crisis/higher levels of need
- Essex Parents Panel and Southend Parents Panel – information is collated and shared via social media, 'The Wall'
- Enables people to see the impact of their feedback and the action taken and how it informs the strategy going forward
- Workforce strategy – SEND review has indicated there will be a national review of workforce. Need to retain staff once they join and understand pressures staff are under and make sure people are managing their stresses and strains appropriately
- Services should be built around child's needs and build resilience in the system.

5. East of England Ambulance Service Trust

The Chairman welcomed to the meeting:

- Tom Abell, Chief Executive, East of England Ambulance Service Trust

The committee received the following update and responses to their questions:

- Ambulance services have had a challenging time over the winter period
- EEAST are working to improve response times to patients
- Regulatory and cultural issues have blighted the service for a number of years
- December had a challenging response times to patients – increase in patients presenting with covid and flu, and handover delays at hospitals
- They saw an increase in staff sickness absence also
- Improvement in handover times and responses in January and February
- Response time for C2 patient reduced to around 40mins (from 90mins)
- EEAST have been successful at securing investment - £27m national funding to be used to increase capacity in the ambulance service, including 300 frontline clinicians.
- EEAST are under resourced from an ambulance perspective
- Currently have a good recruitment pipeline into the service
- Investing in having more senior clinicians working in the call handling centre
- To improve patient safety, are doubling number of clinicians in control rooms
- Logistically difficult to deliver ambulance services in Essex due to rural and coastal areas
- Looking to be able to prescribe so people do not have to go to hospital
- 'Make ready being rolled out, which are teams in stations who can make sure ambulances are cleaned, stocked etc. Currently in Chelmsford and rolling out to other areas. Will save each ambulance crew 30 – 40 minutes of time
- Working with colleagues in Fire and rescue to deliver a response mode - successful pilot in Bedfordshire. It has been agreed in principal, now looking at rolling out across Essex
- Quite a lot of overlap with bariatric patients – resource intensive and better to be carried out by the fire service
- EEAST have satisfied concerns raised around sexual harassment in the workplace and with Ofsted around training provision. Training pipelines are now back up and running
- Staff survey across NHS did show good improvement – EEAST had best improvement across all ambulance services across the country
- Looking at how they can improve culture at the trust, particularly around professional standards. Need to make sure leaders are equipped
- Lifespan of an ambulance vehicle is five years and have retained a number of the older ambulances
- There is an established maintenance regime and have ordered 10 Ford based ambulances, 10 electric ambulances and 10 Mann based ambulances. Will test to see if they are more suitable than the older Mercedes vehicles
- Revisiting the national specification with other ambulance services
- Culture change is progressive and remain in special measures with NHS England
- Retention of staff is critical, partly through cultural work to make sure joiners are well supported

- There is limited progression once qualified as a paramedic. Through the advanced practice programme this will help with retaining staff and not losing them to other areas of the NHS
- Advanced paramedics have equivalent of a master's degree
- There is one critical and urgent care car in each Essex ICB footprint
- Flexible working arrangements are difficult and still quite rigid. Reviewing shift pattern lengths
- Looking at making emergency services as a statutory consultee for planning applications as it is currently not as they are not accessing Section 106 monies as it should/could.

6. Chairman's Report – March 2023

Members noted the report.

The Chairman updated the committee on the initial forming meeting held with health colleagues regarding Section 106 monies. Further informal discussions are to be had before being presented to the committee formally.

7. Member Updates

Members noted the report.

The Chairman informed the committee that a new Chief Executive, Matthew Hopkins, has been appointed to the Mid and South Essex NHS Foundation Trust.

8. Work Programme – March 2023

The committee noted the current work programme.

The committee requested an update on the covid booster programme be presented at the June meeting.

9. Date of Next Meeting

To note that the next meeting will be held on Thursday 1 June 2023 at 10:30am in Committee Room 1, County Hall.

Cllr Massey gave his apologies for the June meeting.

10. Urgent Business

No urgent business has been received.

11. Urgent Exempt Business

No urgent exempt business has been received.

The meeting closed at 12:02pm.

Chairman

Health Overview Policy and Scrutiny Committee – Matters Arising as of 22 May 2023

Date	Agenda Item	Action	Status
7 April 2022	Hospital redevelopment at Princess Alexandra Hospital	Committee to be provided with date for submission of formal planning application	Item added to Committee's Work Programme
		To receive a further update once the business case process is complete, including whether 2028 delivery date is achievable	Item added to Committee's Work Programme
		Sharing detailed plans of new hospital site	Item added to Committee's Work Programme
7 July 2022	Mid and South Essex Community Beds programme	Updated position to be presented to the Committee in 6 – 8 months' time	Item added to Committee's Work Programme
1 December 2022	GP Provision in Essex	To provide an update on community pharmacy work	Item to be added to Committee's Work Programme when update is available
5 January 2023	Autism Services	To provide a further update on Autism Services, both from an ECC and NHS perspective, in 6 – 12 months' time	Item to be added to work programme when agreed date has been confirmed

Reference Number: HOSC/18/23

Report title: Dementia Services	
Report to: Health Overview and Scrutiny Committee	
Report author: Richard Buttress, Democratic Services Manager	
Date: 6 April 2023	**For:** Discussion
Enquiries to: Richard Buttress, Democratic Services Manager (richard.buttress3@essex.gov.uk) or Freddey Ayres, Democratic Services Officer (freddey.ayres2@essex.gov.uk)	
County Divisions affected: Not applicable	

1. Introduction

1.1 The purpose of this report is to provide a written update on dementia diagnosis delays that have been reported nationally, including what the current position is in Essex. It will also provide a wider, general understanding dementia pathways and support.

1.2 Updates have been requested and provided by each of the three Integrated Care Systems that cover the Essex footprint, as well Essex County Council.

2. Action required

2.1 Members are asked to review the information and identify any potential follow-up scrutiny actions.

3. List of Appendices

App A: Dementia Diagnosis - Dementia Strategy overview and Community Support services

App B: Dementia Diagnostics Pathway

Appendix A

Report title: Dementia Diagnosis: Dementia Strategy overview and Community Support services as part of the diagnosis pathway	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Melanie Williamson, Integrated Dementia Commissioner	
Date: 1 June 2023	**For:** Discussion
Enquiries to: Richard Buttress, Democratic Services Manager (richard.buttress3@essex.gov.uk) or Freddey Ayres, Democratic Services Officer (freddey.ayres2@essex.gov.uk)	
County Divisions affected: Not applicable	

1. Introduction

'The committee have asked for an update on dementia services, specifically in relation to diagnosis rates and the delays that have been reported in this article https://apple.news/AMGUMTjUqQg-kL1aBj7Ej0w'.

Dementia is fast becoming the defining health issue of our time, with the numbers of people living with the condition projected to increase rapidly and no treatment to prevent, slow or cure the underlying diseases.

The number of people with dementia is **predicted to rise to 1.1m by 2030** and will reach 1.6m by 2050.
https://visualisation.polimapper.co.uk/?dataSetKey=aruk-dementia-prevalence&client=alzheimersresearch

2. Background

This paper provides an update on the Dementia Strategy, care and support provided across Essex for people living with/affected by dementia, particularly in relation to support throughout the diagnosis period.

There are various diagnostic pathways across Essex including in Primary Care, Acute Trust, Nurse Lead Identification, Young Onset pathways amongst others. For complex diagnostic pathways EPUT is the main provider, this includes the formal Memory Assessment Service Pathways which operate across Essex.

Post diagnostic support is provided by clinical services across Essex with regular review of their care plan and with local variation in provider, to meet local demographic and align with the locality variation in other service provision.

The Essex County Council commission the Essex Community Dementia Support Service (CDSS) and jointly commission Community Dementia Support Team (CDST) in Castle Point & Rochford work flexibly with local clinical services across Essex. The services seek to empower and support people living with and affected by dementia, their families, unpaid carers and professionals, throughout their journey with dementia, with the aim of giving people the tools to remain independent, and as part of their community for as long as possible, avoiding crisis at any stage of their journey with dementia

3. Update and Next Steps

The Dementia Strategy was refreshed in 2022 – endorsed by Health and Wellbeing Board in October. It is a Greater Essex Strategy that encompasses all ICB footprints, Southend, and Thurrock. It complements the current Hertfordshire Strategy and has been reflected in the emerging strategy in Suffolk.

Our agreed vision is:

For people in Greater Essex to live well with dementia and have support for their carers, and work in collaboration to prevent, reduce and delay the onset of dementia to positively influence population-level impact through whole-system and place-based approaches at all ages and stages of life to promote better health and wellbeing outcomes for people across our communities.

The Priorities outlined in our strategy that are most pertinent to the diagnosis pathway are:

Priority 2 – Support unpaid carers
Priority 3 – Reducing the risk of crisis
Priority 5 – Finding information and advice
Priority 6 – Diagnosis and support
Priority 7 – Living well with dementia in the community

Following consultation, the strategy sets out 10 commitments to deliver against the 9 priorities, informed by the people of Southend, Essex and Thurrock. Aligned to priority 6 – Diagnosis and support: All people with dementia will receive appropriate and timely diagnosis and integrated support, the strategy sets out our commitment.:

We will improve access to and opportunities for dementia diagnosis at the earliest possible stage for the people of Southend, Essex and Thurrock

4. Our mission

Building on the previous strategy, consultation and engagement activity and national guidance and best practice, the refreshed Dementia Strategy sets out to make sure that:

- Those who experience dementia, and their families and carers feel they are understood and can access the support they need when they need it
- That communities and local organisations are aware of the impact dementia has on those who experience it and their families and carers
- That support for people with dementia and their families and carers is underpinned by levels of training and expertise among professionals and volunteers

And to further promote and enhance the conditions which will contribute to a reduction in prevalence and promoting health improvement in the long-term, recognising health inequalities and the wider determinants of health to promote better health outcomes for people across Southend, Essex and Thurrock.

Since April 2020 and throughout the COVID19 pandemic the CDSS has worked intensively with people living with dementia and their carers to ensure they receive appropriate levels of support at a time when services were limited. The service seeks to provide

information and support - providing more co-ordinated access to information and support that enables people to access a diagnosis and adapt to a life with dementia ensuring individuals and families have the knowledge, confidence and support networks to live independently.

Family navigation - empowering and supporting people living with and affected by dementia to live an active and enriching life and be actively involved in planning their own care. The services aims to give people living with dementia the tools to remain independent, and as part of their community, for as long as possible wherever they are in the journey with dementia.

Dementia friendly communities programme strengthening the response of the entire community to dementia by developing communities understanding of dementia and equipping them with the skills to support people living with and affected by dementia in their community. Reducing the stigma associated with dementia and encouraging people to seek support and a diagnosis.

Some key data

- 4617 new individuals with a dementia Diagnosis have been supported through community interventions and signposting
- 2969 individual contacts from people without a dementia diagnosis (carers/professionals)

In addition to the CDSS and the CDST, the Alzheimers Society are commissioned by ICB partners to provide information and advice in primary care settings and at the point of diagnosis. The health & social care commissioned services work together and ensure appropriate levels of continued support for people across Essex to seek diagnosis, whilst waiting diagnosis and post diagnosis.

5. Next Steps

Whilst the data tells us a lot about the number of people being supported further work is need to have a clear understanding of the number of adults living with cognitive impairment and/ or dementia.

Recent work in Adult Social Care Systems has highlighted a hidden cohort of people living with dementia/cognitive impairment, it is estimated there are potentially five times the number currently identified being support by Adult Social Care. Early diagnosis and identifying indicators suggestive of cognitive impairment can help us provide early support for people who may have a diagnosis in the future. Further work is required to

- Improve data recording (ASC) – leading to increased visibility of those with dementia or cognitive impairment enabling identification of those most at risk and improved access to timely care and support for people.
- Improve data reporting – to identify those who may be at risk of future deterioration, targeting preventive/health promotion and early intervention.
- Investigate the use of the Health Information exchange and improved data sharing between health & social – Improved understanding of the care and support available and better support for people living with Dementia and their carers.
- Further develop data sharing with providers – to improve identify those know to ECC without any support, identifying those at high risk and offering support.

Post pandemic there is an increase in referrals due to those who have waited,

functional cognitive concerns and post COVID impairments. However individual choice and stigma relating to dementia still impact on individual decisions to seek diagnosis. Work to improve the reach and role of information, advice and the Dementia Friendly Communities programme is critical in enabling people to feel confident in seeking a diagnosis.

6. List of Appendices

Appendix i: Southend, Essex & Thurrock Dementia Strategy

Appendix ii: Overview of Dementia Services in Essex

Appendix B

Report title: Dementia Diagnostic Pathway	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: MSE, SNEE & West Essex ICB Transformation Leads	
Date: 1 June 2023	**For:** Discussion
Enquiries to: Richard Buttress, Democratic Services Manager (richard.buttress3@essex.gov.uk) or Freddey Ayres, Democratic Services Officer (freddey.ayres2@essex.gov.uk)	
County Divisions affected: Not applicable	

1. Introduction

Importance of diagnosis

Dementia is frailty and a terminal illness with the monthly mortality rate from the (dementia diagnosis rate) DDR being between 1-2%. To maintain a register for Essex 126 – 205 diagnoses a month are required to meet 1% mortality.

The DDR is monitored as an indication of post diagnostic support as without diagnosis correct treatments and supports cannot be provided to the individual or the family/carers. The earlier diagnosis is made, the greater the opportunity for treatment, lifestyle changes and planning to ensure an optimised future progression.

Where treatments may be effective sub-typing of the dementia is essential to allow correct medication and health promotion to be given.

There are various diagnostic pathways across Essex including in Primary Care, Acute Trust, Nurse Lead Identification, Young Onset pathways amongst others. For complex diagnostic pathways EPUT is the main provider, this includes the formal Memory Assessment Service Pathways which operate across Essex.

Post diagnostic support is provided across Essex with regular review of their care plan and with local variation in provider, to meet local demographic and align with the locality variation in other service provision.

2. Background

There was a significant decrease in dementia diagnosis rates in the early stages of the pandemic, nationally from 67.6 per cent in February 2020 to 63.5 per cent in June 2020.

In 2020, the rate of deaths involving COVID-19 for people with dementia was more than seven times the rate of people without dementia. In 2022, the risk was 4.4 higher for females and 4.7 higher for males with dementia, compared with those without. (ONS, 2023)

For many diagnoses neuroimaging is required, and the pandemic brought huge

backlogs in many areas. As systems recover this backlog the priority for diagnostic scans is to clear cancer pathway and other similar condition waits. While wait for the scan can be some weeks, even after a scan is produced the report may take further weeks for a report to be generated.

This can create delays in diagnostic appointment with consultant or the requirement of a second appointment if the report is not created. Using two slots and increasing diagnostic backlog.

Delay in diagnoses were mainly caused by delay in testing neuroimaging, phlebotomy, and ECG. There was a break in assessment at the start of lockdown creating virtual assessment guidance.
While RPsyCH COVID guidance suggested dementia diagnosis work could be 'paused' in the pandemic, in Essex while there was a slowing, we did not stand down our diagnostic services and instead utilised some innovative approaches such as virtual assessments.

3. Introduction

Acknowledging that each area/locality within Essex is not homogeneous, however post pandemic there is an increase in referrals due to those who have waited, functional cognitive concerns and post COVID impairments. Anxiety and depression in older adults may present as pseudo dementia as per referrals into the pathway of about 60% of those who complete the pathway will have a diagnosis of dementia.

About 20% will have diagnoses of Mild Cognitive Impairment, which indicates high risk of dementia, and we can offer support to slow the progression.

Also, to be noted is that patient's choice of waiting for face to face, for relatives to be available or for the pandemic to be over can invariably impact on the length of time for an assessment. In such cases regular contact is kept with the waiting list across the areas.

Dementia
Diagnostic Pathway Statistics

(Q1, Q2, Q3 & Q4 2022/23)

National Picture

The publication includes the rate of dementia diagnosis. As not everyone with dementia has a formal diagnosis, this statistic compares the number of people thought to have dementia with the number of people diagnosed with dementia, aged 65 and over. Where current monthly data for a GP practice is unavailable, the most recent data available are used (up to a maximum of 6 months).

Prior to October 2022, dementia data were collected via the dementia data core contract service and published as the "Recorded Dementia Diagnoses" series.

The "Primary Care Dementia Data" publication series supersedes the "Recorded Dementia Diagnoses" series. Data for the period April 2022 – October 2022 were collected under both services, but the data are not comparable. This is due to the retrospective application of codes to patient records and changes in patient registration, as well as differences in coverage and the specification of several the counts.

	March'23			March'22			March '21			March '20		
	Number of patients with dementia, ages 65+		Diagnosis rate (%)	Number of patients with dementia, ages 65+		Diagnosis rate (%)	Number of patients with dementia, ages 65+		Diagnosis rate (%)	Number of patients with dementia, ages 65+		Diagnosis rate (%)
Name	Recorded	Estimated		Recorded	Estimated		Recorded	Estimated		Recorded	Estimated	
ENGLAND	432,753	686,652.1	63.0	429,052	692,374.5	62.0	415,778	675,189.6	61.6	454,599	674,912.2	67.4
NHS MID AND SOUTH ESSEX INTEGRATED CARE BOARD	9,599	15,489.2	62.0									
Mid Essex	2,942	5,320.1	55.3	2,874	5,274.5	54.5	2,800	5,104.6	54.9	2,985	5,093.1	58.6
Thurrock	1,005	1,551.5	64.8	1,035	1,531.6	67.6	967	1,502.4	64.4	1,080	1,511.3	71.5
Basildon & Brentwood	1,762	3,258.8	54.1	1,844	3,327.4	55.4	1828	3283.2	55.7	2160	3315.3	65.2
Castle Point & Rochford	1,992	2,943.3	67.7	1,870	2,909.2	64.3	1708	2822.5	60.5	1845	2833.9	65.1
Southend	1,898	2,415.6	78.6	1,691	2,381.1	71.0	1689	2342.3	72.1	1924	2406.9	79.9
North East Essex	3,470	5,344.9	64.9	3,407	5,313.2	64.1	3,261	5,174.7	63.0	3,473	5,191.4	66.9
West Essex	2,596	3,714.4	69.9	2,559	3,840.8	66.6	2,521	3,740.8	67.4	2,668	3,760.2	71.0

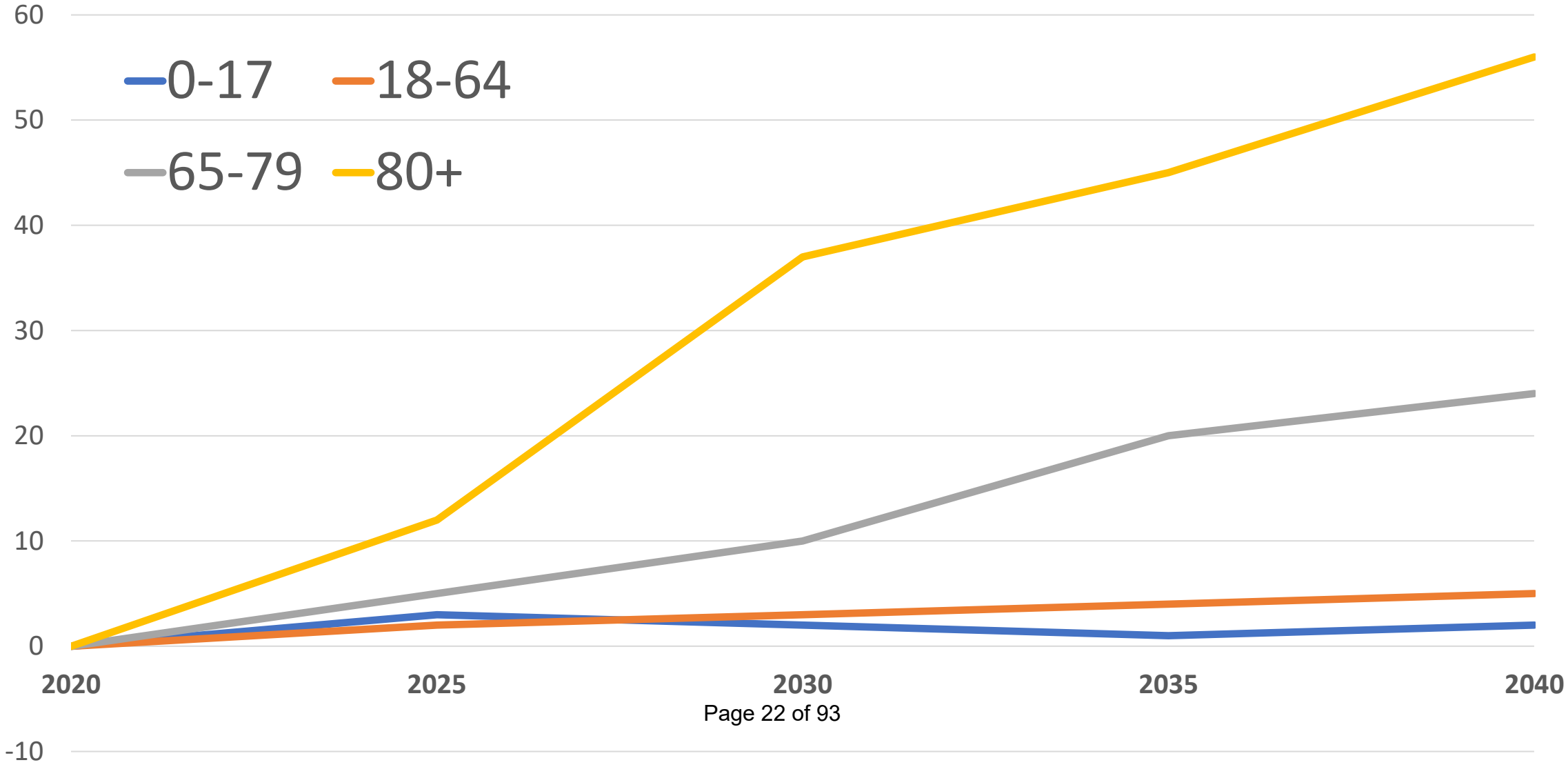
District Level

	March'23			March'22			March '21			March '20		
	Number of patients with dementia, ages 65+		Diagnosis rate (%)	Number of patients with dementia, ages 65+		Diagnosis rate (%)	Number of patients with dementia, ages 65+		Diagnosis rate (%)	Number of patients with dementia, ages 65+		Diagnosis rate (%)
Name	Recorded	Estimated		Recorded	Estimated		Recorded	Estimated		Recorded	Estimated	
DISTRICTS												
BASILDON	1,101	2,131.7	51.6	1,172	2,223.3	52.7	1,161	2,187.9	53.1	1,411	2,210.6	63.8
BRAINTREE	1,139	1,904.6	59.8	1,047	1,854.7	56.5	1,015	1,792.4	56.6	1,166	1,810.8	64.4
BRENTWOOD	661	1,127.0	58.6	672	1,104.1	60.9	667	1,095.4	60.9	749	1,104.7	67.8
CASTLE POINT	1,029	1,410.1	73.0	794	1,371.0	57.9	751	1,335.9	56.2	783	1,290.4	60.7
CHELMSFORD	1,313	2,546.8	51.6	1,314	2,489.4	52.8	1,337	2,422.6	55.2	1,363	2,406.5	56.6
COLCHESTER	1,554	2,379.8	65.3	1,515	2,331.5	65.0	1,439	2,262.0	63.6	1,496	2,250.9	66.5
EPPING FOREST	1,262	1,565.8	80.6	1,195	1,526.0	78.3	1,176	1,480.5	79.4	1,221	1,509.3	80.9
HARLOW	442	801.9	55.1	494	945.3	52.3	555	938.5	59.1	588	947.8	62.0
MALDON	490	868.6	56.4	513	930.4	55.1	448	889.6	50.4	456	875.8	52.1
ROCHFORD	963	1,533.2	62.8	1,076	1,538.2	70.0	957	1,486.5	64.4	1,062	1,543.5	68.8
TENDRING	1,916	2,965.2	64.6	1,892	2,981.7	63.5	1,822	2,912.7	62.6	1,977	2,940.5	67.2
UTTLESFORD	760	1,217.6	62.4	758	1,243.6	61.0	698	1,198.7	58.2	748	1,174.9	63.7

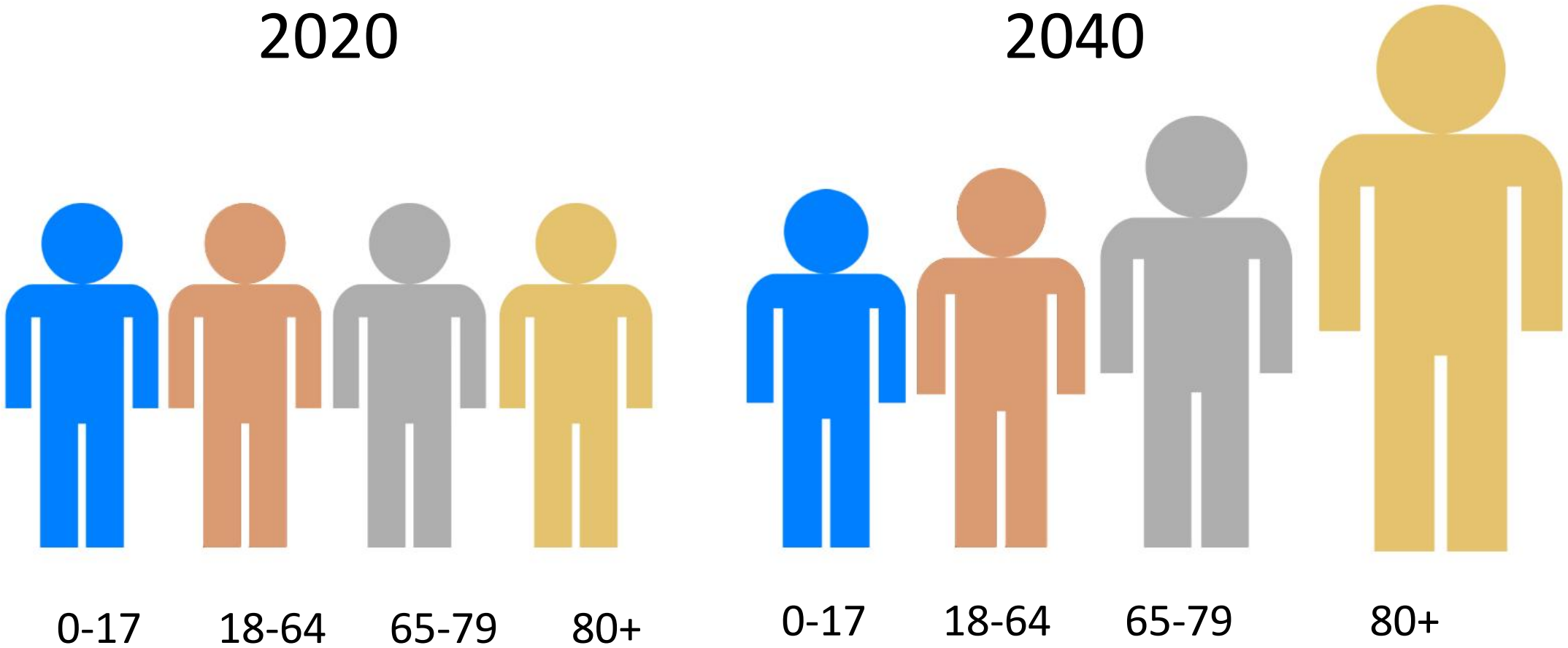
Essex Population Growth

	2020	2025		2030		2035		2040	
0-17	317,100	325,800	3%	323,200	2%	319,300	1%	323,900	2%
18-64	869,800	883,300	2%	892,400	3%	900,300	4%	909,600	5%
65-69	79,100	85,600	8%	98,000	25%	101,600	30%	95,900	23%
70-74	86,000	75,100	-12%	81,800	-5%	93,900	10%	97,800	15%
75-79	60,500	77,100	28%	68,200	13%	74,900	24%	86,500	44%
80-84	43,300	49,600	14%	63,500	46%	57,000	32%	63,400	46%
85-89	26,900	29,500	10%	34,500	28%	44,500	65%	41,000	53%
90 and over	15,500	16,900	7%	19,000	20%	22,700	44%	29,300	86%
Total 65+	311,300	333,800	7%	365,000	17%	394,600	27%	413,900	34%

Essex % Population Growth 2020-2040



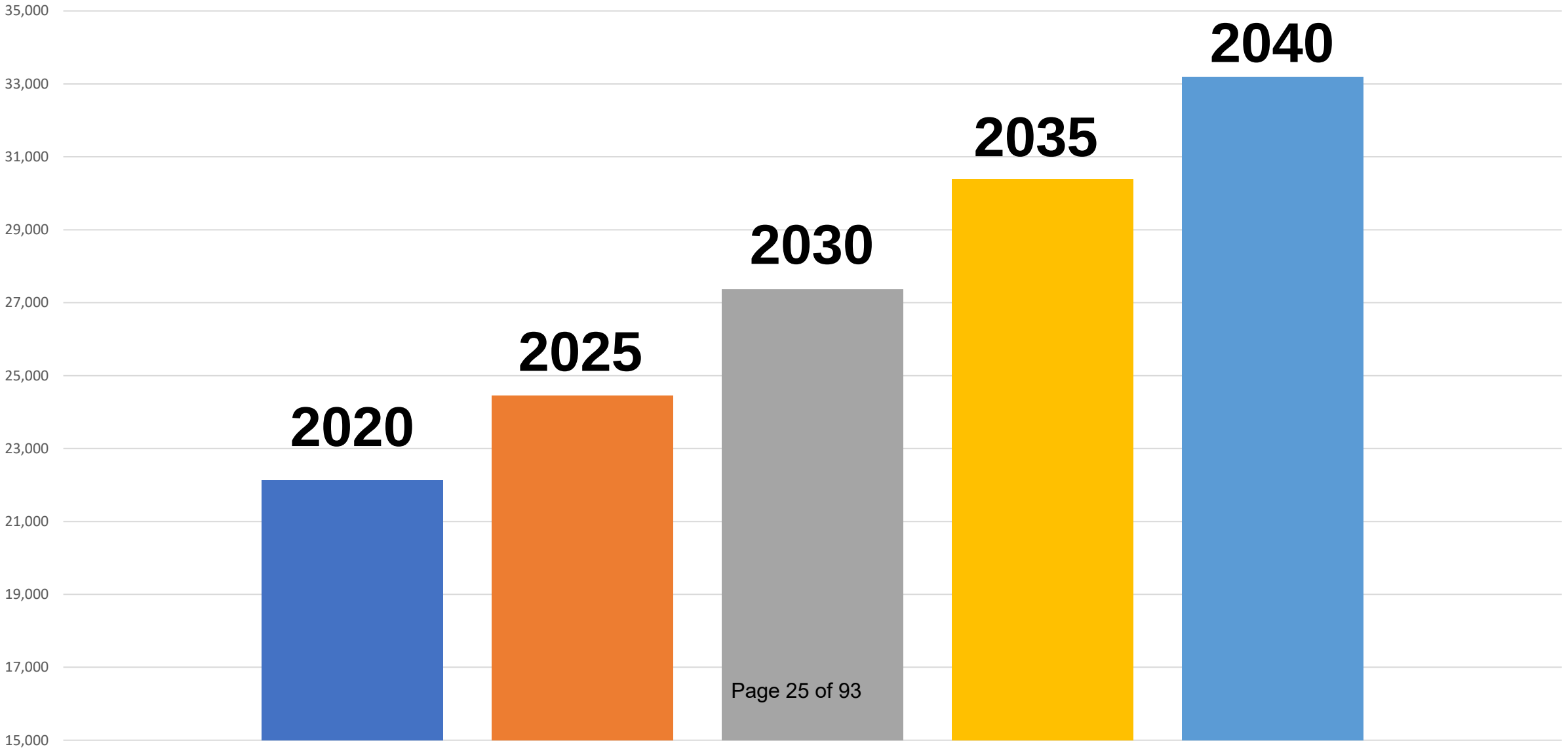
The Growing Population of Essex



Growth of Dementia Prevalence in Essex

	2020	2025		2030		2035		2040	
65-69	1,310	1,417	8%	1,623	24%	1,683	28%	1,588	21%
70-74	2,617	2,288	-13%	2,493	-5%	2,861	9%	2,980	14%
75-79	3,628	4,635	28%	4,093	13%	4,488	24%	5,186	43%
80-84	4,787	5,491	15%	7,033	47%	6,311	32%	7,013	47%
85-89	4,873	5,357	10%	6,224	28%	8,035	65%	7,395	52%
90 +	4,916	5,269	7%	5,893	20%	7,012	43%	9,039	84%
Total Dementia	22,131	24,457	11%	27,360	24%	30,391	37%	33,202	50%

Increase in Dementia – Essex 2020-2040



ICB Diagnostic Referral Statistics

ICB area	Q1 2022	Q2 2022	Q3 2022	Q4 2023	Comments
Mid					Quality work being done – data will be available for the meeting
West	232	243	227	257	Of the 959 referrals during 2022/23 118 were under 65
North East	307	326	323	376	Of the 1332 referrals during 2022/23 989 assessments were carried out
South East					Quality work being done – data will be available for the meeting
South West					Quality work being done – data will be available for the meeting

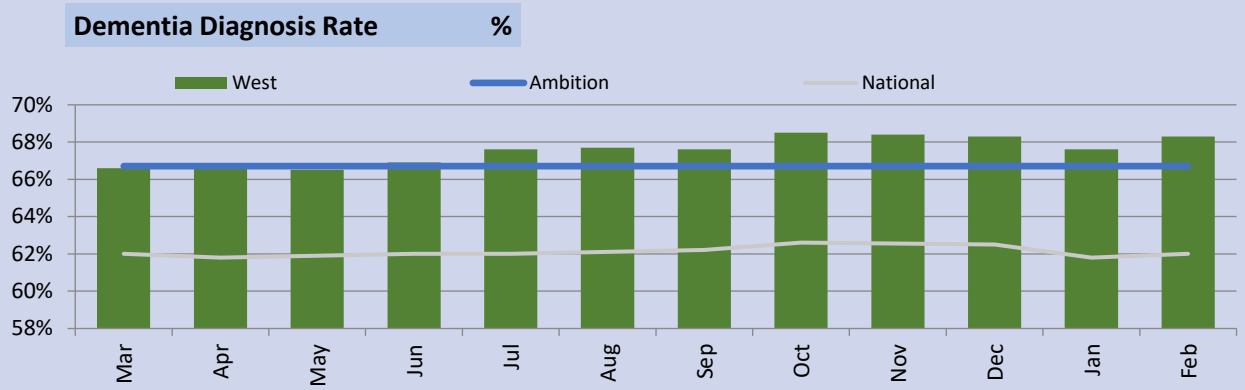
ICB Diagnostic Assessment Statistics

ICB area	Q1 2022	Q2 2022	Q3 2022	Q4 2023
Mid				Quality work being done – data will be available for the meeting
West	321	362	282	272
North East	240	237	246	266
South East				Quality work being done – data will be available for the meeting
South West				Quality work being done – data will be available for the meeting

ICB Diagnostic Waiting Time Statistics (weeks)

ICB area	Q1 2022		Q2 2022		Q3 2022		**Q4 2023**	
	Longest wait	Ave.	Longest wait	Ave.	Longest wait	Ave.	Longest wait	Ave.
Mid								
West	48	10	56	10	52	8	20	8
North East					37	9	15% waited over 18 weeks	9
South East								
South West								

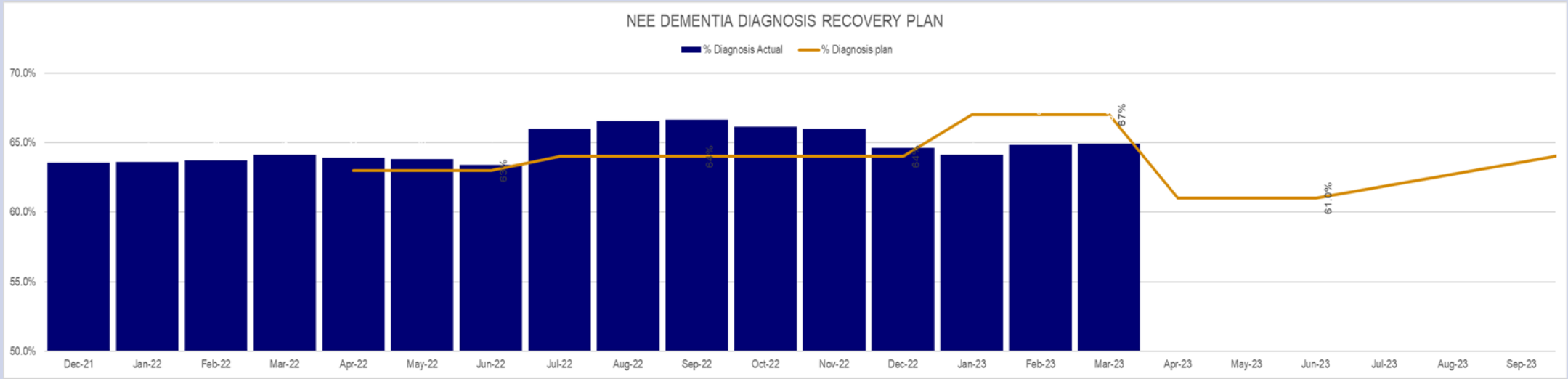
Dementia Pathway Improvement Plan

	Adults
West Essex	

- West Essex remains above the national ambition.
- 40% increase in referrals to the service compared to pre covid figures. This increase has been sustained over last 3 years and is projected to rise by another 40% by 2026. the service has been reviewed to identify efficiencies by streamlining services.
- We are now delivering all services face to face unless patients request virtual.
- One area is doing same day assessment and diagnosis where clinically appropriate to increase capacity.
- OPA DNA rate is low.
- Medical staffing within the service has been impacted by the 4 month Jr Dr rotation model. We have a new consultant psychiatrist in post as well as a new locum which has improved capacity over the last few months which has helped to bring waiting times down.
- Launched the Diadem project as a pilot in 1 area which aims to increase diagnostic rates for people with undiagnosed severe dementia living in care homes. This is a nurse/ psychology led service.
- Have managed to regain the Dementia Diagnostic Rates to the national average.
- MCI pathway project is currently running, this provides post diagnostic support by a 6 week face to face group, personalised care planning with individuals and earlier review. The pathway has been successful in identifying opportunities to improve health outcomes for patients as well as having picked up conversions to dementia earlier than would have been possible before the project.
- We have reviewed the cognitive stimulation therapy (CST) offer as part of the post diagnostic pathway to increase capacity due to the increase demand for the service. Currently running a hybrid model with virtual and face to face CST.
- Staffing is very challenging currently with high vacancy rates.
- Current challenge faced is increased demand as highlighted above and funding for the service going forward.

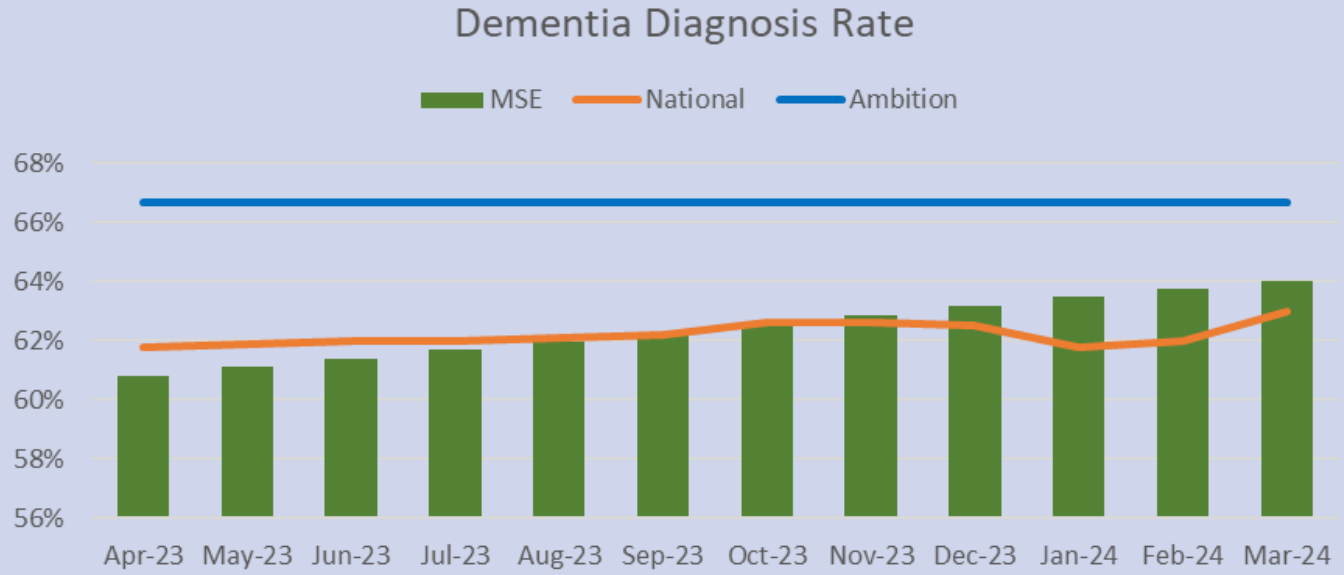
Dementia Pathway Improvement Plan

North East Essex



- North East Essex Memory Assessment Service have gained MSNAP Accreditation for the service
- In March 2023 38% have been waiting over 6 weeks for an initial assessment and 58% have been assessed and are waiting over 6 weeks for a diagnosis therefore work is being completed to ensure those waiting are “Waiting Well” and given appropriate support from Dementia Support Services
- Revised Scanning SLAs which has and will contribute to reduced time waiting for scans and being offered in local area. PET Scans take 9 days from referral compared to four weeks previously
- One area is doing same day assessment and diagnosis where clinically appropriate to increase capacity.
- Dementia Connect are supporting memory monitoring post diagnostic appointments increasing referrals to CST and other post diagnostic therapeutic support.
- Plans to move to SystmOne to improve referrals from PCN surgeries
- Created a Dementia Service Flowchart to support PCN, VCSE and third sector parties with accessing appropriate service at the right time
- Plans to introduce the Diadem project as a pilot in some GP surgeries where DDR is below 55% which aims to increase diagnostic rates for people with undiagnosed severe dementia living in care homes.
- Improving direct referral pathways into the memory assessment service from
- To stabilise and maintain staffing due to recent recruitment pressures and increased sickness levels
- Initial Demand and Capacity work completed to plan for the projected increased demand over the next five years to future proof the service.
- For Memory Monitoring and Physical Health to move to VCSE and PCN services to increase capacity for diagnostic assessments

Dementia Pathway Improvement Plan

Mid & South Essex	

- Action plan in place to improve dementia diagnosis across MSE which is being led by MSE Mental Health Clinical Lead
- All sites on SystmOne now but further quality work to be done to look at continuity and learning.
- Successful meetings with MSEFT regarding scanning (referral, reporting, rescanning).
- Improved interim process across MSE, with commitment to one pathway for all areas as MSEFT aligns software across sites 3-6months.
- Quality work, with NHSE support, to examine the impact of longest waits and take learning back into service design.
- Workshops to be organised with system partners to improve understanding and communication regarding dementia diagnosis and continued care post diagnostically, with a view of a system held responsibility for a quality driven dementia pathway.
- The Alzheimer's society support patients at diagnostic appointments.
- Staffing is very challenging currently with high vacancy rates.
- Developed a Early On Set diagnosis pathway/service with people living with dementia and clinical leads across the MSE
- We have commissioned additional resources to support diagnosis within Primary Care including the VCSE to support people with dementia and their carers
- We will be supporting Alliances in developing there Dementia/Frailty plans to implement the pathways in local areas.
- All dementia teams are now using the WHIZAN boxes to ensure an holistic approach - every contact counts - thus enabling physical monitoring.

Southend, Essex and Thurrock (SET) Dementia Strategy 2022–2026

Contents

Foreword

This strategy brings together organisations from across Health and Social Care and the Voluntary Sector to speak with one voice on our aspirations for making Southend, Essex and Thurrock places where people can live well with dementia.

The impact on all those who live with dementia, including friends, family and carers, is clear to all. It is critical that we have a strategy that looks at every element, from the very tough nettle of prevention, through early diagnosis into care, support for carers and provision of accommodation.

This updated strategy for Southend, Essex and Thurrock builds on successes and lessons of the past and will be invaluable as we work together in collaboration.

Cllr John Spence, Cabinet Member for Adult Social Care & Health**,** Essex County Council

After a number of setbacks from the pandemic, it's fantastic to see that the Southend, Essex and Thurrock (SET) Dementia Strategy has been finalised and is ready to share with our residents.

This is a big step for our collective services across Essex as we commit to a joint strategic plan to not only gain a greater understanding of dementia, its causes and development, but also help to adopt a preventative approach that impacts those with the disease and their wider spheres of friends, family and those who care for them.

Following consultation with our residents in Thurrock and across Southend and Essex, we have been able to ensure our approach considers not only the provision of services, but the concerns of those in our communities who are currently facing or aware of the challenges of living with dementia. This is a crucial step to understanding all levels of the disease in our communities and ensuring this direct feedback remains at the heart of our forward-thinking approach for support in the future.

Thank you to everyone whose opinions and expertise fed into the creation of this dementia strategy. Rest assured your views, and the impact of this strategy, will lay the foundations for the best healthcare and support possible for generations to come.

Cllr Deborah Huelin, Thurrock Council Cabinet Member for Adults & Health

The number of people affected by dementia is rising and the government announced a 10-year plan in May 2022 that aims to reduce Dementia by 40%.

The development of this strategy has been delayed through COVID 19 but Southend, Essex and Thurrock (SET) have taken learning from our existing Dementia strategy and developed the new strategy drawing on best practice and consultation.

Current figures using the health census from 2019 show that Greater Essex likely has 21,972 over 65's with dementia and this is set to increase 33% by 2030. The government is projecting that over one million people in the UK could be living with dementia by 2025.

In 2020 Southend G.P. data showed that Southend had a higher prevalence of dementia than the average in England. This strategy has a commitment to research, training, local place-based action, and prevention. It supports our living well priority with 'living well longer' through early diagnosis, support, self-help, the nine priorities identified with stakeholders, and 10 strong commitments by SET. Together these underpin the dementia strategy implementation plan that supports the government's aim of a 40% reduction in dementia and improves quality of life for our residents who have dementia, their families, and carers.

Cllr Kay Mitchell, Southend-on-Sea City Council Cabinet Member for Adult Social Care and Health Integration

Strategy on a Page

Mission: To make sure that:

- Those who experience dementia, and their families and carers feel they are understood and can access the support they need when they need it
- That communities and local organisations are aware of the impact dementia has on those who experience it and their families and carers
- That support for people with dementia and their families and carers is underpinned by levels of training and expertise among professionals and volunteers

And to further promote and enhance the conditions which will contribute to a reduction in prevalence and promoting health improvement in the long-term, recognising health inequalities and the wider determinants of health to promote better health outcomes for people across SET.

Priorities	Commitments
1. **Prevention:** People in Southend, Essex and Thurrock will have good health and wellbeing, enabling them to live full and independent lives for longer	• We will work collaboratively within communities and across voluntary, health, care and statutory services to develop and deliver information to improve awareness of dementia, how to prevent dementia and the support available
2. **Supporting unpaid carers:** Unpaid carers are supported to enable people with dementia to remain as independent as possible	• We will involve and seek the views of people living with dementia and their unpaid carers, recognising their role as valued experts and equal partners to ensure carers have increased opportunity to access good quality support
3. **Reducing the risk of crisis:** All people with dementia receive support to reduce the risk and manage crisis	• We will work across our systems to develop an integrated approach within communities to improve timely support following diagnosis to promote independence, optimise strength, build resilience, and prevent unnecessary crises
4. **A knowledgeable and skilled workforce:** All people with dementia receive support from knowledgeable and skilled professionals where needed	• We will develop and build on activities and training that improve professional practice and process
5. **Finding information and advice:** Everyone with dementia will have access to the right information at the right time	• We will work collaboratively with system partners to engage people living with dementia, their families, unpaid carers and wider support networks to better understand how we can improve access to the right information, advice and guidance at the right time to ensure they are fully supported
6. **Diagnosis and support:** All people with dementia will receive appropriate and timely diagnosis and integrated support	• We will improve access to and opportunities for dementia diagnosis at the earliest possible stage for the people of Southend, Essex and Thurrock
7. **Living well with dementia in the community:** All people with dementia are supported by their Southend, Essex and Thurrock communities to remain independent for as long as possible	• We will work with people living with dementia, their families, unpaid carers and wider support networks to build more dementia-friendly and dementia-enabled communities and work to understand what timely support they need in relation to access to housing, transport, employment and technology • We will continue to promote access to care technology to promote health, prevent deterioration and promote independence
8. **Living well in long-term care:** All people with dementia live well when in long-term care	• We will work with the care markets to encourage long-term care settings to promote the knowledge, understanding and skills actively empowering activities and solutions that increase and retain their connections within their communities'
9. **End of life:** People with dementia and their families plan ahead, receive good end of life care and are able to die in accordance with their wishes	• We will work with families, communities and palliative specialists to improve information that enables families to plan ahead to make informed decisions that support individuals to remain cared for in their preferred care setting

Introduction

About dementia

Dementia is an umbrella term used to describe a collection of symptoms that affect the brain including memory loss, perception, problems with reasoning and communication skills. Dementia is defined as a progressive disease that affects more than one aspect of daily life and can lead to a reduction in a person's ability to conduct routine tasks such as washing, dressing and cooking.

There are over 200 types of dementia including Alzheimer's, Vascular and dementia with Lewy bodies. Dementia is not a natural part of ageing and does not just affect older people. It has a physical, psychological, social, and economic impact, not only on people with dementia, but also on their carers[1] (particularly unpaid carers), families and communities.

Government guidance[2] estimates the number of people living with dementia globally to be 50 million, with this number expected to more than treble by 2050 to 152 million. The guidance highlights that around 850,000 people in the UK are living with dementia, 120,000 of which live alone. By 2025, over one million people could have dementia in the UK and by 2040, this figure will exceed 1.6 million.

Dementia is one of the major causes of disability and dependency among older people with no known cure. It is estimated that a person is formally diagnosed with dementia every three minutes in the UK, that one in three people born this year will develop dementia in their life, that dementia caused more deaths in England in year end March 2021 than Covid-19 and a quarter of all those who died of Covid-19 had dementia.

Image 1, Source – Public Health England[3]

Annex C: The Impact of Dementia; Data and Insights also offers comprehensive information on the impact of dementia on individuals, families, communities, care and support services.

[1] A 'carer' is someone who - without being paid - regularly looks after, helps or supports someone over the age of 18 who wouldn't be able to manage everyday life without their help.

[2] Government guidance, *Dementia: applying All Our Health* https://www.gov.uk/government/publications/dementia-applying-all-our-health/dementia-applying-all-our-health

[3] Public Health England: *health matters: midlife approaches to reduce dementia risk* https://www.gov.uk/government/publications/health-matters-midlife-approaches-to-reduce-dementia-risk/health-matters-midlife-approaches-to-reduce-dementia-risk

Strategic Context

The national approach

In May 2022, Government announced a new 10-year plan[4] to tackle dementia and boost the £375m funding already committed for research to better understand neurodegenerative diseases. The plan aims to reduce the 40% of dementia considered to be potentially preventable, including exploration of new technology, science and medicine to help reduce the numbers and severity of dementia.

It also aims to help reduce the NHS backlog as a result of Covid-19 to ensure more timely dementia diagnosis. This strategy will take note and incorporate key initiatives of the Government's dementia plan when published later in 2022.

The strategy takes account of the Public Health England Health matters: public health issues[5] collection, with particular reference to the dementia section and Health matters: midlife approaches to reduce dementia risk[6].

Government guidance Dementia: applying All Our Health[7] encourages frontline health and care professionals to provide advice and support on dementia risk reduction as part of their daily practice and contact with individuals, framing this around NHS England's Well Pathway for Dementia[8]:

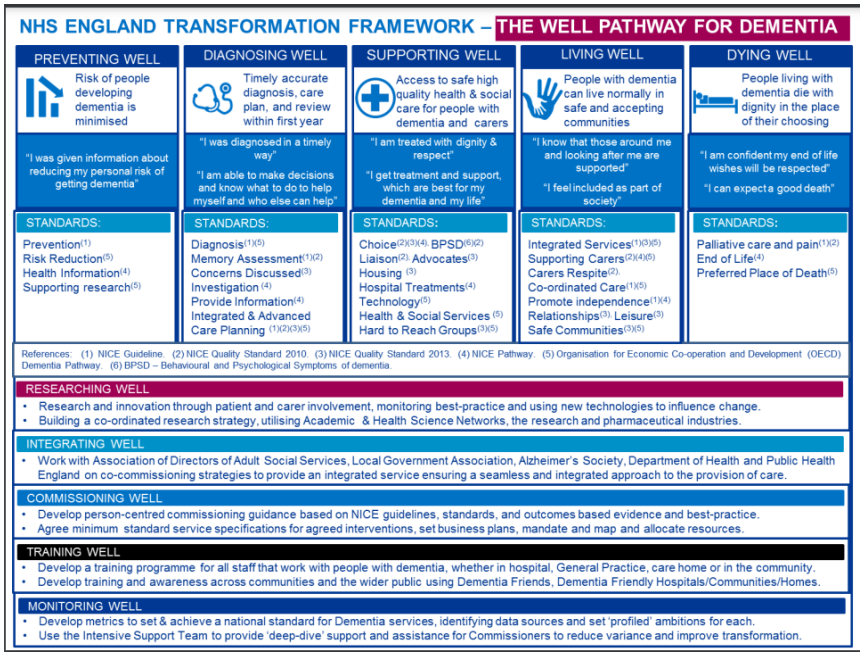


Image 2 – NHS England's Well Pathway for Dementia

[4] Gov press release, *Health secretary announces 10-year plan for dementia* https://www.gov.uk/government/news/health-secretary-announces-10-year-plan-for-dementia#:~:text=Health%20and%20Social%20Care%20Secretary,to%20better%20understand%20neurodegenerative%20diseases.&text=A%20new%2010%2Dyear%20plan%20to%20tackle%20dementia%20will%20be,(Tuesday%2017%20May%202022)

[5] Gov collection, *Health matters: public health issues https://www.gov.uk/government/collections/health-matters-public-health-issues#dementia*

[6] Gov collection, *Health matters: midlife approaches to reduce dementia risk https://www.gov.uk/government/publications/health-matters-midlife-approaches-to-reduce-dementia-risk*

[7] Gov guidance, *Dementia: applying All Our Health https://www.gov.uk/government/publications/dementia-applying-all-our-health/dementia-applying-all-our-health*

[8] NHS England, *the Well Pathway for Dementia* https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/03/dementia-well-pathway.pdf

The Dementia Strategy will align with national approaches as highlighted above, including any forthcoming activities related to the adult social care reform white paper[9], Health and Care Act 2022[10] and the integration and innovation: working together to improve health and social care for all white paper[11].

All of which will enable better links between health and social care systems ensuring that the person is at the centre with local systems designed to deliver seamless care and support, enabling people to retain their independence, health and wellbeing. This includes utilising community assets, building on local delivery plans and placed-based action to ensure a person-centred approach.

A Southend, Essex and Thurrock (SET) approach

The previous SET Dementia Strategy lifecycle ended in 2021 and due to Covid-19 an update was delayed, although partnership activities continued during this period as did evidence gathering to understand the impact and outcomes of the strategy.

Review of the previous strategy highlighted challenges which include:

- The impact of an ageing SET population, with an increase in long-term conditions
- The need to improve timelier dementia diagnosis – through access to diagnostic/memory assessment services and encouraging people to pursue diagnosis, for example where delays or stigma may be present
- The complexities of system change i.e., when new operating models are introduced, or system goals change to address causes rather than symptoms
- The need to enhance alignment of priorities amongst multiple stakeholders
- The need for greater understanding and fulfilment of expectations across the system
- Tackling the stigma associated with dementia
- Cost implications for the wider economy
- Greater understanding of the cost of health and social care to support those living with dementia
- A population needs analysis based upon current and projected dementia diagnosis
- Increased need to share data and insights among multiple stakeholders to enhance diagnosis, support and understand the impact of dementia for organisations and partners
- The impact of Covid-19 such as a lack of face-to-face services, social isolation, loneliness, and increase in digitilisation of services.

By adopting a SET approach that builds on learning and best practice from the previous strategy and takes account of other key SET strategies, this will build on community assets and drive development of a high-quality dementia support offer for the residents of SET. In doing so, the Dementia Strategy will provide an overarching ambition and nine priority areas for delivery through local partnerships and place-based plans focusing on local delivery and place-based action.

[9] Gov policy paper: *adult social care charging reform: further details* *https://www.gov.uk/government/publications/build-back-better-our-plan-for-health-and-social-care/adult-social-care-charging-reform-further-details*
[10] Parliamentary bills: Health and Care Act 2022 https://bills.parliament.uk/bills/3022
[11] Gov policy paper: *integration and innovation: working together to improve health and social care for all* https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version

Essex County Council strategic approach

The Dementia Strategy will take account of and incorporate Everyone's Essex[12] four areas of focus, with emphasis on promoting the health, care and wellbeing of all Essex residents. The four areas of focus are:

1. The economy
2. The environment
3. Children and families
4. Promoting health, care and wellbeing for all parts of our population who need support

The Dementia Strategy will build on the Joint Health and Wellbeing Strategy[13] 2022-2026 (JHWS) areas of focus (including any subsequent updates), which are:

1. Improving mental health and wellbeing
2. Physical activity and Healthy weight
3. Supporting long term independence
4. Alcohol and substance misuse
5. Health inequalities & the wider determinants of Health

The Dementia Strategy will take account of and incorporate the Essex Adult Social Care (ASC) Business Plan ambitions. The business plan principles will guide the way we work with an emphasis on co-production with citizens and partners. We will listen to those we support to better understand their lived experience of social care and use their insight to drive positive change and embed the principles of co-production in our approach to service design, delivery and commissioning.

The JHWS references the 2019 Joint Strategic Needs Assessment[14] (JSNA) where it was identified that dementia diagnosis is not as good as it could be and that there is an ageing population with more people with long-term conditions.

The JSNA notes that over the last three years the estimated dementia diagnosis rate in people aged 65 and over in Essex is estimated to have risen from 60.5% in 2017 to 64.5% in 2019. Despite this positive increase in diagnosis, diagnosis rates remain lower than the England average of 68.7% with only 2 districts (Epping Forest 81.7% and Rochford 81.7%), having diagnosis rates over the England level (Maldon is the lowest at 57.6%).

POPPI (Projecting Older People's Population Information) projections using health and census data estimate that in 2019 there are likely to be 21,972 people in Essex over the age of 65 with dementia and that the figure could increase by 33% by 2030 to 29,437 people. Tendring currently has the highest number of estimated people with dementia (3,104) whilst Harlow has the lowest (1,018).

In addition to the above, the refreshed Dementia Strategy will work alongside other key strategies to include (but not limited to):

- Thurrock Health and Wellbeing Strategy 2022-2026
- Southend on Sea Health and Wellbeing Strategy 2021-2024
- Essex All Age Carers Strategy 2022–2026
- Meaningful Lives Matter, including the Essex Learning Disabilities and Autism Transformation programme and Supported Living Provider Forum
- Essex JSNA and district profiles
- District/borough/city Local Plans

[12] Essex County Council: *Everyone's Essex: our plan for levelling up the county 2021-2025* https://www.essex.gov.uk/everyones-essex-our-plan-for-essex-2021-2025

[13] Essex County Council: *Essex Joint Health and Wellbeing Strategy 2022-2026* Essex Joint Health and Wellbeing Strategy 2022 - 2026 (ctfassets.net)

[14] Essex County Council, *Essex JSNA and district profile reports 2019* https://data.essex.gov.uk/dataset/exwyd/essex-jsna-and-district-profile-reports-2019

Thurrock Council Strategic Approach

Thurrock's Health & Wellbeing Strategy 2022-26 sets a vision of Levelling the Playing Field and sets goals to address a range of inequalities across Thurrock. It comprises 6 Domains of action, and Domain 3 ("Person-Led Health and Care") includes development of a Dementia Strategy to support Dementia Friendly Communities.

Thurrock Integrated Care Alliance (TICA) has recently produced a Better Care Together Thurrock (BCTT) strategy for adult health and care. The strategy aims to transform adult health and social care in line with the Human, Learning, Systems (HLS) approach to system transformation. The HLS focus on cultural change and empowering the workforce to adopt a strengths-based approach, a learning culture and act as system stewards, offers opportunities to develop sustainable approaches to delivering holistic care. The strategy seeks to align current community NHS health provision with each PCN health and care locality network. This will include enabling integrated care and support plans and a blended roles approach. This approach will encompass specialist condition-specific teams such as the Older Adults Health and Wellbeing Team and Dementia Crisis Support

What are the problems we need to address?

Support for Unpaid Carers:

An estimated 540,000 people in England act as primary carers for people with dementia; half of these are employed, 112,540 have needed to leave employment to meet their caring roles and 66,000 carers have cut their working hours.

In Essex carers have highlighted a lack of respite, awareness of services and availability of information, and feelings of isolation as key issues.

Prevalence and modifiable risk:

Most recent figures from NHS Digital highlight that there are 24,578 people (over 65) in SET living with dementia. **If the prevalence remains constant, for SET as a whole, there will be an additional 10,554 people aged 65+ with dementia in 2030.**

Evidence shows that 40% of dementias are preventable through action across the life course. A 20% reduction in risk factors per decade could reduce the UK prevalence by 16.2% (300,000 cases) by 2050.

Loneliness and Isolation:

Public Health England suggests that **60% of people with dementia are more likely to be lonely.** Approximately 60% of people with dementia go out of their houses less than once a week and in sparsely-populated rural areas, it is harder for older people living alone to find the opportunity to mix with others.

Essex has **an increasing older population and nationally up to 14% of older people report feeling lonely all the time.** With **loneliness and depression increasing the risk of dementia by up to 50%** this is a pressing issue for SET.

Research:

Climate Change/Air pollution: Epidemiological evidence is suggestive of an association between exposure to ambient air pollutants and both the risk of developing dementia and acceleration of cognitive decline.

Research collaborative: Build on opportunities with local research partners develop, support and implement evidence based, best practice which underpins delivery of the SET Strategy.

Addressing inequalities:

Dementia is the **leading cause of death for women in the UK since 2011**, not only are they at greater risk of dementia, but they are also more likely to be impacted in other areas of their lives such as through caregiving to a family member with dementia, financial stability, mental wellbeing and career progression.

People with **learning disabilities are at greater risk of developing dementia,** are likely to develop the condition at an earlier age and can have a faster rate of progression.

A growing prevalence of young onset dementia, with **over 42,000 people in the UK estimated to be living with a diagnosis**. People with young onset dementia tend to have additional complexities, particularly regarding diagnosis and a lack of appropriate services.

Diagnosis Rates:

Dementia diagnosis rates in Essex remain below the national average (62%).

Engagement sessions and workshops with partners across the SET highlighted the need to coordinate timelier diagnosis. Support in the key weeks after diagnosis is also recognised as a critical window for early support and intervention that promotes a positive view of diagnosis, facilitating access to timely care and support thus enabling people to live well with dementia in their preferred place of residence.

It is estimated that **2 in 10 people over the age of 65 have mild cognitive impairment.** Although the mild form of this condition often has little effect on daily life, **5 to 10% of people with it will develop dementia.**

Awareness and Dementia Friendly Communities and Services

Dementia does not just impact the person – everyone around them, from family members to friends, is affected in some way. The impact on those living with dementia, including their family and carers, cannot be underestimated and demonstrates the need for a whole system approach to awareness, care and support including diagnosis. **1 in 3 people born in the UK will develop dementia in their lifetime, the importance of increased awareness and understanding of dementia throughout our communities again, cannot be underestimated given the anticipated rise in the number of people living with dementia.**

Housing, Health and care providers through to education, transport and leisure services all have roles in the planning and development of neighbourhoods creating **environments, support and opportunities in which people become and remain socially connected and are enabled to live well with dementia.**

Our Mission, Priorities and Commitments

Our mission

Building on the previous strategy, consultation and engagement activity and national guidance and best practice, the refreshed Dementia Strategy sets out to make sure that:

- Those who experience dementia, and their families and carers feel they are understood and can access the support they need when they need it
- That communities and local organisations are aware of the impact dementia has on those who experience it and their families and carers
- That support for people with dementia and their families and carers is underpinned by levels of training and expertise among professionals and volunteers

And to further promote and enhance the conditions which will contribute to a reduction in prevalence and promoting health improvement in the long-term, recognising health inequalities and the wider determinants of health to promote better health outcomes for people across SET.

Our nine priorities

The mission will be achieved through delivery of our nine strategic priorities which, following stakeholder engagement, were agreed as:

1. **Prevention:** People in Southend, Essex and Thurrock will have good health and wellbeing, enabling them to live full and independent lives for longer
2. **Supporting unpaid carers:** Unpaid carers are supported to enable people with dementia to remain as independent as possible
3. **Reducing the risk of crisis:** All people with dementia receive support to reduce the risk and manage crisis
4. **A knowledgeable and skilled workforce:** All people with dementia receive support from knowledgeable and skilled professionals where needed
5. **Finding information and advice:** Everyone with dementia will have access to the right information at the right time
6. **Diagnosis and support:** All people with dementia will receive appropriate and timely diagnosis and integrated support
7. **Living well with dementia in the community:** All people with dementia are supported by their Southend, Essex and Thurrock communities to remain independent for as long as possible
8. **Living well in long-term care:** All people with dementia live well when in long-term care
9. **End of life:** People with dementia and their families plan ahead, receive good end of life care and are able to die in accordance with their wishes

Our commitments

Following stage two consultation activity and aligned to the nine priorities, the strategy sets out **10 commitments** informed by the people of Southend, Essex and Thurrock:

1. We will **work collaboratively within communities** and across voluntary, health, care and statutory services to develop and deliver information **to improve awareness of dementia, how to prevent dementia and the support available**

2. We will **involve and seek the views of people living with dementia and their unpaid carers**, recognising their role as valued experts and equal partners to **ensure carers have increased opportunity to access good quality support**

3. We will **work across our systems in to develop an integrated approach** within communities **to improve timely support following diagnosis** to promote independence, optimise strength, build resilience, and prevent unnecessary crises

4. We will **develop and build on activities and training that improve professional practice and process**

5. We will work collaboratively with system partners to **engage people living with dementia, their families, unpaid carers and wider support networks to better understand how we can improve access to the right information, advice and guidance at the right time** to ensure they are fully supported

6. We will **improve access to and opportunities for dementia diagnosis at the earliest possible stage** for the people of Southend, Essex and Thurrock

7. We will **work with people living with dementia, their families, unpaid carers and wider support networks to build more dementia-friendly and dementia-enabled communities** and work to **understand what timely support they need** in relation to **access to housing, transport, employment and technology**

8. We will continue **to promote access to care technology** to promote health, prevent deterioration and promote independence

9. We will **work with the care markets to encourage long-term care settings** to promote improving knowledge, understanding and skills actively empowering activities and solutions that **increase and retain their connections within their communities'**

10. We will **work with families, communities and palliative specialists** to improve information that **enables families to plan ahead to make informed decisions** that support individuals to remain cared for in their preferred care setting

Strategy Monitoring and Review

Review and monitoring of the strategy, unless otherwise stated, will take place annually across Southend, Essex and Thurrock. See **Annex A: Implementation Plan** The plan will sit as a separate document to be reviewed and refreshed throughout the life of the strategy enabling it to respond to changing needs and emerging issues in the future. For further details on delivery of actions and outcome measures against the agreed priorities and commitments.

However, it is recognised that local action plans to help deliver the Dementia Strategy will be developed by partners based on population need, local pathways and priorities, building on known community assets and initiatives identified at locality level. Monitoring and review of local action plans will also take place at local level, to be agreed at their discretion and underpinned by local processes and governance.

Governance and oversight

The Dementia Strategy will align to existing internal and external governance, oversight and partnership boards. It is acknowledged that Integrated Commissioning Boards (ICBs) will be implemented in July 2022. The introduction of ICBs, Local Alliances and subsequent governance structures may result in changes to existing governance, oversight and partnership arrangements.

Review of the previous strategy highlighted the need to further embed the strategic approach to dementia within existing plans. As a result, a framework (Image 8) has been developed based upon NHS England's Well Pathway for Dementia and Livewell themes to support health and wellbeing and outlines the building blocks for change which can be aligned to the emerging ICBs, Local Alliances and wider partnerships.

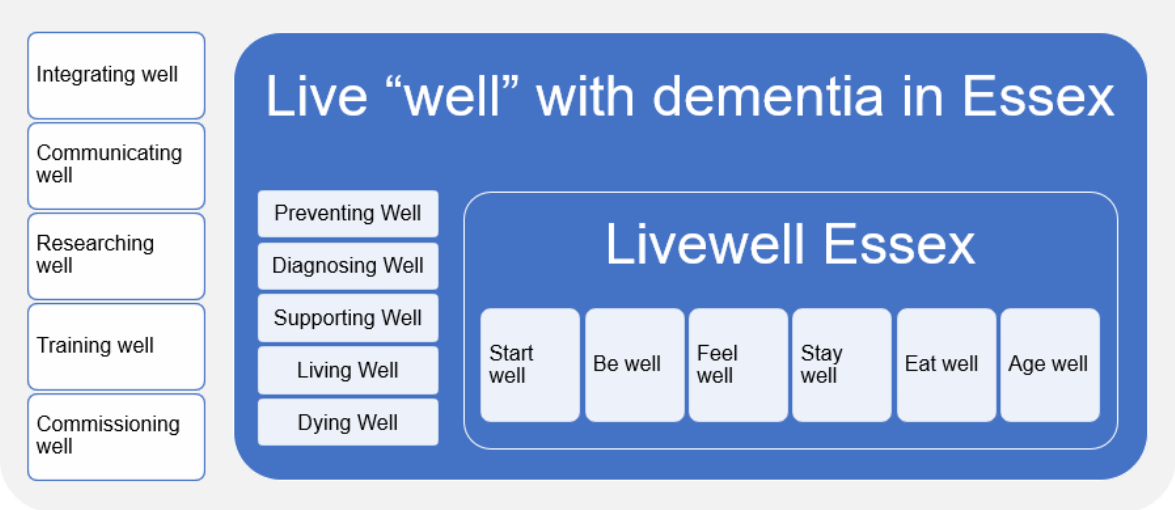


Image 8 – Living well with dementia in Essex framework

Wider initiatives

There is a range of important wider activity and initiatives being undertaken across public and private sector organisations with the aim to improve health and wellbeing outcomes for those living with dementia, their family and carers.

Southend City Council, Essex County Council & Thurrock Council and ICBs commission a range of Dementia Support Services providing personalized support and advice to anyone affected by dementia. These commissioned services are accessible by anyone across community, from local help and community activities to phone and online advice, working with people worried about their memory, people with dementia, carers and family members.

Southend, Essex and Thurrock partners are together working towards becoming dementia friendly communities with a network of Dementia Action Alliances who are working in local areas to drive dementia awareness and enable communities to be accessible and support people living with dementia. Dementia Action Alliances work with local groups, retailers and businesses to be more aware of issues people with dementia face and offer better services.

Consultation feedback tells us that levels of support are not consistent across Southend, Essex & Thurrock, therefore throughout the life of the strategy partners will continue to explore opportunities to develop integrated care and support systems for people affected by dementia building on the successes to date.

To share knowledge, best practice and monitor progress across a range of partners and key stakeholders, **Annex B: Wider Initiatives Linked to Dementia Strategy Priorities** offer further detail of the range of partner activities underway across SET. This will be reviewed and updated throughout the strategy lifecycle to complement activity undertaken alongside the Dementia Strategy.

Best practice exemplar – case study

In May 2022 as part of the Essex Year of Reading campaign, Essex Education Taskforce at Essex County Council partnered with Wayback, virtual reality technology specialists and winner of the 2018 Essex Dementia Challenge Prize. The partnership worked with the James Hornby School and residents at Woodbury Court Dementia Care Home to deliver a intergenerational reminiscence project to celebrate the Queen's Platinum Jubilee. The project went Wayback to the Queen's Coronation using memory films and books to trigger memories, connection and conversation across young and older generational groups including people living with dementia.

This project sought to inspire a love of books and conversational storytelling to help people share first-hand accounts of events whilst bringing different generations together. The day was a huge success and built upon Everyone's Essex initiatives to help citizens to better understand and have compassion for others, as well as reduce feelings of loneliness and isolation across all ages.

Image 7 – selection of photographs from the intergenerational reminiscence project

Benefits of the project for children and young people included increased self-confidence, self-efficacy and wellbeing, promoting of positive relationships and positive changes in perceptions and attitudes about older people. For older people, benefits included enhancement of emotional wellbeing, reading to reignite memories, wider cognitive stimulation and mitigating the impact of social isolation and loneliness to aid recovery.

As part of the ongoing commitment to supporting innovative approaches, we will continue to promote opportunities for knowledge exchange in pilot activity and research projects. In particular, activities that support collaboration through research with a focus on dementia and ageing well initiatives with aims that seek to share knowledge and promote evidence-led approaches within place-based activities.

Annex B: Wider Initiatives Linked to Dementia Strategy Priorities also offers comprehensive information on a range of advice, guidance and initiatives focused on overall health and wellbeing or support for those with dementia, their carers, and families.

Annexes

Annex A: Dementia Strategy Implementation Plan

Whilst the implementation plan aligns to the lifecycle of the strategy, it is acknowledged that Integrated Commissioning Boards (ICBs) will be implemented from July 2022. As such, the introduction of ICBs, Local Delivery Plans and subsequent governance structures may result in amendments to the implementation plan.

Action/s	Outcome Measure	Owner/Contributor	Timescale
Priority 1 – **Prevention**: People in Southend, Essex and Thurrock will have good health and wellbeing, enabling them to live full and independent lives for longer			
Commitment 1 – We will work collaboratively within communities and across voluntary, health, care and statutory services to develop and deliver information to improve awareness of dementia, how to prevent dementia and the support available			
Development and delivery of a dementia awareness activities. Work with Public health colleagues to develop consistent messaging around how to prevent dementia	• People will have a greater understanding of the effectiveness and impact of healthy lifestyle on modifiable risk factors to reduce the risk of developing dementia, including stop smoking, be more active, reduce alcohol consumption, improved diet, lose weight if necessary and maintain a healthy weight • We will work with partners in Public Health to understand the effectiveness and impact of healthy lifestyle campaigns on raising awareness of modifiable risk factors	• Active Essex – Find Your Active Programme • Strengthening communities – Essex Wellbeing Service	• Sep 2023 and annual reviews
Essex Dementia Intergenerational programme (EDIP) activities to increase children and young people's knowledge and understanding of dementia to support improved awareness of dementia in younger age-groups	• Children and young people will have an increased knowledge and understanding of actions they can undertake in support of healthy lifestyles • Children and young people will have an increased knowledge and understanding of dementia to support improved awareness • Children and young people will undertake action in support of a dementia friendly generation to actively promote and support dementia enabled communities • To increase the reach and volume of Essex schools engaged in dementia intergenerational activity from the 2021 baseline by a further 50% in 2022/23 • Links to ‘starting well’ and ‘risk reduction’	• ECC key service areas – Adult Social Care, Public Health, education and CCG/ICS • Voluntary and community sector (VCS) partners • LA commissioned dementia support services	• Ongoing monitoring • Annual EDIP oversight report

Develop and align to Healthy Living activities and opportunities	• People living with dementia and their unpaid carers can access activities and maintain their independence, and physical, emotional and mental health	• Joint Health and Wellbeing Strategy • Find your active PEM and Essex Wellbeing Service • Social Prescribing outcome/performance measures	Timescales to be aligned to respective strategies action plans and service areas.
Develop and monitor routine inclusion of best practice advice on Dementia during NHS Health checks delivered to those age 65 and above.	• People receiving and delivering NHS Health Checks will have increased awareness of the link between cardiovascular disease and Dementia and information around prevention of cardiovascular disease through risk behaviour modification information and advice.	• NHS Health checks Providers	Ongoing
Continue to develop and expand the hypertension case finding and quality improvement project with PCNs in Thurrock to increase the proportion of people with undiagnosed hypertension that are well managed and whose BP is controlled safely to prevent development of vascular dementia.	• Decrease the proportion of people that have undiagnosed and therefore unmanaged hypertension • Increase the proportion of people that have BP within a safe range to prevent the development of conditions that impact on their health and wellbeing including vascular dementia.	• Thurrock Council Healthcare Public Health Team • Thurrock PCNs • Community Pharmacists	Timescale to be aligned to respective Public Health plans in localities. • Public Health Service Plan & Better Care Together Thurrock; A case for further change strategy delivery timeline.
Priority 2 – **Supporting unpaid carers:** Carers are supported to enable people living with dementia to remain as independent as possible			
Commitment 2 – We will involve and seek the views of people living with dementia and their unpaid carers, recognising their role as valued experts and equal partners to ensure carers have increased opportunity to access good quality support			
Improve pathways to formal assessment where needed	• Offer a carer's assessment and contingency plan to every unpaid carer of someone with dementia to identify so that they get the benefit of the support they are entitled to	• All Age Carers Strategy • Adult Social Care data • Commissioned Carer and Dementia Support Services monitoring • Unpaid carers voice and dementia voices • Carers Survey	Timescales to align with commissioned services reporting and other strategies action plans

Support and training for unpaid carers of people with dementia	• Unpaid carers are supported to be able to continue working and to access health and support services to maintain their own health and wellbeing • Work with system partners including health, education, voluntary and community sector organisations to build on and develop support in local communities • Number of unpaid carers supported to understand impact of dementia	• LA dementia programmes working with/across relevant LA and health partners and commissioned services including Primary Care Essex Wellbeing Service • LA commissioned carer and dementia support services • Health outcomes and service data	Timescales to align with commissioned services reporting
Priority 3 – **Reducing the risk of crisis**: All people with dementia receive support to reduce the risk and manage crisis			
Commitment 3 – We will work across our systems in to develop an integrated approach within communities to improve timely support following diagnosis to promote independence, optimise strength, build resilience and prevent unnecessary crises			
Develop health and care services that work for people living with dementia to reduce the risk of crisis, reduce avoidable admissions and delayed discharge	• Flexible alternatives to hospital admission and to support early discharge wherever possible, including access to urgent community response/virtual wards and intermediate care • Reduction in number of emergency admissions and delayed discharges	• Local Alliances, ICB delivery of urgent care response teams and discharge to assess models • NHS England dementia diagnosis rates	Timescales align to local system surveillance and reporting arrangements
Build services, support and communities in Essex that will enable people living with dementia and their carers to have improved confidence in navigating the health and social care system to ensure their needs are met	• People living with dementia and their carers are provided with good post diagnostic support and information about the options available to them as their dementia progresses • Increase number of primary care navigators that have achieved Dementia Friendly accreditation • Number of people supported to make contingency and advance care plans • Number of advance care plans completed	• NHS England dementia diagnosis rates • CCG, Alliance and ICB commissioned • NHS England dementia diagnosis rate • Primary care data	Timescales align to local system surveillance and reporting arrangements incl. NHS digital Dementia Diagnosis Rates

Priority 4 – **A knowledgeable & skilled workforce:** All people with dementia receive support from knowledgeable and skilled professionals where needed			
Commitment 4 – We will develop and build on activities and training that improve professional practice and process			
Map the current training and development offer for those working to provide advice and support to people living with dementia	• Training and education activities are aligned to the HEE dementia training standards framework • People living with dementia can lead fulfilling lives and live independently for longer • People living with dementia are enabled, with their carers, to access assessments, care and support services that help maintain their physical and mental health and wellbeing • People living with dementia receive care and support from an appropriately trained workforce	• Employers • Health and social care commissioners • Health Education England (HEE)	Review and refresh of mapping to commence Jan' 2023
Develop and build on activities that improve professional practice and processes	• Numbers of care and support workforce who participate in standards of training and professional development as appropriate to the levels and requirements of their role • Prosper programme measures • Training and education programmes are aligned/accredited to HEE dementia training standards framework	• Market shaping programme • HEE/workforce development programmes • ESCA programmes	Review and refresh of mapping to commence Jan' 2023
Engagement work with workforce/care market to understand levels of confidence when working with people with dementia	• The workforce feels confident and empowered in their competences • Engagement and surveys • Prosper programme measures • Annual workforce and staff surveys	• Health and social care employers	Annual workforce & staff surveys. Prosper programme outcomes/data.

Priority 5 – **Finding information and advice:** Everyone with dementia will have access to the right information at the right time			
Commitment 5 – We will work collaboratively with system partners to engage people living with dementia, their families, unpaid carers and wider support networks to better			
Work with residents to understand what good quality information and advice, for both pre and post diagnosis of dementia is and how it is accessed	• People are able to say they can access appropriate information, advice and guidance in a timely fashion that supports them to achieve their desired outcomes • Co-production work with people living with dementia to inform what 'good' information is.	• LA dementia programmes working with/across relevant LA and health partners and commissioned services, including primary care	NHS patient experience Surveys. Carer annual survey. Dementia strategy Annual and report. commissioned services reporting (quarterly)
Work to maximise access to information, advice and guidance so that people have clear access to the right support, at the right time in the right place	• People are able to say they have confidence and feel empowered to access care and support through a variety of mechanisms, including but not limited to digital and technological interventions • Engagement and surveys • Virtual/social media engagement levels • Numbers of people of accessing digital technologies through commissioned technology services	• Technologies programme and commissioned technology services	NHS patient experience Surveys. Carer annual survey. Dementia strategy Annual and report. commissioned services reporting (quarterly)
Publicise information, advice and guidance in effective ways and in clear and accessible language	• People can access information, advice and guidance through a range of mediums including social media and in community spaces (i.e. libraries, GPs and local councils) • "Making every contact count" survey • Virtual/social media engagement levels • Organisations/communities achieving Dementia Friendly Communities accreditation	• LA dementia programmes working with/across relevant LA and health partners and commissioned services, including primary care	NHS patient experience Surveys. Carer annual survey. Dementia strategy Annual and report. commissioned services reporting (quarterly)

Priority 6 – **Diagnosis and support:** All people with dementia will receive appropriate and timely diagnosis and integrated support			
Commitment 6 – We will improve access to and opportunities for dementia diagnosis at the earliest possible stage for the people of Southend, Essex and Thurrock			
Design, promote and support activities that enable people to understand how to seek a diagnosis	• Number of people able to find the right information, at the right time to gain a timely diagnosis enabling them to plan to live well with dementia • Surveys and engagement • Community Dementia Support Service/primary care data	• LA dementia programmes working with/across relevant LA and health partners and commissioned services, including primary care	NHS patient experience Surveys. Carer annual survey. Dementia strategy Annual and report. commissioned services reporting (quarterly)
Good quality support and information available from pre diagnosis and throughout the diagnosis journey and people know where to access this	• Development of engagement programme/residents' panel • Annual surveys and engagement • Community Dementia Support Service data • Primary care data • NHS England dementia diagnosis rates	• LA dementia programmes working with/across relevant LA and health partners and commissioned services, including primary care	Timescales to align with commissioned services reporting and other strategies action plans
Clear dementia diagnosis pathways to enable people to receive timely diagnosis	• People are supported to understand their conditions and plan accordingly • Improve dementia diagnosis rate to NHS national aspiration of 66.7%	• NHS England recorded data	• Monthly NHS digital Surveillance and diagnosis data
Priority 7 – **Living well with dementia in the community:** All people with dementia are supported by their Southend, Essex and Thurrock communities to remain independent for as long as possible			
Commitment 7 – We will work with people living with dementia, their families, unpaid carers and wider support networks to build more dementia-friendly and dementia-enabled communities and work to understand what timely support they need in relation to access to housing, transport, employment and technology			
Development and delivery of a co-produced dementia awareness programme to improve awareness, challenge stigma, enable, inspire and facilitate dementia inclusive communities	• People living with dementia and their carers are enabled to live independently, to take part in activities (including commissioned day opportunities and domiciliary care) based on individual interest and choice, feel valued and included, reducing loneliness and contributing to their community • People with young onset dementia, from ethnic minority and LGBTQ+ communities receive support appropriate to their specific needs	• LA dementia programmes working with/across relevant LA and health partners and commissioned services, including primary care • Local district/borough/city councils	Developing programme of activity over the course of the strategy, progress to be measured annually incl. • Quarterly through commissioned services reporting/ monitoring

	• Increase in the number of Dementia Friendly and enabled community places and spaces
	  ○ Number of organisations and communities achieving Dementia Friendly Communities accreditation
	  ○ Number of Local, District & Borough Councils achieving Dementia Friendly Communities Accreditation
	• Number of District/Borough "Local Plans" adopting Dementia friendly principles and shared with District Dementia Action Alliances
	• People living with dementia, communities and carers are equipped with a better understanding of dementia and how to manage it and consequences of progression and support carers in their caring role.
			• Annual review
			• Action plan activities within other strategies - Timescales to align
			• NHS Patient Experience & Primary Care Surveys.

Commitment 8 – We will continue to promote access to care technology to promote health, prevent deterioration and promote independence			
Ensure access to Improving Access to Psychological Therapies (IAPT) programme and psychological interventions for people living with dementia	• People living with dementia, or a non-dementia diagnosis mild cognitive impairment (MCI), depression, anxiety) and their carers are aware of the possibility of psychological support from IAPT services, and are routinely considered for and offered support • Number of people living with dementia accessing IAPT and psychological support	• Health and social care commissioners • IAPT and Essex Wellbeing Service	• Frequency aligned to services monitoring/ reporting
Priority 8 – **Living well in long-term care:** all people with dementia live well when in long-term care			
Commitment 9 – We will work with the care markets to encourage long-term care settings to promote the knowledge, understanding and skills actively empowering activities and solutions that increase and retain their connections within their communities'			
Long-term care settings are Dementia Friendly, supporting residents with dementia to live well and being engaged with their local communities	• Increase social connectedness including enabling access to digital technology, links to local communities and the dementia intergenerational programme • The number of people in care homes with access to social contact through digital technology	• Essex Dementia Intergenerational programme • Market shaping/procurement • LA commissioned Dementia Friendly	Timescales to align with commissioned services reporting and other strategies action plans incl. • EDIP Tracker (Quarterly)

	• Participation in the prosper and intergenerational programmes • Number of care home achieving Dementia Friendly Communities accreditation	Communities programmes	• Frequency aligned to services monitoring/reporting
Work with the care markets to understand capacity and demand for long-term care for people living with dementia	• Market shaping strategy reflects the demand and capacity required to support people living with dementia • Care markets and commissioners have a shared understanding of "complex" needs for people living with dementia • Individual care and support plans are based on a shared understanding across the domains of complexity	• LA procurement/ commissioning teams • Market shaping programme	ECC Bed tracker Align to market shaping strategy action plans (timescales to be confirmed)
Work with the care markets to understand the scale of 'complex' needs for people living with dementia and whether separate commissioning is required	• LA market shaping strategy deliverables • Number of people supported to access appropriate care • Reduction in the number of "hand-backs" • Care markets and commissioner's agree domains of complexity and impact on commissioned services	• LA procurement/ commissioning teams • Market shaping programme	Align to market shaping strategy action plans (timescales to be confirmed)
Priority 9 – **End of life:** People with dementia and their families plan ahead, receive good end of life care and are able to die in accordance with their wishes			
Commitment 10 – We will work with families, communities and palliative specialists to improve information that enables families to plan ahead to make informed decisions that support individuals to remain cared for in their preferred care setting			
Work with health partners to enhance choice, aid delivery of person-centred end of life care, help to guide care when mental capacity is lost and provide support for families and carers	• People are given opportunities and supported to have early conversations about advanced care and treatment options, including but not limited to faith and culture, to allow for informed decision-making, and providing a person-centred approach to allow for individuals to remain cared for in their preferred care setting • Number of organisations working towards/achieving gold standard frameworks • Increase the number of people with advance care plans (ACPs)	• LAs incl, Adult Social Care • CCGs/ICS • District/Borough & Local Councils • Voluntary and community sector (VCS) partners • LA/CCG/ICS Commissioned services	Annual report incl. NHS Patient Experience Survey Healthwatch surveys Commissioned services monitoring and performance reporting (as per contracted performance requirements)

Footnote: Implementation/delivery activities will evolve throughout the life of this Strategy to reflect subsequent and emerging related strategies and business plans including but not limited to; National Dementia Strategy, Joint Strategic Needs Assessments and the Essex Joint Health and Wellbeing Strategy refresh.

Annex B: Wider Initiatives, Good Practice Examples[15]

Priority Area	Initiative	Organisation/s involved
Prevention	**Dementia Friendly Schools / Essex Healthy Schools Programme** – aimed at primary and secondary school children to learn more about dementia and take part in dementia related activities	Essex Child and Family Wellbeing Service and Essex County Council
	Local Cycling and Walking Infrastructure Plans (LCWIPs) – with overall aims to improve health and wellbeing of all Essex residents	Essex county/district/city councils
	Find Your Active – taking regular physical exercise is one of the best things to reduce the risk of getting dementia	Active Essex, Sport England, Essex County Council and Thurrock council.
	Community Dementia Support Service – Dementia Friendly Communities Programme & Dementia Action Alliance Network leading dementia awareness and enabling a better understanding of Dementia, prevention and enabling people to live well with dementia in their communities.	Essex County Council commissioned and delivered through The Alzheimer's Society
	Essex Wellbeing Service – help and support to make lifestyle changes, find support and access community groups and activities	Essex County Council and collaboration of local organisations and services
	The Prevention and Enablement Model (PEM) – 12-month 'test and learn' pilot, to see how the health and social care system in Essex can use physical activity to enable independence, improve population health and develop communities that are inclusive	Active Essex, Sport England and Essex County Council
	Thurrock Health Lifestyle Service – help and support to make lifestyle changes and to access community groups supporting weight management and Exercise on Referral (for eligible groups (BMI 27.5-39.9 or some Long-Term Conditions**)**	Thurrock Council
	Thurrock Cycling Opportunities – cycle routes and hire schemes that aim to provide physical activity opportunities to residents	Thurrock Council and local scheme providers
	Hypertension Case Finding- Taking a Population Health Management approach to preventing cardiovascular disease through detecting and managing hypertension.	Thurrock Council, Thurrock PCNs, Community Pharmacy
Supporting unpaid carers	**Superfast Essex** – ECCs subsidised broadband programme to improve connectivity throughout the county	Essex County Council
	Dementia Interpreters – offers an understanding dementia specific communication and understanding how to translate the 'language of dementia'.	West Essex CCG and North East Essex CCG
	Carers First – offers online help and advice as well as practical and emotional support, local support groups and wellbeing activities	Essex County Council and Carers First
	Community Dementia Support Service, Dementia Connects – online, telephone and 1:1 practical and emotional help and advice, information hubs, peer support groups, and	Essex County Council commissioned, delivered through The Alzheimer's Society

[15] include time-bound and/or ongoing activity

	community/online activities, providing local support to carers of people affected by dementia	
	Other Halves – project covering mid-Essex with local people organising activities and supporting one another	Other Halves
	Time for you – fund to enable carers to have time away from direct caring responsibilities	Colchester and Tendring CVSs
	Dementia Support Workers – Essex Community Dementia Support Service, Telephone and 1:1 practical/emotional help and advice, peer support groups, providing local support to carers of people affected by dementia and people affected by Dementia, living, working and with family throughout Essex.	Essex County Council commissioned Community Dementia Support Service delivered through the Alzheimer's Society
	Dementia Support Workers – South East Community Dementia Support Team, Telephone and 1:1 practical/emotional help and advice, providing support to carers of people affected by dementia and people affected by Dementia, living, working and with family throughout Southend, castle Point and Rochford	Castle Point & Rochford BCF Board and Southend City Council commissioned service delivered by Southend City Council
	Information Hubs/Dementia Cafes/Library hubs – several available across Southend, Essex and Thurrock enabling people live well in their homes and continue to actively engage in their local communities.	Local Groups, Dementia Action Alliances, Essex County Council (ECC), Essex Library service and The Alzheimer's Society through the ECC commissioned Community Dementia Support service.
	Robotic Companion Pets – offer an alternative to traditional pet therapy to support management of distressed behaviours providing comfort, stimulation, and interaction for people in their own homes	North East Essex CCG and Age Well East. Mid & South Integrated Care Partnership, Essex County Council – Prosper programme
	Guardian Angel initiative – to help people with dementia stay safe while maintain their independence through use of wristbands, badges, hand tags and keyrings with the individuals first name and emergency contact information	Dementia Buddy, backed by Essex County Council, Thurrock Council, Southend City Council and wider systems
A knowledgeable and skilled workforce	**Sector Development Strategy** – identifying 5 county-wide economic growth sectors to provide 13,000 jobs	Essex County Council and key system partners
	North East Essex CCG Health and Care Academy Programme – aimed at 14–18-year-olds	North East Essex CCG
	Pathways to Diagnostics Trailblazer – offering jobseekers support to gaining a career with the NHS	East Suffolk and North Essex NHS Foundation Trust (ESNEFT) and the Colchester Institute
	The Advanced Dementia Mobility Experience Essex (TADMEE) Experiential training suite adult social care, advanced HEE L3	Essex Social Care Academy (ESCA) and Essex County Council
	Essex Community Dementia Support Service – bespoke Dementia awareness sessions targeted to the workforce, sharing information and	Essex County Council commissioned Community Dementia Support service

	situational experiences which relate to the roles of the teams. Information sharing in relation to care and support available and opportunities within communities throughout Essex incl. Dementia Support Workers, Telephone and 1:1 practical/emotional help and advice, peer support groups and local support to carers of people affected by dementia and people affected by Dementia, living, working and with family throughout Essex.	delivered through the Alzheimer's Society
	Dementia Integrated Clinical Lead - closer integrated working practices between the MAS and Primary Care North East Essex to facilitate increased Dementia Diagnosis Rates	North East Essex CCG. Pilots underway across Mid & South Essex Integrated Care Partnership (ICP)
	Local Council elected Member Training Programme – Development of learning points and curriculum for elected members to enable members to undertake statutory duties with an understanding of the implications/potential impact for people living with dementia in their communities.	Essex County Council, Dementia Friendly Community Coordinator and the Essex Association of Local Councils, delivered by the Integrated Dementia Commissioners and the Essex County Council Commissioned Community Dementia Support Service
	EQUIP Audit – understanding the challenges in primary care and supporting practices to facilitate timelier diagnosis and knowledge to ensure the practice population living with dementia have access to appropriate care and support	North East Essex CCG, Mid & South Essex CCGs
Finding information and advice	**Dementia Connect Essex** – Community dementia support service for anyone affected by dementia. Providing online, telephone and 1:1 practical and emotional help and advice, information hubs, peer support groups, and community/online activities, providing local support to anyone affected by dementia working, Living or with family in Essex	Essex County Council Commissioned Community Dementia Support Service delivered by the Alzheimer's Society
	Dementia Support Workers – South East Community Dementia Support Team, Telephone and 1:1 practical/emotional help and advice, providing support to carers of people affected by dementia and people affected by Dementia, living, working and with family throughout Southend, castle Point and Rochford	Castle Point & Rochford BCF Board and Southend City council commissioned service delivered by Southend City Council
	Essex Community Dementia Support Service - Dementia Support Workers, Telephone and 1:1 practical/emotional help and advice, peer support groups, providing local support to carers of people affected by dementia and people affected by Dementia, living, working and with family throughout Essex.	Essex County Council commissioned Community Dementia Support service delivered through the Alzheimer's Society
	Dementia Adventure – training and information for families and friends providing practical hints, tips and connections	Essex County Council
	Dementia Directory – to find a range of support available in local areas	Alzheimer's Society
	Essex Map – local activities, group and opportunities for people to be active and engaged in their local communities	Essex County Council

Diagnosis and support	**Mid Essex Community Specialist Nurses** – including their role in facilitating diagnosis within the community/people's homes	Mid Essex CCG, Dengie Neighbourhood team
	Dementia Intensive Support Models – various models of intensive support	Essex Partnership University Trust (EPUT), North East London Foundation Trust (NELFT)
	Dementia Diagnostic Review – to understand priority areas for improving dementia diagnosis rates and pathways in North East Essex	North East Essex CCG
	Memory Service National Accreditation Programme (MSNAP) – to improve assessment, diagnostic and care for people with dementia and their carers	EPUT
Living well with dementia in the community	**Essex Year of Reading** – part of a countywide campaign to improve educational attainment of children and young people and enabling older generations to remain connected to communities through the Essex Dementia Intergenerational programme	Essex Education Taskforce at Essex County Council and respective district/borough/city councils
	Dementia Friendly GPs – providing information and signposting needed to access support, holding responsibility for care plans and reviews for ongoing management	Essex County Councill, CCGs, Southend City Council, Thurrock Council and North, Mid and South Essex
	Essex Community Dementia Support Service - Dementia Support Workers, Telephone and 1:1 practical/emotional help and advice, peer support groups, providing local support to carers of people affected by dementia and people affected by Dementia, living, working and with family throughout Essex.	Essex County Council commissioned Community Dementia Support service delivered through the Alzheimer's Society
	Dementia Friendly Communities – to enhance understanding, respect and support for those affected by dementia (with best practice examples to learn from as demonstrated by Ingatestone and Fryerning Parish Council Dementia Action Plan). Communities are supported through a range of activities, information and awareness sessions through the Dementia Friendly communities' programmes commissioned by Essex County Council (community Dementia Support service), Thurrock council, Southend Council and the CPR BCF Board..	Programme delivered through a range of programmes commissioned by Essex County council, BCF Board in Castle Point & Rochfrod (CPR, Southend City and Thurrock councils. delivered locally by the Alzheimer's Society and Southend City Council.
	The WayBack VR – a virtual reality film series designed for those living with dementia and their carers used to trigger intact memories and stimulate conversations	Essex County Council - Challenge Prize, piloting/evaluation in day care settings and the intergenerational programme linking care homes and schools across Essex
	Memory Café – Essex County Council marked Dementia Action Week 2022 with the opening of the first Memory Café in Harwich Library to support people living with dementia, their family, friends and carers	Essex County Council and Harwich Library
	Admiral Nurses – registered nurses who specialise in dementia, helping family carers gain the necessary skills to assist with dementia care, promoting positive approaches in living well with dementia and improving quality of life	North East Essex CCG and EPUT

Living well in long-term care	**Robotic pets in care homes** – providing care home residents with comfort, interaction, and stimulation in the absence of visitors	Mid and South Essex Care Partnership
	Enhanced Care Home Liaison Nurses (ECHLN) – to improve quality and access to primary care for residents in residential and nursing homes through a proactive and preventative approach to improved health outcomes	North East Essex and EPUT
	Interactive Tables & The light Project - to create a dementia friendly Care System with continuity of care at its heart, offering secure, safe and therapeutic environments where patients with Dementia, LD, ABI and other such complex conditions are cared for with more than their physical needs being met.	Mid and South Essex Care Partnership
	Prosper Programme – improve safety and reduce harm for vulnerable care home residents, who are at particular risk of admission to hospital or significant deterioration in their health and quality of life	Essex County Council
End of life	**Palliative Care Gold Standard Framework** - evidence-based end of life care service improvement programme, identifying the right people, promoting the right care, in the right place, at the right time, every time. The training is for generalist front-line care providers.	St Helena Hospice
	My Care Choices/Single Point – a care coordination hub for out of hospital end of life care for people in the last year of life to increase support to maintain patients in their usual place of residence	St Helena Hospice, North East Essex.
	Namaste training – alternative therapies for people living with dementia in hospice and hospital settings	Princes Alexandra Hospital and various hospices across Essex
	My Care Choices – end of life planning tool to ensure individual choices and wishes are supported	CCGs across Southend, Essex and Thurrock
	Essex Community Dementia Support Service - Dementia Support Workers, Telephone and 1:1 practical/emotional help and advice, peer support groups, providing local support to carers of people affected by dementia and people affected by Dementia, living, working and with family throughout Essex.	Essex County Council commissioned Community Dementia Support service delivered through the Alzheimer's Society
	Specialist dementia care and support – for those living with dementia and their families at end of life	Farleigh Hospice
Health and wellbeing	**Neighbourhoods model** – an integrated model of care to deliver outcomes and tackle inequality using neighbourhood teams, currently being rolled out in Colchester and South Tendring	North East Essex Health and Wellbeing Alliance
	Pedal Power – in partnership with Active Essex (with Clacton and Jaywick as Essex pilots) which allow residents to apply for a free bike	Active Essex and Pedal Power
	Dancing with Dementia – creative dance classes that focus on stimulation of the brain through movement, repetition, props and musical timelines	Dance Network Association and Active Essex

Annex C: The Impact of Dementia; Data and Insights

The impact of dementia

It is estimated that the dementia diagnosis rate in England for people aged 65 and over in 2021 was 61.6% or 415,778 people[16]. Only 34% of adults believe it's possible to reduce their risk of dementia, with smoking given as one of the greatest risk factors due to its narrowing of the blood vessels in the heart and brain, and oxidate stress, which damages the brain[17].

The impact of Dementia on the population is…1 in 3 people born in the UK will develop dementia

Whilst dementia is commonly associated with older people, there are more than 40,000 people under the age of 65 in the UK affected by dementia.

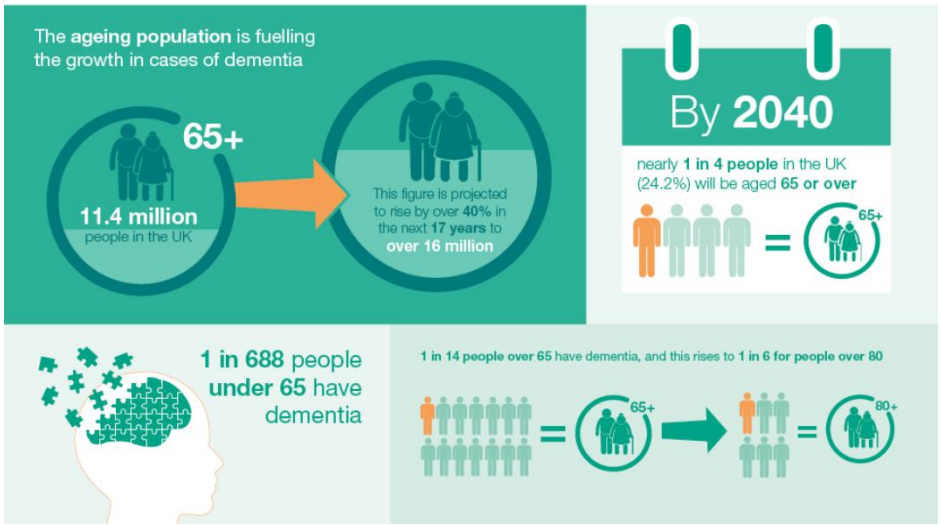


Image 3, source – Public Health England[18]

Impact on Carers:

An estimated 540,000 people in England act as primary carers for people with dementia; half of these are employed, 112,540 have needed to leave employment to meet their caring roles and 66,000 carers have cut their working hours. This results in a lower standard of living for those carers and significant costs to society in general, including a £3.2 billion cost of working time lost to caring[19].

Impact on Emergency Care Services

The number of people with dementia admitted to hospital in an emergency rose by 70% between 2012 and 2018. Around a fifth of these admissions related to potentially preventable acute conditions such as urinary tract infections, pneumonia and other respiratory infections[20].

[16] Fingertips, Public Health data: *dementia profile* https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/data#page/1
[17] Government guidance, *Dementia: applying All Our Health*, https://www.gov.uk/government/publications/dementia-applying-all-our-health/dementia-applying-all-our-health
[18] Public Health England: *health matters: midlife approaches to reduce dementia risk* https://www.gov.uk/government/publications/health-matters-midlife-approaches-to-reduce-dementia-risk/health-matters-midlife-approaches-to-reduce-dementia-risk
[19] Government guidance, *Dementia: applying All Our Health*, https://www.gov.uk/government/publications/dementia-applying-all-our-health/dementia-applying-all-our-health
[20] Ibid

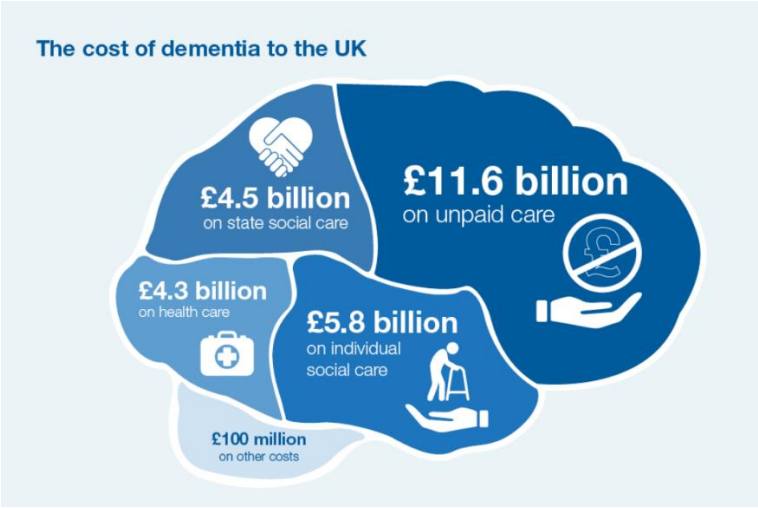


Image 4, source – Public Health England[21]

Impact on an individual's quality of life:

Public Health England suggests that 60% of people with dementia are more likely to be lonely**.** Approximately 60% of people with dementia go out of their houses less than once a week and in sparsely-populated rural areas, it is harder for older people living alone to find the opportunity to mix with others.

We know that Essex has an increasing older population and nationally up to 14% of older people (for Essex that's over 33,000 people) report feeling lonely all the time. With loneliness increasing the risk of dementia by up to 50% and those who are socially isolated more likely to enter residential or nursing care early, this is a pressing issue for Essex.

Some studies suggest that people from Black African, Black Caribbean and South Asian ethnic groups are more likely to get dementia than people from White ethnic groups, with a recent study identifying Black ethnic groups in London as having the highest risk, with links to diabetes and cardiovascular disease prevalence in such groups given as a possible cause[22]. Although, it is argued that more evidence is needed to determine ethnicity as a significant risk factor for dementia.

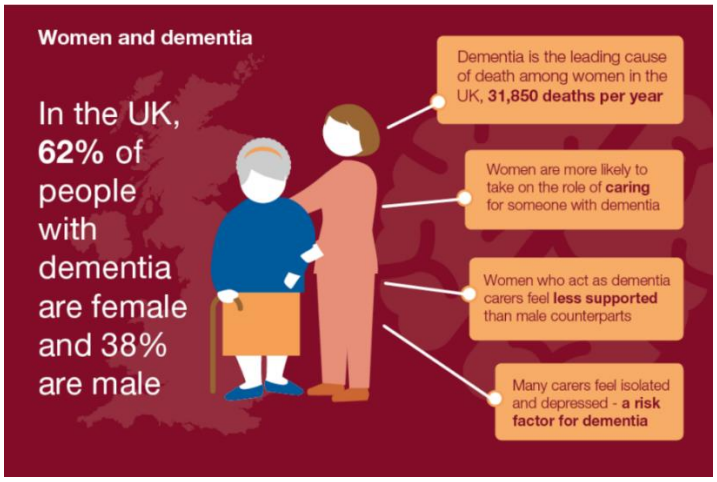


Image 5, source – Public Health England[23]

[21] Public Health England: *health matters: midlife approaches to reduce dementia risk* https://www.gov.uk/government/publications/health-matters-midlife-approaches-to-reduce-dementia-risk/health-matters-midlife-approaches-to-reduce-dementia-risk

[22] Alzheimer's Society factsheet: *risk factors for dementia 2021* factsheet_risk_factors_for_dementia.pdf (alzheimers.org.uk)

[23] Public Health England: *health matters: midlife approaches to reduce dementia risk* https://www.gov.uk/government/publications/health-matters-midlife-approaches-to-reduce-dementia-risk/health-matters-midlife-approaches-to-reduce-dementia-risk

Impact on Women:

Dementia has been the leading cause of death for women in the UK since 2011 and, while women have a longer life expectancy than men, not only are they at greater risk of dementia, but they are also more likely to be impacted in other areas of their lives such as through caregiving to a family member with dementia, financial stability, mental wellbeing and career progression[24].

Impact on Adults with Learning Disabilities:

Adults with learning disabilities are at increased risk of developing dementia as they age, compared to those without a learning disability (about 13% in the 60- to 65-year-old age group compared to 1% in the general population[25]), although the figures vary according to how the diagnosis is made.

Around 1 in 5 adults with a learning disability who are over the age of 65 will develop dementia. People with learning disabilities who develop dementia generally do so at a younger age, across all over 60 age groups the prevalence was estimated at 2 to 3 times greater for those with learning disabilities, with a third of adults with Down Syndrome developing dementia in their 50s.

The importance of dementia awareness:

Dementia does not just impact the person – everyone around them, from family members to friends, is affected in some way. The impact on those living with dementia, including their family and carers, cannot be underestimated and demonstrates the need for a whole system approach to awareness, care and support including diagnosis. 1 in 3 people born in the UK will develop dementia in their lifetime, the importance of increased awareness and understanding of dementia throughout our communities again, cannot be underestimated given the anticipated rise in the number of people living with dementia.

The potential to reduce the risk of dementia to our population:

Around 40% of dementia cases might be attributable to potentially modifiable risk factors. A 20% reduction in risk factors per decade could reduce the UK prevalence by 16.2% (300,000 cases) by 2050[26]. The Lancet Commission[27] offer 12 modifiable risk factors for dementia as:

1. Hypertension (high blood pressure)
2. Obesity
3. Smoking
4. Physical inactivity
5. Diabetes
6. Depression
7. Lack of education in early life
8. Social isolation
9. Hearing loss
10. Alcohol consumption >21 units per week
11. Air pollution
12. Traumatic brain injury

[24] Alzheimer's Society: *The Impact of Dementia on Women* https://www.alzheimersresearchuk.org/wp-content/uploads/2022/05/The-Impact-of-Dementia-on-Women-ARUK-report.pdf
[25] Gov: *Dementia and people with learning disabilities: making reasonable adjustments guidance* https://www.gov.uk/government/publications/people-with-dementia-and-learning-disabilities-reasonable-adjustments/dementia-and-people-with-learning-disabilities
[26] Source – Gov guidance: Health matters: midlife approaches to reduce dementia risk available at https://www.gov.uk/government/publications/health-matters-midlife-approaches-to-reduce-dementia-risk/health-matters-midlife-approaches-to-reduce-dementia-risk
[27] The Lancet: *Dementia prevention, intervention, and care: 2020 report of Lancet Commission* https://www.thelancet.com/article/S0140-6736(20)30367-6/fulltext

Health and social care professionals are an integral part of a whole-system approach to promoting key messages to citizens to help reduce their risk of getting dementia. Key messages include

- Be more physically active
- Eat healthily and maintain a healthy weight
- Drink less alcohol
- Stop smoking
- Be socially active
- Control diabetes and high blood pressure

It is good practice for NHS Health Check providers to offer information to those aged 65+ receiving an NHS Health Check. In Thurrock, as part of the prevention agenda, this advice is extended beyond the guidance and is provided to younger age groups. The national programme invites those aged 40-74 to a check-up designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes and dementia. In Thurrock during 2021/22 there were 1575 health checks completed in total. Of those complete in GP surgeries 42% offered advice on dementia (393/941) This was 83% in 2019/20 with a larger number of checks completed. Of those completed by the Thurrock Healthy Lifestyle Service 99% were offered this advice (630/635) in 2020/21 with a similar percentage in 2019/20. The volume of health checks completed since the Covid 19 pandemic has reduced as has the inclusion of dementia advice.

Hypertension and Cardiovascular Disease

Research has shown that Hypertension in middle age increases the risk for vascular dementia. Over time, uncontrolled high blood pressure can damage blood vessels, including the blood vessels in and leading to the brain. This can interrupt the flow of blood to the brain, leading to a type of dementia known as vascular dementia. According to the World Alzheimer Report 2014[28], multiple longitudinal studies have demonstrated that individuals who had high blood pressure in mid-life (usually characterised as people who are around 40-64 years of age) were more likely to develop vascular dementia in later life. Taking a preventative approach, keeping blood pressure levels normal along with exercise, diet, smoking, and alcohol consumption are important to minimise risk. As high blood pressure does not necessarily initially show any symptoms being proactive in maintaining a healthy lifestyle is important.

Dementia in Southend, Essex and Thurrock

Dementia is not a natural part of ageing and as noted, does not just affect older people. As of March 2022, NHS Digital[29] state there are 15,280 diagnosed people living with dementia in SET. However, it is estimated that there are another 9,000 undiagnosed people living with dementia.

Dementia prevalence is known to increase with age, the most recent figures from NHS Digital highlight that there are 24,578 people (over 65) in SET living with dementia, with a 33% increase predicted, resulting in 34,560 people by 2030. 64% of those diagnosed are female and 70% are aged 80+ (48% are both female and aged 80+) as illustrated below.

[28] Prince, M, Albanese, E, Guerchet, M & Prina, M 2014, *World Alzheimer Report 2014: Dementia and risk reduction: An analysis of protective and modifiable risk factors*. Alzheimer's Disease International, London. <http://www.alz.co.uk/research/world-report-2014>

[29] NHS Digital, *recorded dementia diagnosis* https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/quality-and-outcomes-framework-qof/quality-and-outcome-framework-qof-business-rules/recorded-dementia-diagnoses

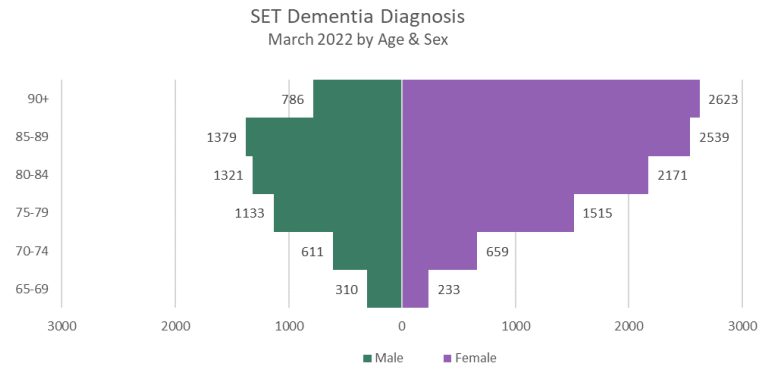


Image 6 NHS Digital March 2022, recorded dementia diagnosis

Dementia diagnosis rates in Essex remain below the national average (62%).

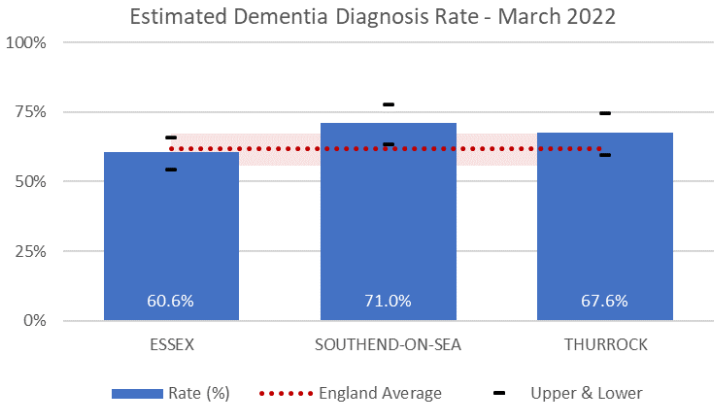


Image 7 NHS Digital March 2022, estimated dementia diagnosis

Additionally, **in Essex**

- Old age dependency ratio: currently equivalent to 335.6 people aged 65+ being economically inactive to every 1,000 working age people. In Southend, this is 310. These are both higher than the national average and whilst this is lower in Thurrock, these are all predicted to increase
- If the prevalence remains constant, for SET as a whole, there will be an additional 10,554 people aged 65+ with dementia in 2030
- In 2020/21 the cost to Adult Social Care in Essex for supporting people living with dementia was £42.3 million – by 2030 this is estimated to increase by 30% to £55 million
- A person's risk of developing dementia rises from one in 14 over the age of 65, to one in six over the age of 80
- Approximately 40% of people living with dementia over the age of 65 are living in care homes – in Essex, by 2030 this will equate to around 13,824 people
- People living with dementia who are over 65 have on average four comorbidities, while people without dementia have on average two and 91.8% of people living with dementia have another health condition
- People living with dementia will generally be supported by higher-cost care packages, whether they are at home or in residential care
- The Alzheimer's Society projected the cost of dementia to Southend, Essex and Thurrock for 2020 to be £1,110 million

Dementia in Thurrock

The graph below shows the estimated number of people aged 65+ with dementia could increase from just over 1,500 in 2020 to approaching 2,400 in 2040. It is worth bearing in mind that the figures below will include some people with dementia who have not received a formal diagnosis, and therefore not receiving care. Thurrock can expect to see a large increase in the number of older people with dementia, and that might not be uniform across the borough. Within Thurrock the prevalence of patients with a diagnosis of dementia ranges from Purfleet Care Centre and Dr Abela T Practice with 0.2% to Commonwealth Health Centre with 1.8%. This could be due to genuine differences in underlying prevalence of this condition between different practice populations and/or differences between GP practices' ability to identify and diagnose this condition in their patients.

The BCTT strategy identified that dementia was one of the four main causes of death amongst Thurrock residents in 2020.

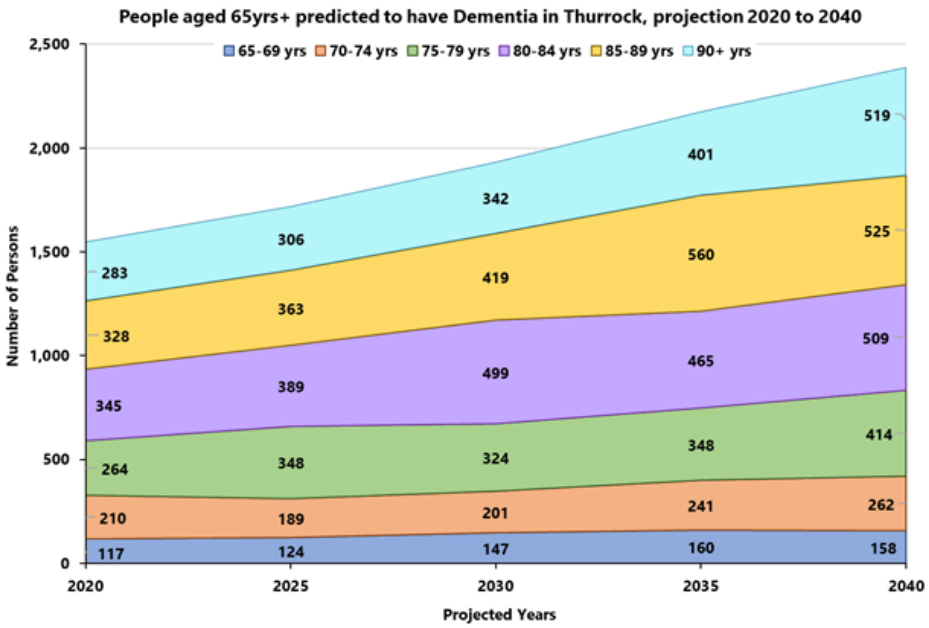


Image 8 POPPI 2022 Over 65yrs predicted to have Dementia

The impact of Covid-19

Covid-19 had a significant impact on the most vulnerable members of our communities, placing additional pressures on unpaid carers which in turn had an impact on people living dementia.

During this time, approaches used included an increased focus on the use of social media channels and digital technologies to facilitate one to one conversations with people, virtual dementia awareness sessions and increased opportunities for communities to come together virtually via the Dementia Action Alliances.

Lived experience research and insight undertaken in 2020 by Adult Social Care, local systems and Covid-19 recovery teams highlighted feedback from those living with dementia, to include:

- Disruption to normal routines
- Lack of cognitive stimulation
- Feeling loneliness, stress and anxiety
- Fear of being abandoned
- Physical and mental deterioration
- Risk of premature admission to residential care
- Risky behaviours
- Self-neglect
- Improved wellbeing when supported by carers, friends and neighbours
- Acts of kindness from the community

The same feedback highlighted the voice of carers, which echoed much of the above, as well as:

- Disruption of routines and loss of services
- An increase in caring responsibilities
- No respite, reduced respite pool – informal means of support not available
- Lack of awareness of support and entitlement to it
- No access to internet or not comfortable using it/digitally disenfranchised
- Not receiving timely/appropriate information
- Finding isolation difficult not just because of impact on the cared for but also on their own mental health and wellbeing

Annex D: Insight from Stakeholder Engagement

Stage One

Essex County Council carried out a public consultation to inform a refresh of the SET Dementia Strategy. The consultation asked questions to establish if people agreed with the nine priorities and their reasons for this. The consultation ran during a period of lockdown, from 15 February 2021 to 5 April 2021.

A total of 164 online responses were received, including people living with dementia, their family and carers, partner organisations and health and social care professionals. These provided valuable insight into people's thoughts about our dementia priorities.

On average, 90% of respondents agreed that the nine proposed priorities were the right priorities, with further findings highlighted below.

1. **83% agreed that prevention is a priority to support citizens across SET who are living with or affected by dementia**
2. **94% of respondents agreed that diagnosis and support is a priority to support citizens across SET who are living with or affected by dementia**
3. **93% of respondents agreed that supporting carers is a priority to support citizens across SET who are living with or affected by dementia**
4. **93% of respondents agreed that finding information and advice is a priority to support citizens across SET who are living with or affected by dementia**
5. **92%** of respondents agree that **reducing the risk of crisis is a priority** to support citizens across SET who are living with or affected by dementia
6. **91%** of respondents agree that **living well in long-term care is a priority** to support citizens across SET who are living with or affected by dementia
7. **89%** of respondents agree that **end of life is a priority** to support citizens across SET who are living with or affected by dementia
8. **96%** of respondents agree that a **knowledgeable and skilled workforce is a priority** to support citizens across SET who are living with or affected by dementia
9. **91%** of respondents agree that **living well with dementia in the community is a priority** to support citizens across SET who are living with or affected by dementia
10. Free-text comments provided further detail which indicated:
    - A need for earlier help in the context of prevention, a need for ways to increase knowledge, information, and support for a people with dementia, their carers, and ongoing training for the workforce
    - A need to ensure there is an increased focus on both those with younger onset of dementia, and older within a broadening range of support interventions, through a pathway of care that reflects all 'ages and stages' of dementia within a pathway that is focussed on prevention through the promotion of risk reduction and early help and support to enable a person to live well for longer
    - The need to be clearer in defining what we mean by the terms 'living-well' and 'prevention', due to a higher % of 'unsure' comments in the survey within these two priorities

Consultation findings enabled further insight of people's views and identify that the nine priorities remain the right priorities.

Stage Two

Essex County Council carried out a second stage of consultation on the strategy refresh, seeking further views on the proposed commitments to deliver against the agreed nine priorities. An online consultation ran from 13 May 2022 to 17 June 2022. A total of 78 online consultation responses were received from people living with dementia, their family and carers, partner organisations and health and social care professionals.

Workshops and focus groups were held alongside this during the same period to gather further insight across a range of partners and stakeholders with an approximate total of 160 participants.

Groups engaged include but not are not limited to ECC Carers focus group, ECC Adult Social Care focus group, South Essex Housing Group, One Colchester Delivery Board, Adult Social Care Braintree Neighbourhood Team, Essex Health and Wellbeing Board, North East Essex CCG Dementia Steering Group, North Essex Provider Forum, Pan Essex Dementia Action Alliance and SET District Dementia Action Alliances, East of England Older Peoples Mental Health & Dementia Network, Essex Local Councils, South East Essex Alliance Members and via a range of social media channels.

Stage two consultation findings are summarised below.

Online:

1. **88%** agreed that across SET our commitment to **work collaboratively across voluntary, health and statutory services to develop and deliver information to improve awareness of dementia and the support available** is right.
2. **88% agreed that across SET our commitment to involve and seek the views of people living with dementia and their carers, recognising their role as valued experts and equal partners is right.**
3. **89% agreed that across SET our commitment to work across our systems to improve support following diagnosis to promote independence, optimise strength, build resilience and prevent unnecessary crises is right.**
4. **93% agreed that across SET our commitment to develop and build on activities and training that improve professional practice and process is right.**
5. **87% agreed that across SET our commitment to work collaboratively with system partners to engage people living with dementia, their families and unpaid carers to better understand how we can improve access to the right information, advice and guidance at the right time to ensure they are fully supported is right.**
6. **86% agreed that across SET our commitment to improve access to dementia diagnosis at the earliest possible stage for the people of Essex, Southend and Thurrock is right.**
7. **87% agreed that across SET our commitment to work with people living with dementia, their families and carers to build more dementia-friendly and dementia-enabled communities and work to understand what support they need in relation to access to housing, transport, employment and technology is right.**
8. **81% agreed that across SET our commitment to continue to promote access to care technology to promote health, prevent deterioration and promote independence is right.**
9. **87% agreed that across SET our commitment to work with the care markets to encourage long term care settings to promote activities and solutions that increase community connections for people living with dementia is right.**
10. **86% agreed that across SET our commitment to improve information that enables families to plan ahead to make informed decisions that support individuals to remain cared for in their preferred care setting is right.**

Workshops/focus groups key findings:

1. The need to coordinate timelier diagnosis and support in the key weeks after diagnosis, recognised as a critical window for early support and intervention that promotes a positive view of diagnosis, facilitating access to timely care and support thus enabling people to live well with dementia in their preferred place of residence
2. The role of communities and groups is seen as crucial to the wrap-around offer of support for families and carers.
3. The need to promote opportunities to share lived experience such as through peer networks is seen as a key aspect of feeling empowered and enabled following diagnosis to ensure access to appropriate and timely support, although caution was advised against information overload, so a balance is needed.
4. To ensure learning from other care pathways and models (for example Cancer & Admiral Nurses) to gather insight on best practice and areas for improvement in care and support for individuals and carers.
5. To improve and enable access to training and support for families and carers, alongside training opportunities for health and social care professionals and community organisations
6. To develop closer working with the care providers incl. reablement and care home providers to improve experiences of discharge from hospital and to promote opportunities for access to appropriate training to understand distressed behaviours and the cause of perceived complexity relating to dementia
7. To promote increased choice and control for those with dementia, their carers and family to enable people to live well with dementia.

Annex E: Additional Information & Useful Links

For further information on any of the content in this strategy, please contact the Dementia Team dementia.team@essex.gov.uk

Alternative format versions of the strategy are available upon request.

Useful links

- Essex County Council: Adult Social Care website, *Dementia: recognising the signs* https://www.essex.gov.uk/dementia/recognising-the-signs-of-dementia
- Southend-on-Sea City Council: *Dementia services in Southend* https://www.southend.gov.uk/specialist-support/dementia
- Thurrock Council: *Memory loss and dementia* https://www.thurrock.gov.uk/memory-loss-and-dementia/dementia
- Alzheimer's Society: *Dementia connect Essex – community dementia support service* https://www.alzheimers.org.uk/support-services/Mid+Essex+Local+Services/Dementia+Connect+Essex+-+Community+Dementia+Support+Service/regional
- Dementia Action Alliance: *Pan Essex Dementia Action Alliance* https://www.dementiaaction.org.uk/local_alliances/13290_pan_essex_dementia_action_alliance

Mapping Dementia Services in Essex - The beginning!

An overview of dementia services across Essex

Community Dementia Support Services - Essex wide
ECC Commissioned (Alzheimer's Society delivery)

Dementia Connect/Dementia Support workers: *Referrals online, email or telephone (details on next page)*

- Support service for anyone in Essex with dementia, their carers, families, friends and professionals, tailored to individual needs.
- The service connects people to the support they need, when they need it, whether that be local Face to Face support, by phone or online
- Dementia affects everyone differently. So whether you, a loved one, a friend or neighbour needs dementia support Dementia advisers can help.
- Range of support - Each service user will be offered a Keeping In Touch call between one and four times per year.
  - Advice on how to cope and live with dementia – for example, through face to face support and providing relevant support materials.
  - Tips for making a home dementia-friendly
  - Help with legal documents and Lasting Power of Attorney
  - Continuing Health care and advanced care planning support
  - Provide support for personalised contingency planning for the future & End of life care.
  - Connection to dementia groups within local communities – such as Singing for the Brain sessions, or carer support groups & Side by Side.
  - Post pandemic we are offering a mix of virtual and time limited groups in the community

Online support alzheimers.org.uk/dementiaconnect

- Dementia Connect online support is available round the clock on the website. Answer a few simple questions about yourself, or someone you know, to get personalised, relevant information and advice.
- Online support incl. Talking Point, online community connecting with others in a similar situation and the Dementia Directory to search for local services.

Dementia Support Workers - Face to face support *Referrals online, email or telephone (details on next page)*

- Where possible meet you to offer further support, advice and information face to face (Incl. but not limited to those above).
- Will connect you to other face to face services in your area, including local support groups.

Dementia Friendly Communities Programme – Working to become Dementia Friendly Accreditations and the Essex Dementia Friendly Communities Network.

- Develop a shared responsibility for ensuring that people with dementia feel understood, valued and able to contribute to their community.
- work with communities, businesses, organisations, schools and places of worship to change people's perceptions of dementia to transform the way people think, act and talk about the condition. Building communities that empower people affected by dementia to continue to take part in activities that are meaningful to them, safe in the knowledge that their community is understanding and supportive of their needs.
- To contact Dementia Friendly Communities Programme incl. Dementia Friendly Communities Network (former DAAs) e-mail: dfcessexherts@alzheimers.org.uk

Dementia Care and Support - Essex

Community Dementia Support Service - ECC Commissioned, delivered by The Alzheimer's Society.

- Flexible delivery model to enable resources to flex to meet demand across the county, depending on need.
- Support service for anyone in Essex with dementia, their carers, families, friends and professionals, tailored to individual needs.
- The service connects people to the support they need, when they need it, whether that be local Face to Face support, by phone or online
- Dementia affects everyone differently. So whether you, a loved one, a friend or neighbour needs dementia support Dementia advisers can help.
- Range of support - Each service user will be offered a Keeping In Touch call between one and four times per year.

Mid and South Essex

Dementia Discharge Support Service (Winter Discharge Funding ASC DF 2022/2023, MSE only). 2023/24 MSE & West Essex

- support to ensure appropriate, timely & successful discharge from Acute settings
- Working with adults living with dementia, their families and unpaid carers.
- Dementia Discharge Support Workers pre & Post discharge – Broomfield, Basildon, PAH (23/24), Southend hospitals and community

DISS/DIST Discharge capacity, 7 days a week (Winter discharge funded ICB 2022/23, 2023/24 TBC)
Young Onset Dementia Peer Support Service (ICB MH Incentives fund)
Primary care – Dementia Information & Awareness – Clinics in Primary care settings (ICB Commissioned)

West Essex

Post Diagnostic, Memory assessment Care and Support – ICB Commissioned

North Essex

Dementia Ward Enablement Pilot. ICB Funded.

- 2 x Dementia Coordinators on wards to maintain PLWD outcomes in hospital and support plans for discharge
- Support transfer from hospital to place of residence to maintain outcomes prevent re-admission.
- Age Well East – Befriending Offer

Mid (ICB Commissioned)

Dementia & Delirium Specialist Nurse, Broomfield Hospital

DISS (Dementia Intensive Support Service EPUT) Hub and spoke model

- Braintree, Chelmsford, Maldon
- Dementia Link Worker
- Dementia Support Worker – Link with wider CDSS offer pre/post diagnosis.
- DISS Crisis team

MAS (Memory Assessment Service, Crystal Centre) **now wrapped up in the service itself;**

- **Diagnostic service**
- Not Hub and Spoke but based in the three localities
- Referral Through DISS or DEMENTIA HELPLINE to appropriate locality hub.
- Care Home Team in the hubs/DRST previously

South West (ICB Commissioned)

Admiral Nurse, Basildon Hospital

DCST (Dementia Crisis Support Team, NELFT);

- Currently no allocated Social Worker for Dementia

Memory Assessment Service: Diagnostic pathway only

- GP (or self referral via GP)

Community Dementia Nurses (2 WTE)

- Support GPs with some reviews and Residential Care Home advice.

Older People Community Mental Health Team

- hold some dementia case teams.

South East (CPR) (ICB Commissioned)

Dementia & Delirium Clinical Nurse Specialist, Southend Hospital

DCST (Dementia Community Support Team: Dementia Navigators, Southend City Council)

- Southend service, Southend BCF funded
- CP&R service, CPR iBCF funded to March 2024.

DIST (Dementia Intensive Support Team, EPUT)

- Self referral
- Rising risk (DCST link to support join up)
- Admission avoidance for MH & supports delayed discharge
- Speech and Lang OT in DIST 2.4 WTE

OPCMHT: DEMENTIA OP MH SERVICE

- **Community Dementia Nursing, aligned to PCNs.**
- Encompasses Memory Assessment Service
- Nurse in each area.
- Care Home team.
- GP & DCST referral

West (ICB Commissioned)

Dementia & Delirium Clinical Nurse Specialist (Admiral Nurse 27 Feb), PAH

***DIST** (Dementia Intensive Support Team, EPUT)*

- *Self referral*
- *Rising risk (DCST link to support join up)*
- *Admission avoidance for MH & supports delayed discharge*
- *Speech and Lang OT in DIST 2.4 WTE*

OPCMHT: DEMENTIA OP MH SERVICE

- ***Community Dementia Nursing, aligned to PCNs.***
- *Encompasses Memory Assessment Service*
- *Nurse in each area.*
- *Care Home team.*
- *GP & DCST referral*

North (ICB Commissioned)

DIST/DST

- Admission avoidance and home treatment plan
- On-going support - referral to DST for longer term support.
- DST complete long term work, commissioning, care co-ordination and 117 aftercare reviews.
- Hospital liaison nurse for individuals with dementia working with ESNEFT – Dementia & Delirium

MAS

- Memory Assessment service localities in Colchester & Clacton hospital
- GP referral/ third party/Fast Track Process for Care Homes
- Dementia Support Worker x 2
- OAM Social worker team linked to MDTs
- Dedicated Social Worker & SW Assistant to support individuals with a diagnosis of dementia under the age of 65 – Young Onset
- Care Home Liaison nurses (CHLN) covering 92 care homes
- MSNAP accreditation

Reference Number: HOSC/19/23

Report title: Updates on hospital performance, Community Diagnostic Centres, urology reconfiguration, and the CQC action plan from Mid and South Essex NHS Foundation Trust	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Mid and South Essex NHS Foundation Trust	
Date: 1 June 2023	**For:** Discussion
Enquiries to: Richard Buttress, Democratic Services Manager (richard.buttress3@essex.gov.uk) or Freddey Ayres, Democratic Services Officer (freddey.ayres2@essex.gov.uk)	
County Divisions affected: Not applicable	

1. Introduction

1.1 This report includes updates from Mid and South Essex NHS Foundation Trust (the Trust) on operational performance, the Community Diagnostic Centre programme, urology reconfiguration, and progress on actions from recent CQC visits and feedback.

2. Action required

2.1 The Committee is asked to consider this report and identify any issues arising.

3. Background

3.1 Trust performance – Foundations for the Future

As part of our Foundations for the Future improvement programme, the Trust is continuing its work to improve the basics in the care provided to its patients.

This is taking place through a series of 'sprints' where teams work together in targeted and rapid ways to support improvement in core areas, which are outlined below, in urgent and emergency care, cancer, falls and recruitment, among others.

Recent actions that have been taken include the use of the Malnutrition Universal Screening Tool across all the Trust's hospitals. This provides a single, standard process for how inpatients' risk of being malnourished is assessed and helps clinical staff to intervene. The Trust has also rolled out protected mealtimes, started to recruit volunteer feeding buddies to support inpatients, and brought in new ways to measure how well staff are keeping patients hydrated. There are plans to bring in additional training to improve paediatric nutrition.

The Trust has introduced a pilot which is providing bigger and easier-to-grip cutlery for patients who find it difficult to use ordinary knives and forks. Four wards across the Trust are trying this new cutlery and it is being received well by patients, who can eat more independently and enjoy their food.

The Trust is making the greatest possible use of its Hospital@Home service. This has helped patients to leave hospital and continue treatment in the comfort of their own home, while avoiding admissions. Staff have more access to information to make it easier for them to use the service.

Under Financial Foundations, the Trust is identifying schemes where efficiencies can be found and so releasing funding for other projects. This is alongside refreshed training for staff on improving value. There is a focussed drive to reduce the number of Bank staff used, following a higher than expected uptick in the costs for staff during month one. We are also focussing on improving quality and safety as key cornerstones for improving financial efficiency.

As part of the next sprint, plans include speeding up the process for hiring new staff, making it easier for the Trust to listen to its staff, and further improving patient communication.

3.2 Trust performance – Urgent and emergency care

The Trust remains very busy in emergency departments, with some performance indicators improving and some declining.

Four-hour performance

All three hospital sites have shown a slight decrease in performance against the four-hour standard (where patients are admitted, transferred or discharged within four hours). From February to March, Southend fell by 0.9%, Basildon fell by 1.2%, and Broomfield fell by 1.3%. This can be explained by the impact of the bank holidays and strike days creating surge pressure following these events.

Time to initial assessment

The average time taken for patients to receive an initial assessment in mid-May was 15 minutes or less in all our hospitals:

- Basildon Hospital: 11 minutes
- Broomfield Hospital: 9 minutes
- Southend Hospital: 12 minutes

The Trust has introduced specific events to focus on discharge at Basildon and increase patient flow through our emergency departments. Initial work to reconfigure the emergency department at Southend was completed, adding seven additional majors cubicles earlier in the year while a new ward has been opened for admitted patients in the Emergency Department.

Ambulance handovers

This continues to improve, with an average handover time across the Trust of 28 minutes in April, down from 35 minutes in March. More than 33% of ambulances handed over in under 15 minutes.

Same Day Emergency Care (SDEC)

The Trust is resetting the use of its SDEC units. During the busy winter months these SDEC areas have been used as overflow bed capacity, but they can now

be used for the purpose they were set up for and very few people need to be kept in overnight using this extra capacity.

These units at the three hospitals support patients to receive assessments, tests and treatment and be discharged on the same day. This helps to improve patient experience and ease congestion in the hospitals by avoiding unnecessary admittance.

3.3 Trust performance – Cancer

The Trust continues to work on reducing the time it takes for patients to find out if they are diagnosed with cancer, or to begin treatment.

In early May, the Trust had 788 patients waiting over 62 days on GP-referred pathways to rule out or treat cancer. While this was a significant reduction from 1,500 at the start of the year, there has been a slight decline in predicted performance. The two-week wait performance in April was 50%.

The Trust is focusing on areas which will have the biggest impact in reducing waiting times, including skin, colorectal and urology cancers. In colorectal, for example, clinicians are engaging more with GPs to improve referrals and endoscopy waiting times have been reduced, while the Trust has developed draft improvement plans for chemotherapy and radiotherapy.

Faster Diagnosis Standard

This standard ensures patients will be diagnosed or have cancer ruled out within 28 days of being referred urgently by their GP for suspected cancer. The Trust is currently underperforming in this standard with its performance of 64% but has made improvements to achieve the target of 75%.

Action to date has seen a focus on skin cancers, with a reduction in the 62-day backlog from over 1,000 in October 2022 to 168 patients in late April. The Trust reached 82% on the Faster Diagnosis Standard, from 25% in October 2022. A tele-dermatology pathway has been launched, reducing unnecessary skin-cancer referrals to hospital, helping to reduce waiting lists.

The Trust plans to focus activities on cancer pathways including; colorectal (recruitment programme), skin (quality improvement programme), urology (better understand demand and capacity), gynaecology (provide Trust-wide ultrasound reporting), and to develop a workforce strategy for cancer diagnosis and treatment pathways.

3.4 Trust performance – Elective recovery

Referral to Treatment (RTT) – Long-waiting patients

The Trust has reduced the number of patients waiting 78 weeks for treatment or alternative care, from around 1,800 patients in November 2022 to 20 at the end of March. This then rose slightly to 89 at the end of April, because of the impact of the Easter holidays and strikes.

The Trust has been recognised as top in the East region and among the best in the country for reducing our 78-week wait time.

The focus now is on the 65-week and 52-week waits, by expanding surgical capacity to treat patients. Plans are to have no patients waiting more than 65 weeks by December 2023 (for non-admitted) and March 2024 (for admitted).

3.5 Trust performance – Diagnostics

Diagnostics recovery will be a key focus in 2023/24 to support efforts to reduce cancer waits and improve RTT performance. The target is that patients should not wait more than six weeks for a diagnostic test after it is requested.

Diagnostic performance was 69% in March (target 95% by March 2025) – an improvement from 67% the previous month and the third month consecutively to demonstrate improvement.

The Trust has set up a diagnostics project group to help focus on achieving this standard. Progress is monitored via the Elective Recovery Group.

The building of new Community Diagnostic Centres (CDCs), means that in the year 2024/25 there will be far more permanent capacity to carry out much-needed tests faster and closer to home.

3.6 Trust performance – Staff vacancies and recruitment

The vacancy rate across the Trust, after reducing for seven consecutive months, saw a very small (0.2%) increase to 11.2% in March as the organisation grew. This remains below the target of 11.5%.

The Trust continues to hold large-scale recruitment campaigns in areas that are difficult to recruit to, including healthcare support workers, estates and facilities, nursing, and medical staff. This led in April to 30 job offers for Healthcare Assistants at Broomfield Hospital made, and seven job offers made at an emergency department recruitment open day. The Trust attends university fairs and encourages young people to begin a career in the NHS, and is working with EPUT on joint recruitment days.

Retention has improved over the past eight months, at 13.2% in April, down from 13.6% in March. The Trust has introduced programmes to improve staff wellbeing, which include:

- Sessions informed by NHS England to teach managers how to have wellbeing conversations
- Ongoing recruitment of mental-health first aiders among staff
- Financial support for staff, including a community pantry, tea and coffee for departments, vouchers, and dedicated financial wellbeing information.

The Trust relies far less on agency staff.

3.7 Trust performance – Complaints and PALS

Complaints and Patient Advice and Liaison Service (PALS) response rates remain a key area of pressure. The standard for responses to formal complaints is 40 working days, and five working days for PALS queries.

The Trust is committed to reducing the number of delayed responses. A new governance staffing structure was put in place in January 2023, involving weekly meetings with main divisions to discuss and progress active cases, and reporting of active and overdue cases to improve performance monitoring. This has already started to reduce delayed responses to formal complaints, from 265 in January 2023 to 184 in April.

The number of formal complaints received has remained fairly static over the last two years, averaging 126 per month, with 145 in March 2023. In recent months there has been an increase in PALS enquiries, with 968 in January and 1,061 in March. The main themes are appointments (waiting times and cancellations) and communication.

3.8 Trust performance – Falls

Reducing falls (with or without harm) is a national priority. The Trust continues to review a high number of patients to identify high-risk fallers and ensure that every mitigation is made to prevent further falls. Initiatives include anti-slip socks, individual support for confused patients, and a trial of falls censors and alarms on beds.

There are harm-free falls champions based on wards who support awareness of falls prevention among staff.

3.9 Trust performance – Pressure ulcers

Pressure ulcer prevention is a cornerstone in the Trust's drive to improve quality of care, reduce harm and improve patient experience.

A number of preventative and management strategies within the Trust are being implementing. A Topical Negative Pressure Therapy policy has now been ratified and is being shared across the sites. The Tissue Viability Steering Group is putting quality improvement initiatives in place to reduce the number of ulcers and assess wounds.

3.10 Community Diagnostic Centres

The Trust has been working to ensure it increases diagnostic capacity in mid and south Essex and has been seeking to secure significant funding, through the Government's Community Diagnostic Centre Programme. The centres will offer diagnostics closer to home for residents, and some centres will offer wider tests such as endoscopy and other investigative procedures.

Following approval of submitted business cases, funding has been approved for Thurrock and Braintree CDCs. The Thurrock CDC will be located at Long Lane in Grays and is due to open in Spring 2024. The Braintree CDC will be an extension of the St Michael's building at Braintree Community Hospital site and is due to open in Autumn 2024. Both will offer x-ray, MRI, CT, ultrasound, blood tests and heart and lung tests. Braintree will also offer Echocardiograms. They are in the implementation phase with contractors being appointed and final programmes of work being developed.

The Government has now announced funding for the third Community

Diagnostic Centre (CDC) in mid and south Essex, which is due to be located at a central location in Pitsea.

The Trust has taken action to speed up access and offer more diagnostic tests in the community. It is working closely with Basildon Council and following due process with regards to planning and contracts for the permanent centre. In the meantime, the Trust is keen to provide community diagnostic capacity via a temporary solution in Basildon. This will offer CT scans, MRI scans and endoscopy tests via mobile units which will be placed in a car park, near to Basildon train station. This facility will be provided later this year.

The CDC in Pitsea will support residents from across south Essex, and the first phase will offer all of the above services, as well as heart and lung tests and more endoscopy rooms.

The Trust expects the Pitsea CDC to be open by the end of 2024.

The Trust is leading on the programme with the Mid and South Essex Integrated Care System.

Following each centre receiving funding, the Trust has been engaging with residents to show them the plans and ask what their needs will be and how they would like to access the centres. This information is being used to help develop service models.

The first engagement for Braintree residents was held at the George Yard shopping centre in Braintree on 10 May. The Trust is planning further events in with local staff and residents to engage as many people as possible. A survey is open to residents to allow them to give feedback on their current diagnostic experiences, and the Trust encourages this to be shared: www.mse.nhs.uk/have-your-say

The Trust plans to begin public engagement events for the Pitsea CDC in July, with a further event in September. Alongside this, it will engage with staff about the opportunities at each of the CDCs, as well as colleagues in primary care about how this will support their referrals.

3.11 Urology service reconfiguration in mid and south Essex

Following the public consultation – Your Care in The Best Place – which was agreed by the Secretary of State in 2019, Urology services are being consolidated from three separate services to two services providing Urology care across three sites, with emergency treatment delivered at Broomfield and Southend.

From 15 May, in line with our clinical reconfiguration plans to provide centres of expertise and specialist care, Urology services have changed for patients arriving at Basildon Hospital. The service at the Southend site will remain unchanged.

Basildon patients requiring emergency admission for urology care, who cannot

be treated in the Same Day Emergency Care (SDEC) Unit will be transferred to the Broomfield site. Transport services have been secured for these patients using the current patient transport provider and blue light emergencies will be transferred by EEAST.

Some elements of complex non-cancer surgery will also move from Basildon to Broomfield, with the Basildon site retaining day cases and 23-hour cover as well as Same Day Emergency Care.

Benefits of the change

- It meets all recommendations in the original Decision-Making Business Case – agreed at Clinical and Multi Professional Congress in March 2023
- Improved patient safety for Basildon patients – faster access to specialist care.
- Expected reduction in length of stay by introducing a robust combined on-call and Consultant of the Week model.
- Improved outcomes due to consolidated service at Broomfield for complex elective/planned surgery. Complex elective surgery, with longer length of stay will be at Broomfield. Basildon now only has 23 hour stay and day cases.
- Equity of access for patients – consistency of service.
- Faster access for Renal Colic patients - a hot urology theatre (not available at Basildon) will allow increased primary treatment of ureteric stones (one of the common emergencies) rather than temporising with stents and then a long time on a waiting list. The Trust is a leader in the East of England in offering this.

4. Update and Next Steps

4.1 CQC visits to the Trust

An update on the latest CQC inspections will be provided to the Committee. See above, reference 3.1 on the improvements already made as a result of the inspection feedback.

5. List of Appendices - none

Reference Number: HOSC/21/23

Report title: Mental Health Services for Young People joint Task and Finish Group Review Report – response to recommendations	
Report to: Cllr Kevin Bentley, Leader of the Council	
Report author: Richard Buttress, Democratic Services Manager	
Date: 1 June 2023	**For:** Discussion
Enquiries to: Richard Buttress, Democratic Services Manager (richard.buttress3@essex.gov.uk) or Freddey Ayres, Democratic Services Officer (freddey.ayres2@essex.gov.uk)	
County Divisions affected: Not applicable	

1. Introduction

With thanks to the members of the Task and Finish Group for their time and effort in producing the review, and importantly its recommendations given to the Leader and respective Cabinet Members. This report seeks to provide a written update on the actions and progress of those recommendations.

2. Response to recommendations

Recommendation 3 – schools

b) Currently, schools have to invest their Pupil Premium in order to run the Primary School Wellbeing Hubs Project in Tendring and Colchester. Given the early success identified and the benefit it provides to both the children and their families, **the group recommends that the ECC Cabinet Members for Adult Social Care and Health, Education Excellence, Lifelong Learning and Employability and Children's Services and Early Years, lobby the Secretary of State for Education to obtain funding to provide a Primary School Wellbeing Hub in every school in Essex.**

Progress is being made towards these actions. We appreciate the great work of the project in Tendring and welcome the support given to this project by Tendring DC and SNEE ICB. ECC officers are currently both working on the scalability of the Wellbeing Hub based on the Tendring model and also assessing a new approach to supporting mental health which is being piloted across schools in Harlow as part of ECC Levelling up funding. Officers need to assess both models and to work with schools on the best way to spread the good practice of both models across more schools. Once this has been developed, and lessons have been learned, officers and Cabinet Members will then agree how to approach the Department and health colleagues to see what support they can give.

c) The group recognises and agrees that the Primary School Wellbeing Hubs Project in Tendring has been a success, and that it is everyone's collective responsibility to support young people requiring mental health support. To further enhance the offer, the hub should be extending its services and offer support to the parent/carers of those experiencing poor mental health.

Because of its success the Chief Executive of the North Essex and East Suffolk ICB is considering rolling this out in East Suffolk. **The group therefore recommends that the Leader of Essex County Council prepares a letter seeking support from all Essex Leaders and Chief Executive's, requesting that the three Essex (ICS) provide grant funding to enable the scheme running in Tendring to be rolled out countywide.**

The Leader agrees to write to Leaders and Chief Executives with this request, acknowledging that ECC is developing a Hub in Harlow, and will take learning from that into how a countywide solution might be developed, before any approach to government is made. The letter will therefore bring this to Leaders' attentions and will include the Task and Finish report. This letter will be sent once all Leaders are confirmed post-election. The Leader will also raise this at the next meeting of Essex Leaders and Chief Executives in June.

d) The group was reassured to hear that take up of the Council's Trauma Practice Perceptive Programme training is high, with over half of Essex schools engaged. This training helps schools to be able to positively help pupils who require mental health support. **The group recommends that all schools in Essex engage with the Council to complete this training as soon as practically possible. The group also asks that the Cabinet Member for Education Excellence, Lifelong Learning and Employability ensures that Essex County Council has sufficient resources in place to meet the demand.**

As of April 2023

- *80% of schools have engaged with the training TPP; they have commenced*
- *We now have 769 people who have completed the 2 days of train the trainer*
- *11% have completed the whole of the training within their school- this is 60 schools*
- *We have since the start of the autumn term provided an intermediate offer as a way of engaging some schools who may not have been willing just yet to participate in the advanced offer.*
- *The Essex TPP Hive Platform is where all the training material and the resources are shared.*
- *In this spring term there were 23,000 active views of the content on Hive.*
- *The TPP of families is a new offer and thus far we have 42 schools who have been trained in this. This is only available to those who have completed – 70% of those completed have gone to do the families offer.*

e) The group felt that the evidence provided to them, highlighted a lack of awareness of mental health support across some schools in Essex. **The group recommends that Essex County Council's Education Team**

provide clearer, more concise guidance to all schools in Essex detailing the support available and how it can be accessed.

We now have accurate data on which schools have completed a DfE recognised Designated Mental Health Lead 3-day training.

	Trained	***Not Trained***
secondary	*62*	*17*
	77.50%	*22.50%*
primary	*185*	*263*
	41%	*59%*
PRU	*2*	*2*
	50%	*50%*
Tier 4	*2*	
	100%	
special	*8*	*12*
	40%	*60%*

This helps with our SEMH Strategy as it enables the targeting of information and communication. We have since September produced a focussed news bulletin once per half term –123 schools are now subscribe to this. This contains information about guidance, resources, help, as well as including changes in legislation; it provides opportunities for their school/setting to be involved in.

The Essex Schools Info Link Pages are where we host all our information. This is continually reinforced as our 'go to' place for help, support and guidance. We have made it more easy to navigate and find what is being sought:

An example of how we know that schools' awareness for the help and the seeking of that help is getting better can be exemplified in consistent increase in the use of the SEMH/CAMHS Educational Psychology consultation line.

	2019-2020	*2020-2021*	*2021-2022*	*2022-2023*
Autumn Term	*20*	*18*	*11*	*46*
Spring Term	*22*	*3*	*14*	*27*
Summer Term	*0*	*20*	*4*	*18*
Totals	*42*	*41*	*29*	*91*

We are hosting a conference this term inviting schools' settings to hear about best practice, and this includes a keynote from Professor Lord Layard.

The EWMH Strategic Board also enables and facilitates partnerships for shared outcomes.

<u>Recommendation 4 – communications</u>

a) **The group recommends that ECC Communications Team, undertakes a review of its external Child and Adolescent Mental Health communications plan, specifically around access to the Child and Adolescent Mental Health Service (CAMHS) and referral pathways and prepare an interim report for the Health Overview and Scrutiny Committee at its November 2022 meeting.**

The review of the communications plan is underway, and it is intended that referral pathways will be included as part of that. Communications will provide a copy of this to the Committee when it is ready.

b) The group recognises it is important to promote the services that are currently available to young people in Essex such as dance, drama and sport clubs, youth clubs and the Duke of Edinburgh award. **The group recommends that the Communications and Marketing team continue its focus on promoting mental health support available to young people and prepare an interim report for the Health Overview and Scrutiny Committee at its November 2022 meeting.**

This is also confirmed by Communications and Marketing and they will report back at the same time as the above.

Reference Number: HOSC/22/23

Report title: Chairman's Report	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Richard Buttress, Democratic Services Manager	
Date: 1 June 2023	**For:** Information
Enquiries to: Richard Buttress, Democratic Services Manager – richard.buttress3@essex.gov.uk or Freddey Ayres, Democratic Services Officer – freddey.ayres2@essex.gov.uk	
County Divisions affected: Not applicable	

1. Introduction

1.1 This is the latest update reporting on discussions at HOSC Chairman's Forum meetings (Chairman, Vice Chairmen and Lead JHOSC Member).

2. Action required

2.1 The Committee is asked to consider this report and identify any issues arising.

3. Background

3.1 The Forum usually meets monthly in between scheduled Committee meetings to discuss work planning. In addition, there are also meetings with the Cabinet Member for Health and Adult Social Care on a bi-monthly basis and quarterly meetings with senior officers.

4. Update and Next Steps

4.1 To note that the planned visit to Southend Hospital has been confirmed for Tuesday 30 May 2023.

5. List of Appendices – none

Reference Number: HOSC/23/23

Report title: Member Updates	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Richard Buttress, Democratic Services Manager	
Date: 1 June 2023	**For:** Discussion
Enquiries to: Richard Buttress, Democratic Services Manager – richard.buttress3@essex.gov.uk or Freddey Ayres, Democratic Services Officer – freddey.ayres2@essex.gov.uk	
County Divisions affected: Not applicable	

1. Introduction

This is an opportunity for members to update the Committee (See Background below)

2. Action required

2.1 The Committee is asked to consider oral reports received and any issues arising.

3. Background

3.1 The Chairman and Vice Chairman have requested a standard agenda item to receive updates from members (usually oral but written reports can be provided ahead of time for inclusion in the published agenda if preferred).

3.2 All members are encouraged to attend meetings of their local health commissioners and providers and report back any information and issues of interest and/or relevant to the Committee. In particular, HOSC members who serve as County Council representatives observing the following bodies may wish to provide an update.

4. Update and Next Steps

Oral updates to be given.

5. List of Appendices – none

Reference Number: HOSC/24/23

Report title: Work Programme	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Richard Buttress, Democratic Services Manager	
Date: 1 June 2023	**For:** Information
Enquiries to: Richard Buttress, Democratic Services Manager – richard.buttress3@essex.gov.uk or Freddey Ayres, Democratic Services Officer – freddey.ayres2@essex.gov.uk	
County Divisions affected: Not applicable	

1. Introduction

1.1 The current work programme for the Committee is attached.

2. Action required

2.1 The Committee is asked:

(i) to consider this report and work programme in the Appendix and any further development of amendments;

(ii) to discuss further suggestions for briefings/scrutiny work.

3. Background

3.1 Briefings and training

Further briefings and discussion days will continue to be scheduled on an ongoing basis as identified and required.

3.2 Formal committee activity

The current work programme continues to be a live document, developed as a result of work planning sessions and subsequent ongoing discussions between the Chairman and Lead Members, and within full committee.

4. Update and Next Steps

See Appendix.

5. List of Appendices - Work Programme overleaf

Health Overview Policy and Scrutiny Committee Work Programme – June 2023

Date	Topic Title	Lead Contact/Cabinet Member	Purpose and Target Outcomes	Cross Committee Work Identified (where applicable)
June 2023				
June 2023	Mental Health Services for Young People Task and Finish Group – **to be received as a written report**	▪ Cllr Tony Ball, Cabinet Member for Education Excellence, Life Long Learning and Employability ▪ Cllr John Spence, Cabinet Member for Adult Social Care and Health Cllr Kevin Bentley, Leader of the Conservative Group	To receive an update on the progress being made against the recommendations put forward by the Task and Finish Group in December 2022	People and Families Policy and Scrutiny Committee
June 2023	Dementia Services	▪ Alfred Bandakpara-Taylor, MSE ICB ▪ Robert Chandler, SNEE ICB ▪ Jo Reay, HWE ICB ▪ Melanie Williamson, ECC	To receive an update dementia diagnosis delays that have been reported nationally, and what the picture in Essex currently looks like	
June 2023	Vaccination Programme	▪ Lucy Wightman, Director of Wellbeing, Public Health and Communities	To receive a progress update on the uptake of the Covid-19 booster and flu vaccine	

June 2023	Mid and South Essex NHS Foundation Trust	▪	To receive a general update on operations and the Community Diagnostic Centre programme	
July 2023				
July 2023	Mental Health Services – Essex Partnership University Foundation Trust	▪ Paul Scott, Chief Executive, EPUT	Latest CQC inspection the culture, leadership, and governance impact of tv programme on teams Ligature points Healthwatch essex?	
July 2023	NHS Workforce	▪ Anthony McKeever, Chief Executive, Mid and South Essex ICB ▪ Jane Halpin, Chief Executive, Hertfordshire and West Essex ICB ▪ Ed Garratt, Chief Executive, Suffolk and North East Essex ICB ▪ Paul Scott, Chief Executive, EPUT ▪ Jacqui Van Rossum, Chief Executive, NELFT ▪ Tom Abell, Chief Executive, East of	To receive information on workforce planning, specifically: ▪ Current headcount compared against total number of roles and total number of training places ▪ Number of agency staff in post and costs ▪ Understanding of why people are leaving roles ▪ Strategy to grow the workforce ▪ Communication with colleges and universities around future staff requirements	People and Families Policy and Scrutiny Committee

		England Ambulance Service Trust ▪ Cllr John Spence, Cabinet Member for Adult Social Care and Health Nick Presmeg, Executive Director for Adult Social Care	Priority given to areas shorter on staff than others	
August 2023				
NO MEETING				
September 2023				
September 2023	Children's Mental Health Services - North East London NHS Foundation Trust (NELFT)	▪ Gill Burns, Children's Services Director, NELFT	To receive a general update on operations, performance, recruitment	

Items to be programmed				
Date	**Topic Title**	**Lead Contact/Cabinet Member**	**Purpose and Target Outcomes**	**Cross Committee Work Identified (where applicable)**
TBC	NHS Section 106 monies		To receive a briefing on: • How are S106 monies assigned to the health service and who agrees the figure(s) • What the process is for the health service to	

			claim such monies in order to fund new/improve existing services • How aware are the health service that S106 is available to them • Who monitors what has been allocated	
TBC	Princess Alexandra Hospital Redevelopment	▪ Lance McCarthy, Chief Executive, PAH	To receive written update on the new hospital development, including: ▪ Sharing detailed plans of new hospital site ▪ Confirmation of date for planning application submission	
TBC	Linden Centre Inquiry – Essex Partnership University Foundation Trust	▪ Paul Scott, Chief Executive, EPUT ▪ Cllr John Spence, Cabinet Member for Adult Social Care and Health ▪ Nick Presmeg, Executive Director for Adult Social Care	To review appropriate scrutiny once the inquiry has concluded in 2023	
TBC	NHS 111	TBC	To receive an update to include the impact of residents that are being	

			referred to this service by GP practices	
TBC	Digitalisation of access to health	TBC	What are possibilities How will it move health service forward Capturing patients who aren't digital yet Pros and cons Patient feedback – Healthwatch	
TBC	Community Beds Programme – Mid and South Essex	▪ Claire Hankey, Director of Communications and Engagement, Mid and South Essex Integrated Care System	To receive further update on how the programme is progressing	
TBC	Hospital Waiting Times	▪ Anthony McKeever, Chief Executive, Mid and South Essex ICB ▪ Jane Halpin, Chief Executive, Hertfordshire and West Essex ICB ▪ Ed Garratt, Chief Executive, Suffolk and North East Essex ICB	Ambulance Waiting Times A&E Elective surgeries (pre and post Covid) Referral delays Cancer services	
TBC	Dentistry (NHS England)	TBC	Number of private/NHS dentists Availability issues/solutions	

			Delivering services in different ways How are allocations of services determined	