



Essex County Council

Essex Health and Wellbeing Board

10:00	Wednesday, 16 March 2022	Council Chamber County Hall, Chelmsford, CM1 1QH
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For information about the meeting please ask for:

Judith Dignum, Democratic Services Officer

Telephone: 033301 34579

Email: democratic.services@essex.gov.uk

Essex County Council and Committees Information

All Council and Committee Meetings are held in public unless the business is exempt in accordance with the requirements of the Local Government Act 1972.

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		Pages
1	Membership, Apologies, Substitutions and Declarations of Interest	6 - 7
2	Minutes	
2a	24 November 2021: Minutes of the Meeting for Formal Approval (Please note these minutes were originally presented at the informal meeting on 26 January 2022)	8 - 16
2b	26 January 2022: Notes of the Meeting and Progress Report on Actions Arising	17 - 24

- 3 Questions from the public**
The Chairman to respond to any questions from members of the public which are relevant to the business of the Board and of which advance notice has been given. Questions must be notified to the Board Secretary at democratic.services@essex.gov.uk by 10.30am on the third working day before the meeting (ie Friday 11 March). Questioners are asked to provide their name and address.
Further information is available on the [the Council's website](#) (please scroll to bottom of page).
- 4 Verbal Updates**
(10.10 - 10.50)
To receive verbal updates on the following:
- Covid in Essex
 - Social Care
 - West Essex and Hertfordshire ICS
 - Mid and South Essex HCP
 - Suffolk and NE Essex ICS
- 5 Role and Terms of Reference of the Essex Health and Wellbeing Board (HWB/01/22)** **25 - 29**
(10.50 - 11.10)
To resolve outstanding issues with a view to endorsing the revised Terms of Reference for the Essex Health and Wellbeing Board in the light of the review and subsequent discussions.
- 6 Essex Health and Wellbeing Strategy (HWB/02/22)** **30 - 48**
(11.10 - 11.25)
To share the consultation version of the Joint Health and Wellbeing Strategy and enable further discuss, with a view to endorsement at the May meeting of the Board.
- 7 Developing an All- Age Carers Strategy (HWB/03/22)** **49 - 53**
(11.25 - 11.55)
To provide and update on, and consult with Board Members about, the draft All-Age Carers Strategy.
- 8 Suicide Prevention Strategy (HWB/04/22)** **54 - 56**
(11.55 - 12.10)
To update Board members on progress made against the Suicide Prevention Programme, inform them on how the data analysis is informing work being undertaken and seek continued support and advocacy on this hugely important issue.

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| 9 | Draft Learning Disabilities Mortality Review (LeDeR)
Three-year Deliverables Plan (HWB/05/22)
(12.10 - 12.20)
To update the Board on progress with developing the three-year action plan following the outcome of the LeDeR (Learning Disabilities Mortality Review) review, ensuring members have sight of the draft proposals and the opportunity to comment and identify any further strands of work that need to be initiated. | 57 - 58 |
| 10 | Anchor Network Update (HWB/06/22)
(12.20 - 12.30)
To discuss an update on the progress of the Anchor Network across Essex, highlighting strengths and opportunities. | 59 - 62 |
| 11 | Forward Plan
To discuss the latest Forward Plan and consider requests for additional items. | 63 - 65 |
| 12 | Date of Next Meeting
To note that the next meeting will be held on Wednesday 18 May 2022, 10:00 - 13:00 in Committee Room 1 at County Hall, Chelmsford, CM1 1QH. | |
| 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.

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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.

Committee: Essex Health and Wellbeing Board (EHWB)

Enquiries to: Judith Dignum, Democratic Services Officer
Judith.dignum@essex.gov.uk

Membership, Apologies, Substitutions and Declarations of Interest

Recommendations:

To note:

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

Membership

Quorum:

One quarter of the membership and will include:

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

Statutory Members

Councillor John Spence	Essex County Council
Dr Hasan Chowhan	North East Essex CCG
Dr Anna Davey	Mid Essex CCG
Cllr Beverley Egan	Essex County Council
Dr Rob Gerlis	West Essex CCG (named substitute: Dr Angus Henderson)
Sam Glover	Healthwatch Essex
Helen Lincoln	Essex County Council Director of Children's Services (DCS) (named substitute: Clare Kershaw)
Maggie Pacini	Essex County Council (Acting DPH)
Nick Presmeg	Essex County Council Director of Adult Social Care (DASS)
Dr Kashif Siddiqui	Castle Point and Rochford CCG (tbc)
Councillor Mike Steel	Essex County Council
Dr 'Boye Tayo	Basildon and Brentwood CCG*

Other Members

Georgina Blakemore	Borough/City/District Councils (ECEA rep)
Paul Burstow	Independent Chair, Hertfordshire and West Essex STP/ICS

Councillor Graham Butland	Borough/City/District Councils
Cllr Peter Davey	Voluntary Sector - Essex Association of Local Councils (EALC)
Ian Davidson	Borough/City/District Councils (ECEA Rep)
Dr Sunil Gupta	Mid and South Essex CCG Joint Committee (tbc)
Nick Hulme	Essex Acute Hospital Trusts
(named substitute Neill Moloney)	
Lorraine Jarvis	Voluntary Sector - Chelmsford CVS (named substitute Jemma Mindham, Rainbow Services, Harlow)
Brid Johnson	Non-Acute Providers
Gavin Jones	Chief Executive, Essex County Council
Clare Panniker	Essex Acute Hospital Trusts
Will Pope	Independent Chair, Suffolk and North East Essex STP/ICS
Paul Scott	Essex mental health and non-acute providers
Trevor Smith	Essex Acute Hospital Trusts
Michael Thorne	Independent Chair, Mid and South Essex STP/ICS
Alison Wilson	Voluntary Sector – Mind in West Essex (named substitute Jemma Mindham, Rainbow Services, Harlow)
Simon Wood	NHS Commissioning Board Essex LAT Director
Councillor Simon Wootton	Borough/City/District Councils

Non-voting Members

Roger Hirst	Essex Police, Fire and Crime Commissioner
Deborah Stuart-Angus	Independent Chair of the Essex Safeguarding Adults Board
David Archibald	Independent Chair/Facilitator of the Essex Safeguarding Children Board

Minutes of the meeting of the Essex Health and Wellbeing Board held at in the Council Chamber, County Hall, Chelmsford at 10:00am on Wednesday 24 November 2021

Present:

Board Members (Statutory)

Cllr John Spence	Essex County Council (Chairman)
Dr Hasan Chowhan	North East Essex CCG
Cllr Peter Davey	Essex Association of Local Councils
Cllr Beverley Egan	Essex County Council
Dr Rob Gerlis	West Essex CCG
Dr Mike Gogarty	Essex County Council (Director, Wellbeing, Public Health and Communities)
Clare Kershaw	Essex County Council (substitute for Helen Lincoln, Director of Children's Services)
Nick Presmeg	Essex County Council
Cllr Mike Steel	Essex County Council
Dr Boye Tayo	Basildon and Brentwood CCG

Board Members (Other)

Georgina Blakemore	Borough/City/District Councils
Paul Burstow	Independent Chair, Hertfordshire and West Essex ICS
Cllr Graham Butland	Borough/City/District Councils
Ian Davidson	Borough/City/District Councils (ECEA Rep)
Gavin Jones	Chief Executive, Essex County Council
Neill Moloney	Essex Acute Hospital Trusts (substitute for Nick Hulme)
Professor Mike Thorne	Independent Chair, Mid and South Essex Health and Care Partnership
Elizabeth Wells	Essex Mental Health and Non-Acute Providers (substitute for Paul Scott)
Alison Wilson	Voluntary Sector
Cllr Simon Wootton	Borough/City/District Councils

Co-opted Members

Jane Gardner	Deputy Police, Fire and Crime Commissioner for Essex (substitute for Roger Hirst)
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Other Attendees

Tricia D'Orsi	Castle Point and Rochford CCG
William Hooper	Senior Strategy Adviser, Essex County Council
Anthony McKeever	Partnership Executive Lead and Joint Accountable Officer for Mid and South Essex CCGs
Peter Wightman	Hertfordshire and West Essex CCG (substitute for Dr Jane Halpin)
Judith Dignum	Democratic Services Officer, Essex County Council

1. Membership, apologies, substitutions and declarations of interest

Apologies for absence were received as set out below:

Board Members

David Archibald	Essex Safeguarding Children Board
Dr Anna Davey	Mid Essex CCG
Roger Hirst	Essex Police, Fire and Crime Commissioner (substitute Jane Gardner)
Professor Will Pope	Independent Chair, Suffolk and North East Essex ICS
Paul Scott	Essex Mental Health and Non-Acute Providers (substitute Elizabeth Wells)
Deborah Stuart-Angus	Independent Chair, Essex Safeguarding Adults Board
Simon Wood	NHS Commissioning Board

Other apologies

Dr Jane Halpin	Hertfordshire and West Essex CCG (substitute Peter Wightman)
Susannah Howard	Suffolk and North East Essex ICS

2. Minutes and progress report on actions arising: 15 September 2021

The minutes of the Board meeting held on 15 September 2021 were agreed as a correct record and a progress report on the agreed actions was noted.

Updating the Board on progress regarding the emerging Joint Health and Wellbeing Strategy, Mike Gogarty advised that a workshop would be held following the January meeting to allow discussion of the priority areas. Noting that the content of the Strategy would be informed by the Joint Strategic Needs Assessment (JSNA), the Chairman commented on the importance for the Strategy's content to be owned by all parties.

3. Questions from the Public

The Board welcomed Mrs Wendy Daden, who asked a question as summarised below:

Publicity for Vitamin D

In introducing her question Mrs Daden referred to research findings on the function and effectiveness of Vitamin D and highlighted the provision by the Government of free vitamin D to certain groups of vulnerable individuals. She commented that, despite this, there is no reference on the Essex County Council Coronavirus Hub to the importance of Vitamin D, nor are residents alerted to the possibility of taking supplements.

Mrs Daden called for the County Council to consider broad publication of the information to which she had referred:

- As a standard addition to literature
- Prominently on the ECC Coronavirus Hub
- With any further information deemed appropriate to fully inform all residents regarding the function and importance of Vitamin D.

In Mrs Daden's view, this would fulfil the purpose of the government and local authorities to provide the tools for members of the public to make their own decisions based on information provided.

Response by Dr Mike Gogarty, Director, Wellbeing, Public Health and Communities, Essex County Council

Thanking Mrs Daden for her questions, Dr Gogarty confirmed his agreement with her view on the importance of Vitamin D. However, NICE guidance did not currently recommend its offering for either the prevention or treatment of Covid-19, even while acknowledging the potential benefits. In these circumstances, the most important course of action was to continue to promote the importance of vaccine boosters.

4. Verbal Updates

Covid in Essex

The Board received an update from Mike Gogarty on the latest position, noting the critical importance of vaccines and boosters given that the effectiveness of the Astra Zeneca vaccine was known to decline after five months. The NHS had been working particularly hard with the over 70s population group to promote the booster programme and assist people in accessing appointments where necessary.

Integrated Care Systems/Health and Care Partnership

The Board received and **noted** updates from the ICSs and HCP as set out below, focusing particularly on progress towards recovery from Covid:

- Hertfordshire and West Essex ICS: Peter Wightman
- Mid and South Essex HCP: Anthony McKeever
- Suffolk and North East Essex ICS: Neill Moloney

There followed a discussion on system pressures in general, with a view to identifying any potential action at Board, County Council or system level which may help to ease the situation. A number of main points arose:

- Patient frustration with issues such as lack of access to care was increasing and was being expressed through rudeness and lack of respect for healthcare staff in all settings. It was agreed that a multi-channel publicity campaign would be helpful in terms of explaining the variety of professional healthcare roles available to assist with health issues, the importance of demand-management and reinforcing the 'zero tolerance of abuse' message. Communications messages needed to avoid blaming any single part of the system for the issues being experienced by patients. The Chief Executive of Essex County Council agreed that the Council would take forward the issue of the publicity campaign.

- The voluntary sector could be encouraged to offer activities to help prevent people from acquiring certain medical conditions, thereby mitigating future demand. The sector also had an important role to play in reducing the incidence of mental illness.
- Recognising that tolerance levels were known to drop during a crisis, it was important to treat people with compassion. For example, taking time to understand that those resisting vaccines and boosters may be concerned about a single issue such as potential side-effects and providing an opportunity to overcome their resistance by offering information and reassurance.
- The Board received an update from Nick Presmeg concerning the position in Adult Social Care, Children's Services and Education, noting his confidence that the services would cope in spite of the challenging circumstances. It was agreed that updates on these services should be included as part of the regular 'Updates' item on Board agendas.

In closing the discussion on this issue, the Chairman thanked everyone for a valuable discussion and commended all concerned for their success in working together.

The updates were **noted**.

Action

Action	Lead / Comments
1. Initiate a multi-channel publicity campaign to communicate roles of healthcare professionals (i.e. why it is not always necessary to see a GP), explain the importance of demand management and reinforce the 'zero tolerance of abuse' message	Essex County Council (Mike Gogarty)
2. Adult Social Care, Children's Services and Education to be included in the regular 'Updates' item on Board agendas.	Board Secretary

5. Better Care Fund Plan 2021-22 (HWB/19/21)

The Board considered a report seeking its endorsement for the spending plans agreed by the Better Care Fund Partnership and developed by Essex County Council in conjunction with health partners.

During consideration of the report, the Chairman expressed his congratulations to Nick Presmeg and Helen Lincoln on the success of Essex County Council in being recognised as Social Work Employer of the Year at the Social Worker of the Year Awards, and to Melanie Noel in receiving the award for Adult Social Worker of the Year.

Resolved:

1. To endorse the Better Care Fund Plan for Essex in the form appended to report HWB/19/21.
2. To note that agreement will be sought from the Essex County Council Cabinet to authorise the Executive Director for Adult Social Care to vary the existing Section 75 agreements to reflect the agreed Plan.

6. Early Years and Childcare strategy 2022 (HWB/20/21)

Carolyn Terry, Early Years and Childcare Sufficiency and Sustainability Manager (Essex County Council) was present during this item.

The Board received a report seeking its endorsement of the Essex Early Years and Childcare Strategy 2022, as appended to report HWB/20/21. The Board was also requested to support the implementation of the Strategy by working in partnership to support the agreed outcomes and to agree to receive updates on delivery of the Strategy aims at future meetings.

In voicing her support for the Strategy, Tricia D'Orsi thanked Essex County Council for involving her in the consultation and noted that recent developments in partnership working could be built on at pace to deliver the agreed outcomes.

Resolved:

1. To endorse the Essex Early Years and Childcare Strategy 2022 as appended to report HWB/20/21.
2. To support the implementation of the Strategy (due for publication in January 2022) by working in partnership to support achieving the agreed outcomes.
3. To receive updates to future Board meetings on the delivery of the Strategy aims.

7. Learning Disability Issues

- a. **Southend, Essex and Thurrock Learning Disabilities Mortality Review (LeDeR): Action Plans Update (HWB/21/21)**
- b. **Learning Disability Mortality Rates**

Rebekah Baillie, Integrated Learning Disability Health Commissioner (Essex County Council) was present during this item.

The Board received updates on the following issues:

- Delivery of action plans agreed as part of the Annual LeDeR Mortality Review and progress in developing a three-year deliverables plan.

- Progress on work to consider the challenges and identify improvements in relation to the high incidence of conditions usually managed through public health interventions but which contribute to high rates of mortality in those with learning disabilities.

The following issues arose from consideration of the updates:

- The intention to report the three-year deliverables plan to the Board towards the end of the current financial year was noted.
- The Board's expectation was that any targets contained within the deliverables plan would be ambitious, with a focus on the levelling up agenda. In addition, targets should be measurable and include a specific action around screening rates. It would also be important to ensure that the plan content reflected the findings of the LeDeR report.
- Nick Presmeg highlighted the challenges inherent from the plan's dual role in terms of comprising a practical action plan to improve the lives of those with disabilities while having at the same time a responsibility to promote societal change through implementation of the social model of disability.

The Chairman thanked Rebekah Baillie and all concerned for their ongoing work, following which the updates were **received and noted**.

Action

Action	Lead / Comments
3. Update Forward Plan to include submission of LeDeR three-year deliverables plan towards the end of the current financial year	Board Secretary

8. Updates

a. Improving the Special Educational Needs and Disabilities (SEND) System in Essex – update on progress (HWB/22/21)

Ralph Holloway, Head of SEND Strategy and Innovation (Essex County Council) was present during this item and presented the report in association with Clare Kershaw.

The Board received a report on the progress made against the written statement of action following the SEND Care Quality Commission (CQC) Ofsted inspection in October 2019, together with progress made against other areas of SEND improvement discussed at the meeting on 28 April 2021.

In response to a question concerning insufficient availability of speech and language therapists, the Chairman advised that Essex County Council had made representations on this issue to the Department for Education. He

also referred to the anticipated Department for Education SEND review, due to start soon following a delay, commenting that any changes being made in Essex at present were being designed with the review in mind.

The Board was pleased to note the excellent progress which had been made, particularly in terms of moving to a more collaborative approach.

The progress update was **noted**.

b. Specialist Sensory Services in Essex

i Thinking ahead

ii Specialist Sensory Services Strategy Discussion (HWB/23/21)

Lisa Wilson, Head of Strategic Commissioning and Policy and Rajkumar Samsonraj, Commissioning Manager (Essex County Council) were present during consideration of this item.

The Board received an update following evaluation of a pilot project which expanded the current Sensory offer. Consideration was also given to a strategic report reflecting the vision for people with sensory impairments, inviting discussion on how the system could work to address the gaps that exist and remove barriers to enable people with sensory impairments to lead the lives they wish.

In introducing the item, Lisa Wilson commented that the pilot project had been well-received and a decision had been made to recommission the service in 2022, reflecting an increase in demand.

The Board's discussion centred around an assessment of current performance, with a view to identifying areas for improvement and development. The following main issues were highlighted:

- An analysis of the data in relation to increased demand would be helpful in order to establish the drivers, in particular whether it was associated with an ageing population. This would assist GPs in the management of patients.
- The importance of state of mind and attitude in living positively with a sensory impairment should not be ignored, and the voluntary sector had a key role to play in this aspect.
- With regard to the effective deployment of new technology, it would be helpful to make healthcare professionals aware of the local arrangements in place for testing new technology from across the UK and the World. In addition, a rapidly evolving technological environment meant it was essential for services to have the capability to adapt, and this must be reflected in the design of emerging partnerships and integrated strategies.

- There was a need to educate the population about sensory impairment. Healthwatch Essex offered to share outcomes from work they had done with the Collaborate Essex Disability and Carers Forum around the challenges of living with a sensory impairment during Covid-19. Examples included the abuse of visually impaired people for failing to abide by instructions shown on signs they were unable to read.
- Any plan for delivering Sensory services should identify intended impacts and ensure measurable outcomes.

The Chairman thanked members for their contributions and stated that the County Council would continue engagement on this issue with the ICSs and HCP.

Noting that Lisa Wilson would soon be leaving the County Council to take up a more senior role elsewhere, the Chairman and Nick Presmeg thanked her for her excellent work, acknowledging that she would be a great loss to the organisation. Ms Wilson thanked them for their remarks.

9. Building Links between the Board and the Essex Centre for Data Analytics (HWB/24/21)

The Board received a presentation by David Caplan, Head of Essex Centre for Data Analytics (ECDA), designed to increase awareness of the work of the Centre and promote a discussion of how it could assist with the work of the Board. Mr Caplan advised that the Centre was seeking to develop its role through the development of projects involving a wider range of parties, as opposed to being based on a single organisation.

Board Members representing the County Council and partners (including Children's Services and Education, Mid and South Essex HCP and Essex Partnership University NHS Foundation Trust) identified a range of potential opportunities for collaboration with the ECDA and undertook to contact Mr Caplan.

The Chairman commented that the service offered by the ECDA may also be helpful in furthering work on issues considered by the Board recently, including learning disability mortality rates and suicide prevention.

Mr Caplan thanked Members for their comments, stating that he would welcome direct approaches from within the County Council and from partners.

Resolved:

1. To note the work of the Essex Centre for Data Analytics, as set out in Appendix 1 to report HWB/24/21.
2. That Board members arrange to follow up with the ECDA their ideas for potential collaboration, as appropriate.

10. Health and Wellbeing Board Forward Plan 2021-22

Members noted the content of the Forward Plan. The Chairman emphasised that the Board should be considering agenda items proposed and initiated by all partners and he called for suggestions accordingly.

11. Date of Next Meeting

It was **noted** that the next meeting of the Board would take place on **Wednesday 26 January 2022 at 10.00am** in the Council Chamber at County Hall, Chelmsford (see Secretary's Note below).

The meeting closed at 12.10pm

Councillor John Spence
Chairman

26 January 2022

Secretary's Note

Arrangements for Board meetings in January 2022 were subsequently clarified as follows and circulated to members:

1. An informal workshop will be held on **Wednesday 19 January 2022 at 10am**. This will take place in private **online via Zoom**, with the purpose of considering the outcome of the Board review and agreeing proposals for recommendation to the Board at a formal meeting the following week.
2. A brief formal meeting of the Board will take place **in person** at **10.00am on Wednesday 26 January 2022**, with content limited to the usual updates plus the final report on the Board Review.
3. This formal meeting will be **followed by a workshop** to discuss the emerging Joint Health and Wellbeing Strategy, to which partners who are not members of the Board will also be invited.

**Minutes of the meeting of the Informal Essex Health and Wellbeing Board held
at 10:00am on Wednesday 26th January 2022 - online via Zoom**

Present:

Board Members (Statutory)

Cllr John Spence	Essex County Council (Chairman)
Dr Hasan Chowhan	North East Essex CCG
Cllr Peter Davey	Essex Association of Local Councils
Cllr Beverley Egan	Essex County Council
Dr Rob Gerlis	West Essex CCG
Dr Mike Gogarty	Essex County Council (Director, Wellbeing, Public Health and Communities)
Nick Presmeg	Essex County Council
Cllr Mike Steel	Essex County Council

Board Members (Other)

Cllr Graham Butland	Borough/City/District Councils
Ian Davidson	Borough/City/District Councils (ECEA Rep)
Professor Mike Thorne	Independent Chair, Mid and South Essex Health and Care Partnership
Elizabeth Wells	Essex Mental Health and Non-Acute Providers (Substitute for Paul Scott)
Alison Wilson	Chief Executive, MIND in West Essex, Voluntary Sector
Samantha Glover	Healthwatch Essex
Dr Anna Davey	Chair, Mid Essex CCG
Professor Will Pope	Independent Chair, Suffolk and North East Essex ICS

Co-opted Members

Roger Hirst	Police, Fire and Crime Commissioner for Essex
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Other Attendees

William Hooper	Senior Strategy Adviser, Essex County Council
Anthony McKeever	Partnership Executive Lead and Joint Accountable Officer for Mid and South Essex CCGs
Peter Wightman	Managing Director (West Essex), Hertfordshire and West Essex CCG (Substitute for Dr Jane Halpin)
Susannah Howard	Suffolk and North East Essex ICS
Will Herbert	Essex County Council
Ian Tompkins	Director of Corporate Services, West Essex CCG
Maggie Pacini	Consultant in Public Health, Essex County Council
Marimba Carr	Speciality Registrar in Public Health, Essex County Council
Clare Panniker	Chief Executive, Essex Acute Hospital Trusts

Apologies:

Boye Tayo	Chair, Basildon and Brentwood CCG
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David Archibald	Independent Chair/Facilitator, Essex Safeguarding Adults Board
Juliet Beal	East of England Ambulance Service
Deborah Stuart-Angus	Independent Chair, Essex Safeguarding Adults Board
Clare Kershaw	Director of Education, Essex County Council
Lance McCarthy	Chief Executive Officer, Princess Alexandra Hospital NHS Trust
Chris Martin	Director, Strategic Commissioning & Policy (C&F), Essex County Council

1. Minutes and progress report on actions arising: 24 November 2021

The minutes of the Board meeting held on 24 November 2021 were agreed as a correct record and a progress report on the agreed actions was noted.

As the meeting was held an informal meeting, the minutes will still need to be formally agreed and signed at the next in-person meeting on 16 March 2022.

2. Questions from the Public

There were no public questions

3. Verbal Updates

Covid in Essex

The Board received an update from Mike Gogarty on the latest position on Covid.

Key points included:

- Since the last meeting the Omicron variant has been widespread;
- While there have been pressures on hospitals, it has not reflected previous waves;
- Hospital admissions have been receding and bed numbers are falling in most areas;
- The high number of care home outbreaks was not translated into many people falling seriously ill;
- It was thought that there would, in time, be a move to a polyvalent, broad-spectrum vaccine which will be effective against several different variants at once.

Social Care Update

The Board received an update from Nick Presmeg on the latest position on Adult Social Care.

Key points included:

- The pressures had generally improved since the service saw an all-time high with inability to place care and providers handing back packages of care; There were pressures regarding workforce, prevalence of vaccination and cost to providers, driven by general inflation and competition in the wage

market. There were then improvements with an increase of packages being picked up more rapidly and fewer being handed back.

- The publication of an integrated white paper was to be expected within the next three weeks;
- There was clearer detail on what the CQC assurance would entail for Adult Social Care;
- New guidance from the national discharge group on best practice was expected, this will be shared with the Board;
- The North-East Essex Alliance will be making a joint appointment across NHS and local government;
- Work was done with system partners to review the impact of the removal of the hospital discharge fund from the Essex system. There will be approximately £35m of funding lost across Essex;

Integrated Care Systems/Health and Care Partnership

The Board received and **noted** updates from the ICSs and HCP as set out below, focusing particularly on progress towards recovery from Covid. Key points included:

Hertfordshire and West Essex ICS: Peter Wightman

- Operationally there were improvements in staff absences related to covid and isolation, but there continued to be a pressured situation with gradual improvement;
- Planned care had some of the largest waiting lists. The three hospitals worked closely on possibilities for what improvements could be made;
- There had been some improvement in the level of staff absences related to covid, but this continued to be a challenge

Mid and South Essex HCP: Anthony McKeever

- The process to appoint to the new ICS, under the leadership of NHS England and Chair, Mike Thorne, had commenced. Most employees would take up post within the coming month;
- Work with local authority partners to review arrangements for making appointments to alliances was ongoing;
- The system was under pressure and experiencing the highest level of escalation at the moment, Opel 4;
- Anthony McKeever paid tribute to the good work that was done under the SCG and tactical group that Nick Presmeg chaired, which enabled different agencies in parts of Essex to work harmoniously;

Suffolk and NE Essex ICS - Susannah Howard

- The appointment process for non-executive and executive members of the new ICB board was in full swing;
- Workshops seeking to co-produce plans for the ICS had been paused over the Christmas and new year period but would resume on 4th February;
- The next ICS board would discuss work by Healthwatch on the experiences of people accessing screening services;
- A task and finish group was currently reviewing how people with long covid are being supported;

- A system learning report had been produced and shared regarding equalities and the vaccination programme.

Acute Hospitals - Clare Panniker

- There was still considerable pressure on acute hospitals due to the Omicron variant, despite cases having halved. January had seen a heavy demand on services whilst the hospitals tried to restore and fulfil an elective programme;
- There continued to be high levels of staff sickness due to the virus;
- Work to ensure ambulances had appropriate offloading plans in place, and did not hold up other ambulances, had been effective, however, some sites were struggling at various points to ensure timely off-loading;
- Southend was struggling to discharge patients in a timely manner due to pressures in domiciliary care, as well as volumes and staff sickness;
- The situation was described as being like most Januarys but with added covid pressures and infection control impacting productivity;
- The visiting hours were stepped down due to the high level of visitor transmission but visiting for end-of-life patients or patients with dementia remained.

Mental Health in Essex – Elizabeth Wells

- Acute settings were in Opal 3 over autumn / winter and extremely pressured across December and January due to Omicron and staff sickness. Contingency plans were put into place such as deploying some community nurses onto wards. There were virus outbreaks on the wards but there was good infection control management;
- There had been progress with delayed transfer of care (DTOC). The data in Essex was low compared to other mental health providers. Out of area placements were also decreasing.

Action	Action by	Deadline
Confirm the position regarding hospital visiting	Peter Wightman	By the next meeting
Schedule a report / presentation to a future HWB meeting from Roger Hirst, ref. the work taking place at the Violence and Vulnerability Board. (NB – there is also a piece of work to develop links between this and the ICSs to ensure a shared agenda)	Democratic Services	By the next meeting
Provide feedback to Mike Gogarty on the document circulated after the informal meeting of 19 January ref. HWB review (even if the feedback is simply providing assent)	All	2 Feb

4. Health and Wellbeing Board Forward Plan 2021-22

Members noted the content of the Forward Plan. The Chairman emphasised that the Board should be considering agenda items proposed and initiated by all partners and he called for suggestions accordingly.

5. Date of Next Meeting

It was **noted** that the next meeting of the Board would take place on **16 March 2022** in the Council Chamber at County Hall, Chelmsford.

The informal meeting closed at 11:00

Further attendees joined the meeting at 11:00 to partake in the workshop

Workshop attendees:**Present:**

Adrian Coggins	Essex County Council
Amber Nyoni	Public Health Practitioner, Chelmsford City Council
Ben Hughes	Essex County Council
Caroline Elisas-Stephenson	Head of Housing and Communities, Braintree District Council
Cllr Ann Davidson	Chelmsford City Council
Cllr Arthur Williams	Rochford District Council
Cllr Lynda McWilliams	Tendring District Council
Cllr Peter Tattersley	Braintree District Council
Fabrizio Ferrari	Public Health Practitioner, Epping Forest District Council
Faye Marriage	Senior Health Improvement Practitioner, Uttlesford District Council
Fiona Gardiner	Uttlesford District Council
Gill Wallis	Epping Forest District Council
Grant Taylor	Basildon Borough Council
Jason Fergus	Essex County Council
John Fox	Tendring District Council
Joan Ogiugo	Public Health Apprentice, Chelmsford City Council
John Macpherson	Maldon District Council
Kim Anderson	Brentwood Borough Council
Laura Taylor-Green	Essex County Council
Paul Brookes	Chelmsford City Council

Sarah Alderton	Public Health Practitioner, Castlepoint Council
Scott Danielsen	Senior Researcher, Colchester Council
Cllr Terri Sargent	Basildon Borough Council
Tracey Perry	Braintree Council
Vicky Davies	Brentwood Borough Council

6. Workshop

Informal workshop, with the HWB members and other external partners, specifically members of the district Health and Wellbeing forum to consider and discuss the emerging Health and Wellbeing Strategy for Essex.

7. Break-out rooms

Feedback was given by each group leader on discussions and actions held in the breakout sessions, these are attached at Appendix 1.

Action	Action by
Cllr Spence and Peter Davey to discuss the consistency of engagement from Parish Councils	Will Hooper
Breakout room facilitators to collate actions from their individual rooms and submit to Mike Gogarty / Laura Taylor-Green for distribution to the wider group	Breakout room facilitators

Councillor John Spence
Chairman

ESSEX HEALTH AND WELLBEING BOARD

Progress report on actions arising from previous meetings (as at 8 March 2022)

	Minute	Action By	Action Arising	Deadline	Progress/status (with reasons)
26 January 2022 (informal meeting)					
1.	3: Verbal Updates (Acute Hospitals)	Peter Wightman	Confirm the position re hospital visiting	16/03/22	Update at the meeting
2.	3: Verbal Updates	Democratic Services	Schedule a report / presentation to a future HWB meeting from Roger Hirst, ref. the work taking place at the Violence and Vulnerability Board. (NB – there is also a piece of work to develop links between this and the ICSs to ensure a shared agenda)	16/03/22	Complete – Item is on Forward Plan, exact timescale to be confirmed
3.	3: Verbal Updates	All	Provide feedback to Mike Gogarty on the document circulated after the informal meeting of 19 January ref. HWB review (even if the feedback is simply providing assent)	02/02/22	Complete
Workshop (Emerging Health and Wellbeing Strategy)					
4.	-	Will Hooper	Cllr Spence and Cllr Peter Davey to discuss the consistency of engagement from Parish Councils	16/03/22	Update at the meeting
5.	-	Breakout room facilitators	Collate actions from their individual rooms and submit to Mike Gogarty / Laura Taylor-Green for distribution to the wider group	16/03/22	Complete

Agenda Item 5
HWB/01/22

Report title: Role and Terms of Reference of the Essex Health and Wellbeing Board	
Report to: Essex Health and Wellbeing Board	
Report authors: Maggie Pacini	
Date: 16 March 2022	For: Discussion and Endorsement
Enquiries to: Maggie Pacini (Maggie.pacini@essex.gov.uk)	
County Divisions affected: All Essex	

1 Purpose of Report

- 1.1 To resolve outstanding issues with a view to endorsing the revised Terms of Reference for the **Essex** Health and Wellbeing Board in the light of the review and subsequent discussions.

2 Recommendations

The Board is asked:

- 2.1 To consider any final amendments to the proposed Terms of Reference and, if resolved;
- 2.2 To endorse the new Terms of Reference for the Essex Health and Wellbeing Board for recommendation to Essex County Council.

3 Background and Proposal

Following agreement by the Health and Wellbeing Board last year, it was agreed to undertake a review of its terms of reference (ToR).

There was a clear need, after a number of years, and amid a changing health and care landscape in Essex, to provide a clear, revised definition of the purpose of the HWB, the scope of its activities in a space that will include the newly constituted ICSs, and to ensure that the membership continues to reflect the key players in the Essex system.

Dr Cate Carmichael was commissioned to lead that review, in light of her similar work at Suffolk County Council. Following a study of the health and care system in Essex, and a range of interviews with Board members and other stakeholders, a draft report was produced for consideration.

After discussion and feedback at the HWB meeting in November 2021, a further draft of the ToR was prepared and this was discussed at an informal workshop of the Board on 19th January 2022.

The proposed version – published as Appendix One to this report - is the outcome of those discussions and consultation.

4 Financial implications

4.1 No implications at this stage

5 Legal implications

5.1 No implications at this stage

6 Equality and Diversity implications

6.1 The Public Sector Equality Duty applies to the Council when it makes decisions. The duty requires us to have regard to the need to:

- (a) Eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Act. In summary, the Act makes discrimination etc. on the grounds of a protected characteristic unlawful
- (b) Advance equality of opportunity between people who share a protected characteristic and those who do not.
- (c) Foster good relations between people who share a protected characteristic and those who do not including tackling prejudice and promoting understanding.

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

6.3 The Equality Impact Assessment indicates that the proposals in this report will not have a disproportionately adverse impact on any people with a particular characteristic. As part of developing the PNA a wider Equality Impact Assessment will be undertaken.

7 List of appendices

7.1 Appendix One: The proposed EHWPB Terms of Reference

Appendix One:

Essex Health and Wellbeing Board

Terms of Reference

Purpose:

The Purpose of the Essex Health & Wellbeing Board (EHWB) is to play a pivotal role in all parts of Essex to enable residents to lead healthy lives in ways which extend life expectancy and minimise differences in life expectancy between places. It will do this through delivering, supporting and influencing within the complex local system.

Context:

Essex comprises about one and a half million citizens with a further 350,000 in the adjoining unitary councils of Southend and Thurrock. The population is ageing with the problems of frailty, including dementia, that that brings. There are increasing numbers of people with learning and other complex disabilities maturing into and across adulthood. Accordingly, there are increasing numbers of voluntary carers who share a similar demographic profile.

While life expectancy across the county is at or slightly above the national average, there are significant differences between areas and there is a clear inverse correlation between life expectancy and deprivation. Inequalities exist at geographical level as well between different vulnerable groups. These inequalities are driven by socioeconomic factors including income, education, employment, community safety, loneliness and housing.

The characteristics associated with unhealthy lifestyles are again in line with national averages but with significant intra-county variations and excluded groups. These include levels of obesity, physical inactivity and substance misuse. Diabetes remains a growing common ailment.

Mental illness and frailty is at least in line with national averages but there are particular concerns about levels of suicide where some districts feature among the worst effected in the country.

Activities of the Board:

The Health and Wellbeing Board is a statutory committee of Essex County Council. However, ownership of delivery and issues sits with all partners.

Given the purpose and context, the HWB will:

- Commission a joint strategic needs analysis (JSNA) from time to time as required.
- Ensure comprehensive and whole-system dialogue so that the emerging Joint health and wellbeing strategy (JHWS) has common ownership and commitment.
- Optimise and oversee delivery of the JHWS.
- Ensure whole system understanding of and commitment to the health and wellbeing agenda in key areas of influence such as economic development and employment, housing and education

- Strive for perfect communications and collaboration between all parts of the system notably ICSs, local alliances and district level Health & Wellbeing Boards
- Operate on the principle of subsidiarity recognising that strategies initiated by the EHWPB should be limited to those which require a true pan-Essex focus.
- Promote the import of best practice from outside the county, and the sharing / adoption of best practice within the county.
- Provide a high-quality channel for dialogue with and feedback from residents and users, in line with the democratic accountability which local government brings to the system.

Way of working:

The EHWPB will focus on those areas across the county where health and wellbeing have greatest impacts, or where activities have greatest impact on health and wellbeing. For instance, healthy workforces will enable competitive advantage in retaining and bringing high-quality employment to the county while areas of high unemployment will be disadvantageous to health. The Board will wish to ensure that there is optimal system impact on all key drivers of health be they socioeconomic, lifestyle, clinical or environment related

The EHWPB will operate flexibly, seeking to create the right means and groups to deliver particular elements of the strategy. Formal face-to-face meetings will be supplemented by informal sessions whether face-to-face or virtual. Subcommittees such as the Essex Strategic Co-ordination Group (ESCG) will exist alongside working groups and task-and-finish groups.

Wherever possible the HWB will wish work to be undertaken through existing partnerships and groups. New groups will only be established where there is not an existing group that could embrace that function. This might be because no such group exists or it would be impossible for that group to afford sufficient priority to the required action.

The ESCG will retain a key coordination and delivery function. The group also supports the Essex Partnership Board (EPB) which will help ensure aligned agendas. This will be further enhanced through a shared dedicated secretariat. The ESCG role will include to develop agendas and coordinate delivery, with membership that reflects the full HWB.

The HWB will work adopt a subsidiarity as a key principle. This will involve strong links with local Alliances and district/borough and city level Health and Wellbeing Boards. The importance of the District County Health and Wellbeing forum will be considered in this.

The Board recognises the key importance of user Voice and strong user and local resident input will be key to success with key roles for Healthwatch, VCS members and elected members on the Board.

The complexity of the Essex system is apparent to all. It is hard to fully capture the full nuances of how the Board will work alongside the new NHS focussed system architecture and some degree of permeability, tolerance and acknowledgement of overlaps will be required of members. Further work in particular will be needed to more specifically clarify operational working with the three ICPs.

Proposed Membership:

Based on the above the membership proposed is:

- Essex County Councillors x 2 (one of who will ordinarily be Chairman of the Board): Cabinet members for Adult Social Care and Children's Services
- Essex County Council senior officers:
 - Chief Executive (or nominee)
 - Executive Director of Adult Social Care
 - Executive Director of Children's Services
 - Director of Public Health
- ICS Chairs / Chief Executives
- A lead officer and an elected member from each Alliance area ensuring a strong mix of officers and elected politicians representing local authorities and Alliances
- Provider representation: 1 x mental health, 1 x acute, 1 x community
- Each ICS to appoints a GP representative
- EALC
- Healthwatch
- Essex Police, Fire and Crime Commissioner
- Voluntary Sector x 2
- NHS East of England Regional Office

There will also be an extended membership who do not have voting rights but are regularly invited and may attend as required. This will include:

- Representative from the universities
- A data analytics practitioner
- Safeguarding Chair

The Chairs of both the Southend HWB and the Thurrock HWB will also have a standing invitation.

Secretariat

- The administration of the Board will be overseen by the Equalities and Partnerships Team at Essex County Council.
- The intention will be to work with the Agenda-Setting Group to advise on and devise a clear forward plan of issues for discussion and facilitate the production of an agreed agenda and set of papers for each meeting.
- The publishing of agendas and papers, clerking of meetings and publication of actions and more detailed minutes will, as usual, be carried out by ECC's Democratic Services team.
- Actions agreed at each meeting will be circulated on the same day as the meeting.
- Minutes will then be circulated within 10 working days of the meeting.

Report title: Essex Health and Wellbeing Strategy	
Report to: Essex Health and Wellbeing Board	
Report authors: Maggie Pacini	
Date: 16 March 2022	For: Discussion
Enquiries to: Maggie Pacini (Maggie.pacini@essex.gov.uk)	
County Divisions affected: All Essex	

1 Purpose of Report

- 1.1 The Joint Health and Wellbeing Strategy is currently out for consultation. The purpose of this report is to share the consultation version (included in this report as Appendix One) and enable further discussion, with a view to endorsement at the next HWB meeting in May.

2 Recommendations:

The Board is asked to:

- 1.1 Note the latest draft of the strategy
- 1.2 Consider the proposals as they currently stand and suggest any changes deemed appropriate.

3 Summary of issue

- 3.1 The development of a new Joint Health and Wellbeing Strategy for Essex (JHWS) has been through a rigorous process over the last few months.
- 3.2 Following a thorough review of the existing Strategy, and an update of the Joint Strategic Needs Assessment, a new set of proposed priorities emerged for consideration and development.
- 3.3 These priorities are:
- Health Inequalities & The Wider Determinants of Health
 - Improving Mental Health and Wellbeing
 - Physical Activity and being at a Healthy Weight
 - Supporting long term independence
 - Alcohol and Substance Misuse

- 3.4 The officer working group set up to oversee this process produced a version of the new, draft JHWS which was shared with HWB members at the informal workshop on 26th January.
- 3.5 Since then, further work is taking place both to identify the high-level actions needed to underpin each of the priorities, and to determine the metrics by which progress will be measured.
- 3.6 The latest version of the draft JHWS is currently out to public consultation, which concludes on 25h March.
- 3.7 Board members are now asked to note this version of the strategy and discuss whether there are any strands still missing, or other changes that should be considered.
- 3.8 The final version of the JHWS will then be brought back to the next EHWPB meeting in May for final endorsement.

Appendices

- Appendix One: The draft JHWS

Essex Joint health and Wellbeing Strategy 2022 - 2026

Introduction

What is the Joint Health and Wellbeing Strategy?

Every local area must have a Joint Health and Wellbeing Strategy (JHWS) setting out the priorities identified through the Joint Strategic Needs Assessment (JSNA) that local government, the NHS and other partners will deliver together through the Health and Wellbeing Board (HWB). The JHWS is intended to set 'a small number of key strategic priorities for action', where there is an opportunity for partners to 'have a real impact' through local initiatives and action and leading to an improvement in health and wellbeing outcomes for people of all ages and a reduction in health inequalities by having a focus on supporting poor health prevention and promoting health improvement.

This all-aged strategy articulates a shared vision for health and wellbeing in Essex. It sets out the critical issues as identified in our joint strategic needs assessment, the agreed priorities of member organisations and wider system partners, our key countywide strategic priorities, our agreed outcomes and how we will measure and assess our progress. This strategy has been designed to be read in conjunction with the JSNA which provides the latest insight and evidence base. The JHWS is owned by system partners including the NHS, the District, Borough and City Councils' Health and Wellbeing Partnership Boards, the Police, Fire and Crime Commissioner, Safeguarding Boards, education, and the voluntary and community sector.

The overall ambitions of the HWB is to reduce the gap in life expectancy, increase years of healthy life expectancy and reduce the differences between health outcomes in our population. To reach these long-term ambitions, and as part of the development of this strategy, we have identified five key overarching priority areas:

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

This strategy sets out how we want to work collectively as a partnership to deliver against these priorities, the importance of working with our communities, and how the JHWS links with other strategies and policies locally which are 'owned' by other partnerships. The HWB acknowledges there is much cross-over to these, and that delivery may be through other existing partnerships. As such, sitting alongside this strategy will be a more detailed delivery plan setting out the key activities and initiatives that will be delivered across the HWB partnership to help achieve our goals and ambitions and where links to other partnerships may be needed. We have

started to do this by providing details of the other strategies we have considered but recognise the delivery plan will need to be reviewed and refreshed at intervals throughout the lifetime of this strategy to reflect changes to influencing strategies. Therefore, the plan will sit as a separate document to enable partners to adapt it to respond to changing needs and emerging issues as needed in the future.

Strategic Context

The development of this strategy is set against a time of unprecedented challenge and change within our collective systems. As part of the recovery from the Covid-19 pandemic, a need to focus on preventing poor health and improving the health of our population has never been more central to our approach as without it we will not achieve our ultimate ambitions and in order to do this, we must focus on and address the influencing factors that impact on health outcomes and health inequalities.

Preventative health issues in Essex remain a key challenge with almost two thirds of adults remaining overweight and obese and with this number increasing and rates of excess weight in children remain similar to national rates although variation exists at a district level. Physical activity which we know prevents poor health and improves health outcomes is low with almost a third of adults being inactive and in some areas such as Basildon the rates are increasing. Similarly, most recent data suggests less than half of Essex young people do enough physical activity to benefit their health, and this has worsened since the covid pandemic.

Mental health and emotional wellbeing are a significant issue, and these have been greatly impacted by the covid-19 pandemic. Loneliness remains an increasing challenge, based on the Essex Resident survey around a third of the population feel they lack companionship (34%) and feel isolated from others (33%) some of the time or often. 36% feel left out some of the time or often. Additionally, many areas in Essex have very high suicide rates predating the pandemic with 4 areas in Essex being within the top twenty areas in England with the highest rates.

Deprivation and the impacts this has on health and health inequalities is well recognised. Although much of Essex is prosperous with some areas becoming more-so in recent years, other areas are suffering from increasing socioeconomic challenges, increased deprivation and a widening of health inequalities that is driven by these influencing factors. Socio-economic factors and deprivation have the greatest impact on health outcomes and in Essex we have some of the greatest levels of deprivation nationally. The deprivation in areas such as Clacton and Harwich have been noted in the Chief Medical Officer's report with these areas seeing some of the highest levels of poor mental health and childhood poverty nationally. Increasing life expectancy has stalled and even reversed in some areas. In addition, the English Indices of Multiple Deprivation (IMD) 2019 up-date highlighted additional areas within the County that are now facing impacts arising from deprivation so partnership work to address these including how the HWB

addresses these through its wider partnership will be part of the work that we do with an all-aged approach being central to this.

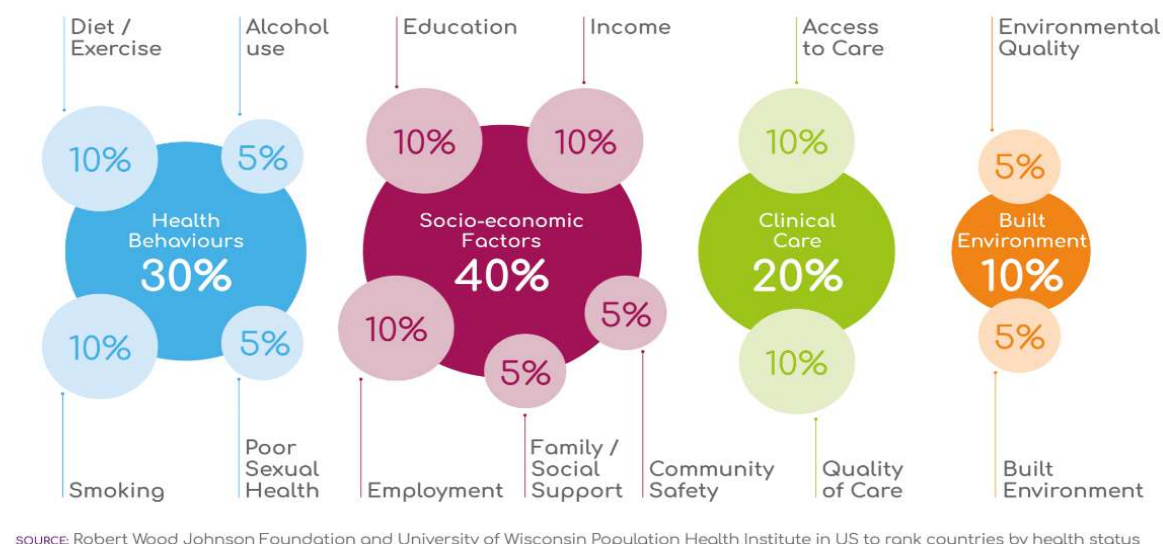
The increased widening of health inequalities had been noted through the Marmot Review published just prior to the Covid-19 pandemic in 2020 the covid further highlighting the differences we see between health and wellbeing outcomes of specific populations and communities. The report on the impacts of Covid-19 on health inequalities published through Essex Open data demonstrated the impacts on people negatively impacted by health inequalities including those with specific protected characteristics, people who are impacted by geographic differences, people who are impacted through socio-economic factors and socially excluded groups.

Health gains in the future will require system working to maximise the protective prevention factors arising from the wider determinants, supporting positive lifestyle choices, addressing and managing clinical issues and utilising opportunities that the environment has whilst minimising and mitigating against any unintended consequences arising from these. Covid has impacted on health care services with long waits for hospital treatment with a focus on how the NHS will address this recently being published and as part of this, there is recognition of the need of the NHS as well as councils' roles in tackling the wider determinants of health that drive poor health outcomes. To really support the NHS, the HWB will focus on supporting poor health prevention and improving health; as examples, reductions in heart disease will require economic growth and better jobs and better lifestyle choices around exercise, diet and smoking as well as clinical risk identification and action and diabetes management will require good lifestyle choices and access to weight management support for all who are overweight as well as more intensive clinical interventions targeted at those at most risk.

We know that Essex is a large, geographically variable place so our approach to delivery of this strategy will be through a place-based approach working with our partners at the appropriate level of place in order to achieve our ambitions. We also know that we cannot address many issues that impact on health and wellbeing by working in silo so this approach will allow us to respond to the priorities identified within this strategy considering local population need, local community assets and local partnerships to support action. This will be reflected through the delivery action plan and our approach will evolve as evidence from the JSNA emerges, partners develop their own local strategies and new partnerships emerge and mature. The wider system is changing with new opportunities for partnership working offered through ICPs and Alliances which take into account this place based approach which is a positive and which will be explored as our work evolves.

Since the 2018-2021 strategy was developed, the Health and Wellbeing Board, as well as wider system partners thinking is now firmly focused on the wider determinants of health. The below Robert Wood Johnson model provides a framework that recognises the wide range of impacts on health and the demonstrates need for us to tackle all these elements with a focus on those that both

have the biggest impact on health and are amenable to system action. It is recognised that these influences are often interdependent with many priorities being linked to others and this will be reflected in our approach.



Review, Links and Continuity with JHWS 2018/19 to 2021/22

The starting point for this strategy correctly is the end of the current and outgoing strategy which was developed using a similar process and had four key priorities:

1. Improving mental health and wellbeing
2. Addressing obesity, improving diet and increasing physical activity
3. Influencing conditions and behaviours linked to health inequalities
4. Enabling and supporting people with long-term conditions and disabilities.

Progress measures including high level targets were agreed. However, progress towards these targets has been disappointing.

While the first proposed a reduction in suicide of 10%, in some areas of Essex we have seen an increase. While a reduction in inactive adults was proposed, levels of inactivity have risen in this group- however these rates are significantly better now in Essex relative to the national picture but this is because the national level has worsened. There are some hints of progress towards the proposal to halt the increasing difference in life expectancy at birth especially in males. There has been progress in reducing the gap in employment in people with mental health issues compared to the overall employment rate in line with the proposed target but in people with learning disabilities there has been an increasing gap.

So, reflecting back, there are a number of possible lessons we need to consider for this next strategy.

First, the target measures currently available remain based on very historic data. While there is no evidence around gains in some of these areas, we are still seeing historic data that was not likely to be influenced by the strategy. This is especially true of the life expectancy data, the suicide data and to an extent the physical activity and employment data. To address this, we will have a more up-to date JSNA that, when possible, will provide more up-to date data, insight and intelligence through the Essex Open data platform.

Second, the level to which partners embraced the strategy and its challenges varied. We may wish to consider more focus on the new JHWS by having agreed system champions, understanding how the health and wellbeing board can lever it's influence on other elements of the system and its relationships with other partnerships and Board structures. This approach may include understanding how the HWB can influence other actions 'owned and under responsibility' of the wider system especially around the wider determinants of health and on health inequalities.

Third, there is now more recognition of the importance of tackling the wider determinants and this understanding will drive the future strategy. We have an established 'making every contact count approach' which is supported but making and driving forwards a 'health in all policies' and a 'child and young people health in all policies' approach would strengthen the work and influence we have as health, wellbeing and equity across the life-course would then be embedded within every policy.

While we have broadly continued with the previous priority areas, partners are keen to see misuse of alcohol and drugs added as a priority and this aligns to the national strategy, the Essex Drugs and Alcohol strategy and the work of the Essex Recovery Foundation.

Our Vision

Our vision for this Joint Health and Wellbeing Strategy is:

To improve the health and wellbeing of all people in Essex by creating a culture and environment that reduces inequalities and enables residents of all ages to live healthier lives.

This aligns with the wider Essex Vision agreed in 2017, which identifies 7 ambitions that partners and communities want to achieve by 2035 including the following which have specific relevance to this strategy

- Provide an equal foundation for every child
- Enjoy life long into old age
- Strengthen communities through participation
- Share prosperity with everyone

Our Strategic Priorities

Our priorities for the Joint Health and Wellbeing Strategy have developed with input from stakeholders across the system to identify local level priorities, issues and

opportunities alongside data and insight from the new emerging JSNA which will be published alongside this strategy.

1: Improving Mental Health and Wellbeing

Mental health and emotional wellbeing remain high on the agenda of all partners in Essex, perhaps more-so now due to the COVID-19 pandemic. It is common across society, impacting on people throughout their lives and causes huge morbidity as people who have mental health issues often die early due to physical health issues arising from health inequalities driven by a combination of socioeconomic disadvantages and poor lifestyle choices rather than the mental health issue itself. We know that specific cohorts are disproportionately impacted so being focused upon health inequalities related to mental health and emotional wellbeing will be drawn out in the delivery action plan. It links to the work of the Essex Children and Young People Partnership Priority. Suicide is of specific concern within this broader issue, with four Essex districts amongst the top twenty in the country for high suicide rates -Tendring, Colchester, Harlow and Brentwood. We know that there are multiple protective factors that support good mental health and we will work with partners to maximise these whilst addressing risk factors.

Outcomes:

Based on the data from the JSNA and engagement with partners, we will have focused on enhancing protective factors and addressing risk factors across the life-course and at the end of this strategy will have:

- A. Supported the mental health and emotional wellbeing of children and families with a focus on vulnerable groups who have been hit the hardest by the pandemic as evidence on this emerges.
- B. Improved outcomes across multiple dimensions of life for adults with long term mental health conditions.
- C. Reduced loneliness and social isolation.
- D. Reduced suicide through a focus on system support of suicide prevention and having addressed the 7 national priorities.
- E. Developed collective actions to tackle health inequalities arising from the wider determinants of health that adversely interact with poor mental health including employment, loneliness, social isolation, debt and housing.

2: Physical Activity and Healthy Weight

Obesity is linked to a wide range of diseases including type 2 diabetes, heart disease and stroke, musculoskeletal conditions, cancer, liver disease, and mental health conditions. The estimated cost to the NHS is over £5 billion annually, with tens of billions of additional costs to society.

In Essex, we have 63.8% of our adult population being overweight or obese, 22.3% of children aged 4-5 years old being overweight or obese and 33.1% of our 10–11-year-olds being overweight or obese. This alters across our districts with reception children in Tendring having the highest levels of excess weight in their 4–5-year-olds

(30%) Harlow having the highest levels of 10-11 years olds being overweight (40.7%) and Castlepoint having 73.7% of their adult population now being overweight or obese.

There is a strong link between inequality, physical inactivity, poor diet and socio-economic deprivation, so addressing diet and physical activity in more deprived groups has a role in reducing health inequalities in Essex. Again, this is another complex issue that has been potentially heightened during the pandemic with reduced opportunities and access to exercise and increases in poor dietary habits, sitting alongside issues such as rising food poverty and instability.

Preventing excess weight, maintaining a healthy weight and ensuring people can get enough physical activity requires a whole system place-based approach that addresses the 'obesogenic environment' and encourages, and support behaviour change so we will build upon the work of the Sport England Local Delivery Pilot and work of Active Essex to support increasing physical activity and address the food environment. We recognise that being overweight or obese and physical activity are separate but related issues. They require different approaches in how we address the underlying 'causes of the causes' and their risk factors and that an integrated approach to developing interventions by partners is needed.

Outcomes:

To increase physical activity, reduce physical inactivity and increase those who have a healthy weight, by the end of the strategy we will have:

- A. Enabled children, young people and their families to be more physically active and that they understand the importance of an active lifestyle, healthier diets and healthy weight.
- B. Improved levels of physical activity amongst adults by helping them find ways to integrate physical activity into their daily lives.
- C. Improved nutritional awareness, healthy eating, and helped low-income households to access affordable healthy food options.
- D. Support weight loss in communities through the development of healthier designed places by addressing obesogenic environments
- E. Helped residents with long term conditions and disabilities get the same access to physical activity as other residents.

3. Supporting long-term independence

Residents of all ages experience a variety of different long-term conditions that without timely and appropriate support can have a detrimental impact on their quality of life and lead to the development of additional health and care needs in the longer term and the needs of residents and their carers is considered through this priority. Essex, like most areas, has an ageing population with the number of over 65-year-olds set to grow by 28% in the next decade whilst the number of over 85s is set to grow even further by 55%. Long term conditions are associated with an ageing population and include avoidable morbidity through stroke and other vascular conditions, including vascular dementia. Identified and well-managed diabetes, blood

pressure, cholesterol and atrial fibrillation are important in this area. People with mental health issues and those with disabilities are less likely to be in work and may face financial challenges and be more likely to be socially isolated. Only around 1 in 13 adults with learning disabilities are in employment in Essex. We recognise that children and young people who have special educational needs and disability and children and young people with autism may still not get the support that they need to thrive so an inclusive, integrated approach linking with system partners will be needed to address this.

Outcomes:

To support our residents to be independent throughout their life-course, by the end of the strategy we will have:

- A. Improved access to advice and guidance including financial support advice across the system so that residents with long-term conditions and their carers can better manage their conditions.
- B. Reduced digital exclusion to improve access to advice and support online, and connect with their friends, family, and communities in the digital space.
- C. Helped all residents to have better access to opportunities in education, work, skills, housing, and their social lives.
- D. Ensured that our advice and guidance we provide to residents is up-to date, is accessible and provided in a uniform way across our partners so that people can more easily navigate the information, advice, and guidance we provide.

4. Alcohol and Substance Misuse

Alcohol misuse is prevalent across society, but it is often the most vulnerable individuals and groups who are impacted most severely with the estimate impacts of alcohol related harm costing the health service alone over £3.5 billion annually. In order to halt and reverse the trend of increased alcohol-related harm, we need to intervene early to identify those at future risk, and support and empower them to change their behaviour. Alongside this challenge is the issue of illegal substance misuse including the impact of “county lines” and a national increase in drug related deaths and new psychoactive substances. Under the last strategy partners began exploring opportunities to improve outcomes in Essex by developing new services and approaches working with the community, and it will be essential that this work continues as part of this JHWS. We need to support people in understanding the risks associated with alcohol and substance misuse and we must recognise the need to address factors such as education, employment, accommodation, and mental health as confounding and contributory issues.

Outcomes:

By the end of this strategy, we will have:

- A. Improved access to advice, support and treatment for residents experiencing alcohol or substance use issues and co-existing conditions within the community.

- B. Worked across the system to help address the challenges of county lines and drugs related criminality and exploitation of vulnerable people.
- C. Educated children, young people, adults, and families on the risks associated with alcohol and substance misuse.

5. Health Inequalities & The Wider Determinants of Health

Nearly a decade ago the Marmot Review Fair Society, Healthy Lives highlighted the link between health and other inequalities – noting that people in the poorest areas die sooner and spend more years living with poor health and disability and this was further highlighted through the Marmot 10 years on report published in 2020. In Essex, life expectancy (at birth) is 80.1 years for males and 83.1 years for females and this has decreased with the gap in life expectancy between the most and least deprived areas of Essex widening with life expectancy of men in Tendring being 78.2 years compared to Uttlesford at 82.6 years and for women in Tendring life expectancy at birth is 82.0 years and women in Uttlesford it is 85.4 years.

By addressing the wider determinants of health, using the Robert Wood Johnson framework, the contributing influences of health of socio-economic factors, access to health care, lifestyles and the environment are recognised. The model highlights that *“Although medical care is critically important, things like the quality of our schools, affordability and stability our housing, access to good jobs with fair pay, and the safety of our neighbourhoods can keep us healthy in the first place”*

We know that health and wellbeing outcomes are significantly worse for specific groups impacted by inequality, and these are driven by the wider determinants of health. We know that health inequalities are usually not seen in isolation with many population cohorts facing multiple inequalities arising from many factors– for example, children living in areas of deprivation or from low-income families, children and young people who are in or who have been in care, and outcomes for vulnerable children continue to be significantly worse than for their peers.

Another example is people with a learning disability where the average age at death for people with a learning disability is 23 years younger for men and 27 years younger for women than the wider population. Of these 41% of adult deaths were from treatable medical causes and 24% were from preventable medical causes.

<https://leader.nhs.uk/resources/annual-reports>

In addition, we know that some elements of the wider determinants of health could impact on cohorts to a greater extent, or there may be additional barriers to overcome to tackle inequalities. For example, NICE report that gaps in the understanding of the needs of people with a learning disability, as well as barriers in communication, can mean people with a learning disability have more difficulty getting treatment for health conditions.

The below priorities will need engagement and support of the wider system. An example of this is clinical care access- the role of the integrated care boards within the Integrated Care Systems will be the main delivery boards for the commissioning and provision of clinical NHS services however, equity of access and ensuring

inequalities associated with this also falls to the health and wellbeing board so work on access will be a shared outcome. Another example is spatial planning- the support and engagement with planning and spatial growth teams in our local planning authorities will be important so that we can maximise the opportunities that housing growth and regeneration in Essex provides so that we have good quality homes and environments that promote activity, minimise obesity and support communities through green space access and appropriate social infrastructure.

Outcomes:

By addressing the core drivers and influencers of health inequalities and the wider determinants, by the end of the strategy we will have:

- A. Worked to ensure that all children have access to quality parenting, early years provision and education that provide the foundations for later in life.
- B. Helped to address food poverty and ensure that all children can access healthy food
- C. Improved access to employment, education and training for adults and young people in our most deprived and disadvantaged communities.
- D. Embedded the use of health impact assessments in planning practice to ensure new planning proposals do not negatively impact on health, health services or widen health inequalities
- E. Supported residents who are digitally excluded, either by lack of equipment, connectivity, skills, cost, or confidence to be able to access services and information to benefit their education, career development, access to clinical services and personal wellbeing.
- F. Reduced barriers to accessing health and care services for families in low-income families, children and young people who are in or who have been in care, people with learning disabilities, and other cohorts at greatest risk of poor health outcomes.

Measuring Impact

Foundations for collective success

To support the development of this JHWS in Autumn 2021 we brought together partners for a series of workshops to explore what their individual local priorities are, what challenges are being experienced across the system and explore how we need to work collectively to deliver on the ambitions of our new strategy. From these activities we identified number of principles for how we can work together better which we are calling our “Foundations for Collective Success”:

- Focusing on prevention and early intervention as a cornerstone to long-term sustainability.
- Working collectively to address the wider determinants of health that drive poorer outcomes and long-term health inequalities.
- Making use of good data and analytics but also understanding and valuing the lived experience of our residents and service users.
- Understanding residents’ journeys through the system to improve access to advice and support.
- Working with local communities using an Asset Based Community Development (ABCD) approach to support ground up community action on local issues wherever possible – not just “doing to” our communities from the top down.
- Adopting the principle of “universal proportionalism” in how we plan and allocate resources. We will be clear on what is our universal offer to all residents and which specific groups, cohorts, communities, or places might need extra support.as we develop action plans with partners.
- Setting clear expectations for residents on health and care support from the system – what we can do and what we can’t.
- Recognising the impact of multiple conditions, behaviours and inequalities on the health and wellbeing of our residents.
- Thinking about how we use our collective assets more effectively and efficiently to deliver our shared ambitions and improve outcomes for our residents
- Adopt policies and behaviours that are aligned to our wider commitments around climate change.
- Strengthening the local health and care system by encouraging more people to work in the sector and developing the role of the voluntary and community sector and communities in health and care.
- Build on best practice and evidence-based solutions and to innovate, test, and learn from new initiatives that help address emerging issues and trends and increase efficiency
- Work together to make the best use of the opportunities new technology and emerging practice presents us

How we will work together

Essex has a long-established history of different organisations working in partnership to address collective issues, share our expertise and resources, and deliver high quality and joined services to improve the quality of life for individuals, families, and communities. This will be crucial to how we achieve our ambitions in this new JHWS,

particularly given the additional challenges that our residents and communities are facing are a result of the COVID-19 pandemic. Tackling these issues will require partners to work more closely and collaboratively than ever before, however our recent experience from pandemic has taught us a lot about how we can work together as a partnership more effectively. It will be important to maintain the links we have made and build upon the lessons learnt from this experience in order to deliver the pace and scale of change that is needed in the future.

Many partners in Essex use the Livewell model which was developed a number of years ago by Braintree District Council and is now used across the Essex system. This model, which follows a life-course approach, provides a holistic framework for both physical health and mental well-being and this strategy and associated action plan recognise this and will explore this framework as actions are developed.

Along with system partners, communities will be key to achieving the ambitions set out in this strategy, tackling the impacts of the pandemic, and helping to change the course of the longer-term health inequalities that exist across Essex. Good community assets including individuals, organisations, and physical assets are essential to help people maintain active and healthy lifestyles, access services, and are vital for positive mental health, reducing social isolation and mutual support in times of crisis.

How we work with communities will be essential. We must ensure that we recognise and work with communities as active partners in the system, not as passive recipients of services. They are best placed to understand their own needs and challenges, but also how to design and deliver services that will work for their specific area or group. In the context of ever tightening resources for many partners, this collaborative and bottom-up approach will also be essential helping us to deliver at scale, sustainably and make the best use of our collective resources.

In addition, the Health and Care Bill which was published in 2021 proposes significant reform on how health services will be delivered with it due to being passed in 2022. This Bill and proposals within it, will impact on partners working across and within the health economy including those in the NHS, local government and community voluntary sector and focuses on how partners will work together through integration to support health and address health inequalities. In Essex, our 3 integrated care systems are collaborating within their partners at system level to look at the infrastructure needed to support this reform. This has led to the development of Alliances and health care partnerships which will focus on place-based delivery, working with partners to address health and health inequalities at a local level. The action plan as part of this strategy will adapt as these local systems develop as the Bill progresses and passes into statute later this year

Discussions on the right level of 'place' and how we will work together to establish this so we can address each issue will continue as the action plan develops and throughout the up-date of those plans over the life of this strategy. This will enable us to understand where delivery is best placed which may be at a neighbourhood level, district, countywide, ICS, or regional.

How we will deliver this strategy

Delivery of this strategy will be underpinned by action plans that will set out activities and initiatives under each of the agreed priority areas. We will build upon existing work programmes to maximise the benefits they bring in supporting our priorities, work with partners who influence the priorities more closely such as planning and housing teams and look to enhance the work of all Boards, Partnerships and Forums so to avoid duplication and allow us as a system to deliver against our ambitions at pace.

The action plans will be developed collaboratively across the partnership, and importantly should be based around the principles of Co-Design and Co-Production where new initiatives are being developed. This includes working with other partners, community and voluntary sector organisations, representative groups such as Healthwatch, and communities and service users themselves in the design, delivery and evaluation wherever possible.

We will look to deliver actions at the appropriate 'place-level', ensuring we consider what is best acted upon at a system/county level, Alliance or district level or at a neighbourhood level. Where we are not taking universal action, this approach will ensure our actions can target the populations, communities and places that will most benefit from support. It will also allow us to work more closely with our district, borough and city partners and our Alliances and support them in delivery of their own priorities as identified with their local strategies.

These action plans will include key success measures for individual activities, details of which priorities and overarching measures in this strategy they will link to. Action plans will identify the any specific groups/cohorts or communities that are requiring additional support or which activities might be specifically targeted at. Where activities within these plans are delivered on a whole population basis, plans should set out what reasonable adjustments need to be made to enable residents with additional needs to access them.

Actions plans will be live documents that can be reviewed and updated throughout the lifetime of this strategy to enable system partners to add to and refocus priorities depending on changing circumstances or new learning that might want to be applied.

Other Strategies that will influence local delivery

This JHWS provides a focus on five strategic priorities for health and wellbeing at a countywide level by providing a framework and direction for action across the system and at a more local level. and linking the work we do now to the longer-term Essex Vision. It is also an important tool and resource for partners and the public that informs the development and delivery of priorities and outcomes other local strategies.

A wide range of strategies have been agreed by Essex partners with other boards and individual member organisations all having their own thematic and organisation

strategies and plans. Below are just some of the key strategies that sit alongside and underpin this JHWS.

- **Integrated Care Systems**

The health and social care geography of Essex has additional complexity with the creation of NHS Integrated Care Systems (ICSs), with three ICS footprints which extend into neighbouring local authorities. In developing the previous JHWS, we recognised the commitment from Suffolk and North East Essex Sustainability Transformation Partnerships (STP's), Mid and South Essex STP and Hertfordshire and West Essex STP to working together to ensure consistency for the people of Essex in the health and care systems that they access and we recognise the ambitions and areas of focus within the NHS Long Term Plan.

- **Organisation Strategies**

All partner organisations will have their own organisation strategies that set out their aims objectives and aspirations, such as Essex County Council's new strategy "Everyone's Essex", and are important for identifying priorities and issues at a more local level or around specific services which different partners are responsible for.

- **Active Essex Fit for the Future**

Active Essex launched a new ten-year Physical Activity and Sport strategy for Essex, Southend and Thurrock, called 'Fit for the Future' to support those who are already active, and tackle head on the inequalities that currently prevent others from accessing from the life changing impact of an active lifestyle.

- **District Health and Wellbeing Strategies**

District health and wellbeing partnership boards across Essex and their own place - based strategies to address the specific local needs of their needs in their communities. Whilst these local strategies are broadly aligned with the countywide health and wellbeing strategy they also contain specific local priorities as well.

- **District Local Development Plans**

Each district in Essex produces a local plan which is a strategic document that sets out plans for growth and development within the district and includes the policies that are required to be met. There is a requirement in the national planning policy framework to achieve healthy and inclusive communities. Many local plans in Essex have health policies or require health impact assessments.

- **'My life, my rights' Essex local area SEND strategy 2021**

This strategy is built upon the threads of equity, ambition and inclusivity for children, young people and their families following feedback from families and recent Ofsted/CQC inspection findings that children, young people and their families do not experience equal access to services such as health or education, do not always feel part of their communities or have access to opportunities and do not have good enough outcomes. The strategy is based

on the fundamental rights of all children and young people as defined in the United Nations Convention on the Rights of the Child (UNCRC). The strategy has a focus on 5 strands- 'my voice, my choice, 'my health and wellbeing', my education and training', my community' and 'my life, my opportunities'. It pledges to support all children and young people with SEND to achieve ambitious outcomes, without discrimination, whatever their age, stage, unique characteristics or circumstances.

- **Mental Health and Wellbeing Strategy**

This strategy is concerned with mental health and related services where they are commissioned by Local Authorities, CCGs and other local partners (e.g. Police and Crime Commissioners). A new Mental Health Strategy for 2022 onwards is currently under development and will feed into the development of the delivery plans for the Joint Health and Wellbeing Strategy.

- **Suicide Prevention (Southend, Essex and Thurrock- SET) strategy**

This strategy and associated action plan are currently being developed with the members of the SET partnership board. This work will address the 7 national priorities within the national suicide prevention strategy.

The Essex Drug and Alcohol Strategy

This strategy is in the final stages of development with the priorities of this being identified as prevention, beginning recovery, access to services and staying in recovery. This strategy has been co-produced with service users and contains clear target outcomes that will require input from across the system.

- **Essex Children and Young People's Plan**

This sets out ambitions and provides a strategic framework that affirms partners' commitment to work together on three key priorities, being Children and Young people with SEND; Parenting; and Emotional Health and Wellbeing that deliver better outcomes for children, young people and their parents and carers.

- **Levelling Up and Anchors**

As part of the government's Levelling Up agenda a white paper is expected later in the year that will set out the national approach to levelling up, and which could have positive impacts and influence on addressing key drivers of poor health such as employment. Locally partners are developing their own approaches and strategies around levelling up and setting out how they will work together to address inequalities and widen opportunities for left behind areas and disadvantaged communities across the county. For many partners a key component of how they will be levelling up economic outcomes in their local area is through an anchor approach harnessing the potential of large public sector organisations as procurers, employers and local land and asset owners. An Essex Anchor Network of which many HWB members are part has been established under Essex Partners helping to share learning across the system.

- **Emerging and developing strategies**

At the time of drafting this strategy there are a number of strategies across in development across the system that will need to align to and complement this strategy for example the carers strategy. To make sure the intent in these emerging strategies and the actions proposed in them are aligned to the outcomes and priorities identified in the JHWS it is recommended that partners continue to utilise the Essex Strategic Coordination Group as a mechanism for review of new system wide strategies.

How The Health and Wellbeing Board Will Fit in the Wider System

The Why

The HWB should be focused on the WHY (understanding the extent of health inequalities, setting Vision and population health ambitions, influencing the wider determinants of health and wider partnerships that address those determinants, and holding an annual review of progress) – it is the guardian of health outcomes for the Essex population. The board will focus on strategy creation, oversight, information-sharing and coordination

The What

ICS Health and Care Partnership Board should focus on the WHAT (a set of concrete actions and strategies to improve outcomes that can meet the ambitions of their relevant HWBs as well as national priorities/requirements). These Plans will need to recognise and set out how action plans will operate at different levels: for example, they could be at ICS system level; they could be at Place level (such as North East Essex Alliance); or they could be at pan-Essex or even regional level. Similarly, individual organisations – such as ECC – might need to set out What we are going to do in order to be able to contribute to the health and wellbeing outcomes that have been set by the HWB.

The How

The HOW is ultimately about how an action/actions will be commissioned and delivered.

Sometimes the responsibility for carrying out an action might sit with an individual organisation (such as ECC or the NHS Integrated Care Board); sometimes it might sit with a variety of statutory organisations; and sometimes it might sit with individuals and communities themselves. The HOW might operate at different levels – for example, some services might be commissioned at Essex level while others might be commissioned at Place level. Sometimes services might be commissioned by a single organisation but sometimes they might be jointly commissioned. Operational delivery may also be approached differently in different places – for example, some places might progress integrated delivery teams and co-location in order to be able to implement the required actions, whereas others may determine that it is not necessary to integrate delivery teams.

END

Report title: Developing an All-Age Carers Strategy	
Report to: Essex Health and Wellbeing Board	
Report author: Nick Presmeg, Executive Director, Adult Social Care	
Date: 16th March 2022	For: information
Enquiries to: Clare.burrell@essex.gov.uk	
County Divisions affected: All Essex	

1. Purpose

- 1.1 The purpose of this paper is to provide an update on, and consult with HWB members about the draft All-Age Carers' Strategy
- 1.2 The aims of the HWB session are to
 - Note the development of the draft strategy.
 - Seek views and feedback on the strategy's 6 commitments
 - Endorse the 6 commitments to carers of all ages
- 1.3 A more detailed paper outlining the key elements of the strategy and our approach is attached to this note as Appendix One.

2. Background

- 2.1 The previous carers strategy ran from 2015 to 2020 and the purpose of which was to embed the new duties brought about by the 2014 Care Act. Since that time duties under that Act have been being implemented by the council and its partners.
- 2.2 To shape the new strategy there has been a structured a work programme with key areas of focus.
 - Cross-organisational steering & working groups
 - Leaders, Members and stakeholder engagement
 - Reviewing progress against previous strategy
 - Analysing previous insight and data available
 - Learning best practice from 15 LA's
 - Mapping financial spend and the early help offer to carers
 - CQC alignment to prepare for inspection from April 2023
 - Engagement and coproduction with carers themselves
- 2.3 The total sum of the work to date informs us that we need to be improving support for carers. The strategy aims to deliver that change by improving our systems, practice and direct offer to carers. We will do this by working across

the organisation and the partner/stakeholder landscape. Carers will be at the heart of that work and be instrumental in the design, decision making and delivery of our shared ambitions.

- 2.4 We have worked directly with both adult and young carers to develop the strategy by convening focus groups, visiting carers' settings, and carrying out surveys. We are now in consultation with them about the 6 key commitments that are resultant of that work.

3. The Strategy

- 3.1 Key points for the new strategy are the commitments, and how we will deliver them.
- 3.2 The high-level priorities we aim to achieve are that carers will experience:
- Good health and wellbeing
 - Choice and control
 - Access to information, advice, guidance and support
- 3.3 As a result of this new strategy the outcomes we expect for carers will be for the to:
- Be physically healthy and safe
 - Be emotionally healthy and happy
 - Be socially connected
 - Be stable and resilient
 - Have financial wellbeing
- 3.4 Five workstreams will deliver the strategy over the next four years

4. Next Steps

- Final consultation and engagement on the commitments – early March 2022
- Final draft strategy ready for engagement with stakeholders and members – mid March
- Publish strategy and formalise governance and extend current contracts – April 2022
- Commence work programmes – May 2022
- Secure additional investment – from May 2022

5. Appendix

1. Developing and All-Age Carers' Strategy

Appendix One – Developing an All-Age Carers’ Strategy

1. Introduction

- 1.1 This paper is to inform HWB of the development of the All-Age Carers’ Strategy and the current consultation and to give members the opportunity to discuss and feed into this process.
- 1.2 We will introduce the commitments that have been developed as a result of data analysis and extensive engagement with providers and carers.
- 1.3 As well as an update and introducing our commitments, we will be highlighting the requirement for further investment for carers to support our improvement plans.

2 Background and Proposal

- 2.1 Carers are a priority for Essex County Council. We are committed to improving the support we provide to them so they can continue to care whilst maintaining their own health and wellbeing.
- 2.2 As well as being a priority for Everyone’s Essex, carers are also an area of focus in the Adult Social Care Business Plan 2021-25. We commit that by 2025 Essex will have a high-quality all-age offer to carers, resulting in them feeling well supported and knowing where to go to be able to access information and support, at the right time in the right place.
- 2.3 To deliver these priorities, we are drafting an All-Age Carers Strategy. To shape this Strategy, we have structured a work programme with key areas of focus:
 - Cross-organisational steering & working groups
 - Leaders, Members and stakeholder engagement
 - Reviewing progress against previous strategy
 - Analysing previous insight and data available
 - Learning best practice from 15 LA’s
 - Mapping current spend and early help offer
 - CQC alignment to prepare for inspection from April 2023
 - Engagement and co-production with carers
- 2.4 We have been working directly with both adult and young carers in the last 4 months to better understand how we can improve things for them. We have facilitated 15 focus groups both virtually and in-person, speaking to 105 people of different ages, from different places in Essex.
- 2.5 We have also sent out two surveys, one for adult carers and one for young carers, again these are to gain insight from carers. We had a positive response rate with over 400 responses.
- 2.6 The data and insight gathered has helped us to shape the following commitments to carers. These are subject to a public consultation which is

currently live and due to close on 13th March 2022. We are asking the public to review the commitments and to tell us if they are the right things to focus on and if there are any gaps.

2.7 The proposed 6 commitments are:

1. Carers can easily access the information, advice, guidance and support when they need it and early into their caring role. *We will ensure carers know how to access the right information, advice, guidance, and support at the right time, in the right place for their specific circumstances and needs.*
2. Develop professional practice and processes to improve identification and support to carers. *We will work with partners, commissioned services and community organisations to ensure people who are caring for others have access to support and/or assessment and are subsequently supported effectively by those who are there to help them in their caring role.*
3. Improve transitions for carers as they move through specific phases or events in their caring role. *We will improve support for carers at specific transition points in their caring journey, whether that be for young carers who become adult carers, as significant life events occur, or at the end of someone's caring role.*
4. Carers will have increased opportunity to access good quality support, including short breaks to maintain their own wellbeing and those they care for. *We will work with our partners and communities to create opportunities that enable carers to have short breaks and respite from their caring responsibilities.*
5. Carers' needs and rights will be understood and recognised across Essex communities. *We will raise the profile of carers and their needs across Essex communities, including educational establishments, employers, professionals, and the public.*
6. Carers will be the experts who influence, shape and are involved in the decisions that are intended to improve their support and wellbeing. *We will put carers at the heart of developments, design and decision-making on the matters that are intended to support them in their role.*

2.8 To deliver the overall strategy in which the commitments are embedded, we will build a work programme and action plan to ensure delivery over the next four years to improve the lives of carers in Essex.

2.9 We will work to the following set of principles:

- Capitalise on our organisational expertise
- Maximise the use of technology where appropriate
- Work with partners for alignment and integration
- Use communication effectively
- Evaluate for learning and evidence of impact

- Co-design and make decisions with carers
- Adopt good design methodologies
- Be clear about our theory of change
- Commission for outcomes
- Seek out opportunities for external investment

- 2.10 Next steps are to attend Health & Wellbeing Board, Adult, Children's and Education Leadership Team and Children's and Young People's Partnerships to provide an update.
- 2.11 We will review output from the consultation and finalise the draft All-Age Carers Strategy and launch this in April 2022.
- 2.12 We will formalise governance and extend the current contract with Carers First and commence the work programme.
- 2.13 We will deliver the commitments to improve outcomes for carers in Essex, with measurable and demonstrable change by 2025.

3 Links to our Strategic Ambitions

- 3.1 This report links to the following aims in the Essex Vision
- Enjoy life into old age
 - Provide an equal foundation for every child
 - Strengthen communities through participation
 - Develop our County sustainably
 - Connect us to each other and the world
 - Share prosperity with everyone
- 3.2 This report links to the following strategic priorities in the emerging Organisational Strategy 'Everyone's Essex':
- Health wellbeing and independence for all ages

4 Issues for Consideration

- 4.1 We know that the Care Quality Commission (CQC) will be carrying out inspections in Adult Social Care from April 2023. We have limited detailed information available at this time and, to prepare, we are sense checking for compliance, but have confidence our plans and progress by that time will satisfy CQC that we are making positive changes
- 4.2 We have an ambitious programme of change to deliver improvements for carers in Essex and we will be seeking more investment to enable us to achieve this. We are looking to secure additional investment (indicative =£600k recurring and +£500k non-recurring)

Report title: Suicide Prevention Strategy	
Report to: Essex Health and Wellbeing Board	
Report authors: Maggie Pacini / Laura Taylor-Green	
Date: 16 March 2022	For: Agreement
Enquiries to: Maggie Pacini (Maggie.pacini@essex.gov.uk)	
County Divisions affected: All Essex	

1 Purpose of Report

- 1.1 The SET (Southend, Essex and Thurrock) Suicide Prevention Board is undertaking a programme of work in line with the key ambitions of the Essex Health and Wellbeing Board. The purpose of this item is to update Board members on progress made against the Suicide Prevention Programme, inform members on how data analysis is informing work being undertaken, and to seek the Board's continued support and advocacy on this hugely important issue.

2 Recommendations

The Board is asked:

- 2.1 To note the new SET Suicide Prevention Board Chair and progress being made around actions taken within the Suicide Prevention Programme of work
- 2.2 To continue to fulfil an advocacy role in their respective organisations around Zero-Suicide Alliance training.
- 2.3 To consider nominating a EHWB Suicide Prevention Sponsor to champion the work of the programme in wider forums of strategic significance
- 2.4 To agree timescales for regular reviews of the Suicide Prevention agenda, in particular (i) training uptake reported across partnership organisations represented on EHWB (as an indicator of partnership buy-in to the agenda).and (ii) sustainability plans beyond NHSE wave funding arrangements

3 Summary of issue

- 3.1 Jane Gardner, Deputy Police, Fire and Crime Commissioner for Essex, as chair of the SET Suicide Prevention Board (SPB) wishes to bring a verbal update to the EHWB on the SPB's programme of work.

- 3.2 A wide programme of suicide prevention work is being delivered across the three ICS footprints. This has been funded predominantly by NHSE. However, the funding is due to end in the three areas covering Essex over the next three years: in 2022 for North-East Essex; in 2023 for Mid & South Essex; and in 2024 for West Essex.
- 3.3 A refresh of the governance for the SPB has been undertaken to enable a clear, unified, SET-wide programme under the strategic oversight of the SPB – with a SET-wide membership and, as mentioned above, Jane Gardner now in the role of chair to provide that central oversight across the Greater Essex geography. The SPB is seeking ways to continue its activity as the central funding streams are removed.
- 3.4 *Figures for the current funding streams across SET, and the amount that will be required to support the work in the future have been sought and will be shared with the Board either prior to the HWB meeting or during the discussion.*
- 3.5 The governance refresh to put the SPB on a SET-wide footing has enabled Essex to expand the ICS pilots into a SET-wide implementation of gold-standard, evidence-based suicide prevention practice as used in other areas of the country. The need for these interventions is evidenced by a historically significantly higher rates of suicide than other areas of the country.
- 3.6 A successful partnership workshop was facilitated at the meeting of SPB in February 2022; the outcome was themed working groups across the partnership that will be steered by ongoing thematic data analysis provided by the Essex Police-led Real Time Suicide Surveillance System (RTSS) and partnership data reports. HWB members will be updated on these themes at the meeting. This latest development means the board can be assured that priority SET Suicide Prevention Programme activity is reactive to local need.
- 3.7 Suicide Prevention is a system partnership piece of work, and this new governance structure will enable more frequent opportunities to communicate cross partnership learning around suicide prevention that could be of strategic interest to EHWP.

Appendices

Appendix 1: Slide showing SET approach to suicide prevention

SET Approach to Suicide Prevention

Partnerships

SET Suicide Prevention Board Chair ambition

Strategy and Sustainability

Partnership commitments of note:

Joint HWBS (4 years) and SNEE ICS Zero Suicide Higher Ambition

Suicide Prevention Sponsors in boards of strategic significance

Actions and Delivery

Outcomes of February Partnership workshop 2022

Themed working groups, driven by ongoing thematic analysis

2022 SET Board working group focus': Wider determinants (employment), Children and Young People, Clinical and access to services, Data and research.

Learning

Cross partnership learning to maximise impact

RTSS Project - Thematic analysis directly feeds working groups in real time

Next item to EHWPB: July 2022

Report title: Draft LeDeR three-year deliverables plan	
Report to: Essex Health and Wellbeing Board	
Report authors: Rebekah Bailie	
Date: 16 March 2022	For: Consideration
Enquiries to: Rebekah Bailie (Rebekah.bailie@essex.gov.uk)	
County Divisions affected: All Essex	

1 Purpose of Report

- 1.1 To update Health and Wellbeing Board members on progress with developing the three-year action plan following the outcome of the LeDeR (Learning Disabilities Mortality Review) review, ensuring that members have sight of the draft proposals and the opportunity to comment and identify any further strands of work that need to be initiated.

2 Recommendations

- 2.1 To note the draft LeDeR three-year action plan;
- 2.2 To consider whether any actions need amending, or any key points to be added;
- 2.3 To identify any further strands of work that need to be initiated as a result.

3 Background

- 3.1 The LeDeR Programme across Southend, Essex and Thurrock has identified a wide range of issues impacting on the wellbeing and lifespan of local people with Learning Disability and has presented these in End of Year Reports and associated documents.
- 3.2 The action plan for 2021-22 was accepted by HWB and now forms part of a wider three-year deliverable plan, capturing the work across the health and social care system to address the issues raised by LeDeR reviews to date.
- 3.3 This plan is brought back as agreed in a draft format for comment. It will be further discussed by LeDeR Steering Group at 24th March and a programme of engagement with advocacy and family carer groups will take place across March and April.
- 3.4 The plan captures organisational and system level workstreams. More specific local actions have been agreed relevant to specific reviews. The plan is embedded, but can be summarised as follows:

a) Work to prevent people becoming ill or developing conditions

- Review of Public Health contracts to ensure accessibility and reasonable adjustments
- Programme of promotion of healthy lifestyles across community organisations, sport and leisure offer and through social care providers.
- Agreed list of checks for all agencies (Annual Health Check, Cancer Screenings, Vaccinations, Hospital Passport etc) to carry out on contact with person with LD.
- Facilitated project to promote cancer screening uptake
- Joined up to supporting LD Annual Health Checks across health, social care and community organisations.
- Improved information on how to get help in community locations and on websites
- Specialist support to vaccination programmes

b) Better management of illness

- Integration of Meaningful Lives Matters (MLM) Aging Well and Dying Well projects with specialist health frailty workstreams and resources – delivery of Aging Well Toolkit to social workers, social care providers and people with LD.
- Training offer for social care providers (both LD and Older People) on a range of topics
- Training on health deterioration and AHCs rolled out through Essex Carers Network
- Local projects on specific long term conditions
- Health coordination by ELDP specialist health provider extended to integrate with mainstream frailty or care coordinators.
- GP forum to run monthly addressing key issues and case studies
- Focus on cardiac and respiratory issues including implementation of pneumonia toolkit and sharing of COVID survivor lists for long COVID follow up

c) Inequalities

- Hospitals to establish new DNAR policy
- Primary Care to establish protocol for personalised follow up of DNAs
- STOMP integrated protocol to be reviewed with shared care with ELDP and PCN pharmacists
- Information Governance agreements to be established to ensure joined up work
- Autism only work to commence with best practise projects
- BAME workstream to be established.

3.5 Progress against the plan and measures will be monitored by LeDeR LAC and reported through LeDeR Steering Group, circulated through quarterly reports and at end of year.

3.6 The final plan will accompany the 2021-22 End of Year Report.

Report title: Anchor Network Update	
Report to: Essex Health and Wellbeing Board	
Report author: Ian Davidson, Chief Executive, Tendring District Council	
Date: 16 th March 2022	For: Discussion
Enquiries to: Will Hooper, Senior Strategy Adviser, ECC (William.hooper@essex.gov.uk)	
County Divisions affected: All Essex	

1 Purpose of Report

- 1.1 To discuss an update on the progress of the Anchor Network across Essex, highlighting strengths and opportunities.

2 Background and Update

- 2.1 Anchor organisations are large, typically non-profit, organisations like hospitals, local councils, and universities. They are often referred to as having ‘Sticky capital’ (i.e. are unlikely to move given their connection to the local population)
- 2.2 Through their day to day practices, anchor institutions have the leverage to maximize social value through their role as workforce developers, employers and procurers, their core business (health and education for instance) and linkages to the place they operate. Anchors can have a significant influence on the health and wellbeing of a local community through their sizeable assets.
- 2.3 The Essex Anchors Network continues to grow with representation from organisations across Essex.
- 2.4 The Network provides a platform for members to work collaboratively on shared strategic priorities and support each other to unlock their full Anchor potential. It’s aims are to:
- 2.4.1 Connect anchors and local initiatives
 - 2.4.2 Directly deliver key anchor partnership initiatives and provide support to local anchor projects
 - 2.4.3 Develop communications and engagement material to support learning from anchor practice across Essex and the rest of the UK
- 2.5 Over the last year we have prioritised sharing learning and developing a consistent understanding of anchor organisations and the role they can play in supporting sharing prosperity and tackling inequalities across our communities.

- 2.6 The network has held a series of learning events to support this, covering issues such as the role of anchors in supporting employment, the voluntary sector and local businesses, and the growth of the green sector. These events have each attracted over 80 attendees as we have heard from speakers from across Essex and the rest of the UK. All presentations were recorded and can be viewed on the Essex Partners website at <https://www.essexfuture.org.uk/learning/learning-events/>
- 2.7 The network has also established a number of smaller working groups to take forward initiatives on key priorities identified by the anchor organisations. These include:
- 2.8 **Employability Programmes** – This group chaired by Ian Tompkins, Director of Corporate Services, NHS West Essex Clinical Commissioning Group, will look at learning from and building on existing employability programmes, promoting the public sector as an employer and supporting people into our roles in anchor organisations, whilst developing a workforce that have the transferable skills that we require. This working group has two initiatives in development.
- 2.8.1 **You can** – The development of a public sector employability programme based on the youcan model which has previously been used to support people into roles in health and care sector.
- 2.8.2 **Recruitment campaign** – it has been identified through engagement with anchors that many are stereotyped for particular roles and the breadth of opportunities across the public sector is not always clear. The group are looking to take forward a piece of work on developing a cross public sector recruitment campaign that helps promote public sector in Essex. The aims are to
- Promote the public sector as an employer, showcasing the range of roles available
 - Build a workforce with transferable skills, confidence and resilience
 - Identify personas of the people we want to attract and target messaging accordingly
 - Provide clarity on career pathways for candidates and make it easy for them to see where they fit in
 - Show the reality of public sector careers and myth-bust some of the stereotypes that have been built over time
 - Demonstrate the benefits of working in the public sector
- 2.8.3 The first phase of this would be a research piece working with officers across the Essex public sector to help shape an overarching Employer Brand (narrative) that is authentic, compelling and differentiated, identify the priority audiences and key channels, communication and engagement opportunities.
- 2.8.4 **Essex Opportunities Live** – In addition to the above programmes the anchors network has been supporting the promotion of the public sector as an employer through the Essex Opportunities Live events. The Essex Opportunity Live Broadcasts are a brand-new

tool to help Essex residents connect to organisations and opportunities. They are short, high energy and interactive sessions which are run weekly through the Essex Opportunities Portal to showcase a broad range of training and employment opportunities. Viewers can ask questions through the live chat and get further support and advice afterwards. Previous events have included Apprenticeship's week, training for young people, and helping people to return to work.

- 2.8.5 Two Broadcasts were dedicated to the Essex Anchor Network. Ian Davidson, Chief Executive, Tendring District Council and Ed Garratt, SNEE ICB Chief Executive provided a short overview of the Public Sector including what their role is, the types of organisations involved, debunking myths, and giving their thought on why it's a great sector to train and work in. They also provided a brief introduction to the Public Sector Employability Programme that will be launched in the late Spring, focusing on what the course covered, who was able to take part, and how they could find out more information.

- 2.9 **Inclusive employment** – This group chaired by James Rolfe, Chief Operating Officer, Anglia Ruskin University, will be exploring the practices anchors can adopt to make them more inclusive employers. The two initial areas of work of this group are:

- 2.9.1 **Jobs coaches** – working with the targeted employment team we are developing a narrative to promote the role of job coaches across anchor organisations. We will then be using the working group to help promote Employment Practitioner Apprenticeships and the role of job coaches to their organisations so that they may support their own employees to address and overcome obstacles, therefore helping these individuals to secure and maintain employment. The aim is to get an initial cohort of job coaches from across the system to undertake the Employment Practitioner Apprenticeships. If partners would like more information on Job Coaches please contact essex.partners@essex.gov.uk

- 2.9.2 **Reverse jobs fairs** – we will be looking to hold some small pilot reverse job fairs before we look at more countywide events focussed on people with learning disabilities, people who have experience substance misuse problems, and ex-offenders.

- 2.10 **Social Value Learning Group** – Through the network we have identified that many organisations are only beginning to explore social value. To aid this and accelerate practice we have proposed a learning group to provide peer to peer learning on challenges and barriers, and successes of embedding SV across organisation. The group is Chaired by Kirsty O'Connell from Basildon Borough Council (Commercial Services Manager - Procurement). Around 40 people from across the public sector have shown interest in being part of the group and helping progress practice on social value across Essex.

- 2.11 **Environment and Green economy working group** - Finally we have the newest working group under the network to take forward work on the climate action and supporting the growth of the green sector in Essex. An initial meeting was held in January and the group will now be chaired by Andrew Urquhart, Sustainability Lead - Suffolk and North East Essex CCGs.
- 2.12 Next steps for the network are to increase the focus on areas for collective action setting clear priorities along the lines of those established by networks in other parts of the country such as Leeds, Preston and Manchester. For example, if Leeds saw a shift over £1bn of discretionary spend back into their local economy, what should we aim for across Greater Essex. With so many partners now brought into the concept we can look at how the energy and enthusiasm is focused onto some priorities.
- 2.13 We will also be developing tools to support anchors across Essex to implement anchor practice in their organisations and benchmark the performance of network members and monitor progress towards our collective goals. One action to support this is the adaption of the Leeds progressive framework for use across Essex as a self-assessment tool for anchors. The baseline and progression framework will be developed (subject to funding) with a selection of anchors and using this, we will set some clear targets and measures which we expect to support the ambition of other emerging strategies including those in the JHWS and against the levelling up work.
- 2.14 We will also be adding to the resources to support anchor such as the anchors ideas book available at <https://www.essexfuture.org.uk/media/1524/ideas-book-240521.pdf> with how to guides and further case studies.

Health and Wellbeing Board Forward Plan 2022

As at 8 March 2022

May 2022	Item No	Agenda Item	Lead Officer	Summary/Comments
18 May 2022	1	Verbal updates		
	1a	Covid	DPH	
	1b	Social Care	Nick Presmeg	
	1c	West Essex and Hertfordshire ICS	Dr Jane Halpin	
	1d	Mid & South Essex HCP	Anthony McKeever	
	1e	Suffolk and NE Essex ICS	Susannah Howard	
	2	Refreshed Dementia Strategy for Endorsement 22 - 27	Emma Richardson	To receive and endorse the refreshed dementia strategy for – 2022 – 2027 Deferred from March meeting
	3	Changing Futures	Clare Bartoli Ben Hughes, Head of Wellbeing and Public Health	To provide: <ul style="list-style-type: none"> • An overview of the Changing Futures programme both nationally and in Essex • Outline the delivery plan/milestones which have been agreed with the DLUHC • Reference the Changing Futures Strategy <p>To seek the Board's support for the aims of the Changing Future's programme and adoption of the multi-agency partnership approach and ask the Board to promote the programme to colleagues/wider partners</p>

July 2022	Item No	Agenda Item	Lead Officer	Summary/Comments
20 July 2022	1	Verbal updates		
	1a	Covid	DPH	
	1b	Social Care	Nick Presmeg	
	1c	West Essex and Hertfordshire ICS	Dr Jane Halpin	
	1d	Mid & South Essex HCP	Anthony McKeever	
	1e	Suffolk and NE Essex ICS	Susannah Howard	
	3	Southend, Essex and Thurrock Learning Disabilities Mortality Review (LeDeR): Annual Report 2021-22	Rebekah Bailie, Commissioning Manager, ECC	
	4	EEAST		Follow-up from July 2021 report
Sept 2022	Item No	Agenda Item	Lead Officer	Summary/Comments
21 September 2022	1	Verbal updates		
	1a	Covid	DPH	
	1b	Social Care	Nick Presmeg	
	1c	West Essex and Hertfordshire ICS	Dr Jane Halpin	
	1d	Mid & South Essex HCP	Anthony McKeever	
	1e	Suffolk and NE Essex ICS	Susannah Howard	
Nov 2022	Item No	Agenda Item	Lead Officer	Summary/Comments
16 November 2022	1	Verbal updates		
	1a	Covid	Mike Gogarty	
	1b	Social Care	Nick Presmeg	
	1c	West Essex and Hertfordshire ICS	Dr Jane Halpin	
	1d	Mid & South Essex HCP	Anthony McKeever	
	1e	Suffolk and NE Essex ICS	Susannah Howard	

	Items awaiting scheduling			
		Falls Prevention	Maggie Pacini	Deferred from January 2021 Update following report to January 2020 mtg
		Teenage Pregnancies	Helen Gregory	Deferred from January 2021 Full report following brief report to Nov '20 <ul style="list-style-type: none"> • To ensure understanding of the issue and identify hotspots • To inform the Board of current actions • To seek a commitment to action and suggestions as to other potential actions
		Work of the Violence and Vulnerability Board	Roger Hirst, Essex Police, Fire and Crime Commissioner	Report to future meeting requested at informal Board meeting on 26 January 2022 Timescale tbc (email request)