Essex County Council

Essex Health and Wellbeing Board

10:00	Wednesday, 17 March 2021	Online Meeting

The meeting will be open to the public via telephone or online. Details about this are on the next page. Please do not attend County Hall as no one connected with this meeting will be present.

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.

In accordance with the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020, this meeting will be held via online video conferencing.

Members of the public will be able to view and listen to any items on the agenda unless the Committee has resolved to exclude the press and public from the meeting as a result of the likely disclosure of exempt information as defined by Schedule 12A to the Local Government Act 1972.

How to take part in/watch the meeting:

Participants: (Officers and Members) will have received a personal email with their login details for the meeting. Contact the Democratic Services Officer if you have not received your login.

Members of the public:

Online:
You will need to visit the ECC Democracy YouTube Channel https://tinyurl.com/yynr2tpd where you will be able watch live or view the meeting at a later date. If you want to ask a question at the meeting, please email democratic.services@essex.gov.uk by 10.30am on the third working day before the

meeting. Please note that your question must be relevant to the business of the Board.

Accessing Documents

If you have a need for documents in, large print, Braille, on disk or in alternative languages and easy read please contact the Democratic Services Officer before the meeting takes place. For further information about how you can access this meeting, contact the Democratic Services Officer.

The agenda is also available on the Essex County Council website, www.essex.gov.uk From the Home Page, click on 'Running the council', then on 'How decisions are made', then 'council meetings calendar'. Finally, select the relevant committee from the calendar of meetings.

Please note that an audio recording may be made of the meeting – at the start of the meeting the Chairman will confirm if all or part of the meeting is being recorded.

4 Covid in Essex (HWB/03/21)

(10.05 - 10.25am)
To receive an update on the latest position, including the impact of Covid on public health and public health services and vaccine equalities issues.

4a Impact of Covid on Public Health and Public Health Services (HWB/03/21a) **16 - 29**

To provide an update on the impact of Covid on public health and public health services in Essex and to provide a basis for discussion

- on the increased challenges experienced within different cohorts and the consequent rise in presentations and demand on services
- the response to this across key service areas; and

to receive the Board's thoughts on the highest future priorities for public health.

4b Covid 19 Vaccination Equalities (HWB/03/21b) **30 - 39**

To provide an update on work currently underway to promote equality and address health inequalities in the Covid 19 vaccination programme.

5 Integrated Care System (ICS)/Health and Care Partnership (HCP) Verbal Updates

(10.25 - 10.45am)
To receive updates as follows:

1. West Essex and Hertfordshire ICS
2. Mid and South Essex HCP
3. Suffolk and North East Essex ICS

6 Southend, Essex and Thurrock Learning Disabilities Mortality Review (LeDeR) Annual Report 2019-20

(10.45-10.50am)
Further to discussion at the last meeting of the Board, Members are asked to approve the above Review without comment. Copies of the Review documents have been circulated previously, anyone requiring a further copy is asked to contact the Board Secretary (contact details on the front page of this agenda).

7	**Update report on action being taken to reduce the rise in suicide rates in Essex (HWB/04/21)** (10.50 - 11.10am) To report on progress against action proposed at the November 2020 meeting of the Board and present a clear ask around the support that will be required from the Board to deliver suicide prevention progress.	**40 - 77**
8	**New Statutory Duties for Domestic Abuse (HWB/05/21)** (11.10 - 11.25am) To appraise the Board on the statutory duties and agency guidance for domestic abuse which will be effective from 1 April 2021 and to seek Members' views on how the Board should engage with this issue.	**78 - 94**
*****	**BREAK 11.25 - 11.35am**	
9	**Population Health Management (including stimulating physical activity) (HWB/06/21)** (11.35am - 12.35pm)	
9a	**Population Health Management (HWB/06/21a)** To update the Board on the development of Population Health Management across the three Integrated Care Systems in Essex. The Appendix referred to within the report is available via the following link: Can Do Health & Care Thinking Differently - November 2020 (sneeics.org.uk)	**95 - 100**
9b	**Physical Activity in Essex (Essex Local Delivery Pilot) (HWB/06/21b)** To recognise the increased importance of physical activity in the daily lives of all citizens of Essex, and to galvanise, enthuse and mobilise support for urgent action to promote physical activity to ensure people in Essex are fit for the future.	**101 - 103**

10 Intergenerational Living

(12.35 - 12.45pm)
To receive a presentation by David Akinsanya (Suffolk and North East Essex ICS) on an approach being developed by the ICS for tackling loneliness through intergenerational living. Members' views are sought, in particular concerning the possibility of engagement by the organisations represented on the Board.

11 Forward Plan **104 - 105**

(12.45pm)
To discuss the latest Forward Plan and to consider requests for additional items.

12 Date of next meeting

To consider arrangements for the next meeting of the Board.

13 Schedule of Meetings for 2022

Members are asked to consider and approve the proposed dates for meetings of the Board in 2022, as set out below:

19 January	20 July
16 March	21 September
18 May	16 November

(all Wednesdays at 10.00am)

14 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.

15 Urgent Exempt Business

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

Agenda item 1

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 shown below. Dr Rob Gerlis has now replaced Dr Angus Henderson as the representative of West Essex CCG. Dr Angus Henderson has been appointed as named substitute for Dr Gerlis.

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	Chairman, EHWB
Dr Hasan Chowhan	North East Essex CCG
Dr Anna Davey	Mid Essex CCG
Sam Glover	Healthwatch Essex
Dr Rob Gerlis	West Essex CCG (named substitute: Dr Angus Henderson)
Dr Mike Gogarty	Essex County Council Director of Public Health (DPH)
Helen Lincoln	Essex County Council Director of Children's Services (DCS) (named substitute: Clare Kershaw)
Councillor Louise McKinlay	Essex County Council
Councillor John Moran	Essex County Council
Nick Presmeg	Essex County Council Director of Adult Social Care (DASS)
Dr Kashif Siddiqui	Castle Point and Rochford CCG (tbc)
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
Councillor Mark Cory	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
Lorraine Jarvis	Voluntary Sector – Chelmsford CVS
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
Simon Wood	NHS Commissioning Board Essex LAT Director

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 via Zoom at 10:00am on Wednesday 27 January 2021

Present:

Board Members (Statutory)	
Cllr John Spence	Essex County Council **(Chairman)**
Dr Rob Gerlis	West Essex CCG
Samantha Glover	Healthwatch Essex
Dr Mike Gogarty	Essex County Council (Director, Wellbeing, Public Health and Communities)
Ralph Holloway	Essex County Council ((substitute for Helen Lincoln, Director of Children's Services)
Cllr Louise McKinlay	Essex County Council
Cllr John Moran	Essex County Council
Nick Presmeg	Essex County Council
Dr 'Boye Tayo	Basildon and Brentwood CCG
Board Members (Other)	
Tom Abell	Essex Acute Hospital Trusts (substitute for Clare Panniker)
Georgina Blakemore	Borough/City/District Councils (ECEA Rep)
Paul Burstow	Independent Chair, Hertfordshire and West Essex ICS
Cllr Graham Butland	Borough/City/District Councils
Cllr Mark Cory	Borough/City/District Councils
Cllr Peter Davey	Voluntary Sector (Essex Assn of Local Councils)
Ian Davidson	Borough/City/District Councils (ECEA Rep)
Sunil Gupta	Mid and South Essex CCG Joint Committee
Nick Hulme	Essex Acute Hospital Trusts
Lorraine Jarvis	Voluntary Sector
Gavin Jones	Chief Executive, Essex County Council
Professor Will Pope	Independent Chair, Suffolk and North East Essex ICS
Professor Mike Thorne	Independent Chair, Mid and South Essex Health and Care Partnership
Sue Waterhouse	Essex Mental Health and Non-Acute Providers (substitute for Paul Scott)
Alison Wilson	Voluntary Sector (Mind in West Essex)
Simon Wood	NHS Commissioning Board Essex LAT Director
Co-opted Members	
David Archibald	Independent Chair/Facilitator, Essex Safeguarding Adults Board
Jane Gardner	Deputy Police, Fire and Crime Commissioner (substitute for Roger Hirst)
Deborah Stuart-Angus	Independent Chair, Essex Safeguarding Adults Board
Other Attendees	
Cllr Anne Brown	Essex County Council
Mark Carroll	Executive Director of Place and Public Health, Essex County Council
Peter Fairley	Director, Strategy, Policy and Integration, Essex County Council

Chris French	Head of Commissioning, Public Health and Wellbeing, Essex County Council
Dr Jane Halpin	Hertfordshire and West Essex ICS
Cllr Dave Harris	Essex County Council
William Hooper	Senior Strategy Adviser, Essex County Council
Susannah Howard	Suffolk and North East Essex ICS
Gary Hyams	Chair, Healthwatch Essex
Anthony McKeever	Mid and South Essex Health and Care Partnership
Jemma Mindham	Voluntary Sector
Judith Dignum	Democratic Services Officer, Essex County Council

1. Membership, apologies, substitutions and declarations of interest

Apologies for absence were received from Board Members as follows:

Dr Hasan Chowhan	North East Essex CCG
Dr Anna Davey	Mid Essex CCG
Roger Hirst	Essex Police, Fire and Crime Commissioner (for whom Jane Gardner was substituting)
Helen Lincoln	ECC (for whom Ralph Holloway was substituting)
Clare Panniker	Essex Acute Hospital Trusts (for whom Tom Abell was substituting)
Paul Scott	Essex Mental Health and Non-Acute Providers
Dr Kashif Siddiqui	Castle Point and Rochford CCG

The Chairman welcomed Sue Waterhouse, Director of Mental Health at Essex Partnership University Foundation Trust (EPUT) who was attending as substitute for Paul Scott, Chief Executive Officer of the Trust.

2. Minutes and progress report on actions: 18 November 2020

The minutes of the meeting of the Board held on 18 November 2020 were agreed as a correct record. Written and verbal updates on each of the actions agreed at that meeting were noted, and the actions marked as complete.

3. Public Questions

None received.

4. Covid in Essex

Nigel Leonard, Executive Director of Strategy and Transformation at Essex Partnership University Foundation Trust (EPUT) was in attendance for this item.

The Board received briefings on the current situation and key issues with regard to Covid-19 in Essex, including the operation of the vaccination programme, updates from the Integrated Care Systems and Health and Care Partnership and an update from the Director of Public Health.

The following issues arose during consideration of the updates:

- In response to serious concern regarding a lack of vaccination centres in Braintree District, it was noted that efforts were in hand to identify suitable sites. In addition, the situation was likely to improve with the roll-out of the Oxford-AstraZeneca vaccine as it could be administered from GP surgeries. The Board highlighted the need for effective communication to explain the situation to residents and offer reassurance and welcomed the offer of support put forward by the Chairman on behalf of Essex County Council.

- Nigel Leonard undertook to provide a briefing note on the plans and timescales for community vaccination of housebound residents.

- Some concern was expressed that the organisation of the primary care networks in Essex was not working well for communities.

- The pressures caused by Covid-19 were having a severe effect in terms of the deferral of treatment for non-Covid conditions. System recovery plans were currently under consideration and would include the provision of support at regional level. In practice, this may involve the referral of patients for treatment further away from home than usual.

- It would be important to learn lessons from the disproportionate effect of Covid on disadvantaged groups, including those with a learning disability. There would also be a need to respond to increased demand for mental health and wellbeing support as a long-term effect of the pandemic.

The Chairman and Members of the Board expressed grateful thanks to partners across all sectors for the hard work and collaboration which had contributed to the successful response to both Covid-19 and the rollout of the vaccine.

The briefing was **noted.**

Action

	Action	**Lead / Comments**
1.	Board to receive briefing on plans and timescales for community vaccination of housebound residents.	Board Secretary / Chairman's Office

5. 'Integrating Care – next steps to building strong and effective integrated care systems across England' – engagement exercise

The Board noted the response of Essex County Council (circulated in advance of the meeting) to the recent NHS engagement exercise on next steps for Integrated Care Systems.

Members were advised that a future Government White Paper on the issue was anticipated.

6. 'None of us had a manual for this': lived experience of service users and those requiring support during the Covid-19 Pandemic – informing the Recovery Plan for Adult Social Care and Partners (HWB/01/21)

Maresa Beazley, Senior Researcher, and Lisa Wilson, Head of Strategic Commissioning and Policy, Essex County Council, attended during this item.

The Board received a report which presented findings on the experience of vulnerable and disabled people during the Covid-19 pandemic and identified twelve areas of challenge.

In presenting the report, Maresa Beazley and Lisa Wilson highlighted the profound impact which the pandemic had had on vulnerable and disabled people, affecting their independence and wellbeing as well as their ability to go about their daily lives. The outcome of the research had provided insight which would influence future practice in the short and long term. It had also highlighted the range and quantity of support available in the community and the need to improve connections between all types of provision.

Thanking everyone who had contributed to the research, Maresa Beazley and Lisa Wilson encouraged the organisations represented on the Board to reflect on the insights set out in the report and to engage with a series of webinars planned for February 2021 to discuss the findings and explore options for action.

In response to a question, it was noted that the range of experiences reported had been diverse and no geographical factors could be identified. Evidence did show that experiences were influenced by age and family circumstances.

Resolved:

1. That the research findings set out in report HWB/01/21 be noted.

2. That the organisations represented on the Board consider how the research findings can inform their response to the ongoing Covid crisis.

3. That commissioners across health and social care be encouraged to engage in a series of webinars to discuss the research findings and develop actions.

Action

	Action	**Lead / Comments**
2.	Webinar dates to be circulated to Board Members.	Maresa Beazley / Board Secretary

7. Southend, Essex and Thurrock Learning Disabilities Mortality Review (LeDeR): Annual Report 2019-20

Due to the complexity of this issue, it was **agreed** that the report, together with an executive summary, should be circulated after the meeting and included on the agenda for the Board's next meeting on 17 March for approval without comment.

Actions

	Action	Lead / Comments
3.	To circulate the report and executive summary to the Board.	Board Secretary
4.	To include the report on the agenda for the March meeting, for approval without comment.	Board Secretary

8. Isolation and Mental Health (HWB/02/21)

Kirsty O'Callaghan, Head of Strengthening Communities, Essex County Council was in attendance for this item.

The Board received a report detailing action being taken across Essex to address social isolation as a key component to tackling mental illness and to respond to the amplified need, specifically for key cohorts who have become increasingly isolated due to Covid and its restrictions, both through formal support and building resilience. The Board was asked to comment on potential gaps in the current approach, identify emerging needs and propose potential remedies.

The following issues were identified:

- Capacity within the community should be leveraged and built upon, in particular using initiatives such as Mental Health First Aid to improve general awareness and understanding of mental health issues. This would help to address a gap in support for those with a lower level of need.

- Investment was needed in response to a growing need for specialist psychological support for those affected by bereavement and complex grief linked to the particular circumstances during the pandemic.

- The disproportionate effect of Covid on disadvantaged groups had highlighted the need for the ongoing work on inequalities to continue. The Chairman commented that work to better understand the issue as it related to Essex was necessary and would be undertaken post-Covid.

- Covid had affected people in a wide variety of ways, pointing to the need for a flexible, individualised response.

- Befriending services and 'social reconditioning' would play an essential role in rebuilding the confidence of certain groups, especially the elderly, helping them to re-engage in face-to-face interaction and activities.

- Moving into the recovery phase, and given that significant additional funding was unlikely, it would be important to build on existing activity and work together across sectors to reach broad agreement on priorities for action. This would involve an assessment of existing activity to determine what could be built upon and upscaled, what could be paused or discontinued and where further investment was needed. It was agreed to seek Members' feedback on this outside the meeting.

- Connections between the various support activities existing across all sectors required improvement to ensure that services were known about and used.

- Services must respond to the needs of staff and volunteers seeking support in the longer term as a result of 'emotional injury' acquired during their involvement in the Covid-19 response.

Noting that there had been some activity in the 'Chat' function during consideration of this item, the Chairman asked Kirsty O'Callaghan and Mike Gogarty to provide a brief summary for circulation.

Resolved:

That the comments above constitute the Board's response to the issues set out in report HWB/02/21.

Actions

	Action	Lead / Comments
5.	Members' feedback to be sought on priorities for action in the recovery phase – from existing activity, what could be built upon, paused/discontinued or receive investment?	Chairman's Office / Board Secretary
6.	Board to receive a copy of Cllr Peter Davey's detailed response to Kirsty O'Callaghan	Kirsty O'Callaghan / Board Secretary
7.	A brief summary of the 'Chat' activity during the item to be produced and circulated to Members.	Mike Gogarty / Kirsty O'Callaghan / Secretary

9. Forward Plan

The content of the Forward Plan was noted.

10. Date of Next Meeting

It was noted that the next meeting of the Board would take place online at 10.00am on Wednesday 17 March 2021.

The meeting closed at 11.39am

Councillor John Spence
Chairman

17 March 2021

ESSEX HEALTH AND WELLBEING BOARD: 17 March 2021

Progress report on actions arising from previous meetings (as at 9 March 2021)

	Minute	Action By	Action Arising	Deadline	Progress/status (with reasons)
27 January 2021					
	4: Covid in Essex	Board Secretary / Chairman's Office	Circulate brief on plans and timescales for community vaccination of housebound residents	17/03/21	**Complete:** latest Vaccination Briefing circulated 9 March
	6: Lived experience of service users and those requiring support during the Covid-19 Pandemic – informing the Recovery Plan for Adult Social Care and Partners	Maresa Beazley / Board Secretary	Circulate webinar dates to Board Members	17/03/21	**Complete:** emailed 9 February
	7: Southend, Essex and Thurrock Learning Disabilities Mortality Review Annual Report 2019-20	Board Secretary	Circulate report and executive summary	17/03/21	**Complete:** circulated 9 February
		Board Secretary	Include report on March agenda for approval without comment	17/03/21	**Complete:** added to list of items for March meeting 9 February
	8: Isolation and Mental Health	Chairman's Office / Board Secretary	Seek Members' feedback on priorities for action in the recovery phase – from existing activity, what could be built upon, paused /discontinued or receive investment	17/03/21	**Complete:** email request sent 17 February
	8: Isolation and Mental Health	Kirsty O'Callaghan / Secretary	Circulate copy of Cllr Peter Davey's response to Kirsty O'Callaghan	17/03/21	**Complete:** circulated 15 February
		Mike Gogarty / Kirsty O'Callaghan / Secretary	A brief summary of the 'Chat' activity during the item to be produced and circulated to Members	17/03/21	**Complete:** circulated 15 February

Agenda Item 4a

Report title: Impact of Covid on Public Health and Public Health Services	
Report to: Essex Health and Wellbeing Board	
Report author: Dr Mike Gogarty, Director of Wellbeing, Public Health and Communities	
Date: 17 March 2021	**For:** Information
Enquiries to: Ben Hughes, Head of Wellbeing and Public Health	

1. Purpose of Report

1.1. To provide an update on the impact of covid on public health and public health services in Essex.

1.2. To provide a basis for discussion within the Health and Wellbeing Board of:

I. The increased challenges experienced within different cohorts and the consequent rise in presentations and demand on services;

II. The response to this across key service areas.

1.3 To receive the thoughts of the HWB on the highest priorities for public health going forward.

2. Recommendations

2.1. To note the impact of Covid-19 on need and services commissioned by wellbeing and public health services across Essex.

3. Summary of issue

3.1. Since March 2020, Essex County Council's Public Health and Wellbeing team (PHW) have been managing the service provision across the county in light of rapidly changing need, demand and guidance to ensure safety both of staff delivering services and the communities that we serve.

3.2. PHW have been seeking to ensure that, whilst safety has been paramount, the provision of support and achievement of positive outcomes for individuals and communities remains fully in focus.

3.3. The following service areas have been significantly impacted because of the restrictions placed on both the delivery methods and the individuals and communities for whom these services are vital:

- Health Checks
- Sexual Health
- Smoking Cessation
- Substance Misuse (Drug and Alcohol Treatment)
- Homelessness Prevention and Rough Sleeping
- Health and Justice provision

- Adult Community Learning
- Essex Child and Family Welfare Service
- Weight Management
- Communities and Public Health
- Essex Wellbeing Service
- Digital Communities

A detailed update on each of the above areas is attached as Appendix One.

4. Next Steps

4.1. For the Board to note the contents of the update and consider which areas could be prioritised and where maximum impact can be achieved.

5. Issues for consideration

5.1. Financial implications

5.1.1 There are no direct financial implications arising from this report. The current work stream is funded through the Public Health Grant.

5.2. Legal implications.

5.2.1 There are no known legal implications arising from this report.

5.2.2 This programme of work continues to support Covid-19 recovery work, the longer-term aim to improve the health and wellbeing and life chances of Essex residents, the implementation of the wider prevention agenda and Health in All Policies approach.

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. Numerous equality impact assessments carried out in relation to all of the above workstreams indicate that the work identified in this report will not have a disproportionately adverse impact on any people with a particular characteristic.

7. List of Appendices

7.1. Appendix One: Service Impact - Detailed Report

Appendix 1

Appendix: Service Impact Updates

The following service areas have been significantly impacted because of the restrictions placed on both the delivery methods and the individuals and communities for whom these services are vital:

1) Health Checks
2) Sexual Health
3) Smoking Cessation
4) Substance Misuse (Drug and Alcohol Treatment)
5) Homelessness Prevention and Rough Sleeping
6) Health and Justice provision
7) Adult Community Learning
8) Essex Child and Family Welfare Service
9) Weight Management
10) Communities and Public Health
11) Essex Wellbeing Service
12) Digital Communities

1 **NHS Health Checks** - The NHS Health Check programme resumed on the 1st September 2020, initially prioritising those who were most likely to be at higher risk of Cardiovascular Disease (CVD) and those from areas of high deprivation. Most of the NHS Health Checks are delivered by GP's and due to their inability to deliver health checks initially due to Covid-19 restrictions and latterly commitment to deliver the Covid-19 vaccination has resulted in reduced delivery.

   In addition to the standard programme and to help mitigate the low numbers from GP's, a split NHS Health Check offer has been piloted whereupon a telephone consultation around lifestyle is completed prior to the biometrics (Cholesterol, Blood Pressure and BMI) being completed face to face, thus reducing contact with a health professional to a 10 minute appointment.

   A Digital NHS Health Check has also been implemented by reviewing previous cholesterol and blood pressure readings taken within the last 6/12 months. Using the clinical exclusions for the programme, we were able to identify a patient cohort to have the remainder of the NHS Health Check completed over the phone by specialist Health Check staff.

   We are continuously looking at ways to innovate, adapt and develop the programme.

2 **Sexual Health** - The Covid-19 pandemic necessitated a reprioritising of clinical delivery with a refocused response on critical services. The Essex Sexual Health Service rapidly adapted its centralised access, electronic records, and telephone triage process to maintain and expand all online services, adapt to safer medicine collection systems and provide direct contact for those who required it. The use of virtual appointments has been extremely well received,

anecdotal feedback indicates that they are more discreet and convenient for people with no associated travel and significantly less time away from work/other commitments. We believe that this change, whilst maintaining the safety of staff, service users and the wider community will also result in longer term service improvements and we are currently reviewing a range of remote imaging and diagnostic software and systems to support the development of further virtual work.

An issue currently being faced is the high demand for Long Acting Reversible Contraception (LARC) following the temporary suspension of non-essential services as a result of Covid-19. Although these restrictions are now lifted, GP delivery remains low due to vaccine delivery commitments. We have plans in place with additional providers to recover the outstanding activity.

3 **Smoking Cessation** - Demand for smoking cessation services have declined during the pandemic, and GP delivery for smoking quits was greatly reduced. Smoking cessation support through the specialist service in Essex moved to online and telephone support since the end of March. It experienced an increase in self-referrals during April no doubt due to concerns around respiratory issues. It would appear that whilst some people are using the pandemic as an opportunity to focus on their health and quit habits like smoking, however there are undoubtedly some who have turned to smoking in order to cope. YouGov's Covid-19 tracker suggests 2.2 million people across the UK are smoking more than they were before lockdown.

By maintaining on line and telephone support clinics we can sustain capacity and are using social media campaigns such as #quitforcovid to emphasis the benefits of quitting particularly at this time. we will work closely with both Primary and additional providers to help recover performance.

4 **Substance Misuse** - All commissioned drug and alcohol treatment and care provision continued to operate from day one of the lockdown and throughout in line with guidance (current and as it is updated). Most of the contact was and is now remote and technological solutions such as ZOOM, SKYPE, MS TEAMS and others have been employed to engage with clients, provide 1:1 and group support and manage recovery check-ins. Our NHS Provider is using NHS approved virtual assessment tools linked to care management tools. In addition, telephone contact is being maintained and face to face support is available and offered where other solutions are not possible or clinical demand/complexity dictates. The Community Rehabilitation Programme (SHARP) has been running virtually and specific workbooks and resources tailored to meet the demands of home-based treatment have been developed. Client engagement has been supported by the newly created Essex Recovery Foundation and we have been able to work with the charity and the Recovery Advisory Committee to assess client impact and review satisfaction with the business continuity arrangements. The alcohol specific services have also noted that clients are appreciative of the range of engagement tools available to support them and presentations and retention seems to be improved.

We have seen demand for the services increase during the current crisis and in particular, using the data below, we can see the demand for support in relation to these services has increased. The numbers below represent those entering structured treatment and does not include those seeking advice, information and low level, non-structured support.

Numbers in treatment	**Oct-19**	**Nov-19**	**Dec-19**	**Q3 2019/20 average**	**Oct-20**	**Nov-20**	**Dec-20**	**Q3 2020/21 average**
Opiates	1450	1425	1427	1434	1494	1492	1495	1494
Alcohol Only	430	476	476	461	546	601	608	585
Alcohol and Non-Opiates	190	213	201	201	213	214	209	212
Non-Opiates only	203	213	201	206	220	221	218	220

Fig 1: Numbers in Treatment comparison – All Essex

% difference	**Q3 average comparison 2019 vs 2020**
Opiates	+ 4%
Alcohol Only	+ 27%
Alcohol and Non-Opiates	+ 5%
Non-Opiates only	+ 7%

Fig2: Percentage increase In Treatment – All Essex

The demand levels as shown have placed additional strain on the services due to the fact that engagement has had to be via alternative, Covid-19 secure methods. Key challenges have been the lack of web enabled devices owned by many of the Opiate and Crack using population and the difficulty in maintaining contact with those highly complex clients (Dual Diagnosis, Rough Sleepers etc). Mobile phones, Smart phones and top-up credit have been provided wherever possible and links to the wider partnership engaging with these individuals has helped.

Alcohol services were recently awarded £180K of the Contain Outbreak Management Fund (COMF) to respond to the increase in demand due to the pandemic. Drug services have also recently been awarded £240k (£180K to Open Road and £60K to The Children's Society), to enable them to maximise access to treatment and support and ensure treatment and support is being provided in a Covid-19 safe and secure manner.

5 **Homelessness Prevention and Rough Sleeping** - The Floating Support service provided by Peabody continues to support high numbers, including rough sleepers. Additional monies from the Essex County Council Leader's Fund - £200,000 this year and for the next two years - have enabled the service to manage the backlog that had built up as a result of supporting rough sleepers over an extended period during the pandemic and has also enabled the service to assist early on those facing financial problems as a result of the pandemic.

Referrals to Floating Support (Peabody)	
Q3 2019/20	848
Q3 2020/21	1479
% increase	**74%**

Fig 3: Referral to Peabody HRS Service All Essex

Evictions prevented / New Tenancies QTR 3 2020/2021	**361**
At immediate risk but retained tenancy	203
Supported to find a new tenancy	158

Fig 4: Outcomes Q3 2020/21 Peabody HRS Service

Horizons (providing targeted support services to individuals with Significant Multiple Disadvantage – Homelessness, Substance Misuse, Offending, Mental Health) has also been crucial in working with vulnerable people with complex needs right through the pandemic, including those rough sleepers with very complex and pressing needs. This service was also granted additional monies from the Leaders Fund - £300,000 for this year and the next two – and has been able to expand its services across the county for people with complex and multiple needs.

Working in partnership with district borough and city housing colleagues, we have helped over 300 rough sleepers to come off the streets during this pandemic year and have been able to provide ongoing and intensive support to enable them to stay in accommodation. Currently there are around 11 official rough sleepers remaining on the streets across Essex and work continues to attempt to house them.

6 **Health and Justice** - Health and Justice services operating in the community, supporting Police Custody and the Courts, and working with HMP Chelmsford have continued to operate during the pandemic, providing support to vulnerable offenders. Numbers of arrestees has increased during the pandemic and the services operating in this space have continued to provide these key services. Referrals to Full Circle (Offenders with Complex Needs service provided by Phoenix Futures) in Q3 2020/21 were **273** which is the highest since Q4 of 2018/19.

As part of ongoing developments and even during the pandemic, in partnership with Probation and others we have introduced and are piloting new Mental Health Treatment Requirements (MHTRs) as an alternative to custody for offenders with mental health issues and we continue to build capacity for other alternatives to custody (Alcohol Treatment Requirements and Drug Rehabilitation Requirements). Despite going live during the pandemic, the MHTR service has been extremely successful, and currently has enabled **83** individuals to access mental health treatment as part of their community sentence, with the view to reducing further reoffending.

7 **Adult Community Learning** - ACL is Essex County Council's adult (aged 19+) learning service and it is the third largest Adult Community Learning service in the country. ACL's purpose is to provide its learners with as many ways to flourish as possible. This purpose has become even more important in light of the Covid-19 pandemic, where lifelong learning is a key part of supporting health and wellbeing, and economic recovery.

i. **Delivery model** As a result of Covid-19, ACL moved swiftly in successfully transferring the majority of its classroom offer to online, where it was appropriate; with learners completing both qualification-based and non-accredited classes. Apart from times of lockdown for educational establishments, ACL Centres remained open for vulnerable learners and those with low digital, English and maths skills.

From 8 March 2021, it is ACL's intent to resume classroom-based provision through a safe and staged approach whenever possible. ACL will also continue online delivery wherever appropriate to support flexibility and accessibility. In the early stages of reopening ACL will prioritise Centre delivery for those curriculum areas where classroom-based delivery is crucial for benefiting learning, including Supported Learning (adults with learning difficulties), basic skills courses and for those who are socially isolated.

ii. **Supporting Adults with Learning Difficulties** - ACL staff have worked very closely with Adult Social Care to enable a joined-up approach which ensured the welfare of ACL's 550+ Supported Learning learners.

ACL has co-developed an Inclusive Apprenticeship in Customer Service (Level 2) qualification. Vacancies for this were advertised by Essex County Council in August to provide new opportunities for those who had lived experience with autism and/or a learning disability.

iii. **Supporting Communities** - The ACL Community and Family Learning team 'went online' developing a range of courses. The work of this team has been helping to support children and families, whether through mitigating risk of developmental delay, reducing family tensions, supporting children's mental health, and providing new skills for parents and carers.

iv. **Mental Health and Wellbeing** - To specifically address the mental health and wellbeing impact from lockdown, furloughing and Covid-19, ACL further developed its programme of Mental Health and Wellbeing courses. The re-designed online programme started in April and has been continuously evaluated to ensure that the offer remains suitable and is adapted for people living through different degrees of turbulence and change.

v. **Good Things Foundation (Digital Exclusion Charity)** - As part of additional collaboration with the Good Things Foundation, ACL has been successful in its application for 40 free Tablet devices preloaded with 25Gb of data to support vulnerable learners who are digital excluded. These devices are gifted to learners to own (in this case donated from Barclays) so that they can access learning, services, and re-connect with family and friends.

vi. **Work with the NHS** - A key part of the work ACL has been doing has been around developing relationships with the NHS and working collaboratively with them through activities that support common outcomes.

- ACL is now an **approved supplier** for the NHS to deliver Level 2 Customer Service Apprenticeships and the new Level 2 Healthcare Cleaning Operative Apprenticeships. Further supporting residents and NHS organisations across Essex.

- **Nightingale Social Care Bursary**. ECC have awarded ACL with £299,730k to deliver training to staff currently working within the Health & Care Sector. The project will support 195 existing Health & Care employees who are ineligible for apprenticeships or full government funding to access qualifications without charge.

- **Routes into nursing Pilot** - ACL has developed a local pilot with the Suffolk and North East Essex (SNEE) NHS trust to enable individuals in the Clacton/Tendring area to gain access to a career in Nursing. This also includes upskilling maths, English and ESOL through the levels up to GCSE which is the entry requirement into nursing.

- **Mid & South Essex NHS Trust** Delivering accredited courses in Health and Social Care (along with Digital, Maths and English)

- **Tendring Health and Care Academy** ACL are working with NHS colleagues to develop the Tendring Health and Care Academy. This will support adults and young people to access information, advice and guidance (IAG) so that they understand the broad range of careers available in the Health & Care sector. They will then be able to access training that they need (from soft skills to qualifications) to gain a meaningful career in the sector.

vii. **Apprenticeship Levy Transfer Service (collaboration with Economic Growth Team)** - There are multiple employers within Essex, including ECC, who are not fully utilising their apprenticeship levy funds. Levy paying employers are able to transfer (gift) up to 25% of their levy to other businesses to pay for the training (not the wages) of an apprentice. The service will enable Levy paying employers to 'gift' unused levy funds to Essex based SMEs. The Employer Engagement Team works with businesses, colleges and training providers across Essex to

maximise new apprenticeship opportunities for both new hires and existing employees.

viii. **Good Things Foundation (Consensus Project)** - ACL has been successful in its bid for 5 ACL Centres to become 2021 Online Census Centres. These will be facilitation sites for the 2021 Digital Census, which will support residents unable to access or use technology sufficiently to complete the census. ACL have been allocated some funding to help train and pay staff to be facilitators – supporting individuals who are digitally excluded. ACL will also support individuals to access further digital training.

ix. **Job Recovery provision** - ACL has developed a suite of provision to support those residents who have become unemployed or are at risk of becoming unemployed during the pandemic. Examples include how to effectively search for jobs, CV writing, digital interview and presentation skills, transferable skills, and new sector opportunities.

8 **Essex Child and Family Welfare Service (ECFWS)** - The ECFWS has responded well to Covid-19 by proactively generating a 5-phase response plan which correctly anticipated national policy announcements around Covid-19 related changes to children and family's public health services. In summary some face to face services have been suspended but contact maintained with those most in need and at risk of not achieving commissioned outcomes. This has been based on a robust relative risk/need triage process with families with greatest need prioritised for more intensive support. This builds on the overall relative risk approach to the service population which ECC commissions from the service.

Impact on pre Covid-19 agreed performance, which includes impact of asks for staff redeployment by other parts of the system, is being monitored, quantified and risk assessed by commissioners with external safeguarding input to ensure a safe agreed consensus position on service operations.

9 **Weight Management Services (Commissioned)** – Conversion from face to face to online and telephone counselling has been achieved where this was possible through services directly delivered by the provider, but face to face delivery by other voluntary sector partners has had to cease during Covid-19. Outcomes achieved by telephone counselling are comparable with face to face services, but online only does not produce comparable weight loss outcomes. This is useful learning as part of the research we are currently undertaking to compare the efficacy of different methods of weight loss.

10 **Communities and Public Health** - In terms of impact all of our pre-covid service provision remains operational within the Communities portfolio, albeit in some instances with considerable channel shift to digital. Whilst Covid-19 has impacted negatively in the worst possible ways on the lives of many it has also afforded us the opportunity to work more innovatively, strengthening long standing partnerships and forging new partnerships across the system and

within our communities. Covid-19 has afforded us the opportunity to develop new ways of working and work with communities who we would not ordinarily reach or have found local government relevant to their daily lives.

Covid-19 has meant that we have continued, expanded and diversified our service delivery the first element of this was the need to keep Essex safe during the pandemic. The Essex Wellbeing Service (EWS) was established in 10 days and launched March 2020 evolving from our Social Isolation Model and growing from 3 call handlers to 300 in a week! The service purpose was to ensure the **most vulnerable** in society were supported through the extended periods of self-isolation to stay healthy and well as a result of Covid-19, initially with a focus on daily living tasks including shopping, prescriptions and supporting isolation. It was the ECC response to Operation Shield over the last year, working alongside community hubs.

Key facts:

- Initially supported all age Category A and Category B residents
- Designed for **people without the support** of family, friends or neighbours, or local community support as a fail safe
- Mobilised thousands of **volunteers via Facebook** to support residents with daily tasks. 80% of these residents had never previously volunteered before – created community uber for volunteering through PriorityMe
- Collaboration of providers important and pooling resources and learning across the partnership at pace and at scale – staff from multiple organisations ECC, Virgin etc
- ECVA acted as a signposting tool to ECVA etc – translating digital into physical social action
- Used a **single case management system** (PriorityMe) to record cases and manage referrals and signed up district community hubs to enable access to data and support. (districts could use the PriorityMe system as well)

• 207,000 Essex Residents Supported in the last year
• 382,000 Volunteer Jobs Completed to support people with daily living tasks
• Community Uber for volunteers – Priority Me System established
• 500+ new befrienders recruited to support those who are isolated and lonely
• 1000+ people trained in Mental Health First Aid (MHFA) during covid-19
• 11,000 Volunteers recruited to support shielding, testing and vaccination across Essex to compliment the work of community hubs.

Fig 5: Essex Wellbeing Service Performance since inception

11 Essex Wellbeing Service - Throughout the life course of Covid-19 EWS needed to flex further to meet emergent needs beyond daily living tasks To support increased complexity and need in the system Care Nav+ was developed – one point of access unifying partners it was:

- **A partnership between a number of voluntary sector and community sector providers using a social prescription approach to** connect people to support in their community and use specialist advice to a common outcomes framework.

- A **collaboration across public health and all age social care** to work together to reduce demand on health and social care.
- To help people **to access information and support** to stay healthy and well during extended periods of self-isolation, using the principles of **social prescribing**.
- Focuses on **promoting the wellbeing of people**, preventing needs from escalating and **reducing demand on health and social care** services.

Current activities

EWS has continued to evolve to support emergent system needs in response to the challenges presented by Covid-19 current work programmes is outlined below:

- EWS acting as the Single Point of Co-ordination Point for the Volunteering TCG has supported:
    - Recruitment and onboarding of 3,500 Vaccination Volunteers throughout the last month to support EPUT
    - Working with informal mutual aid groups recruited and co-ordinated support for Operation a total of 500 Volunteers to support the surge testing programmes roles have included letter dropping, supporting testing centres and door to door delivery and collection of Covid-19 tests within these geographies.
    - Development with NHS Partners of a Long Covid pathway.
    - Working with the RCCE deployment of contacts and welfare checks for people on our registers with a Learning Disability to encourage increased social inclusion and access to vaccination.
    - Development and delivery of a call back pathway for those facing barriers to vaccination across Essex to reduce health inequalities and to support our NHS partners

Covid-19 has meant that we have had to increase and diversify our offering to support Communities some of the activities we delivered are outlined below:

- Established a welfare call system for our most vulnerable at the point of discharge from acute and community care
- Recruited 3,500 volunteers to support people as part of the EWS model
- Recruited 3500 volunteers to support the NHS vaccination programme in Essex.
- Invested 635K in supporting Citizens Advice around additional capacity and employment support
- Invested an additional 350K in winter warmth schemes for those in most need i.e. via CVS and Social Prescribing Network
- Provided MHFA training to a further 5000 Essex residents and delivered a channel shift to deliver this

- Recruited a further 1000 Telephone Befrienders to support those who are feeling isolated or lonely to enhance the Live Well Link Well/United in Kind offer – a collaborative model with Provide, CVS, RCCE, Mind and Action for Family Carers
- Piloted micro-grants to assist the response to Covid-19 for community groups and mutual aid groups
- Delivery of a Digital Recovery college model and online Resilience Course for Essex residents
- Invested a further 200k in additional Bereavement Support
- A further 200k to support additional capacity in Futures in Mind re Substance Misuse
- Invested £3 million in funding to top up and expand the criteria of the government £500 isolation scheme, designed this in partnership with districts and devolved this down to them
- Devolved directly 700K to districts to directly support CEVS on a population basis
- Established a foodbank network and fund to support joined up food security administered by EALC
- Established an ecosystem of Covid-response grant funding to the value of £8.3 million to support the VCS, Mutual Aid Groups, Health inequalities and to support barriers to healthcare
- Topped up the essential living fund to assist our most vulnerable
- Set up the Essex Coronavirus Action (ECA) page to inform and support our communities including a support group plus the creation and delivery of a Resilience Course for residents
- Set up Central Law, the only end to end not for profit law firm in partnership with the CAB to provide both end to end representation in family and employment law, including access to a Better Divorce Course Programme.

12 Digital Communities - As previously stated, channel shift has been a theme throughout Covid-19. We need to find a way to communicate with citizens at pace and scale to keep people in Essex Safe, to do this, we set up the Essex Corona Virus Community Campaign Model on Facebook and other social channels. The model is a collaborative model set up to enable statutory partners i.e. Public Health to respond to the wants and needs of the community with a range of professionals on point to work with admins to respond to queries, questions and concerns from the general public.

We wanted to meet a critical mass of people where they are, which is on Facebook. Traditional communication mechanisms can be transactional, the model was designed to provide support and build community complementing our corporate communication channel. We wanted to understand the sentiments of our community during the pandemic. To enable us to respond, in the right tone and to ensure we were making the right decisions and commissioning the right services to support them currently.

ECC recognised that a different model of communication and civic infrastructure was needed to respond to a global pandemic at a hyper local

level. The Communities and Public Health Team developed, commissioned, and led on this work. In response to a rise in misinformation across local social media, ECC collaborated with local group admins and Public Health to establish ECA on the **13th March**. Essex Coronavirus Action Support (the online community group) launched on the **16th of March**.

Prevent, Inform, Assist: The focus was on **preventing** misinformation and transmission of the virus, **informing** residents of new developments from credible sources, and **assisting** residents in Essex, especially our most vulnerable residents. Our entire focus was on keeping Essex safe and helping them keep each other safe.

Agenda Item 4b
HWB/03/21b

Report title: Covid19 Vaccination Equalities	
Report to: Essex Health and Wellbeing Board	
Report author: Susannah Howard (Suffolk and North East Essex ICS), Rachel Jennings & Claire Hankey (Mid and South Essex)	
Date: 17 March 2021	**For:** Discussion
Enquiries to: Susannah Howard, ICS Programme Director, SNEE ICS susannah.howard2@nhs.net	
County Divisions affected: North East Essex and Mid and South Essex	

1. Purpose of this paper

1.1 The purpose of this paper is to update members of the Essex Health and Wellbeing Board on the work underway to promote equality and address health inequalities in the Covid19 vaccination programme. This work is being jointly supported through a collaboration between Suffolk and North East Essex ICS and Mid and South Essex Health and Care Partnership. Learning and materials have also been shared with Hertfordshire and West Essex ICS.

2. Recommendations

2.1 To be aware of the joint approach to Vaccination Equalities across systems.

2.2 To offer wider contributions to the programme and strengthen learning.

3. Summary of the Issue

3.1 Health inequalities have been a key issue throughout the Covid19 pandemic. This paper sets out the importance of a robust approach to equalities and mitigating health inequalities in the roll out of the Covid19 vaccination programme. The It describes the development of the Equalities and Health Inequalities Impact Assessment (EHIIA) for the vaccination programme and then the joint work across Suffolk and North East Essex and Mid and South Essex to implement the mitigations identified in the EHIIA.

4. Health Inequalities and Covid19

4.1 COVID-19 has shone harsh light on some of the health and wider inequalities that persist in our society. It has become increasingly clear that COVID-19 has had a disproportionate impact on many who already face disadvantage and discrimination. The impact of the virus has been particularly detrimental on people living in areas of high deprivation, on people from Black, Asian and minority ethnic communities (BAME), and on older people, men, those with a learning disability and others with protected characteristics.

4.2 A detailed system learning report from the initial stages of the pandemic in Suffolk and North East Essex looked in detail at how Covid-19 had further amplified the many existing inequalities in our communities. This report is available here.

4.3 Some of the specific issues identified in the report were that:

- specific groups, including men, older people, those from BAME backgrounds and people with obesity, have had higher risks from Covid19;
- food poverty compromised people's ability to keep well and fight infection.
- the most marginalised in society, including asylum seekers, the homeless & sex workers, found it harder to access services, information and support;
- many people worry about going to healthcare settings for fear of infection, and bringing infection into their homes;
- people have experienced more isolation and anxiety, and less access to their networks of wellbeing support.

4.4 Based on this learning we need to recognise that as we build back, we need to:

- **Plan** for the few, not just the many.
- **Listen** to groups and communities to understand their needs and make sure we achieve better services than before.
- **Co-produce** services that meet people's needs in design, delivery and monitoring of services. We must value their input, and show how they have made a difference.

4.5 The importance of a robust approach to equalities and mitigating health inequalities in the roll out of a Covid19 vaccination programme is summarised in the following quote from a paper in The Lancet in December 2020.

> *"The public is not a homogeneous entity. It is complex, composed of individuals, families, and other groups shaped by contexts, experiences, and desires in a constellation of communities with different patterns of health literacy, values, and expectations. A top–down, one-size-fits-all approach has derailed countless well-meaning global health solutions, and in the context of vaccine implementation risks leaving many groups behind, again. Policy makers need to understand this diversity and adopt comprehensive local approaches that give communities a voice, and the necessary resources to put ideas into action. Such community-led strategies can ensure diverse local voices are heard, map local concerns and alliances, and codesign programmes to maximise vaccine uptake from the ground up. "*

5. Equalities and Health Inequalities Impact Assessment (EHIIA) and Plan

5.1 Cross-system work to identify and address inequalities was established from the outset of the Covid19 Vaccination Programme as a joined-up approach across both Essex and Suffolk. The work feeds into the Vaccination Programme Boards in both Suffolk and North East Essex and Mid and South

Essex and there is close co-operation and joint working between the two systems in taking this work forward.

5.2 Develop of a comprehensive Equalities and Health Inequalities Impact Assessment (EHIIA) began in autumn 2020 for the COVID-19 vaccination programme across both systems. This EHIIA sought to:

- Explicitly identify populations at risk of inequalities;
- State the potential impact on the population, considering barriers at each stage of the vaccination journey from invitation to follow up;
- State mitigating actions to address barriers and the timescales for these;
- Be an iterative document – reviewed on a regular basis with oversight at Board.

5.3 Development of the EHIIA drew on learning from existing research, reviews and reports including:

- National data, and national reviews of inequalities during the pandemic;
- Guidance on impact assessments;
- Best practice in sharing messages and countering misinformation;
- The Suffolk and North East Essex ICS system learning review;
- Public information on the vaccine programme.

In addition, the team sought feedback directly, and via local Healthwatch and VCSE organisations, and by asking local people and staff about their concerns about the vaccine – whether to have it, how to get it and their experiences of the influenza vaccine.

5.4 The resulting EHIIA is extremely comprehensive and continues to be updated and further developed as a shared resource for both systems. It identifies how the Covid-19 vaccination programme may potentially impact on a range of people with protected characteristics and groups who experience health inequalities. This includes:

- The nine protected characteristics as defined by The Equality Act 2010: Age, Disability, Sex, Race, Gender Reassignment, Sexual Orientation, Religion and Belief, Pregnancy and Maternity, Marriage and Civil Partnership.
- Consideration of the Public Sector Equality Duty (PSED) which under the Equality Act 2010, requires public bodies when exercising its functions to have due regard to the need to:
    - Eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;
    - Advance equality of opportunity between people who share a protected characteristic and those who do not;
    - Foster good relations between people who share a protected characteristic and those who do not.
- Consideration of health inequalities defined by Public Health England as unfair and avoidable differences in health between different groups in a society. Health inequalities are caused by a complex mix of environmental

and social factors which lead to variation in the conditions in which we are born, grow, work and live. These conditions affect the way people look after their own health and use services throughout their life

5.5 The Equality and Health Inequalities Impact Assessment (EHIIA) enables those working at pace in both systems to identify mitigating actions that need to be considered and put in place. In both systems this has informed a high-level plan which comprises four key areas for action:

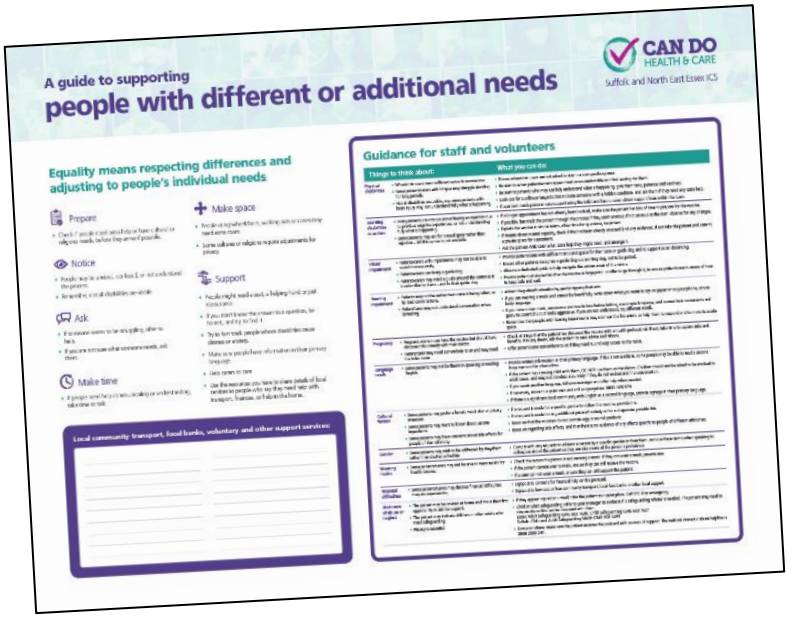
1. A comprehensive approach to equality is a central consideration to the Covid19 Vaccination Programme;
2. Adaptations to Promote Equality Across All Vaccination Sites;
3. We Engage and Communicate with the Public in a Responsive Way as the Programme Moves Forward;
4. Broadening Access to Vaccinations;
5. Using Data to Inform Our Approach and Identify Emerging Inequalities.

6. Adaptations to Promote Equality Across Vaccination Sites

6.1 An equalities checklist is being used as part of the quality assurance framework for vaccination centres. This sets out the reasonable adaptations that should be put in place by every vaccination centre to mitigate inequalities. CCG patient experience teams are supporting those leading vaccination sites so that they are aware of the equalities work and prepared to implement mitigations. Resources to support people with learning disabilities, sensory disabilities, dementia are made available to all vaccination centres e.g. clear face masks. Supportive assurance visits are undertaken to all vaccination sites – linked to clinical audit process.

6.2 Advice has been prepared for staff and volunteers on responding to special or additional needs of people in vaccination centres. This has been produced and disseminated in two formats:

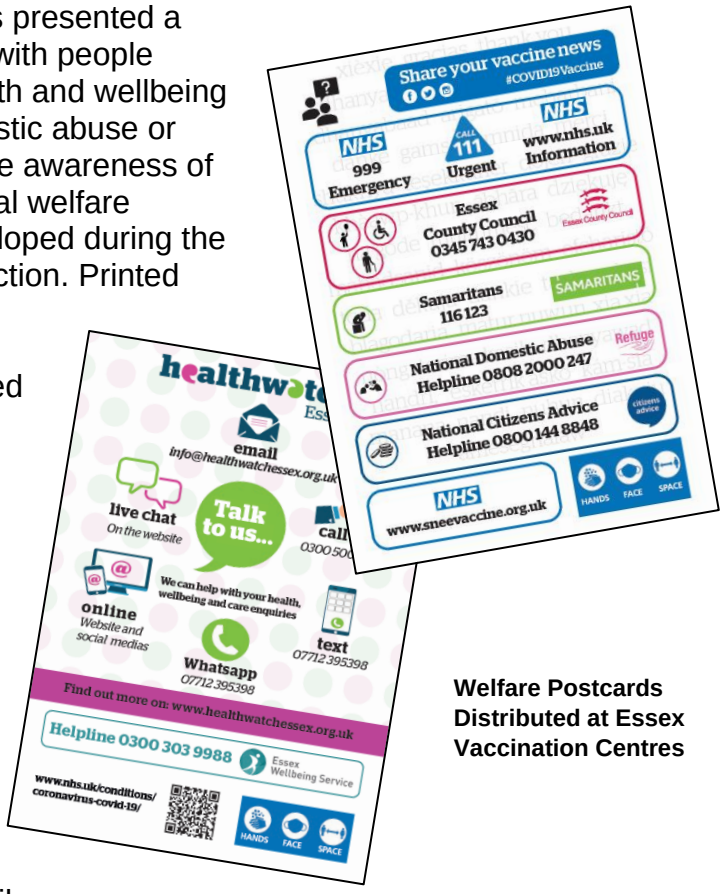
- As a brief three-page document to support training and induction of staff and volunteers;
- As posters with additional local information added for display in staff/volunteer areas of vaccination centres as a ‘go to source’ of information.


A guide to supporting
people with different or additional needs
CAN DO HEALTH & CARE
Suffolk and North East Essex ICS
Equality means respecting differences and adjusting to people's individual needs
Prepare
Notice
Ask
Make time
Make space
Support
Local community transport, food banks, voluntary and other support services:
Guidance for staff and volunteers
Things to think about:
What you can do:

6.3 Posters are also being prepared for display in vaccination centres reminding people about basic infection control issues, including the need to continue to maintain infection control after the vaccine.

6.4 The vaccination programme has presented a key opportunity to also engage with people directly about their broader health and wellbeing needs e.g. mental health, domestic abuse or food poverty. We wanted to raise awareness of the broad range of available local welfare resources, including those developed during the pandemic e.g. Essex Welfare Action. Printed postcards were therefore developed to be given to every patient together with other printed patient information.

These postcards include information from Essex County Council, NHS and Healthwatch Essex with a mixture of telephone and online contact points for local support. Local versions of the card have been produced for Southend and Waveney. In North East Essex some on site support at vaccination centres has also been provided by social prescribers.



Welfare Postcards Distributed at Essex Vaccination Centres

7. Public Engagement and Communication

7.1 In order to facilitate the public and all those supporting people from diverse backgrounds to access their vaccinations single sources of trusted information has been created through the creation of local vaccination service websites. These are:

Suffolk and North East Essex – www.sneevaccine.org.uk
Essex – www.essexcovidvaccine.nhs.uk
NB - hosted by Mid and South Essex the Essex site covers the greater Essex footprint to make it more accessible to the whole population. 17,000 unique users have already accessed the site over the past two months

Good practice has been shared between websites which each feature:

- Updates on the local vaccination programme;
- Practical information about booking appointments;
- Frequently asked questions;
- Wider sources of local support;
- Information in a range of formats including Easy Read, BSL, Translated Materials, etc.;
- Local or national helplines.

7.2 An Essex wide multi-agency communications cell (NHS and local authority) has been established, chaired by Mid and South Essex Director of Communications and Engagement, to support consistency of messaging and

to work together to develop communications approaches based on the insight gained form engagement work.

7.3 In both Suffolk and North East Essex and Mid and South Essex, regular online community events have provided opportunities for the public to ask questions directly from a panel of experts and those leading the local vaccination programme. These events have been very popular and well attended with sometimes hundreds of participants online.

7.4 Feedback from the public is gathered through a range of patient experience surveys. These include a CCG patient experience survey, surveys led by Healthwatch and other patient experience surveys e.g. by ESNEFT. Key themes from patient feedback are collated and shared both through the equalities group and with the vaccination programme board. In Mid and South Essex a patient experience survey was also shared with our Virtual Views citizens' panel and has received the highest response rate to date, providing insight on both positive experiences and hesitancy concerns.

7.5 The potential problem of reticence has been a key focus with work underway to fully understand the issues from the perspective of different groups. Specific work undertaken includes:

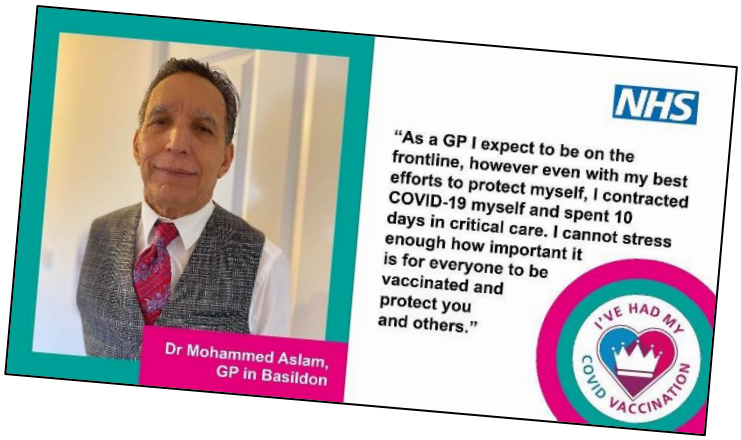
- Development of a detailed paper compiling knowledge and understanding of the issue of reticence among different BAME communities;
- In addition, Thurrock Council have commissioned rapid insight research to further explore vaccine hesitancy within the BAME and Mid and South Essex are also working with the faith and communities TCG to develop communication assets;
- A survey of care home providers in Suffolk which has highlighted the perspectives of the significant female workforce in social care;
- Consideration of the perspective of the 'shielded population'
- The particular needs of those with sensory disabilities with development of a specific good practice guide for vaccination centres;
- Collaboration with the Greater Essex Homelessness TCG to contribute to the planning for engaging and vaccinating the homeless and rough sleeper communities in Mid and South Essex.
- Detailed exploration of the issues for those with learning disabilities,
- A cross sector approach to planning from the perspective of carers;
- Planned work around the needs of those with severe mental illness;
- Ongoing discussion about the vaccination programme through VCSE leaders groups, community engagement forums etc.

7.6 Working with public health, trusted communicators have also been enabled to act as 'message cascaders' sharing key information about vaccinations as well as wider information about testing and infection control. This includes planned work with the Essex Council of Mosques to reassure the Islamic community in Essex about the use of alcohol-based hand sanitisers.

7.7 An online social media campaign has enabled diverse community members and staff from a broad range of backgrounds to be role models share their experience of having the vaccination as Community Role Models. Examples

of this approach in both Suffolk and North East Essex and Mid and South Essex are below.

Suffolk and North East Essex



Mid and South Essex

8. Broadening Access to Vaccination

8.1 There are a range of ways that we are seeking to broaden access to vaccinations for those where we have a duty to make reasonable adjustments to the way in which the vaccination is delivered. These include:

- Mobile delivery of vaccinations by GPs to those who are housebound or in care homes;
- Operating specialist clinics featuring a range of adaptations for those requiring a range of adaptations e.g. people with learning disabilities;
- Co-production of specialist clinics with community organisations, combining engagement with hard to reach groups with adaptations in the clinic e.g. faith leaders, women's refuges;
- Development of an outreach models of vaccine delivery e.g. partnering with Ford to develop plans for outreach vehicles to support mobile vaccinations as well as longer term health outreach in Mid and South Essex.

8.2 Some pilot specialist clinics in Suffolk and North East Essex have sought to enable communities to be 'active partners' in the delivery of the vaccination programme. These include so far:

- Co-production with Ace Anglia and Suffolk People First to engage those with learning disabilities in delivery of vaccination clinics with multiple adaptations including quiet space, additional appointment times, easy read information;
- A pilot clinic co-produced and delivered in partnership with Colchester Mosque, the Bangladeshi Women's Association and Colchester Refugee Action. The clinic featured multiple adjustments including translators, translated materials, separate gender clinical areas, registration for those without NHS numbers and community transport. Local community and faith leaders supported the clinic by reaching out to people and working with the NHS to answer people's questions and to

ensure that the clinic reflected the specific needs of those attending. The impact of the clinic was vaccination of some over 60s who had not yet come forward and a notable increase in the rate of uptake of the vaccine in specific groups bringing it closer to the general population rate.

- Engagement has commenced with the Muslim, Ultra-Orthodox Jewish and Asylum seeker communities in the Mid and South Essex area for a similar approach to co-producing clinics.

8.3 People who are experiencing marginalisation may have difficulty accessing medical services in traditional settings, such as a hospital, clinic or pharmacy. Therefore, vaccine delivery should include strategies to bring vaccines to people experiencing marginalisation, including Homes of Multiple Occupancy, world food suppliers, homeless service sites like shelters, day programs, or food service locations. People experiencing marginalisation may have a history of trauma and may have had negative experiences with medical services. To improve vaccine confidence, we must work with staff members and community navigators who have trusted relationships with the clients.

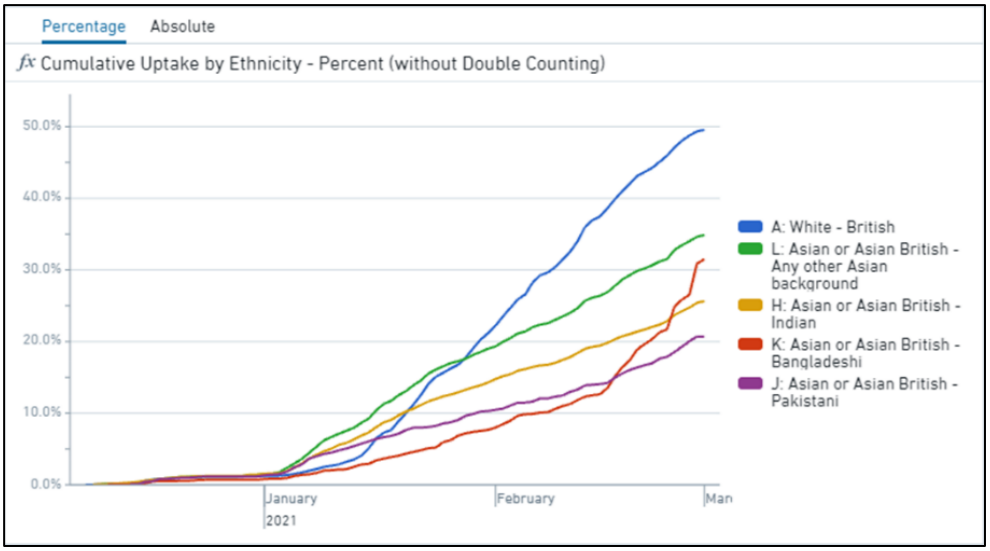
8.4 The Health Outreach Service are supporting an outreach vaccination programme for marginalised and vulnerable adults across both Essex and Suffolk. The team have long established experience and relationships working with these groups in both counties including recent experience of delivering influenza vaccinations and drug and alcohol services across Essex. They are also the existing primary care service provider for SAS (Special Allocation Service) for patients excluded from primary care. The team will work with local community partners including district and borough councils and specific VCSE sector organisations to provide outreach vaccinations to the following groups:

- Chronic Homeless / Rough Sleepers
- Marginalised BAME groups
- Roma community
- Migrant workers
- Gypsies and travellers
- Ex-offenders
- Sex Workers
- Asylum seekers and refugees

8.5 Amongst this group and others there will be some who are either not registered with a GP / do not have an NHS number. The Government have assured people living in the UK unlawfully that they won't be risking deportation by coming forward for vaccination, that everyone should be vaccinated, and that the vaccine is free, regardless of a person's immigration status. As such those without an NHS number will be able to receive their vaccination and will be supported to register with a GP through vaccination centres. This group will also be supported by the Health Outreach Service as they work with the groups listed above.

9. Using Data to Inform Our Approach and Identify Emerging Inequalities

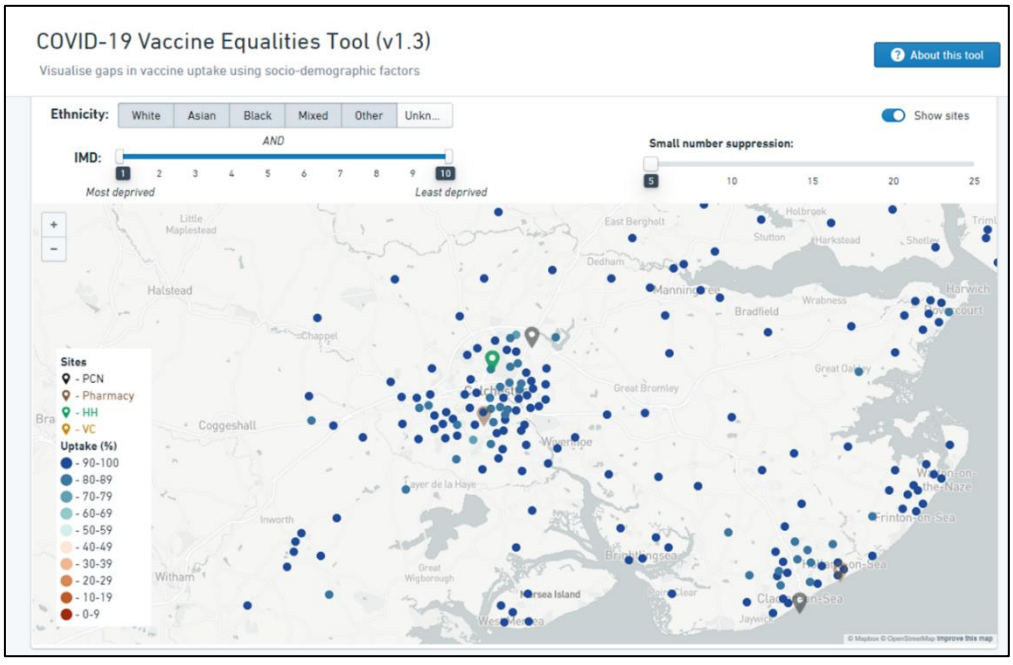
9.1 The use of data dashboards enables monitoring of high-level data across the programme. This enables monitoring of variations in the delivery of the vaccine across all cohorts to patients by ethnic status and deprivation.



Uptake of Covid19 Vaccination by Ethnicity, Suffolk and North East Essex ICS – 02/3/21

9.2 Local data about vaccination uptake is also available to local primary care teams to enable support outreach to individual patients regarding their access to vaccinations.

9.3 Wider data and modelling techniques are also being deployed to inform the wider vaccination programme. This is available to all systems across Essex.



Example of Geographical Data Modelling of Covid19 Vaccination Uptake in North East Essex

9.4 The vaccination programme also offers a unique opportunity to make a step improvement in the recording of ethnicity data across our whole patient population. Our data dashboard demonstrates a significant number of patients whose ethnicity is recorded as 'any other ethnic group'. Prompt sheets to support those 'booking in' patients at vaccination centres to better record ethnicity through collaboration between public health, NHS and BAME community groups.

10. Options

10.1 Not applicable.

11. Next steps

11.1 This work is ongoing as the vaccination programme continues to be delivered.

12. Issues for consideration

12.1 Not applicable.

13. Equality and Diversity implications

13.1 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.

13.2 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).

13.3 The equality impact assessment for the vaccination programme indicates that the proposals in this report will not have a disproportionately adverse impact on any people with a particular characteristic.

14. List of appendices

14.1 None

15. List of Background papers

15.1 Information about the Covid19 Vaccination Programme is available on the NHS England and NHS Improvement website.
Coronavirus » COVID-19 vaccination programme (england.nhs.uk)

Agenda Item 7
HWB/04/21

Report title: An update report on action being taken to reduce the rise in suicide rates in Essex	
Report to: Essex Health and Wellbeing Board (EHWB)	
Report author: Dr Mike Gogarty, Director Wellbeing, Public Health and Communities	
Date: 17 March 2021	**For:** Update purposes and discussion
Enquiries to: Maggie Pacini, Consultant Public Health; Maggie.pacini@essex.gov.uk	
County Divisions affected: All Essex	

1. Purpose of Report

1.1 The purpose of this report is to provide progress against action proposed at November 2020 EHWB, communicating what has been done, what is in train currently, and what is sequentially planned, to address the rise in suicides rates in Essex.

1.2 To present a clear ask around the support that will be required from the Health and Wellbeing Board to deliver suicide prevention progress within the context of a trend of worsening and statistically significant higher rate of suicides in parts of Essex than national average.

2. Recommendations

2.1 To support all actions currently being taken, specifically through commitment of ongoing support from Acute (including ambulance first responders), EPUT, Primary Care Commissioning (including GP representation), Essex Police, Coroner, and wider key partners to:

- Quarterly representation at the Southend Essex and Thurrock Suicide Prevention Board (SSPB), in terms of (i) representation and (ii) organisational resource to implement arising actions that contribute to a reduction in suicides in Essex.
- Representation from identified key stakeholders at two coproduction events for the Mid and South East Essex Adults Self-Harm Toolkit (17 March and 13 April 2021, pm), followed by an organisational commitment to provide a co-ordinated strategic response to the May/ June 2021 MSE Adults Self-Harm Toolkit consultation (3.11).

2.2 To acknowledge partners whose engagement and consultation is vital to this agenda, the impact of covid-19 and/or the covid-19 recovery period on their capacity to commit to providing appropriate representation to the above, and seek pragmatic solution to avoid delays

2.3 To continue to endorse the development of Real Time Suicide Surveillance (RTTS) in Essex, co-led by Essex Police and Essex County Council's (ECC) Public Health team, to move towards robust, timely data capture for suspected suicides.

2.4 To continue to focus on initiatives which addressing both mental health more widely and suicide prevention, including initiatives to reduce socioeconomic pressures and health issues, which may be contributing to suicides in Essex.

3. Summary of issue

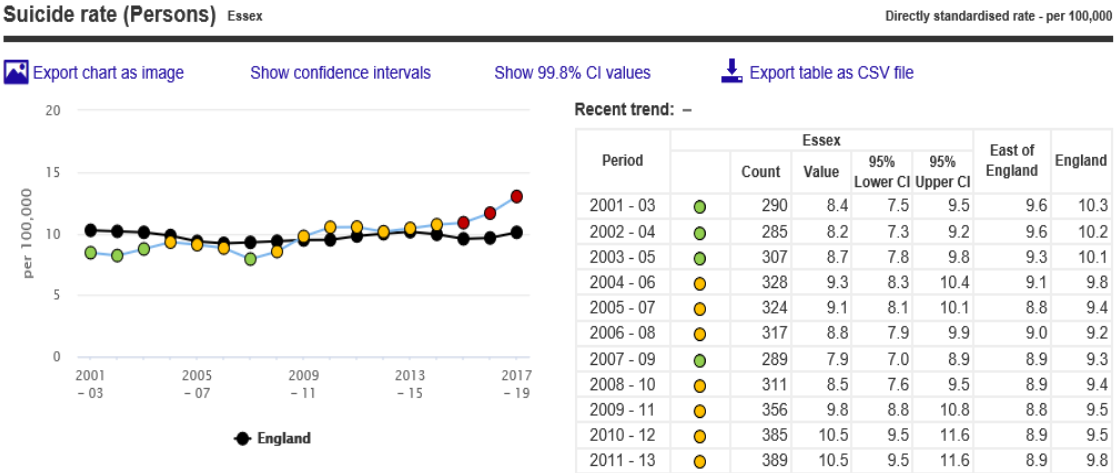
Where we are: latest available data

3.1 When the EHWB last met in November 2020, the recent datasets available for review were for suicide deaths in 2018. Since then, Public Health have been able to provide 2019 updates across three datasets relating to suicide deaths: the ONS 2019 deaths registered as suicide release, Coroners Electronic Audit Report (2019), and Coroners deep dive case sample audit (2019).

3.2 **ONS 2019, Deaths registered as suicide**

(i) In September 2020, data published by the Office of National Statistics showed that in 2019 there were 5,691 suicides registered in England and Wales, an age-standardized rate of 11.0 deaths per 100,000 population and consistent with the rate in 2018. The comparative data in this release confirms that in 2019, Essex had a higher rate of suicide than the national average, following a pattern of rising trend since 2010 reaching statistical significance over the period of 2015 to 2019.

Figure 1: Trends in Essex suicide rate (per 100,000) compared to national average



Recent trend: –

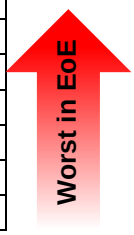
Period		Essex Count	Value	95% Lower CI	95% Upper CI	East of England	England
2001 - 03		290	8.4	7.5	9.5	9.6	10.3
2002 - 04		285	8.2	7.3	9.2	9.6	10.2
2003 - 05		307	8.7	7.8	9.8	9.3	10.1
2004 - 06		328	9.3	8.3	10.4	9.1	9.8
2005 - 07		324	9.1	8.1	10.1	8.8	9.4
2006 - 08		317	8.8	7.9	9.9	9.0	9.2
2007 - 09		289	7.9	7.0	8.9	8.9	9.3
2008 - 10		311	8.5	7.6	9.5	8.9	9.4
2009 - 11		356	9.8	8.8	10.8	8.8	9.5
2010 - 12		385	10.5	9.5	11.6	8.9	9.5
2011 - 13		389	10.5	9.5	11.6	8.9	9.8
2012 - 14		380	10.1	9.1	11.2	9.0	10.0
2013 - 15		394	10.4	9.4	11.5	9.3	10.1
2014 - 16		410	10.7	9.7	11.8	9.7	9.9
2015 - 17		418	10.9	9.9	12.0	9.3	9.6
2016 - 18		449	11.7	10.6	12.7	10.0	9.6
2017 - 19		501	13.0	11.9	14.2	10.5	10.1

Source: Office for National Statistics

(ii) Of particular concern, Tendring, Colchester and Harlow have the 2nd, 3rd, and 4th highest rates respectively overall in the country. Within East of England, the ranking of notable severity is shown in table 1.

Table 1: Suicide rates across Essex ranked against the East of England average

Lower tier local authority	Suicide rate ranked against East of England (EoE) average
Tendring	1st
Colchester	2
Harlow	3
Chelmsford	5
Maldon	7
Southend on Sea	8



(iii) In 2019, NHS England published "Preventing suicide in England: Fourth progress report of the cross-government outcomes strategy to save lives", which included evidence-based recommendations on suicide drivers/ high risk groups to focus on to positively impact suicide rates. These drivers, sighted in 3.9 of the last report to the EHWB (Appendix: *A report on the actions being taken to reduce the rise in suicide rates in Essex)*, have remained consistent nationally across the available data series, giving us a strong indication that work to address these identified issues would positively impact suicide rates in any locality they were applied. Although data available locally is not granular enough to provide specific local insight into which of the identified underlying factors are most contributing to Essex's upward trend within these districts between 2015 and 2019, district task and finish groups have been formed to develop vital local intelligence moving forwards.

(iv) Historically, we have had two main sources of information to help us understand the who, where and why behind people in Essex who take their own life, (i) the aforementioned ONS aggregated analysis of suicides over 3 year rolling averages cited in 3.1 and (ii) local analysis of verdicts ruled as suicide within the Coroners dataset.

3.3 Coroners electronic audit report (2019)

(i) The latest Coroners electronic audit report (2019) is now available (Appendix: *Suicide 2019 Data Analysis Output Report*). Since the ONS 2019 dataset raises priority concern around worsening suicide rates in Tendring, Colchester and Harlow (followed by Chelmsford, Maldon and Southend on Sea), table 2 below highlights findings of the audit around residence of the deceased and place of death; concluding that numbers across geographies map to suggest most, but not all, are likely to be residents of the area where they take their own life. This is informative from the point of view of targeting resources around intervention action to known at risk groups within these districts, whilst providing strategic oversight of suicide prevention action across SET.

Table 2: Suicides by residential postcode, compared to suicides by lower tier local authority of death

Count and percentage of suicides by residence

District	Count	% of total
Basildon	7	6.3%
Braintree	11	9.9%
Brentwood	10	9.0%
Castle Point	4	3.6%
Chelmsford	12	10.8%
Colchester	20	18.0%
Epping Forest	5	4.5%
Harlow	4	3.6%
Maldon	3	2.7%
Rochford	3	2.7%
Southend-on-Sea	13	11.7%
Tendring	9	8.1%
Thurrock	3	2.7%
N/A	7	6.3%
Total	111	

Count and percentage of suicides by place of death.

Place of Death	Count	% of total
Basildon	7	6.3%
Braintree	10	9.0%
Brentwood	12	10.8%
Castle Point	3	2.7%
Chelmsford	11	9.9%
Colchester	23	20.7%
Epping Forest	6	5.4%
Harlow	5	4.5%
Maldon	3	2.7%
Rochford	2	1.8%
Southend-on-Sea	15	13.5%
Tendring	7	6.3%
Thurrock	4	3.6%
Total	108	

(ii) This is a good example of where more granular data, could potentially enable us to understand frequently used locations. This is not collected within the coroner's data set, since the purpose of this data collection is determining cause of death only. Opportunities to gain a more granular understanding through multi-partner local intelligence, including BTP, Network Rail and Highways serious incident information, will be utilised at district task and finish group level now these groups are up and running (see 3.8). We expect this to be mainly qualitative, in complement to future real time surveillance datasets.

3.4 **Coroners deep dive case record sample audit (2019)**

In follow up to the electronic report, in November 2020 the Coroner authorised Essex Public Health team to do a physical audit of a very small sample of case records. The purpose of this exercise was to work with the Coroner's Operations Manager to understand how to best evolve our approach to audit to deliver smarter suicide intelligence. Although this activity was resource intensive it was informative as to the extent to which audit of the Coroner's case records in isolation is fit for purpose in (i) helping us to understand why the suicide rates remain high in specific areas of Essex and (ii) informing Essex wide improvement action. This work lent support to the national movement towards RTSS, with audit fulfilling a deep dive role under specific circumstances. A report on the limitations and merits of the Coroner's case record audit will be shared with the suicide prevention system in April 2020.

What has been done/ action underway

3.5 Many agencies have a role to play in reducing suicide rates in Essex. Concerns around the long-term impact of covid-19 on mental health and wellbeing has been a catalyst for action for some organisations. The system is involved in multiple suicide prevention programmes of work, spanning multiple agencies. Within these,

suicide reduction activity is being taken across multiple geographical footprints, based on three factors:

- Funding stream (for example NHSE funding allocated to CCGs across ICS footprints).
- Pragmatic alignment of geographies to partners (for example Real Time Suicide Surveillance (RTSS) is a Public Health/ Essex Police collaboration and therefore delivered across Southend Essex and Thurrock), or
- Geographical hot spot identified by data (for example work arising from district task & finish groups formed specifically to deliver targeted action in areas with highest suicide rates)

3.6 **Real Time Suicide Surveillance (RTSS)**

(i) The RTSS project aspires to dramatically improve the quality of data available and it's interrogatability, to equip Essex with the tools necessary to better understand the upward trend of suicide in Essex, and how we can tackle it.

(iii) Essex RTSS is led by Essex Police supported by the Essex County Council's Public Health team, who are working to deliver a mechanism to capture, collate and jointly access robust, timely intelligence on *suspected completed suicides*. Development meetings for this work are frequent; the last meeting took place on Monday 22nd February where Police, Public Health and the Essex Coroner's office confirmed the proposed system build was compatible with plans for the role out of the Coroners' Portal Platform. A need to liaise with the Essex Centre Data for Analytics (ECDA) to discuss potential interplay between this project and the Crisis mental Health collaboration work was also identified.

(iv) A strong working partnership has been forged between Public Health and Essex Police, with joint objectives agreed for the delivery of RTTS. In terms of project progress, the sudden death form has been amended to reflect new fields with the coroner's office engaged in this process, therefore we are now at implementation phase where this change is being signed off with Essex Police, and data capture mechanisms built whilst this approval is sought. We are working to support Essex Police towards RTSS phase 1 (suspected suicides) launching in May 2021. Achievement of this is dependent on Essex Police colleagues success in taking this through their governance structures and resourcing the data entry through their Strategic Centre Crime and Public Protection team

(v) The meaningful difference between what RTTS will be able to provide, versus what we have had to date via historic Coroners' case record audit, is revealed by the dataset and collection purpose. Through working closely with Essex Coroner's office and Essex Police historical barriers to data sharing have unblocked and a pragmatic work around found. Accessing information from the police sudden death form involves extraction prior to sharing with the coroner, addressing Coroner constraints around the legalities of them sharing data with Public Health when it is currently subject to an open, unbiased investigation around cause of death. By working with

the Police as an alternative data owner, we can observe trends in 'suspected completed suicides' whilst mitigating the introduction of any bias into the coronal process before a verdict has been heard. The definition of suspected completed suicide is governed by the 'Ovenstone Criteria.'

(vi) This methodology shift will facilitate the following improvements:

- Visibility of deaths suspected to be suicide days after they are recorded, rather than deaths ruled as suicide through Coroners verdict up to 12 months post death
- An opportunity to amend data collected by the police at the scene of the death through the sudden death form, for example, information on other individuals impacted at the scene beyond the deceased, and bereavement support opt ins
- Future scope to investigate whether attempted suicides/ and near misses could also be analysed (working to a phased development of functionality over the next 3 years)

(vii) Other opportunities arising from the RTSS work include improved sight of untapped opportunities. Essex Public Health are supporting Essex Police in their local contribution to the national agenda to overhaul the licenced gun ownership application and review process. This will include Essex Police working with GPs to introduce safeguarding alert for existing gun owners in crisis, enabling temporarily suspension of their firearm until their condition is stabilised. This is a good example of reactive work that has been started in response to police intelligence shared

3.6 **Formation of governance structure to enable oversight of all Suicide prevention action being taken across SET**

In line with recommendations from November 2020 EHWB, the new Southend Essex and Thurrock Suicide Prevention Board (SSPB) has been formed and met, as well as the three task and finish groups for Harlow, Tendring and Colchester, respectively.

3.7 Southend Essex and Thurrock Suicide Prevention Board (SSPB)

(i) The SSPB has a diverse multi-disciplinary/ organisational membership and provides the mechanism to enable us to maximise opportunities for action kickstarted at ICS/ district level to be shared and upscaled to align to and benefit the wider geographical footprint of key partners like Essex Police and Community Voluntary Sector Organisations (CVS).

(ii) The first of the quarterly meetings for the SSPB was held on 21 January 2021. SSPB membership agreed that the SET Suicide Prevention Strategy requires updating to reflect dramatic changes in ways of working, predominantly reflecting on strengthened partnerships between Public Health and both Essex Coroners Service and Essex Police, which provide the foundation to now progress with pace. This has been achieved through work carried out to understand organisational drivers for change, shape common outcome goals and aligned prioritisation of suicide prevention activity within wider organisational priorities across multiple agencies. The profile of the suicide prevention agenda has been dramatically raised by a

combination of action outlined in this paper, the NHS Mental Health Transformation Programme, local context of increasing suicide rates in our locality and concerns around the long term impact of the pandemic on mental health; the strategy needs to reflect the exciting new opportunities for change that presents.

(iii) Under SSPB directive, Public Health officers from SET met on 24 February 2021 to form a subgroup to work on updating the SET Suicide Prevention Strategy. A draft framework is being prepared for SSPB members consultation, to gain buy in and ensure collective endorsement across all key stakeholders, prior to working towards September 2021 as a timeframe for completion. The strategy will need to clearly outline the organisational interdependencies required to deliver it, alongside an acknowledgement of the need to consider sustainability of progress delivered against this agenda beyond the end of NHSE wave funding (see 3.10).

(ii) Partners were challenged to consider how best to engage with socially excluded groups evidenced to be at higher risk of suicide, for example the LGBT community. In other commissioning forums there has also been discussion around the gap in service provision to support for example, suspects charged with sexual offences who the Independent Police Complaints Commission (IPCC) research suggests are likely to be at high risk of suicide. The risk to this particular group has been highlighted by the NHSE facilitated learning set, including studies stating the risk of suicide amongst suspects charged with offences involving indecent images of children to be 230 times that of the general population and several times that of people with a diagnosed mental health condition [Managing Perpetrators of Child Sexual Exploitation and IIOC: Understanding Risk of Suicide 2017].

(iii) The SSPB also identified the need to provide support to people affected by the economic impact of covid-19, discussing how this might be achieved. Links are being made between the following agendas:

- Workplace Health, where additional funding is to be provided for Mental Health First Aid training for workplaces and community groups within Essex, and alongside partners including DWP
- Connection with DWP who are in the process of recruiting a substantial number of work coaches to support (i) those already unemployed (ii) further predicted unemployment (based on numbers claiming Jobseeker's Allowance plus those who claim Universal Credit) or (iii) those at risk of unemployment once the Coronavirus Job Retention Scheme (CJRS) comes to an end as planned for April 2021]

3.8 Formation of task and finish sub-groups for priority districts

(i) In line with the proposal brought to November EHWB, task and finish (T& F) sub-groups were formed for Colchester, Tendring and Harlow, respectively. All three task and finish groups have met this year. These initial meetings were largely exploratory focusing on the existence (or not) of already established local forums/arrangements to support the suicide prevention agenda; the role and presence of the local voluntary and

community sector, DWP, the Police, IAPT services and other partners; and identification of gaps (or perceived gaps) in existing local service provision/support.

(ii) Further meetings are planned for March 2021, although it has been agreed that due to the existing links between both districts, that the Tendring and Colchester groups will be amalgamated.

(iii) Moving forwards, the two sub-groups (i) Harlow and (ii) Tendring and Colchester will feed into the SSPB to deliver targeted work in these high priority areas. The value of using the new governance structure of district T & F subgroups feeding into the SSPB was agreed to be a positive development to ensure: (i) districts are proactively involved and reliably sighted on all work happening across the SET geographical footprint and (ii) an informed understanding is built of particular issues/themes/risk factors within these outlier districts.

3.9 The *"Never too late Mate"* social movement campaign, launched and managed by the ECC Head of Strengthening Communities, continues to run into 2021, encouraging men to speak out about mental health issues/difficulties they may be experiencing and to seek appropriate support. An associated online community to compliment the successful Facebook campaign was launched in October 2020 to coincide with a suite of planned World Suicide Prevention Day/ Mental Health Day communications. On 27th February 2021 this online community offering peer support and access to mental health first aid courses has 318 members, illustrating its value as a platform to promote emerging initiatives targeting men as and when they come online from SSPB, District T&F groups and wave funded work programmes.

3.10 NHS England (NHSE) Suicide Prevention and Reduction programme (wave funds)

(i) The System has been successful in securing funding available from the NHS England Suicide Prevention and Reduction programme. Funds have been allocated for delivery of NHSE assured outcomes against suicide prevention across multiple STP/ ICS footprints across Essex. Funding has been awarded in waves, explaining the staggered the start of projects across the below STP/ ICS footprints as funding is allocated.

STP/ ICS Footprint (Essex geography beneficiary)	**NHSE wave**	**Funding started/ will start**	**Funded until***	**Annual Funding (£)***				
				19/20	**20/21**	**21/22**	**22/23**	**23/24**
Suffolk and North East Essex (Colchester and Tendring)	2	FY 2019-2020	31st March 2022	252,000	252,000	252,000**		
Mid and South Essex (Chelmsford, Maldon, Basildon, Brentwood,	3	FY 2020-2021	31st March 2023		235,288	235,288	235,288	

Southend-on-Sea and Thurrock)								
Hertfordshire and West Essex (Harlow)	4	FY 2021-2022	31st March 2024			303,000	303,000	303,000

*Three year rolling funding commitment for each signalled from NHSE (subject to routine monthly assurance and annual application refresh completed by Public Health. Funding summaries provided by respective CCG finance project leads.

** In year three of the SNEE wave programme (21/22), the total £252,000 funding is comprised of £192,000 from NHSE and £60K from SNEE ICS.

(ii) All three wave funded programmes are led by the NHSE evidence base and therefore a consistency of programme ask, with five workstreams

- Community fund to target middle-aged men (high risk group)
- SSPB
- Primary care support
- Quality improvement within mental health services, including acute hospitals
- Campaigns and communications
- Mental health first aid and Suicide awareness training is also weaved through these five workstreams.

(iii) Essex partners, alongside other wave programmes in the country are engaged in the NHSE learning set network, which facilitates UK wide learning opportunities. Between the three STP's there is some variation in delivery, which provides productive sharing of learning and resources across Essex. For example, SNEE has commenced scoping improvements to suicide bereavement support, whilst MSE are focused on developing a SSPB toolkit for adults. Both outcomes can and will be shared across geographies on completion.

3.11 Highlights from NHSE wave funded programmes

(i) Suffolk and North East Essex (impacting Colchester and Tendring)

- Commissioning of Postvention support. The postvention funding coming down from NHSE (Wave 3) is £65k, for 3 years recurrent commencing FY 2021. A competitive tender process is being run with evaluation of bids received taking place in March 2021.
- Forward plans to commission an **all** age suicide bereavement service.

(ii) Mid and South East Essex (impacting Chelmsford, Maldon, Basildon, Brentwood, Southend-on-Sea and Thurrock)

- SSPB toolkit for adults, co-led by Basildon and Brentwood CCG Head of Mental Health & Learning Disability Commissioning and Essex PH.
- Building on the success of the Children's SSPB toolkit (developed by ECC Childrens commissioning and hosted by MIND for use by Essex schools). Continuity in product across the two age ranges has been ensured through consistency of clinical therapeutic consultant on the project team.

- Scope defined as all adults aged 17 and over, incorporating transition age young adults. Severe neurodiverse populations are excluded at this time, since clinical consultant suggests that drivers and therefore presentations of self-harm in these groups may vary considerably to neurotypical groups, potentially warranting the development of a separate product for this group if need is evidenced in the future.
- The published toolkit represents an opportunity to (i) address stigma (ii) educate and facilitate training (for example, community pharmacy interest), increase m for offering meaningful opportunities for early intervention and ultimately improve service user experience.
- Stakeholders considered vital to the project's success, have been identified, including **first responders (East Ambulance)**, mental health provider (**Essex Partnership University Trust)**, **community pharmacy**, **primary care (clinical governance)** and **acute care**.
- Two focus groups to develop content are scheduled for 17 March 2021 and 13 April, set to be facilitated by two individuals with lived experience. Successful progression of the toolkit content will be hinged on front line representation across these vital stakeholders attending this event to coproduce the product they will be end users of.
- The MSE Self-Harm Toolkit consultant is scheduled to commence May/ June 2021. The consultation will include (i) how the product will be utilised within different settings and (ii) suitability of hosting proposals to support embedded ongoing use of the product across respective workforce settings.
- There is a direct ask of the EHWB to nominate representatives within the respective organisations to take away the action to (i) ensure front line representatives are in attendance for both consecutive development sessions and (ii) there is an organisational commitment to provide a co-ordinated strategic response to the May/ June 2021 consultation.

(iii) Hertfordshire and West Essex (Harlow)

- Funding confirmed from NHSE (for values see 3.10)
- Programme manager currently out to recruitment
- Community grants-scheme being organised, delivered by CVS, MIND West Essex.

4 Next steps

4.1 To progress the actions outlined above – all of which shall be the subject of appropriate decisions and governance.

4.2 To scope possibility of the ECC Public Health team and Essex Police working together to carry out a retrospective audit of suicides captured by the sudden death form, with the purpose of creating a baseline data set from which to compare future RTTS reports.

4.3 To commence work on the NHS England (NHSE) Suicide Prevention and Reduction programme in Hertfordshire and West Essex from April 2021.

5 Issues for consideration

a. Financial implications

5.1 Any costs arising from the actions set out in this paper will be accommodated within the Public Health Grant or within funding allocated through the NHSE Suicide Prevention and Reduction programme.

b. Legal implications

5.2 There are no legal implications. Any decisions relating to the work arising out of the SSPB, will be subject to the Council's governance process where applicable.

c. Health/Social implications

5.3 This programme supports the implementation of the wider prevention agenda and Health in All Policies approach.

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.

Appendix 1 (HWB/04/21)

HWB/18/20

Report title: Actions to reduce the rise in suicide in Essex	
Report to: Health and Wellbeing Board	
Report author: Mike Gogarty, Director Wellbeing, Public Health and Communities	
Date: 18 November 2020	**For:** Discussion
Enquiries to: Dr Mike McHugh mike.mchugh@essex.gov.uk	
County Divisions affected: All Essex (specific emphasis on Harlow, Maldon, Tendring, Colchester and Chelmsford)	

1. Purpose of Report

1.1 The purpose of this report is to discuss the recently published Office for National Statistics (ONS) data on suicide rates in Essex in 2019, and to provide a summary of what is currently happening and what is planned, to address the rise in suicides in Essex County overall and in certain districts in the County.

1.2 The report also addresses concerns about the potential impact of the Covid-19 pandemic locally on mental health and on suicide risk.

2. Next steps-recommendations

2.1 Progress the actions from the current Southend, Essex and Thurrock (SET) Suicide Prevention Strategy whilst taking account of more recent activities prompted by the ONS data. **HWBB members are asked to support and help deliver these targeted actions (see Appendix C)**

2.2. Update the SET Suicide Prevention Strategy and Action Plan, capturing emerging themes and risks, developing clear aims, objectives, outcomes, milestones and monitoring arrangements. Additional focus will be required to anticipate and respond to the emerging impact on suicide risk posed by the Covid-19 pandemic. **Public Health will lead on this and work with partners to establish appropriate arrangements**

2.3 Clarify and strengthen governance arrangements to oversee, lead on and drive suicide prevention in SET. Create a SET suicide audit and prevention group (SAPG) to meet quarterly, with focussed membership, supported by Task and Finish sub-groups, working to SMART objectives defined within an agreed action plan. **HWBB members are asked to field representatives for the SAPG and its task and finish sub-groups.**

2.4 Develop of a 'real time surveillance' (RTS) system to cover all suicides in Essex, Thurrock and Southend. **Public Health to lead with Essex police a key partner.**

2.5 Establish a bespoke bereavement support service to cover SET. NHS funding is expected over the next 2-3 years but there is a strong case to establish a service in the meantime, linked to real time surveillance. **Partners on the HWBB are asked to consider interim funding for such a service pending future funding from NHSE/I.**

2.6 Set up district task and finish groups to specifically investigate exceptionally high suicide rates in certain districts in the county e.g. in Tendring, Harlow and Colchester. **Public Health to lead on this, District Council and wider partners to support this approach.**

2.9 Create a suicide prevention website for SET to consolidate a collective SET 'branded' approach to suicide prevention, challenging the stigma and myths around suicide in our local communities. **Public Health to lead.**

2.10 Support primary care staff to understand and mitigate risks of suicide, using dedicated training, awareness raising of the importance of wider determinants of health and through supporting 'serious untoward event' analysis. **Primary care and NHS colleagues are asked to work closely with Public Health and the wider SAPG on this**.

3. Summary of issue

3.1 On average between 150 and 165 people die by suicide in Essex each year. In the latest data (2019), Essex has a higher rate of suicides than the national average and has had so since 2015. Suicide rates in Essex have risen steadily since 2015 and this gradual increase is also out of step with national trends, where levels were falling until a recent increase over the past 18 months.

3.2 Suicide rates tend to closely mirror socio-economic status. Therefore, we would expect Essex to have rates that are lower than national levels. The higher rate than national average in Essex is currently unexplained.

3.3 Several districts within Essex also have especially high rates. Tendring, Colchester and Harlow have the 2nd, 3rd and 4th highest rates respectively overall in the country (see table 2). These rates are also higher than expected based on socio-economic ranking and these high rates are currently unexplained.

3.4 Currently we don't collect 'real time data' on suicides in Essex and therefore have no detailed understanding of the underlying patterns and features of suicides in Essex during the Covid-19 pandemic. Anecdotal information from the local Coroner's office suggests that rates have not increased. National intelligence also supports the supposition that suicides in England have not increased in 2020.

3.5 Evidence shows that the COVID-19 pandemic has had profound psychological and social effects, many of which are likely to last for months and years to come. It is imperative that we focus on strengthening mental health and wellbeing and on re-doubling our efforts to prevent suicide at this time.

3.6 Local authorities have the responsibility for developing local suicide strategies and action plans. Cross-partner suicide prevention planning is led by the three public health teams for Southend-on-Sea, Essex and Thurrock (SET) Councils. The SET Suicide Prevention Strategy was published in 2017 and updated in 2019. It is recommended that health and wellbeing boards oversee these plans.

3.7 The complexity of factors underlying suicide risk means that councils cannot deliver comprehensive suicide reduction strategies alone. Councils need strong collaboration and support from many agencies including mental and wider health care services, community-based and voluntary organisations, employers, educational bodies, transport services, the police, prisons and others.

List of Appendices:

Appendix A – Background Information.

Appendix A

Background

4.1 Partners across Southend, Essex and Thurrock have signed up to a joint Suicide Prevention Strategy. The last update to the Essex Health and Wellbeing Board took place in July 2019. There are two key premises behind the strategy: (i) suicide prevention is everyone's business and (ii) locally we aspire to 'zero suicide' i.e. we don't accept that suicide is inevitable.

4.2 The latest suicide data, covering 2019 was published in September 2020 by the Office of National Statistics. This shows that Essex has a higher rate of suicides than the national average and has had so for the past 5 years (see **Appendix B**, table 1). This is based on numbers of deaths relative to size of population with age differences already taken into consideration.

4.3 On average between 150 and 165 people die by suicide in Essex each year.

4.4 Several of the districts within Essex also have especially high rates. Indeed, out of 279 Unitary and District Councils in England, Tendring, Colchester and Harlow have the 2nd, 3rd and 4th highest rates respectively, (see **Appendix B,** table 2,)

4.5 Suicide rates in Essex County have been steadily rising in the past 5 years and this gradual increase is also out of step with national trends.

4.6 At population level suicide rates tend to closely mirror socio-economic status. Less affluent areas generally have fewer suicides than areas with greater levels of socio-economic deprivation. Therefore, we would expect Essex to have rates that are lower than national levels. The higher rate than national average of suicide in Essex is currently unexplained.

4.7 Similarly suicide rates in Tendring, Colchester and Harlow are higher than expected levels based on their socio-economic ranking nationally and the reasons are unclear.

4.8 The ONS data is a high-level overview. We have not yet been able to undertake the annual audit of the Essex Coroner's records for 2019 or 2020 to get a more detailed understanding of the individual characteristics and risk profiles of those people in Essex who have died by suicide.

4.9 We have no detailed understanding of the underlying patterns and features of suicides in Essex during the Covid-19 pandemic. Anecdotal information from the local Coroner's office suggests that rates locally have not increased. National intelligence also indicates that there has been no increase in suicides in England during the pandemic.

4.10 General patterns: we know from the ONS and other national data and from previous local audits that:

- Suicide is more prevalent amongst men than women, in particular middle aged and older men.
- Suicide is increasing amongst young people and especially young women
- Only 1 in 4 are known to mental health services.
- The Mental Health Foundation estimates that 90% of suicides and suicide attempts are associated with a psychiatric disorder[1].
- Substance misuse, including alcohol are significant underlying factors.
- Aside from mental health issues, underlying risk factors include debt, unemployment, breakdown of relationships, and contact with the criminal justice system.

4.11 Suicide is a devastating and tragic event which, though comparatively rare, sends ripples through families and communities.

4.12 Suicides are not inevitable. They are often the end point of a complex history of risk factors and distressing events. Tackling social factors linked to mental ill-health is critical. These include unemployment, debt, social isolation, family breakdown and bereavement. Concerted action and collaboration is needed amongst services, communities, individuals, across society to tackle these risks.

4.13 Preventing suicide is achievable. Local authorities are well placed to prevent suicide because their work on public health addresses many of the risk factors including wider determinants of health, and through provision of services to address alcohol and drug misuse, Local authorities also have access to local people who are not in contact with health services through online initiatives or through working with the voluntary and community sectors.

4.14 It is self-evident that councils cannot deliver comprehensive suicide reduction strategies alone. Interventions need to involve many agencies including mental and wider health care services, community-based and voluntary organisations, employers, educational bodies, transport services, the police, prisons and others.

4.15 For many years the governance underpinning suicide prevention remained unclear. However, the publication of the 2012 national suicide prevention strategy (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/430720/Preventing-Suicide-.pdf) and the move of public health into local authority in 2013 gave councils responsibility for developing local suicide strategies and action plans, overseen by the health and wellbeing boards.

4.16 Health and Wellbeing Boards hold a pivotal role in gaining local commitment and meaningful collaboration in tackling suicide and in establishing a common purpose across health and social care to raise awareness about suicide risk.

4.17 Suicide strategies and action plans must be based on a robust analysis of data and intelligence from a wide range of sources. Access to ‘real-time suicide’ surveillance data, with appropriate data sharing and safeguarding processes, is critical to help tailor local

[1] Conwell, Y., Duberstein, P.R., Cox, C., Herrmann, J.H., Forbes, N.T., & Caine, E.D. (1996). Relationships of age and axis I diagnoses in victims of completed suicide: A psychological autopsy study. The American Journal of Psychiatry, 153(8), 1001–1008

interventions to prevent suicide, to identify people who may need support and to respond to emerging patterns and suicide clusters.

4.18 Real-time surveillance is usually closely linked to 'post-vention support' i.e. timely support to people who have been bereaved or affected by suicide. It is well known that those bereaved by suicide are themselves at increased risk of suicide.

Covid-19:

5.1 Multiple lines of evidence indicate that the COVID-19 pandemic has had profound psychological and social effects. The psychological sequelae of the pandemic are likely to last for months and years to come.

5.2 in April 2020 over 30% of adults reported levels of mental distress indicative that treatment may be needed, compared to around 20% between 2017 and 2019. Levels of anxiety, depression and stress were all higher than expected at the end of March and early April 2020. There was then a moderate decrease in anxiety through April and May 2020, but not as yet back to pre-pandemic levels.[2]

5.3 National and local data on suicides during the pandemic is incomplete but has so far failed to show a demonstrable increase in suicide rates since the onset of the pandemic. However, the mental health consequences of the COVID-19 crisis including suicidal behaviour are likely to be present for a long time and peak later than the actual pandemic[3].

5.4 It is imperative that we focus on strengthening mental health and wellbeing at the present time and that we re-double our efforts to prevent suicide. Apart from the day to day stress of living through the pandemic, any subsequent economic downturn will potentially worsen population mental health and may increase the risk of suicide.

Current situation in Southend, Essex and Thurrock

Existing and planned actions

6.1 Locally cross-partner suicide prevention planning is led by the three public health teams for Southend-on-Sea, Essex and Thurrock (SET) Councils. The SET Suicide Prevention Strategy was published in 2017 and was updated in 2019.

6.2 The strategy cross references the actions of supporting forums and groups, for example, the Mental Health Crisis Care Concordat and the Essex Safeguarding Boards. The current SET strategy centres on the principle that '*preventing suicide is everyone's business'.*

6.3 The strategy focuses on a number of key approaches which mirror the national strategy (see **Appendix C** for specific actions).

[2] https://www.medrxiv.org/content/10.1101/2020.06.03.20120923v2
[3] The impact of the COVID-19 pandemic on suicide rates, QJM: An International Journal of Medicine, 2020, 1–6

Emerging issues and gaps in SET:

7.1 We currently have no access to real time surveillance in SET. The latest suicide audit took place in 2018 and we are reliant on the ONS 2019 data for more recent information. The ONS data are high level and are therefore limited in helping us create nuanced recommendations for action.

7.2 Governance of suicide prevention needs strengthening across SET. Currently the local suicide audit and prevention group meets 6-monthly (and has not met since the onset of the Covid-19 pandemic) and there is limited timely oversight of collective action as a result. The emergence of integrated care systems which overlap into neighbouring counties also provides a challenge to developing a focussed and accountable cross-partnership approach to suicide prevention in SET.

7.3 Further work is required to enhance the role of primary care in establishing system wide suicide prevention approaches locally. The majority of people who die by suicide are in contact with their GP in the year before their death, Primary care colleagues e.g. GPs, practice nurses, social prescribers are key partners in effective suicide prevention, contributing intelligence and leading on targeted preventative interventions.

Next steps-recommendations

8.1 Progress the actions from the current Southend, Essex and Thurrock (SET) Suicide Prevention Strategy whilst taking account of more recent activities prompted by the ONS data. **HWBB members are asked to support and help deliver these targeted actions (see Appendix 3)**

8.2 Update the SET Suicide Prevention Strategy and Action Plan, capturing emerging themes and risks, developing clear aims, objectives, outcomes, milestones and monitoring arrangements. Additional focus will be required to anticipate and respond to the emerging impact on suicide risk posed by the Covid-19 pandemic. **Public Health will lead on this and work with partners to establish appropriate arrangements**

8.3 Clarify and strengthen governance arrangements to oversee, lead on and drive suicide prevention in SET. Create a SET suicide audit and prevention group (SAPG) to meet quarterly, with focussed membership, supported by Task and Finish sub-groups, working to SMART objectives defined within an agreed action plan. **HWBB members are asked to field representatives to become members of the SAPG and its task and finish sub-groups.**

8.4 Develop of a ‘real time surveillance’ system to cover all suicides in Essex Thurrock and Southend. **Public Health to lead with Essex police a key partner.**

8.5 Carry out an audit of coroner’s suicide reports in SET suicides for 2019/20 to better identify, and address causes and themes responsible for the increase in

suicides in Essex and across different parts of the County. **Public Health to lead on this with support from the Coroner's Office**.

8.6 Establish a bespoke bereavement support service to cover SET. NHS funding is expected over the next 2-3 years but there is a strong case to establish a service in the meantime, linked to RTS. **Partners on the HWBB are asked to consider interim funding for such a service pending future funding from NHSE/I.**

8.7 Establish a SET Task and Finish group specifically to monitor the impact of Covid-19 on mental health and on suicide risk across Essex since the onset of the pandemic. **HWBB members are asked to field representatives to join this task and finish group.**

8.8 Set up district task and finish groups to specifically investigate exceptionally high suicide rates in certain districts in the county e.g. in Tendring, Harlow and Colchester. **Public Health to lead on this, District Council and wider partners to support this approach.**

8.9 Create a suicide prevention website for SET to consolidate a collective SET 'branded' approach to suicide prevention, challenging the stigma and myths around suicide in our local communities. **Public Health to lead.**

8.10 Support primary care staff to understand and mitigate risks of suicide, using dedicated training, awareness raising of the importance of wider determinants of health and through supporting post-suicide on 'serious untoward event' analysis. **Primary care and NHS colleagues are asked to work closely with Public Health and the wider SAPG on this**.

Issues for consideration

a. Financial implications

9.1 There are no direct financial implications arising from the Political Leadership Team's endorsement of the proposed approach other than potentially funding the suicide bereavement service discussed above.

b. Legal implications

9.2 There are no legal implications. Any decisions relating to the work arising out of the Suicide Prevention Group, will be subject to ECC's governance process where applicable.

9.3 Health/Social implications

9.4 This programme supports the implementation of the wider prevention agenda and Health in All Policies approach.

Equality and Diversity implications

10.1 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.

10.2 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).

10.3 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. On the contrary, we know that people who have certain protected characteristics and also those who are socially disadvantaged are at increased risk of suicide and the proposals in the paper will potentially mitigate these risks.

Appendix B

Table 1

Suicide rates in Essex over time, compared to England

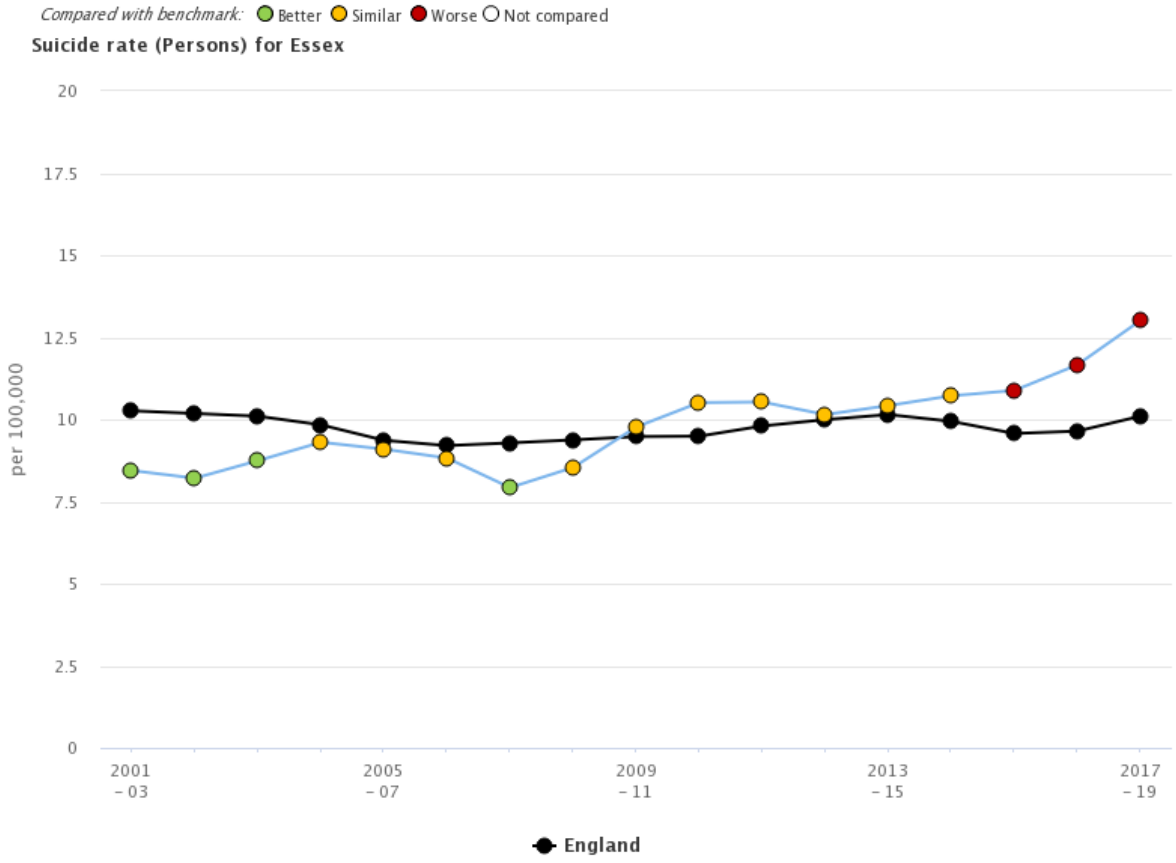


Table 2

England ranking of suicide rates at level of District Councils

Suicide rate (Persons) New data 2017 - 19 — Directly standardised rate - per 100,000

Export table as image Export table as CSV file

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	14,788	10.1	9.9	10.3
Torbay	–	64	19.0	14.5	24.3
Tendring	–	67	18.8	14.4	24.1
Colchester	–	94	18.5	14.9	22.6
Harlow	–	40	17.6	12.5	24.0
Bassetlaw	–	50	16.9	12.5	22.4
Barrow-in-Furness	–	30	16.9	11.4	24.2
Norwich	–	59	16.6	12.5	21.7
Chorley	–	51	16.4	12.2	21.6
Lincoln	–	39	16.2	11.4	22.3
Scarborough	–	44	16.0	11.5	21.7

Appendix C

Summary of SET Suicide Prevention Strategy Actions, 2019

1	**Impact of suicide** In 2019, there were 140 deaths from suicide registered for adults in Southend on Sea, Essex and Thurrock.
	Action: The national target is to reduce suicide by 10% by 2020/21. Locally, we will commit to actions set out below to achieve this target and more. This will work will be overseen by the Southend on Sea, Essex and Thurrock (SET) Suicide Prevention Steering Board (Steering Board).
2	**Suicide is everyone's business** A whole system approach is required, with local authorities, health and criminal justice services, voluntary organisations and local people affected by suicide having a role to play.
	Action: The Steering Board will oversee the work of the strategy and other local plans to deliver those actions known to reduce the risk factors for suicide. This work will be the led by the Steering Board.
3	**People at higher risk** Men and women are at risk of suicide. Statistically, three in four deaths by suicide are by men. The highest suicide rate in England is among men aged 45-49. In 2017 in Essex suicides were highest among males aged between 40 and 49 years.
	Action: We are committed to supporting and helping to grow community-based initiatives which can provide critical but informal support in non-traditional /non clinical settings such as Men's Sheds. This work will be led jointly by the three SET Councils.
4.	**Factors that increase the risk of suicide** The strongest identified predictor of suicide is previous episodes of self-harm. However, other factors including mental ill-health, drug and alcohol misuse are also contributors.
	Action: We are changing the way mental health services are provided across Essex which will improve access to support for both adults and children, eg psychological therapies, as well as increased specialist support eg perinatal mental health services. This work will be led by the three STP mental health forums.

5.	**Supporting people bereaved by suicide** Compared with people bereaved through other causes, individuals bereaved by suicide have an increased risk of suicide and thoughts of suicide, depression, psychiatric admission as well as poor social functioning
	Action: We will work towards developing a central resource that will help to direct people bereaved or affected by suicide to appropriate support. We will work with partners to ensure that the *Help is at Hand* booklet is given to those bereaved or affected by suicide in a timely manner. This action will be led by Southend on Sea Council's Public Health team.
6.	**Responsible media reporting and online safety for children** Research shows that inappropriate reporting of suicide may lead to imitative or 'copycat' behaviour.
	Action: We will liaise with local media to encourage reference to and use of guidelines for reporting of suicide through a summit with local press and media organisations, and to provide information to professionals on sensitive reporting of suicide. This work will be led by Essex County Council's Public Health team.
7.	**Training** The need for suicide prevention/awareness training has been identified at a national level.
	Action: We will work to ensure that the local workforce and public understand the risks of suicide and their potential contribution to prevention. In line with the national suicide prevention strategy, we are prioritising suicide first aid training for professionals who are most likely to come into contact with individuals/ groups at risk of suicide. We will use Facebook and other social media channels to promote suicide awareness training within our communities. This action will be led by Essex County Council's Public Health team.
8.	**Intelligence** Good understanding of who, where, when and how will help us plan appropriate interventions in order to target those most at risk.
	Action: We will seek to learn lessons from suicides and attempted suicides in our boroughs and put in place measures that reduce the likelihood of such circumstances reoccurring. We will establish processes, so that information from various sources is collated and analysed to improve our collective insight about suicide locally. This action will be led jointly by the three SET Council Public Health teams. Stakeholders from various parts of the local system (health providers, local authorities, police and crime) are working with the Essex Centre for Data

	Analytics to develop shared predictive intelligence in order to better target future preventative work.
9.	**Reducing access to means of suicide** This is key to suicide prevention and can include physical restrictions as well as improving opportunities for intervention.
	Action: We are working closely with Network Rail as well Chelmsford City Council to identify and monitor frequently used locations in Essex. Where such a location is identified, action will be taken and resource focused to reduce means of access for others thus reducing risk. We will forge new networks to address the risks around our waterways. This action will be led jointly by the three SET Councils Public Health teams.
10.	**Crisis intervention** The Government has committed to addressing suicide prevention in mental health settings including for those in crisis and identified at immediate risk of suicide.
	Action: We are transforming the way support to those in crisis is provided including a 24 hour Liaison mental health service in our hospitals; with specialist mental health staff on hand to assess patients A&E. This work will be led by the Crisis Concordat / three STP mental health forums.
11.	**Children and young people** According to national research, suicide is the cause of 14% of deaths in children and young people between the ages of 10 and 19 years. We need to focus on addressing those factors which may contribute to children and young people being at higher risk of suicide.
	Action: We are working with schools to promote awareness of the risk of suicide and self- harm through sharing guidance and providing regular information and updates about mental health and emotional wellbeing. Work is also currently underway to promote and embed the use of a Self Harm Tool Kit in all schools across Southend on Sea, Essex and Thurrock. This work will be led by Essex County Council on behalf of the Children's Commissioning Forum.
12	**Self - harm** The National Suicide Prevention Strategy has been updated to include the need to address self - harm as a key issue.
	Action: We will implement NICE guidelines on self - harm, specifically ensuring that people who present at emergency departments following self - harm receive a psychological assessment. This work will be led by the three STP mental health forums.

Suicide 2019 Data Analysis

Output Report

Public Health Intelligence

PHI@essex.gov.uk

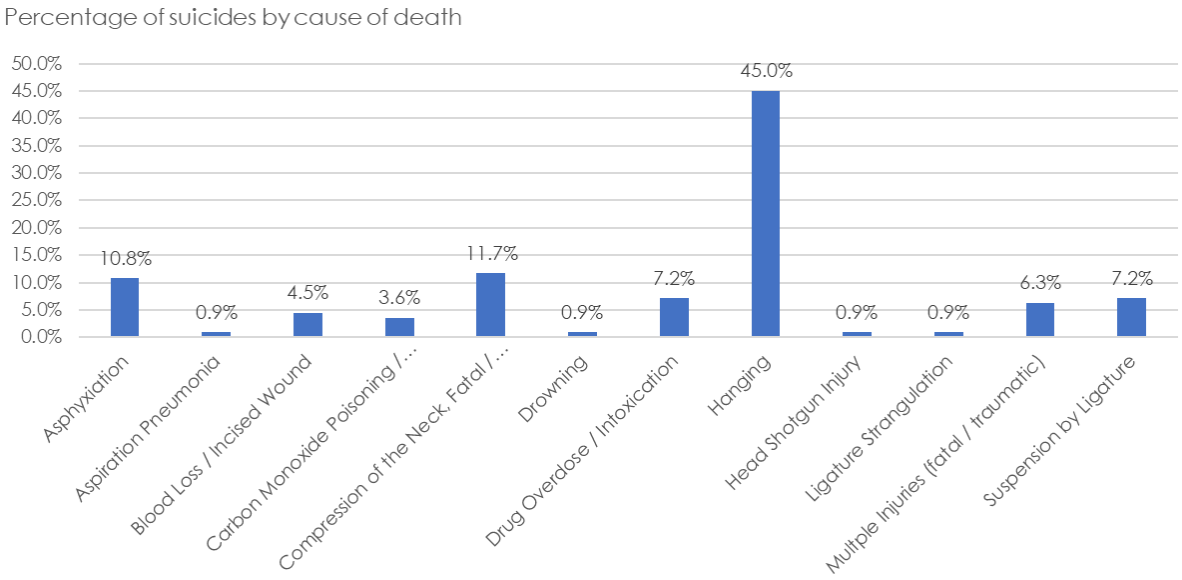
Contents

Cause of Death

Table 1. Count and percentage of suicides by cause of death.

Cause of Death	Count	% of total
Asphyxiation	12	10.8%
Aspiration Pneumonia	1	0.9%
Blood Loss / Incised Wound	5	4.5%
Carbon Monoxide Poisoning / Inhalation of Fumes	4	3.6%
Compression of the Neck, Fatal / Intense Pressure on Neck	13	11.7%
Drowning	1	0.9%
Drug Overdose / Intoxication	8	7.2%
Hanging	50	45.0%
Head Shotgun Injury	1	0.9%
Ligature Strangulation	1	0.9%
Multple Injuries (fatal / traumatic)	7	6.3%
Suspension by Ligature	8	7.2%
Total	111	100.0%

Figure 2. Percentage of suicides by cause of death.



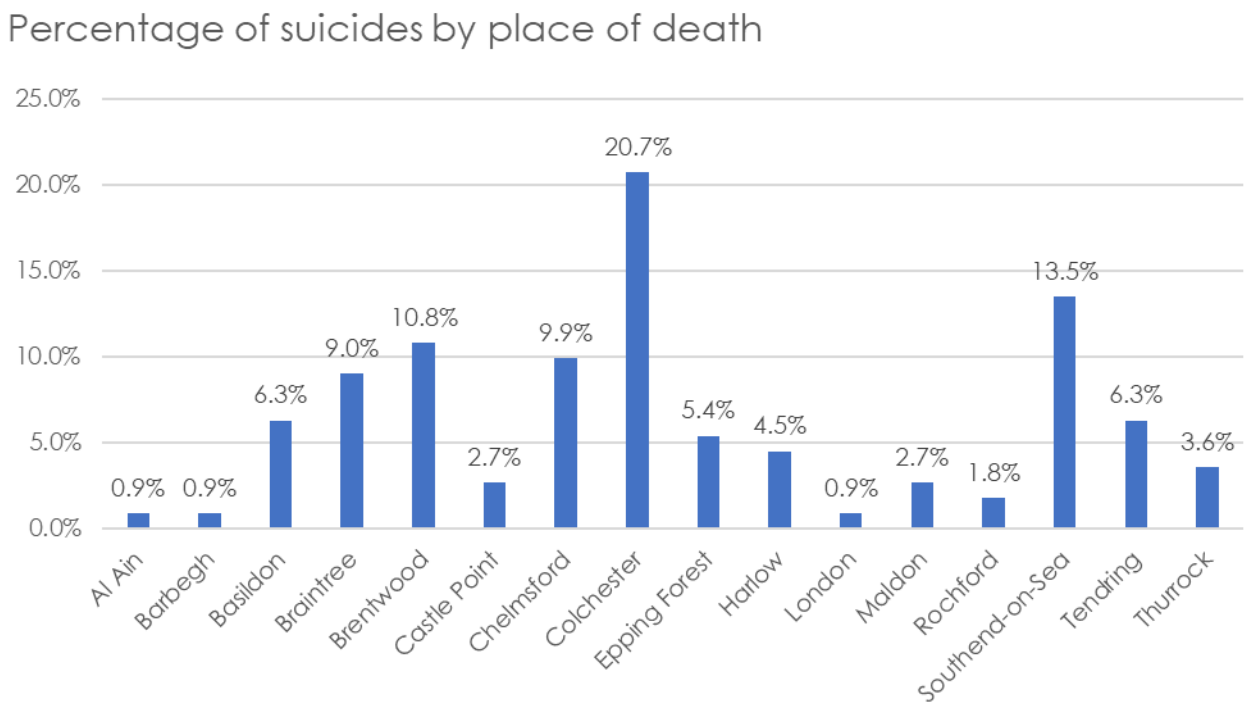
Note: causes of death were categorised into one of twelve categories as shown above. This was based on the text provided in the 'cause of death description' in the data export. The original description labels within each assigned category is provided in the Appendix.

Place of Death

Table 2. Count and percentage of suicides by place of death.

Place of Death	Count	% of total
Al Ain	1	0.9%
Barbegh	1	0.9%
Basildon	7	6.3%
Braintree	10	9.0%
Brentwood	12	10.8%
Castle Point	3	2.7%
Chelmsford	11	9.9%
Colchester	23	20.7%
Epping Forest	6	5.4%
Harlow	5	4.5%
London	1	0.9%
Maldon	3	2.7%
Rochford	2	1.8%
Southend-on-Sea	15	13.5%
Tendring	7	6.3%
Thurrock	4	3.6%

Figure 2. Percentage of suicides by place of death.



Note: place of death was ascertained through manually searching location of place of death listed in the data export. District level provided where possible.

Residence

Table 3. Count and percentage of suicides by residence.

District	Count	% of total
Basildon	7	6.3%
Braintree	11	9.9%
Brentwood	10	9.0%
Castle Point	4	3.6%
Chelmsford	12	10.8%
Colchester	20	18.0%
Epping Forest	5	4.5%
Harlow	4	3.6%
Maldon	3	2.7%
Rochford	3	2.7%
Southend-on-Sea	13	11.7%
Tendring	9	8.1%
Thurrock	3	2.7%
N/A	7	6.3%
Total	111	

Figure 3. Count of suicides by residence.

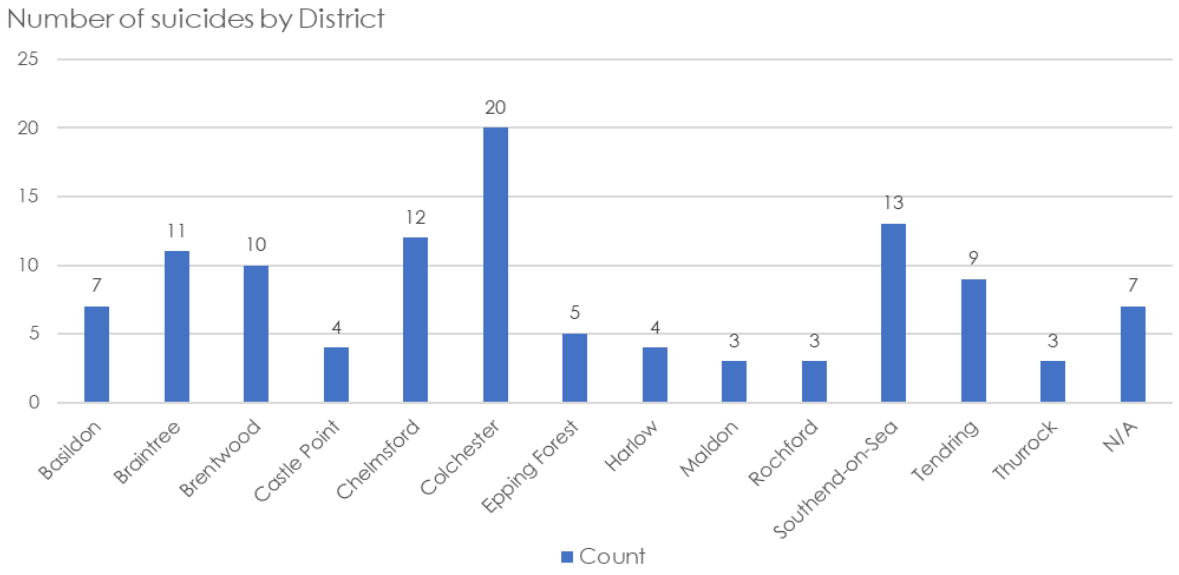
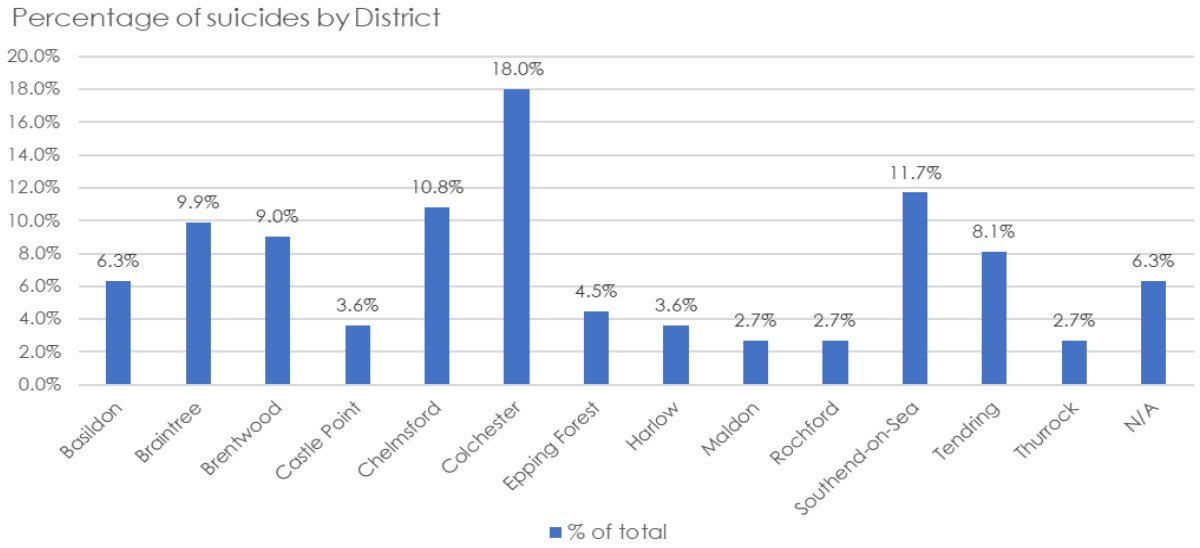


Figure 4. Percentage of suicides by residence.



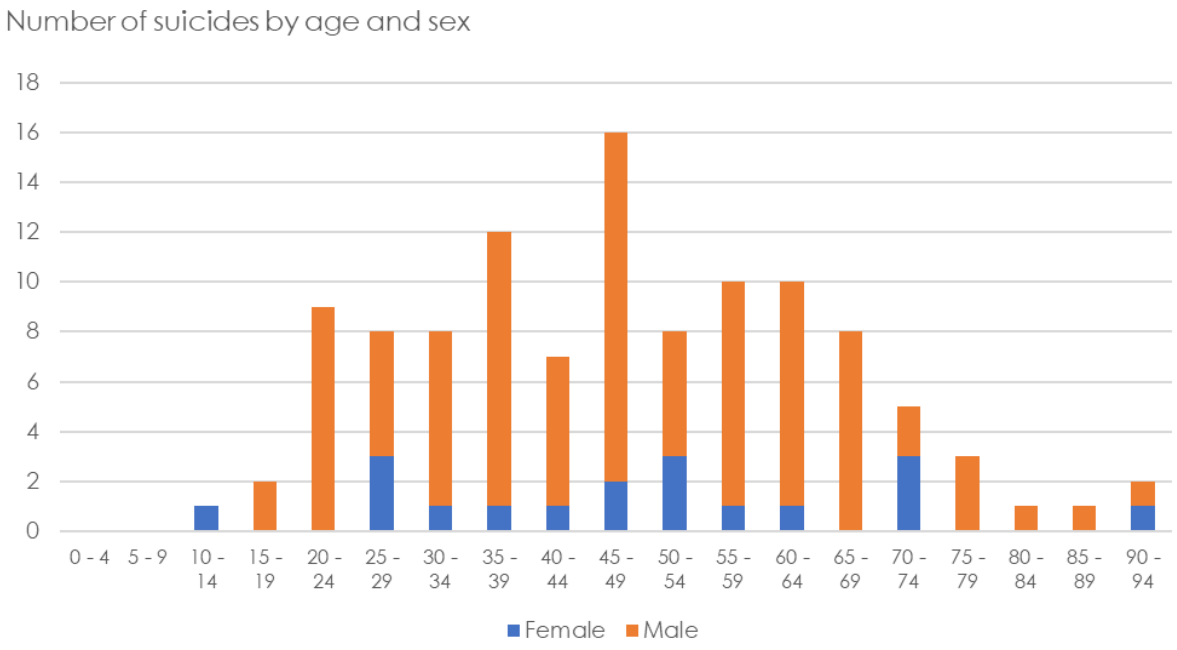
Note: District of residence was based on the postcode of where lived in the data extract. N/A occurs where the postcode of where lived is outside of Essex.

Age and Sex Breakdown

Table 4. Count of suicides by 5-year age band and sex.

Age	Count		
	Female	Male	Total
0 - 4	0	0	0
5 - 9	0	0	0
10 - 14	1	0	1
15 - 19	0	2	2
20 - 24	0	9	9
25 - 29	3	5	8
30 - 34	1	7	8
35 - 39	1	11	12
40 - 44	1	6	7
45 - 49	2	14	16
50 - 54	3	5	8
55 - 59	1	9	10
60 - 64	1	9	10
65 - 69	0	8	8
70 - 74	3	2	5
75 - 79	0	3	3
80 - 84	0	1	1
85 - 89	0	1	1
90 - 94	1	1	2
Total	18	93	111

Figure 5. Count of suicides by 5-year age band and sex.

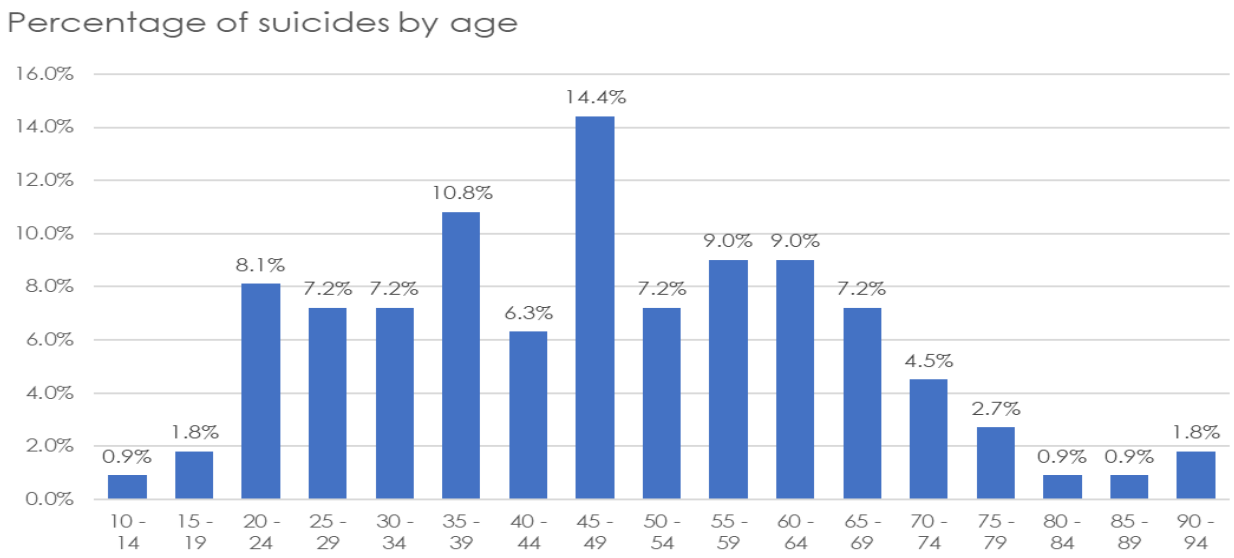


Age

Table 4. Count and percentage of suicides by 5-year age band.

Age Band	Count	% of total
10 - 14	1	0.9%
15 - 19	2	1.8%
20 - 24	9	8.1%
25 - 29	8	7.2%
30 - 34	8	7.2%
35 - 39	12	10.8%
40 - 44	7	6.3%
45 - 49	16	14.4%
50 - 54	8	7.2%
55 - 59	10	9.0%
60 - 64	10	9.0%
65 - 69	8	7.2%
70 - 74	5	4.5%
75 - 79	3	2.7%
80 - 84	1	0.9%
85 - 89	1	0.9%
90 - 94	2	1.8%

Figure 6. Percentage of suicides by 5-year age band.



Sex

Table 5. Count and percentage of suicides by sex.

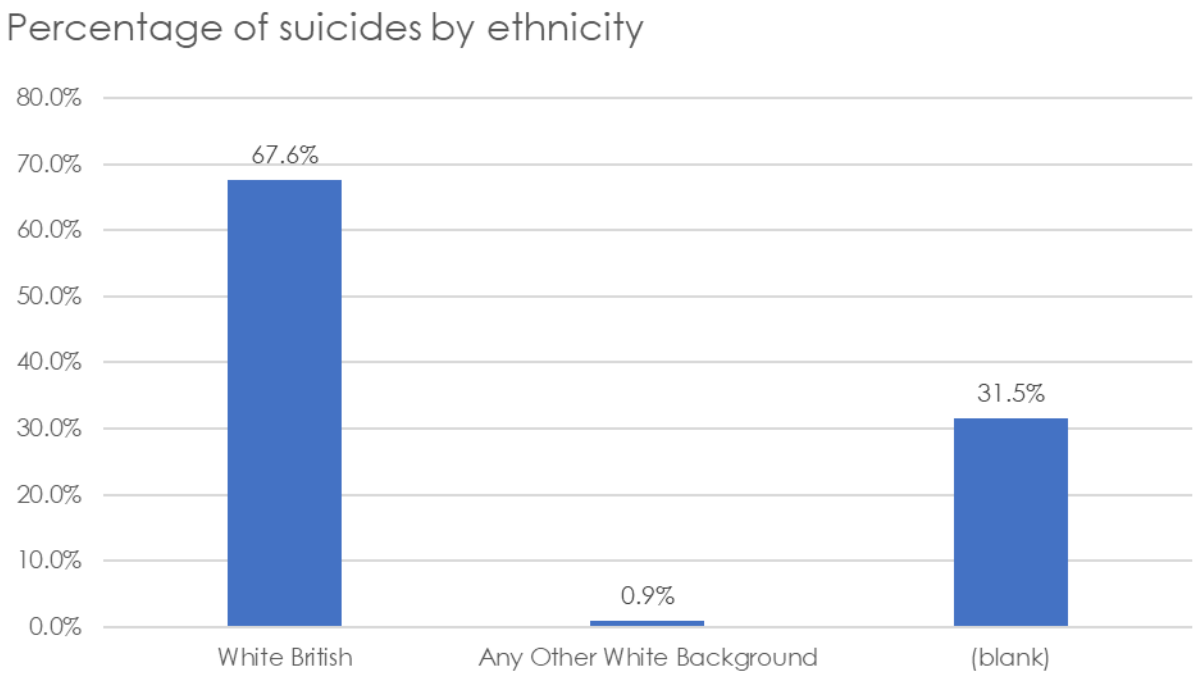
Sex	Count	% of total
Female	18	16.2%
Male	93	83.8%

Ethnicity

Table 6. Count and percentage of suicides by ethnicity.

Ethnicity	Count	% of total
White British	75	67.6%
Any Other White Background	35	31.5%
(blank)	1	0.9%

Figure 7. Percentage of suicides by ethnicity.

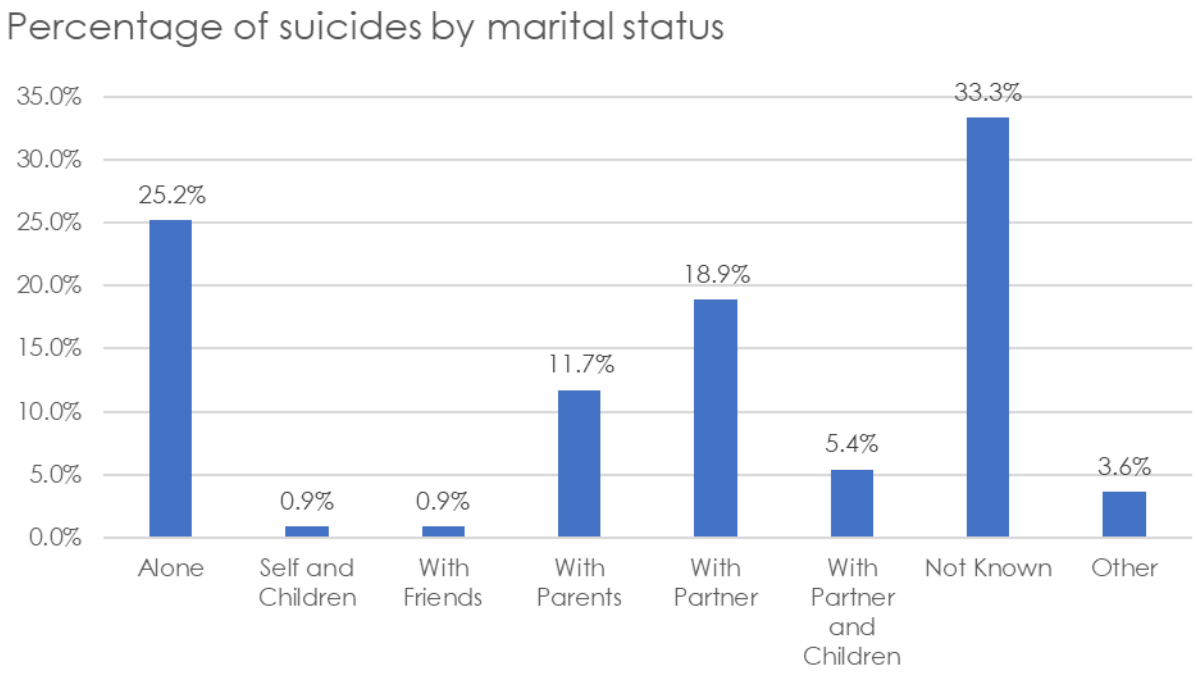


Marital Status

Table 7. Count and percentage of suicides by marital status.

Marital Status	Count	% of total
Cohabiting	2	1.8%
Divorced	9	8.1%
Married	37	33.3%
Separated	2	1.8%
Single	51	45.9%
Widowed	6	5.4%
Not Known	4	3.6%

Figure 8. Percentage of suicides by marital status.

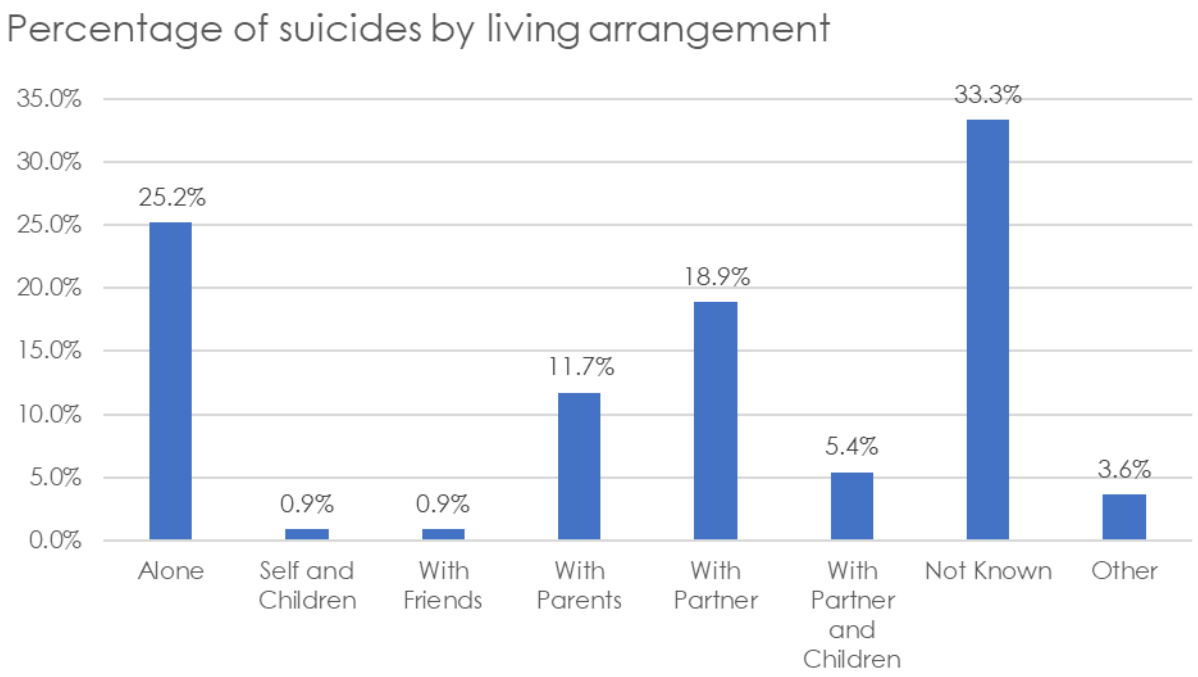


Living Arrangement

Table 8. Count and percentage of suicides by living arrangement.

Marital Status	Count	% of total
Alone	28	25.2%
Self and Children	1	0.9%
With Friends	1	0.9%
With Parents	13	11.7%
With Partner	21	18.9%
With Partner and Children	6	5.4%
Not Known	37	33.3%
Other	4	3.6%

Figure 9. Percentage of suicides by living arrangement.

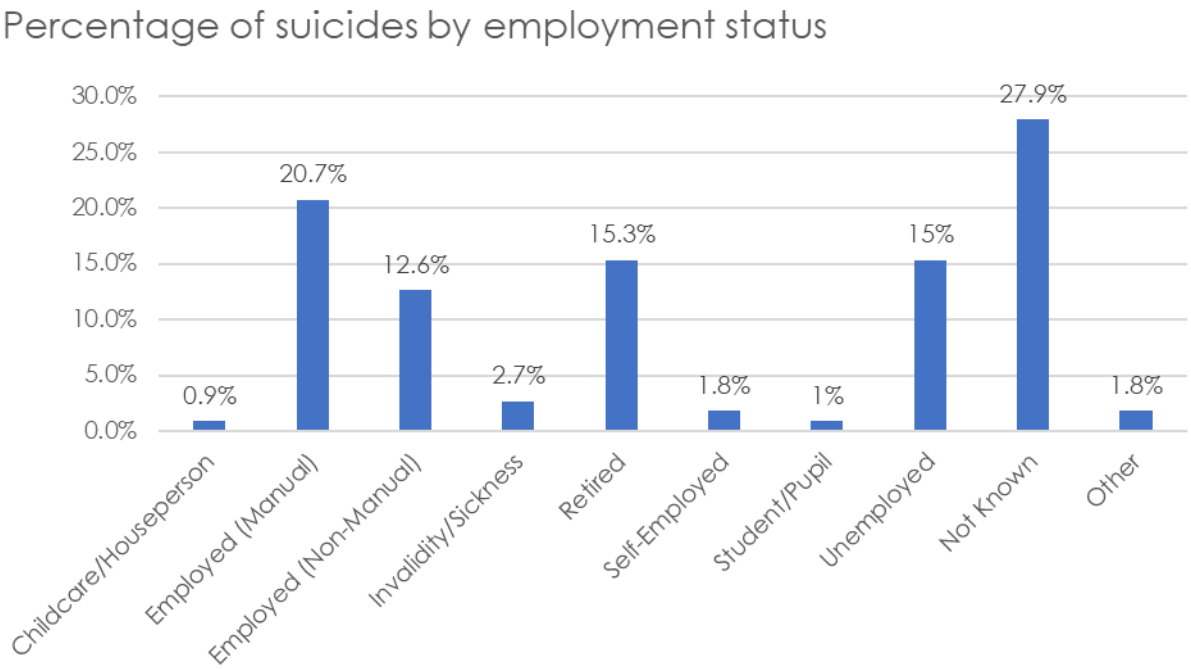


Employment Status

Table 9. Count and percentage of suicides by employment status.

Employment Status	Count	% of total
Childcare/Houseperson	1	0.9%
Employed (Manual)	23	20.7%
Employed (Non-Manual)	14	12.6%
Invalidity/Sickness	3	2.7%
Retired	17	15.3%
Self-Employed	2	1.8%
Student/Pupil	1	1%
Unemployed	17	15%
Not Known	31	27.9%
Other	2	1.8%

Figure 10. Percentage of suicides by employment status,



Occupation

Table 10. Count and percentage of suicides by occupation.

Occupation	Count	% of total
Taxi driver	3	2.7%
Teacher	3	2.7%
Builder	2	1.8%
Car Salesman	2	1.8%
HGV Lorry Driver	2	1.8%
Homemaker	2	1.8%
Labourer	2	1.8%
Painter & Decorator	2	1.8%
Retail Assistant	2	1.8%
Student	2	1.8%
Activities Co-ordinator	1	0.9%
Actor	1	0.9%
Administration Clerk	1	0.9%
Advertising	1	0.9%
Apprentice	1	0.9%
Barber	1	0.9%
Bedroom and Kitchen Fitter	1	0.9%
Brickwork Business Owner	1	0.9%
Building labourer	1	0.9%
Business Development Manager	1	0.9%
CAD designer	1	0.9%
Careers Advisor	1	0.9%
Chef	1	0.9%
Chimney sweep and fireplace fitter	1	0.9%
Civil Engineer	1	0.9%
Company director	1	0.9%
Concrete Factory Operative	1	0.9%
Construction	1	0.9%
Demolition Driver	1	0.9%
Dentist	1	0.9%
Diversity Consultant	1	0.9%
Engineer	1	0.9%
Estate Agent Admin	1	0.9%
factory worker	1	0.9%
Finance Manager	1	0.9%
Fire Fighter	1	0.9%
Fork lift Driver	1	0.9%
Gas delivery driver	1	0.9%
Groundworker	1	0.9%
Health Care Assistant	1	0.9%
House Clearance	1	0.9%
Information Technology Technician	1	0.9%
Insurance Clerk	1	0.9%
Landscape Gardener	1	0.9%
Lead Employee Solutions Manager	1	0.9%
Legal Investigator	1	0.9%
Legal Secretary	1	0.9%
Leisure Attendant	1	0.9%
Machine Operator	1	0.9%
Maintenance Man	1	0.9%
Marquee Foreman	1	0.9%

Occupation (continued)	Count	% of total
Mechanic	1	0.9%
Mechanical Engineer	1	0.9%
Media Executive	1	0.9%
Nursery School Teacher	1	0.9%
Optician	1	0.9%
Paediatric Sister	1	0.9%
Parts Buyer	1	0.9%
Photographer	1	0.9%
Plumber	1	0.9%
Precision Engineer	1	0.9%
Production Worker	1	0.9%
Retail Manager	1	0.9%
Roofer	1	0.9%
Sales Assistant	1	0.9%
Scaffolder/Builder	1	0.9%
School Care Taker	1	0.9%
Senior Youth Worker	1	0.9%
Short hand Typist	1	0.9%
Supervisor at Motor Company	1	0.9%
Swimming Teacher	1	0.9%
Technical Draughtsman	1	0.9%
Technical Sales Engineer	1	0.9%
Technician	1	0.9%
Telesales Administrator	1	0.9%
Train Driver	1	0.9%
Train maintainer	1	0.9%
Van driver	1	0.9%
Van Hire	1	0.9%
Warehouse Manager	1	0.9%
Window Cleaner	1	0.9%
(blank)	18	16.2%
Grand total	111	

Appendix

Appendix 1. Original description labels within each new cause of death category, and count of suicides for each label.

New description Label	Description Label (original)	Count
Asphyxiation	Asphyxia -	8
	Asphyxia and intense pressure on the neck due to hanging -	1
	Asphyxiation -	2
	Asphyxiation due to Hanging -	1
Aspiration Pneumonia	Aspiration pneumonia -	1
Blood Loss / Incised Wound	Blood loss -	1
	Haemorrhage from left upper arm laceration -	1
	INCISED WOUND TO LEFT RADIAL ARTERY -	1
	Massive bleeding from cut injuries over left forearm -	1
	Penetrating Incised Neck Wound -	1
Carbon Monoxide Poisoning / Inhalation of Fumes	Carbon Monoxide Poisoning -	2
	Carbon monoxide poisoning due to smoke inhalation -	1
	Inhalation of fire fumes -	1
Compression of the Neck, Fatal / Intense Pressure on Neck	Compression of the Neck -	1
	Compression of the neck by ligature tied around the neck -	1
	Fatal pressure on Neck -	8
	Fatal Pressure on Neck (Awaiting Toxicology) -	1
	Intense Pressure on Neck -	1
	Pressure on Neck from Hanging -	1
Drowning	Drowning	1
Drug Overdose / Intoxication	Drug Overdose (Codeine, Paracetamol, Citalopram and Gabapentin) -	1
	Drugs Overdose -	1
	Intoxication by a combination of Buspirone, Venlafaxine and Propranolol -	1
	Intoxication by Parecetamol and Amlopine -	1
	Morphine Toxicity -	1
	Multidrug ingestion and overdose	1
	Multiple Drug Toxicity -	1
	Toxic Effects of Morphine, Amitriptyline and Zopiclone in Combination -	1
Hanging	Hanging -	43
	Hanging (awaiting toxicology) -	2
	Hanging Awaiting Toxicology -	4
	Hanging/ Suspension by Ligature -	1
Head Shotgun Injury	Severe Compound Head Shotgun Injury -	1
Ligature Strangulation	Ligature/Belt Strangulation -	1
Multple Injuries (fatal / traumatic)	Multiple Fatal Injuries -	1
	Multiple Injuries -	4
	Multiple Injuries with Mutililation following collision with a moving train -	1
	Multiple traumatic injuries -	1
Suspension by Ligature	Suspension by ligature -	7
	Suspension by Ligature and combined Drug Toxicity (Alcohol and Amphetam	1

Agenda Item 8
HWB/05/21

Report title: New Statutory Duties for Domestic Abuse	
Report to Essex Health and Wellbeing Board	
Report author: Clare Burrell, Head of Strategic Commissioning and Policy, Essex county Council, Children and Families	
Date: 17th March 2021	**For:** Discussion/recommendation
Enquiries to: Gaynor.sproul@essex.gov.uk; clare.burrell@essex.gov.uk	
County Divisions affected: All Essex	

1. Purpose of Report

1.1 To appraise Board members the statutory duties and agency guidance for domestic abuse, which will be effective from 1st April 2021 (Appendix One), and to seek the views of Board members on how the Board should engage in this issue.

2. Recommendations

2.1 For each partner organisation to review the final guidance published on 1st April and consider their roles and responsibilities as employers and providers of services for supporting the response to and reduction in domestic abuse and in keeping those who are victims safe.

2.2 Prior to the Health and Wellbeing Board meeting on 17th March, to provide and feedback to the board chairman on the guidelines and how, if at all, you feel the Board should engage on this issue.

3. Summary of issue

3.1 1st April 2021 will see the introduction of new statutory duties and guidance to combat domestic abuse and respond to the need of victims and children who have been impacted by it.

The Act will **not** create an offence of "Domestic Abuse" but a **legal definition** of it, and outlines guidance and support for agencies to prevent and respond to domestic abuse.

The duties apply to Essex County Council as the Tier 1 Authority and are concerned appointing a local partnership board to commissioning effective support for victims of domestic abuse and for children who are victims; ***AND*** the 12 Boroughs, Districts and City as tier 2 tier authorities and which are concerned with the provision of housing and life-time tenancies.

A range of other measures and powers being introduced for the Criminal Justice System that aim to strengthen the response to domestic abuse

There is guidance for all agencies to enable good and improved practice to identify and support victims and these include employers, financial institutions, health, social care, schools, colleges, and voluntary and community sector organisations.

4. Options

N/A

5. Next steps

Working within the already existing partnership and governance arrangements that is the Southend, Essex and Thurrock Domestic Abuse Partnership Board, ECC will lead partners in overseeing the implementation of its duty to;

- Establish an Essex Local Partnership Board
- Deliver a robust needs assessment
- Develop and publish a commissioning strategy
- Make provision of support for victims and children.
- Co-design a meaningful vehicle for the representative voices of victims

6. Issues for consideration

6.1 Financial implications

Essex County Council will be in receipt of central government funding £2,740,000 for 21/22. Years thereafter will be determined through the annual Comprehensive Spending Reviews.

6.2 Legal implications

As set out in the Statutory Guidance

7. Equality and Diversity implications

Relevant quality impact assessments will be conducted in commissioning arrangements but duties aim to ensure that local authorities and their partners are meeting the needs of all victims regardless of age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, gender, and sexual orientation. protected

7.1 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.

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

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

8. List of appendices

1. Domestic Abuse Bill 2020: overarching factsheet
2. Domestic Abuse Bill overview slides

9. List of Background papers

Domestic Abuse Bill 2020: Final draft guidance

GOV.UK

Policy paper

Domestic Abuse Bill 2020: overarching factsheet

Published 3 March 2020

Contents

What are we going to do?

- raise awareness and understanding about the devastating impact of domestic abuse on victims and their families
- further improve the effectiveness of the justice system in providing protection for victims of domestic abuse and bringing perpetrators to justice
- strengthen the support for victims of abuse by statutory agencies

Victoria Atkins MP, Minister for Safeguarding:

> Domestic abuse is an abhorrent crime perpetrated on victims and their families by those who should love and care for them. This landmark Bill will help transform the response to domestic abuse, helping to prevent offending, protect victims and ensure they have the support they need.

How are we going to do it?

The Bill will:

- create a statutory definition of domestic abuse, emphasising that domestic abuse is not just physical violence, but can also be emotional, coercive or controlling, and economic abuse
- establish a Domestic Abuse Commissioner, to stand up for victims and survivors, raise public awareness, monitor the response of local authorities, the justice system and other statutory agencies and hold them to account in tackling domestic abuse
- provide for a new Domestic Abuse Protection Notice and Domestic Abuse Protection

Order

- place a duty on local authorities in England to provide support to victims of domestic abuse and their children in refuges and other safe accommodation
- prohibit perpetrators of abuse from cross-examining their victims in person in the family courts in England and Wales
- create a statutory presumption that victims of domestic abuse are eligible for special measures in the criminal courts (for example, to enable them to give evidence via a video link)
- enable domestic abuse offenders to be subject to polygraph testing as a condition of their licence following their release from custody
- place the guidance supporting the Domestic Violence Disclosure Scheme ("Clare's law") on a statutory footing
- ensure that where a local authority, for reasons connected with domestic abuse, grants a new secure tenancy to a social tenant who had or has a secure lifetime or assured tenancy (other than an assured shorthold tenancy) this must be a secure lifetime tenancy
- extend the extraterritorial jurisdiction of the criminal courts in England and Wales, Scotland and Northern Ireland to further violent and sexual offences

Background

There are some 2.4 million victims of domestic abuse a year aged 16 to 74 (two thirds of whom are women) and more than one in ten of all offences recorded by the police are domestic abuse related.

In December 2019 the government was elected with a manifesto commitment to "support all victims of domestic abuse and pass the Domestic Abuse Bill" originally introduced in the last Parliament. The Bill aims to ensure that victims have the confidence to come forward and report their experiences, safe in the knowledge that the state will do everything it can, both to support them and their children and pursue the abuser.

In spring 2018, the government conducted a public consultation on Transforming the Response to Domestic Abuse which attracted over 3,200 responses.

The government response to the consultation and a draft Domestic Abuse Bill were published in January 2019. The government response set out 123 commitments, both legislative and non-legislative, designed to promote awareness of domestic abuse; protect and support victims and their families; transform the justice process to prioritise victim safety and provide an effective response to perpetrators; and to drive consistency and better performance in the response to domestic abuse across all local areas, agencies and sectors.

The draft Bill underwent pre-legislative scrutiny by a Joint Committee of both Houses of Parliament, chaired by the Rt. Hon. Maria Miller MP. The Joint Committee published its report on the draft Bill on 14 June 2019. The Domestic Abuse Bill was then introduced in July 2019, and was given a Second Reading in October but then fell with the dissolution of

Parliament. The Bill as re-introduced includes a number of changes, including the new duty on local authorities in England to provide support to victims and their children in safe accommodation and an extension of the automatic prohibition on cross-examination in person in family proceedings.

What other actions are the government taking in addition to the measures in the Bill?

The government's response to the domestic abuse consultation set out 123 commitments to help tackle domestic abuse. The majority of these commitments do not require legislation.

The non-statutory commitments include:

- introduce regulations and statutory guidance on Relationship Education, Relationship and Sex Education, and Health Education.
- invest in domestic abuse training for responding agencies and professionals.
- develop national guidance for police on serial and repeat perpetrators.
- improve awareness and understanding of coercive control offence and review effectiveness of offence.
- continue to develop means to collect, report and track domestic abuse data

How much will these measures cost?

The Impact Assessment published alongside the Bill indicates that the current estimated cost of the measures in the Bill applying to England and Wales is between £128 to £146 million per year once fully implemented.

The impact assessment shows that only a small reduction (0.2%) in the prevalence of domestic abuse as a result of the measures in the Bill would be required for the benefits of the Bill to outweigh the costs.

Will these measures apply across the United Kingdom?

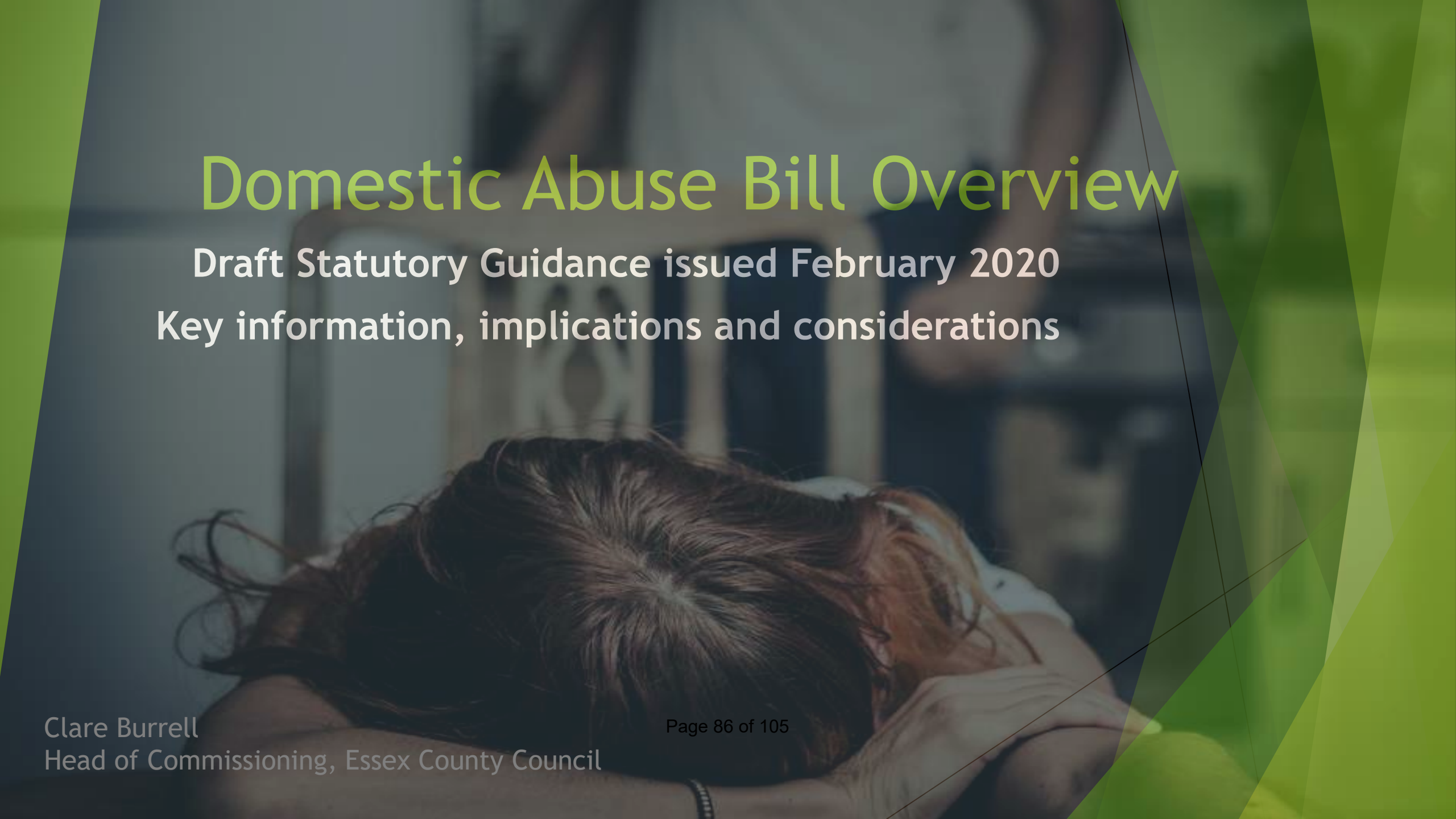
- the majority of the provisions in the Bill apply to England and Wales, or England, only
- the provisions in the Bill relate to devolved matters in Scotland and Northern Ireland
- at the request of the Scottish Government and the Department of Justice in Northern Ireland, the Bill includes analogous provisions for Scotland and Northern Ireland extending the extraterritorial jurisdiction of the criminal courts

Key facts

In the year ending March 2019, an estimated 2.4 million adults aged 16 to 74 years experienced domestic abuse in the last year (1.6 million women and 786,000 men).

The prevalence of domestic abuse has reduced from 8.9% in the year ending March 2005 to 6.3% in the year ending March 2019; this indicates a gradual, longer term downward trend.

The cost of domestic abuse is estimated to be approximately £66 billion for victims of domestic abuse in England and Wales for the year ending March 2017.



Domestic Abuse Bill Overview

Draft Statutory Guidance issued February 2020

Key information, implications and considerations

Clare Burrell
Head of Commissioning, Essex County Council

The aims of the Act

Protect and support victims – to enhance the safety of victims and the support they receive;

Transform the justice process – to provide support to victims throughout the justice process and an effective response to perpetrators to end the cycle of abuse;

Improve performance – to drive consistency and better performance in the response to domestic abuse;

Promote awareness – put domestic abuse at the top of everybody's agenda.

Includes those aged16+ years as offenders/victims and defines children under 16 as victims

The Act will **not** create an offence of "Domestic Abuse but a legal definition of it

The legal definition of domestic abuse

No matter if the behaviour consists of a single incident or a course of conduct, and applies to any person 16+

- Physical or sexual abuse
- Violent or threatening behaviour
- Controlling or coercive behaviour
- **Economic abuse**
- Psychological, emotional or other abuse

- Intimate Partner Violence
- Abuse by Family Members
- **Teenage Relationship Abuse**
- **Adolescent to Parent Violence and Abuse**

Stalking & harassment
Honour based violence
Forced marriage
Female gentile mutilation
Modern slavery

Details so far

- Appointment of Nicole Jacobs to Domestic Abuse Commissioner
- Formation of a National Steering Group
- Statutory Services and Criminal Justice system now accountable for specific duties

- The act outlines guidance and support for agencies to prevent and response to DA
- There are a range of statutory and non statutory duties
- Will provide strategic and operational frameworks for effective commissioning
- Provide sources of guidance for agencies on how to support victims and deal with perpetrators
- Best practice and responsibilities

- Estimated cost of the measures in the Bill for England and Wales between £128 and £146 million per year
- only a small reduction (0.2%) in the prevalence for the benefits of the Bill to outweigh the costs.
- Essex allocation for 2021/22 is 2.74m p.a.

Guidance and best practice for agency response

Children's Social Care
Adult Social Care
Police
Crown Prosecution Service
Courts
Prison
Probation
Local Criminal Justice Boards

Health Professionals
Housing
Job centre Plus
Employers
Financial Services
Voluntary Sector
Schools
Colleges

New statutory duties for agencies

- Prohibits perpetrators cross examining victims in court
- Housing obligations for life time tenancies for victims
- Clare's Law - Domestic Violence Disclosure Scheme

Non Statutory practice and powers

- Domestic Abuse Protection Notices
- Relationship and Health Education in schools and colleges
- Expectations on employers

New commissioning duties for ECC

Duty to appoint a multi-agency Domestic Abuse Local Partnership Board to;

- Assess the need for accommodation-based* domestic abuse support
- Develop and publish a strategy
- Deliver, monitor and evaluate the effectiveness of the strategy
- Report to central government

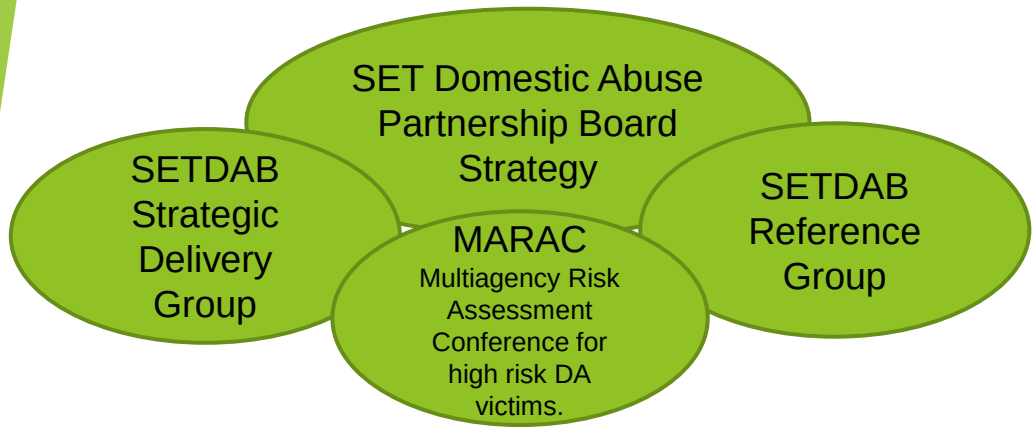
- Make provision to support victims and their children residing at home and in safe accommodation including; advocacy support, prevention advice, children support, housing related advice

- All victims to be able to access safe accommodation if /when needed**

*There will be separate guidance for local housing authorities relating to the exercise of their functions under Part 4 of the 2020 Act will be published ahead of the new duty coming into force.

*wide definition including victims staying at home

Existing Southend Essex and Thurrock Domestic Abuse Partnership Landscape



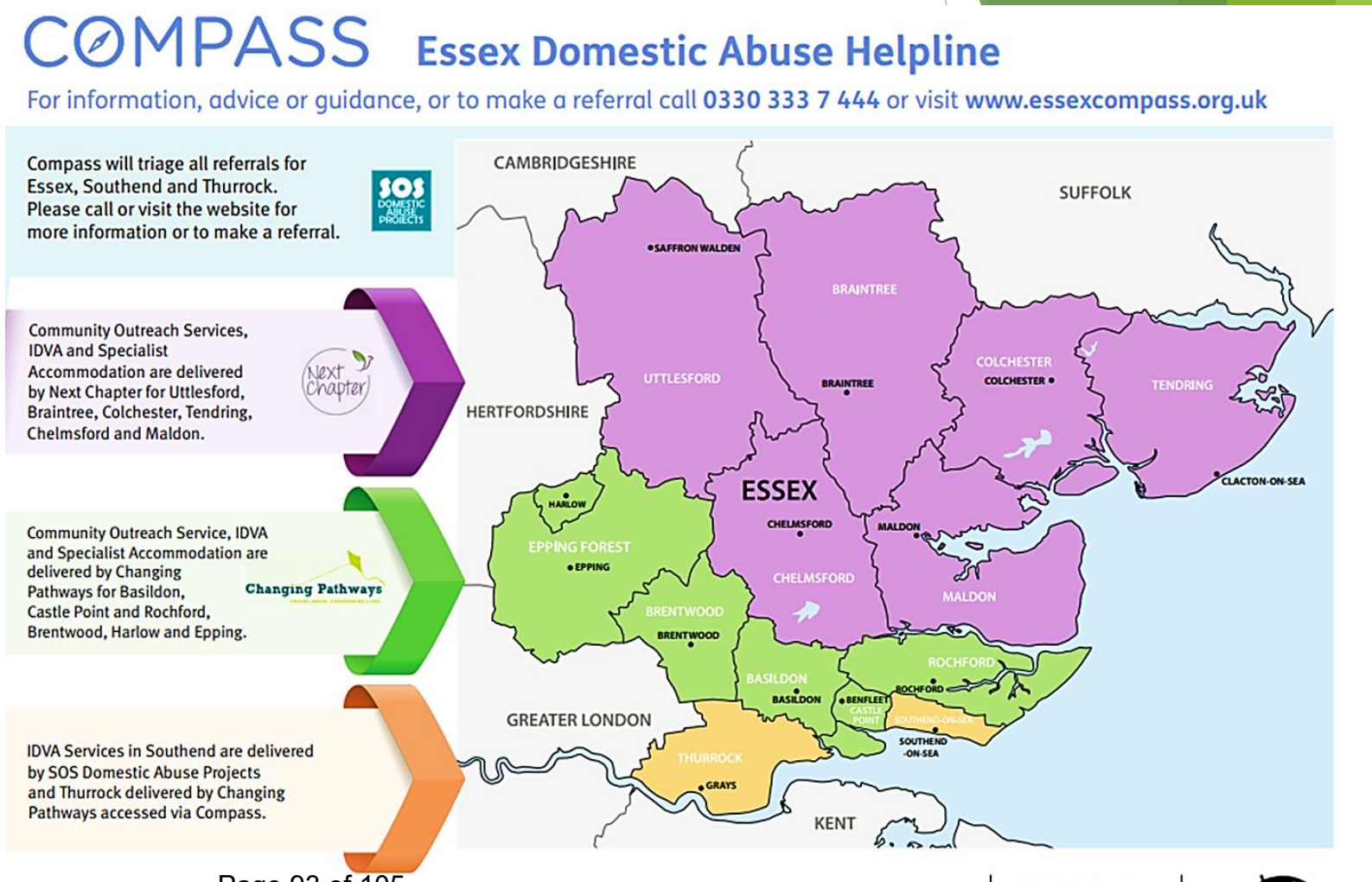
SETDAB Partnership Team	
Head of DA Partnerships x 1	Jointly funded by Essex County Council and the Office for Police, Fire and Crime Commissioner
Domestic Abuse Coordinators x 4	
Domestic Abuse Support Officer x 1 MARAC – Operational Manager x 1	

- DA Perpetrator Delivery Group
- DA Substance Misuse Group
- DA Housing Steering Group
- DA Health Subgroup
- DHR Core Group
- ESAB and ESCB Training Group

- Facilitation and co-ordination of core business
- Audits and scrutiny functions
- DHR Centralisation - co-ordination, processing and learning
- Monitoring and sharing emerging legislation and good practices
- Training
- Annual Report reporting
- Campaigns, newsletters and website

Current expenditure on domestic abuse victims

- The current integrated community services contract value is £14,367,697.67 over seven years (including extension option), averaging £2,052,528.24 per year.
- 25% of the contract is funded by the Police, Fire and Crime Commissioners Office who jointly fund the High Risk Domestic Abuse element of the contract
- There is a range of other expenditure including perpetrator programmes and partnership learning and development



SETDAB Southend, Essex & Thurrock Domestic Abuse Board | PFCC POLICE, FIRE AND CRIME COMMISSIONER FOR ESSEX | Essex County Council

Next steps

- Domestic Abuse Implementation Steering Group
- Convene an Essex Local Partnership Board
- Preparing a needs assessment
- Developing a medium term commissioning strategy to be published August 2021
- Make commissioning/decommissioning decisions/recommendations
- Putting reporting mechanisms in place
- Establishing meaningful vehicles for the CYP and Adult voice
- Reviewing the current SETDAB Board membership
- Consider future resourcing implications and needs

Agenda Item 9a
HWB/06/21a

Report title: Population Health Management	
Report to: Essex Health and Wellbeing Board	
Report authors: Susannah Howard, Michelle Grant-Richardson (Suffolk and North East Essex ICS), Shirley Potter (Herts and West Essex ICS) and Monica Scrobotovici (Mid and South Essex Health and Care Partnership)	
Date: 17 March 2021	**For:** Discussion
Enquiries to: Susannah Howard, ICS Programme Director, Suffolk and North East Essex ICS susannah.howard2@nhs.net	
County Divisions affected: All Essex	

1. Purpose of this paper

1.1 The purpose of this paper is to update members of the Essex Health and Wellbeing Board on the development of Population Health Management across the three Integrated Care Systems in Essex. This detail for this paper has been provided by the Population Health Programme Mangers across the three ICS's.

2. Recommendations

2.1 To be aware of the programme and to identify opportunities for support and cross county learning/collaboration/liaison.

3. Summary of the Issue

3.1 All three Integrated Care Systems in Essex have now been given the opportunity to be part of the national Population Health Management Development Programme supported and coordinated by NHS England and NHS Improvement. As a partnership approach across NHS and other public services, Population Health Management offers an opportunity to improve health and wellbeing.

4. An introduction to Population Health Management

4.1 Population Health Management (PHM) is an emerging technique that uses data to help us understand our current, and predict our future, health and care needs so we can take action in tailoring better care and support with individuals, design more joined up and sustainable health and care services, and make better use of public resources.

4.2 It uses historical and current data to understand what factors are driving poor outcomes in different population groups. This then enables us to design new proactive models of care which will improve health and wellbeing today as well as in 20 years' time. This could be by stopping people becoming unwell in the first place, or, where this isn't possible, improving the way the system works together to support them.

4.3 PHM is a partnership approach across the NHS and other public services including: councils, the public, schools, fire service, voluntary sector, housing associations, social services and police. All have a role to play in in addressing the interdependent issues that affect people's health and wellbeing.

4.4 For example, adults and children who live in cold, damp housing may be more likely to develop respiratory problems over the next 20 years because their lungs are affected by the mould spores in their home. If we improved their housing now they may not end up with various health conditions in the future which can result in poor quality of life (conditions like asthma, chest infections, and other respiratory problems) and could avoid the need for multiple health and care services.

4.5 Population Health Management is a key tool to enable Primary Care Networks (PCNs) to work with their local partners to deliver true personalised care as close to home as possible. PHM enables systems and local teams to understand and look for the best solutions to people's needs – not just medically but also socially – including the wider determinants of people's health.

4.6 What does it mean for the public? For the public, it should mean that health and care services are more proactive in helping people to manage their health and wellbeing, provide more personalised care when it's needed and that local services are working together to offer a wider range of support closer to people's homes.

4.7 Why is it important for integrated care and systems? PHM is seen as a critical building block for integrated care systems and enables Primary Care Networks (PCNs) to deliver with their local partners true Personalised Care. Together, the three Ps (PHM, PCNs, Personalised Care) form a core offer for local people which ensures care is tailored to their personal needs and delivered as close to home as possible. PHM enables systems and local teams to understand and look for the best solutions to people's needs – not just medically but also socially – including the wider determinants of people's health. Many people need support with issues such as housing, employment, or social isolation – all of which can affect their physical and mental health – these solutions are often already available through, or better designed with, local people, the local council or a voluntary organisation. Better partnership working using PHM to join up the right person with the right care solution helps us to improve outcomes, reduce duplication and use our resources more effectively.

4.8 What does it mean for people working in systems? For doctors, nurses, social care, therapists and other frontline staff the PHM approach enables care and support to be designed and delivered to meet individual needs, it means less duplication and a reduction in workload pressures as it ensures the right care is given at the right time by the right person. Health and care professionals are being empowered to redesign their services, to reduce the reactive episodic nature of their workload and take a more proactive approach to supporting their local population live healthier lives. For local councils, health care managers and clinicians who commission services greater understanding of the local population will ensure they can better predict what residents need and ensure health and care providers work together taking collective responsibility for the care and support offered to improve outcomes.

5. The National Population Health Management Development Programme

5.1 All three Integrated Care Systems in Essex have now been given the opportunity to be part of the national Population Health Management Development Programme supported and coordinated by NHS England and NHS Improvement. This is an intensive 20-week programme supported by Optum and funded by NHS England and NHS Improvement. The programme enables health and care systems to make rapid progress in developing PHM capabilities through data-led, proactive care projects that deliver improved outcomes for people. The programme supports systems to build collective capability across commissioners, providers, PCNs and community partners – to make informed data-driven decisions that enable teams to act together (across the NHS, local authorities, public services, VCSE, communities, and local people) to make best use of collective resource to achieve practical and tangible improvements in the health and wellbeing of our local communities.

5.2 It is a structured programme designed to accelerate Integrated Care System (ICS) development across the key PHM domains: 'Infrastructure', 'Intelligence', and 'Interventions'.

5.3 There are three areas of capability required in a system for Population Health Management:

1. **Infrastructure**: the basic building blocks that must be in place
   - ✓ Organisational Factors – defined population, shared leadership & decision-making structure
   - ✓ Digitalised care providers and common longitudinal patient record
   - ✓ Integrated data architecture and single version of the truth
   - ✓ Information Governance that ensures data is shared safely, securely and legally

2. **Intelligence:** opportunities to improve care quality, efficiency and equity
   - ✓ Supporting capabilities such as advanced analytical tools and software and system wide multi-disciplinary analytical teams, supplemented by specialist skills
   - ✓ Analyses – to understand health and wellbeing needs of the population, opportunities to improve care, and manage risk
   - ✓ Reporting the performance of the ICS as a whole, in a range of different formats

3. **Interventions**: proactive clinical and non-clinical interventions to prevent illness, reduce the risk of hospitalisation and address inequalities
   - ✓ Workforce development – up skilling teams, realigning and creating new roles
   - ✓ Community well – being approaches, social prescribing and social value projects
   - ✓ Assistive technologies and digital tools to empower patients and smooth care transitions
   - ✓ Incentives alignment, return on investment modelling and risk sharing mechanisms

6. Progress Across Essex

6.1 Suffolk and North East Essex **-** Suffolk and North East Essex ICS began the 20-week National Population Health Management Programme in January 2020. The ICS selected six PCNs as pilots across the ICS including three in North East Essex: North Colchester, East Hill and Abbeyfield and Clacton. The programme was delayed by the pandemic but restarted in the summer and was completed by the autumn. The system worked with NHS England, Optum and North of England Commissioning Support Unit (NECS) with support from the ICS Central Team to link pseudonymised primary care and secondary care data at PCN level and then support a change management process with those PCNs to enable change to direct patient care. The target populations comprised different levels of deprivation, population density, gender and age groups. A system level actuarial model was also developed, including a 'base case' forecast of activity and spend over future years, and a 'mitigated case' forecast based on the opportunities identified by the PCNs. The ICS held an online 'Thinking Differently Together' event in November 2020 to look at the impact of the programme. A written report of this event, which was chaired by Pam Donnelly from Colchester Borough Council, is available online **HERE**. This includes written case studies from all three PCNs in North East Essex on page 4 and discussion about how the approach has been used in children and young people's mental health and end of life care in North East Essex on pages 6-7.

6.2.1 Hertfordshire and West Essex ICS - begin the 20-week National Population Health Management Programme on 3rd March 2021. The ICS has selected 3 PCNs as pilots across the ICS which are Uttlesford (North and South PCNs are working together as one in the West Essex CCG, one PCN from Herts Valley CCG and one from East and North Herts CCG (to be confirmed). West and Herts Valley has been selected for the place based PHM work. The system will work with NHS England, Optum and Arden and Gem Commissioning Support Unit (AGEM) with support from the ICS Central Team to link pseudonymised primary care and secondary care data at PCN and place level and then support a change management process with those PCNs to enable change to direct patient care.

6.2.2 Mid and South Essex Health and Care Partnership - are planning to launch the 20-week National Population Health Management Programme in June 2021. The PCNs have yet to be chosen but will consist of one from each of the four Alliance areas (these will be decided in next few weeks from shortlist of potentials). South East Essex has been selected for the place based PHM work. The system will work with NHS England, Optum and Arden and Gem Commissioning Support Unit (AGEM) with support from the ICS Central Team to link pseudonymised primary care and secondary care data at both PCN and place level and then support a change management process with those PCNs to enable change to direct patient care.

7. Options

7.1 Not applicable.

8. Next Steps

8.1 Suffolk and North East Essex ICS - following completion of the national PHM programme next steps for PHM in North East Essex are as follows:

- **Supporting more PCNs -** It is proposed to deliver a lighter touch programme in the immediate term for the PCNs who have not yet had access to the 20-week programme. In North East Essex these are:
  - Thorpe and Ranworth
  - Colchester Medical practice (CMP)
  - COLTE Partnership (RMT)
  - COLTE Partnership WCW
  - COLTE Partnership (ARA)
  - Creffield Medical Group
  - Tendring
- **Primary Care Data Extraction and Linkage - three** quarterly extracts of Primary Care data will be undertaken with support from North of England Commissioning Support (NECS) in all three CCGs including North East Essex. This will require appropriate Information Governance (IG) to be in place and be in line with an agreed data specification. The extracted data will be processed, and the data linked with secondary care data held by the ICS.
- **Progressing the infrastructure and intelligence capabilities required to support PHM -** The SNEE PHM Roadmap identifies that significant work is required to flow the multiple data sources required for a comprehensive PHM approach into the two data warehouses within the system.
- **North East Essex End of Life Project -** To further enhance the monitoring of the 10 priority outcomes at the end of life there is a need to link to primary care data. Currently only My Care Choices, hospital and ONS data is available to the integrated dashboard and thus for analysis by the End of Life board who are seeking to align the resources of the Alliance to the priorities of the patient in the place of their preference. Access to primary care will demonstrate the primary health care service needs of people in the last year of life and support the allocation of appropriate resources.

8.2 Hertfordshire and West Essex ICS **-** West Essex CCG will be part of the Hertfordshire and West Essex ICS Wave 2 PHM programme due to start on the 3 March. The programme for this ICS will be shortened as a result of a delayed start due to COVID. Both Uttlesford PCNs will be taking part as one locality.

- **Supporting more PCNs -** the learning from the programme will be replicated across the CCG to the PCNs who have not had an opportunity to take part.
- **Primary Care Data Extraction and Linkage –** All appropriate information governance infrastructure is in place to enable extraction from practices. This is currently undertaken through using Apollo on a monthly basis. 15/30 practices are enabled and currently flowing. Other forms of obtaining the data are being explored. Multiple data sources are pseudonymised with a consistent pseudonym to allow linkage.
- **Progressing the infrastructure and intelligence capabilities required to support PHM -** Currently AGEM CSU provide a data only DSCRO service for West Essex. The HWE PHM Programme has identified that significant work and infrastructure is required to flow and structure multiple data

sources. A scoping of requirements has been completed across the ICS and a roadmap to securing the required infrastructure is in development, in line with the national strategic direction. This includes the creation of a longitudinal record and different views of the data available to inform planning, operational and direct patient care needs.

8.3 Mid and South Essex Health and Care Partnership - following successful appointment of a PHM team (comprised of a manager and two analysts) and acceptance into the NHS PHM Development Programme, MSE is working on progressing the data infrastructure to enable PHM Work. Additionally, the MSE HCP Business Intelligence (BI) Strategy and Roadmap with a focus on PHM has been approved is currently being scoped and work is underway to implement it. Next steps are to:

- Develop a communications and Engagement plan to inform and involve the main stakeholder in the development of the programme; this includes engagement with Primary Care to facilitate data sharing for the purpose of linkage and processing to produce PHM intelligence outputs;
- Select the PCNs that will take part in the national development programme and support them with the readiness process;
- Advance the IG work to ensure lawful use of data when transferring, linking and processing it; this includes updated to DSAs signed by PC and DARS applications to NHS Digital;
- Setup an HCP senior Partners BI Group to advance the BI transformation;
- Develop a segmentation model focused on prevention and identify gateways for people transitioning to ill-health; this is to inform further interventions at all levels: system, place, neighbourhood and individual.
- Develop a Health Inequality Assessment Framework and Evaluation Framework to support partners across the system with identifying need and assessing fairness of intervention impact.

9. Issues for consideration

9.1 Not applicable.

10. Equality and Diversity implications

10.1 Not applicable.

11. List of appendices

11.1 Report of SNEE ICS event on Population Health Management (not included in the agenda pack. Available **HERE.**)

Agenda Item 9b
HWB/06/21b

Report title: Physical Activity in Essex (Essex Local Delivery Pilot)	
Report to: Essex Health and Wellbeing Board	
Report author: Jason Fergus, Head of Active Essex	
Date: 17th March 2021	**For:** Information
Enquiries to: Jason Fergus Jason.fergus@essex.gov.uk	
County Divisions affected: All Essex	

1. Purpose of Report

1.1 To recognise the increased importance of physical activity in the daily lives of all citizens in Essex, and to galvanise, enthuse and mobilise support for urgent action to promote physical activity to ensure people in Essex are fit for the future.

2. Recommendations

2.1 That the Board is asked to:

2.1.1 Agree with the urgency of promoting physical activity across the Essex population.

2.1.2 Recommend next steps and actions that are simple and impactful.

3. Summary

3.1 The pandemic has had a major impact on physical activity levels across Essex, particularly for older people, people with disabilities and long-term health conditions, ethnically diverse, women, and people living in low socio-economic communities.

3.2 There is a huge range of physical activity services and programmes ongoing across Essex provided by the voluntary sector, public sector, and commercial sector.

3.3 The Sport England Local Delivery Pilot (LDP), led by Active Essex, is making strong progress in tackling physical inactivity in our most disadvantaged communities. The LDP is working across different systems to hardwire physical activity into the core business of health, social care, transport, holiday hunger, community development, and the criminal justice system.

3.4 This report is seeking support and action to bring about an Essex-wide post- COVID upsurge in physical activity implemented across different systems and sectors. There is a need to get Essex 'fit for the future' focusing on the importance of physical reconditioning following the negative impact on people's health caused by the pandemic, and to widely communicate that an active lifestyle is one of the most effective ways to achieve healthy and fulfilled lives.

4. Further information

4.1 What impact has the pandemic had on physical activity levels in Essex?

- 1 in 4 adults in Essex are inactive which means they do less than 30 minutes exercise per week.
- Up until the pandemic outbreak, activity levels were increasing and inactivity levels decreasing.
- During the first lockdown, activity levels slightly increased, but in the two following lockdowns, physical activity levels have dropped significantly. 19,000 adults have moved from active to inactive, and 2.3% drop in active children. The inactivity levels were worst affected in high deprivation areas and with groups including disabled, long term health conditions, and ethnically diverse.
- ECC and Active Essex launched the State of Life Survey which tracks activity levels and attitudes to being active across a sample of over 3,000 Essex residents providing essential up to date data and insight.
- ECC and Active Essex secured over £650,000 from Sport England to support 180 grass roots sports and physical activity organisations who were affected by the pandemic.
- ECC and Active Essex provided a summer school holiday club programme for 22,000 children providing free nutritious food and physical activities in 2020, and have secured over £4m from central government to run a large school food and activities holidays programme this year to engage over 32,000 children on free school meals.

4.2 Why is physical activity so important?

- The pandemic has highlighted the importance of daily physical activity through comprehensive government and public health messaging. This supports the ECC Full Council Motion in 2018 referencing the importance of physical activity.

4.3 What has been the ECC and Active Essex response to encourage physical activity during the pandemic

- ECC and Active Essex are providing a wide range of physical activity projects and programmes that are being delivered during the Covid-19 pandemic.
- Key programmes are Keep Essex Active YouTube Channel, School Holidays Food and Activities Programme, State of Life survey, Prevention and Enablement Model, Essex Activity Heroes, Green Spaces, and Wellbeing Strategy.

4.4 Inspiring a post- COVID upsurge in physical activity across all portfolios.

- ECC, Active Essex and the Local Delivery Pilot have short, medium and long term plans.
- Medium term post lockdown:
  - Return to play – with an emphasis on amplifying messaging and rebuilding the sector,

- Recondition our residents through programmes & initiatives.
- Launching a social movement behaviour change campaign across Essex (Fit for the Future)
- Keep Essex children active by encouraging schools to promote Daily Mile and other key activities during and after the school day.

- Long term aspirations:
  - As we head into a new normal, we will scale up on the prevention and enablement model with Adult social care, alongside delivering the school holiday food and activities programme face to face.
  - A new physical activity and sport strategy for Essex will be launched in June incorporating the input from extensive consultation across systems, sectors, stakeholders, and residents. The strategy will announce a 10-year vision for an active Essex to improve everyone's health and wellbeing.
  - The new strategy has 5 strategic priorities: 1) Active Environments, 2) Health and Wellbeing, 3) Strengthening Communities, 4) Children and Young People, 5) Sport and Physical Activity Sector
  - The new strategy is underpinned by the recent strategy launched by Sport England called Uniting The Movement supported by Government.

5. Financial implications

4.1. N/A

6. Legal implications

N/A

7. Equality Impact Assessment

6.1. N/A

8. Appendix

7.1. None

Health and Wellbeing Board Forward Plan 2021

As at 9 March 2021

(NB: the schedule of items for consideration at a particular meeting will be finalised during the agenda-planning process)

May 2021	**Item No**	**Agenda Item**	**Lead Officer**	**Summary/Comments**
	Focus on mental health, mental illness and related issues			
26 May 2021	**1a**	Covid in Essex		Standing Item
	2	**ICS/HCP verbal updates**		
	2a	West Essex and Hertfordshire ICS	Dr Jane Halpin	
	2b	Mid &South Essex HCP	Anthony McKeever	
	2c	Suffolk and NE Essex ICS	Susannah Howard	
	3	Mental Health Strategy	tbc	
July 2021	**Item No**	**Agenda Item**	**Lead Officer**	**Summary/Comments**
21 July 2021	**1**	Covid in Essex	Mike Gogarty	Standing Item
	2	**ICS/HCP verbal updates**		
	2a	West Essex and Hertfordshire ICS	Dr Jane Halpin	
	2b	Mid &South Essex HCP	Anthony McKeever	
	2c	Suffolk and NE Essex ICS	Susannah Howard	
	3	Southend, Essex and Thurrock Learning Disabilities Mortality Review (LeDeR): Annual Report 2020-21	Rebekah Bailie, Commissioning Manager, ECC Krishna Ramkhelawon (Dir of PH, SoS BC)	Previous annual report considered in January 2021 (following deferral)
	4	Ambulance Service	tbc	Approved by Chairman, 18/02/21
Sept 2021	**Item No**	**Agenda Item**	**Lead Officer**	**Summary/Comments**
15 September 2021	**1**	Covid in Essex	Mike Gogarty	Standing Item
	2	**ICS/HCP verbal updates**		
	2a	West Essex and Hertfordshire ICS	Dr Jane Halpin	

	2b	Mid &South Essex HCP	Anthony McKeever	
	2c	Suffolk and NE Essex ICS	Susannah Howard	
Nov 2021	**Item No**	**Agenda Item**	**Lead Officer**	**Summary/Comments**
17 November 2021	**1**	Covid in Essex	Mike Gogarty	Standing Item
	2	**ICS/HCP verbal updates**		
	2a	West Essex and Hertfordshire ICS	Dr Jane Halpin	
	2b	Mid &South Essex HCP	Anthony McKeever	
	2c	Suffolk and NE Essex ICS	Susannah Howard	
	3			
	Items awaiting scheduling			
	1	Shared Care Records	Emma Richardson	**Deferred from September, November and January**
	2	Learning from Local Alliances		**Deferred from November 2020 & March 2021** To receive a report from each local alliance in turn to learn about how they operate and share best practice
		Falls Prevention	tbc	**Deferred from January & March** Update following report to January 2020 mtg
		Teenage Pregnancies	Helen Gregory	**Deferred from January & March** Full report following brief report to November '20 • 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