



Essex County Council

People and Families Policy and Scrutiny Committee

10:00	Thursday, 09 December 2021	Council Chamber County Hall, Chelmsford, CM1 1QH
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For information about the meeting please ask for:

Graham Hughes, Senior Democratic Services Officer

Telephone: 033301 34574

Email: democratic.services@essex.gov.uk

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Pages

- ** Members of the Health and Overview Policy and Scrutiny Committee have also been invited to attend and participate in this meeting.**
- *** Private Pre-Meeting for Members**
Please note that there will be a virtual private pre-meeting for members at 4.00pm on Wednesday 8 December.
- | | | |
|----------|--|---------------|
| 1 | Membership, Apologies, Substitutions and Declarations of Interest | 4 - 4 |
| 2 | Minutes: 10 November
To approve as a correct record the minutes of the meeting held on 10 November 2021. | 5 - 11 |

- 3 Questions from the Public**
A period of up to 15 minutes will be allowed for members of the public to ask questions or make representations on any item on the agenda for this meeting.
Please note that members of the public wishing to ask a question must email democratic.services@essex.gov.uk by noon on the day before the meeting (Wednesday 8 December 2021) and that questions must relate to an item on the agenda for the meeting.
- 4 Health and Adult Social Care 4-year strategy 2021-2025 12 - 57**
- 5 Work Programme 58 - 61**
- 6 Date of Next Meeting**
To note that the next meeting will be held at 10.30am on Thursday 13 January 2022, in County Hall.
- 7 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.

- 8 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: People and Families Policy and Scrutiny Committee

Enquiries to: Graham Hughes, Senior Democratic Services Officer

Membership, Apologies, Substitutions and Declarations of Interest

Recommendations:

To note

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

Membership (Quorum: 4)

Councillor R Gooding	Chairman
Councillor S Barker	
Councillor L Bowers-Flint	
Councillor M Durham	
Councillor J Fleming	
Councillor M Goldman	
Councillor C Guglielmi	Vice-Chairman
Councillor J Lumley	
Councillor P May	Vice-Chairman
Councillor A McGurran	
Councillor R Playle	
Councillor L Shaw	
Councillor W Stamp	
Councillor A Wiles	

Non-elected Members

Christine Martin (St John Payne Roman Catholic School - Catholic diocese representative)

Co-opted educational representative members may advise and vote on all matters relating to children's services in schools. Two places are available for church Diocesan representatives. Two further places are available for parent governors at maintained schools in Essex (one primary and one secondary school). To date one representative is in place as above. A review of representation is underway.

Minutes of the meeting of the People and Families Policy and Scrutiny Committee, held at 10.30am on Wednesday, 10 November 2021 in the Council Chamber, County Hall, Chelmsford.

Present:

County Councillors:
R Gooding (Chairman)
L Bowers-Flint
M Goldman
C Guglielmi (Vice Chairman)
J Henry (substitute)
J Lumley
P May (Vice Chairman)
R Playle
L Shaw

Graham Hughes, Senior Democratic Services Officer, Gemma Bint, Democratic Services Officer and Sharon Westfield de Cortez from Healthwatch Essex, were also present.

1 Membership, Apologies, Substitutions and Declarations of Interest

The report on Membership, Apologies, Substitutions and Declarations was received and the following was noted:

- Apologies for absence had been received from Councillors Durham, Fleming (for whom Councillor Henry substituted) and Wiles.
- Councillor Barker would be replacing Councillor Crow on the Committee.
- Councillor May held a post with Business Opportunities for the Physically Handicapped in Canvey Island.

2. Minutes

The minutes of the meeting held on 14 October 2021 were approved as a true record and signed by the Chairman.

3. Questions from the public

There were two questions from the public relating to agenda item 4 (the questions are reproduced in the Appendix to these minutes).

Ralph Holloway, Head of SEND Strategy and Innovation answered both of the questions raised, key points were as follows:

- (i) There was no specific SEND provision located in Maldon. A service sufficiency review, which would complement the main SEND strategy, would look at capacity across local areas. There was a headteachers roundtable forum to encourage and support local mainstream schools to be more inclusive and enhance provision in mainstream schools including looking at the expertise and resource within the school workforce.
- (ii) ECC wanted to extend how it worked with local communities, parents and young people so that families also had options other than just mainstream and statutory services. Mr Holloway confirmed he would reach out to the questioners to see how ECC could further help them and link them with the Family Forum.
- (iii) An ECC aim was to ensure journey times were kept to a bare minimum.
- (iv) A key point within the SEND strategy was preparation for adulthood and provision beyond school.
- (v) Work was being undertaken with the Targeted Employment team and employers to widen opportunities for young people with SEN and to think about possible routes into employment.

4. Special Educational Needs and Disabilities (SEND) Strategy 2021 Update

The Committee considered report PAF/15/2021 comprising a further update on the development of a draft Special Educational Needs and Disabilities (SEND) Strategy. The following people from Essex County Council attended the meeting to introduce the item and respond to questions:

Councillor Tony Ball – Cabinet Member for Education Excellence, Life-Long Learning and Employability,
Ralph Holloway – Head of SEND Strategy and Innovation.

Ralph Holloway introduced the content of the draft strategy which included aspirations for improving equity, inclusion and equal access to opportunities and outcomes for young people with SEND. He also highlighted ECC's vision for every child and young person, and the ECC pledge to act in their best interests.

During subsequent discussion, the following was highlighted, raised and/or noted:

- (i) Some of the content in the strategy was about addressing the serious weaknesses that were identified by the CQC/Ofsted inspection report. During Covid further discovery work had taken

place of what worked and did not work in the local system and had included conversations with the Essex Family Forum and the Multi Schools Council.

- (ii) There would be a SEND sufficiency strategy which would look at where provision was based including where the population was likely to develop in the future to determine where there could be gaps in provision. Members emphasised the importance of working closely with local communities and district councils on local planning and housing issues.
- (iii) Essex compared relatively well compared to other counties in respect of the proportion of young people aged 16-17 with SEND who were not in employment, education or training. Opportunities to fund and support new businesses that would employ young people with SEND was being looked into.
- (iv) The Department for Education would be completing a SEND review which could impact what went into the strategy, it was important to ensure the strategy was a live document that responded to changes and circumstances and there was continued engagement with families.
- (v) Outdoor learning such as Forest Schools was being explored.
- (vi) Some Members raised concerns on long journey times and the sustainability of driving young people back and forth to specialist education centres. ECC was further encouraging how specialist provision could be included within mainstream schools to meet the needs of young people which could help reduce the need to travel long distances. ECC would continue to encourage all schools to sign up to the Inclusion Policy and emphasise the benefit to the whole community in promoting a culture of inclusion. Essex Passenger Transport could help with community transport options.
- (vii) An Education and Health Care Plan (EHCP) might name a local school to attend but sometimes that school could not accommodate. This could then lead to a tribunal and the child missing out on formal education during the course of the appeal process. One of ECC's aspirations was to reduce the number of tribunals being requested. A piece of work was being undertaken that looked at where a young person with an EHCP lives and where they attended school, this helped to understand why parents made a decision to go to a school that's further away than other schools.
- (viii) The main way a child was referred into the system was by a request from the parent or school for a statutory assessment,

Essex County Council had a duty to consider requests and decide whether an assessment would be completed of that young person and decide within 20 weeks whether an Education and Health Care Plan (EHCP) would be issued.

- (ix) It was rare that a EHCP was ceased until the young person had left education. There was a need to consider whether there could be plans that were ceased earlier if that young person's outcomes had been reached and seen as a success.
- (x) Some parents felt they had no choice but to elect to home educate their child and this would be responded to in the strategy to try and reduce the conflict that sometimes caused that decision to be made.
- (xi) There was a need to prepare young people to be independent and parents to be more resilient and to support that independence. Opportunities were being looked into to use other sites to help prepare a young person. Also, ECC had invested in residential provision in two of their special schools to support independence and preparation for adulthood.
- (xii) Members highlighted that some young people may be 'falling through the net', especially during the pandemic and the challenge of reaching out to families not engaged with schools.

Conclusion:

It was **agreed** that there would be a further update to the Committee prior to the SEND Strategy being published which should include a workplan.

Members suggested the strategy needed:

- more detail on the rationale for a new strategy, and acknowledge the current failings in the system;
- that the narrative should link with the outcomes of the CQC/OFSTED inspection and subsequent actions;
- to include metrics as part of the section on Ambitions, and look for outcomes beyond just formal qualifications and link with individual Education Health Care Plans. Members challenged the outcomes being sought and there was the suggestion that some objectives could include reducing the number of tribunals, making it easier for parents to navigate the local system, clearer information and communications on alternatives to an EHCP and more early intervention.
- to actively promote further partnership working particularly in the community and with districts,

- to consider community transport options

Contributors were thanked for their attendance and left the meeting.

5. Work Programme

The Committee considered and discussed report PAF/16/21 comprising the work programme for the committee.

6. Date of Next Meeting

It was noted that the next meeting was scheduled to be held on Thursday 9 December 2021.

There being no further business the meeting closed at 12.07pm.

APPENDIX

First Public Question asked at Agenda item 3: Tara Strydom

I would like to raise a question for the SEND Strategy 2021 meeting on the 10th November 2021.

I am greatly encouraged by the My Life, My Rights brochure and in particular the reference to Local Area Priorities and that Children and young people can attend their local education setting and feel confident that they will be fully included and have their needs met effectively.

There is currently no option but a 3 hour daily commute to attend a SEND school for children in Burnham and the Dengie. These children who have less stamina, concentration and physical ability are forced to use their optimum concentration and learning time in travelling to school.

Imagine the possible improvements in development, learning and behaviour, if they did not have to start their day after a 1.5 hour tiring journey.

As a result of the 1.5 hour journey home, they are excluded from every local after school activity, as they are still travelling home from school when the clubs are on and exhausted from their 15 hour weekly commute.

As a mother of a SEND 9 year old, with severe learning difficulties, I believe there are three categories to inclusion of SEND children back into their communities:

1. children with SEND that need access to very specific equipment, care, and specialists.
2. children with SEND who are able to follow the curriculum.
3. children with SEND who aren't able to follow the curriculum that need access to a specialist teacher but will benefit greatly from remaining in their community.

The first, I appreciate is very difficult to implement due to such individual needs and equipment and will take time and a vast amount of funding.

The second, is easily achievable with access to EHCP and the right support.

The third and the category my son falls into, I believe is much easier and cheaper to implement than feared! It just needs the will of the local school and a classroom! In my ideal world, my son can be part of a SEND classroom for learning but can also be included throughout the mainstream lessons for art, cooking and PE. As an example, my son can be learning to make a sandwich in the same class where his friends are learning to make lasagne and requires no additional equipment or cost to the school.

My son needs to be part of our community where he can learn basic life skills, where he will be implementing them in only a short few years, like shopping in the local supermarket. He should be allowed the same opportunity to maintain the natural friendships he has made in primary school.

This year I set up SEND in the Dengie Facebook Group and arranged events to unite the isolated SEND families of the Dengie.

On behalf of the SEND families in our community, we would like to know what discussion there has been had with secondary schools to begin implementing this and to change their attitude and current strategy to facilitate enhanced inclusivity in accordance with statutory guidance with respect to the provision of inclusive education for SEND children?

Also does the "My Life, My Rights Essex Local Area Send strategy" include rural areas such as Burnham on Crouch and the Dengie Hundred, where currently there is no local provision in the district for SEND children after Primary school - who are not on the curriculum?

Kind regards,

Tara Strydom

Second Public Question asked at Agenda item 3: Sandra Taylor

What are you going to do to make sure families with SEN children have access to social groups within their local community please?

I ask as I live in the Dengie and there are no social groups for SEN children to attend at all.

My son is 15yrs old and in his EHCP is meant to be trying to attend social groups and learn vital skills to help make the transition into adulthood.

Unfortunately, this is extremely hard when all the groups available are in big towns which are so hard to get to in the evenings.

I feel young people (16yrs upwards) in particular find the lack of social groups the hardest yet it's so important for them. Not everybody drives and also families have other siblings to take into account.

The Dengie would hugely benefit from the Council's support in areas like this.

There has been a lot of upset from families in the local area as of late because we feel areas like ours are forgotten about because of our location.

If children of all abilities should have equal opportunities, shouldn't that be regardless of where in Essex they live.

I would also like to ask how you would reassure parents that when their SEN children leave school, they will continue to receive support from yourselves? I ask this as quite a few social media groups I've been reading actually say that local authorities tend to quite conveniently lose their children in the system when they leave school and suddenly they are on their own and the support stops even though it's meant to carry on until they are 25yrs old. When they stop having the school as their child's other voice the parents don't have anyone else to turn to.

Thank you for your time and help.

Yours sincerely,

Sandra Taylor

Report title: Health and Social Care 4-year strategy, 2021-2025	
Report to: People and Families Policy and Scrutiny Committee	
Report author: Mike Gogarty, Director of Public Health Nick Presmeg, Executive Director, Adult Social Care	
Date: 9 th December 2021	For: discussion
Enquiries to: Mike Gogarty (Michael.gogarty@essex.gov.uk) Nick Presmeg (nick.presmeg@essex.gov.uk)	
County Divisions affected: All Essex	

1. Purpose of Report

- 1.1 To receive and provide feedback on the ECC Public Health and Adult Social Care strategic ambitions for 2021-25, and to understand how these will contribute to the delivery of the twenty commitments set out in ECC's 'Everyone's Essex' strategy.

2. Recommendations

- 2.1 The Committee is invited to review the aspirations and targets being set for health and adult social care in Essex, and to identify any further scrutiny work to schedule into its work programme.

3. Summary of issue

- 3.1 Following the elections in May, the Director of Public Health and the Executive Director of Adult Social Care were charged with developing strategic plans, identifying the ambitions and outcomes to which Essex County Council is committed for achievement by 2025.
- 3.2 Two short extracts from those plans, detailing the key priorities, are attached as Appendix One (Public Health) and Appendix Two (Adult Social Care). The relevant priorities from 'Everyone's Essex' are attached as Appendix Three.

4. Options

- 4.1 The Committee is asked to consider and provide feedback on the priorities.

5. Next steps

- 5.1 Feedback and comments will be taken on board before the full four-year strategy is published in the coming weeks.

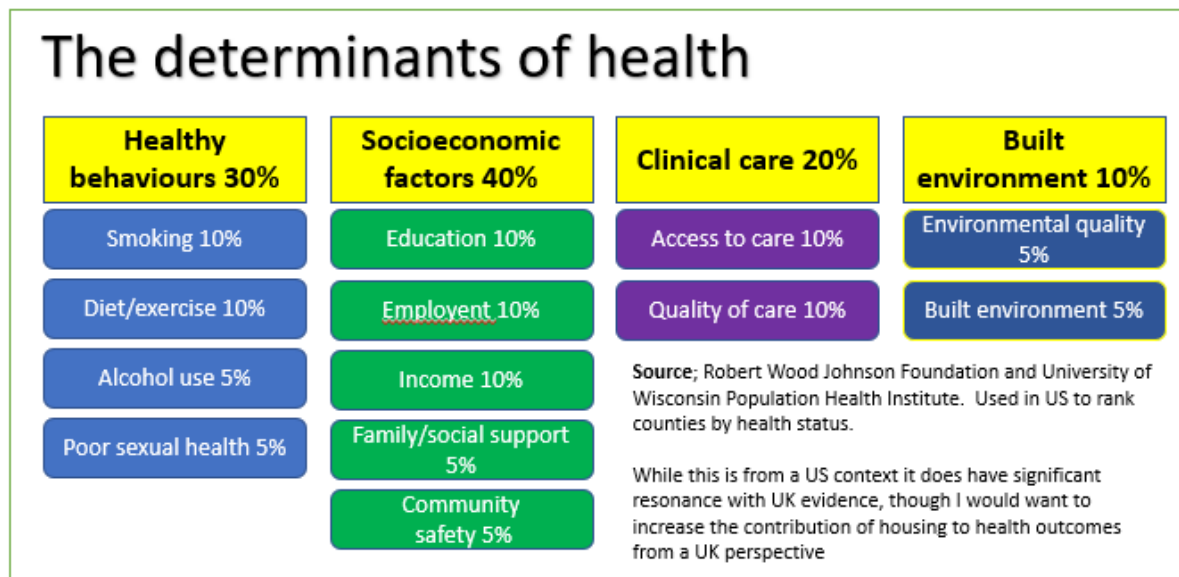
6. List of appendices & background papers

Appendix One: Public Health – summary of strategic ambitions
Appendix Two: Adult Social Care – summary of strategic ambitions
Appendix Three: Everyone's Essex – the five Health commitments
Paper: Health and Social Care Strategy 2021 - 2025

Public Health 4-year strategy 2021-25

Introduction

Public Health seeks to optimally improve the health and wellbeing of the population and seeks impact across a range of strategic principles aligning the focus of our work with the wider determinants of health and specifically the Robert Wood Johnson Foundation's for key themes:



The Public Health vision

Whilst Public Health directly commissions a range of lifestyle, behaviour change and health promotion services across Essex from a defined Public Health Grant greater influence across the wider public/private sector and population of Essex is key to achieving against the wider ambition:

- Increased healthy life expectancy
- Increased wellbeing
- Reduced health inequalities
- Reduced demand on “crisis” provision
- Protecting the health of the population

Working with Partners and Stakeholders

The determinants of public health are wide and complex. To optimally impact those identified in the Robert Wood Johnson model we will need to work in close consort with a wide range of partners. The power to deliver change in most cases is outside our direct control and influence.

ECC Public Health and Adult Social Care Priorities

Internal partners in the County Council

- Economic Growth and Skills
- Children's services – CSC, Early years etc
- Education – schools (all settings), FE/HE, lifelong learning/training
- Adult social care
- Environment and Planning
- Transport and Infrastructure
- Strategy and Policy
- Organisational Development and People

External partners

- Communities and people
- District, Borough and City Councils
- NHS as a commissioner and as an anchor, Primary, Secondary and Acute
- OPFCC
- Wider Criminal Justice System including Probation, Prison, CSPs
- Universities, Schools etc
- CVS/Community Interest
- Business/Private sector
- Other National partners
- Central government

Achieving our vision – our priority areas of focus

The developing public health approach is set out in the context of the new Essex County Council Organisational Framework of **health, wellbeing and independence for all ages**.

We will seek to work universally across a range of the areas identified as Wider Determinants of Health to improve longer term health and wellbeing and reduce health inequalities by explicitly tackling issues that impact on those deprived and underserved communities over the coming four years and beyond, working collaboratively to deliver improvements in:

- Employment
- Economic Growth
- Infrastructure
- Housing
- Education and lifelong learning
- Community Safety

In addition, key priorities within our directly commissioned areas of influence have been identified as:

ECC Public Health and Adult Social Care Priorities

Priority area	Why is it important?	Where do we want to be by 2025
PHYSICAL ACTIVITY: Increase the proportion of people who are classed as physically active	Physical activity improves health and wellbeing yet 1 in 4 people in Essex are not active, rising to 1 in 2 in deprived communities.	<ul style="list-style-type: none"> 72% of people will be classed as active (doing more than 150mins a week) 22% of people will be classed as inactive (doing less than 30mins a week)
WEIGHT MANAGEMENT: Implement a new approach to weight management to tackle rising obesity	Obesity increases the risk of developing long-term health conditions	<ul style="list-style-type: none"> Increased the number of people supported to successfully lose excess weight from less than 10,000 to hundreds of thousands who maintain a healthy weight over years not months
ALCOHOL: Reduce the rate of hospital admissions for alcohol-related conditions	Drug and alcohol misuse is very damaging for people, families and communities and has wider impacts on crime, worklessness, poor health and wellbeing and homelessness	<ul style="list-style-type: none"> Increased the proportion of dependent drinkers accessing effective treatment from 10% of the prevalence estimate to 20% (above the DHSC recommendation of 15%) Continued to reduce the rate of increase in alcohol related hospital admissions to 5% (from a previous high of 16%)
LONELINESS: Reduce the amount of people in Essex who report that they are lonely	Loneliness and social isolation adversely affect people's wellbeing and can lead to mental ill health and other issues.	<ul style="list-style-type: none"> Increased the number of people accessing and achieving their goals through a range of Social Isolation support both digitally and face to face from 37,000 to 200,000 Increased the number of people accessing digital community support to deliver public health interventions at scale increasing resilience for communities of place purpose and identity from 45,000 to 200,000 Essex residents

In addition, and linking to the priority need to address the wider determinants of health and inequalities, key work streams and areas of work identified are:

Public Health:

- Substance misuse
- Sexual health
- Smoking and tobacco
- Criminal justice
- Health checks

Beyond the Directorate but influenced by wider Council functions:

- Employment
- Economic growth
- Education and school readiness
- Lifelong learning/Training
- Infrastructure

Beyond the Council:

- Mental Health – system thread
- Safer Communities
- Community empowerment and involvement
- Housing and Planning
- Vulnerability and Underserved groups
- Access to services
- Digital

Adult Social Care 4-year strategy 2021-25

Introduction

Adult Social Care supports about 17,000 vulnerable Essex residents each year who need help with daily living tasks so that they can live as independently as possible. It is part of a complex system of support that includes public, private, voluntary and community services which seek to improve health and care outcomes for citizens.

There is a large market of privately funded service users for older people in social care, with around 55% of older people services in Essex being privately commissioned and sourced.

Demand for ASC is set to increase. Essex has a growing and ageing population which is higher than the England average and it is anticipated that this will grow by a further 16% by 2030.

The gross budget for ASC is £635m (net £441.9m), most of which is spent on purchasing care – mainly domiciliary or residential care - with the highest volume of gross spend on older adults, closely followed by people with learning disabilities. When we look at net spend, care and support services to adults with learning disabilities is the single largest area of spend for ECC. Funding struggles to keep pace with demand and there is national uncertainty about future funding.

Protecting those that are at risk of abuse or neglect is integral to our work and good quality safeguarding, awareness of risk, and giving people choice underpins all we do. Listening to the views of people who are expert by experience, and coproduction with citizens and partners is a guiding principle.

Our strategy has been developed in the context of the government's Health and Care Bill and we are committed to working with our partners to achieve the implementation of three Integrated Care Systems across the greater Essex footprint (Mid and South Essex; Suffolk and North East Essex; and Hertfordshire and West Essex).

The Adult Social Care vision

Putting communities at the heart of Adult Social Care: enabling people to live their lives to the fullest

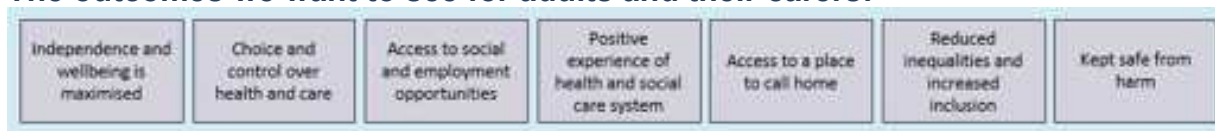
To meet future challenges Adult Social Care needs to change, moving from a model of traditional, centralised provision of services that deals with crisis to a more **place-based model** that is more local, more preventative, and more integrated with partners – helping to ensure that people can get the right support at the right time to maintain their independence and quality of life.

This change will take time and we cannot do it by ourselves. We are part of a wider eco-system of citizens, communities, partners and providers.

Alignment to the Council's strategic aims and ambitions

The Council has set out its 4 strategic aims and commitments. While these are cross-cutting, the focus of Adult Social Care is on improving health, wellbeing and independence outcomes for all ages. The Council's themes of renewal, ambition and equality are echoed in our priority areas of focus.

The outcomes we want to see for adults and their carers:



Achieving our vision – our priority areas of focus

To move towards our vision for Adult Social Care and delivery against ECC's strategic commitments we have identified 7 immediate, mission-critical areas that we must address in the next 4 years.

1. Develop a prevention and early intervention offer - to help reduce or delay the onset of health and care needs

By 2025 we will have worked with health and public health colleagues to achieve reductions in dependency on social care, with health issues being resolved at primary care/community care level.

2. Improve our support offer to carers - to ensure that people get the support they need in their caring roles, while enabling them to enjoy a good quality of life

By 2025 Essex will have a first-class, all-age offer with carers feeling well-supported by the system and know where to go to be able to access the information and support they need as and when they need it.

3. Improve access to housing, employment, and meaningful opportunities - ensuring we promote an inclusive society that addresses inequalities in access which has an adverse impact on quality of life, independence, and health outcomes

By 2025 all partner housing authorities across Essex have a clear understanding of demand and therefore the supply requirements for specialist housing to meet the needs of adults with disabilities and those with poor mental health.

By 2025 Essex will have a vibrant, inclusive job market and the disability employment gap is reducing. All adults can join in with the lifestyle, social and leisure activities they choose.

4. Implement place-based working and integration - working in multi-disciplinary teams with partners to improve people's experience of the health and care system

By 2025 there will be 5 strong and mature alliances across the Essex geography with effective coordination devices, and a shared understanding of those solutions best created a local level, at ICS level, and at Essex level.

5. Support and shape the care market so that care provision is viable and sustainable going forward

By 2025 quality, choice and viability of the care provider market exists in all parts of Essex. We will have achieved much higher recognition of the value of social care workers across the county and enhanced their feelings of wellbeing

6. Improve quality of practice – to fully embed a strengths-based approach that promotes independence, choice and control and dignity

By 2025 Essex has an engaged, high-performing social care workforce delivering high-quality practice standards in meeting their statutory responsibilities. The workforce knows and can measure the quality of its work and practice and is delivering transformational change through social care activity.

7. Improve digital and technology infrastructure – to ensure we have the right support for people with care needs to live independently, to support the workforce to work as efficiently as possible and to support the care market

By 2025 digital health and social care guidance and services will be simple for adults to access and intuitive to use; our technology will make it easy to work from wherever we need to; we will have complete, trustworthy data at our fingertips to support decisions; our technology platforms will support collaboration and shared information with partners; and it will be easier for providers to link with our IT systems reducing processing time and costs.

ECC Public Health and Adult Social Care Priorities

By 2025 we will have achieved a shared care record for health and Adult Social Care.

Everyone's Essex: our plan for levelling up the county 2021 to 2025

Everyone's Essex sets out 20 commitments divided into 4 key areas: economy, environment, health, and family. While these are cross-cutting, the Health and Care 4-year plan links primarily to the 5 health commitments which are:

Health

We have 5 commitments for promoting health, care and wellbeing for all the parts of our population who need our support.

Health lifestyles

We will aim to increase the proportion of people able to live healthy lifestyles by embedding a community-first approach, by helping people to overcome social isolation, mental ill health and substance misuse, and by helping people to live fit and active lifestyles.

Promoting independence

We will work with key partners and the adult safeguarding board to help individuals to live free from abuse and neglect and will enable residents to live independently by assisting them to access suitable accommodation, supporting access to employment and meaningful activities, and enabling independence at home through reablement, care technology, and market shaping to ensure strong domiciliary support, and investment in housing.

Place-based working

We will deliver better care that meets the needs of residents by joining up care and support with local partners in a place, including with district councils, health partners and the local voluntary and community sector.

Carers

We will help those carers of all ages whose caring duties are impacting most on their wellbeing by achieving a step change in the advice, guidance and support we provide to support wellbeing and independence, and by targeting it at those who need it most.

Levelling up health

We will seek to reduce health inequalities by bringing together partners and communities to address the socio-economic drivers that underpin poor health outcomes, such as poor housing, poverty, economic insecurity and low skills.



HEALTH AND SOCIAL CARE STRATEGY

2021 - 2025

Executive Summary

The Health and Social Care portfolio comprises the two separate functions of Adult Social Care, which supports about 16,000 vulnerable Essex residents each year with daily living tasks to maintain their independence; and Public Health which aims to improve the health of the population through tackling preventable disease, mortality, and disability. Public Health also monitors infectious disease, emergency response and immunisation.

Our 4-year strategy sets out how Public Health and Adult Social Care will deliver against the Council's strategic aim and commitments to improve health, wellbeing and independence for all ages in Essex.

Demand for our services is rising as the population of Essex is growing and ageing at a higher rate than much of the rest of England. The long-term impact of the pandemic has not been fully realised but we are already seeing increased demand for mental health services, and issues such as loneliness and isolation, obesity and alcoholism were exacerbated during lockdown. Health inequalities across the county continue to worsen.

The pandemic brought many challenges, especially in maintaining contact and ensuring the safety of residents, as well as supporting the care provider market which was particularly badly impacted. But it also accelerated opportunities for partnership working, and the adoption of technology into everyday lives.

Our 4-year strategy has been developed in the context of the government's Health and Care Bill which will see the implementation of three Integrated Care Systems across the greater Essex footprint (Mid and South Essex; Suffolk and North East Essex; and Hertfordshire and West Essex).

Like all councils, our financial challenges are significant, but our ambition is to ensure that we manage within our budget while also creating the circumstances that allow for investment in the change and transformation that we have set out.

Our strategy defines the key areas of focus that will take us through to 2025 to progress the Council's strategic ambitions to improve outcomes for our citizens.

Priorities led by Adult Social Care

- Developing an early intervention / prevention offer
- Improving support to carers
- Improving access to housing, employment and meaningful opportunities
- Implementing place-based delivery and integration
- Supporting and shaping the care market
- Improving quality of practice
- Improving digital and technology infrastructure

Priorities led by Public Health

- Improving levels of physical activity in the population
- Improving weight management
- Reducing alcohol consumption
- Reducing loneliness/isolation

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Introduction

Foreword by Cllr John Spence

Cabinet Member for Health and Social Care

Essex County Council is elected with the mandate of achieving the best outcomes for all the residents of the county and this has now been overlaid with our desire to level up, which must mean settling the wider determinates of health such as education and housing. The County Council Strategy – Everyone's Essex – includes a series of commitments to be achieved over the lifetime of this administration and everything is placed in the context of the need for carbon reduction.



However, Essex County Council cannot achieve its goals on its own. We are privileged to work with highly competent and committed partners across health, education, business and voluntary sectors to name just a few. Essex County Council has a pivotal role and responsibility of achieving optimal whole system working for the benefit of residents.

The following pages outline the high-level strategic plan for public health and adult social care functions across 2021-25. As such, there is relatively little reference to the whole system working mentioned above, but as Chair of the Essex Health and Wellbeing Board I recognise the particular responsibility which falls on me. It will be essential that we ensure the board itself is highly effective, operating to the scope and with the processes which work best for all our partners. It must be underpinned by relationship alliances forged across the different parts of Essex and which will be the fulcrum for place-based working as they bring key partners together; and knitted together by the minimum devices required to achieve effective oversight, co-ordination and collaboration.

It would be easier to outline plans restrained by the need to sit within the available financial envelope, but for a council which is committed to renewal and ambition this is not enough. Our focus must be on empowerment and innovation, continuously listening and responding positively to good ideas and achieving an ownership of these plans which goes well beyond the confines of our own organisation.

About this strategy

This 4-year strategy sets out the ambitions of the two functional areas that comprise the Health and Social Care portfolio: Public Health and Adult Social Care. It is a high-level plan that sets out our areas of focus and how these align to the strategic aims of the County Council, together with the approach we will take to working with communities and partners. It is underpinned by operational and service plans that translate these strategic objectives into delivery.

Overview of the Health & Social Care Portfolio

Cabinet Member

Cllr John Spence

Adult Social Care

Executive Director

Nick Presmeg, (DASS)

Functions

- **Operations** – consisting of four locality directorates (West, North, Mid and South; and Quality & Safeguarding)
- **Commissioning**
- **Strategy, Business Planning, and Integration**
- **Service Care Placement**
- **Adult Social Care Connects**

Public Health

Director of Public Health

Dr Mike Gogarty

Services provided:

- **Strategic delivery of public health through partnership**
 - **Commissioning**
 - **Working with communities**
-

ECC's strategic aims and commitments:

The Council has set out its 4 strategic aims and commitments. While these are cross-cutting, the focus of Public Health and Adult Social Care will be on improving health, wellbeing and independence outcomes for all ages:

OUR 4 STRATEGIC AIMS



OUR 20 COMMITMENTS



Health, wellbeing and independence for all ages:

LEVELLING UP HEALTH – we will seek to reduce health inequalities by bringing together partners and communities to address the socio-economic drivers that underpin poor health outcomes, such as poor housing, poverty, economic insecurity and low skills.

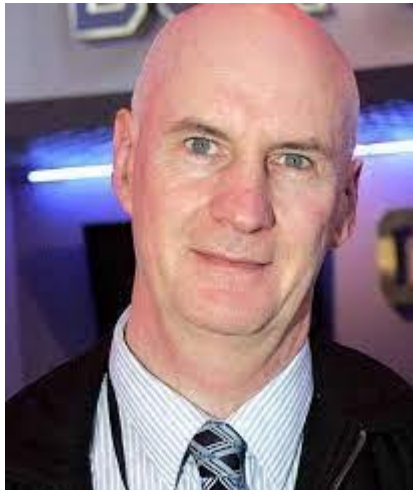
HEALTHY LIFESTYLES - we will aim to increase the proportion of people able to live healthy lifestyles by embedding a community-first approach, by helping people to overcome social isolation, mental ill health and substance misuse and by helping people to live fit and active lifestyles.

PROMOTING INDEPENDENCE – we will help individuals to live independently by assisting access to suitable accommodation, supporting access to employment and meaningful activities, enabling quality independent lives at home by means of reablement, care technology, strong domiciliary support and investment in housing, and we will shape the care market accordingly.

PLACE-BASED WORKING - we will deliver better care that meets the needs of residents by joining up care and support with local partners in a place, including with district councils, health partners and the local voluntary and community sector.

CARERS - we will help those carers whose caring duties are impacting most on their well-being by achieving a step change in the advice, guidance and support we provide to support well-being and independence and by targeting it at those who need it most.

Public Health



Introduction from Mike Gogarty, Director of Public Health

The Public Health challenges facing the people of Essex have never been greater. Covid has exacerbated a range of underlying issues that make a partnership approach to improving public health more important than ever. People have become more isolated and suffered poor mental health. Many have eaten more and drunk more alcohol due to lockdowns making these already problematic lifestyle issues even worse. Others have been less physically active, perhaps having needed to shield. In terms of wider determinates, many have suffered financial hardship with much of this falling on those whose health was already poor due to material deprivation. Additionally, many children and young people have missed out on optimal education, a key prerequisite to future wealth and health.

There has also, however, never been such a strong system desire to work together to improve health and wellbeing. Our communities pulled together in the pandemic like never before to support those with greatest needs. The concept of levelling up and the enhanced role of the NHS in tackling wider determinates are key central drivers, and the local approach to optimising local employment and procurement through anchor institutions is important. The ongoing role of local Health and Wellbeing Boards with local community, NHS, police, and district, city and borough support have never been more important.

To deliver better public health the public health team cannot work alone. The need to work with a range of partners both internally in the council with leads for economic growth, best start in life, and education and communities is imperative. We also need to work well with local districts and boroughs, the voluntary sector, the local NHS and police and fire colleagues. Crucially we need to work for and with local communities.

Our strategic approach embraces this way of working and demonstrates how the public health team might best operate over the coming years. Crucially though the approach here needs to be bottom up and owned by all partners and stakeholders locally. This is why we are sharing this proposed strategic approach widely and adapting it on the basis of the feedback we are receiving.

Operating context:

In 2016 the Essex public health team worked with partners to develop a strategic approach that has since then successfully driven us forward. This has led to numerous key changes including:

- ✓ Increased focus on wider determinates through partnership working including work around Anchor Institutes and the inception of the Tendring Health and Care Academy.
- ✓ Community peer-led service delivery around weight management and social isolation
- ✓ Place-based, bottom-up physical activity initiatives driven by and informing the national Sports England Local Delivery Pilot
- ✓ Charity-led Substance Misuse Commissioning
- ✓ Digitally driven access to sexual health services

Despite this approach there is evidence that health inequalities continue to worsen, a position that although exacerbated by Covid was already a growing issue.

Effective delivery of public health requires increased focus on important wider determinants: economic growth/jobs; education, lifelong-learning and training; housing & accommodation; crime and community safety.

We also need to increase our impact in tackling specific lifestyle areas where measures of health are declining, or not improving at an acceptable pace. These include:

- Increasing obesity
- Deconditioned population due to Covid and resulting high inactivity levels
- High levels of alcohol misuse and increasing prevalence of drug users
- Increases in preventable physical conditions including cardiovascular disease and diabetes
- Smoking prevalence
- Poor sexual health behaviours, teenage pregnancy and abortion rates

Finally, we are aware of areas of very poor mental health and high rates of suicide. Preventing poor mental health will require a focus on tackling the wider determinates outlined above but to ensure that those with existing mental health issues enjoy an optimal health outcome will require a holistic approach to their management with a focus including employment, secure housing tenure and lifestyle support.

Financial position

The Public Health grant from the government is fixed annually and is the basis on which Essex County Council creates its public health budget. In recent years until 2020/21 it remained pretty constant, but additional funds were granted that year to cover NHS salary increases. During the last financial year and this we have seen additional grants coming through for specific covid-related expenditure.

The public health situation in Essex has deteriorated during covid, and it is critical that we now invest in ways which will address the wider determinants of health in order to create healthier lives. It will not be enough for budgets to be entirely devoted to addressing the impacts of unhealthy lifestyles. There are also some specific pressures in the system which we know will need to be addressed; the current sexual health contract has been on particularly favourable terms, while mental illness – often related to social isolation – is an area of great concern. The levels of suicide across Essex are unacceptable.

The public health strategy will therefore need to ensure that our ambitions can be achieved despite the financial constraints we face. We will continue to explore ways in which additional funds can be made available, whether from our own resources by reallocation, from partners or from devices such as the Essex Recovery Foundation.

Our revised strategic approach:

Our ambition at the highest level is to see:

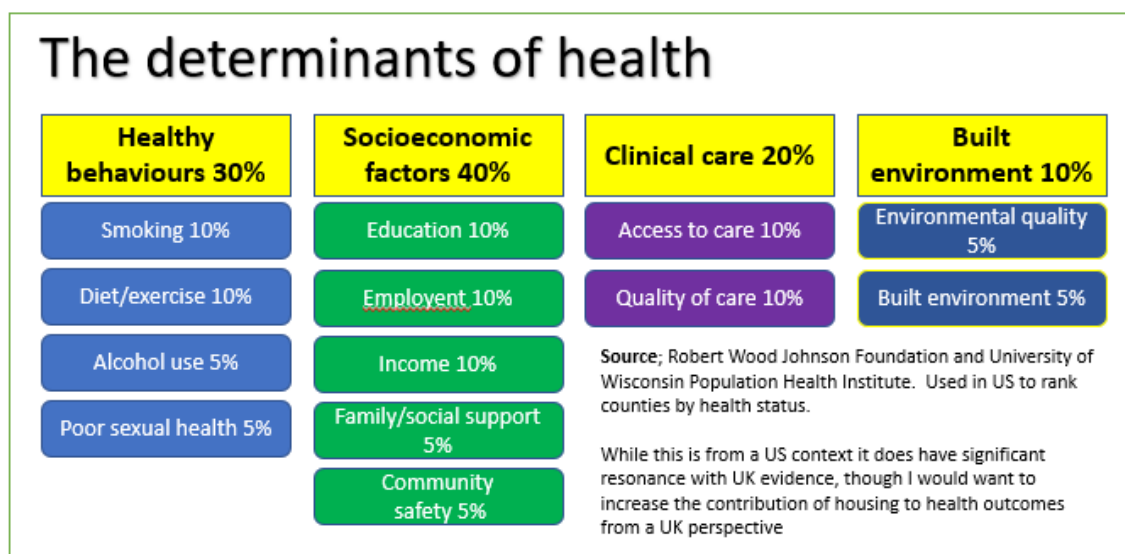
- Increased healthy life expectancy
- Increased wellbeing
- Reduced health inequalities
- Reduced demand on “crisis” provision (Social Care/NHS/Criminal Justice System etc.)
- Protecting the health of the population

Overarching Principles

To optimally improve the health of the population we serve we will work to an agreed raft of strategic principles:

Our focus will be aligned to Robert Wood Johnson’s determinants of health:

The impact of different factors on health is presented below:.



Around 40% of the things impacting on someone’s health are wider socioeconomic factors, 30% traditional “lifestyle” factors and 20% clinical care related with 10% related to the built environment. For the system to effectively improve health we must work together to tackle all these areas. Some of these are much more within the gift of the public health team as a direct commissioner while others will require partnership system working within and outside of the county council

Addressing the Wider Determinants of Health

Taking the above model, reviewing current priorities, and identifying the need to work across the whole of ECC there are other key workstreams that do not traditionally fit within the ASC/PH arena. It is key, however, when looking to truly deliver health improvement initiatives and “upstream” prevention activity that these are prioritised and supported by Public Health and the wider Public Sector. These are as follows:

Economic renewal - Alongside the following themes - Renewal, Equality, Ambition - that run through everything we do, there is a focus on delivering

1. **Good Jobs** - Working hard to address the impacts of the Covid-19 pandemic on unemployment by supporting business recovery and building a stronger economy for the future, enabling people to build the skills they need to be part of it, and working alongside Essex businesses to help reduce barriers to employment for disadvantaged groups. We will encourage businesses to invest in the jobs of the future that will provide secure employment and higher productivity, unlocking high quality business

accommodation close to where residents live and leveraging the spending power of Essex Anchor Institutions to invest in jobs and training opportunities for our local communities

2. **Levelling Up the Economy** - we will work to level up the economy by addressing the drivers of socio-economic inequality (including education, employment, income, health and housing), based on the foundation of good jobs and a higher skilled and healthier workforce
3. **Infrastructure** - we will deliver high quality infrastructure that supports the housing, education, health and social care needs of our residents whilst improving access to employment and online digital services
4. **Future Growth and Investment** - we will help to grow the economic and culture sectors of the future in Essex by securing high levels of investment to create the foundations for future growth – helping businesses to diversify into the sectors of the future, overcoming the barriers to market entry, ensuring our residents are equipped with the skills business needs and working with our partners to promote the County at home and abroad
5. **Green Growth** - we will develop Essex as a centre for innovation, supporting new technologies and business models to support our economy to transition to net zero and secure green jobs for the future by ensuring we have the right local skills and drawing in investment opportunities.

Housing growth – Public Health will continue to support the implementation of ECC's Housing Strategy (adopted in March 2021) and by supporting ECC's work in relation to a Health in Planning approach use the Planning system to ensure we are creating the places that will improve Health outcomes

Skills, Education and Workforce development – Public Health will support developments in relation to a proposed ECC Skills Strategy and working across the whole system support education (School, Further and Higher Education settings) support effective plans and strategies to address skills gaps, identified workforce gaps and challenges and review and address education outcomes as they relate to positive futures.

Community Safety – Public Health will continue to support the Safer Essex Board and the various partnership structures addressing crime prevention, violence and vulnerability, reducing re-offending and crime prevention. Working with partners (Office of the Police Fire and Crime Commissioner, Police, Probation, Prison) and Community Safety Partnerships across Essex we will support the application of a Public Health approach to these key agendas.

Tackling Inequalities

We need to both improve the health of the whole population of Essex and reduce the inequalities within the population. There are areas, such as weight management, where 2/3 of adults are overweight and an approach supporting the whole population is needed. In other areas, such as health checks, the risks of poor outcomes from heart disease and the likelihood of engaging services and support mitigate against those in more deprived populations so an approach is required that weights direction of services and support to those in most need. Finally, there are some people, such as those with severe mental health issues, who will need specific and bespoke services such as the Tendring Mental Health Hub. The approach whereby services are weighted and tailored to need but are available as appropriate to all is proportionate universalism.

Place-based working

There is a recognition that system-wide delivery of a range of interventions to tackle wider determinates will require a place-based approach. This is especially true in areas of highest need, or where particular place-based population issues or opportunities exist. Local systems including self-defined local communities are important in identifying and tackling the issues that matter to them.

It is recognised that place-based working will not be the only solution as for some communities who may share common risk factors, such as people who misuse substances, a different approach may be apposite.

Delivered in partnership to achieve a system-wide approach

There is a strong recognition linked to the Robert Wood Johnson approach that the key involvement and buy-in of a wide range of partners is crucial. These partners include District, Borough and County Councils; Police, Fire and Crime Commissioner; businesses as employers and wealth creators; education including early years, higher education and ACL; the voluntary and community sector.

Community-led approach

Issues such as weight management, physical activity and social isolation are so prevalent within those we serve that traditional, commissioned support is unable to deliver the scale of intervention required to address need. Conversely these issues do not involve a professional to offer support and lend themselves to peer-led support models that are scalable across the whole population. This will be a key feature of services going forward with commissioned providers supporting and developing community-led offers.

Digital solutions (considering digital inclusion)

We have already successfully improved the acceptability and accessibility of sexual health services through using a digital model. We will learn from this and explore the potential for further digital services ensuring, through digital inclusion, that we prevent any further inequalities in access from developing.

Exploring new commissioning models

We will build on the successful charity-led commissioning approach in place for Substance Misuse Services to see what other areas lend themselves to this approach. Key advantages are a Board of Trustees sharing a passion to improve services, closer links to service users, and the ability to attract external charitable funding. Areas that might lend themselves to the approach include aspects of mental health services and housing support.

Delivery at scale and longer-term outcomes

Tackling many of the wider determinates of public health will take a generation to show impact. However, this should not deter us from progressing action in these areas as a priority. One good example would be that the impact of a good level of development in children at school entry may not impact on their health for as much as 50 years but remains a crucial intervention. The interventions we progress to improve health need to have a balance of long, medium, and short-term outcomes. This can be supported through sound and measurable impact and process measures

Evidence-based practice

We are aware of the responsibility to make best use of limited public funds and we would wish to ensure that we undertake a robust evidence-based approach to use of the public health grant. This is easy to do where we consider short-term impacts, usually through established services where there is good, published evidence of effectiveness. There are other areas where establishing effectiveness may be more challenging, and we need to consider how to measure impact in these cases.

Our strategic framework:

The developing public health approach is set out in the context of the new Essex County Council Organisational Framework of **health, wellbeing and independence for all ages**.

- **Public health** – we will strengthen public health and community resilience post-pandemic by encouraging strong vaccine take-up across the population, addressing added demands for mental health support, reducing social isolation, and by helping communities to develop initiatives to support each other.
- **Reducing health inequalities** – we will support the drive to level up our communities to improve health outcomes by bringing together partners and communities in our most deprived areas to address the wider drivers of poor health and promote healthy and active lifestyles.
- **Promoting independence** – we will improve the independence of adults with additional needs and long-term conditions by helping them exercise more choice and control over their care, access social and employment opportunities and suitable accommodation that meets their needs and is a place that they can call home.
- **Integrated Care System** – we will support the development of a new Integrated Care System by working with the NHS and other partners to improve system working and collaboration and make better use of our shared resources to improve health outcomes for our residents.
- **Care Market and Carers** – we will continue to improve and innovate the way we deliver social care by strengthening the stability, resilience and viability of the care market so it is fit for the future and supporting unpaid carers to maintain their own wellbeing and have access to opportunities in other areas of their lives.

To deliver the strategy we will:

Change the way the public sector views its role and responsibilities:

Public sector bodies need to recognise their potential as anchors to recruit and train locally, working closely with local schools, job centres and further education providers including Adult Community Learning. Employers need to recognise the benefits of healthy employees and support lifestyle choices and positive mental health in the workplace. Together we need to help optimise the ability of those with vulnerabilities including mental health to enter and stay in the workplace.

Very senior/empowered public health involvement/influence located across public sector

There are already strong public health leaders within district, city and borough councils and we have supported public health posts in these organisations as well as in EALC. We have consultants linked to the current NHS framework and need to consider how we can optimise the leadership and support we can offer the system in the future.

Supporting communities to take control and building community resilience

We want to see and will support the move from “coproduction” to production by local communities. The development of Essex Facebook Administrators has allowed us to better understand what each community sees as its challenges and what can be done to help. Accessible microgrants and training are key tools readily available to local communities. We also see the need for communities to support themselves in delivering against key public health challenges such as obesity and loneliness and the new Lifestyle Service will use this approach as a key delivery mechanism.

Building strong relationships and partnerships (strategic and delivery) across public, private and voluntary sector to achieve shared accountability

The delivery of improved public health is complex and will involve a wide range of partners working with a common aim. There are already a range of effective partnerships at different levels working in this arena from place-based groups such as the Alliances to task-based groups such as the Tendring Health and

Care Academy. We will increasingly work in wider partnerships to land improved public health for all in Essex.

Direct commissioning (place shaping, understanding need, meeting need) moving from transactional to transformational/collaborative

We will commission in close partnership with service users and with input from potential providers. We will seek different models building on the digital and community-led approaches already in place to achieve improved accessibility, acceptability and efficiency. We will further explore delegating commissioning to “arms -length” charitable trusts as we have for substance misuse services.

Rebalancing crisis-focus to upstream prevention and early intervention

We will seek opportunities within the public health grant and wider system to further rebalance use of resources towards early intervention. There will need to be a recognition of “double running” as those with crises and downstream needs will still require support while we work to stop others from ever needing that same support. We will use the grant flexibly and seek to test and enable upstream interventions including around improving access to employment. We will wish to ensure, with commissioning colleagues from Children & Families, that we are optimally supporting a best start in life with particular focus on ensuring good development at school entry.

Evidence – data and intelligence, provision and impact

We will continue to use a strong evidence-based approaches to understand need, to be clear on the best raft of interventions, and to evaluate the impact of what we do. We will use the 4-step model – Define the problem, determine the cause/risk factors, determine how to prevent/ameliorate, implement effective strategies, and evaluate impact.

Partners and Stakeholders

The determinates of public health are wide and complex. To optimally impact those identified in the Robert Wood Johnson model we will need to work in close consort with a wide range of partners. The power to deliver change in most cases is outside our direct control and influence.

Internal partners in the County Council

- Economic Growth and Skills
- Children’s services – CSC, Early years etc
- Education – schools (all settings), FE/HE, lifelong learning/training
- Adult social care
- Environment and Planning
- Transport and Infrastructure
- Strategy and Policy
- Organisational Development and People

External

- Communities and people
- District, Borough and City Councils
- NHS as a commissioner and as an anchor, Primary, Secondary and Acute
- OPFCC
- Wider Criminal Justice System including Probation, Prison, CSPs
- Universities, Schools etc
- CVS/Community Interest
- Business/Private sector
- Other National partners
- Central government

Public Health priorities and ambitions for 2025

There are a wide range of public health challenges and we need to pursue many of these with vigour. It is important though that we additionally define in some detail the areas we will focus on within our commissioning responsibilities as a directorate but also as a wider Council. Our key areas of focus as a directorate will include

Priorities led by Public Health:

- Physical Activity
- Weight Management
- Alcohol
- Loneliness/Isolation

These are detailed below. They are broadly within the 30% of Lifestyle determinates within the Robert Wood Johnson model and are traditional areas for public health action as well as the “socio-“ part of the socioeconomic domain. Our ambition here however is to deliver at unprecedented scale through new mechanisms including community led and delivered interventions.

Physical activity

1 in 4 people are not active at all in Essex. In our more disadvantaged communities, this rate can rise to 1 in 2. The places and spaces where people live, and work have an enormous impact on levels of activity. We seek to level the playing field, so everyone has the opportunity, capability, and motivation to enjoy being active and reap the many rewards.

Over the past 4 years we increased the proportion of adults classed as active by almost 2%. Currently 61% of people will be classed as active (doing more than 150mins a week) and 26% of people being classed as inactive.

By 2025:

- 72% of people will be classed as active (doing more than 150mins a week)
- 22% of people will be classed as inactive (doing less than 30mins a week)

How we will get there

Everyone is active in their own way: informally enjoying activities like walking, running, and cycling on their own or with friends and family; moving from one place to another for work, school, college, or shopping. Our most familiar way of being active is through organised formal activities such as sports clubs, teams, leisure facilities, and parkrun.

We will:

- Launch and implement a 10-year Sport and Physical strategy for Essex, Southend and Thurrock – “Fit for the Future”
- Deliver a County Wide behaviour change campaign (Find your Active), targeting inactive people, areas of deprivation, diverse communities and those impacted by COVID 19.
- LDP. Continue to drive and support the Local Delivery Pilot activity

Why we are taking this approach

Our vision of everyone in Essex being active depends on changes to existing systems and sectors through ongoing prioritisation of physical activity. Traditional, siloed approaches to complex problems cannot succeed alone – we need to work across the system together. Empowering communities to take a citizen led approach to finding their own solutions will also create longer term change with more sustainable outcomes.

This will involve the measurement of less visible impacts such as system change, tackling inequalities, place-based working, increased collaboration and partnerships, the realignment of budgets in favour of physical activity, and changes to policy and practice.

We need to understand what works and what doesn't work so that we can scale up and replicate successful practices and interventions. This requires robust evidence to understand why different approaches are successful.

Weight management

Over the past 4 years Essex, like the rest of the country, has failed to reduce obesity population prevalence which has been generally static and is now 35% for 10–11-year-olds, and 62.5% for adults. Over the next 4 years we aim to reduce population prevalence by 2% in children and adults.

By 2025 we will have

- Increased the number of people supported to successfully lose excess weight from less than 10,000 to hundreds of thousands who maintain a healthy weight over years not months

How we will get there

- Commission support to build people's personal resilience as well as personal skills and knowledge to adopt healthy weight behaviours
- Commission individual care plans which address the broader determinants of wellbeing, and require working with other system partners, as an important foundation for personal resilience on which to build specific weight management behaviours
- Work directly with Essex residents and a range of new delivery partners to increase weight management support available at scale, rather than constraining capacity to professionally led services
- Create a community asset infrastructure which supports self-organising, self-directing hyper-local groups to support each other in healthy weight behaviours, working with District, Borough and City Councils, voluntary sector organisations and other local stakeholders to ensure a joined-up place-based approach at local level
- Evaluate which types of weight management support yield the best results, growing an important new evidence base in the process and working with Public Health England and other national research partners on independent, robust evaluation
- Work with other system partners including ECC social care and the NHS to target those with greatest health inequality and to realise the potential of healthy weight behaviours to help optimise care pathways and alleviate workload on the Essex health and care sector
- Work with GP practices, pharmacies, hospitals, and other care organisations to expect regular referrals, in some cases where appropriate, with healthy weight behaviours being the front end of the pathway before other health or care interventions are tried
- Explore the potential of digital approaches to generate place-based social norms of healthy weight behaviours and mutually supportive healthy weight behaviours, as well as realising efficient resource deployment
- Develop the existing weight management triage process based on life complexity, not just how heavy people are, to recognise complexity of circumstance and use more specialist resources where weight management and life circumstances are more complex, for example, those with a diagnosed mental health disorder, or underlying medical condition impacting on weight

Why we are taking this approach

- A traditional weight management service approach does not deliver anywhere near the scale needed - we need to do something radically different
- Weight management is a lifelong journey with highs and lows. A traditional service with 3-month intervention and 12-month follow up does not deliver the sustainable support at hyper-local level needed to maintain healthy weight behaviours and personal resilience over years not months
- This approach creates capacity to sustainably support those who are currently a healthy weight but are not engaging in healthy weight behaviours and therefore will become overweight. This better reflects the population need for weight management support
- Initial data from pioneering work in Essex suggests that light-touch, volunteer-led weight management support still produces clinically significant weight loss, as well as traditional practitioner led support, and this transformation journey to date has resulted in contract value

savings of over 50% but with a 30% increase in number supported to successfully lose weight against traditional service baseline

Alcohol

Alcohol (and drug) use/misuse has damaging consequences for the users themselves, their families, and the wider community. There are significant impacts on community safety/crime, worklessness, poor health and wellbeing, homelessness, and costs to the wider economy. Over the last 4 years we have seen a real terms reduction in the level of national investment from across the public sector in treatment and support although in Essex we have managed to reduce the rate of increase in alcohol related hospital admissions and increase then numbers accessing specialist alcohol treatment support albeit by relatively small numbers.

By 2025 we will have

- Increased the proportion of dependent drinkers accessing effective treatment from 10% of the prevalence estimate to 20% (above the DHSC recommendation of 15%)
- Continued to reduce the rate of increase in alcohol related hospital admissions to 5% (from a previous high of 16%)

How we will get there

- Continue to commission a balanced, effective, evidence based, all-age treatment and care system focussing on building recovery across Essex and prepare the system for the changes predicted as a result of the Dame Carol Black Review and increased national support and resources.
- Continue to support the development of the Essex Recovery Foundation (ERF) charity as a community owned and led function to drive even more effective development of recovery-focussed treatment and support to improve outcomes in Essex.
- Through ERF explore opportunities to attract additional resources to Essex from grant makers and other funding sources available to a charity.
- Continue to support the ongoing development and roll out of the innovative schools-based behavioural programme (Risk Avert) addressing risk with Young People across Essex including educating children and young people appropriately about the risks associated with drug and alcohol use
- Continue to focus on driving positive performance across the system in relation to waiting times, positive discharges, re-presentation.
- Focus on developing hospital-based provision with support from Health colleagues to support a reduction in the rate of increase in presentations relating to alcohol harm.
- Working with colleagues in Health and the wider Public Sector look to increase investment from partners for whom positive outcomes will have significant benefits.

Innovation

We continue to innovate, and examples of previous and current work are the development of the Essex Recovery Foundation (the first of its kind nationally) and the creation and roll out of Risk Avert, an evidence-based behavioural programme for schools, with significant, independent academic research evidencing its effectiveness.

We will continue to explore new and innovative approaches to addressing need and as we are currently applying to become one of the 'Changing Futures' delivery areas we are hopeful we will be able to continue the development of the Complex Needs work we have been building over the last four years.

Loneliness

We will reduce the amount of people who report that they are lonely in Essex by 50%. People will be identified through partnership working via resident surveys. We will reduce the percentage of people who

are lonely as defined by scoring 7 and over on Three item loneliness scale from 7% in 2019, to 4% expected outturn in 2022 to 2% by 2025/6.

By 2025 we will have:

- Increased the number of people accessing and achieving their goals through a range of Social Isolation support both digitally and face to face from 37,000 to 200,000
- Increased the number of people accessing digital community support to deliver public health interventions at scale increasing resilience for communities of place purpose and identity from 45,000 to 200,000 Essex residents

How we will get there

- Commission an integrated whole-systems approach to reducing isolation through kindness for key cohorts of people in Essex and for those facing significant life events to enable an ecosystem that supports resilience, increased connection, and an enhanced sense of belonging.
- Support to build people's personal resilience as well as personal skills and knowledge to adopt healthy weight behaviours.
- Work directly with Essex residents and system partners to continue to develop a community campaign model that addresses inequalities and seeks to create behaviour change that reduces the stigma of social isolation and loneliness.
- Develop an effective infrastructure and social action model aligned to the principles of the Community Action Pyramid that will enable a community asset-based approach to self-organising within communities of place, purpose and identity.
- Create a digital centre for community excellence in Essex incorporating the Community Campaign Model that moves people from digital to physical social action, driving behaviour change in our communities. The Community Campaign Model can be implemented for communities of interest, place, or purpose. It is a new approach to civic infrastructure which seeks to align the wants and needs of the community with the objectives of ECC. It creates a social movement around societal issues which engages and mobilise citizens.

Why we are taking this approach

- A traditional service-based approach does not create the conditions to deliver public health interventions at scale or create the behaviour change required to meet the needs of the population.
- Work and subsequent evaluation over the last 2 years has shown that a whole systems approach to tackling social isolation including the use of digital can create the conditions to engage with many more people. The approach is not a replacement for traditional service models but seeks to reach many more people where they are in their communities. Data from the last two years has shown an 80% increase in people accessing Social Isolation support and an ability to mobilise communities in an agile way around societal issues from volunteering to public health messaging to delivering mental health support training to 45,000 + Essex residents.

Other key areas of work for public health:

Substance misuse
Sexual health
Smoking and tobacco
Criminal justice
Health checks

Beyond the Directorate but influenced by wider Council functions

There are however a range of key areas within the wider remit of the county council that are as, or more critical, in improving public health. The most important are optimising employment and educational attainment. Delivering on these and especially the employment domain is not a simple commissioning

matter and the ability of the County Council to impact it is variable and often peripheral. Leadership on areas such as public sector anchors is one clear exception that is in our gift.

One area of direct commissioning that is directly in our gift and indeed is funded through the public health grant is early years with a key outcome being good level of development at school entry. We would wish to see a high-level in good development in children from more deprived groups, were traditionally levels are poorer. This is crucial in “levelling up” as good development at school entry sets the future course for educational attainment.

Areas in this group would include:

- Employment
- Economic growth
- Education and school readiness
- Lifelong learning/Training
- Infrastructure

Beyond the Council

There are other areas where the key system leadership may sit with partners outside of the County Council, but which are key to delivering improved public health. Some of these have clear leadership in other bodies but require a wide range of stakeholders to secure progress. These would include community safety and mental health. Community empowerment and involvement involves the widest group of stakeholders from existing local and national voluntary sector organisations through faith groups and statutory bodies to the wider community including businesses and individuals.

- Mental Health – system thread
- Safer Communities
- Community empowerment and involvement
- Housing and Planning
- Vulnerability and Underserved groups
- Access to services
- Digital

Adult Social Care

Introduction from Nick Presmeg, Executive Director of Adult Social Care



In our 2019 Business Plan we set out our ambitions and priority programmes for Adult Social Care for the next 4 years. Since then, much has changed. The Covid-19 pandemic has had a profound impact both nationally and locally on people receiving and providing social care and the full effect on citizens, the care market and the workforce is still to be fully understood. We know that there has been a tragic toll especially amongst older residents and working age adults with learning disabilities, a significant increase in requests to support people with mental ill health, and the fragility of the care provider market has become of serious concern.

At the outbreak of the pandemic in March 2020 the Adult Social Care workforce moved almost entirely to remote working and we suspended all but essential face-to face activity. Our operational focus was to keep people safe and ensure swift flow from acute hospitals. I am proud of the work that we did to support the shielding of vulnerable residents; to support care providers with infection control and managing outbreaks through new local care hubs; providing a range of financial and non-financial support to care providers; and rolling-out Carephone tablets to support 2,000 vulnerable people to protect them from social isolation.

When the Mid and South Essex health system declared a major incident in December 2020 we worked as a health and care system across greater Essex to respond, providing mutual aid and testing and enhancing our emergency response plans so that we could cope as a system with the unprecedented circumstances we faced.

Throughout the pandemic we developed a system-wide approach to gathering data and intelligence on flows through hospitals and bed occupancy so that we can better manage demand in the system. We will work with our partners to build on this legacy of improved quality and availability of system-wide data as we move forward.

I am extremely proud of the way in which Adult Social Care responded to the pandemic and that, despite these many pressures, we continued to manage within our budget.

But the pandemic inevitably caused some delays to our planned activity of work and also created some operational backlogs. It created challenges to some of our ambitions and outcomes and we need to re-double our efforts now to ensure that we can best support people.

As we begin the process of renewal it is right for us to re-evaluate our position and re-frame our business plan to reflect changed circumstances and new ways of working so that we can continue to respond to the pandemic when we need to, while also laying the foundations for our future ambitions of social care in Essex.

As a service we are committed to supporting the development of inclusion and diversity. We are working to fully understand the challenges and experiences that people face so we can ensure that diversity is continually embraced and there is inclusion for all.

It also necessary that we consider the requirements of the Health and Care Bill, which proposes to establish new statutory integrated care partnerships as well as introducing a new inspection regime for local authorities on adult social care by the Care Quality Commission.

This plan sets out our ambitions; our areas of focus; and our response to these local and national strategic challenges

Operating Context

Adult Social Care (ASC) is there to support people who need help with daily living so that they can live as independently as possible in the place of their choice, usually their own home, within the resources available. It is part of a complex system of related public, private and voluntary and community services and forms of support.

The Care Act 2014, the Mental Health Act 1983, and the Mental Capacity Act 2005 are the key pieces of legislation which set out our main responsibilities. Under the Care Act local authorities are responsible for ensuring a multi-agency approach to safeguarding adults and within ASC protecting those that are at risk of abuse or neglect is a top priority.

The Health and Care Bill sets out the government's plans to reform the NHS and ensure that all areas are covered by an Integrated Care System (ICS) to improve the quality and connectedness of services and reduce inequalities. This will also see the reintroduction of inspections of local authority adult social care functions by the Care Quality Commission (expected from 2023).

The Essex picture:

At any one time, ASC supports about 17,000 people including about 9,600 older adults; 4,000 people with learning disabilities; 2,200 people with physical or sensory impairments; and 1,200 with mental health needs. We also support around 4,000 unpaid carers.

Essex has a **growing and ageing population** which is higher than the England average and anticipated to grow by a further 16% by 2030. The long-term impact of covid on demand is uncertain.

Funding struggles to keep pace with demand and there is national uncertainty about future funding. The gross budget for ASC in Essex is £635.5m (net £441.9m), most of which is spent on purchasing domiciliary or residential care with the highest volume for older adults, closely followed by people with learning disabilities. Our forecast net budget requirement is set to grow by £22m a year over the period 20/21-23/24 largely driven by pressures on care and support budgets for all client types.

Access to good quality care and support is one of our top priorities and the fragility of the **care provider market** is a key concern. Some residential homes have closed, and providers are finding it difficult to recruit and retain staff as other sectors such as hospitality reopen and offer higher rates of pay. There are shortages of provision for some areas of specialism such as physical and sensory impairment, and for people with very complex needs. We are working with the care market to ensure its future viability to deliver what we need.

The pandemic drove some innovative approaches to helping citizens **achieve improved health & care outcomes**. *Meaningful Lives Matter*, a programme which supports adults with learning disabilities and autism, commissioned a range of outreach services to keep people connected and maintain their wellbeing. Our *Connect* programme has worked closely with health partners to improve discharge pathways for people leaving hospital and increase the availability of short-term reablement services to support people to live independently at home.

Covid fast-tracked the **adoption of technology** in the health and care sector, clearly demonstrating how it can keep us all connected, and showcasing opportunities for innovation. We rolled out delivery of 2,000 Video Care Phones to keep people connected and launched a new Care Technology service in July 2021 which will support all residents in Essex to access care technology to help maintain their independence.

Working with integrated care systems

Adult social care and public health are committed to working with our three integrated care systems (Mid and South Essex; Suffolk and North East Essex; and Hertfordshire and West Essex).

Each ICS has 4 core purposes:

- i. improving outcomes in population health and health care
- ii. tackling inequalities in outcomes, experience, and access
- iii. enhancing productivity and value for money; and

- iv. contributing to broader social and economic development

In response to the requirements of the Health and Care Bill, we will:

- v. Work with our ICS partners to develop new statutory Health and Care Partnerships, each tasked with producing a system plan for adults' social care, children's social care and public health.
- vi. Work with our local acute, community health, primary care, district and borough, and voluntary and community sector partners to build strong-place based partnerships that will integrate health and care on the ground and address local population priorities.
- vii. Promote our roles as "anchor" institutions to promote social value and broader social and economic development for the communities we serve.

In summary:

We know there are areas of our performance that we want to improve. We cannot underestimate the challenges we face, but we have made significant progress despite the pandemic, and are confident that we have the right plans, expertise, and determination to drive improvement and achieve our ambitions for the future of social care in Essex.

Our financial position

Adult Social Care has been successful at living within its financial envelope in every year since 2017/18 and we must build on these solid foundations as we face unprecedented uncertainties and challenges.

Our forecast annual net budget requirement is set to grow by 19% (or by approximately £22m a year) over the period 20/21-23/24, a position that is not affordable within the Council's MTRS. This requirement is largely driven by pressures on budgets for care and support, with spending on all client-types set to grow (pre-savings):

Adult Social Care	20/21 Provisional Outturn £000	21/22 Budget £000	22/23 Draft Budget £000	23/24 Draft Budget £000
Care and Support				
Older People	89,278	91,579	88,742	99,369
Learning Disabilities	198,640	213,538	227,813	242,116
Physical and Sensory Impairment	45,208	49,142	52,526	56,634
Mental Health	20,627	20,900	21,657	22,274
Total	353,753	375,159	390,738	420,393

The biggest driver of expenditure growth is forecast to be due to price increases, accounting for £21.8m of pressure in 21/22 alone.

Our current trajectory is contrary to the ambitions in our business plan and will see more spend on long-term care and less available for early intervention and prevention.

Our ambition is to ensure that we have sustainable finances so that we can not only balance our budget but also be able to afford to invest in improving and transforming services.

The Adult Social Care vision

Putting communities at the heart of Adult Social Care: enabling people to live their lives to the fullest

To meet future challenges Adult Social Care needs to change, moving to a **place-based model** that is more local, more preventative and more integrated, with citizens, communities, partners and providers working together to ensure that people can get the right support at the right time to maintain their independence and quality of life. This change will take time and we cannot do it by ourselves.

Our mission

Our mission is to enable people to live the best lives they can:

Our social work and OT practice will be person-centred, outcome-focused, and strength-based, ensuring that the most vulnerable are supported to live their lives to the fullest. Our safeguarding practices will ensure we have good awareness and management of risk, and we will listen to the voices of the adults we are working with and give people choice.

Across **Adult Social Care** we will do everything we can to grow the capabilities of individuals and communities so that solutions can be found that are closer to them and their lives to prevent, delay and reduce need.

Essex County Council will bring together partners to level up health, tackling the socio-economic drivers that underpin poor health outcomes such as poor housing, poverty, economic insecurity and low skills.

Our principles

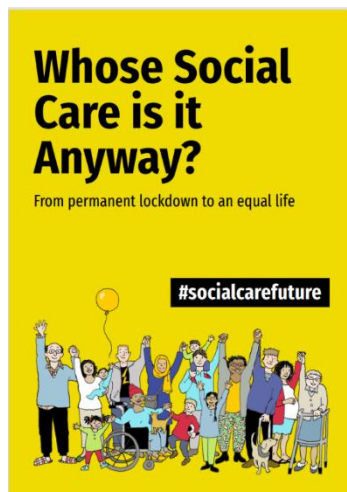
Our principles will inform and shape the way we work – collaboratively, locally, in an evidence-based way, and with people and communities at the centre.

- **Co-production with citizens and partners** – We will co-produce support and services listening to the views of people who use our services and are experts by experience.
- **Local** - We will do all we can to enable decisions to be made as close to residents as possible, trusting and empowering communities and individuals to plan an active role, take on responsibility and use their expertise and resources creatively
- **Prevent, reduce, delay** - Prevention will be at the heart of everything we do: we will seek, identify and maximise every opportunity to prevent, reduce or delay the need for care.
- **Person-centred** – We will work alongside people to ensure that wherever possible they plan their care and support and achieve their aspirations.
- **Evidence-based** – Our decision-making will be deeply rooted in the evidence and insights we collect
- **Collaborate** – We will work with a range of organisations and individuals to break down boundaries of collaboration, identify shared goals and tackle common problems.
- **Continuous improvement** – We will strive to always do better, embracing innovation and change where it can continuously improve outcomes.

The outcomes we want to see for adults and their carers

We have set out 7 core outcomes that we want to achieve for adults and their carers that reflect ECC's strategic aim of **Health, wellbeing and independence for all ages**. We will achieve these through the quality of our practice, the strength of our relationships, through collaboration with other portfolios within the Council, and through positive cross-system working:

Our commitment to *Social Care Future's* vision



'Whose social care is it anyway?' sets out the vision of Social Care Future - a movement for change led by people with experience of social care. It describes the 5 key changes that they would like people who draw on social care, families, workers and professionals to be guided by.

These are:

1. *Communities where everyone belongs:*
2. *Living in a place we can call our own home*
3. *Leading the lives we want to live*
4. *More resources better used*
5. *Sharing power as equals. Sharing decision making and choices*

Adult Social Care in Essex is committed to the Social Care Future vision, and to acting in co-production with local people to achieve the 5 key changes set out above. This is reflected in our business plan.

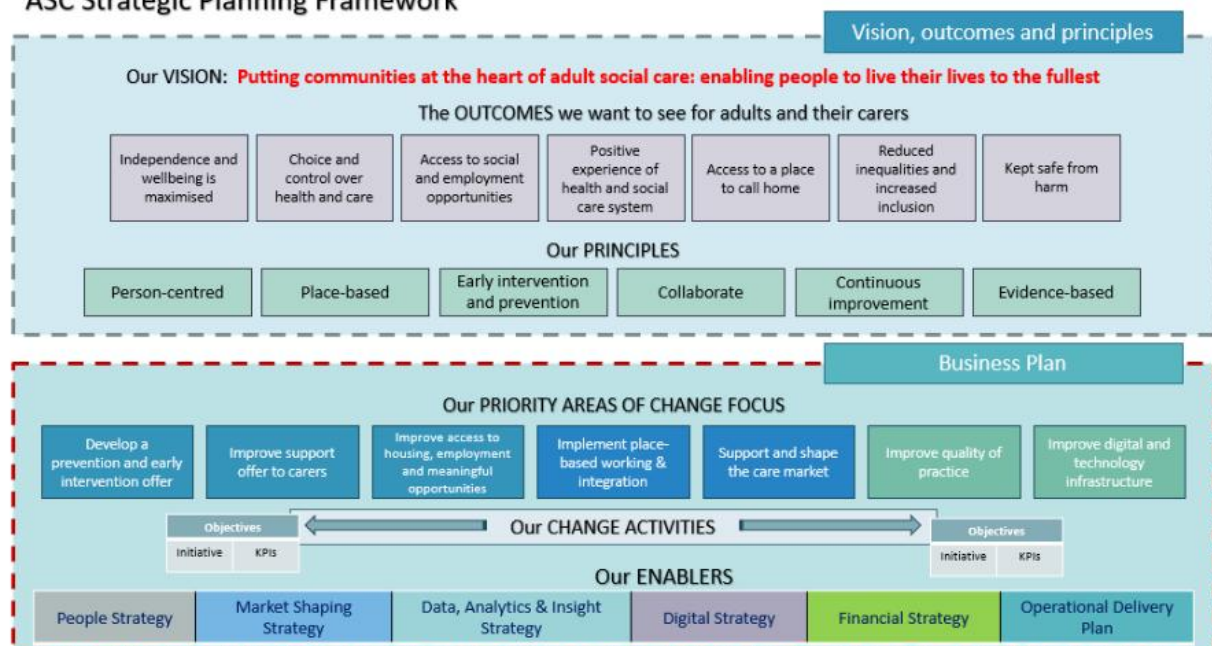
Achieving our vision – our priority areas of focus

To move towards our vision for Adult Social Care and deliver against ECC's strategic commitments we have identified 7 immediate, mission-critical areas that we must address in the next 4 years. These are:

1. **Develop a prevention and early intervention offer** - to help reduce or delay the onset of health and care needs
2. **Improve our support offer to carers** – to ensure that people get the support they need in their caring roles, while enabling them to enjoy a good quality of life
3. **Improve access to housing, employment, and meaningful opportunities** – ensuring we promote an inclusive society that addresses inequalities in access which has an adverse impact on quality of life, independence and health outcomes
4. **Implement place-based working and integration** – working in multi-agency teams with partners to improve people's experience of the health and care system
5. **Support and shape the care market** – so that care provision is viable and sustainable going forward
6. **Improve quality of practice** – to fully embed a strengths-based approach that promotes independence, choice and control and dignity
7. **Improve digital and technology infrastructure** – to ensure we have the right support for people with care needs to live independently, to support the workforce to work as efficiently as possible, and to support the care market

Our **strategic planning framework** links our vision, mission, and the outcomes we want to see for adults and their carers to our priority areas of focus and change activities.

ASC Strategic Planning Framework



While we focus on these areas of change our commitment to safeguarding, to listening to the views of people who are expert by experience, and to putting the people we support at the heart of all we do will be integral to our plans.

PRIORITY FOCUS AREA 1:

Develop a prevention and early intervention offer

- ✓ **By 2025 we will have worked with health and public health colleagues to achieve reductions in dependency on social care, with health issues being resolved at primary care/community care level.**
-

We want to prevent, reduce, or delay the need for people to access social care for as long as possible by supporting them to be more independent or retain their independence for longer. This means ensuring that people can access information and support in the community at an early stage.

In line with the Council's levelling up agenda we will work to promote healthy lifestyles and invest in prevention and anticipatory care where the evidence shows that these help people to achieve better outcomes and avoid more intensive services and interventions down the line.

We will take an all-age approach, identifying and working with adults at risk of losing their independence, and intervening early with children and young people to reduce impact later in life. We will increase our support for those with disabilities or mental illness who are transitioning to adult services.

We will see:

- A shift in whole-system investment and resources so there is more in prevention and anticipatory care than in long-term support
- Increasing numbers of people living their own lives, independently, at home
- Improved population health outcomes
- A reduction in hospital admissions of about 4,500 older adults
- Improved independence and increased self-directed support for about 3,000 adults through more effective reablement and 'home first' approaches for those leaving hospital and NHS rehabilitation -
- Use of care technology by about 19,000 Essex residents by 2025
- Improved life chances and outcomes for children and young people at risk of mental illness, or where mental illness is prevalent in families
- Improved pathways to the front door to prevent unnecessary demand and enable people to get help earlier at the right time and in the right place
- Increased access to support in communities through improved availability of information, including online and the availability of equipment and anticipatory care

Key initiatives:

- **Connect programme** improving discharge and reablement outcomes and reducing hospital admissions, creating the foundation for onward transformation of intermediate care
- **Care Technology** end-to-end pathway to facilitate access, installation, maintenance and management of care technology solutions
- **Meaningful Lives Matter programme** – increasing the offers and choice for community support, employment and accommodation to maximise people's independence. Working in partnership to improve offer of early support for vulnerable adults who are at risk of falling through the gaps of services.
- **Mental Health** – all-age approach to early intervention with young children and young adults in families where mental illness is prevalent
- **PSI** – improving access to IAG and equipment
- **Early Help** – improving access to IAG and identifying gaps that will help prevent, reduce and/or delay demand for specialist support
- **Tribe Platform** – a digital approach to promote and provide access local, flexible solutions
- **Independent Living Housing** – increasing the supply of housing and accommodation

FOCUS AREA 2:

Improve our support offer to carers

- ✓ **By 2025 Essex will have a first-class, all-age offer with carers feeling well-supported by the system and know where to go to be able to access the information and support they need as and when they need it.**
-

It is estimated that there are 145,000 unpaid carers in Essex who look after family and friends either as a full-time carer or by providing occasional practical support when it is needed. Some carers can feel isolated and unsupported which can cause their own health and wellbeing to deteriorate.

We will take a fresh look at the information and support available to carers in Essex and develop a new, all-age strategy and action plan to make improvements and ensure that carers can continue to care for their loved ones while still enjoying their own independence and wellbeing and maintain their own quality of life.

We will see:

- i. An improvement in the experience of carers in Essex with increasing numbers reporting that they feel supported and connected within their communities
- ii. A reduction in the number of carers that report feeling lonely and isolated
- iii. An increased range of respite options available including local, flexible, personalised support
- iv. Improved information, advice and guidance which addresses specific types of need and enables self-directed support

Key initiatives:

- **Carers Strategy** – work is in progress to review and co-produce a new all-age approach for carers and young carers by March 2022 including reforming partnership boards with CCGs and the voluntary/community sector.
- **‘Thinking Ahead’ planning tool** –peer groups established to support with emergency and future planning
- A focus on supporting **carers of those with mental illness**
- Enhancing the support to carers of those with dementia through our **Dementia Programme**

FOCUS AREA 3:

Improve access to housing, employment, and meaningful opportunities

- ✓ **By 2025 all partner housing authorities across Essex have a clear understanding of demand and therefore the supply requirements for specialist housing to meet the needs of adults with disabilities and those with poor mental health.**
 - ✓ **Essex will have a vibrant, inclusive job market and the disability employment gap is reducing. All adults can join in with the lifestyle, social and leisure activities they choose.**
-

Stable and good quality accommodation, opportunities for employment, and access to a range of meaningful social opportunities are key to keeping people well, reducing health inequalities and supporting independence.

We will help individuals to live independently by improving the range and quality of accommodation available for people with care needs. Through a range of training and supported employment opportunities we will support more adults with disabilities and those with mental health support needs to get paid employment.

We will see:

- i. increasing numbers of people are living independently at home supported by a wider range of available accommodation options and support solutions including increased use of care technologies
- ii. a delivery pipeline of new accommodation, especially Extra Care Housing and Supported Living for people with disabilities
- iii. The best possible use is made of existing, good-quality, available housing stock
- iv. equality of access for people to different types of accommodation, especially for those with mental illness and complex disabilities
- v. Reduced levels of unemployment of people with mental illness and those with disabilities and autism that we have assessed as being able to access meaningful occupations
- vi. Increasing job opportunities through Social Value in our procurements
- vii. Our role as an anchor institution to support business growth and job creation
- viii. Improved direct payment offer to support access to meaningful opportunities
- ix. Development of a range of accommodation and support solutions for those of older age, with disabilities or those with MH needs

Key initiatives:

- **Independent Living housing programme** – increasing new housing supply – any number?
- **Care Technology** – enabling greater choice of accommodation options
- Development of the in-house **Shared Lives** scheme
- Improved access to **Disabled Facilities Grants**
- Expansion of the **LIVE service (Learning, Innovation, Volunteering and Employment)** to support 580 adults with a learning disability and/or autism into jobs by 2024 (MLM)
- Increased availability of local, flexible offers through the development of **Community Micro Enterprises** and an **Individual Service Fund** offer

FOCUS AREA 4:

Implement place-based working and integration

- ✓ **By 2025 there will be 5 strong and mature alliances across the Essex geography with effective coordination devices, and a shared understanding of those solutions best created a local level, at ICS level, and at Essex level.**
-

Integration between health and care services, including housing services, can help prevent, delay or reduce care needs and can also improve wellbeing outcomes. We know that too often people's experience of the health and care system is of fragmentation and disjointedness and need to address this.

Our vision is for communities to be at the heart of social care and to be working in inclusive, place-based, system-wide partnerships to improve outcomes and reduce health inequalities.

Lots of factors determine health and care outcomes and about 80% of health outcomes are determined by non-health services. This is often referred to as the 'wider determinants of health' and includes factors such as employment, housing, education, community safety, the built environment and personal lifestyles.

Integrating health and care services is also a key requirement of the Health and Care Bill.

We will see:

- i. improved outcomes in population health and healthcare service ratings
- ii. reduced inequalities in outcomes, experience and access
- iii. enhanced productivity and value for money
- iv. contribution to broader social and economic development
- v. alignment of commissioning and financial planning and activity where this makes sense
- vi. established, aligned and networked multi-agency teams in localities, ensuring social work teams can work closely with primary care networks and a range of other professionals and other groups.
- vii. Joint initiatives to engage and co-produce with local people so that place offers align to what matters to them – not what is the matter with them

Key initiatives:

- Establishing new statutory **Integrated Care System** and place-based partnerships by April 22
- Refreshing the **Essex Joint Health & Wellbeing Strategy**
- Developing an **ICS Health and Care plan** for each ICS, in a way that ensures consistent outcomes for Essex population

FOCUS AREA 5:

Support and shape the care market

- ✓ **By 2025 quality, choice and viability of the care provider market exists in all parts of Essex.**
 - ✓ **We will have achieved much higher recognition of the value of social care workers across the county and enhanced their feelings of wellbeing**
-

Essex has a complex provider market including about 300 homecare and 400 residential and nursing care providers, as well as day care and other service providers.

Current issues facing the market include difficulty in the recruitment and retention of care workers coupled with the need to increase capacity, capability, and quality in provision for older adults; increasing supported living capacity for those who cannot live completely independently and promoting employment rather than day care.

We will see:

- i. people can access good quality and diverse care choices within the market which best meet their individual needs and promote self-directed support
- ii. A stable, valued, and resilient workforce with care seen as a desirable and accessible occupation
- iii. A digitally enabled market and workforce to provide care and support relevant to current and future generations
- iv. Increased 'Home first' solutions that maximise independence including rapid response and prevention of admission into hospital and long-term care
- v. Improved quality of residential and nursing care for the smaller number of people who need it
- vi. Increased provision of more specialist care homes to meet the needs of people with complex dementia and disabilities
- vii. An increase in the number of residential and nursing homes that we commission rated good or above by CQC

Key initiatives:

- **Market Shaping programme** – including a revised Market Position Statement and Market Support Fund
- Delivery of the **market workforce strategy**
- Development of and support to the **PA Market** across all ages
- The development of **Community Micro Enterprises** and digital solutions to connect to them
- **Individual Service Funds** which enable self-directed support and increased access to the community
- Embedding the learning from three local community pilots working with providers and partners to **transform the way adults with learning disabilities receive care in their local areas**

FOCUS AREA 6:

Improve quality of practice

- ✓ **By 2025 Essex has an engaged, high-performing social care workforce delivering high-quality practice standards in meeting their statutory responsibilities. It has a workforce that knows and can measure the quality of its work/practice and is delivering transformational change through social care activity.**
-

The way in which we practice is crucial to enabling people to live as independently as possible. It is about building on people's strengths, focusing on the goals and ambitions of the people we support, and working in a joined-up way with other key partners and professionals.

Through our practice, we aim to help people enjoy good health and wellbeing, while keeping them safe from harm.

We will see:

- i. Improvements to the experience of our customers/citizens through more planful working, timely conversations and the best possible interventions
- ii. Adults, their carers and networks experience improved health and care outcomes and report a positive experience of the social care system
- iii. Adults have choice and control over their lives, care, and support, with lived experience at the centre of decision making
- iv. Practice is person-centred and strength-based, as our workforce is professionally curious.
- v. A professional, stable workforce that place value in continuous professional development and meeting the standards of their registered bodies
- vi. Essex is seen as a desirable place to work in social care

Key initiatives:

- **Practice Governance Board** – oversight of practice standards
- **Operational Delivery Planning** – improving data quality and enabling evidence-based decision making and risk management
- **Recruitment and retention** / workforce and wellbeing programmes
- **Operating Model** – shifting to place-based locality working
- A clear professional development offer via **the Essex Social Care Academy**

FOCUS AREA 7:

Improve digital and technology infrastructure

By 2025 digital health and social care guidance and services will be simple for adults to access and intuitive to use; our technology will make it easy to work from wherever we need to; we will have complete, trustworthy data at our fingertips to support decisions; our technology platforms will support collaboration and shared information with partners; and it will be easier for providers to link with our IT systems reducing processing time and costs.

By 2025 we will have achieved a shared care record for health and Adult Social Care

The pandemic has highlighted that now, more than ever, citizens and organisations are open to using digital solutions and recognising the benefits these can offer in terms of choice, control, and coproduction.

In July 21 ECC launched a new Care Technology offer to support people to progress and remain independent. Work has begun on implementing a shared care record across health partners and we will invest in a modern social care case management system that will facilitate greater integration, self-service, and insight to support better outcomes for people. We'll deliver on our ongoing commitment to coproduction with health, partners and providers through investment in digital and technology solutions.

Where do we want to be by 2025?

- ✓ **For Adults**
 - i. Digital health and social care guidance and services will be simple to access, joined up and intuitive to use.
 - ii. Our platforms will be available to adults, families and carers at any time from convenient devices that might include mobile phones, computers and smart speakers.
- ✓ **For Employees**
 - i. Our technology will make it easy for our workforce to work from wherever they need to.
 - ii. We will have complete, trustworthy data at our fingertips to support decisions.
 - iii. Our workforce will have the skills and confidence to use technology that supports good practice.
 - iv. Our workforce will have more time to spend with people they support through simplifying the process of recording case data.
- ✓ **For System Partners**
 - i. Our collaboration tools will make it easy and quick to work with partners.
 - ii. Our technology platforms will support a shared view of each Adult and their data.
 - iii. Our systems will make it easier to connect our processes quickly across organisational boundaries.
- ✓ **For the Market**
 - i. We will make it easier for the providers to link up with our IT systems to reduce processing time and costs.
 - ii. We will join up activity and market data so that we improve insight around supply and demand.

Key initiatives:

- **Social Care Platform Programme** – designing and implementing our future social care case management system
- Implementation of **Shared Care Records** with health
- **Data Strategy, Quality and Maturity**
- Roll-out of **Care Technology** service
- Implement **Tribe project** to support development of micro-enterprises
- **Digital Market Solutions** including Electronic Homecare Monitoring and Essex Care Search
- **Online Information, Signposting & Self-Assessments**

Our enabling strategies and plans:

Achieving the objectives set out in the Adult Social Care Strategy requires cross-organisational support in numerous areas. These are our key enabling strategies and plans:

ASC People Plan

Right shape – ensuring we have the ideal shape of workforce to deliver the needs of our service users and achieve good outcomes will be key. It must support delivery of our Care Act responsibilities, the Health & Care Bill and the areas of focus within the business plan. We will review the ratio of qualified vs unqualified workers across front line teams; clarify opportunities to work in communities alongside partners and integrate with health where this is beneficial. We will develop a clear pipeline of career pathways to ensure we focus on the future needs of our workforce

Right location – working from our own buildings and those of partners, and exploring opportunities for hybrid working to enhance collaboration and the use of technology and flexibility to support our early intervention focus.

Right skills – focusing on strengths-based practice, strong leadership and management of the Social Care Capability Framework; supporting management capability; re-framing Foundations of Practice training; developing a strong culture of onboarding, talent identification and succession planning; and supporting a learning culture

Right size – matching workforce capacity to deliver the business plan, our early intervention intentions increasing demand; launching a bold Talent Attraction campaign to drive recruitment; and using data to support a clear retention strategy

Right cost – allocating resources to reflect skills and maximise efficiency; ensuring we are an attractive employer by benchmarking with our competitors and paying in line with the market to support staff retention and exploring alternative resourcing options for our agency workers while retaining the flexibility we need

Wellbeing – diversity & inclusion – continuous improvement – technology change-readiness – building on the work we are already doing to attract a higher % of diverse employees, supporting a workforce that is tired and experiencing trauma post-pandemic and building on improvements in technology capability

Market shaping strategy

A new Market Shaping Strategy to address the current market issues of provider workforce shortages, increasing demand, and the changes in the type of services needed will be completed by the end of 2021.

This will include:

- Development of a market position statement, market shaping strategy and a Road Map that aligns to the Adult Social Care Strategy.
- To ensure data, insight, business and financial trends and forecast is in the forefront of our future market shaping strategy and initiatives.
- To assess and align all market shaping activity, support services and operations to meet our future market shaping strategy. (2021 – 2025).
- To Oversee the Market Reserve Funds where necessary to support market shaping activity.

Data insight & analytics strategy

The Strategy, Insight and Engagement team provides technical capacity and capabilities and produces intelligence in support of decision-making and delivery of the Business Plan. This includes:

Performance & Business Intelligence – making operational data accessible; defining measures and performance information; creating business intelligence tools; interpreting historical data and evidence to improve business understanding; providing technical expertise and support to improve data quality

Analytics & Data Science – using data to create intelligence and insight to help future planning, work prioritisation and risk management and use historic data to predict future outcomes

Research & Citizen Insight – Delivering strategically significant qualitative and quantitative research projects, public health analysis, health and care analytics, evaluations, and public consultations.

Digital strategy

ECC will deliver its digital journey shaped by the Essex Vision, our residents, Local Government Reform, and the need to deliver effective and cost-efficient services. Technology and digital capabilities will evolve to enable this journey. The Technology Strategy is designed enable the delivery of the following goals and become a sector leader:

Digital Approach - Make sure our residents find it easier to get in touch with us and not have to repeat things they tell us. We will create self-help services that allow our residents to access services swiftly, including social care assessments for example

Cloud Technologies - Invest in Cloud technology for delivery of our services, this will ensure our services are resilient, available, safe and that our people have the access to the things they need to do their jobs. It will also allow us to enact the Ways of Working strategy to enable our people to work wherever and whenever they need to

Adopt Evergreen IT - This means that our applications are up to date with the latest versions and functionality. This is important to ensure applications are running in support, removes the need for large-scale upgrades and that we have access to the latest features; by taking small continuous updates we will have more sustainability.

New User Experience - Introduce a New User Experience initiative to put the staff of Essex County Council, the IT users, at the heart of technology decisions to make sure that technology helps make our jobs and activities easier to do.

Strategic Partner Engagement - Develop strategic partnerships who are committed to working with the Council for mutual benefit driving financial and social value.

Financial strategy

The purpose of this financial strategy is ultimately to enable ASC to achieve our goals. In simple terms, we need a financial strategy not only to survive, but to thrive. Without stable finances we cannot plan or invest in the future. And without the ability to invest in service improvements and transformation, we will fail to continuously improve outcomes for those who depend on us and we will fail to keep pace with the changing world around us. While our financial strategy is about money and about finances, it is inextricably linked to our Business Plan.

The following elements underpin our financial strategy:

- Invest to save - prioritisation of some budgets in each year for investment
- Pricing strategy: setting out a clear medium-term pricing strategy for the care market to help to reduce price uncertainty on our budgets and give the market greater confidence about the fair prices we are prepared to pay
- Prioritise investment in effective short-term care: to shift more spend from long-term, high-cost care to short-term care reducing long-term dependency and moving budgets into more 'liquid' areas of spend.
- Increase level of spend on prevention – with a focus on interventions that aid the reduction or delay long-term care needs, and wider measures that help build lower-cost alternatives to statutory services.
- Align financial incentives with NHS through Better Care Fund – the current BCF places the risk on the local authority for the cost of residential or long-term placements and excludes spend on learning disability PSI and mental health.

Operational Delivery Plan

Our Operational Delivery Plan is aligned with our Business Plan, People Plan and Financial Strategy, focusing on the following priorities:

- **Practice** – ensuring that our practice is person-centred and strengths-based embracing new technologies and continuous improvement, improving practice standards across our qualified workforce, and preparing for the introduction of a CQC inspection regime
- **People** – improving recruitment and retention rates, and supporting our workforce post-pandemic, with a greater focus on supervision as we move into new ways of working and implement a new operating model
- **Performance** – addressing the key aspects of our statutory duties, through clear delivery plans, improving data recording and improving how we use data to inform operational planning and delivery, celebrating successes and developing a learning culture.
- **Pounds** – ensuring that we operate within our financial envelope, exploring opportunities for innovation and investment, to improve outcomes and deliver the transformation of Adult Social Care.
- **Partnerships** – moving to a place-based model of delivery, building on existing relationships within local alliances to implement Integrated Care Systems

Delivery assurance and reporting

Our reporting framework will ensure robust arrangements for monitoring progress. The Council has agreed its strategic aims and commitments and both Public Health and Adult Social Care have set out how their areas of focus will deliver against these. Impact will be assessed at population level through corporate measures linked to the commitments which are shown below. Goals and KPIs for the various delivery initiatives will be agreed and progress monitored through delivery assurance within the portfolio.

Corporate Measures - ASC

Organisation Commitment	ASC commitment:	We will measure this by:
Commitment 13: Promoting independence by helping people to live as independently as possible	We will support and enable as many older people as possible to return home after being discharged from hospital	<i>Increase the proportion of older people (aged 65 and over) who received reablement/rehabilitation services after discharge from hospital</i>
		<i>Increase % of adults who are self-caring post reablement on discharge from hospital</i>
	We will empower and equip people with care technology to support their independence and health and wellbeing	<i>Increase the number of adult social care users in receipt of care technology</i>
	We will promote and enable vulnerable working age adults with disabilities to access meaningful employment opportunities	<i>Increase the no of adults with LD known to social services in paid employment;</i>
		<i>Increase the no of adults with LD known to social services who secure new employment</i>
		<i>Increase % adults known to secondary mental health services in paid employment</i>
	We will promote and enable vulnerable working age adults with disabilities to live independently	<i>Decrease % of adults with a learning disability that transition into adult social care in residential care</i>
		<i>Increase the proportion of adults in contact with secondary mental health services living independently, with or without support</i>
Commitment 14: Place-based working to improve quality of care and improve health and wellbeing outcomes	We will work with partners in communities to develop an early help offer that prevents or delays the need for care and support	Measures where further development work is required: <i>Stability and development of the workforce - we are looking to develop an appropriate measure to track changes in the care workforce to ensure that this continues to support a strong care market and the provision of quality services."</i>

Organisation Commitment	ASC commitment:	We will measure this by:
Commitment 15: Carers, improve their wellbeing and support	We will improve the support offer to carers so that their health and wellbeing is promoted	<i>Increase the proportion of carers who stated they were 'extremely' or 'very' satisfied with social services</i>

Corporate Measures - PH

Commitment 11: Levelling-up Health by reducing health inequalities	We will work with partners to improve health outcomes for vulnerable adults	<i>Increase % LD adults accessing annual health checks</i>
	We will work with communities to reduce social isolation and loneliness to improve associated health outcomes	We will Increase the number of people accessing and achieving their goals through a range of Social Isolation support both digitally and face to face from 37,000 to 200,000
		We will Increase the number of people accessing digital community support to deliver public health interventions at scale increasing resilience for communities of place purpose and identity from 45,000 to 200,000 Essex residents
Commitment 12: Healthy Lifestyles	We will enable adults with disabilities to access and enjoy physical activities and good health and wellbeing	Increase the no of adults with disabilities accessing Sports for Confidence sessions
	We will level the playing field, so everyone has the opportunity, capability, and motivation to enjoy being active and reap the many rewards.	By 2025 72% of people will be classed as active (doing more than 150mins a week)
		By 2025 we will have 22% of people being classed as inactive (doing less than 30mins a week)
	We will reduce obesity prevalence in Essex to improve the health outcomes of the population	We will Increase the number of people supported to successfully lose excess weight
	We will reduce the harm caused by alcohol use and misuse in Essex	We will Increase the proportion of dependent drinkers accessing effective treatment from 10% of the prevalence estimate to 20% (above the DHSC recommendation of 15%)
		We will continue to reduce the rate of increase in alcohol related hospital admissions to 5% (from a previous high of 16%)

Report title: Work Programme	
Report to: People and Families Policy and Scrutiny Committee	
Report author: Graham Hughes, Senior Democratic Services Officer	
Date: 9 December 2021	For: Discussion and identifying any follow-up scrutiny actions
Enquiries to: Graham Hughes, Senior Democratic Services Officer at graham.hughes@essex.gov.uk.	
County Divisions affected: Not applicable	

1. Introduction

- 1.1 The work programme is a standard agenda item. The work programme for the Committee continues to be developed and the current position is outlined below and overleaf.

2. Action required

- 2.1 The Committee is asked to consider this report and issues under consideration in the Appendix and any further development or amendments.

3. Background

- 3.1 The current work programme has been developed further to discussions with portfolio holders at two induction sessions in the summer, subsequent discussions between the Chairman and Vice Chairmen and Cabinet Members and senior officers, and other issues highlighted during formal meetings of the Committee.

4. Update and Next Steps

- 4.1 See Appendix.

5. Appendix

- 5.1 current work programme.

People and Families Policy and Scrutiny - Work Programme as at 9 December 2021

Provisional Date	Topic Title	Lead Contact	Purpose and Target Outcomes	Relevance to Scrutiny Theme *	Cross-Committee Work Identified (where applicable)
9 December 2021	Everyone's Essex Strategy – PAF elements and four-year plan	Cabinet Member, Adult Social Care and Health	To understand aspirations and targets set to help future work planning.		Liaison and approach to be agreed by Scrutiny Board
13 January 2022	Essex Safeguarding Adults Board	Independent Chairman and the Board Manager.	To consider the report of the activities and focus of the Boards, and an in-depth review of one or two operational issues.		
TBC	Essex Children's Safeguarding Board	Independent Chairman, and the Board Manager	To consider the report of the activities and focus of the Boards, and an in-depth review of one or two operational issues.		
3 February 2022	Early Years' and Childcare Strategy	Cabinet Member and EYCC Sufficiency and Sustainability Manager	To consider the adequacy of a draft delivery plan/timetable and key objectives		

3 February 2022	SEND Strategy	Cabinet Member Education Excellence, Skills and Training and Head of SEND Strategy and Innovation	To consider an updated draft incorporating amendments requested by the Committee		
Early 2022	Adult Social Care	Cabinet Member Adult Social Care and Health and the Executive Director, Adult Social Care	To consider the current trends and the work with market providers to manage an orderly reduction in capacity in the residential market		
Spring 2022	Home Education and Children Missing Education	Cabinet Member Education Excellence, Skills and Training	Further update once a response is received to ECC's submission to the Education Select Committee/Government		

Further issues under consideration but not scoped or currently being scheduled

Everyone's Essex Strategy/portfolio priorities – Education and Children and Families services

Working Families Programme – strategy approved by Full Council in October.

Children in care being placed outside Essex

Backlog in Courts and Justice System - impact on Youth Offending Team, fostering and adoption

Education - academisation - impact, role of Regional Schools Commissioner and the role ECC has in supporting general standards

Task and Finish Group reviews cont....

Possible Task and Finish Group reviews – to be confirmed

Domestic Abuse – enabling local members to be fully informed to help and signpost constituents to support services

Impact of the pandemic on Essex County Council

Libraries Strategy – broader community role to help levelling up, school readiness, literacy, interviews and employability etc.

Suicides in Essex