



Essex County Council

# Essex Health and Wellbeing Board

<b>10:00</b>	<b>Wednesday, 18 May 2022</b>	<b>Council Chamber County Hall, Chelmsford, CM1 1QH</b>
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**For information about the meeting please ask for:**

Jasmine Carswell, Democratic Services Officer

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		Pages
1	<b>Membership, Apologies, Substitutions and Declarations of Interest</b>	7 - 8
2	<b>16 March 2022: Minutes of the meeting and progress report on actions arising</b>	9 - 18
3	<b>Questions from the public</b> The Chairman to respond to any questions from members of the public which are relevant to the business of the Board and of which advanced notice has been given. Questions must be notified to the Board Secretary at <a href="mailto:democratic.services@essex.gov.uk">democratic.services@essex.gov.uk</a> .  Further information is available <a href="#">the Council's website</a>	
4	<b>Verbal Updates (10.00-10.10)</b> To receive verbal update on the following: <ul style="list-style-type: none"><li>• Support for Ukraine</li><li>• Covid in Essex</li></ul>	
5	<b>Written Updates (10.10 - 10.20)</b> To receive written updates as set out below:	

<b>5a</b>	<b>Integrated Care Systems (HWB/07/22a) (10.10 - 10.15)</b> Update on key issues and activities of the three Integrated Care Systems that interact with ECC.	<b>19 - 22</b>
<b>5b</b>	<b>Essex Social Care (HWB/07/22b) (10.15 - 10.20)</b> To receive an update on Social Care in Essex	<b>23 - 24</b>
<b>6</b>	<b>Reports for consideration in advance of the meeting (10.20 - 10.30)</b> Members are requested to raise urgent issues and questions only on these items	
<b>6a</b>	<b>All Age Carers Strategy (HWB/08/22) (10.20 - 10.25)</b> To receive the final version of the Strategy	<b>25 - 54</b>
<b>6b</b>	<b>Leading Greater Essex System Challenges (HWB/09/22) (10.25 - 10.30)</b> For the Board to note the Leading Greater Essex (LGE) system challenges that senior leaders have submitted to support Levelling Up across Essex, and which the LGE cohort will work on.	<b>55 - 66</b>
<b>7</b>	<b>Essex Health and Wellbeing Strategy (HWB/10/22) (10.30 - 10.50)</b> Report to follow	
<b>8</b>	<b>Mental Health (10.50-12 midday)</b>	
<b>8a</b>	<b>Mental Wellbeing</b> To receive a verbal update on what is being done and consider what further may be done in the short term on a tactical level ahead of a major conversation in July where we'll consider collaborative strategies for the future.	
<b>8b</b>	<b>Impacts of the Cost of Living Crisis (HWB/11/22)</b> To discuss particular issues becoming apparent through the current cost of living crisis and to identify short-term actions in respect of workforce and/or wider population.	<b>67 - 80</b>
<b>9</b>	<b>Dementia Strategy Update (HWB/15/22) (12 midday- 12.20)</b> To provide an update on, and consult with Board members about, the draft Dementia Strategy	<b>81 - 114</b>

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|-----------|--|------------------|
| <b>10</b> | <b>Update on Changing Futures (HWB/16/22) (12.20-12.35)</b><br>To provide an update on the progress of Changing Future within Essex, and to seek the continued commitment and support of wider partners in achieving the aims of the programme   | <b>115 - 126</b> |
| <b>11</b> | <b>Essex Violence and Vulnerability Partnership Update (HWB/17/22) (12.35-12.55)</b><br>To receive a report on the work of the Violence and Vulnerability Partnership  | <b>127 - 136</b> |
| <b>12</b> | <b>Forward Plan (12.55 - 13:00)</b><br>To discuss the latest Forward Plan and consider requests for additional items   | <b>137 - 138</b> |
| <b>13</b> | <b>Dates of future meetings</b> <ol style="list-style-type: none"> <li>1. To note that the next meeting will take place at 10am on Wednesday 20 July 2022 in Committee Room 1 at County Hall, Chelmsford, CM1 1QH.</li> <li>2. To note that meetings of the Board will take place on the following dates in 2023: 25 January, 15 March, 17 May, 19 July, 20 September, 22 November (all on Wednesday at 10am)</li> </ol> |                  |
| <b>14</b> | <b>Urgent Business</b><br>To consider any matter which in the opinion of the Chairman should be considered in public by reason of special circumstances (to be specified) as a matter of urgency.  |                  |

### **Exempt Items**

(During consideration of these items the meeting is not likely to be open to the press and public)

The following items of business have not been published on the grounds that they involve the likely disclosure of exempt information falling within Part I of Schedule 12A of the Local Government Act 1972. Members are asked to consider whether or not the press and public should be excluded during the consideration of these items. If so it will be necessary for the meeting to pass a formal resolution:

**That the press and public are excluded from the meeting during the consideration of the remaining items of business on the grounds that they involve the likely disclosure of exempt information falling within Schedule 12A to the Local Government Act 1972, the specific paragraph(s) of Schedule 12A engaged being set out in the report or appendix relating to that item of business.**

**15**

**Urgent Exempt Business**

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



**Committee:** Essex Health and Wellbeing Board (EHWB)

**Enquiries to:** Jasmine Carswell, Democratic Services Officer  
[Jasmine.carswell@essex.gov.uk](mailto:Jasmine.carswell@essex.gov.uk)

## **Membership, Apologies, Substitutions and Declarations of Interest**

### **Recommendations:**

To note:

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

### **Membership**

Quorum:

One quarter of the membership and will include:

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

### **Statutory Members**

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

### **Other Members**

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

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

**Minutes of the meeting of the Essex Health and Wellbeing Board held at in the Council Chamber, County Hall, Chelmsford at 10:00am on Wednesday 16 March 2022**

**Present:**

**Board Members (Statutory)**

Cllr John Spence	Essex County Council <b>(Chairman)</b>
Dr Hasan Chowhan	North East Essex CCG
Dr Anna Davey	Mid Essex CCG
Cllr Beverley Egan	Essex County Council
Dr Rob Gerlis	West Essex CCG
Ralph Holloway	Essex County Council (substitute for Helen Lincoln, Director of Children's Services)
Maggie Pacini	Essex County Council (Director, Wellbeing, Public Health and Communities)
Nick Presmeg	Essex County Council
Cllr Mike Steel	Essex County Council
Dr Boye Tayo	Basildon and Brentwood CCG

**Board Members (Other)**

Georgina Blakemore	Borough/City/District Councils
Cllr Graham Butland	Borough/City/District Councils
Cllr Peter Davey	Essex Association of Local Councils
Ian Davidson	Borough/City/District Councils (ECEA Rep)
Lynbriitt Gale	Essex Acute Mental Health and Non-Acute Providers (substitute for Paul Scott)
Dr Shane Gordon	Essex Acute Hospital Trusts (substitute for Nick Hulme)
Professor Will Pope	Independent Chair, Suffolk and North East Essex ICS
Professor Mike Thorne	Independent Chair, Mid and South Essex Health and Care Partnership

**Co-opted Members**

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

Jo Cripps	Mid and South Essex HCP (substitute for Anthony McKeever)
Cllr Mike Hardware	Essex County Council
Paul Herbert	Essex County Council
Susannah Howard	Suffolk and North East Essex ICS
William Hooper	Senior Strategy Adviser, Essex County Council
Chris Martin	Essex County Council
Nathan Rowland	Essex County Council
Ian Tompkins	West Essex CCG
Peter Wightman	Hertfordshire and West Essex ICS (substitute for Dr Jane Halpin)
Simon Williams	Castle Point and Rochford CCG (substitute for Tricia D'Orsi)
Judith Dignum	Essex County Council (Democratic Services)
Jasmin-Harley Carswell	Essex County Council (Democratic Services)

**1. Membership, apologies, substitutions and declarations of interest**

Apologies for absence were received as set out below:

**Board Members**

David Archibald	Essex Safeguarding Children Board
Paul Burstow	Independent Chair, Hertfordshire and West Essex ICS
Sam Glover	Healthwatch Essex
Dr Sunil Gupta	Mid and South Essex CCG Joint Committee
Roger Hirst	Essex Police, Fire and Crime Commissioner (substitute Jane Gardner)
Nick Hulme	Essex Acute Hospital Trusts (substitute Dr S Gordon)
Helen Lincoln	Essex County Council (substitute Ralph Holloway)
Paul Scott	Essex Mental Health and Non-Acute Providers (substitute Lynbriitt Gale)
Deborah Stuart-Angus	Independent Chair, Essex Safeguarding Adults Board
Alison Wilson	Voluntary Sector
Simon Wood	NHS Commissioning Board
Cllr Simon Wootton	Borough/City/District Councils

**Other apologies**

Tricia D'Orsi	Castle Point and Rochford CCG (substitute Simon Williams)
Dr Jane Halpin	Hertfordshire and West Essex CCG (substitute Peter Wightman)
Anthony McKeever	Mid and South Essex HCP (substitute Jo Cripps)

**2. Minutes****24 November 2021**

The minutes of the Board held on 24 November 2021, previously received at the informal meeting on 26 January 2021, were approved as a correct record.

**26 January 2022**

The minutes of the informal Board meeting held on 26 January 2022 were agreed as a correct record and a progress report on the related actions was noted.

**3. Questions from the Public**

None received.

**4. Verbal Updates****Covid in Essex**

Maggie Pacini updated the Board on the latest position.

**Action****Action**

- Given the rise in cases, Covid update to be circulated to partners, with consideration to be given to reintroducing regular circulation.

**Lead / Comments**

Chairman (assisted by Maggie Pacini)

By 25 March

### Social Care

The Board received updates from Nick Presmeg, Ralph Holloway and Chris Martin highlighting system pressures. Members discussed the arrangements being made to accommodate expected large numbers of refugees from Ukraine and sought clarification concerning educational provision for children from Afghanistan who had been accommodated previously.

<b>Actions</b>	<b>Action</b>	<b>Lead / Comments</b>
2.	Circulate a note to members on education arrangements and placements for children from Afghanistan who are in Essex.	Ralph Holloway

### ICSSs, HCP and EPUT

The Board received updates from the ICSSs, HCP and Foundation Trust as set out below:

- Suffolk and North East Essex ICS: Susannah Howard and Shane Gordon
- Mid and South Essex HCP: Jo Cripps
- Hertfordshire and West Essex ICS: Peter Wightman
- Essex Partnership University Foundation Trust: Lynbriitt Gale

Representatives from Primary Care were also invited to comment.

The following main points arose from discussion:

- The Chairman congratulated everyone involved in delivery of the Clacton Diagnostic Hub and expressed an intention to visit.
- The ICSS's, HCP and Foundation Trust were requested to provide an update on hospital visiting policies for inclusion in the update to be circulated by Maggie Pacini (referred to above).
- It was agreed to add the following items to the Forward Plan:
  - EPUT Community Services Transformation Update
  - Cost of Living Increase – likely implications on service demand and workforce and potential for a co-ordinated approach by the Board

### Actions

<b>Actions</b>	<b>Action</b>	<b>Lead / Comments</b>
3.	Chairman to visit to Clacton Diagnostic Centre	Will Hooper
4.	ICSSs/HCP and Foundation Trust to provide an update on hospital visiting procedures, for inclusion in the Covid update referred to above	ICS/HCP/FT leads to provide to Maggie Pacini
5.	Add two items to the Forward Plan: <ul style="list-style-type: none"> <li>• EPUT Community Services Transformation Update</li> <li>• Cost of Living Increase</li> </ul>	Democratic Services

## 5. Role and Terms of Reference of the Essex Health and Wellbeing Board (HWB/01/22)

The Board considered a report seeking to resolve outstanding issues with a view to endorsing the revised Terms of Reference for the Board.

### Resolved:

1. To endorse the new Terms of Reference for the Essex Health and Wellbeing Board, subject to the following additional amendments:

#### General

- a. Include reference to town and parish councils, given their role in facilitating the Board's access to Essex residents
- b. Highlight the wider determinants of health as a key focus of the Board

#### Membership

- c. Extend membership to include Business Sector representation
  - d. Clarify that the possibility of membership for Borough, City and District chief executives is covered by officer representation of the Alliance areas (although it is not guaranteed that a member in this category will be drawn from that group).
  - e. Increase visibility of the provision to invite participation from those with specific expertise when required for specialist input
2. To delegate authority to the Chairman of the Board to approve the final Terms of Reference for recommendation to Essex County Council.

### Actions

Action	Lead / Comments
6. Terms of Reference to be amended as follows: <ul style="list-style-type: none"> <li>• Include reference to town and parish councils</li> <li>• Extend membership to include representation from the business sector</li> <li>• Clarify that the possibility of membership for Borough, City and District chief executives is covered by officer representation of the Alliance areas (although it is not guaranteed that a member in this category will be drawn from that group)</li> <li>• Increase visibility of the provision to invite participation from those with specific expertise when required for specialist input</li> </ul>	Maggie Pacini
7. Chairman to agree final terms of reference for recommendation to Essex County Council in	Cabinet Office (Will Hooper) to liaise with Democratic Services

accordance with timescales required for ECC governance processes

## 6. Essex Health and Wellbeing Strategy (HWB/02/22)

The Board received for consideration and comment the consultation version of the proposed Essex Health and Wellbeing Strategy. It was reported that, with the consultation currently in progress, the hope was to submit the final version of the Strategy for endorsement at the Board's next meeting in May.

The following points arose from discussion:

- High levels of public engagement with the consultation were vital to ensure that the final Strategy benefitted those it sought to serve. Members were asked to share the consultation link with their contacts.
- The incoming Director, Public Health, Lucy Wightman, would be asked to convene a group to take the Strategy forward and ensure that it becomes a living document.
- The Essex Strategic Co-ordination Group was due to consider the key high-level metrics for the Strategy, to be signed off in time for the Strategy's endorsement in May.
- It was agreed to investigate the potential for work in association with the Essex Association of Local Councils to produce a residents' pack for the Strategy, similar to that produced on Climate Action.

### Resolved:

1. To note the latest draft version of the Essex Joint Health and Wellbeing Strategy as appended to report HWB/02/21.
2. To investigate the potential for work in association with the Essex Association of Local Councils to produce a residents' pack for the Strategy.

### Actions

Action	Lead / Comments
8. Consultation link to be circulated as widely as possible	All Board Members
9. Convene a group to take the Strategy forward and ensure it becomes a living document	Lucy Wightman

## 7. Developing an All-age Carers Strategy (HWB/03/22)

Clare Burrell, Head of Strategic Commissioning and Policy (Essex County Council) was present during this item.

The Board received a report providing an update on the draft All-Age Carers Strategy and seeking Members' views. Details of the Strategy's key elements and the approach being taken to its development were set out in an Appendix to report HWB/03/22).

The following issues arose from consideration of the report:

- Members voiced support for the Strategy and the planned work to improve support to carers. Noting that the focus was on informal, unpaid carers, Members asked for this to be made clear in the Strategy document.
- The impact of Covid on carers, particularly with regard to their mental health, was acknowledged.
- Members highlighted the challenges inherent in reaching out to carers, many of whom did not recognise themselves as such. Effort was needed to identify those concerned (with the potential to extract information from existing data sets on related issues) and ensure information on available support was shared widely
- Effective methods were needed to measure progress arising from delivery of the Strategy and associated work and action plans

The Chairman thanked Clare Burrell and all concerned for their work, noting that the final Strategy would be reported to the Board in due course.

### **Resolved**

1. To note the development of the draft All-Age Carers Strategy, with feedback as set out in Minute 7 above.
2. To endorse the proposed six commitments to carers.
3. To receive the finalised Strategy at a future meeting of the Board

### **Action**

<b>Action</b>	<b>Lead / Comments</b>
10. Convey Board feedback to report authors	Democratic Services
11. Add finalised Strategy to the Forward Plan	"

### **8. Suicide Prevention Strategy (HWB/04/22)**

The Board received a report providing an update on progress made against the Suicide Prevention Programme, setting out how data analysis is informing work being undertaken and seeking the Board's continued support and advocacy for this important issue. The report was presented by Jane Gardner, Deputy Police, Fire and Crime Commissioner and recently-appointed Chair of the SET (Southend, Essex and Thurrock) Suicide Prevention Board.

In presenting the report, Ms Gardner commented on the importance of real-time suicide monitoring, noting that as this had now been in operation for almost a year, the data gathered would soon be of sufficient volume to allow meaningful analysis. The outcome would be reported to the Board in due course.

The Chairman commended the online Zero Suicide Alliance training and encouraged members to promote it within their respective organisations.

**Resolved:**

1. To note the appointment of Jane Gardner as Chair of the SET (Southend Essex and Thurrock) Prevention Board and the progress made around actions taken within the Suicide Prevention Programme of work.
2. To continue to fulfil an advocacy role in the organisations represented on the Board around Zero Suicide Alliance training.
3. To support the nomination of a Board Suicide Prevention Sponsor to champion the work of the programme in wider forums of strategic significance, inviting the Director of Wellbeing, Public Health and Communities to progress this once in post.
4. To receive a report on the Suicide Prevention Strategy at the July meeting of the Board and thereafter regular reviews on a timescale to be determined by the Suicide Prevention Board. Matters for report to include (i) training uptake reported across partnership organisations represented on the Essex Health and Wellbeing Board (as an indicator of partnership buy-in to the agenda) and (ii) sustainability plans beyond NHS England wave funding arrangements.

**Actions**

<b>Action</b>	<b>Lead / Comments</b>
12. Suicide Prevention Strategy to be reported to the July meeting of the Board	Jane Gardner Democratic Services to add to Forward Plan
13. Board Suicide Prevention Sponsor to be nominated	Director, Public Health

**9. Draft Learning Disabilities Mortality Review (LeDeR) Three-year Deliverables Plan (HWB/05/22)**

The Board received an update on progress with developing the three-year action plan following the outcome of the LeDeR (Learning and Disabilities Mortality Review) review. The report set out the draft proposals and invited Members' comments and suggestions. Responses outside the meeting were also welcome and should be communicated to Chris Martin ([chris.martin2@essex.gov.uk](mailto:chris.martin2@essex.gov.uk)) or Rebekah Bailie ([Rebekah.bailie@essex.gov.uk](mailto:Rebekah.bailie@essex.gov.uk)).

The report was **noted**.

**10. Anchor Network Update (HWB/06/22)**

The Board received an update on the progress of the Anchor Network across Essex, highlighting strengths and opportunities. In response to a question, Members were advised that anchor organisations were not limited to the public sector, and next steps for the Essex Network would include working out an approach to expansion into major private sector organisations. The Chairman commended liaison with Business in the Community as a useful way forward.

**11. Health and Wellbeing Board Forward Plan 2022-23**

The Board considered the Forward Plan and approved the addition of the following items, in addition to those requested during the meeting.

- Child and Adolescent Mental Health Services (CAMHS) - July
- East of England Ambulance Service – July
- EPUT Community Services Transformation Update – tbc
- Cost of Living Increase - likely implications for service demand and workforce and potential for a co-ordinated approach by the Board - tbc
- Finalised All-Age Carers Strategy (May)
- Suicide Prevention Strategy (July)

**Action****Action**

14. Add items to Forward Plan

**Lead / Comments**

Democratic Services

**12. Date of Next Meeting**

It was **noted** that the next meeting of the Board would take place on **Wednesday 18 May 2022 at 10.00am** in Committee Room 1 at County Hall, Chelmsford.

The meeting closed at 12.25pm

**Councillor John Spence**  
**Chairman**

**18 May 2022**

## ESSEX HEALTH AND WELLBEING BOARD

### Progress report on actions arising from previous meetings (as at 10 May 2022)

	Minute	Action By	Action Arising	Deadline	Progress/status (with reasons)
<b>15 September 2021</b>					
1.	4. Verbal Updates: Covid in Essex	Chairman (assisted by Maggie Pacini)	Circulate Covid update to partners, with consideration to be given to reintroducing regular circulation	25/03/22	<b>Complete</b> – weekly Covid briefings were reinstated
2.	4. Verbal Updates: Covid in Essex	Ralph Holloway	Circulate a note to Members on education arrangements and placements for children from Afghanistan who are in Essex	24/11/21	<b>Complete</b> – circulated on 12/04/22 with the minutes of the March meeting
3.	4. Verbal Updates: ICSs, HCP and EPUT	ICS/HCP/FT leads to provide to Maggie Pacini	ICSs/HCP and Foundation Trust to provide an update on hospital visiting procedures, for inclusion in the Covid update referred to in 2 above	25/03/22	<b>Not updated nor included in the Covid briefing</b>
4.	“	Democratic Services	Add items to the Forward Plan: • EPUT Community Services update • Cost of living increase impact	18/05/22	<b>Complete</b> (04/04/22)
5.	5. Role and Terms of Reference of the Essex Health and Wellbeing Board	Maggie Pacini	Terms of Reference to be amended as set out in the Resolution	18/05/22	<b>Complete</b> – ECC decision-in preparation
6.	“	Chairman's Office to liaise with Democratic Services	Chairman to agree final terms of reference for recommendation to Essex County Council in accordance with timescales required for ECC governance processes	18/05/22	<b>Complete</b> – ECC decision-in preparation
7.	6. Essex Health and Wellbeing Strategy	All Board Members	Consultation link to be circulated as widely as possible	25/03/22	<b>Complete</b>
8.	“	Lucy Wightman	Convene a group to take the Strategy forward and ensure it becomes a living document	18/05/22	<b>Update requested 9/5</b>

	Minute	Action By	Action Arising	Deadline	Progress/status (with reasons)
9.	7. Developing an All-age Carers Strategy	Democratic Services	Convey Board feedback to report authors	18/05/22	<b>Complete</b> (12/04/22)
10.	“	“	Add finalised Strategy to the Forward Plan	18/05/22	<b>Complete</b>
11.	8. Suicide Prevention Strategy	Jane Gardner / Democratic Services to add to Forward Plan	Suicide Prevention Strategy to be reported to the July meeting of the Board	20/07/22	<b>Complete</b> – added to Forward Plan
12.	“	Lucy Wightman	Board Suicide Prevention Sponsor to be nominated	18/05/22	<b>Update requested 9/5</b>
13.	Board Forward Plan	Democratic Services	Add additional items to the Forward Plan	18/05/22	<b>Complete</b>

<b>Report title: Update from Integrated Care Systems</b>	
<b>Report to:</b> Essex Health and Wellbeing Board	
<b>Report author:</b> Jo Cripps (Mid and South Essex ICS), Susannah Howard (Suffolk and North East Essex ICS), Peter Wightman (Herts and West Essex ICS)	
<b>Date:</b> 18 May 2022	<b>For:</b> Noting
<b>Enquiries to:</b> Jo Cripps, Mid and South Essex NHS Foundation Trust ( <a href="mailto:jocripps@nhs.net">jocripps@nhs.net</a> )	
<b>County Divisions affected:</b> N/A	

## 1 Purpose of Report

- 1.1 This report is provided to the Essex County Council Health and Wellbeing Board to provide a short written update on the activities of the three Integrated Care Systems that interact with ECC.

## 2 Recommendations

- 2.1 The Board is asked to note to update.

## 3 Updates from the Integrated Care Systems

Board members will be aware that the Health and Care Bill has now received Royal Assent meaning that integrated care systems will have statutory status as of 1 July.

### Hertfordshire & West Essex ICS

- **Integrated Care Board** We have completed the recruitment process for Four Designate Non-Executive Director appointments; the Designate statutory Executive posts of Chief Finance Officer, Medical Director, Chief Nursing Officer and the other 4 Designate Board Executive roles – Director of Primary Care, Director of Strategy, Director of Performance and Director of Operations; also chief of staff and chief people officer.
- **Transition assurance:** the ICS continues its assurance processes with NHS England regarding the Readiness to Operate process and System Development Plan. HWE has received a positive assessment and is well placed to meet the requirements to commence on 1 July 2022.
- Colleagues across Essex CC, Herts. CC and HWE ICS have been working together to develop plans for the **Integrated Care Partnership (ICP)** and a proposed approach will be presented at the shadow ICS Board on 16<sup>th</sup> May.

- **Levelling Up in Harlow:** West Essex area has begun work as part of a national development programme for place-based working. The partnership has selected the Harlow population as the basis for the pilot to bring together all partners to improve outcomes. A Harlow levelling up information pack has been prepared, led by colleagues at ECC to define the key assets and opportunities. ECC, CCG and Harlow district council colleagues have formed a Harlow levelling up steering group to develop short- and long-term direction for the Levelling Up agenda.

### **Mid & South Essex ICS**

- Preparations for the statutory ICS continue. The three non-executive members have now been appointed to the MSE integrated care board and partner member appointments are now underway. Once these board positions are filled, the ICB will hold induction sessions with the new Board before its first meeting on 1 July.
- Arrangements for the integrated care partnership continue to be discussed between the Chair designate and the three upper tier local authority health and wellbeing board chairs. We are mindful that there may be some change in health and wellbeing chair roles due to local elections in Southend and Thurrock. The ICP will need to develop an integrated care strategy for the population of MSE, with an indicative timeline of December 2022.
- The ICS held a workshop on 26 April, led by the three directors of public health to help the ICS develop ways of measuring progress towards its ambitions to reduce health inequality, support health and wellbeing, bring care closer to home and transform and improve our services. The event demonstrated the alignment in thinking across the ICS and the joint health and wellbeing strategies of our three upper tier Local Authorities, and helped partners to think through short-, medium-, and long-term actions and ambitions that we could work on together through the ICP.
- The ICS has commissioned Healthwatch Essex to run a research project to inform our engagement strategy for the new ICS. The research will culminate in a report for the ICS that will enable us to consider how best to form and deliver our people and communities strategy.
- The ICS will be running two summits to enable us to take stock of our current operational pressure arrangements and consider the improvements required and innovative methods we may utilise to manage forthcoming surges in demand for services. These will be multi-agency events, involving Partnership Board members as well as operational leads.
- Preparations continue for a virtual event to launch the ICS, taking place on 28-30 June. The aim of the event is to celebrate our work in partnership thus far, and showcase the work that all of our partners are undertaking to support our residents, based around our partnership ambitions to: reduce health inequalities; create opportunities; support health and wellbeing; bring care closer to home; and transform and improve our services.

### **Suffolk & North East Essex ICS**

- Suffolk and North East Essex ICS is in a good position to implement the new arrangements in the Health and Care Bill. We have shared a draft overall ICS

Design Framework which we are continuing to use to engage all stakeholders in how we will continue to work together across the NHS, Local Government and VCSE sector as a statutory ICS. Healthwatch in both Essex and Suffolk are leading on engaging the public in relation to transition to new arrangements.

- NHS England fed back positively following an assurance process on plans to transfer from our CCGs to the new NHS Integrated Care Board (ICB). The three new Non-Executive Members (NEMs) of the NHS ICB are currently undertaking induction and getting to know stakeholders across the system.
- Cllr. Spence, Essex County Council, Cllr. Reid, Suffolk County Council and Professor Will Pope, Chair of the NHS ICB have been working with Susannah Howard as ICP Director (Designate) to develop plans for the Integrated Care Partnership (ICP). An initial draft constitution has been shared with stakeholders and will be discussed at the ICS Board on 13<sup>th</sup> May.
- The ICS will mark the first date for the new statutory system with an inclusive event for all stakeholders '*Can Do Health and Care Expo2022*' which will take place on Friday 1 July 2022 at Newmarket Racecourse. The event will include keynote speakers, exhibition zones, workshops and demonstrations and the first formal meetings of the new statutory mechanisms in the system.
- Recruitment is underway for a Chair for the SNEE ICS VCSE Assembly. The ICS VCSE Design Panel are also currently leading two projects to review the VCSE Workforce and also next steps for the VCSE Resilience Charter.
- The ICS has launched its ICS Film Competition for 2022 on the theme of '*Walk the Talk*' seeking entries from people across Suffolk and North East Essex sharing their lived experience through the media of film.
- The series of '*Thinking Differently Together*' online events has continued with a event in April attended by around 170 people looking at the use of population health management particularly in primary care. The next event on 18 May will consider the question "*What will it take to create a genuinely equal, diverse and inclusive workforce in health and care?*"
- We have recently submitted the first-year report on our '*Community Ambition*' programme to NHS Charities Together sharing the achievements and experiences of the grass roots organisations funded through the programme.



<b>Report title: Update from Essex Social Care</b>	
<b>Report to:</b> Essex Health and Wellbeing Board	
<b>Report author:</b> Nick Presmeg	
<b>Date:</b> 18 <sup>th</sup> May 2022	<b>For:</b> Noting
<b>Enquiries to:</b> Nick Presmeg	
<b>County Divisions affected:</b> All Essex	

## 1 Purpose of Report

1.1 This report is provided to the Essex County Council Health and Wellbeing Board to provide a short written update on Social Care in Essex.

## 2 Recommendations

2.1 The Board is asked to note to update.

## 3. Update on Essex Social Care

Essex social care is operating at LAPEL 3 (local authority pressures escalation level), which means we continue to face significant operational challenges. Key operational pressure points include a high number of safeguarding concerns coming to the Council to look into; operational backlogs of reviews; and ongoing challenges in the sourcing of home care capacity within the market. There has, however, been some improvement such as a reduction in care home outbreaks and greater workforce availability as covid cases continue to fall.

A new All-Age Carers Strategy has been produced following consultation and is being published in May 2022.

Work is underway on a Market Shaping Strategy and a fair cost of care exercise, a significant piece of work that is expected to conclude in the autumn.

The recent passing of the Health and Care Act means that there is a significant amount of change that adult social care in Essex (as elsewhere) needs to prepare for, including:

1. The establishment of new statutory integrated care systems from July 2022
2. The introduction of a new inspection regime for local authorities in respect of our adult social care duties (expected to start from April 2023); and
3. The introduction of major reforms to social care charging and new duties towards private funders (expected to start from October 2023)

The Government is also consulting on proposed changes to the Mental Capacity Act 2005 Code of Practice and implementation of the Liberty Protection Safeguards, which the Council needs to prepare for.

<b>Report title:</b> Essex All-age Carers Strategy	
<b>Report to:</b> Essex Health and Wellbeing Board	
<b>Report authors:</b> Clare Burrell, Head of Strategic Commissioning and Policy	
<b>Date:</b> 18 May 2022	<b>For:</b> Consideration
<b>Enquiries to:</b> Clare Burrell ( <a href="mailto:clare.burrell@essex.gov.uk">clare.burrell@essex.gov.uk</a> )	
<b>County Divisions affected:</b> All Essex	

## 1 Purpose of Report

- 1.1 To receive the final version of the Essex All-age Carers Strategy, attached as an appendix to this report.

Members are asked to consider the report in advance of the meeting, at which time will be allocated for dealing with urgent issues or questions only.

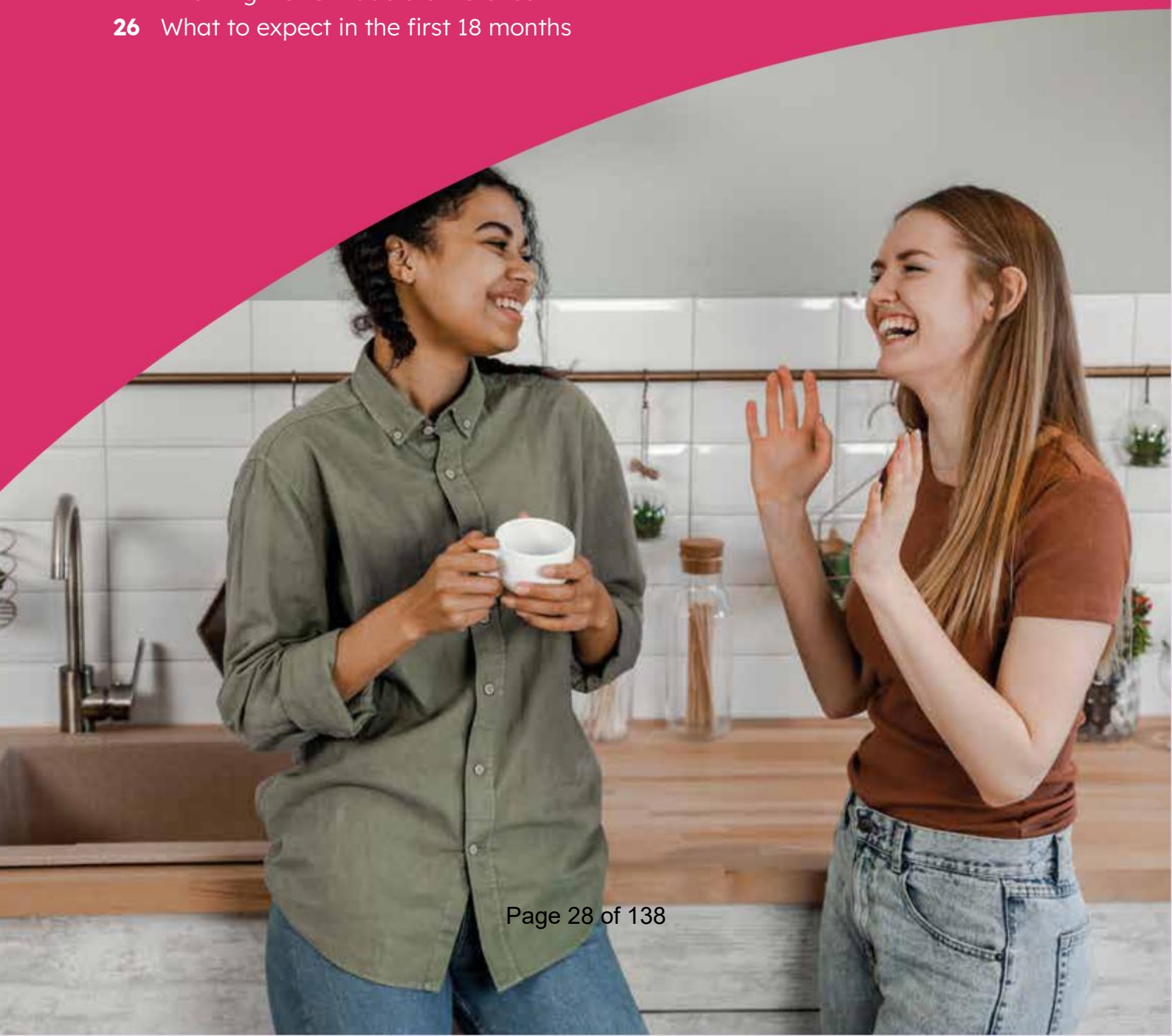


# All-Age Carers Strategy 2022



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## Foreword

Whether you are an adult supporting a friend or loved one, a parent looking after a child who has additional needs, or a young person who spends a lot of time looking after members of your family, we are committed to ensuring your own needs are looked after.

We have worked closely with you in the development of this strategy. You have told us that, despite the demands caring for someone can have on your own lives, it is a privilege to be caring for someone you love and care about. Our job is to help you to do that by ensuring that, when you need a little bit of help to look after your own interests and needs, that help is at hand.

This All-Age Carers Strategy sets out **six commitments**, informed by you, that outline how we aim to give you the support you need when you need it; promote the inspirational care you give; and promote your rights as an unpaid carer. We look forward to working alongside you, and the other organisations with whom you come into contact, to ensure the commitments turn into actions that make a real difference to you, and in turn to those for whom you care.



**Cllr John Spence**  
Cabinet Member  
for Adult Social Care  
and Health



**Cllr Louise McKinlay**  
Deputy Leader and  
Cabinet Member for  
Community, Equality,  
Partnerships and  
Performance



**Cllr Beverley Egan**  
Cabinet Member  
for Children's Services  
and Early Years



**Cllr Tony Ball**  
Cabinet Member for  
Education Excellence,  
Lifelong Learning and  
Employability

## Introduction

This strategy has been developed to ensure **we support you** if you spend time looking after someone else and it has an impact on your personal wellbeing. You might be a child, young person or adult. You could be looking after someone who is a family member, partner or friend, and you might be providing that support because of their illness, long-term health conditions, frailty, physical or learning disability, mental health or an addiction, and because they cannot cope without your support. You may also be in receipt of Carers Allowance and could be receiving care yourself.

Taking on a caring role can come about unexpectedly or can develop gradually over time, and we know that the support you give is unpaid, underestimated and often undervalued because of the lack of formal recognition of the contributions your unpaid caring makes to society.


**“13.6 million** unpaid carers in the UK”

In 2020, Carers UK estimated that there are around 13.6 million unpaid carers in the UK, 4.5 million of whom became unpaid carers during 2020 as a result of the pandemic. It is estimated that this unpaid care contributes £193 billion annually to the national economy, outstripping the total value of the National Health Service.



It is likely that every one of us will have caring responsibilities at some time in our lives and the challenges can be multifaceted. Juggling caring responsibilities with education, work, and other family commitments means your own health, relationships and finances can be adversely affected, and your own personal needs can often go unmet.

Adopting the role of an unpaid carer often isn't a choice and whilst looking after someone else can be rewarding, it can also be challenging, and you may find yourself putting your own life on hold to provide care and support for someone close to you. Many of you won't associate or identify with the term 'carer' and most of you won't seek help until you are facing a crisis.



“Looking after someone else can be **rewarding**, it can also be **challenging**”

The challenge for the council and all our partners is to create a supportive culture so, when necessary, you are confident and comfortable to get the information, advice, guidance and support you need to be your healthy, happy and fulfilled self.

This All-Age Carers Strategy has been developed from insights gathered with you. We value the fact you are all unique individuals in your own right, but you do have one thing in common, and that is spending some of your time looking after someone else without pay, and so for ease of reference and the purpose of this strategy we will be using the collective term 'carers'.

## Our duties to unpaid carers

Your rights as a carer are driven by law which outlines the way in which the council and other organisations such as for example, the National Health Service, employers and schools should support you.

“Your rights as a carer  
are **driven by law**”

The **Care Act 2014** sets out the responsibilities that Essex County Council (ECC) has for adult carers. We have a duty to offer you an assessment of your unpaid caring role and provide you with the financial and practical support you might need. You can be an adult carer if you are over 18 and care for another adult such as a spouse, parent, partner, friend, neighbour, relative or adult child. However, you might also have caring responsibilities for different generations such as children and parents and/or you may even be receiving some care for yourself.

The **Children and Families Act 2014** sets out the responsibilities of Essex County Council to assess parent carers of disabled children under 18. You are a parent carer if you are spending more time caring than would normally be expected in a parenting role. This act also sets out the responsibilities for Essex County Council to carry out an assessment if you are an under 18 young carer who looks after another person; this could be one of your siblings and/or parents. The assessment will look at the impact caring for someone else has on you, and if this is appropriate for you to be doing that and what support you might need.

There are a range of other Acts that protect carers, including the **Human Rights Act 1998**, the **2010 Equality Act** and in particular the **Work and Families Act 2006** which gives unpaid carers the right to request flexible working and the right to take unpaid time off during emergencies without affecting your employment.

The council cannot deliver these duties alone and the law says that each partner of the council must co-operate generally to improve outcomes for unpaid carers. The National Health Service is a particularly important partner of the council and we will work closely with colleagues in the newly established Integrated Care Systems and Alliances in Essex to ensure we deliver the best outcomes possible for you.

## National and local policies that underpin and support this carers strategy



## Carers matter in Essex

In addition to carrying out our lawful duties, there is more we want to do for carers in Essex. One of the council commitments to residents set out in our Everyone's Essex plan states that we will **“help 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 enable wellbeing and independence by targeting it to those who need it most”** (Everyone's Essex)

In order to do this, all the organisations that support you, for example health, social care, schools, colleges, voluntary sector organisations and others have promised to work together to ensure we understand your personal needs. Then we can provide good information, advice and guidance, and when necessary, support early into your caring role and prevent your need to access specialist services.

We have a few meetings that bring organisations around the table to work on key priority issues together. Whilst they are important to making sure we can make the improvements needed we cannot do this without you, as you are the experts in your own lives. This is why it has been so important to us to develop this strategy and the 6 commitments by listening to you and why you will be at the centre of those groups able to hold us to account for what we have committed to do.

“Carers need to be at the **heart** of strategies and programmes”



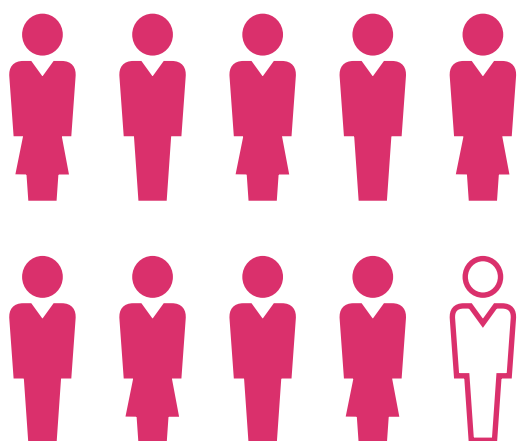
## The system that supports Essex carers



## The Essex picture

The UK Census data for 2011 identified the number of adults providing **unpaid care in Essex was 146,211**. However, in 2015 Carers UK said in its 'Valuing Carers' report that it estimates there are now probably 153,926 of you in Essex.

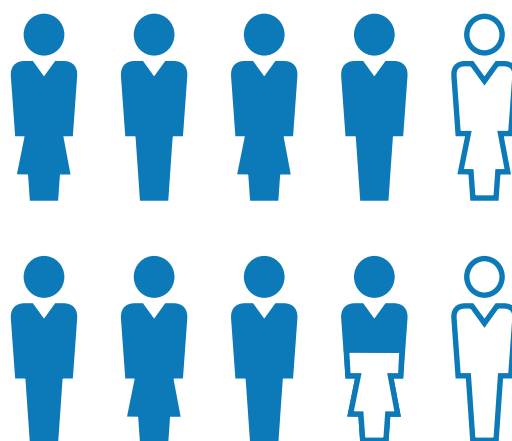
Nationally the estimate of **young carers in the UK is 1 in 12**; that equates to an average of 2 children or young people in every classroom across the country. It is estimated there are more than 10,000 of you in Essex who are under 18 and providing care to a family member.



Estimated approx 11%

● **153,926 carers**

○ **17,184 known carers**



Estimated approx 25%

● **10,000 young carers**

○ **2,570 known young carers**

Given that many of you would not identify with a formal 'carer' label, it is inevitable that the numbers in Essex are much higher than those reported. In fact, it can take an average of two years for people to acknowledge they are in a caring role. Young carers in particular remain hidden for several reasons, including your loyalty to family, fear of stigma and bullying, and not knowing who to turn to or where to go for support.

We are also aware that data recording and reporting is not as robust as it should be, and we recognise the challenge across the system and aim to make improvements over the lifespan of this strategy.

## Our progress since 2014

The previous **Carers Strategy (2015-2020)** has delivered some positive outcomes for carers in Essex.

**2015**

The Care Act 2014 requirements implemented across ECC Social Care

- **3593 Adult Social Care carer assessments and 1342 reviews carried out**

Supporting Carers in Essex (a consortium of local organisations) delivered support between 2015 and 2018

- **9,489 carers supported**

**2016**

Living Well website as a source of information for carers launched

- **14,732 page views**

GP Practices in Castle Point and Rochford carried out activity to include carers on registers and health checks for carers undertaken

- **3190 Adult Social Care carer assessments and 1603 reviews carried out**

**2017**

- **2396 Adult Social Care carer assessments and 1655 reviews carried out**

- **60 young carer assessments carried out**

**2018**

Commissioned organisations to provide telephone and face to face support and to run peer support groups

- **7,479 carers supported**

Essex County Youth Service launched the new key worker model of care for young carers

- **2387 Adult Social Care carer assessments and 1751 reviews carried out**
- **133 young carer assessments carried out**

**2019**

Integrated pathways and better information and support for carers of those with dementia delivered across Mid Essex CCG with voluntary sector partners

- **3 Grants awarded**
- **2206 Adult Social Care carer assessments and 1649 reviews carried out**
- **860 young carer assessments carried out**

**2020**

- **1703 Adult Social Care carer assessments and 1403 reviews carried out**
- **760 young carer assessments carried out**

**2021**

Commissioned counselling for carers pilot

- **151 carers supported via 907 individual sessions**

Commissioned wrap around support and short breaks pilot

- **740 carers supported**
- **1709 Adult Social Care carer assessments and 1112 reviews carried out**
- **757 young carer assessments carried out**

**On-going**

Carers Emergency Planning continues to provide support for carers who have access to support should a crisis occur

- **3390 plans completed and 2-3 plan activations per month**

Progress with delivering the last strategy was impeded by the global pandemic and there is still a long way to go to do better. Many of our plans were not implemented well enough for the benefits to be felt by most of you. As we emerged from the height of the pandemic, we revisited you to hear about your lived experiences to understand how life has, if at all, changed and identify what more we need to do with you and for you.

## What you told us

**570 adult carers** and **92 young carers** have shared views with us about their lived experiences.

### Challenges

Adjusting to the role of carer and finding you have less time for yourself is seen as a big challenge, with the majority of adults spending more than 50 hours per week caring for someone and the majority of children and young people spending anything from 5 to 11 hours per week looking after parents/siblings.



“As carers we are **forgotten** about quite often”

Being tired, feeling isolated, feeling guilty and poor emotional wellbeing were common themes for you all. Most of you feel that others don't understand the responsibilities and pressures of caring. Many of you, in particular young carers, reported that even when you are at school or work you are worrying about the person you care for and that not being able to have friends home or missing out on social events has an impact on your lives. You are calling for more support from our doctors, improvement in social care assessments and reviews, and employers recognising your rights as carers.

## Positives

Despite all the challenges, concerns and impacts, those of you we have spoken with are positive about the amount of time you spend with those you care for. Examples include partners/spouses feel reassured that they are safe and well looked after; those caring for their parents feel positive to be able to pay back the support they have received; and parents caring for your children value seeing them grow and develop. Those young carers amongst you have told us that you feel positive about your caring role knowing that you are spending time with the person you care for and helping them.

“I enjoy being able to give my mum a safe loving space to be, where she is **content**”



## What makes the difference

Those of you who have engaged with us know what makes the difference for you; this includes having people to talk to and the support of others such as friends, family, peers, yet you also value speaking to people in similar situations.



“Having **time to myself** and going to my local yoga group”

Finding hobbies, going out for exercise and organised social activities are also valued and you said that having the opportunity to have a break to recover and relax and look after your own needs and interests is important.

You also said that interventions from voluntary sector organisations that understand your needs is valued and the information advice and guidance, along with specific services, such as counselling, are considered vital to your wellbeing.

Having supportive employers that encourage flexible hours, home working and time off when needed is important to you, and for those of you that are young carers you have said that the understanding and support from teachers at your schools and colleges is valued.

## Looking to the future

Many of you have said that you are still telling us the same things and that very little has changed or is making a difference to you in your caring role. We have been challenged, quite rightly, to make improvements where you will feel the positive impact.

The following Carers' Outcomes Framework developed as a result of feedback illustrates these changes and the improved outcomes for carers.

“People disappear into the ether, and you end up **repeating your story** over and over again”



## Carers' outcomes framework

### Outcomes for carers

Physically healthy and safe

Emotionally healthy and happy

Connected to people and the community

Financial wellbeing

Stable and resilient

- ✓ You will feel empowered
- ✓ You will have increased confidence and good self-esteem
- ✓ You will have good health, mental wellbeing and feel safe
- ✓ You will feel cared for and respected
- ✓ You will have time for yourself to do what you choose to
- ✓ You will know about your rights and entitlements
- ✓ You will know about the conditions of those you care for
- ✓ You will know what is available for you and those you care for
- ✓ You will have improved educational and employment outcomes

### The 5 A's of impacts for you

- ✓ Be able to **Adopt** the role of carer
- ✓ Be happy to **Accept** the value of identifying as a carer
- ✓ Be able to **Adapt** to your circumstances
- ✓ Be **Alert** to your rights
- ✓ Be able to **Adjust** to change through transitions

**Having identified these outcomes, we have developed the following 6 commitments with you. By delivering these outcomes you can expect to maintain your independence, your quality of life and exercise choice and control in your role as a carer.**

## 6 commitments to Essex carers

1



“There is some assistance available but it’s **very difficult** to get hold of”

Carers can **easily access the information, advice, guidance and support** when they need it and early into their caring role. We will ensure carers know how to access the right information, advice, guidance, and support at the right time, in the right place for their specific circumstances and needs.

We are doing this because you said you do not always know what is available or how to access support, information, advice and guidance, and where to access it.

### Our plan is to:

- **Address any gaps** in our early help offer to you by ensuring that relevant information, advice, guidance and support is available in a timely and accessible way
- **Improve pathways** to formal assessment should you need one so that you get the benefit of all the support you are entitled to
- **Work with our partners**, including health, education and voluntary and community sector organisations to build on existing, and develop more support networks for you in your local communities
- **Publicise what is available** to you in effective ways and in clear and accessible language

2



“I still need someone who is going to **fight my corner**”

**Develop professional practice and processes** to improve identification and support to carers. We will work with partners, commissioned services and community organisations to ensure people who are caring for others have access to support and/or assessment and are subsequently supported effectively by those who are there to help them in their caring role.

We are doing this because you have told us that the current system can be improved by increasing the skills of professionals and by working with a more joined up approach for early identification and tailored support just for you.

### Our plan is to:

- **Work in partnership** to identify where we can improve professional knowledge, skills and confidence to enable those working with you to recognise you are carrying out a caring role
- Work with those professionals to embed '**Think Carers**' and make '**Every Contact Count**', so they can work with you to identify your needs, point you in the right direction for help and if you agree provide and in-depth assessment to access further help
- **Review our carers'** formal assessment and recording processes to capture good information that helps us plan the right information, advice, guidance, and support for you

3



“The **transition** from young carer to adult carer was absolutely terrifying”

**Improve transitions for carers** as they move through specific phases or life events in their caring role. We will improve support for carers at specific transition points in their caring journey, whether for young carers who become adult carers, as significant life events occur, or at the end of someone’s caring role.

We are doing this because you have told us that there are important times in your lives that can be challenging, and additional tailored support would be valuable in making life easier for you.

### **Our plan is to:**

- **Work with you** to better understand what support is needed through transition and change, so that support can be tailored and targeted for you
- **Work with young carers** to co-produce appropriate transition resources and tools to prepare them for life as an adult carer
- **Provide meaningful contact and support** to those of you coming to the end of your caring role or who have recently come to the end of caring for someone

4



**“I need support**  
to get things done...  
assessments kept up  
to date... what was  
right for us 2 years  
ago isn’t now”

**Carers will have increased opportunity to access good quality support,** including opportunities for breaks to maintain their own wellbeing and those they care for. We will work with our partners and communities to create opportunities for carers to have breaks from their caring responsibilities.

We are doing this because you have told us you are unable to, or have difficulty in accessing, a regular break from caring, and this is impacting on your physical and emotional wellbeing.

### **Our plan is to:**

- Work with you to **design good quality support**, including networks of peer support and advocacy in and across communities
- Work with you to **understand better** what a good opportunity for a break should be and develop a menu of opportunity with you
- **Work with our partners**, including the voluntary and community sector, to maximise access to existing clubs, activities, and groups so that you know where they are and how to access them either for yourselves or the person you care for

5



“I’m 22 years old, I’ve got a baby on the way, but I’m still a carer and still got **responsibilities**”

**Carers’ needs and rights will be understood and recognised** across Essex communities. We will raise the profile of carers and their needs across Essex communities including educational establishments, employers, professionals, and the public.

We are doing this because you have told us of a lack of awareness, recognition and understanding of the vital role carers play in society, and that this can have a detrimental effect on you.

### Our plan is to:

- **Maintain and continue to develop links** with schools, colleges, health, employers, local voluntary organisations and residents to raise carer awareness and support for you
- Develop and deliver an **awareness training programme** so that the value and needs of carers are recognised and supported with compassion
- Design, promote and **support schemes** that raise carers’ awareness and recognition for the important role you play in society

6



“I know some carers that **haven’t been heard** and haven’t been listened to”

**Carers will be the experts that influence, shape and be involved** in the decisions that are intended to improve their support and wellbeing. We will put carers at the heart of developments, design and decision making on the things that are intended to support them in their role.

We are doing this because you have told us that things need to improve, and that you are the experts who can help us as professionals to do the right thing for you.

### Our plan is to:

- **Stay connected** with you and continue to build our understanding of your lived experiences as we deliver the 6 commitments together
- Work with you to **co-produce the action plans** that will deliver the 6 commitments together
- Support you to be involved in the decisions that will **deliver the 6 commitments**

Through working in partnership across the system, we will work alongside you to turn these commitments into detailed action plans for which your partnership board will have oversight and assurance that these plans are being delivered.

## Knowing we've made a difference

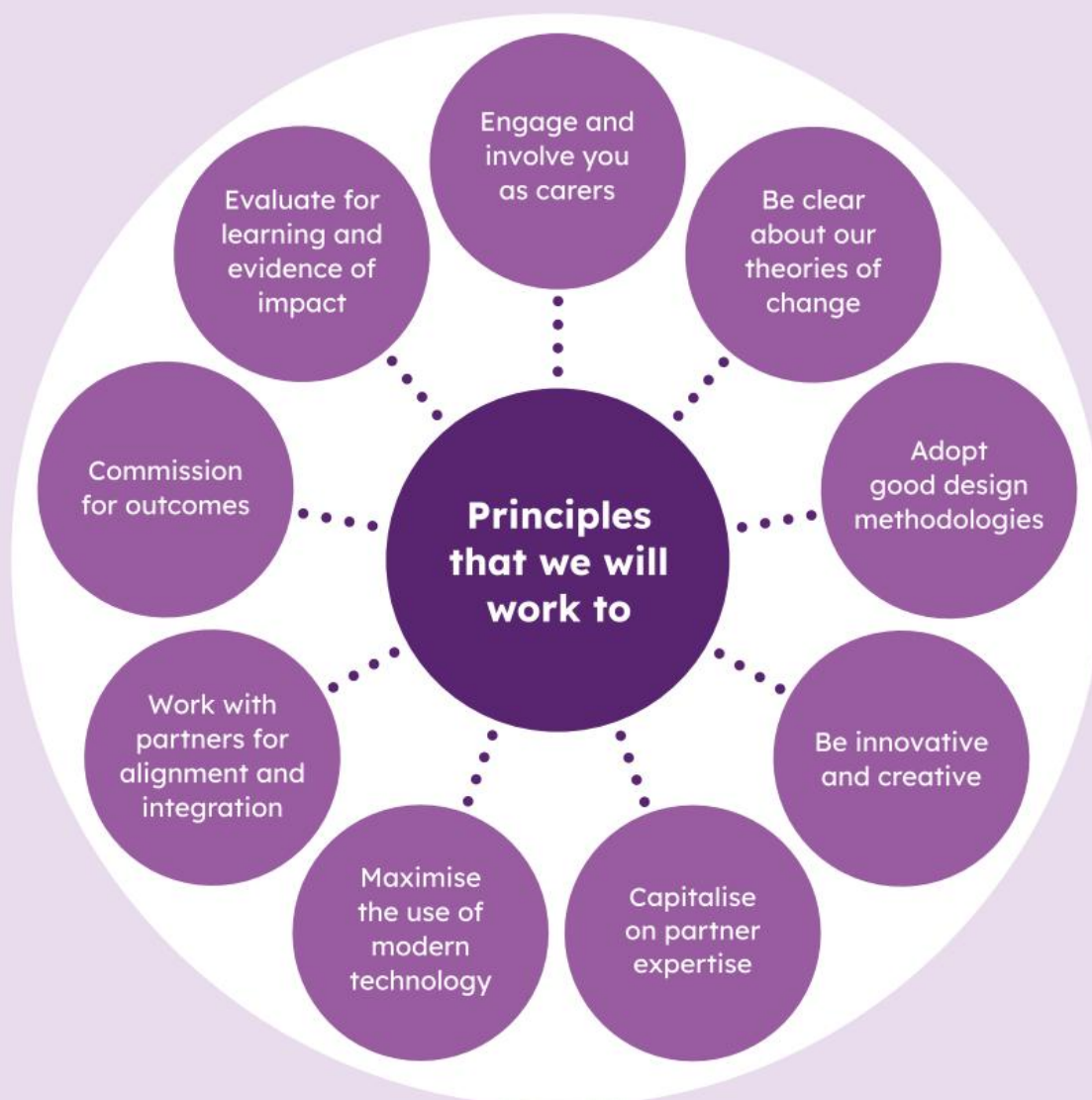
We have a duty to you, our partners, to central government and ourselves to measure and report on the difference we are making for you as carers.

We will be using a range of methods and tools to collect important data and information that helps us evidence our progress in delivering the 6 commitments that will produce the desired outcomes. This includes for example; national and local surveys, adult social care and health data, feedback and case studies. This information will be organised to help us evidence:

- What we have done
- How much we have done
- How well we have done it
- How many of you as carers are better off because of what we have done
- What change there has been for you



We have a clear set of principles that will enable us to deliver our plans in the best way we can with you and our partners and those are to:



There is much to do over the coming 4 years. Not everything will happen at once and while there will be some quick wins along the way, big change will take longer and will only happen with everyone working together to make the change you as our valued Essex carers deserve.

We could not have developed this strategy without you, and we are now calling on you to be involved in its delivery and supporting positive change for carers in Essex. Please email us at **[essex.carers@essex.gov.uk](mailto:essex.carers@essex.gov.uk)** to find out about a range of ways to get involved.

## What to expect in the first 18 months

May  
2022

**Launch Strategy**

May  
2022

Inaugural Carers Partnership Board and Programme **delivery starts**

June  
2022

**Commence development** of carers' voices vehicles and methods for engagement

July  
2022

**Finalise detailed commitment** action plans with delivery times

July  
2022

**Commence commissioning** of the core Essex carers offer

Sept  
2022

**First quarterly reporting** to Carers Partnership Board on workplans

Mar  
2023

**First annual strategy progress report** to the Carers Partnership Board

Sept  
2023

**New Essex Carers** core offer commences

This information is issued by: Essex County Council  
Adult Social Care and Children and Families

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Essex, CM1 1QH

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<b>Report title: Leading Greater Essex (LGE) - System Challenges</b>	
<b>Report to:</b> Essex Health and Wellbeing Board	
<b>Report authors:</b> Shammi Jalota, Head of Profession, Equalities and Partnerships	
<b>Date:</b> 18 May 2022	<b>For:</b> Consideration
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<b>County Divisions affected:</b> All Essex	

## 1 Purpose of Report

- 1.1 The report attached as an Appendix was presented and agreed by Essex Partners in March/April of this year.
- 1.2 Members are asked to consider the report in advance of the meeting, at which time will be allocated for dealing with urgent issues or questions only.

**Title: Leading Greater Essex (LGE) System Challenges 2022**
**Author: Shammi Jalota**
**1. Recommendation:** Essex Partners (EP) is being asked to:

- a) Agree the ten system challenges set out in the accompanying table, at Appendix 1.
- b) Acknowledge the commitment from system sponsors for their part in driving LGE for 2022 and supporting the development of future leaders.
- c) Request an update on the progress of participants against these System Challenges at a future meeting.

**2. Context**

1. At the 22 February meeting of Essex Partners, Partners discussed the emerging System Challenges being proposed for the 2022 Leading Greater Essex (LGE) cohort and were asked to propose specific challenges.
2. The purpose of the system challenges is to ensure that individual participants apply their learning about system change – immersing themselves in a range of complex public policy challenges. They will be working in cross-sector teams to enable concepts and tools shared in the programme to be put into practice. The challenges provide an opportunity for participants to work with other people from different parts of the system to look at an issue that one organisation alone cannot resolve in isolation.
3. The expectations of the cohort teams working on the challenges isn't to solve the issues, but to focus on what they are both learning and offering as a response to the challenges in question.
4. Over recent weeks partners have responded positively to the opportunity to shape the System Challenges for the LGE cohort with outline challenges submitted from a range of organisations.
5. Each System Challenge requires a dedicated sponsor who will act as a key point of reference for the Action Learning Sets, setting the initial context for participants and forming part of the audience for the presentation of the groups thinking around the challenges, at the end of the LGE programme.
6. To support the development of the System Challenges for 2022 a framework was created that aided Challenge Sponsors in developing a good problem statement. Something that will provoke the right type of system thinking within a real-life context. The application of this framework has supported the challenges shared in this report.

### 3. Proposed LGE System Challenges

In total there are nine, primary System Challenges with a tenth held in reserve should group size require it.

Essex Partners previously agreed that this year's System Challenges would be linked to Levelling-Up Essex. In terms of Levelling Up<sup>1</sup> we mean: - ***'everyone should have the opportunity to succeed in life and fulfil their potential; and that all places and communities should be able to share this'***.

All nine of the System Challenges set out at Appendix 1 seek to support the collective ambition to Level Up Essex through a series of different, themed approaches.

#### A list of System Challenges for 2022 (more detail set out at Appendix 1)

1. How do we create how a long-term, system-wide approach to road safety makes Essex a safer place to live, work and travel for everyone?
2. How can we create a talent pool for Essex?
3. How can we improve health and care outcomes for Veterans across Mid and South Essex?
4. How are the Levelling Up projects going to be measured to ensure success across Greater Essex and what does success look like?
5. How could we create a long-term, system-wide approach to addressing health inequalities in our coastal communities?
6. How can anchor institutions support SMEs in their supply chain to transition to a low carbon economy and take advantage of opportunities in green growth.
7. How can anchor institutions raise awareness and embed climate action across their staff.
8. How can we better identify and mobilise the skills and capacity within the voluntary and community sector in support of crime prevention across Essex?
9. In what ways can we better listen to voices and harness community assets across North East Essex (NEE) in order to improve engagement and create a shared vision for Neighbourhoods with providers and citizens?
10. How can anchor institutions use their estates to support green infrastructure and make their buildings more resilient to climate stress such as flooding, overheating and water scarcity.

### 4. Process and next steps

Following agreement by Essex Partners, work will be undertaken with Challenge Sponsors to establish more detailed context and background to the proposed system challenges.

A Challenge Sponsor event will take place in April bringing together the LGE participants with system sponsors. This session provides an opportunity for Sponsors to present their challenges and for groups to ask questions and to better understand the local, County and National drivers behind their respective Challenges, before they begin to work on them.

### 3 Next Steps

Work around the System Challenges will commence in May through to the end of the programme in November 2022.

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<sup>1</sup> Page 5, Essex White Paper- Levelling Up [Essex White Paper- Levelling-up White Paper](#)

**Appendix 1 - Leading Greater  
LGE 2022 System Challenges**

	Sponsor	Challenge
1	<p><b>Sponsor</b> Rick Hylton, Chief Fire Officer / Chief Executive. Essex County Fire and Rescue Service</p> <p><b>Support Officers</b> Andrea MacAlister, Road and Water Safety Manager – Prevention, <a href="mailto:andrea.macAlister@essex-fire.gov.uk">andrea.macAlister@essex-fire.gov.uk</a></p> <p>Nicola Foster, Group Manager Road Safety Chairman of Safer Essex Roads Partnership, <a href="mailto:nicola.foster@essexhighways.org">nicola.foster@essexhighways.org</a></p>	<p><u>Challenge</u> <b>How do we create how a long-term, system-wide approach to road safety makes Essex a safer place to live, work and travel for everyone?</b></p> <p><u>Context</u> Globally, road traffic crashes cause nearly 1.3 million preventable deaths and an estimated 50 million injuries each year – making it the leading killer of children and young people worldwide. Vision Zero and the safe system approach rejects business as usual and calls on stakeholders to take a new path – one that prioritises and implements an integrated ‘Safe System’ approach that squarely positions road safety as a key driver of sustainable development. It also calls for actions that help the target of a 50% reduction in the number of road traffic deaths and serious injuries by 2030, with an aspirational target of zero road deaths by 2040.</p> <p>The Safer Essex Roads Partnership (SERP) comprises Essex County Council, Southend-on-Sea Borough Council, Thurrock Council, Essex Police, Essex Fire and Rescue Service, Highways England and Essex and Herts Air Ambulance Trust, East of England Ambulance Trust and The Safer Roads Foundation. We are a single mission organisation with a strategic aim to reduce road death and injury in Essex.</p> <p>We have a partnership programme of work in place. The work supports and complements a range of plans, including the Essex Police and Crime Plan (extension 2020-21), the Fire and Rescue Plan, and ECC’s Safer, Greener, Healthier campaign. This challenge will offer candidates the opportunity to contribute to a workstream which has environment, economical and health outcomes for the residents of Essex.</p>

2	<p><b>Sponsor</b>            Danny Hariram, Chief People Officer in MSEFT.  <a href="mailto:danny.hariram@nhs.net">danny.hariram@nhs.net</a></p> <p>Mid/South Essex Foundation Trust</p>	<p><u>Challenge</u>  <b>How can we create a talent pool for Essex?</b></p> <p><u>Context</u>            Essex as a place to live and work is being promoted through Everyone's Essex and other campaigns being run by ECC. This aims to level up and attract individuals and businesses to come and work in Essex. Mid and South Essex Foundation Trust (MSEFT) and other partners in health and care continue to compete for employees with London, Cambridge, and other places across the country. The offer the health and care sector can offer future employees could be enhanced by linking it in with the Essex offer. Also, various organisations are developing their own talent pools for current and future workforce.</p> <p>The ask for this project group would be to look at:</p> <ol style="list-style-type: none"> <li>1. The current 'Essex offer' and see if it is a rich offer for employees from health and care sector and identify gaps that could be developed?</li> <li>2. Work with various system partners to understand how to develop a talent pool for Essex once we attract people to Essex health and care employers. This could be for wider public sector depending on how we can differentiate ourselves from other regions.</li> </ol>
3	<p><b>Sponsor</b>            Charlotte Williams, Chief Strategy and Improvement Officer, MSEFT  <a href="mailto:Charlotte.williams31@nhs.net">Charlotte.williams31@nhs.net</a></p> <p>Mid/South Essex Foundation Trust</p>	<p><u>Challenge</u>  <b>How can we improve health and care outcomes for Veterans across Mid and South Essex?</b></p> <p><u>Context</u>            MSEFT has a programme of work reducing inequalities in care and using local assets to support communities that are disadvantaged due to various reasons.            The MOD estimate that the population of all veterans in Essex is 68,000. In Mid and South Essex, it is estimated that c17,000 veterans are males over the age of 80 and it is estimated that c18 admissions every day to Mid and South Essex Hospitals are for male veterans within this demographic. Despite these numbers, locally, less than 1% are registered or recorded by their GP as being veterans. If they are not identified across the health and care sector, they may not have access to dedicated resources available to them resulting in poorer outcomes.            Within Essex, we have assets like the Veterans and Families Institute (VFI) at Anglia Ruskin University. The ask of the project group is to identify how veteran's outcomes can be improved by identification and signposting across the broader veteran community both in the acute trusts, community service, using evidence from ARU and in collaboration with the charitable sector.</p>

4	<p><b>Sponsor</b> Anastasia Simpson, Assistant Director, Partnerships <a href="mailto:asimpson@tendringdc.gov.uk">asimpson@tendringdc.gov.uk</a> <a href="http://www.tendringdc.gov.uk">v.uk</a></p> <p>Tendring District Council</p>	<p><u>Challenge</u> <b>How are the Levelling Up projects going to be measured to ensure success across Greater Essex and what does success look like?</b></p> <p><u>Context</u> Essex is a relatively affluent county, it has a £40bn economy, low unemployment and nine out of ten schools are rated as either good or outstanding. But this doesn't tell the whole story:</p> <ul style="list-style-type: none"> <li>• more than 123,000 people in Essex, (including 40,000 children), live in areas that rank amongst the most deprived 20% in England. This is a figure that has doubled since 2007.</li> <li>• there is a 30% gap in GCSE attainment between Essex's most and least deprived areas.</li> <li>• there is a 7.5-year difference in male life expectancy between Essex most and least deprived areas.</li> <li>• partners are committed to tackling these issues and levelling-up the county. But the drivers of inequality are systemic and subject to a range of influences, and positive changes may not be seen for a long time.</li> </ul> <p>The ask of the project group therefore, is to identify how can we measure progress towards levelling-up Essex, developing an approach that reflects the challenges faced by communities; can give partners' early confidence that we they on the right track; and enables us to learn lessons about 'what works' in tackling local inequalities.</p>
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5	<p><b>Sponsor</b>  Prof Mariachiara Di Cesare, Professor in Population Studies and Global Health  Director Institute of Public Health and Wellbeing  <a href="mailto:m.dicesare@essex.ac.uk">m.dicesare@essex.ac.uk</a></p> <p><b>David O'Mahony</b>  Dean of Partnerships, Research and Professor of Law  <a href="mailto:domahony@essex.ac.uk">domahony@essex.ac.uk</a></p> <p>University of Essex</p>	<p><u>Challenge</u>  <b>How could we create a long-term, system-wide approach to addressing health inequalities in our coastal communities?</b></p> <p><u>Context</u>  Coastal communities have some of the worst health and wellbeing outcomes in the country, with a burden of disease higher than the one observed in non-coastal communities. These communities are characterised by social, economic, and environmental factors, which have a major impact on the levels of deprivation and the health and wellbeing of the population. Higher unemployment rate, lower levels of educational attainment, an ageing population are all factors that directly and indirectly shape the physical and mental health profile of the population.</p> <p>We are looking for an approach that thinks beyond the remit of specific sectors; understand what, among what has been done so far, has not worked and why; think in solutions that are transformative more than incremental.</p> <p>We are looking to work with communities, stakeholders, providers, and other partners to change the perspective and find solutions from the community point of view.</p>
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6	<p><b>Sponsor</b> Sam Kennedy, Director Environment &amp; Climate Action Place and Public Health <a href="mailto:samantha.kennedy@essex.gov.uk">samantha.kennedy@essex.gov.uk</a></p> <p>Essex County Council</p>	<p><u>Challenge</u> <b>How can anchor institutions support SMEs in their supply chain to transition to a low carbon economy and take advantage of opportunities in green growth.</b></p> <p><u>Context</u> The <a href="#">Essex Climate Action Commission</a> published <a href="#">Net Zero, Making Essex Carbon Neutral</a>, setting out how to build climate resilience and achieve net zero in Essex by 2050 in line with the UK's legal commitment.</p> <p>The challenge can seem both overwhelming and too big for individuals to make an impact on. In fact, what we do in our own lives, how we commission and manage our services have a very significant impact and can generate momentum for change. Anchor staff are a significant cohort of people in Essex who could be champions for climate action at work and at home.</p>
7	<p><b>Sponsor</b> Sam Kennedy, Director Environment &amp; Climate Action Place and Public Health <a href="mailto:samantha.kennedy@essex.gov.uk">samantha.kennedy@essex.gov.uk</a></p> <p>Essex County Council</p>	<p><u>Challenge</u> <b>How can anchor institutions raise awareness and embed climate action across their staff</b></p> <p><u>Context</u> The <a href="#">Essex Climate Action Commission</a> published <a href="#">Net Zero, Making Essex Carbon Neutral</a>, setting out how to build climate resilience and achieve net zero in Essex by 2050 in line with the UK's legal commitment.</p> <p>SMEs are a key part of the Essex economy - notably in the construction sector - and anchor institutions purchase goods and services that could be supplied by local SMEs. However, SMEs struggle to participate in public sector tenders, and struggle to understand what is required to transition themselves to be green companies. Employment is a key determinant of health and ensuring Essex is at forefront of green growth is key to wellbeing.</p>

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8	<p><b>Sponsors</b>  Pippa Brent-Isherwood,  Chief Executive, Office of  the Police, Fire &amp; Crime  Commissioner,  <a href="mailto:pippa.brent-isherwood@essex.police.uk">pippa.brent-isherwood@essex.police.uk</a></p> <p>Rachel Nolan, Assistant  Chief Constable, -  <a href="mailto:rachel.nolan@essex.police.uk">rachel.nolan@essex.police.uk</a></p>	<p><u>Challenge</u>  <b>How can we better identify and mobilise the skills and capacity within the voluntary and community sector in support of crime prevention across Essex?</b></p> <p><u>Context</u>  We all know that Essex has a vast and thriving voluntary and community sector. Local and hyper-local charity and voluntary groups have been critical in the system response to the coronavirus pandemic, demonstrating once again the importance of community-led infrastructure and resilience that enables communities to support and respond to local needs effectively in both the short and long term. An important feature of the community-level COVID-19 response was the shift from local to ‘hyper-local’ forms of intervention and organisation, which commonly utilised digital infrastructure (e.g., WhatsApp and Facebook groups) to coordinate and function effectively.  However, there is a great volume of hugely effective and very localised voluntary groups that remain largely “under the radar” of both statutory organisations and funders. The Essex Community Foundation has recently found that around 30% of applicants for funding were not known to the Foundation beforehand.</p> <p><i>*Assets 4 and 5 of the Crime Prevention Strategy: “We will support Safer Essex to realise partnership capabilities and capacity” and “We will support ECVS to unlock community potential, develop and deliver community led solutions.”</i></p>
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9	<p><b>Sponsor</b> Lizzie Amodio, Head of Alliance Development and Outcomes <a href="mailto:Elizabeth.amodio@nhs.net">Elizabeth.amodio@nhs.net</a>  North-East Essex Alliance</p>	<p><b>Challenge</b> <b>In what ways can we better listen to voices and harness community assets across North East Essex (NEE) in order to improve engagement and create a shared vision for Neighbourhoods with providers and citizens?</b></p> <p><b>Context</b> There are currently significant and legitimate barriers preventing providers such as primary care and citizens from engaging with Neighbourhoods. Through listening and engaging we aspire to find innovative ways of overcoming those barriers and building upon the strengths of our community assets to improve connectivity in an inclusive way across our local population.</p> <p>NEE Alliance is at the vanguard of health care reform and is working with partners at county and regional level to ensure that its ambitions are articulated through the Live Well Domains, are reflected in Health &amp; Wellbeing Strategies and align with the Future of Essex. Recent pressures on primary care and other providers pose barriers to innovation in tackling inequalities. This challenge aims to refresh engagement with providers and communities and empower them to create a shared vision of what can be achieved through prevention and tackling the wider determinants of health to improve the outcomes that they value.</p>
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10	<p><b>Sponsor</b> Sam Kennedy, Director Environment &amp; Climate Action Place and Public Health Essex County Council</p> <p><a href="mailto:samantha.kennedy@essex.gov.uk">samantha.kennedy@essex.gov.uk</a></p>	<p><b>**RESERVE CHALLENGE**</b></p> <p><u>Challenge</u> <b>How can anchor institutions use their estates to support green infrastructure and make their buildings more resilient to climate stress such as flooding, overheating and water scarcity.</b></p> <p><u>Context</u> The <a href="#">Essex Climate Action Commission</a> published <a href="#">Net Zero, Making Essex Carbon Neutral</a>, setting out how to build climate resilience and achieve net zero in Essex by 2050 in line with the UK's legal commitment.</p> <p>Greening Essex is key, as green infrastructure (GI) – trees, meadows, sustainable drainage – both absorbs carbon and protects us from worsening climate risks. The GI helps the landscape absorb water and then store it – significantly reducing flood risk and helping reduce water scarcity: both flooding and water pressures are worsening year on year in Essex. Greening our buildings and streets is key to preventing overheating as our hot summers get ever hotter.</p>
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<b>Report title: Impacts of the Cost-of-Living crisis</b>	
<b>Report to:</b> Essex Health and Wellbeing Board	
<b>Report author:</b> Clare Burrell	
<b>Date:</b> 18 May 2022	<b>For:</b> Discussion
<b>Enquiries to:</b> Clare Burrell <a href="mailto:clare.burrell@essex.gov.uk">clare.burrell@essex.gov.uk</a>	
<b>County Divisions affected:</b> All Essex	

## 1 Purpose of Report

- 1.1 Caused by a catalogue of events including the global pandemic and the war in Ukraine, energy bills, food prices, interest rates, taxes, petrol, and rent are all going up. As the UK economy is entering a period of sustained inflation, this is now taking a high toll on already vulnerable residents as well making increasing numbers of residents susceptible to the crisis.
- 1.2 The purpose of this report is to stimulate discussion of particular issues becoming apparent through the current cost of living crisis and to identify short-term actions in respect of workforce and/or wider population

## 2 Recommendations

- 2.1 To note the current landscape and the four impacts identified in this report;
- 2.2 To consider what actions Board members can do, individually and collectively to support workforce and / or wider population
- 2.3 To consider how the Board can support and/or influence work already taking place

## 3 Background

- 3.1 Rising inflation affects all our living standards and together with tax increases, namely National Insurance increase and Health and Social Care Levy, means that average take-home pay has fallen. Figures from the ONS show that whilst wages rose by 3.8% between November 2021 and January 2022, the effect of inflation means that in real terms regular pay fell by 1% compared to 12 months ago and will continue to fall over the coming year. The same impacts are evident in benefits which increased in April 2022 in line with general inflation 3.1% of 2021: in fact, April 2022 inflation rate was 6.5%.
- 3.2 Forecasts indicate that the war in Ukraine could push inflation to a 40-year high of 8.7% in the final three months of 2022 and worsen the crisis. The reality is that those on low incomes are finding it hardest to tide themselves over during a period in which their real incomes are eroding and many others are quickly moving from just about managing to crisis.

## The people and the pressures

- 3.3 Those most impacted residents in Essex are Working Families; single parent households; women 65+ and young adults 19-25. This will be compounded further for those with young children, have household members who are unpaid carers; have children and young people with disabilities and or learning needs/autism. Rising food and fuel costs and other essential items such as white goods, nappies and toiletries means that on a day-by-day basis people are being faced with hard choices. You are likely to be even worse off if travel is required for work due to the increase in fuel costs and those with in rented accommodation or with mortgages live with the day-to-day pressure that interest rate rises will bring.
- 3.4 For those on lower incomes, this presents a situation that extends beyond the idea of a cost-of-living crisis, to an emergency in the cost of surviving. It pushes people whose health and wellbeing of those who might already be at risk into a situation that is hard to recover from. Whilst warmer months might bring respite from a choice between heat or eat, people will be forced to make changes or cut corners that impact their own physical and mental health and overall resilience and quality of life.

## The current response

- 3.5 Whilst the crisis is pre-occupying discussions across the Essex system and some responses being developed in different places within different organisations and various partnerships, there isn't one holistic concerted effort/response to addressing the cost-of-living crisis.

Levelling-up lies at the heart of Essex County Council's plans and work starting to take shape with local councils, health, and voluntary and community sectors to address the long-standing poverty issues in some of our most deprived wards. Whilst this is a long-term ambition some of the tangible benefits should start to be felt by residents later this year.

Central Government initiatives such as Council Tax Rebate Scheme and the Household Support Fund along with Essex County Council's Essential Living Fund has seen thousands of vulnerable and struggling residents benefit from cash payments for food, fuel and essential living costs. Whilst these schemes have gone a long way to supporting residents there is a danger that unsustainable dependency is created, and the longer-term impacts of the challenges being faced are not being addressed.

## The on-going and long-term impacts

- I. **Employment:** A recent study showed that over a third of the population is considering a career change and this is most evident in areas of nursing, social work, carers, and teaching staff. Many people, where overtime is paid, are taking on additional shifts and others being forced to take on second jobs. Not only does the overall impact of this situation impact quality of life, but it

has also started to impact the workforce that many vulnerable residents rely on most.

- II. **Debt and lending;** People finding it increasingly difficult to meet household costs are selling their possessions, using their savings to make ends meet and some others taking out loans just to deal with day-to-day costs. There are inherent risks for those with poor financial histories being tempted into lending from disreputable sources such as loan sharks.
- III. **Physical Wellbeing:** Cutting corners for healthy eating will impact those with poor physical health and create more poor health for many more residents over the coming months and years. This will be compounded by reduction in regular exercise, particularly that which involves cost such as sports clubs, classes and gyms. Physical wellbeing will become unaffordable and that may also result in social isolation for some.
- IV. **Emotional wellbeing and resilience** financial worries impact people's ability to look after themselves and those they care for and the helplessness can be exacerbated with every choice that needs to be made. This is assuming they have the financial skills and knowledge to be able to make good decisions. These circumstances can lead conflict in family settings and result in breakdown in communication and relationships, impact mental health further, particularly if there is a lack of opportunity to share and discuss such personal issues with friends and family outside of the home.



### Cost of Living Briefing Paper for West Essex

Date of Report	26 <sup>th</sup> April 2022  Amended 6 <sup>th</sup> May 2022	Author: Wendy Bailey Programme Manager for Health Equity West Essex CCG Contributors: Jo O'Boyle Epping Forest Citizens Advice Julie Houston, Assistant Director Community Resilience Sponsor Ian Tompkins Director of Corporate Services West Essex CCG
Intended circulation	Essex Health & Well Being Board West Essex Health Inequalities Socio-economic Work stream Chairs West Essex Cost of Living Summit attendees West Essex Health Inequalities and Prevention Committee	May 2022  May 2022  May 2022  May 2022
Approval	Gill Wallis West Essex Health Inequalities and Prevention Committee Chair Peter Fairley West Essex Health Inequalities and Prevention Committee Vice Chair Ian Tompkins Director of Corporate Services West Essex CCG	Approved  Approved  Approved

In the first section of this briefing are key statistics and trends in respect of the rising cost of living in the UK. These findings are from a UK Government Commons Library Research Briefing, 16th March 2022. This section also highlights how the socio-economic conditions people live within impacts upon health equity and overall wellbeing.

The second section of the paper provides an overview of themes that arose from a recent One Health and Care Partnership, Health Equity, Cost of Living and Health and Well Being Summit which took place in early March 2022 and further highlights socio-economic needs and the challenges for health equity and overall wellbeing.

This section also highlights West Essex Citizens Advice service demand and activity for the periods covering; 2019, 2020, 2021.

Section three proposes several next steps as a call to action.

### **Rising cost of living in the UK**

The cost of living has been increasing across the UK since early 2021 and, in January 2022, inflation reached its highest recorded level since 1992, affecting the affordability of goods and services for households.

This briefing gives an overview of rising prices, particularly food, energy and fuel prices, including the potential impact of the conflict in Ukraine.

In addition, other pressures on household budgets, like changes to taxes and benefits, are discussed, along with the effect of the rising costs of living on low-income households, which are likely to be disproportionately affected.

The Ukraine conflict is pushing up energy prices, as measured by the Consumer Prices Index (CPI), which were 5.5% higher in January 2022 than a year before. A particularly important driver of inflation is energy prices, with household energy tariffs increasing and petrol costs going up.

In the year to January 2022, domestic gas prices increased by 28% and domestic electricity prices by 19%, due in part to a return of global gas demand as pandemic restrictions are lifted and lower than normal production of natural gas. On 3 February, the regulator Ofgem announced that the domestic energy price cap would increase from its current equivalent annual level of £1,277 per year to £1,971 in April; a 54% increase.

As well as the military, political and humanitarian impact of Russia's invasion of Ukraine, there will also be implications for the world economy. For the UK, the most likely economic effects, at least initially, will come through higher energy prices. Oil and gas prices on international markets have risen sharply since the invasion.

Higher energy prices will first be felt in petrol prices and then potentially energy bills (for businesses, as well as households). There has been much speculation that the domestic price cap will have to be increased substantially later in the year.

1.5 million households with a reliance on oil fuelled heating are also experiencing significant price surges amid a spike in demand and war in Ukraine – and they are not covered by the energy price cap.

Russia and Ukraine are also large producers and exporters of agricultural products, such as wheat, and some metals. Prices for these products have also risen on financial markets, potentially leading to future increases in food and material prices in the UK.

Prior to the conflict in Ukraine, inflation was expected to peak in April 2022. This is when the new default price cap on household energy bills comes into effect in Great Britain.

In early February, the Bank of England was forecasting the CPI inflation rate to peak at 7¼% in April 2022. The inflation rate had been expected to ease somewhat over the course of 2022.

Since the Russian invasion of Ukraine, price rises in many commodities markets has led economic forecasters to raise their expectations for consumer price inflation, not just in the near term but also that it will be higher for longer.

On 2 March, the National Institute for Economic and Social Research think tank released new forecasts that included an expectation that UK inflation would peak at 8.1% in Q3 2022. Some economists have suggested that the inflation rate could hit 10%. Much will depend on the path of energy and other commodity prices.

### **Tax and benefit changes**

As well as likely higher inflation, household budgets may be squeezed by changes in taxes and benefits in the coming months. This includes an increase in National Insurance Contributions from April 2022 and changes to income tax. Wages are also forecast to rise more slowly than inflation, which will affect household incomes.

On 3 February, the Chancellor announced Government support in relation to rising energy prices, including a £200 energy bills rebate loan, a £150 Council Tax rebate and an expansion of the Warm Home Discount scheme.

### **Low-income households**

Low-income households spend a larger proportion of their income than average on energy and food so will be more affected by price increases.

Benefits will increase (uprated) in April 2022, based on the figure for inflation in September 2021 (3.1%), so households will see a fall in the value of their benefits in real terms.

### **Health Equity and Overall Health and Well Being**

In Health Equity in England – The Marmot Review 10 years on – an executive summary, published in 2020, Sir Professor Michael Marmot makes clear the links between poverty, social deprivation and health outcomes.

In summary the report notes that poverty is associated with long-term physical and mental health and low life expectancy. Living in poor quality housing, being exposed to poor quality environmental conditions, poor quality work and unemployment, not being able to afford nutritious food and sufficient heating for example, all impact upon health. Poverty is also stressful. Coping with day-to-day shortages, facing inconveniences and adversity and perceptions of loss of status all affect physical and mental health in negative ways.

The report also argues having control of one's life is critical to an individual's health and well-being and the thrust of the report is that social disadvantage is not only lack of money. Life is worse for people lower down the social hierarchy when set against the social determinants of health, having money and resources to live a healthy life is central to reducing poverty in all its forms and to improving health.

## Health and Wealth – Key Statistics

Key statistics on a well established link between money and resources (income or wealth) and variations in Health, from the Health Foundation show; Poverty is associated with worse health outcomes, and this is especially for persistent poverty.

- £1000 – An increase in household income is associated with 0.7 year increase in female life expectancy
- 32% of people in the lowest income category report less than good health. For the highest category the figure is 11%
- 14.5 million people live in poverty, equivalent to around 22% of the population.
- 5.1 years is the average increase in life expectancy for every 10 percentage points higher the employment rate in an area
- 11% of all employees report their health less than good. Employees with low job security and low job satisfaction are most likely to report poor health
- 28% of private renters in non-decent homes rate their health as less than good, compared with 22% living in decent homes
- Children in poverty were almost twice as likely to have moved three or more times by the age of 14 as children not in poverty
- Poor quality housing, particularly damp and cold homes, directly harm physical and mental health. 21% of adults in England said a housing issue had negatively impacted their mental health, even when they had no previous mental health issues, and housing affordability was the most frequently stated reason. The stress levels resulting from falling onto arrears with housing payments was comparable to unemployment (Marmot Review)
- Cold homes are bad for health. If you are struggling to pay your heating bills and your home is cold and damp, your health may suffer. Problems and diseases linked to the cold range from blood pressure increases and common colds to heart attacks and pneumonia.
- Those with existing health conditions are especially vulnerable to the cold. This includes physical conditions, such as circulatory problems, diabetes, and arthritis; and mental health illnesses such as depression and anxiety.
- Respiratory conditions, like asthma, can be exacerbated by the cold, even more so if there are damp and mould issues in living spaces.
- People with certain disabilities, children and the elderly also fall into higher risk categories

## West Essex

### The impact on the health and wellbeing of the rising cost of living for the West Essex population

On the 9<sup>th</sup> March 2022, a Cost of Living and Health and Well Being Summit was convened by Ian Tompkins, WECCG Corporate Director and attendees included representatives from Citizens Advice (Epping, Harlow & Uttlesford); Essex County Council; Epping Forest, Harlow and Uttlesford District Councils; the colleagues from the VCSF Sector; Rainbow Services; EFVA and CVS Uttlesford; Anglia Ruskin University; and NHS colleagues from EPUT and West Essex CCG.

A round table discussion held virtually was partly prompted as a response to concerns from GPs in West Essex, and elsewhere in the ICS, who are seeing an increase in patients presenting with health issues relating to money worries. Local Citizens Advice Services are also reporting a surge of demand relating to debt and families trying to manage the costs of living increases.

Themes that arose from the Summit were as follows.

- Fuel and energy poverty is no longer a winter issue but an all-year round concern
- 24% of households in Harlow have less than £30 per month disposable income (9% in Epping Forest and 7% in Uttlesford); 37% have between £31 and £125 per month disposable income (21% in Epping Forest and 20% in Uttlesford); 81% have less than £250 per month disposable income (19% in Epping Forest & 20% in Uttlesford). Source Essex County Council Strategy and Insight.
- All three Citizens Advice services in west Essex are experiencing a huge demand for services and are seeing clients with an increase in mental health and anxiety and worries about money and debt.
- New families are being seen post Covid. These are being referred to as the 'working poor' with low wages and are reporting experiencing money worries for the first time – it is estimated that 40-53,000 new households across Essex have experienced a drop in income that will need further support. Source Essex County Council Strategy and Insight.
- In Harlow there is an increase in Universal Credit claimants
- A range of delivery partners are working in partnership at grass roots level. Organisations such as MIND, ISS, Food Banks, Citizens Advice, Rainbow Services, CVSs, and all are reporting huge demand on services, which is rising.
- Harlow District Council reported they are seeing an increase in residents defaulting on council tax payments and are projecting decreased revenue from this and from rent payments.
- All the delivery partners in receipt of Contain Outbreak Management Fund (COMF) monies reported this fund was invaluable to help develop and sustain services.
- In Epping Forest there are reported trends in increased mental health need and debt management need and the success of the Community Hub developed in Epping Forest (Waltham Abbey) (with COMF) monies was cited as a good example of diverting funds to pockets of severe deprivation to grass roots level which has been pro-active and effective.
- There were concerns that continued stress on the population caused by the cost of living rising may increase alcohol consumption and obesity as people use unhealthy behaviours to manage this situation
- There is interest from Anglia Ruskin University to support in conducting local research through the Harlow Innovation Hub Space
- Another trend was related to Foodbank usage, which is increasing but it was observed public donations are declining as all sections of society are managing the financial squeeze with less donations being received to the local Foodbank network
- From all partners it was felt by adopting an agile approach, going to where the need/people are, as well as delivery partners working together this can meet some need.  
But the question of rising demand and less resource was flagged time and again.

This section highlights service activity, demand and the types of enquires for the period from 1<sup>st</sup> April 2021 until March 2022.

This is combined for Epping Forest, Harlow & Uttlesford Citizens Advice Services.

## Summary

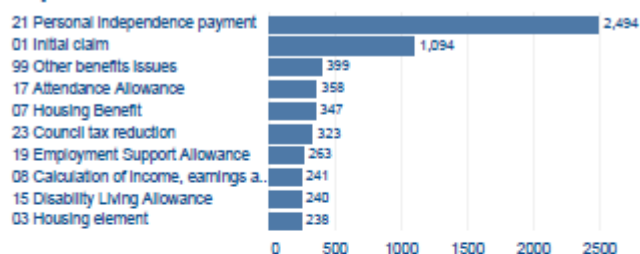
<b>Clients</b>	<b>4,326</b>
<b>Quick client contacts</b>	
<b>Issues</b>	<b>20,319</b>
<b>Activities</b>	<b>27,925</b>
<b>Cases</b>	<b>5,347</b>

## Outcomes

Income gain	£535,961
Re-imbursements, services, loans	£9,973
Debts written off	£359,750
Repayments rescheduled	£81,020
Other	£2,750,853

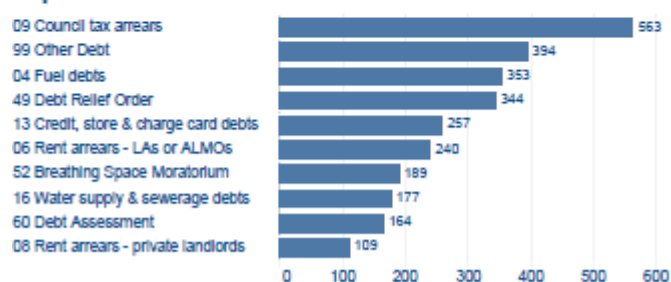
The Financial gains achieved for West Essex Citizens in; 2021-22 were £2.7M

## Top benefit issues



Health related benefits issues account for 3092 enquiries – this equates to 48% of all enquiries

## Top debt issues

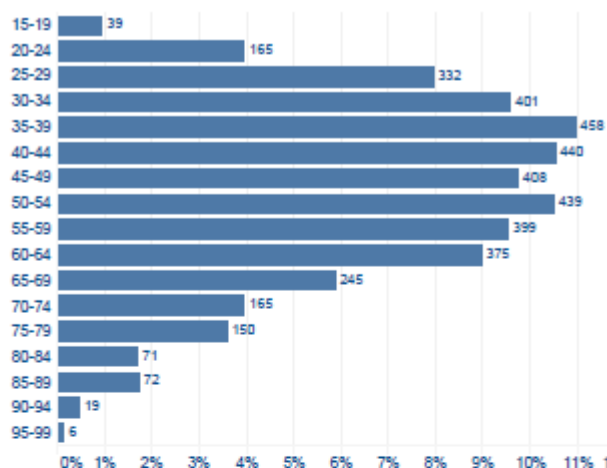


There were 530 Fuel & 912 Housing debt enquiries

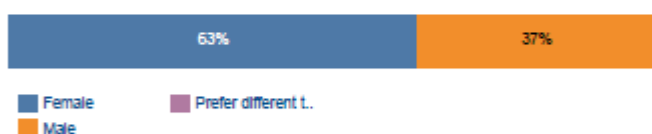
## Issues

	Issues	Clients
Benefits & tax credits	5,286	1,694
Benefits Universal Credit	2,276	757
Consumer goods & services	326	221
Debt	3,850	945
Education	82	53
Employment	684	335
Financial services & capability	969	685
GVA & Hate Crime	70	47
Health & community care	341	242
Housing	1,977	868
Immigration & asylum	225	103
Legal	373	262
Other	1,161	613
Relationships & family	892	503
Tax	142	113
Travel & transport	241	173
Utilities & communications	1,424	547
<b>Grand Total</b>	<b>20,319</b>	

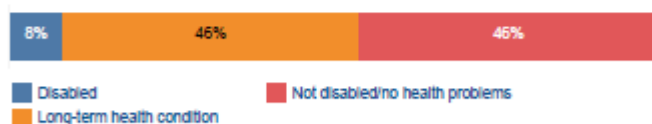
## Age



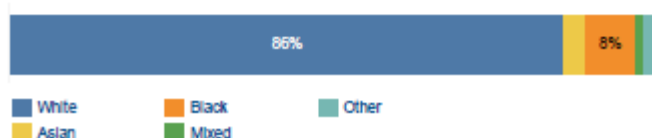
## Gender



## Disability / Long-term health



## Ethnicity



**Financial income, debt & financial capability equates to 13,785 issues dealt with**

Those aged 35-39 years are the largest age group presenting for CA services closely followed by the 40-44-year age group.

This correlates to the intelligence partners are reporting that there is increased demand for services from working families who have not accessed Citizens Advice services before.

**Disability/Long term-health account for over half of all enquiries**

54% in comparison to 46%.

More women are presenting for help.

86% are defined as White

8% are defined as Black

4.5% are defined as Asian

2.7% are defined as Mixed

3% are defined as Other I

Incidentally there was only 8 clients recorded across the whole Essex District recorded from the Traveller community.

## Issue - Year on year comparison | Clients

citizens advice



This chart shows clients year by year covering the years 20/21/22. This illustrates spikes in service demand in July 2020, January 2021 and January 2022 with the current trend not showing the same rate of decline.

### Proposed Next Steps for West Essex

There is a need to consider demand and system capacity and current and predicted demand of the impact of the rising costs of living.

The service activity data from the West Essex Citizen Advice services highlights the majority of client seen in 2021/22 have a **disability or long term-health need and this accounts for over half of all enquiries.**

It is likely there will be a need to increase capacity of Citizens Advice services as well as the wider VCSF in order to help support the health and social care needs of West Essex residents.

### Other responses

As part of the West Essex Health Inequalities and Prevention Committee and specifically the Socio-economic workstream the following priorities have been identified.

- 1. Income maximisation** - to ensure there is clear, accessible Information, advice and guidance available/co-ordinated/disseminated - this will include information on financial support and non-financial support (food bank & fuel vouchers etc), to support financial inclusion and improve health and wellbeing.

Epping Forest District Council and Uttlesford District Council have collated some information sources already which will support this.

In addition, there are links being established with the ECC lead for Financial Well Being as part of the Levelling up focus, Clare Burrell to explore the feasibility for Test and Learn pilot to design, develop and test a financial/debt management screening tool for families across west

Essex. It is envisaged this initiative could be supported with strategic oversight through the West Essex Health Equity Socio-economic workstream which is Co-chaired by Julie Houston, Assistant Director, Community Resilience, Harlow District Council and Jo O'Boyle, Chief Officer, Citizens Advice, Epping Forest.

2. **Debt Management support** – to ensure there is information/tools/ support for available to prevent/manage debt problems.
3. **Communication of advice materials** – ensure all materials are clearly accessible in formats which do not exacerbate health inequalities.
4. **Explore expressed interest** from several GPs in West Essex Primary Care Network (PCN) to place Citizens Advice resource (Advisors) into the local community within GP surgeries.
5. **West Essex CCG** will work with the 6 Primary Care Networks to monitor and record GP appointments where patients present, and conversations lead to the identification of financial concerns.
6. **The West Essex Health Inequalities and Prevention Committee**, Socio-economic Workstream group will work closely with colleagues from ECC Public Health to analyse and understand the forthcoming Census data gained from the national Census undertaken in 2021. This will be to identify any changes in population trends in the following demographic areas; Black, Asian Minority Ethnic groups, Gender, Age, Disability and Ill Health prevalence.
7. **Geographic Assurance Process** – work through each of the high need geographic ward areas where there is council debt default (as advised by local district councils), to check that in each of these areas there is satisfactory access to Citizens Advice and DWP services and satisfactory access to food banks.
8. **Gain understanding** from community leaders/voluntary sector partners on the strengths and deficits of the voluntary sector services and statutory services.

ENDS



<b>Report title: Dementia Strategy Update</b>	
<b>Report to:</b> Essex Health and Wellbeing Board	
<b>Report author:</b> Will Herbert, Head of Integration Partnerships	
<b>Date:</b> 18 <sup>th</sup> May 2022	<b>For:</b> Information
<b>Enquiries to:</b> Will Herbert, Head of Integration Partnerships ( <a href="mailto:will.herbert@essex.gov.uk">will.herbert@essex.gov.uk</a> )	
<b>County Divisions affected:</b> All Essex	

## 1 Purpose of Report

1.1 The purpose of this paper is to provide an update on, and consult with HWB members about, the draft Dementia Strategy.

1.2 The aims of the HWB session are to

- Note the development of the draft strategy and highlight the launch of the public consultation
- Seek views and feedback on activities to support the strategy's priorities
- Endorse the partnership engagement process to refine the actions in the strategy
- Seek support from board members in promoting and distributing the consultation through their forums and networks to maximise its reach.
- Note that following approval of the draft strategy at the July Health and Wellbeing Board each member organisation will need to take the strategy through their own governance processes for formal approval and adoption of the strategy.

1.3 The current draft of the strategy is included in appendix A

## 2 Background

2.1 In 2018 Essex, Southend and Thurrock agreed and published the Greater Essex Dementia Strategy. That strategy is now due to be refreshed. Work has been underway since 2021 but has been subject to some delay due to covid pressures.

2.2 Since the Dementia Strategic priorities were agreed by the Essex Health and Wellbeing Board last year, engagement activities with stakeholders have progressed to gain further insight on local needs, priorities and aligned delivery plans. The outputs of this engagement have been used to develop an initial set of actions, outcomes and measures that now make up the draft strategy (Appendix A).

## 2.3 Engagement activity to date has included:

- A 6 week public consultation (15th Feb. to 5th April 2021) to inform the planned refresh of the existing Strategy. The consultation asked questions to establish whether, or not people agreed or disagreed that the nine priorities previously identified continued to be important and their reasons for this.
- Alzheimer's Society Dementia Voices Programme
- Essex ASC Covid-19 Lived Experience research and insight
- Dementia Voices: Living through Lockdown – North East Essex Commissioned engagement & insight activity
- ECC Social Media engagement activity (analysis of posts, comments etc)
- Essex Welfare Service, welfare Calls & Care Nav + pathway
- Throughout the development of the strategic approach regular discussion and dialogue has been held with
  - Pan Essex & Local Dementia Action Alliances incl. local partners – Sharing of thinking and ongoing dialogue to shape the strategic priorities, actions & outcomes.
  - SET Dementia strategy oversight Group – Health, Local Authority and community partners
  - Locality Dementia forums/steering groups - Sharing of thinking and ongoing dialogue to shape the strategic priorities, actions & outcomes

## 2.4 A public consultation will commence on the 13th May, seeking views on the actions, outcomes and measures for the SET Dementia Strategic Approach feedback from which will be used by local systems to inform their priorities and local ambitions. This will be available at

<https://consultations.essex.gov.uk/rci/dementia-strategy/>

## 2.5 It is essential that we continue to work in partnership with local alliances to ensure outcomes and delivery plans reflect local population need and approaches and are in line with the health and care bill direction. To make sure all partners have the opportunity to review the draft strategy, starting with the Health and Wellbeing Board it will be presented at partnership forums including the alliances and local HWBs to provide further opportunities for input and to refine the activity set out in the strategy.

## 2.6 The link to the consultation is also being shared through internal and external communications channels with a view to ensuring information and access is available through social media, corporate and functional communications, press release and media, LA & NHS websites, Health Watch Essex, Essex Association of Local Councils, Essex partners, Essex Care Association, Provider Newsletters

# 3 The Strategy

## 3.1 The strategic approach will provide the overarching aims and ambitions for Dementia in Essex, Southend and Thurrock. By taking into account local variation, need and other strategies such as, the All Age Carers, Housing and the Joint Health and Wellbeing Strategies, all due in 2022. The approach will

ensure dementia is embedded in the wider Adult Social Care business plan direction and framework. It will also align to the NHS Well pathway and Live Well domains and allow collaborative work with other strategic approaches and commissioning programmes.

### 3.2 The high-level priorities we aim to achieve are

- I. **Prevention:** People in Greater Essex will have good health and wellbeing, enabling them to live full and independent lives for longer
- II. **Supporting carers:** Carers are supported to enable people with dementia to remain as independent as possible
- III. **Reducing the risk of crisis:** All people with dementia receive support to reduce the risk and manage crisis
- IV. **A knowledgeable & skilled workforce:** All people with dementia receive support from knowledgeable and skilled professionals where needed
- V. **Finding information and advice:** Everyone with dementia will have access to the right information at the right time.
- VI. **Diagnosis & support:** All people with dementia will receive appropriate and timely diagnosis and integrated support.
- VII. **Living well with dementia in the community:** All people with Dementia are supported by their Greater Essex communities to remain independent for as long as possible
- VIII. **Living well in long term care:** All people with dementia live well when in long term care
- IX. **End of life:** People with dementia and their families plan ahead, receive good end of life care and are able to die in accordance with their wishes

### 3.3 Under each priority the strategy sets out the outcomes to be achieved, the areas for action, current and planned activity, and the measures used to assess progress.

## 4 Next Steps

- Ongoing systemwide engagement, stakeholder and communication activities 22<sup>nd</sup> April – June 22
- Operational engagement and mapping activity completed June 2022
- Public Consultation – 13<sup>th</sup> May – 17<sup>th</sup> June
- Final draft “Refreshed SET Dementia Strategic Approach 2022/26” shared with Essex Health & Wellbeing Board for adoption at the July HWB

- Co-production of local and organisational delivery plans across systems and partners (Aug – Nov 2022) including:
  - Discussions with stakeholders
  - System wide focus groups
  - Wider engagement opportunities through local forums.

## **5 Issues for consideration**

### **5.1 Legal implications**

- 5.2 Following approval of the draft strategy at the July Health and Wellbeing Board each member organisation will need to take the strategy through their own governance processes for formal approval and adoption of the strategy.

## **6 List of appendices**

### ***Draft Dementia Strategy***

# Dementia Strategy Refresh 2022-2026

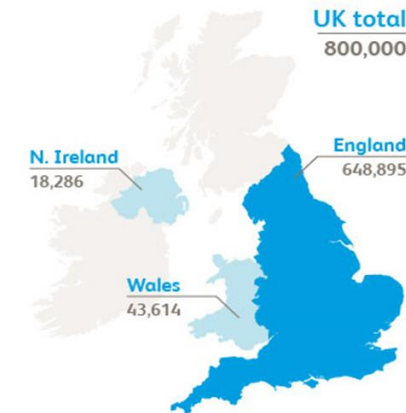


# Dementia

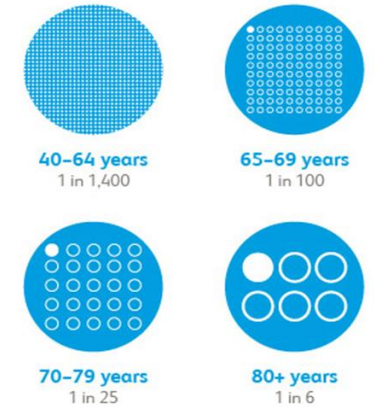
- Dementia is an umbrella term for a number of different diseases that affect the brain in different ways.
- Dementia is defined as a disease that is progressive, affects more than one aspect of thinking and affects daily life.
- Over 200 types) in which there is deterioration in memory, thinking, behaviour and the ability to perform everyday activities for example, Alzheimers and Vascular...
- Dementia is not a natural part of ageing and it does not just affect older people. It is estimated that
  - NHS Digital (March 2022) states there are 15,280 diagnosed people living with dementia in Greater Essex. However, it is estimated that there are another 9,000 undiagnosed people living with dementia. This means there are approximately 25,000 people in total living with dementia in Greater Essex.
  - 24,578 people (over 65) in Greater Essex are living with dementia, with a 33% increase predicted, resulting in 34,560 people by 2030
- Dementia has a physical, psychological, social, and economic impact, not only on people with dementia, but also on their unpaid carers, families and our communities.
  - Dementia is one of the major causes of disability and dependency among older people.
  - It is estimated that a person is formally diagnosed with dementia every 3 minutes in the UK.
  - 1 in 3 people born this year will develop dementia in their life.
- Dementia caused more deaths in England March 2021 than COVID19
  - A quarter of all those who died of COVID-19 had dementia.

## The size of the challenge

The breakdown of the population with dementia across the UK.



Dementia is most common in older people but younger people (under 65) can get it too.



Two thirds of people with dementia are women



One in three people over 65 will develop dementia

# Case For Change

The UK population is ageing; people are living longer and being diagnosed with long term health conditions, such as dementia, is growing, with further growth predicted.

In Essex, the current old age dependency ratio is equivalent to 335.6 people aged 65+ to every 1,000 working age people. In Southend, this is 310.

**These are both higher than the national average** and whilst Thurrock is lower these are all predicted to increase

**If the prevalence remains constant, for Greater Essex as a whole, there will be an additional 10,554 people aged 65+ with Dementia in 2030.**

In 2019/20 the cost to ASC in Essex alone for supporting people living with Dementia was **£32.6m** - by 2030 this will increase by 30%

- We know that a person's risk of developing dementia rises from one in 14 over the age of 65, to one in six over the age of 80.
- Approx. 40% of people living with Dementia over the age of 65 are living in Care Homes ... In Essex, by 2030 this will equate to approx. 13,824 people.
- We know that People living with dementia who are over 65 have on average four comorbidities, while people without dementia have two on average. 91.8% of people living with dementia have another health condition.
- **Dementia diagnosis rate remains below national average.** In Essex there are 15,280 diagnosed (over 65) with dementia, estimated population 24,578 (March 2022)
- It is safe to assume that people living with Dementia will be supported by higher-cost packages (whether they are at home or in residential care) **Projected cost of Dementia to Southend, Essex and Thurrock in 2020 £1,110 Million (the Alzheimers Society)**

But more importantly...

**All people living with Dementia should be supported to Live Well and Partners roles in making that happen is more important than ever!**

# An ongoing Change Journey



## Challenges

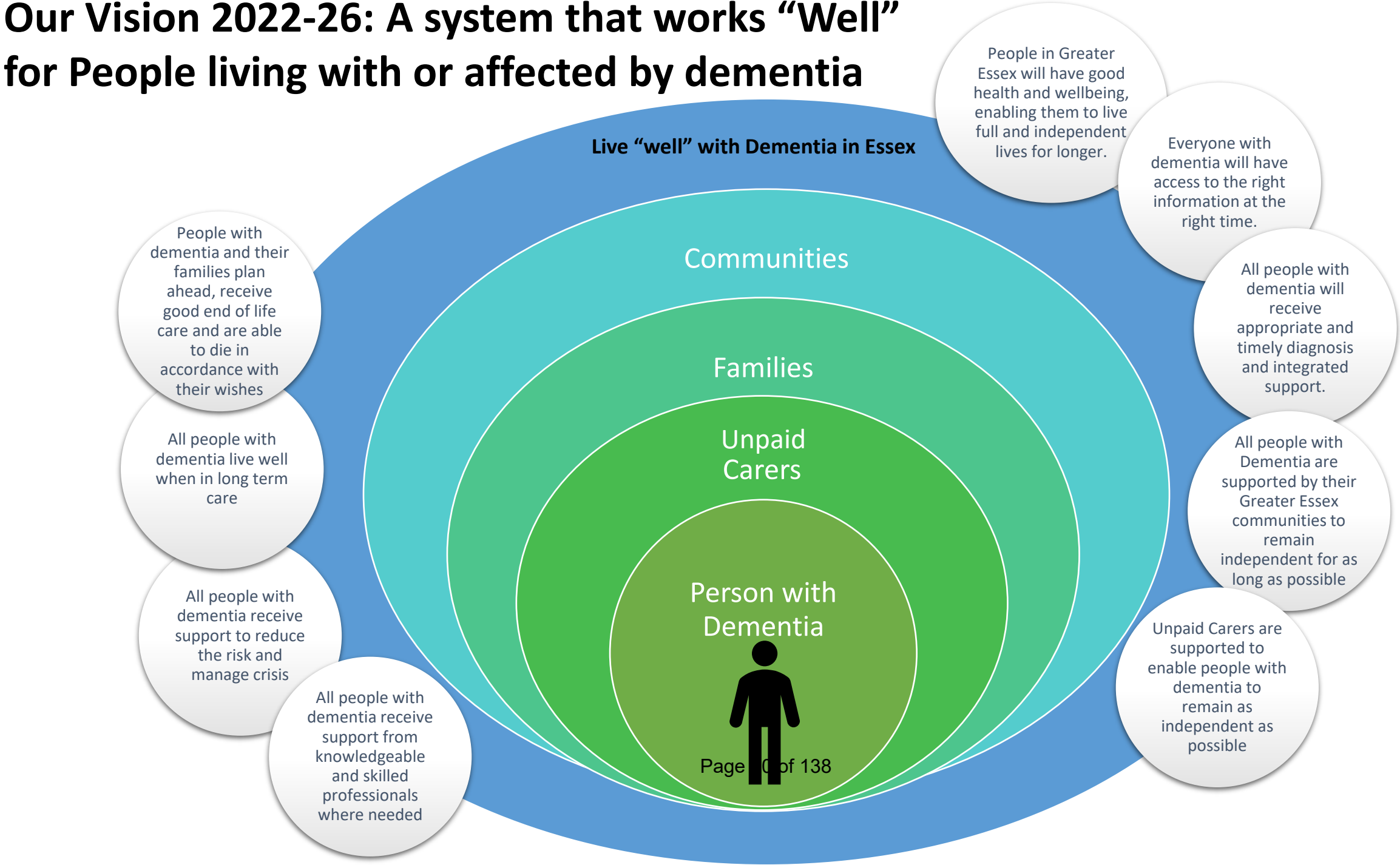
- There is an ageing population with more people with long term conditions
- Dementia diagnosis is not as good as we want it to be
- Driving system change is complex
- Aligning priorities among multiple stakeholders
- Fulfilling expectations across the system
- Stigma of Dementia
- Financial resources
- Understanding the cost of care - Health & Social Care systems not set up to identify the cost of care for adults living with dementia
- Population needs analysis (Dementia JSNA?)
- COVID-19 Pandemic
- Integrated Care Systems
- Data & Insight
- Data-sharing

## Opportunities

- Increasing focus on early help and the wider determinants of health through promotion of risk reduction to support starting well and ageing well
- Mobilising place and communities – opportunities for synergy
- Emphasis on results-based accountability through outcomes-based activity
- Increased application of digital technologies and innovation
- A new duty to collaborate
- Enabling dementia-friendly environments
- Collaborative Commissioning
- Covid-19 has accelerated new and better ways of working, ways to harness and sustain the collaboration and integration.
- Greater integration of partners to widen the offer to meet need through the ambitions and opportunities in the White Paper.
- Population Needs Assessment (Dementia JSNA?)
- My Care Record

# Our Strategy

# Our Vision 2022-26: A system that works “Well” for People living with or affected by dementia



# Our mission

To make sure that:

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

And to further promote or enhance the conditions which will contribute to a reduction in prevalence in the long-term

# Priorities to enable delivery of the mission:

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**Prevention:** People in Greater Essex will have good health and wellbeing, enabling them to live full and independent lives for longer.

**Supporting unpaid carers:** Unpaid carers are supported to enable people with dementia to remain as independent as possible

**Reducing the risk of crisis:** All people with dementia receive support to reduce the risk and manage crisis

**A knowledgeable & skilled workforce:** All people with dementia receive support from knowledgeable and skilled professionals where needed

**Finding information and advice:** Everyone with dementia will have access to the right information at the right time.

**Diagnosis & support:** All people with dementia will receive appropriate and timely diagnosis and integrated support.

**Living well with dementia in the community:** All people with Dementia are supported by their Greater Essex communities to remain independent for as long as possible

**Living well in long term care:** All people with dementia live well when in long term care

**End of life:** People with dementia and their families plan ahead, receive good end of life care and are able to die in accordance with their wishes

# Commitments

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

How we will know we have  
delivered our ambitions


## Local dementia systems that respond to their communities needs & support every person to “live well” with dementia at all stages of the disease progression.

How do we get there?

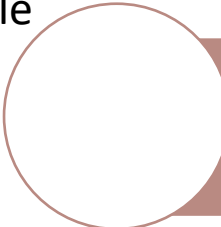
- ✓ embed dementia priorities in “LiveWell” programmes
- ✓ create implementation & delivery plans with measurable outcomes defined & owned by local systems
- ✓ improve use of population health management data & insight to enable development of an earlier offer, reducing health inequalities for people affected by dementia & their carers.
- ✓ use language that the people of Essex understand & feel is relevant to them, as well as to local systems.



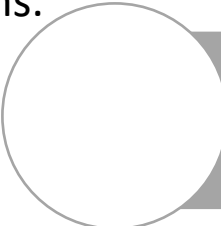
Responsive to dementia, shaped by the voice of lived experiences, promoting health & social care integration and working across established local dementia partnerships in Greater Essex, raising the profile of dementia & embedding principles that transform the lives of people living with dementia & their carers.



Communities across Greater Essex taking practical actions to enable people to live well with dementia & reduce the risk of costly crisis or long-term interventions



Best practice solutions used to embed dementia-enabled & aware networks locally and across Greater Essex



Opportunities are created to develop dementia enabled environments & activities, working with public health to create early offers of support across Greater Essex.

# Early thinking - Focus, Actions and Outcomes

Commitments	Action	Outcome	Measures	Timeframe
<b>Prevention:</b> People in Greater Essex will have good health and wellbeing, enabling them to live full and independent lives for longer.			<b>Sponsor: Essex Health &amp; Wellbeing Board</b>	
<b>1. We will work collaboratively across voluntary, health and statutory services to develop and deliver information to improve awareness of dementia and the support available.</b>	Development and delivery of a Dementia awareness activities. The system will work to build services, support and communities in Essex that, through the use of information, education and social media will help people to keep healthy in order to reduce the risk of dementia developing. (Current UK data says that only 34% of adults think it is possible to reduce their risk of dementia)	People will have better understanding of the effectiveness and impact of healthy lifestyle on modifiable risk factors such as: • Stop smoking • Be more active • Reduce alcohol consumption (only drink within NHS recommended limits) • Improve diet • Lose weight if necessary and maintain a healthy weight	We will work with partners in Public Health to understand the effectiveness and impact of healthy lifestyle campaigns on raising awareness of modifiable risk factors	2022 -26
	Intergenerational programme activities to increase awareness of dementia/Starting well	Young people will have better understanding of healthy lifestyles and improved understanding of dementia  Young people will be active champions to support dementia enabled communities	increase reach and volume of schools engaged in intergenerational activity from 2021 baseline by a further 50% in 2022-23.	2022-23
	Develop and align to Healthy Living activities and opportunities	People living with dementia and their unpaid carers are able to access activities and maintain their independence, and physical, emotional and mental health	Measures from Joint Health and Wellbeing strategy	2022-26
<b>Supporting unpaid carers:</b> Carers are supported to enable people with dementia to remain as independent as possible			<b>Sponsor: Local Authorities/Carers sponsor</b>	
<b>2. We will involve and seek the views of people living with dementia and their carers, recognising their role as valued experts and equal partners.</b>	Improve pathways to formal assessment where needed	Offer a carer's assessment and contingency plan to every unpaid carer of someone with dementia to identify so that they get the benefit of the support they are entitled to	All Age Carers Strategy outcome measures incl. ASC Data and Unpaid Carers voice	2022-23
	Support and training for unpaid carers of people with dementia. Work with system partners incl. health, education and voluntary and community sector organisations to build on existing and develop more support for you in your local communities	Unpaid Carers report that they can attend training, or take a break, knowing that the person they care for will be safe and well looked after. Unpaid Carers are supported to be able to continue working and to access health and support services to maintain their own physical, emotional and mental health/ wellbeing	<ul style="list-style-type: none"> <li>All Age Carer Strategy and Early Help Offer outcomes</li> <li>Number of unpaid carers supported to understand impact of dementia</li> <li>ECC commissioned Dementia service</li> <li>Health outcomes &amp; service data</li> </ul>	2022-23

# Early thinking - Focus, Actions and Outcomes

Commitments	Action	Outcome	Measures	Timeframe
<b>Reducing the risk of crisis:</b> All people with dementia receive support to reduce the risk and manage crisis			<b>Sponsor: ICS/Local Alliances</b>	
3. We will work across our systems to improve support following diagnosis to promote independence, optimise strength, build resilience and prevent unnecessary crises	Develop Health & care services that work for people living with dementia to reduce risk of crisis, reduce avoidable admissions & delayed discharge.	Flexible alternatives to hospital admission and to support early discharge wherever possible. Incl. access to UCRT/virtual wards and intermediate care.	Reduction in number of emergency admissions and delayed discharges – developing measure	2022-26
	Work to build services, support and communities in Essex that will enable people living with dementia and their carers to have Improved confidence in navigating the health & social care system to care and options to meet their needs.	People living with dementia and their carers provided with good post diagnostic support and information about the options available to them as their dementia progresses.	<ul style="list-style-type: none"> <li>• Increase number of PCNs that have achieved Dementia Friendly accreditation</li> <li>• Number of people supported to make contingency and advance care plans.</li> <li>• Number of advance care plans completed</li> </ul>	2022-26
<b>A knowledgeable &amp; skilled workforce:</b> All people with dementia receive support from knowledgeable and skilled professionals where needed.			<b>Sponsor: ICS/Local Alliances</b>	
4. We will develop and build on activities and training that improve professional practice and process	<p>Map the current training and development offer for those working to provide advice and support to people living with dementia.</p> <p>Develop and build on activities that improve professional practice and processes.</p>	<p>People living with dementia are able to lead fulfilling lives and live independently for longer.</p> <p>People living with dementia are enabled, with their carers, to access assessments, care and support services that help maintain their physical and mental health and wellbeing.</p> <p>People living with dementia receive care and support from an appropriately trained workforce</p>	<ul style="list-style-type: none"> <li>• Numbers of care and support workforce who participate in standards of training and professional development as appropriate to the levels and requirements of their role</li> <li>• Prosper programme measures</li> </ul>	2022-26
	Engagement work with workforce/care market to understand levels of confidence when working with people with dementia.	Workforce feel confident and empowered in their competences	<ul style="list-style-type: none"> <li>• Engagement and surveys.</li> <li>• Prosper programme measures</li> </ul>	2022-26

# Early thinking - Focus, Actions and Outcomes

Commitments	Action	Outcome	measures	Timeframe
<b>Finding information and advice:</b> Everyone with dementia will have access to the right information at the right time.			<b>Sponsor: Local Authorities: Adult Social Care</b>	
<b>5. We will work collaboratively with system partners to engage people living with dementia, their families and unpaid carers to better understand how we can improve access to the right information, advice and guidance at the right time to ensure they are fully supported</b>	Work with citizens to understand what good quality information and advice, for both pre and post diagnosis of dementia is and how it is accessed.	People are able to say they are able to access appropriate information, advice and guidance in a timely fashion that supports them to achieve their desired outcomes	Co-production work with people living with and affected by dementia to inform what 'good ' information is.	2022-23
	Work to maximise access to Information, advice and guidance so that citizens have clear access to the right support, at the right time in the right place.	People are able to say they have confidence and feel empowered to access care and support through a variety of mechanisms, including but not limited to digital & technological interventions	<ul style="list-style-type: none"> <li>Engagement and surveys.</li> <li>Virtual/Social media engagement levels.</li> <li>Numbers of people of accessing digital technologies through commissioned technology services.</li> </ul>	2022-26
	Publicise information, advice and guidance in effective ways and in clear and accessible language.	People are able to say they can access information, advice and guidance through a range of mediums including social media and in community spaces (for example through libraries, GPs and local councils).	<ul style="list-style-type: none"> <li>"making every contact count" survey</li> <li>Virtual/Social media engagement levels.</li> <li>organisations/communities achieving Dementia Friendly Communities accreditation.</li> </ul>	2022-26
<b>Diagnosis &amp; support:</b> All people with dementia will receive appropriate and timely diagnosis and integrated support.			<b>Sponsor: Local Alliances</b>	
<b>6. We will improve access to dementia diagnosis at the earliest possible stage for the people of Essex</b>	Design, promote and support activities that enable people to understand how to seek a diagnosis. Good quality support and information available from pre diagnosis and throughout the diagnosis journey and people know where to access this.	Number of people able to say they could find the right information, at the right time to gain a timely diagnosis enabling them to plan to live well with dementia	<ul style="list-style-type: none"> <li>Surveys and engagement</li> <li>Community Dementia Support Service data</li> </ul>	2022-26
	Clear dementia diagnosis pathways to enable people to receive timely diagnosis.	People are supported to understand their conditions and plan accordingly.	NHSE recorded data	2022-26

Commitments	Action	Outcome	measures	Timeframe
<b>Living well with dementia in the community:</b> All people with Dementia are supported by their Greater Essex communities to remain independent for as long as possible			<b>Sponsor: Essex Health &amp; Wellbeing Board</b>	
<b>7. We will work with people living with dementia, their families and carers to build more dementia-friendly and dementia-enabled communities and work to understand what support they need in relation to access to housing, transport, employment and technology.</b>  <b>8. We will continue to promote access to care technology to promote health, prevent deterioration and promote independence.</b>	Development and delivery of a co-produced Dementia awareness programme to improve awareness, challenge stigma, enable, inspire and facilitate dementia inclusive communities that enable people living with dementia and their carers to live a meaningful life, doing the things that are important to them pre and post diagnosis.	<p>People living with dementia and their carers are enabled to live independently, to take part in activities (incl. commissioned Day opportunities &amp; domiciliary care) based on individual interest and choice, feel valued and included, reducing loneliness and making contribution to their community.</p> <p>People with young onset dementia, from BAME &amp; LGBTQ+ communities receive support appropriate to their specific needs.</p>	<ul style="list-style-type: none"> <li>• Increase number of Dementia Friendly and enabled community places and spaces.</li> <li>• Number of organisations &amp; communities achieving dementia friendly communities accreditation.</li> </ul>	2022-26
	Improving access to housing, transport, employment.			
	Ensure access to IAPT and Psychological interventions for people living with dementia.	People living with dementia, or a non-dementia diagnosis (MCI, depression, anxiety) and their carers are aware of the possibility of psychological support from IAPT services, and are routinely considered for and offered this support,	<ul style="list-style-type: none"> <li>• Number of people living with dementia accessing IAPT and psychological support.</li> </ul>	2022-26
<b>Living well in long term care:</b> All people with dementia live well when in long term care			<b>Sponsor: Local Authorities: Adult Social Care</b>	
<b>9. We will work with the care market to encourage long term care settings to promote activities and solutions that increase community connections for people living with dementia.</b>	Long term care settings are Dementia Friendly, supporting residents with dementia to live well and being engaged with their local communities.	Increase social connectedness incl. enabling access to digital technology, links to local communities and the dementia intergenerational programme.	<ul style="list-style-type: none"> <li>• Number of people in care homes with access to social contact through digital technology.</li> <li>• Participation in the prosper and intergenerational programmes</li> <li>• Number of care home achieving Dementia Friendly Communities accreditation.</li> </ul>	2022-26
	<p>Work with the care market to understand capacity and demand for long term care for people living with dementia.</p> <p>Work with the care market to understand the scale of ‘complex’ needs for people living with dementia and whether separate commissioning is required.</p>	<p>Market shaping strategy reflects the demand and capacity required to support people living with dementia.</p> <p>Care market and commissioners have a shared understanding of “complex” needs for people living with dementia.</p> <p>Individual care and support plans are based on a shared understanding across the domains of complexity.</p>	<ul style="list-style-type: none"> <li>• Essex Market Shaping strategy deliverables.</li> <li>• Number of people supported to access appropriate care.</li> <li>• Reduction in the number of “hand-backs”</li> <li>• Care market and commissioner's agree domains of complexity and impact on commissioned services.</li> </ul>	2022-26

Commitments	Action	Outcome	measures	Timeframe
End of life: People with dementia and their families plan ahead, receive good end of life care and are able to die in accordance with their wishes			Sponsor: Local Alliances	
10. We will improve information that enables families to plan ahead to make informed decisions that support individuals to remain cared for in their preferred care setting.	ACP (advance care plans) are seen an integral and essential part of the dementia post diagnosis pathway. Enhancing choice, aid delivery of person-centred end of life care, help to guide care when mental capacity is lost and provide support for families and carers.	People are given opportunities and supported to have early conversations about advanced care and treatment options, including but not limited to faith and culture, to allow for informed decision-making, and providing a person-centred approach to allow for individuals to remain cared for in their preferred care setting	<ul style="list-style-type: none"> <li>Number of organisations working towards/achieving Gold Standard frameworks.</li> <li>Number of people with advance care plans</li> </ul>	2022-26

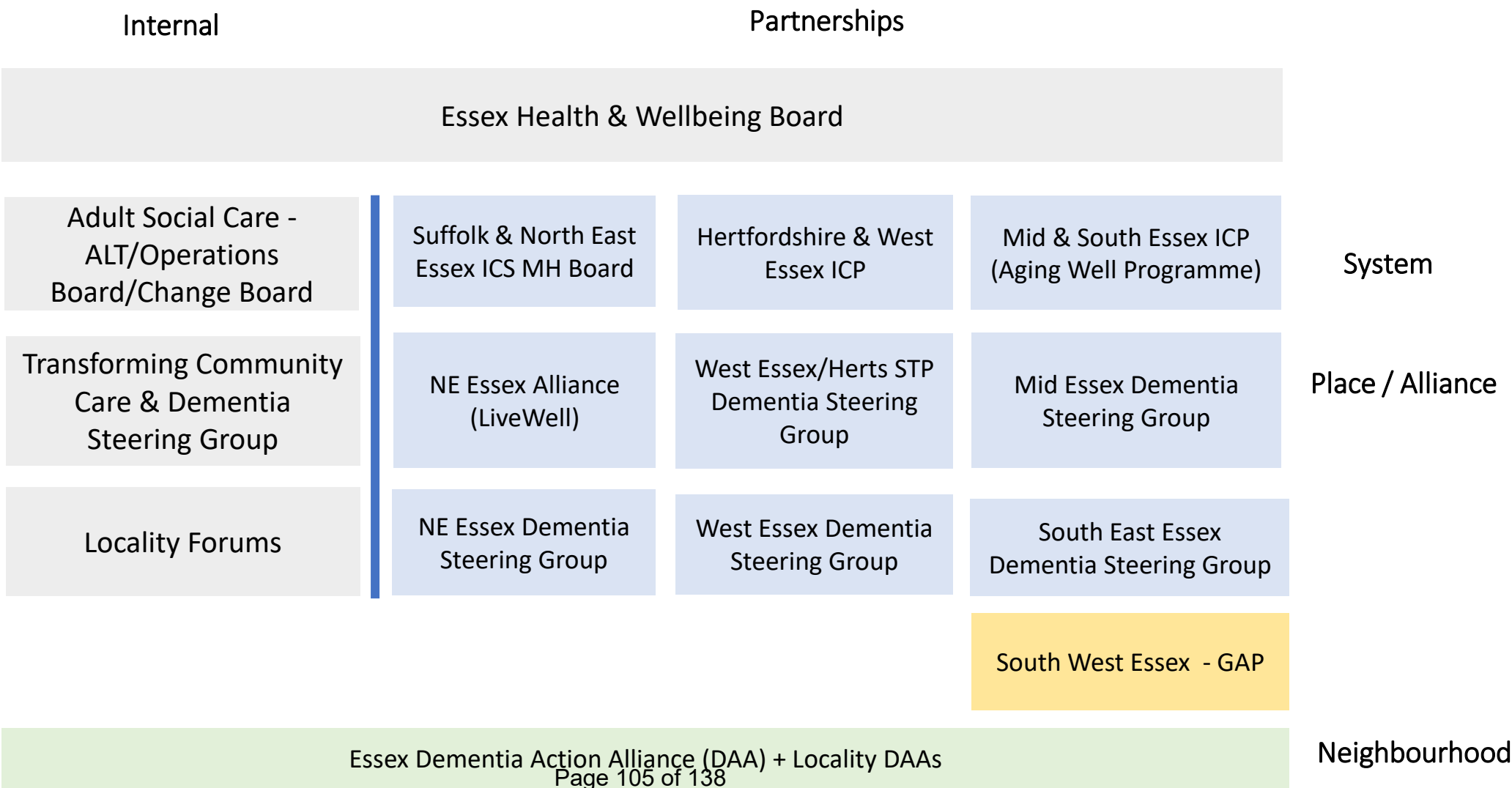
Current activities supporting  
delivery against the priorities.

Priorities	Activities	Owner/Lead organisation	Delivery timeline
<b>Prevention:</b> People in Greater Essex will have good health and wellbeing, enabling them to live full and independent lives for longer.	Early Help offer development	ECC	Ongoing
	Dementia diagnosis rate improvement	NHS	Ongoing
	Dementia Action Alliance programme/Dementia Awareness social media campaigns/Dementia friendly & enabled communities	LAs, districts/borough, local councils & communities	Ongoing
	Dementia Diagnosis Rates – Memory Assessment services supporting timelier diagnosis	Health	Ongoing
	Intergenerational Dementia programme as part of earlier intervention and starting well - wider determinants health approaches	ECC	Ongoing
	Review of Dementia Pathways	ECC/Health/LAs	2022/23
<b>Supporting unpaid carers:</b> Unpaid Carers are supported to enable people with dementia to remain as independent as possible	Community Dementia Support Service – commissioned service with specific Unpaid Carer support as part of core offer and dedicated Carer Information and Support Programme	ECC	2020-2023 (procurement review underway – possible +1 extension)
	All Age Carer strategy	ECC	Launch date April 2022
	Carers Support Service– commissioned service Carer Support interventions/IAPT	ECC Health	Ends March 2023 (possible 6 month extension)
<b>Reducing the risk of crisis:</b> All people with dementia receive support to reduce the risk and manage crisis	Post diagnostic support (variation of services across localities) EPUT/NELFT, voluntary and community sector providers	Health	tbc
	Community Dementia Support Team (South East) Community Dementia Crisis Team (South West) Dementia Intensive Support Service (Mid) Dementia Intensive Support Team (North)	Health	Ongoing (health contract agreements)
<b>A knowledgeable &amp; skilled workforce:</b> All people with dementia receive support from knowledgeable and skilled professionals where needed	Health Education England/equivalent Dementia Standards of Training Advanced Dementia Training – Development of ESCA workforce programme	ECC - ESCA	Ongoing
	Information exchange sessions with ASC operational teams to inform understanding of ECC commissioned offer.	ECC/ESCA	Quarterly
	Prosper Programme	ECC	Ongoing

Priorities	Activities	Owner/Lead organisations	Delivery timeline
<b>Finding information and advice:</b> Everyone with dementia will have access to the right information at the right time.	Community Dementia Support Service -Single point of contact /IAG– commissioned service	ECC	2020-2023
	Memory Assessment Services/ Information meetings at point of diagnosis	Health	Ongoing (health contract agreements)
	Social media - Dementia Awareness and information campaigns	ECC	Ongoing
	Early Help offer development	ECC	Ongoing
	All Age Carer Offer	ECC	In Review
<b>Diagnosis &amp; support:</b> All people with dementia will receive appropriate and timely diagnosis and integrated support.	Memory Assessment services /primary care/ Advanced Care Planning/IAPT service/CST & Therapy	Health	Ongoing (health contract agreements)
	Community Dementia Support Service Single point of contact triage/IAG	ECC	2020-23 (commissioned service)
	Various Dementia Identification workforce roles across all system spaces	Health	Ongoing (health contract agreements)
<b>Living well with dementia in the community:</b> All people with Dementia are supported by their Greater Essex communities to remain independent for as long as possible	Community Dementia Support Service - Dementia Enabled communities/ Awareness raising	ECC	2020-23 (commissioned service)
	Young onset service (early stage development in Mid Essex)	Health	In planning stage
	Dementia Action Alliances	LAs/ECC/Local communities	Ongoing
	EALC dementia awareness programme for elected member and officers. Local Councils supported to achieve Dementia Friendly Communities accreditation	ECC	Ongoing
<b>Living well in long term care:</b> All people with dementia live well when in long term care	Prosper Programme	ECC	Ongoing
	Dementia Care home Nurses/Enhanced Care Home Liaison services	Health	Ongoing
<b>End of life:</b> People with dementia and their families plan ahead, receive good end of life care and are able to die in accordance with their wishes	Gold Standard Frameworks	Health	Ongoing
	Essex Multi Faith, Beliefs & Dementia Inclusion Group	LAs/ECC/Local Communities	Ongoing
	Community Dementia Support Service - Dementia Family Navigator support	ECC	2020-23 (commissioned service)

# Governance, Oversight and Strategic Alignment






# Governance & Oversight

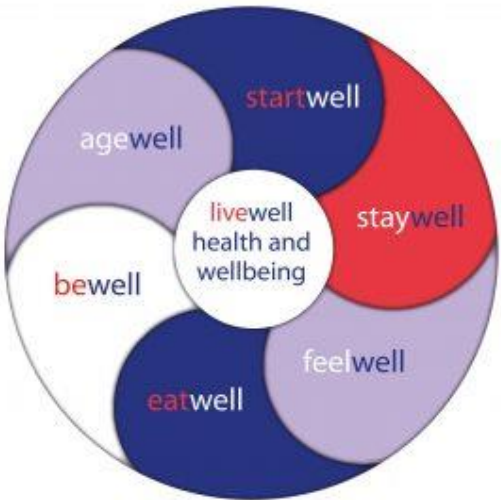


# National Alignment

The Strategy will align to the NHS Well pathway for Dementia and to the Livewell themes

- SET Dementia strategy mirrors the NHS England Well Pathway for Dementia, and aims to provide the best care possible for people living with dementia, their unpaid carers and those important to them, and to the Livewell health and wellbeing themes.
- To ensure consistency, clarity and reduce fragmentation of services and support available at all stages of the condition, and will set out our vision and ambitions over the next three years in order to achieve further integration of good quality care and support, better outcomes and a system that is simpler to navigate for those in need of care and support.

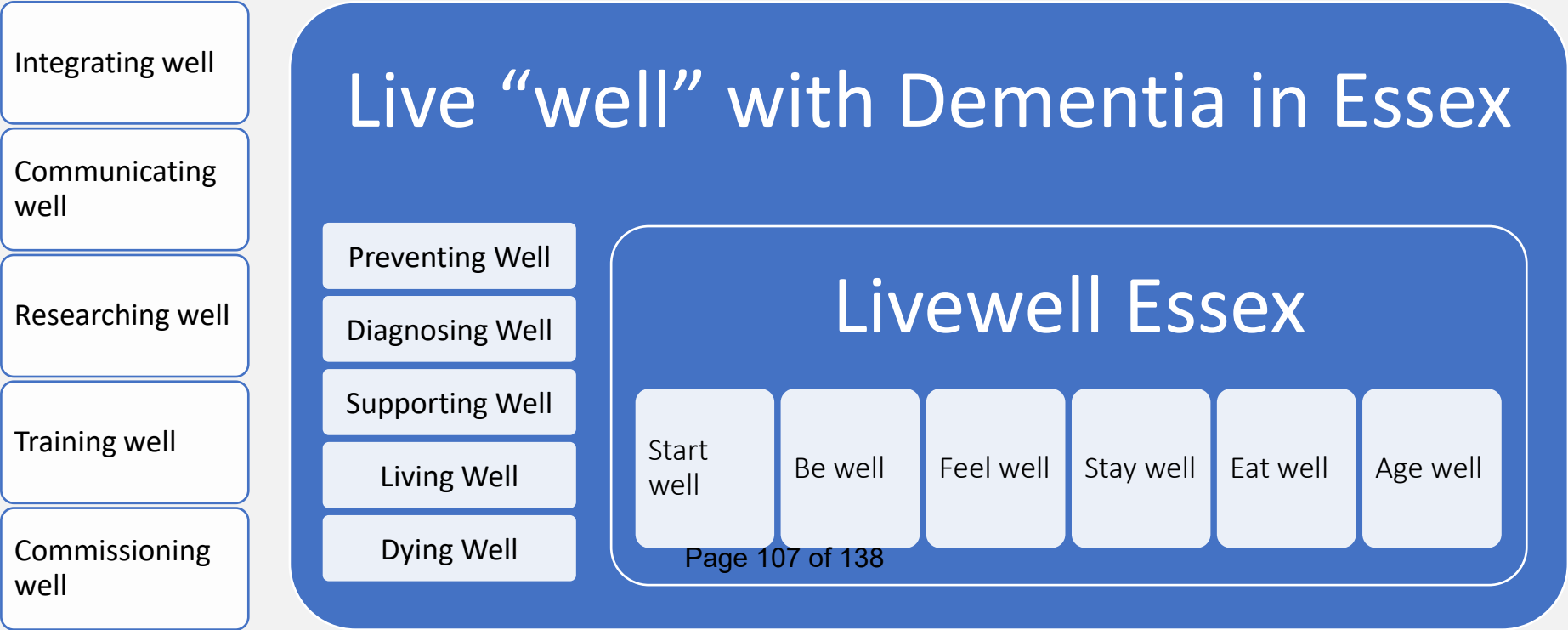
NHS ENGLAND TRANSFORMATION FRAMEWORK – THE WELL PATHWAY FOR DEMENTIA				
PREVENTING WELL	DIAGNOSING WELL	SUPPORTING WELL	LIVING WELL	DYING WELL
 Risk of people developing dementia is minimised  "I was given information about reducing my personal risk of getting dementia"	 Timely accurate diagnosis, care plan, and review within first year  "I was diagnosed in a timely way" "I am able to make decisions and know what to do to help myself and who else can help"	 Access to safe high quality health & social care for people with dementia and carers  "I am treated with dignity & respect" "I get treatment and support which are best for my dementia and my life"	 People with dementia can live normally in safe and accepting communities  "I know that those around me and looking after me are supported" "I feel included as part of society"	 People living with dementia die with dignity in the place of their choosing  "I am confident my end of life wishes will be respected" "I can expect a good death"
STANDARDS:	STANDARDS:	STANDARDS:	STANDARDS:	STANDARDS:
Prevention <sup>(1)</sup> Risk Reduction <sup>(2)</sup> Health Information <sup>(4)</sup> Supporting research <sup>(5)</sup>	Diagnosis <sup>(1)(5)</sup> Memory Assessment <sup>(1)(5)</sup> Concerns Discussed <sup>(5)</sup> Investigation <sup>(5)</sup> Provide Information <sup>(4)</sup> Integrated & Advanced Care Planning <sup>(1)(2)(3)(5)</sup>	Choice <sup>(2)(3)(4)</sup> BPSD <sup>(4)(5)</sup> Liaison <sup>(5)</sup> Advocates <sup>(5)</sup> Housing <sup>(5)</sup> Hospital Treatments <sup>(4)</sup> Technology <sup>(5)</sup> Health & Social Services <sup>(5)</sup> Hard to Reach Groups <sup>(5)(5)</sup>	Integrated Services <sup>(1)(5)(5)</sup> Supporting Carers <sup>(2)(4)(5)</sup> Carers Respite <sup>(5)</sup> Co-ordinated Care <sup>(5)</sup> Promote independence <sup>(1)(4)</sup> Relationships <sup>(5)</sup> Leisure <sup>(5)</sup> Safe Communities <sup>(1)(5)</sup>	Palliative care and pain <sup>(1)(2)</sup> End of Life <sup>(4)</sup> Preferred Place of Death <sup>(5)</sup>
References: (1) NICE Guideline. (2) NICE Quality Standard 2010. (3) NICE Quality Standard 2013. (4) NICE Pathway. (5) Organisation for Economic Co-operation and Development (OECD) Dementia Pathway. (6) BPSD – Behavioural and Psychological Symptoms of dementia.				
RESEARCHING WELL				
• Research and innovation through patient and carer involvement, monitoring best-practice and using new technologies to influence change. • Building a co-ordinated research strategy, utilising Academic & Health Science Networks, the research and pharmaceutical industries.				
INTEGRATING WELL				
• Work with Association of Directors of Adult Social Services, Local Government Association, Alzheimer's Society, Department of Health and Public Health England on co-commissioning strategies to provide an integrated service ensuring a seamless and integrated approach to the provision of care.				
COMMISSIONING WELL				
• Develop person-centred commissioning guidance based on NICE guidelines, standards, and outcomes based evidence and best-practice. • Agree minimum standard service specifications for agreed interventions, set business plans, mandate and map and allocate resources.				
TRAINING WELL				
• Develop a training programme for all staff that work with people with dementia, whether in hospital, General Practice, care home or in the community. • Develop training and awareness across communities and the wider public using Dementia Friends, Dementia Friendly Hospitals/Communities/Homes.				
MONITORING WELL				
• Develop metrics to set & achieve a national standard for Dementia services, identifying data sources and set 'profiled' ambitions for each. • Use the Intensive Support Team to provide 'deep-dive' support and assistance for Commissioners to reduce variance and improve transformation.				



# System Alignment

From the consultation and experience working within the system to date we know that we need to work harder to connect Dementia to existing plans. The below puts a framework around the conversation and outlines some of the key building blocks for change which will be taken to a newly developed Strategic Dementia Partnership Group.

## What does “well” look like...



# How we built this strategy

# Learning from Successes from the past 5 years

## Care and support

- Increased levels of access to early help, Information, Advice & Guidance (incl. unpaid carers, professionals)
  - Community Dementia Support Services, Welfare Calls, Care Navigator Plus, peer support & group activities
- Increased assessment & diagnosis rates for dementia
  - sustained levels of achievement throughout the COVID19 pandemic tracking above national & regional baselines
- Memory Assessment Services that support earlier identification & timelier diagnosis
- Admiral Nurses: testing the approach as part of the dementia pathway
- Dementia Intensive Support; to provide intensive enhanced support
- Carer respite: Range of support for unpaid carers incl. short breaks.
- Mid & South Health & Care Partnership Dementia Intensive Out of Hours Support Team (COVID19 Response, Advice, Assessment & Support)

## UK firsts for Essex

- Development of Dementia Friendly programmes .....
- Essex Dental Practices achieve dementia Friendly status.
- A programme of Dementia Intergenerational activity in Essex schools and wider to create a dementia friendly generation
- Supporting Essex Challenge Prize Winners and runners up to rollout of their inventions

## Enabling People to live full and independent lives for longer.

- Dementia embedded into Livewell development accreditation as part of planning approval.
- Work with developers to ensure dementia aware developments and open spaces
  - Chelmsford Community Garden Village
- Increase in place based social action
  - High levels of volunteering activities to support People living with dementia & carers incl. befriending
- APPG for housing & care of Older People inquiry into housing for people living with dementia
- Social prescribing: supporting unpaid carers & people affected by dementia to access wellbeing and lifestyle opportunities in the community.

## Living well with dementia in the community

- ECC: awareness raising throughout the organisation
- Working with Local Councils ensuring the needs of people living with dementia are recognized in discharging of their statutory duties
  - Elected Member training, adoption of HEE standards, Dementia Fair & RiPFA Conference
- Increased use of assistive technologies and research/innovation activities with tech. sector & higher education.
- “The Happiness Project” Pilot of sensory tables within care homes and community settings across mid and south Essex

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*Whilst some challenges remain, the time has now come to learn from the last five years and grow out of these foundations the best possible dementia offer for the citizens of Essex. This Strategy Refresh will provide an overarching ambition for local delivery.*

# Consulting on the Strategy

Essex County Council on behalf of Southend, Essex and Thurrock carried out a 6 week public consultation (15<sup>th</sup> Feb. to 5<sup>th</sup> April 2021) to inform the planned refresh of the existing Strategy. The consultation asked questions to establish whether, or not people agreed or disagreed that the nine priorities previously identified continued to be important and their reasons for this.

## We asked, You said...

### Responses

In total, we received 164 online responses to the public engagement survey, providing valuable insight into people's thoughts about our dementia priorities. Whilst this was not as many responses as we would have liked, given the impact of Covid on our ability to engage we believe it gives us enough steer to continue to progress with this activity.

### Engagement

We have taken feedback from various engagement activity over the last 12 months to triangulating the themes, in mitigation.

- Alzheimer's Society Dementia Voices Programme
- Essex ASC Covid-19 Lived Experience research and insight
- Dementia Voices: Living through Lockdown – North East Essex Commissioned Activity
- ECC Social Media engagement
- Work through the Local Dementia Action Alliances
- Essex Welfare Service, welfare Calls & Care Nav + pathway

### Respondents

Responses were received from a range of stakeholders

- People living with dementia,
- Families & unpaid carers,
- Partner organisations
- Health & Social Care professionals

### The priorities

Are our priorities the right ones?

- 92% of respondent were in broad agreement to the priorities.
- 3 % of respondents strongly disagreed to the priorities.
- 5% of respondents were unsure

# COVID19...

## Dementia Voices: Living in Lockdown

### Approaches the team have used

- Increased focus on use of social media channels
- Use of digital technologies to facilitate 1:1 conversations with People
- Virtual dementia awareness sessions
- Increased opportunities for communities to come together via the Dementia Action Alliances virtually
- Lived Experience research and insight - ASC 2020, Local systems, COVID19 recovery

We expect to continue to  
utilise these new  
communication channels  
through delivery of the  
new strategy

### The voice of people living with Dementia

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

"Nothing seems to be  
working at the moment.  
You can't see anyone.  
Everything is on the phone.  
I don't always remember."

"Regular contact from  
social worker  
important' - Some with  
less contact from social  
workers'

'Reassurance that help  
there when needed'  
incl. Residential care

### The voice of Carers

- Challenges linked to those experienced by PWD e.g. disruption of routines; loss of services
- An increase in caring responsibilities
- No respite, reduced respite pool - informal means of support not available
- Lack of awareness of support and entitlement to it
- No access to internet or not comfortable using it/digitally disenfranchised – can't join Zoom etc.
- Not receiving timely/appropriate information
- Finding isolation difficult not just because of impact on cared for but also on their own MH and wellbeing.

\* Quotes from ASC  
& local systems lived  
experiences 2020

# Consulting on the Strategy

## High Level Themes

Much of this will be continuing activity from the 2017 Strategy. This shows that whilst progress has been made there is still a lot to do for people living with Dementia in Essex.

Specific support needed for parent/unpaid carers

Specific support needed for People affected with Dementia

Needs of unpaid carers to be considered

Needs of family to be considered

Needs of the person affected by dementia to be considered

Strategy outcomes need to be measured to show success

Increased access to support groups needed

Holistic approach to planning for people affected by dementia

Training opportunities for family/unpaid carers to understand dementia

Better Information for help signpost people to services

Make health/care professionals take dementia awareness training

Ethical way to understand and involve people who are living with dementia

The priorities must be able to evaluate the outcomes

More regular points of contact for parent/unpaid carers

More dementia friendly environments needed

Keep and improve established support networks

More open information on Dementia

Dementia specific activities important

Personal experience of support services has been positive

More dementia friendly environments needed

# Lived Experiences...

My eyes do see, my ears do hear  
I am still me, so let's be clear  
My memory may fade, my walk may slow  
I am still ME inside, don't let me go

Poem from Alzheimer Nederland

Learning through various engagement routes have given us key themes to consider. These are from the voices of people living with or affected by dementia in Essex and will also support delivery of the new strategy

A timelier diagnosis enables informed early decision making, and facilitates advance care planning

The importance of post diagnosis support and timely information on an ongoing basis

Unpaid carers don't feel supported practically, and they aren't prioritised for support or as experts

People under 65 living with dementia require targeted support

Health and Social Care need to integrate, to reduce fragmentation, improve communication and reduce repetition and confusion for unpaid carers and people living with dementia

Good training for staff is essential, sharing specialist skills and acknowledging that people with dementia may have complex physical health needs and people with complex physical health needs may have dementia

Promotion of prevention and risk reduction

People are individual – personalisation, one size does not fit all

Importance of dementia aware communities

The following 9 Priorities will continue as part of the 2022-26 Strategy – those areas that had greater emphasis in the consultation will be a key focus areas



The priority areas we consulted on.	Key themes from engagement activity. People have told us they want...
Prevention: People in Greater Essex will have good health and wellbeing, enabling them to live full and independent lives for longer.	<ul style="list-style-type: none"> <li>• Earlier help with prevention (Promotion of risk reduction)</li> <li>• to understand what “Living well” and “Prevention” mean</li> </ul>
Finding information and advice: Everyone with dementia will have access to the right information at the right time.	<ul style="list-style-type: none"> <li>• Increased knowledge, information &amp; support for people living with dementia and their carers.</li> </ul>
Diagnosis & support: All people with dementia will receive appropriate and timely diagnosis and integrated support.	<ul style="list-style-type: none"> <li>• a need to ensure there is an increased focus on both those with younger onset dementia as well older.</li> </ul>
Living well with dementia in the community: All people with Dementia are supported by their Greater Essex communities to remain independent for as long as possible	<ul style="list-style-type: none"> <li>• a broader range of support interventions through a pathway of care that reflects “all ages and stages of dementia”, Living well for longer.</li> <li>• us to develop dementia aware communities including working more closely with underrepresented groups.</li> <li>• us to promote the inclusion of people living with dementia in everyday life. A “Dementia friendly Essex”</li> <li>• an improved offer and opportunities to access digital and assistive technologies.</li> </ul>
Supporting unpaid carers: Unpaid carers are supported to enable people with dementia to remain as independent as possible	<ul style="list-style-type: none"> <li>• Increased knowledge, information and support for unpaid carers, families &amp; friends.</li> <li>• Be able to access support through an broader menu of support options i.e. social media channels, virtual technologies.</li> </ul>
Reducing the risk of crisis: All people with dementia receive support to reduce the risk and manage crisis	<ul style="list-style-type: none"> <li>• Improved confidence in navigating the health &amp; social care system to care and options to meet their needs.</li> </ul>
Living well in long term care: All people with dementia live well when in long term care	<ul style="list-style-type: none"> <li>• To understand what “living well” means</li> <li>• us to ensure that all care &amp; support services are designed to support independence and provided within dementia enabled environments.</li> </ul>
End of life: People with dementia and their families plan ahead, receive good end of life care and are able to die in accordance with their wishes	<ul style="list-style-type: none"> <li>• Increased knowledge, information &amp; support for people living with dementia and their carers.</li> </ul>
A knowledgeable & skilled workforce: All people with dementia receive support from knowledgeable and skilled professionals where needed	<ul style="list-style-type: none"> <li>• Ongoing training for the workforce related to understanding the lives of people living with or affected by dementia.</li> <li>• Professionals to have the opportunity for Multidisciplinary training</li> <li>• Us to put the voice of people living with dementia and their carers at the centre of everything we do.</li> <li>• To improve co-production of care &amp; support services.</li> </ul>

<b>Report title: Update on Changing Futures</b>	
<b>Report to:</b> Essex Health and Wellbeing Board	
<b>Date:</b> 18 May 2022	<b>For:</b> Discussion
<b>Enquiries to:</b> Ben Hughes, Head of Wellbeing and Public Health <a href="mailto:ben.hughes@essex.gov.uk">ben.hughes@essex.gov.uk</a>	
<b>County Divisions affected:</b> All non-unitary Essex	

## 1 Purpose

- 1.1 The purpose of this presentation is to provide an update on the progress of Changing Futures within Essex, and to seek the continued commitment and support of wider partners in achieving the aims of the programme.

## 2 Recommendations

- 2.1 Support the aims of the Changing Futures programme within Essex, as set out within the Changing Futures Strategy appended to this report.

## 3 Background

### National context

- 3.1 Changing Futures is a three-year national programme, which commenced in July 2021. Essex is one of 15 areas taking part, having successfully secured £2.8m grant funding to deliver the programme until the end of March 2024.
- 3.2 Largely due to the way services are commissioned or designed to deal with single issues only, those experiencing multiple disadvantage, invariably struggle to access the support they need. Similarly, many individuals do not reach the thresholds for statutory services, but are passed from service to service whilst still clearly needing some level support. Instead, they end up presenting in crisis to emergency services, creating an unnecessary and costly impact on public services, and more importantly, destabilizing the person further and increasing their level of need.
- 3.3 Therefore, Changing Futures is testing a range of approaches to improve the way in which services work together to better support those experiencing multiple disadvantage, and ultimately drive system change across the complex health and social care landscape.

## **Changing Futures in Essex**

- 3.4 In Essex, Changing Futures is focusing on adults in contact with the criminal justice system (as victim or perpetrator), coupled with *two* of the following: substance misuse; homelessness; and mental health issues. However, they will invariably have other complex needs such as a learning disabilities and long-term physical health issues.
- 3.5 In summary, Changing Futures in Essex is a major expansion and enhancement of Essex County Council's (ECC) tried and tested approach over a number of years, through the Full Circle/Horizons service which seeks to build non-punitive, non-time limited therapeutic relationships through positive persistence. Coupled with this, the service forges strong links with partners from all sectors, including for example police, probation, housing, health and social care, bringing them together to form a multi-disciplinary/multi agency network of support around the individual.
- 3.6 The benefits of this approach and change in practice is already being demonstrated through the project being run in partnership with Adult Social Care. The project, which is also being delivered by Phoenix Futures and commenced in July 2020, provides support to vulnerable adults known/open to the Learning Disability and Autism Team, and who are being, or who are at risk of criminal, sexual or financial exploitation by others.
- 3.7 At present, there is good engagement from a wide range of partners, with recognition that the aim of Changing Futures similarly aligns to a number of partners strategic aims, including for example, the Essex Recovery Foundation, the Reducing Reoffending Board, Essex Violence and Vulnerability Unit and the Supporting Families programme.
- 3.8 However, in order to really improve the way in which services work together, ECC needs increased engagement and support from wider partners. For example, there is a great deal of activity happening through the Community Mental Health Transformation agenda, but this is happening at different stages across the County. As such, ECC is keen to engage with health partners to better understand what provision exists and to ensure that those we are supporting through Changing Futures (and related services), who ordinarily find both primary and secondary services difficult to access, can obtain support. ECC would also advocate for wider partners to endorse a multi-agency approach to supporting vulnerable citizens.

# Changing Futures

Essex Health and Wellbeing Board

18 May 2022



## Changing Futures – the national programme

Changing Futures is a three year (2021 – 2024) national programme which aims to improve outcomes for adults experiencing multiple disadvantage.

Multiple disadvantage (as defined for the purpose of Changing Futures) includes combinations of homelessness, substance misuse, mental health issues, domestic abuse and contact with the criminal justice system.

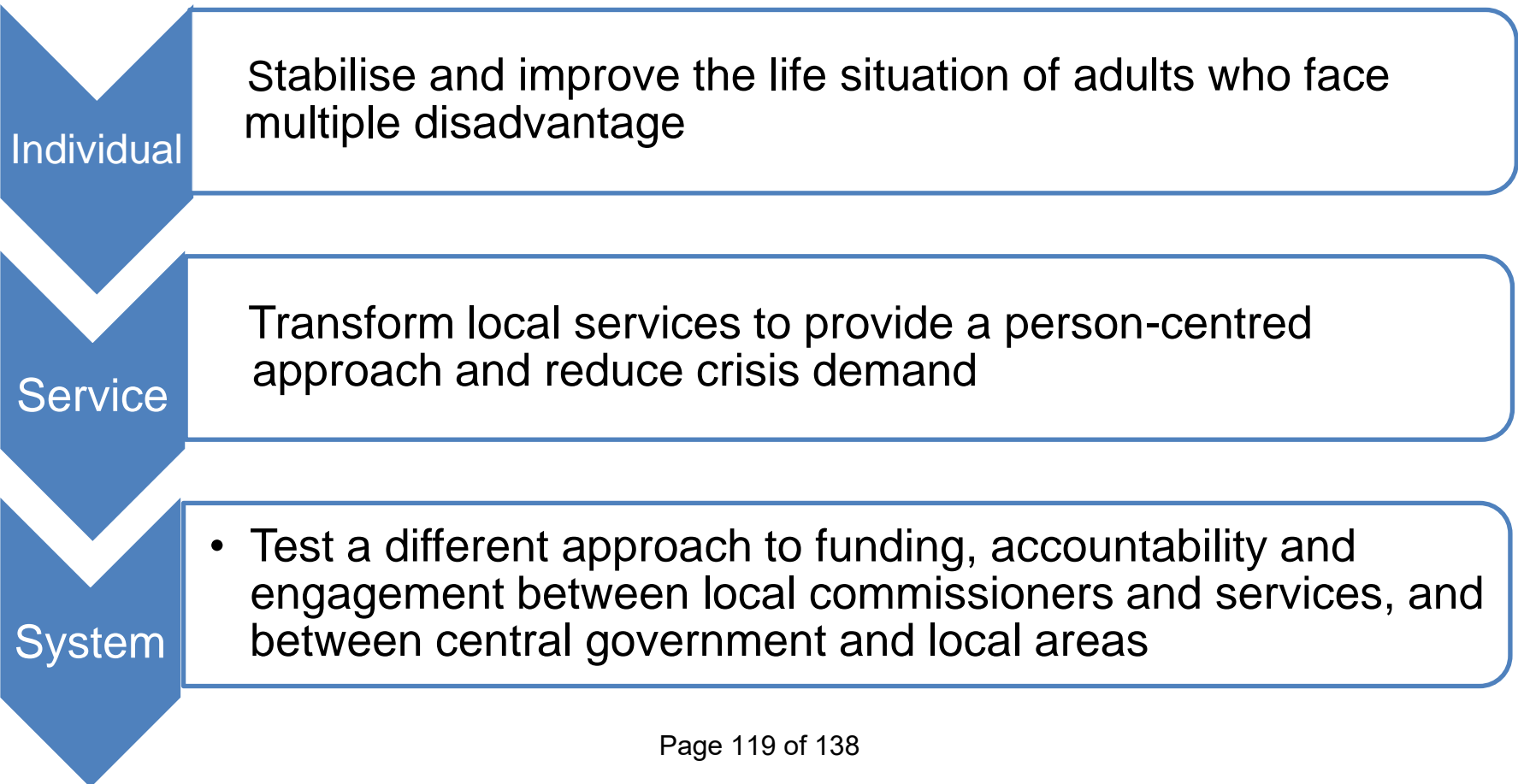
Changing Futures is overseen by the Department of Levelling Up, Housing and Communities (formerly Ministry of Housing, Communities and Local Government), 15 areas across England including Essex, are participating in the programme.

Funding: £46 million funding from the Shared Outcomes Fund, and an additional £18 million from the National Lottery Community Fund.

[www.gov.uk/government/collections/changing-futures](https://www.gov.uk/government/collections/changing-futures)

# Changing Futures

Aims of the national programme:



# Changing Futures within Essex

Essex has successfully secured £2.8m to deliver Changing Futures over the three years.

Within Essex, the Changing Futures programme will work with adults experiencing multiple disadvantage, specifically focusing on:

Those in contact with the criminal justice system (as victim or perpetrator), coupled with two of the following:

- Substance misuse;
- Homelessness;
- Mental ill health

In addition to the above, they may also have other complex needs, for example, learning disabilities, financial issues, physical health needs, or other accommodation issues.

# Changing Futures in Essex

## **Our vision:**

*Every person in Essex experiencing multiple disadvantage is able to access the support they need to make positive and lasting changes, and which enables them to live healthier and more fulfilling lives.*

## **Changing Futures – Strategy 2021 – 2025**

# Changing Futures in Essex –

## What does this mean?

- A major expansion and enhancement of our approach to supporting individuals with multiple disadvantage, ie
- **Phoenix Futures** – already work with clients with multiple disadvantage through delivery of the Full Circle service, eg:
  - **Offenders with Complex and Additional Needs;**
  - **The Horizon Project;**
  - **Vulnerable Adults Project**

# Changing Futures – Our approach



# Changing Futures in Essex

## What have we done so far:

- Increased staff capacity within Phoenix Futures and Futures in Mind: providing dedicated support, increasing the number of individuals with multiple disadvantage within Essex who can be supported, and develop activities for individuals to engage in.
- Establishment of team of Mental Health and Wellbeing practitioners: providing dedicated support to adults with low to moderate mental ill health issues, and prevent further onset and or escalation of mental health and social care needs.
- Capacity development with local partnerships: Grant funding awarded to partners from across the districts to deliver projects as part of Changing Futures within their local areas.

# Changing Futures in Essex

## Some key milestone for delivery:

Expansion of partners working as part of a multi disciplinary team, (including sharing of information where appropriate)

Development of waiting list offer and activities, and which connects individuals to their community; increase peer mentor support (Futures in Mind)

Building capacity within districts to address gaps in support, and increase opportunities/activities for individuals with multiple disadvantage

Utilising service user/lived experience feedback to improve services and pathways for support

Rolling out trauma informed training; embedding trauma informed practice across services

Evaluation and learning



<b>Report title:</b> Essex Violence & Vulnerability Partnership update	
<b>Report to:</b> Essex Health and Wellbeing Board	
<b>Report authors:</b> Samantha Grant, Violence & Vulnerability Unit (VVU) project manager (PFCC) Jim Pearson, VVU Operational Lead (Essex Youth Offending Service)	
<b>Date:</b> 18 <sup>th</sup> May 2022	<b>For:</b> Discussion
<b>Enquiries to:</b> <a href="mailto:Samantha.grant@essex.police.uk">Samantha.grant@essex.police.uk</a> or <a href="mailto:james.pearson@essex.gov.uk">james.pearson@essex.gov.uk</a>	
<b>County Divisions affected:</b> All Essex	

## 1. Purpose of Report

- 1.1. To share with the Health and Wellbeing Board (the Board) an update on the work of the county Violence and Vulnerability (V&V) Partnership.

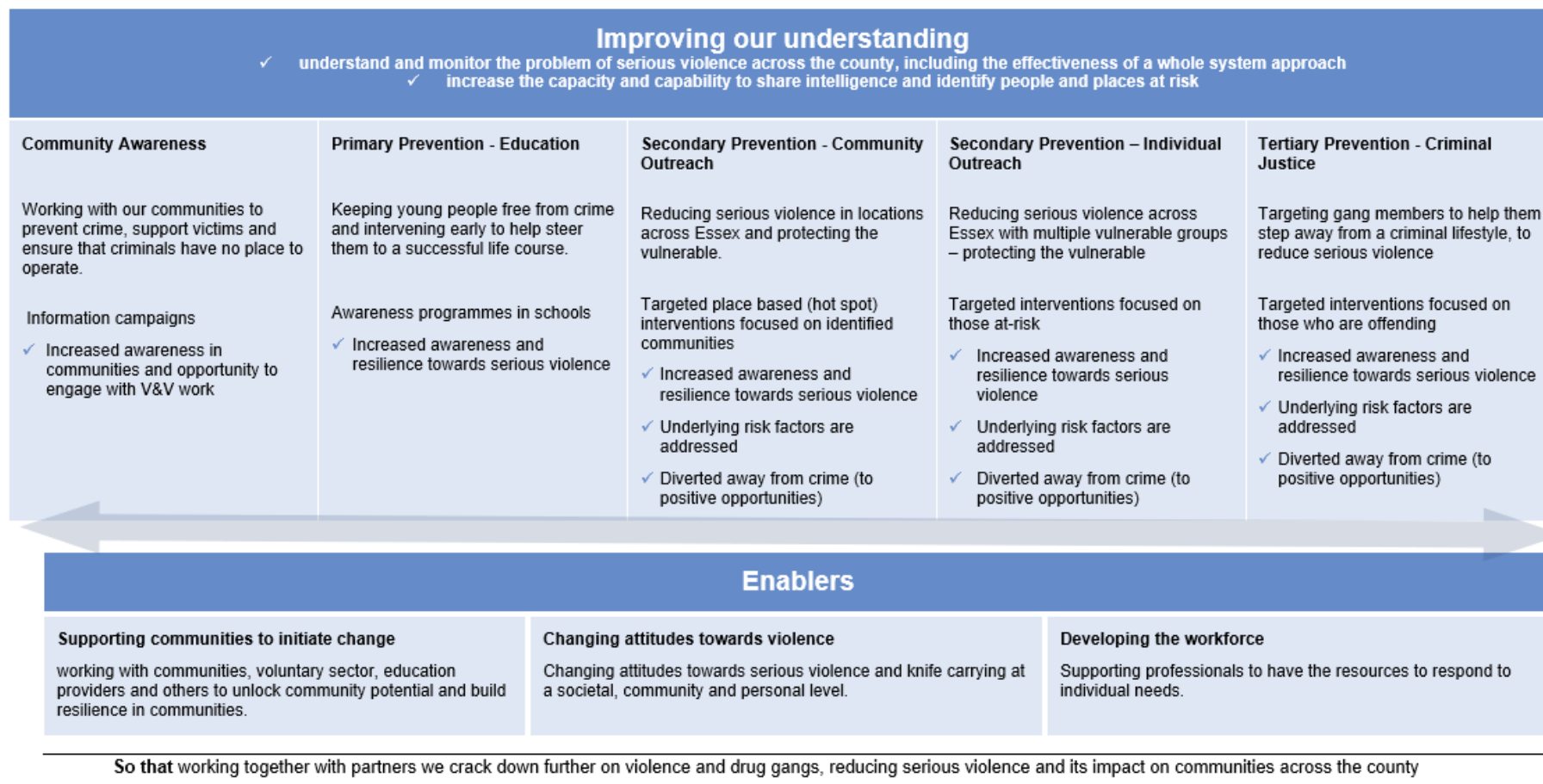
## 2. Recommendations

- 2.1. To consider and discuss how members of the Board would like to be kept informed of the V&V Partnership's work and progress.
- 2.2. To seek support from the Board to the development of primary prevention approaches to addressing serious youth violence, and areas of collaboration.
- 2.3. To help the Violence and Vulnerability Unit to identify the most appropriate routes for recruitment to a dedicated health post within the Violence and Vulnerability Unit (VVU). For this role to be instrumental in promoting joint work, sharing the lessons learnt and informing the future direction of work.

## 3. Background

- 3.1. The Essex V&V Partnership was established in 2019, following the development of the partnership county Violence and Vulnerability Framework developed in 2018, under the leadership of Safer Essex.
- 3.2. The focus of the V&V Partnership is to tackle serious violence and drug driven harm linked to gangs and County Lines, particularly for those under 25 years of age (based on the evidence of those most likely to be involved). Essex identified the issue of serious violence linked to gangs and county lines early, and put in place a partnership approach with commitment and leadership from organisations across the county, based on a 'public health' model.
- 3.3. In 2019 Essex was identified as part of the Government's Serious Violence Strategy as one of 18 Violence Reduction Unit (VRU) areas. 2022/23 is year four of this national VRU programme of work.

### 3.4. Essex V&V Partnership – whole system ‘public health’ approach



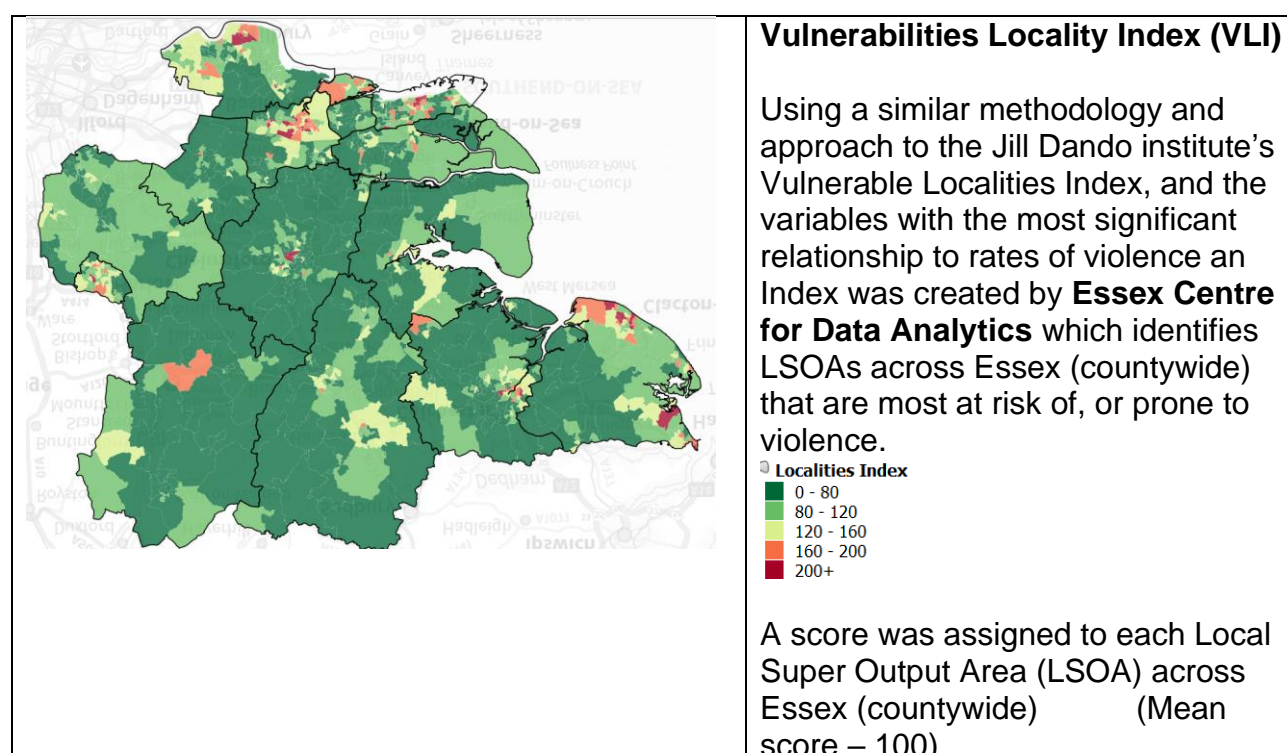
**We measure our overall impact through:**

- ✓ Improvement in public feelings of safety
- ✓ Reduction in hospital admissions for assaults with a knife or sharp object and especially among those victims aged under 25.
- ✓ Reduction in knife-enabled serious violence and especially among those victims aged under 25, based on police recorded crime data.
- ✓ Reduction in all non-domestic homicides and especially among those victims aged under 25 involving knives.

## 4. Examples of current initiatives

- 4.1. **Supporting communities to initiate change** - Violence and Vulnerability Community Safety (VVCS) Grants of up to £20,000 awarded to local not for profit organisations, in response to issues identified through listening projects with young people, (led by Essex Council for Voluntary Youth Services). Young people are also involved in assessing the applications. The funds are for work from January 2022 to March 2023. Please find a complete list of the projects in Appendix 1.

- 4.2. **Secondary prevention – community outreach** (locations across Essex)



- 4.3. The Vulnerabilities Localities Index (which is being reviewed currently), identifies areas of focus (localities with a score above 200 are considered for prioritisation). These areas are within Basildon, Chelmsford, Colchester, Harlow, Southend, Tendring and Thurrock.
- 4.4. An example of the interventions being delivered in partnership as part of this work is uTurn4Support 'Wellbeing & Resilience' project, in Tendring working with young people identified as at risk of offending. Activities cover physical and emotional effects of knife crime and exploitation; life skills; coping with stress and anxiety; consequences of unsafe choices; help seeking and support services; support to take part in wider activities in the local community. Through this work, uTurn4Support, will soon be working with four of the six secondary schools in the Tendring area.
- 4.5. **Secondary prevention – individual** - young people identified through police activity with proactive support led by Youth Offending 'Reroute' team. Two youth offending gang workers ringfenced (funded via V&V funds) to work with

young people identified through police activity, involved in and at risk of involvement in gangs, county lines and knife crime. This includes at the point a young person comes into police custody, pro-actively reaching out to these vulnerable young people, at a reachable moment. It also includes young people identified through OpRaptor police activity, and through Police Children and Young People Officers.

- 4.6. **Changing attitudes to violence** – using the real-life experience of Essex young people through five locally shot short films, the V&V Partnership ran a County Lines campaign aimed at young people, [www.essexcountylines.co.uk](http://www.essexcountylines.co.uk), during 2020. The learning from the first wave was used to inform a re-run of the campaign which ran in 2021.
- 4.7. **Improving our understanding** - There have been issues with the sharing of information from the Police into the Missing and Child Exploitation (MACE) forums, in addition to a desire to review the analytical products produced for the MACE. The VVU are working with colleagues to review these issues including ensuring appropriate links into the Essex Police analysts. Work is current on the development of a joint analytical package which can be produced for the MACE forums to provide key strategic information to assist in determining how best to deploy resources in response to key problems.
- 4.8. **Improving our understanding** – The ‘Information Sharing to Tackle Violence’ (ISTV) project aims to improve the insight available on the scale, size and locations of violent incidents across the county, with data shared from Essex Police, East of England Ambulance Service Trust, Mid and South Essex NHS Foundation Trust, The Princess Alexandra Hospital Trust, and East Suffolk & North Essex NHS Foundation Trust. We know from the Cardiff ISTV model that one half to two thirds of violence which result in hospital treatment are not known to the police. Information sharing agreements are now in place, and the flow of data from these partner organisations is imminent. The Partnership is using an existing platform (provided by Essex Centre for Data Analytics / ecda). The data will be analysed by colleagues within Essex Police. The data will be accessible to named individuals within relevant organisations, including the county’s 15 local authorities. This analysis will identify locations and cohorts for preventative action and inform our strategic approach to reducing serious violence in Essex
- 4.9. **Developing the workforce** - Through our training and development programme we are embedding learning and practices which lead to improved outcomes for children and young people involved in or at risk of serious violence. This includes an Exploitation Toolkit, in partnership with the Safeguarding Boards, developed to support those working with and identifying individuals at risk of serious violence or exploitation. Our aim is to ensure that for those who have been through the training they have the tools to support them with decision making around behaviours they observe. The toolkit enables frontline practitioners to easily understand the pathways and services available to them. It is hosted online so easily accessible to everyone at any time and leads front line workers through the steps they need to take. It has been designed to be responsive to the different systems that exist in the three

different areas (Southend, Essex and Thurrock) so that all teams are covered. A multi-agency team has worked together to devise and design the toolkit, this means that there is a consistent tool across the whole of Essex which all front-line workers are using.

## **5. Future plans**

- 5.1. The V&V Partnership's approach is based on understanding the underlying drivers, responding to these, and recognising that this requires a long-term approach, if significant impacts are to be made and sustained.
- 5.2. For the work directly delivered by the V&V Partnership, the V&V Partnership has a joint budget which it uses as part of its work to address serious youth violence. For 2022/23 this consists of £2m from the Home Office VRU Fund, contributions from the Police, Fire and Crime Commissioner of £600,000 and £500,000 from Essex County Council.
- 5.3. The Essex 'VRU' model is about embedding practice and working within the overall Essex framework. Importantly building on and linking to a range of mainstream services and multi-agency arrangements. The Essex V&V Partnership recognises that:
  - Some of this work is through direct delivery by the V&V Partnership
  - Some through supporting others to initiate change – including communities
  - & some by influencing the development and delivery of services by a range of organisations and partnerships.
- 5.4. Based on the overall approach to reducing serious youth violence, as outlined in section 3.4, the V&V Partnership has developed a case for investment for 2022/23 to 2024/25 and a delivery plan for 2022/23.
- 5.5. The 2022/23 delivery plan is subject to final agreement by the Partnership. The headline areas for delivery include:
  - A greater focus on primary prevention, including through supporting and working with schools to identify the most appropriate inputs to build resilience and social skills. This includes for example reviewing what is currently in place, the evidence base, and how V&V can complement and support work in this area.
  - Learning from the Basildon and Thurrock University Hospital Youth Service Project, and considering where further roll out to other health settings (adopting this reachable moment approach) is appropriate.
  - Continued focus on data sharing to support the work with children and young people at risk
  - Continued focus on sharing learning, including from evaluations, and where approaches are evidenced as delivering outcomes, how this can be scaled accordingly and in partnership with the most appropriate organisations and partnerships.

<b>Report title:</b> Essex Violence & Vulnerability Partnership update
<b>Report to:</b> Essex Health and Wellbeing Board (18 <sup>th</sup> May 2022)
<b>Report title:</b> Essex Violence & Vulnerability Partnership update
<b>Appendix 1:</b> VVCS Grants programme (January 2022 – 31 <sup>st</sup> March 2023) – funds awarded

<b>Small organisation</b>	<b>Activities</b>	<b>Allocation</b>
AFI UK African families in UK	Youth work in youth settings across <b>Colchester and Tendring</b> , looking at wellbeing, parenting, linking with other provision / positive activities and raising cultural awareness. Offering positive diversionary activities while addressing the issues that are impacting on the young people and providing them with safe spaces to explore and discuss. Linking with community leaders from a range of backgrounds (including Colchester Nepalese Society, Bangladeshi Women Association Essex, the Colchester Chinese Culture Society, and the Colchester Malayalee Community) to engage a wide range of young people and identify youth settings to include in the youth work.	£19,500
ATF (Achieve, Thrive, Flourish)	Work with young people in an area of <b>Basildon</b> , running sessions within the community, the project includes access to an NHS trained counsellor that provides instant access to support at crisis point; indoor/ outdoor safe spaces (linked to the local primary and secondary schools). Developed in response to a request from Basildon Community Safety Partnership.	£19,100
Building Lives Project	Provide 1:1 coaching and mentoring to children and young people aged between 9-18 years old, at risk of or involved in serious violence. Based in <b>Chelmsford (countywide)</b> .	£20,000
Cara Essex	To increase the counselling and therapeutic support provided to young people (aged 12-19) who have been victims of sexual violence. A specialist young person's practitioner working on a one-to-one basis with up to 15 young people at any one time. <b>(Countywide)</b> .	£20,000
Changing Lives, <b>Harlow</b>	To support the development of the Community Hub for young people to feel safe and have access to sports activities.	£20,000
Colchester Utd	Working with schools and youth clubs in <b>Tendring</b> (Clacton, Jaywick, Shrub End) and in <b>Colchester</b> (Greenstead). Creating a new workshop package to	£13,750

	schools and youth clubs in the areas focusing on reducing crime and increasing awareness of the exploitation of young people. For the programme to also provide an avenue for young people to gain work experience through volunteering opportunities with the organisation and the football club. Using the brand of the football club to shape career pathways for participants of the workshops, with the long-term goal of creating new employees of the football club (linked with Kickstart).	
Doddinghurst Road Church, <b>Brentwood</b>	To support the funding of a detached youth worker (funding being sought from other sources to sustain for three years), working to build relationships with disadvantaged young people, aimed at those young people most at risk of exploitation. Including through pre-existing work, for example Brentwood Foodbank. Developing new projects that promote greater communication and positive engagement between the police, youth groups and schools.	£20,000
Inclusion Ventures	Working with young people in their communities, Jaywick and West Clacton, <b>Tendring</b> . To include supporting individual young people in the steps back into employment or education; working closely with Police children and young people officer in the provision of activities; weekly night cafe for the older young people exposed to drug culture and the violence that arises around it; and respond to young people's suggestions for diversionary activities.	£19,500
Kids Inspire	Healing Connections - early help therapeutic services to children and young people who are at an increased risk of engaging in violence/ crime. With referrals from health, social care, police and education sectors. Support sessions delivered by qualified, accredited therapists. (Based in Chelmsford, <b>countywide</b> ).	£20,000
<b>Maldon</b> CVS	The Maldon Power of Gaming project supporting young people to build social connections and confidence through gaming. The project is aimed at 13 – 19 year olds with sessions in a social environment (online and in person) with sessional workers who are there to help the young people feel comfortable. Power of Gaming was a project set up by a local computer business in 2019 though stopped due to Covid, lessons learnt from this earlier work captured and plans in place to build on these.	£19,920
Motivated Minds	Working with the communities of <b>Basildon</b> , to raise awareness of the "HAPPY Hub" as a safe space for young people; dedicated youth club sessions for children and young people; workshops for young	£19,570

	people on staying physically safe and positive relationships. Along with building partnerships with police and other professionals to use the space for delivery of talks to young people and parents.	
Open Door	Developing Social Isolation project aimed at Care Leavers, 16-21 year olds, living in <b>Thurrock</b> . The project provides regular group meetings which involves a structured programme of support including, independent living skills, social activities, guidance and support about keeping safe, healthy & unhealthy relationships, Looking after their mental health and community volunteering. As well as help with budgeting, and employment and training opportunities. The project aims to help young people build new networks within their own communities as well as new networks amongst group members. Mentoring supports those young people who find group activities more of a challenge.	£20,000
Outhouse East	Support and access to specialist counselling for those vulnerable or at risk, with a focus on LGBTQ+ young people, whose experiences are often impacted because of their sexuality or gender. The work includes drop-in services in schools to reach out to young people, as well as raising awareness of support organisations and services. <b>North Essex</b> .	£12,615
Scouts	For a "Growth and Development Officer" for 15 hours per week for 15 months, to support Essex Scouts in their growth and development of new provision in areas of need, so more young people at risk within communities can access Scouting and its activities. The work includes recruitment and support of local adults, Young Leaders (14-18); reaching out and providing taster sessions for young people and adults in communities in need of provision; offering the 4 Week Challenge to identified communities. Developing high quality, exciting and inspiring activity programmes - where young people can take chances and learn from this in a safe environment.	£20,000
Southend United	Early intervention and early education for children in years 5 and 6 at primary schools in <b>Southend</b> , with a focus on raising awareness and understanding of the dangers of getting involved with drugs and gangs. The project includes improving the awareness and understanding of these issues amongst parents, with a focus on social media. Workshops and events will be delivered in targeted schools. In addition, for a large-scale event at Roots Hall stadium aimed at increasing overall awareness of the project.	£17,570

Teen Talk Harwich	<p><b>Tendring</b> – working with 16 –25 year olds and 10-11 year olds, (year 6) age ranges. Responding to issues from ‘Youth Voices project’. To revisit the groups which took part in the “Youth Voices project” and develop youth led ideas in response to the issues identified. As part of this to continue to develop relationships with young people through schools and through detached youth work, creating awareness of existing services and focus on how young people can get involved. Examples of the issues identified, in the Tendring area, “feel a lack of role models and positive community members that young people can talk to” and “want more community based activities”. including “feel a lack of role models and positive community members that young people can talk to” and “wanted more community based activities”.</p>	£18,924
The Children’s Society	<p>To support the development of an early intervention referral pathway and group work programme for young people who are stopped and searched and are found to be in possession of cannabis (and not covered by current provision). With an offer to the young people referred into the service a one to one assessment to understand their life as they experience it as well as identify barriers to engagement: and participation in group sessions. For the sessions to focus on and allow the young people to explore: associated risks and consequences and the health impacts of cannabis use; physically and mentally; harm reduction methods and ways to stop the use of cannabis, including advice on diversionary activities; peer pressure/ grooming behaviours – what forms these can come in. <b>(Countywide).</b></p>	£20,000
The Wilderness Foundation	<p>Providing wilderness therapy, aspects of counselling along with environment-focused activities, centred around a nature-based experience. To provide intervention programmes for those who have experienced youth/gang violence. The approach includes outdoor activities led by an outdoor facilitator offering training and skills in bush craft techniques, camp craft, outdoor volunteering such as tree planting or conservation; visiting specialist support in areas such as money management, employability training; and onsite counsellor to provide additional help to individuals in the group, for example to support those who have experienced trauma. <b>(Countywide).</b></p>	£20,000
Waltham Abbey Youth 2000 (Epping Forest)	<p>Providing support for young people at King Harold Academy, and sessions at Waltham Abbey Youth 2000 hub, Brooker Road for young people and their families. Working with young people, either through self-referral or from the school, to identify patterns of</p>	£10,000

	behaviour and support through counselling. Also providing arts, crafts, and mindfulness sessions as part of a Parent Drop-In facility, giving parents the opportunity to socialise with other parents, have the support from their peers and reduce their stress levels.	
<b>Canvey Island</b> Yellow Door	Working with young people between the ages of 11 and 25. To provide a youth worker to support young people through one-to-one mentoring and supporting the provision of a range of clubs and activities which will provide young people with safe spaces and offer them informal education on a range of issues, including substance misuse, internet safety, criminal exploitation and healthy relationships	£20,000
		<b>£370,449</b>

## Health and Wellbeing Board Forward Plan 2022

As at 10 May 2022

July 2022	Item No	Agenda Item	Lead Officer	Summary/Comments
20 July 2022	1	Verbal updates		
	1a	Covid	Lucy Wightman	
	1b	Social Care	Nick Presmeg	
	2	ICS and HCP Updates (HWB/07/22)	ICS/HCP Leads (Anthony McKeever, Jo Cripps, Susannah Howard)	
	3	Alliance Plan – Mid Essex	Jo Cripps	Agreed at May agenda-planning meeting
	4	Southend, Essex and Thurrock Learning Disabilities Mortality Review (LeDeR): Annual Report 2021-22	Rebekah Bailie, Commissioning Manager, ECC	
	5	EEAST		Follow-up from July 2021 report
	6	Child and Adolescent Mental Health Services (CAMHS)	Chris Martin?	Requested by Chairman at March'22 meeting
	7	Suicide Prevention Strategy	Jane Gardner	Agreed at March '22 meeting
	8	Role of Faith-based organisations	Shammi Jalota	Agreed at May agenda-planning meeting
Sept 2022	Item No	Agenda Item	Lead Officer	Summary/Comments
21 September 2022	1	Verbal updates		
	1a	Covid	Lucy Wightman	
	1b	Social Care	Nick Presmeg	
	2	ICS and HCP Updates (HWB/07/22)	ICS/HCP Leads (Anthony McKeever, Jo Cripps, Susannah Howard)	

	3	Alliance Plans x2	tbc	Agreed at May agenda-planning meeting
Nov 2022	Item No	Agenda Item	Lead Officer	Summary/Comments
16 November 2022	1	Verbal updates		
	1a	Covid	Lucy Wightman	
	1b	Social Care	Nick Presmeg	
	2	ICS and HCP Updates (HWB/07/22)	ICS/HCP Leads (Anthony McKeever, Jo Cripps, Susannah Howard)	
	3	Alliance Plans x2	tbc	Agreed at May agenda-planning meeting
Items awaiting scheduling				
		Falls Prevention	Maggie Pacini	<b>Deferred from January 2021</b> Update following report to January 2020 mtg
		Teenage Pregnancies	Helen Gregory	<b>Deferred from January 2021</b> Full report following brief report to Nov '20 <ul style="list-style-type: none"> <li>To ensure understanding of the issue and identify hotspots</li> <li>To inform the Board of current actions</li> <li>To seek a commitment to action and suggestions as to other potential actions</li> </ul>
		Suicide Prevention Updates	Jane Gardner	Agreed at March '22 meeting  Regular reports (to include training uptake reported across partnership organisations represented on the HWB and sustainability plans beyond NHSE wave funding) – timescale as determined by the Suicide Prevention Board