Meeting of Mid and South Essex Integrated Care Partnership

Wednesday, 11 June at 1.30 pm – 3.15 pm

[Cordite Room] Wat Tyler Country Park, Pitsea Hall Lane, Pitsea, Basildon, Essex, SS16 4UH

Agenda

		Title			Lead / Presenter	Paper
		Opening Business				
1.	1.30 pm	Welcome & apologies	Note	-	Prof. Michael Thorne	-
2.	1.35 pm	Declarations of interest	Note	Verbal	Prof. Michael Thorne	-
3.	1.36 pm	Questions from the Public	Note	Verbal	Prof. Michael Thorne	-
4.	1.40 pm	Approval of minutes of the ICP meeting held on 11 December 2024 and matters arising	Approve	Attached	Prof. Michael Thorne	Enclosed
5.	1.42 pm	Review of Action Log *No outstanding actions*	Note	Verbal	Prof. Michael Thorne	-
		Partnership Working				
6.	1.45 pm	ICP Steering Group – Refresh & Update	Discuss	Verbal	Dr James Hickling	Enclosed
7.	2.10pm	Health Deep Dive – Healthy Hearts	Discuss	Attached	Emma Timpson / Rhiannon Vigor	Enclosed
8.	2.45pm	Caring Communities Commission Report	Discuss	Attached	Clare Burell	Enclosed
9.	3.15 pm	Closing Remarks	N/A	Verbal	Prof. Michael Thorne	-

DRAFT Minutes of Mid & South Essex Integrated Care Partnership (ICP) Meeting

Wednesday, 12 March at 1.45 pm – 3.30 pm

Function Room 1, Barleylands, Barleylands Road, Billericay, Essex, CM11 2UD

Attendees

Members

- Professor Mike Thorne (MT), Chair of Mid and South Essex Integrated Care Partnership
- Cllr John Spence (JS), Essex Health & Wellbeing Board Chair & ICP Vice-Chair, Essex County Council
- Cllr Maxine Sadza (MS), Essex Health & Wellbeing Board Chair & ICP Vice-Chair, Southend City Council
- Cllr Mark Hooper (MH), Thurrock Health & Wellbeing Board Chair & ICP Vice-Chair, Thurrock Council
- Tom Abell (TA), Chief Executive Officer, MSE ICB
- Nick Presmeg (NP), Director of Adult Social Care, Essex County Council
- Claire Hankey (CH), Director of Communications & Partnerships, MSE ICB
- Kathy Bonney (KB), Chief People Officer, MSE ICB
- Eileen Taylor (ET), Chair, Northeast London NHS Foundation Trust (NELFT)
- Matthew Sweeting (MS), Chief Medical Officer, MSE ICB
- Mark Bailham (MB), Associate Non-Executive Member (NEM), MSE ICB
- Owen Richards (OR), Chief Executive Officer (CEO), Healthwatch Southend
- Krishna Ramkhelawon (KR), Director of Public Health, Southend City Council
- Steve Smith, Chief Executive Officer, Havens Hospice
- Professor Shahina Pardhan (SP), Associate Non-Executive Member (NEM), MSE ICB
- Dr Geoffrey Ocen (GO), Associate Non-Executive Member (NEM), MSE ICB
- Dr Greg Deacon (GC), Deputy Head of School for Community Health, Writtle College (ARU)
- Camille Cronin (CC), Director of Partnerships, University of Essex

- Waheed Khan (WK), Chief Superintendent (Strategic Lead for Partnerships and Prevention), Essex Police
- Robert Parkinson (RP), Group Chair, Provide CIC
- Lucy Wightman (LW), Chief Executive Officer and Chief Nurse, Provide Health
- Mark Heasman (MH), Group Chief Executive, Provide CiC
- Rebecca Jarvis (RJ), Alliance Director, Southeast Essex, MSE ICB
- Maggie Pacini (MP), Public Health Consultant, Essex Council
- Pam Green (PG), Alliance Director Basildon and Brentwood, MSE ICB
- Barry Frostick (BF), Chief Digital and Information Officer, MSE ICB
- Grant Taylor (GT), Head of Culture and Health, Basildon Borough Council
- Madie Skeat (MS), Independent Chair - Basildon Alliance, MSE ICB
- Professor Victoria Joffe (VJ), Dean, University of Essex

Other attendees

- Jo Cripps, Executive Director of System Recovery, MSE ICB
- Dr Subrata Basu (SB), Senior Partner at Knights Surgery & PCN Clinical Lead, MSE ICB
- Kevin Garrod (KG), Anchor Programme Manager, MSEFT
- Kellianne Clark (KC), Health Inequalities and Prevention Manager, MSE ICB
- Tonino Cook, Executive Business Manager (Minutes), MSE ICB
- Evie McMahon, Business Manager, MSE ICB

Apologies

- Robert Persey (RP), Director of Adult Social Care, Thurrock Council
- Daniel Doherty (DD), Alliance Director, Mid Essex, MSE ICB
- Aleksandra Mecan (AM), Alliance Director, Thurrock, MSE ICB
- Sarah Muckle (SM), Director of Public Health, Essex County Council (Maggie Pacini deputy)
- Dr Brian Balmer (BB), Chief Executive Officer, Essex Local Medical Committee (LMC)
- Jennifer Kearton (JK), Chief Finance Officer, MSE ICB
- Cllr Julie Gooding, Lead Member, Rochford District Council
- Cllr Graham Butland, Leader of the Cabinet, Braintree District Council
- Sheila Murphy, Corporate Director for Children Services, Thurrock Council
- Cllr John Mason, Leader of the Council, Rochford District Council
- Jonathan Stephenson, CEO, Rochford District Council
- Cllr Richard Siddall, Leader of the Council, Maldon District Council

- Michael Marks, Director of Children Services, Southend City Council
- Mark Harvey (MH), Director of Adult Social Services, Southend City Council
- Paul Dodson (PD), Director of Strategy and Resources, Maldon District Council
- Cllr Jane Fleming (JF), Elected Member, Essex County Council
- Ru Watkins (RW), Chief Executive, Hamlin Trust
- Cllr Lynsey McCarthy-Calvert (LM-C), Council Mayor, Castle Point Borough Council
- Lorraine Jarvis (LJ), Chief Officer, Chelmsford CVS
- Sheila Salmon (SSa), Chair, Essex Partnership University Trust (EPUT)
- Sharon Stoltz (SS), Director of Public Health, Thurrock Council
- Nigel Beverly (NB), Chair, MSEFT
- Giles Thorpe (GT), Chief Nurse, MSE ICB

1. Welcome and Apologies

MT welcomed members to the meeting and reminded members of the public that the ICP is a meeting held in public to enable transparent decision making, not a public meeting, and therefore members of the public would be unable to interact with the Partnership during discussions.

Apologies were noted as listed above.

2. Declarations of Interest

MT reminded members of their obligation to declare any interests in relation to the issues discussed at the beginning of the meeting, at the start of each relevant agenda item, or should a relevant interest become apparent during an item under discussion, in order that these interests could be managed. MT noted that each member will have a conflict for their sovereign organisation.

No additional conflicts of interests were raised.

3. Questions from the Public

MT advised that questions had been submitted by members of the public, as set out below.

Peter Blackman asked two questions to the Integrated Care Partnership:

1. The “Strengthening VCFSE Engagement: A Strategic Approach” paper of March 2025 being considered provides a very welcome re-statement of the VCFSE sector, it’s role in health, welfare and reducing inequalities, and of the expectation that it be an integral partner with MSE ICP and MSE ICB. Please confirm that the broad engagement with and by the VCFSE sector will include the local communities in MSE such as those in South Woodham Ferrers (SWF), in recognition of the lessons learnt during the pandemic that it is localities that know their communities best.
2. I’m pleased that virtual attendance is arranged for ICB meetings but am very disappointed that is not also available for ICP meetings and suggest this is an example of an inequality. I ask that this be corrected for future MSE ICP meetings.

MT thanked Peter for his questions and wished him well recovering from his operation.

MT confirmed that arrangements are being considered for how to enable virtual attendance to Integrated Care Partnership Meetings. As the format is different to that of our ICB Board meetings, it brings additional administrative challenges which are currently being explored.

CH noted that the “Strengthening VCFSE Engagement: A Strategic Approach” paper reaffirms the commitment to embedding the VCFSE sector as an integral partner in health, welfare, and reducing inequalities. A key principle underpinning this work is ensuring that broad engagement includes local communities, acknowledging that place-based partnerships are essential for meaningful and effective collaboration.

Organisations like those in South Woodham Ferrers (SWF) play a vital role in linking local communities, particularly through Alliance-based interactions. The experiences and insights gained during the pandemic highlighted that localities know their communities best, and this principle will remain central to the development of the VCFSE Assembly and the wider engagement strategy.

CH noted that:

- Local organisations are best placed to understand the unique needs and strengths of their communities.
- Place-based Alliances provide a crucial framework for ensuring that local voices are heard and incorporated into ICS-wide decision-making.
- VCFSE engagement must not only be at the system level but also embedded within neighbourhood and locality structures to ensure relevance and impact.

CH noted that the VCFSE Assembly model is designed to complement existing local engagement efforts rather than replace or duplicate them. It will serve as a strategic mechanism to amplify local voices, ensuring that community-level insights feed into and influence decisions at the MSE ICP and ICB level.

As this work progresses, the partnership is committed to engaging with local organisations in SWF and other MSE communities to ensure that their perspectives and lived experiences continue to shape the evolving partnership approach.

CH concluded with a thanks to Peter for the question and for their continued engagement in strengthening community-led health and social care initiatives across Mid and South Essex.

Resolved: The Partnership NOTED the questions from members of the public.

4. Minutes of Previous Meeting, 11 December 2024

MT referred to the draft minutes of the meeting held on 11 December 2024. No comments, questions, or amendments were raised.

Resolved: The Partnership APPROVED the minutes of the ICP meeting held on 11 December 2024, as an accurate record.

5. Review of Action log

MT noted there were no outstanding actions for review.

Resolved: The Partnership NOTED the update on the action log.

6. Healthy Work – Programme Update

KG provided an update on the Connect to Work and Work Well programmes, aligned to the Government's mandate to the NHS 'Road to Recovery' across 2025, with a focus on tackling hidden unemployment. The initiative targets individuals not engaged with traditional employment services, including those with health conditions, disabilities, or other barriers such as ex-offenders and refugees.

The programme, led by Essex County Council (ECC) on behalf of Greater Essex local authorities, aims to support 2,200 people and place 1,300 people into work over five years, with up to £10.6m DWP funding across the five-year period. Funding is aligned with devolution objectives, focusing on individuals who are ready and willing to work. Training and volunteering support to those not already 'ready and willing' are currently out of scope, this is based on the specification by DWP.

KG highlighted issues with service access for individuals who are being declined service support due to not having a formal neurodiversity diagnosis, noting the current challenges in receiving a formal diagnosis. KG outlined a proposed £11m consortium model that allows additional capacity to support those with physical and sensory disabilities and long-term conditions, this includes priority groups such as Veterans, Refugees, Offenders, Unpaid Carers, Care Leavers. The specification is under review, with DWP feedback and full council sign-off completed in April.

GO raised inclusivity concerns, with a focus on enabling grassroots and SME participation. KG confirmed engagement events with suppliers are planned. MS & JS raised questions around employer participation and sustainability if funding ceases. KG confirmed engagement with large employers and noted previous success with paid placements, though not currently permitted, different long-term methods of engagement were being reviewed.

KG provided an update on The Work Well programme, linked to Connect to Work, which involves mapping employment services across Essex using BI tools. A unified public gateway is planned to improve access across members of the public. Hospital settings are being explored as key delivery points.

ET emphasised the need for cross-trust collaboration and sustainable roles beyond entry-level. KG confirmed there are no role restrictions.

SP asked about university involvement in training. KG noted this is not in the current DWP scope but could be explored in future phases.

LW asked about apprenticeships and motivational barriers for those who may not currently be willing to engage with work, but we would need to encourage them to. KG confirmed some apprenticeship integration, with employment specialists embedded in Integrated Neighbourhood Teams to support local delivery and engagement. KG noted that the specification from DWP focuses on those who are currently 'willing and ready' to engage with work and placements. Although there would be scope to extend the specification in future phases, the funding is currently limited to this scope.

Resolved: The Partnership NOTED the programme updates from Connect to Work and Work Well.

7. Partnership Case Study – Basildon and Brentwood Alliance

PG introduced the item and welcomed Mandie Skeat as the newly appointed Independent Chair of the Basildon and Brentwood (BB) Alliance. PG reflected the alliance's progression towards maturity, with a focus on the development of Integrated Neighbourhood Teams (INTs) as the next phase of delivery across the ICB.

PG noted the recent NHS England guidance published 'Neighbourhood Health Guidelines 2025/26'. Whilst more detail will be included in the NHS 10-year plan, PG noted the ICB have reviewed these guidelines and generated an INT delivery model to push forward delivery at locality level.

PG updated the guidelines outline six core components which must be standardised to achieve greater consistency of approach:

1. Population Health Management
2. Modern General Practice
3. Standardised Community Health Services
4. Neighbourhood Multi-Disciplinary Teams (MDTs)
5. Integrated Intermediate Care with a 'Home First' approach
6. Urgent Neighbourhood Services

A system-wide model is being developed to improve consistency in delivery, outcomes, and reporting. This approach replaces the previous organic and varied development across localities.

PG introduced Dr Subrata Basu (SB), Senior Partner at Knights Surgery. SB provided a detailed update on the progress of integrated care delivery, with a focus on the Central Basildon Primary Care Network (PCN). SB outlined how the PCN, comprising nine practices and serving a population of 50,000, has developed a data-driven and multiagency approach to improve health outcomes and system efficiency.

The programme intended to address the rising demand, reduced GP capacity, and a growing number of patients presenting with mental health needs, especially among young adults with non-clinical trigger factors such as social and financial issues.

In response, an Integrated Neighbourhood Team (INT) was established in early 2023, supported by roles funded through the Additional Roles Reimbursement Scheme (ARRS). The team included care coordinators, wellbeing coaches, clinical pharmacists, physiotherapists, social prescribers, and more. INT members worked across 52 services to provide joined-up care and reduce pressure on primary and emergency care.

The programme saw:

- 379 patients previously attending over 25 GP appointments annually were redirected to more appropriate services, reducing the burden on GP services.
- A 50% reduction in attendance by the top 30 A&E users.
- Over 1,200 patients supported through INT pathways, with nearly 99,000 contacts recorded by ARRS staff.
- Access to 60+ services to better meet patient needs.
- £300,000 in potential A&E cost savings projected if the model is scaled.
- 86.15% of patients with learning disabilities received health checks, exceeding regional averages.
- Spirometry waiting times were addressed locally through in-house equipment, enabling diagnosis for 257 patients between December and March.

MP noted the importance of aligning public health, social prescribing, and VCSE partnerships. The PCN's consistent and structured use of the voluntary sector was highlighted as a best practice, helping to distribute demand more sustainably across the system. However, queried how this could be future proofed noting the reduction in VCSE funding in recent times. PG noted this would be a continued challenge, however, would need to be considered as part of NHS future plan for left shift of delivery.

SP stressed the need for system-wide learning to ensure consistent practices and reduce duplication. PG agreed and noted this model is being developed across all alliances.

In response to a query from GO regarding INT success measures, SB noted that strong digital leadership and locally tailored data were critical to success, and that other localities should take a place-based approach.

Resolved: The Partnership NOTED the Basildon and Brentwood Alliance update.

8. MSE VCSE Engagement & Refresh

GO introduced the item, reflecting on his experience as an Associate NEM at the ICB and as a leader of a voluntary organisation in London, where a similar engagement model has been implemented. He emphasised the central importance of co-production in system-wide transformation.

CH shared insights from a word cloud which was used as part of an engagement exercise with VCSE leaders across the system. The word cloud highlighted resilience and equal partnership as key themes, followed by opportunity and trust. CH noted the extensive VCSE engagement across statutory partners within the

system, with representation at the ICP and within alliances, as well as active involvement in thematic working groups such as prevention and cancer.

CH updated that the The VCSE Assembly is being developed to:

- Strengthen the strategic voice of the sector at decision-making tables.
- Avoid duplication of efforts and protect stakeholders' time.
- Contribute more effectively to policy development.

Although a key programme, CH noted there continue to be a number of risks to delivery of meaningful engagement with the VCSE sector, including:

- Limited funding and capacity.
- Variable levels of engagement across the sector.
- Duplication of initiatives.
- Continued uncertainty around sustainability and long-term impact.

Despite these risks, there is a strong foundation to build upon, and a refreshed engagement framework is being prepared to enhance system collaboration.

GO outlined plans for a follow-up meeting in April to discuss a report and agree on a forward plan directly with the VCSE sector. Governance development is a priority, with a focus on a clear Terms of Reference (ToR), defining the role of VCSE within the partnership, including representation across geographies and demographics.

Resolved: The Partnership NOTED the report and update on VCSE engagement

9. Any other Business

No other business was raised.

10. Date of Next Meeting

Date: Wednesday, 11 June 2025
Time: 13:30 – 15:00
Venue: Wat Tyler, Pitsea

Meeting of MSE Integrated Care Partnership on 11 June 2025

Agenda Number: 6

ICP Steering Group – Refresh & Update

Mid and South Essex Integrated Care System

NHS
Mid and South Essex

MSE ICP Steering Group Update

June 11th 2025

James Hickling, Dep Med Director, ICB


Collaboration

Health and Care Act 2022

- Created integrated care systems (ICSs) within the NHS in England
- ICSs are local partnerships of organisations
- Work together to plan and deliver health and care services
- Improve population health, address inequalities, and enhance productivity
- Statutory basis for planning and funding health and care services in their respective areas

Mid and South Essex Integrated care System. Who we are.

The Mid and South ICS serves a population of 1.2 million people, living across Braintree, Maldon, Chelmsford, Castle Point, Rochford, Southend, Thurrock, Basildon and Brentwood.

Our partnership comprises the following partners:

4 Hospices

1 Prison

Mid Essex
405k population

9 Primary Care Networks
3 - Chelmsford
2 - Braintree
2 - Maldon/Chelmsford
1 - Maldon/Braintree
1 - Braintree/Chelmsford

1 hospital group with main sites in Southend, Basildon and Chelmsford

Over **149** GP practices, operating from over **200** sites, forming **27** Primary Care Networks

3 top tier local authorities

and **7** district and borough councils

3 main community and mental health service providers

4 alliances

69 Care Homes

Basildon & Brentwood
285k population

6 Primary Care Networks
5 - Basildon
1 - Brentwood

3 healthwatch organisations

One ambulance trust

Thurrock
176k population

4 Primary Care Networks
Tilbury & Chadwell
Grays
Purfleet
Corringham

South East Essex
377k population

8 Primary Care Networks
2 - Castle Point
2 - Rochford
4 - Southend

9 voluntary and community sector associations

The Healthies – A brief history

Objectives of Steering Group

1. Oversee progress in implementing agreed ICP priorities agreed by the ICP Board
2. Recognise the work being progressed within individual member organisations
3. Identify and focus on opportunities for improvement with less attention to date
4. Support system-wide spread of best practice from one area to another
5. Deliver better value through a system-wide focus
6. Identify future opportunities to progress current or new priorities as they emerge
7. Help shape suggested agendas for the ICP Board meetings, including workshops

Selection criteria for ICP priorities

- Adding value to the system, over and above what individual organisations can do
- Cross boundary working, either due to scale or boundaries are artificial
- Not duplicating existing efforts
- Risk of not doing something is too great
- Demonstrable outcomes associated with activity
- Feasible delivery

Seven priorities for a healthy MSE

Healthy Starts

- Developing a system-wide strategy to support those born and living in MSE to have the **best start in life** with access to education, housing and health
  - **SEND; Oral Health**

Healthy Weight

- System-wide approach to supporting people to **achieve healthy weight** through diet and physical activity, with support and treatment available
  - **Access to weight management services; Food environment; Medicine**

Healthy Hearts

- Working together to support people living in MSE to have healthy hearts, including support for **adults living with a CVD as a Long Term Condition,** so that we have the best outcomes in the East of England
  - **Improve lipid treatment and control; Improve blood pressure control**

Healthy Minds

- System wide support for **people living with mental health conditions**, providing right care at the right time, so they can live healthy, productive lives
  - **Community accommodation, Smoking cessation; Eating disorders; CAMHS access**

Seven priorities for a healthy MSE

Healthy Housing

- Partnership working to understand and address housing and homelessness issues across MSE to help people **live healthy secure lives**
  - **Improving pathways to support people; Strengthening partnership working to support long term planning on housing growth etc**

Healthy Living

- Partnership working to address and improve public health risks to **prevent poor health**
  - **Smoking; Health Literacy; Vaccinations; Screening**

Healthy Work

- System-working to support people to gain and sustain employment through better physical and mental health, training and support
  - **Employment; Education & Training**

“Healthy Smiles”

- Community-Based Oral Health Promotion
- Early Years Engagement
- Supervised Toothbrushing
- Workforce & Volunteer Training

Partnership working

- MSE COHI Steering Group – pan ICS representation
- Three Local Authorities agreed child oral health priorities
- Gap analysis of oral health training need: early years workforce
- Working with CDS to increase uptake of oral health training
- MSE Bright Smiles resources co-produced to increase oral health literacy

Impacts

- **33% improvement** in child decay experience since 2022
- Hospital admissions for **dental extractions fell** significantly in 2024
- Fewer tooth extractions in our **most deprived areas** in 2024/25.
- ICB Dental Pilot successful - **99% of all schools in MSE allocated** to a dental practice
- Supervised Toothbrushing (STB) Schemes – **expanded** across high needs areas.

Healthy Weight

*Impact measures under development

Essex Wellbeing Service

thurrock.gov.uk

everyonehealth
because everyone matters

Southend-on-Sea City Council

Healthy Weight in Children & Young People: Southend

- ✓ Diet & nutrition pathway 0-19 for professionals signed off
- ✓ Early Years Awards is currently piloted in 4 localities
- ✓ Healthy eating workshops continue in those primary schools identified of higher risk of unhealthy weight
- ✓ Fussy eating workshops continue to be delivered for families
- ✓ Completed auditing foods in schools
- ✓ Bite Back currently running in one secondary school
- ✓ Work progressing Food policy and CYP Neighbourhood approach to food environment

Healthy Weight in Children & Young People: Essex

School food environment

- ✓6 Essex secondary schools engaged in “Bite Back” in schools programme (3 of the 6 engaged in social dining work) – school food champions recruited
- ✓Scoping re-procurement of 0-19 contract, which includes healthy schools
- ✓CV complete for healthy schools service- £150k available for school food grants (£75k for 24/25, £75k available for 25/26)

Healthy Weight in Children & Young People: ICB

- Promotion of national GP incentive scheme by Alliance Clinical Directors to better record obesity
- Tier 2 service offerings promoted via the Primary Care Newsletter and Hub, and public ICB website.
- Quarterly health check meetings review weight management referrals by Practice/PCN.
- Working with MSEFT to promote self referrals to weight management
  - QR codes on outpatient letters and posters
  - April data shows some initial engagement and a small number of referrals into local services.
- In April 2025 MSE Commissioning Board approved the implementation of tirzepatide in Tier 3 specialist weight management services.
- Working with primary care clinical leads to develop options for delivery of tirzepatide in primary care.

Review: The Future

- What works well / less well?
- When does collaboration add value?
- Importance of sharing information across organisational boundaries and strong lines of communication
- How to proceed on Greater Essex footprint?
- Living & Work Healthies - early days

Mid and South Essex Integrated Care System

NHS
Mid and South Essex

Thank you

Any Questions?

www.midandsouthessex.ics.nhs.uk

Meeting of MSE Integrated Care Partnership on 11 June 2025

Agenda Number: 7

Health Deep Dive – Healthy Hearts

NHS
Mid and South Essex

Healthy Hearts Deep Dive

June 2025

www.midandsouthessex.ics.nhs.uk

Introduction

- In MSE 73 in 100,000 people die prematurely from Cardiovascular Disease
- MSE has highest under 75 mortality rate from CVD in East of England
- CVD is one of the top three contributes to premature mortality attributable to socioeconomic inequalities.
- CVD is strongly associated with health inequalities contributing between one firth and one quarterly of the life expectancy gap between the most and least deprived quintiles
- CVD is largely preventable, 70% of CVD burden can be attributed to modifiable risk factors such as diet, smoking status and medically manageable risk factors like high blood pressure.

MSE insights

Hypertension Management

- 67% of MSE patients aged 18+ have their hypertension managed to NICE guidance levels (as of December 2024, CVD PREVENT).
- Young adults and those from a black or mixed ethnic background with hypertension are less likely to have their hypertension managed to target.

Undiagnosed Hypertension Estimates

- There is an estimated 88,444 undiagnosed patients in MSE (OHID,2021).

Cholesterol Management

- 36.5% of MSE patients with CVD are treated to cholesterol threshold as per NICE guidance (as of December 2024, CVD PREVENT).

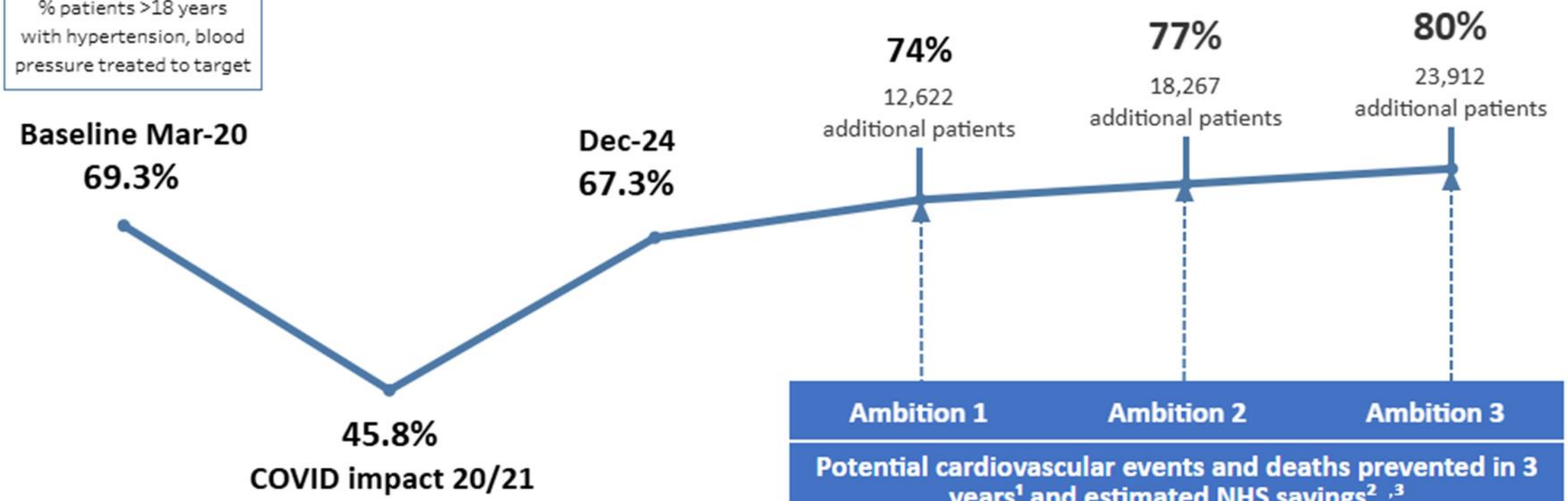
Patients prescribed a lipid lowering therapy

- 61% of MSE patients with a QRISK score of 20% or more, who are treated with a LLT aged 18+ (as of December 2024, CVD PREVENT).

Size of the Prize- Mid and South Essex
BP Optimisation to Prevent Heart Attacks and Strokes at Scale

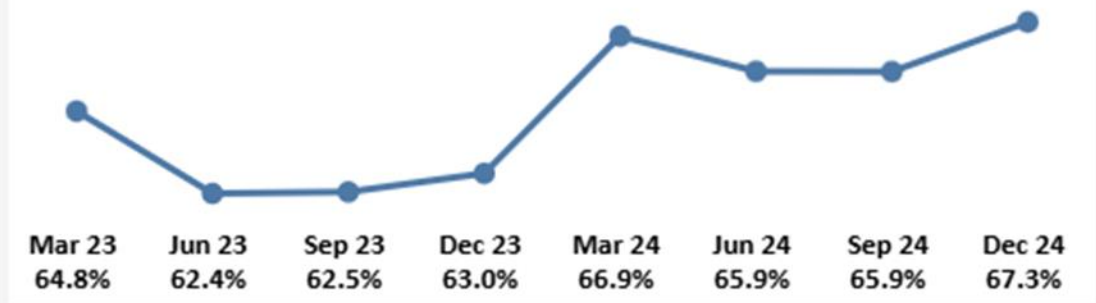
UCLPartners Health Innovation

% patients >18 years with hypertension, blood pressure treated to target



Ambition 1	Ambition 2	Ambition 3
Potential cardiovascular events and deaths prevented in 3 years[1] and estimated NHS savings[2] ,[3]		
76 heart attacks	110 heart attacks	143 heart attacks
£0.6M saved	£0.8M saved	£1.1M saved
113 strokes	164 strokes	214 strokes
£1.6M saved	£2.3M saved	£3.0M saved
61 deaths	88 deaths	115 deaths

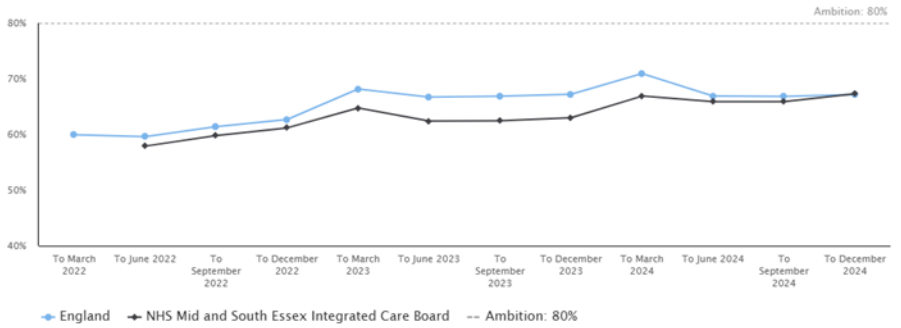
In year variation



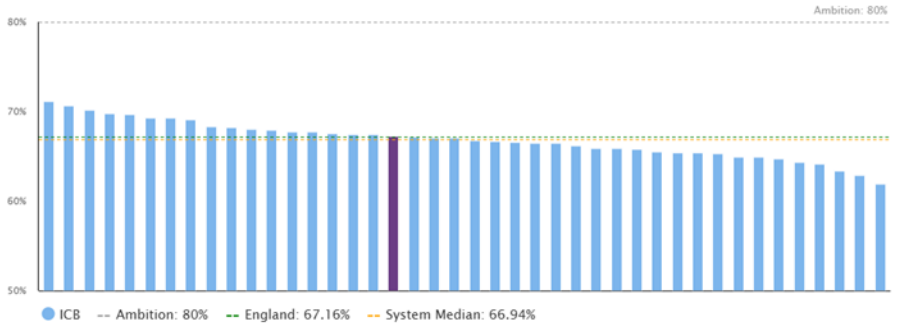
MSE Hypertension Performance

- Proportion of patients with hypertension whose blood pressure is to the appropriate treatment thresholder has been increasing in MSE from 62.99% in Dec 23 to 67.29% as at Dec 24
- MSE has closed the gap to in line with the national average but there is still more to do to meet the 80% ambition
- In 2024/25 the MSE ICB committed health inequalities funding to target hypertension case management improvement amongst our most deprived populations and those from a black or Asian ethnic background resulting in:
  - 1,676 patients attending multi-morbidity clinics to review and prescribe hypertensives
  - 71% of patients were signposted to weight management and 100% of those who were smokers received specialist treatment support.
  - Narrowing of the gap between most and least deprived areas by 2 percentage points

All Persons Time Series: England vs NHS Mid and South Essex Integrated Care Board



System Level Comparison: NHS Mid and South Essex Integrated Care Board against other ICBs December 2024



Regional CVD Prevention Approach

EoE Six recommendations:

1. A region-wide public communications campaign to raise awareness and assist with case finding and monitoring.
2. A regional letter to all ICP and ICB chairs setting out the importance of increasing NHS health checks.
3. Systems to use population health management (PHM) techniques to increase case finding, targeted health checks and improvement of LD and SMI health checks.
4. Evaluation of different PHM approaches through the Clinical Advisory Group.
5. Development of a regional guideline and toolkit for primary care blood pressure management and rapid optimisation.
6. PHM approaches to identify gaps, inequalities and opportunities in hypertension management, extending to CKD and Lipid Management.

MSE Progress so far:

- Development of 12-month local Blood Pressure Comms campaign ,fully launched in May 25.
- Clinical Reference group set up to review hypertension management and potential case identification data to agree targeted cohorts.
- Case identification data review with 3 Local Authorities to agree targeted approaches to engage high risk patients in NHS 40+ health checks and pharmacy BP checks.
- Regional Hypertension protocol agreed with region and scheduled to go to Medication Optimisation Committee.
- Regional Task & Finish Group agreed ambitions for case identification for MSE to reduce the prevalence gap by 2.22% (29k patients).
- Health Inequalities funding agreed to develop an 18-month Practice support programme to help risk stratify, engage and manage hypertension patients.

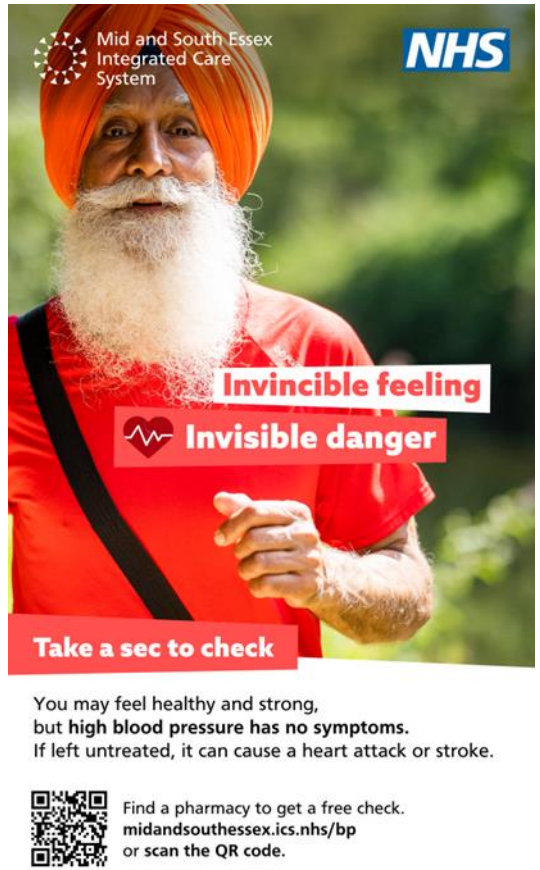
Blood Pressure Campaign

Regional Blood Pressure Campaign

- A comprehensive 12-month campaign targeting adults 40+.
- Greater Essex approach taken using the same graphics across MSE, SNEE and HWE.
- Soft launched in February for Heart Month, fully launched across region in May**.**

Key Objectives:

1. Increase awareness: Improve public awareness about the importance of knowing BP numbers and how to look after heart health.
2. Encourage BP checks: Raise public awareness of free 40+ BP checks at local pharmacies.
3. Promote BP@Home: Enhance engagement of patients with diagnosed hypertension in home BP monitoring, supporting self-management.



CVD Community Outreach Grant Scheme (CVD COGS)

What is it?

- Aimed at increasing Hypertension Protection & Detection, as well as addressing health inequalities by targeting patients least engaged in primary care.

Encouraging PCNs to:

- Take holistic approaches through supporting patients with other priorities and related conditions; Diabetes, COPD, FLU vaccinations etc.
- Use varied approaches to increase engagement and make events accessible such as evening or weekend events.
- Work collaboratively with local partners and Integrated Neighbourhood Teams to provide a “one stop shop” for patients.
- Link in with local lifestyle services including Weight Management and Stop smoking services.

Key updates:

- 18 PCNS applied and approved to be involved in the scheme.
- 1-4 events planned per PCN between Jan 25-Oct 26.
- Monthly drop-in learn and share sessions organised for PCN and partners.
- Collaborative working has been successful between PCNs and Provide’s Community Outreach Van.
- Identified further opportunities for partnership working across partners including pharmacies, health and wellbeing services, voluntary sector organisations and local authorities.

Community Collaborative Blood Pressure guidance

The approach

- Development of a guidance protocol to support community services with signposting patients for their blood pressure appropriately.
- To support community services in their understanding of local lifestyle services to confidently signpost patients.
- To improve opportunities for earlier detection of hypertension, improve ongoing management of those already diagnosed, and to identify patients potentially at risk of over treatment.

Key updates

- Community service survey underway to understand confidence levels around BP monitoring and lifestyle advice.
- Guidance co-created with MSE ICB, patient representatives, primary care, community operations, ECC Public Health and MSECC leads.
- UCLP and local Clinical Lead led training session on hypertension management and the guidance.
- Initial pilot in Mid Essex with Respiratory team who already take blood pressure reading as part of service.
- Protocol now integrated in SystmOne to pop-up when BP is taken and also when no BP has been recorded in the last 12months. This requires further testing before wider roll out.

Dentistry Hypertension Pilot

The scheme

- MSE is piloting the scheme as part of a National NHS initiative, looking to take a ‘make every contact count’ approach to heart health.
- 12 dental practices across Basildon, Brentwood and mid Essex are now offering free blood pressure checks to patients 40+.
- Currently working with ECC to explore opportunities for incentivised smoking cessation referrals aligned to pilot.

Key updates

- Launched in April 25.
- First month saw 69 individuals screened, with 29 signposted to community pharmacy service for further support with their blood pressure.

SiSU Health Stations

ECC Pilot in conjunction with MSE ICB

- Taking learnings from SNEE and other areas across England to use SISU health stations to improve access to health checks and to enable any risk factors (such as high blood pressure) to be identified earlier.

- Supports early intervention and prevention to reach a larger section of the population, using mobile digital Health check stations placed within areas to best target those least likely to be engaged with primary care.

- Initial launch in Basildon with one of the borough's large industrial employers.
- ECC Public Health, Essex Wellbeing Service and MSE ICB are working together to ensure appropriate pathways are in place, directing individuals using the mobile units to local care and support.

First Period of the programme (11 Mar 25 - 30 Apr 25)

- 182 Health Checks completed
- 147 participants
- 26.9%of participants recorded high blood pressure (≥140/90 mmHg)
- 63 participants had not received a BP reading in the last 12 months
- 68% of participants had a BMI of 25+

BP in the library

Library loans supporting patients take BP readings at home

- Taking learnings from SNEE, MSE ICB are working collaboratively with HWE and SNEE and ECC Public Health team to launch a Greater Essex wide BP in the library scheme, allowing residents to loan out BP monitors for at home monitoring to support Hypertension management and new case identification.
- The scheme would provide an opportunity for individuals to manage their blood pressure from home if unable to purchase their own monitor, which has highlighted within MSE's BP@home evaluation.
- Creating additional opportunities for those ineligible for BP checks at their community pharmacy or through an NHS 40+ health check.
- Currently in development phase with plans to launch in Aug 25.

Future CVD Health Programme

Summary

- Taking learnings from Cambridgeshire & Peterborough ICB, the programme sets out to deliver an upscaled approach to CVD Prevention through utilising an existing primary care system (Eclipse) to better support GP Practices in risk stratifying, engaging and managing patients with Hypertension.
- It intends to help break-down barriers within primary care and improve digital connectively between wider local services via an online patient portal that can be fed back to SystmOne.
- Creating holistic pathways that engage patients in manging their long-term condition, whist also directing them to appropriate advice and care.

Programme objectives

- Increase Hypertension case management to 80% by March 2027
- Increase Hypertension case identification and prevalence by 2.2%
- Reduce the gap in younger age cohort. most deprived populations and those from black, Asian and mixed ethnic backgrounds
- Increase recording of patients BMI, signposting and uptake of weight management support along with other lifestyle support offers and NHS health checks

Future CVD Health Programme

Progress to date

- MSE CVD System Clinical lead led engagement sessions with primary care teams – Nov 24
- Initial system wide stakeholder engagement session – Jan 25
- Set-up of a clinical reference group, inviting clinical leads from across MSE to develop the proposal – Feb 25
- Agreed target cohorts (20-65 year olds with BP reading over 140/90) for both Hypertension management and new identification – Mar 25
- Health Inequalities Funding to deliver Programme approved – May 25
- Primary Care Commissioning Committee support – May 25

Future actions

- Sign off pathways with stakeholders – Jun 25
- Confirm patient engagement questionnaires and patient portal landing pages – Jun 25
- Pre launch Practice, Community Pharmacy and PCN engagement – Jul 25
- Complete IG governance with Practices – Aug 25

Proposed Go live: September 2025

NHS
Mid and South Essex

Rhiannon Vigor

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MSE Integrated Care Partnership, 11 June 2025

Agenda Number: 8

Caring Communities Commission Report Publication

Summary Report

1. Purpose of Report

To provide an update on the Essex Caring Communities Commission report and to gather support and commitment ahead of formalising and implementation approach.

2. Executive Lead

Councillor Beverley Egan, Chair of the Caring Communities Commission

3. Report Author

Clare Burrell, Head of Strategic Commissioning and Policy, Essex County Council

4. Responsible Committees

N/A

5. Link to the ICP's Strategic Objectives

Improving outcomes in population health and health care

Tackling inequalities in outcomes, experience, and access

Enhancing productivity and value for money

Supporting broader social and economic development

6. Impact Assessments

N/A

7. Financial Implications

N/A

8. Details of patient or public engagement or consultation

N/A

9. Conflicts of Interest

N/A

10. Recommendation/s

- **Notes** the Commission's actions and recommendations from its report
- **Considers** how best it can support its work going forward

Caring Communities Commission Report Publication

1. Introduction

The setting up of a Caring Communities Commission was announced by Cllr Kevin Bentley at ECC Full Council in May 2024 and the Commission started work properly in September 2024 following the appointment of Commissioners. The Commission is chaired by Cllr Beverley Egan and the other Commissioners are drawn from cross-party County Councillors, Essex system leaders, and national experts.

The Commission is sponsored and supported by ECC, but it is an independent Commission, and its conclusions and actions are directed not specifically to ECC but to the Essex system as a whole and to national policymakers. The Commission had instructions to be bold and innovative in its work, but also to be practical; to align with evolving national policy work; and to support the transition to Devolution and Local Government Reorganisation in Greater Essex.

2. Report Publication

The Commission held an event to share findings from the report at the Chelmsford Baptist Church on 1st May.

The event was well attended and attendees heard from Cllr Kevin Bentley who spoke enthusiastically about the report and how the launch of it was one of his proudest political moments in his career. Cllr Beverley Egan, Chair of the Commission, spoke passionately about some of the challenges facing communities and public services and how the Commission had come together to produce some really bold and innovative commitments and actions.

This was followed by speeches by Commissioners from different sectors: Pam Donelly, Tom Abell and Kerry Clancy-Horner MBE speaking from the perspective of what this report means to Local Government, Health Partners and communities in Essex. The final speech was from Andy Worpole from the Essex Community Foundation who welcomed the report from a community perspective. This was then followed by a networking session where attendees talked about how they could support implementation. The Commission's approach to implementation will be developed over the Summer.

There is a link to the report on the Commission's webpage and we have included a copy as an annex. We will now be communicating the report locally and nationally. We will be hosting a Parliamentary launch in early July, which will follow on well from some of the themes in the Government's Spending Review on 11th June.

The Commission believes its first report meets its mandate of being bold but practical and being more than a talking shop. The report is grounded in a strong evidence base, including new specifically commissioned Essex research (which is attached along with the report). It has benefited from wide input from frontline staff, from partners across the system, and from communities. It also reflects input and ideas from national experts and think tanks. This has been distilled down into a concrete set of commitments, ways of working, and actions which the Commission believes will make a real difference in helping to improve wellbeing outcomes in communities and in helping to address demand pressures in health and social care.

The list of actions is annexed to this paper, but it is important to emphasise that the Commission's output is not just a set of actions, it is about much more than that – it is about changing how we structure and deliver public services and how we work with our communities to ignite the capacity, capability and potential that exists in all our residents and all our communities.

The Commission sees Devolution and LGR as a very significant opportunity to help take forward and embed these changes and one of the Commissioners described its report as setting out a "blueprint" for how Devolution and LGR can help deliver real change and enhanced wellbeing for communities.

3. Implementation

Producing a report is an important step but only a first step. The real challenge lies in implementing the report and ensuring that the changes the Commission envisages are actually delivered, and people's lives are improved in consequence. We will all have had experiences of reports that have been welcomed on their launch, but then largely left unimplemented. We need to avoid this fate for the Commission's report.

Implementation is helped by the fact that the Commission has been set up for two years, this will support the implementation r and to hold an "honest lens" up to system leaders about how implementation is going. But of course, the Commission itself cannot directly implement, it can only support and advise.

Broadly, we are envisaging that the implementation work over the next year will have three principal areas of focus:

- Essex system –Ensuring the commitments and actions are collectively owned, adopted and acted upon within the Essex system through strategy, policy, commissioning, service delivery and community action. This will require new ways of working and translation into action within organisations' strategies, budgets and business plans. The Commission's actions build on what works and/or require different ways of organising ourselves and our work to implement practical and impactful action. They do not impose additional significant financial pressures on the system.

- Implementation within context of Devo/LGR –Embedding the CCC vision, principles and new ways of working within the new operating models for Devolution and LGR

- National Influence – Working with Ministers, government officials, elected MPs, think tanks and the local government sector to influence thinking and decisions.

The Commission will be developing the detail around implementation further over Summer.

4. Recommendation(s)

That the ICP:

- **Notes** the Commission's actions and recommendations from its report
- **Considers** how best it can support its work going forward

5. Appendices

Appendix A: Actions of Caring Communities Commission

Appendix B: Caring Communities Commission Report

Caring Communities Commission

Sponsored by:

Essex County Council

Drivers for the Commission

Background

- Who Will Care Commission 2013
- Inequality gaps are wider
- Communities have been impacted by Covid and then the cost-of-living crisis
- Public services are under more strain from demand than ever before

Challenge

- Reducing demand pressures through **resilient communities**
- We require a response **more than business as usual** and that is why the Commission was set up

Opportunity to set out a way for the change required

- New technologies
- More and improved system working
- Community led action

Findings of the Who Will Care Commission

Proposed 5 “high impact solutions”

1. Agree a new understanding between the public sector and people of Essex
2. Prevent unnecessary crises in care
3. Mobilise community resources
4. Use data and technology to the advantage of the people of Essex
5. Ensure clear leadership, vision, and accountability

The Commission made detailed recommendations aligned to these solutions

The Essex Caring Communities Commission

Cllr Beverley Egan (Conservative)	•Chair of the Commission. Former Lead Member for Children's Services at Essex County Council, where she led services rated "Outstanding" by Ofsted in 2023. Worked nearly 30 years with the Salvation Army, managing a training centre for adults with additional needs.
Tom Abell	•CEO of Mid and South Essex ICB since August 2024. Former CEO of East of England Ambulance Trust.
Prof. Adrian Bonner	•Academic and author focused on the effects of austerity on health, social care, and housing.
Dr William Bird MBE	•Former GP and pioneer of social prescribing. Founder/CEO of Intelligent Health and Chair of Active Essex.
Tony Daniels	•Senior performance management professional with 18 years' experience. Qualified Youth and Community Worker.
Cllr Jude Deakin (Liberal Democrat)	•Essex County Councillor for Chelmsford West since 2009. Former Mayor of Chelmsford (2020–2022).
Pamela Donnelly	•CEO of Colchester City Council. Former Strategic Director responsible for customers and partnerships.
Clenton Farquharson CBE	•Chair of Think Local Act Personal. Consultant and advocate for inclusion and disability rights. Member of NHS Assembly and trustee of Race Equality Foundation.
Cllr Jeff Henry (Conservative)	•Held various roles at Essex County Council including Chair of the Health Overview Policy & Scrutiny Committee.
Kerry Clancy-Horner MBE	•Head of Youth Practice (Southern England) at The Children's Society. Over 30 years in the children's charity sector. Qualified social worker.
Cllr Pat Reid (Labour)	•Basildon Borough and Essex County Councillor. School Governor, food bank volunteer, and active in local community events.
Cllr Wendy Stamp (Independent)	•Councillor since 2015 at town, district, and county levels. Former director of a family business.

The Mandate of the Caring Communities Commission

- 2-year-commission that is **influential, transformative rather than just incremental**, addressing outcomes for residents and demand pressures on public services.
- Solution focussed grounded in **resilient and empowered communities**
- Reflecting the **voice of residents, partners, and frontline staff, complemented by the voice of national experts** to reflect a range of thinking and best practice.
- Sponsored and supported by Essex County Council, but it has **operational independence**.

Gathering the evidence

Primary Research and Lived Experience

- Refresh and analysis of Essex Community Needs Index
- Essex community leaders
- Residents on-line survey
- Residents round table
- World Café Events
- Essex Community Foundation Symposium
- Healthwatch Forums,
- Essex Local Offer Roadshow
- Partnerships and professional forums

Literature Reviews

- Think tanks e.g. New Local
- Who Will Care Report
- Kings Fund
- Local Government Association
- All Age Parliamentary Group on Social Care
- Power for Change

Gathering the evidence

Community Needs Index Strong Communities
(28 Indicators)

- Civic Assets
- Connectedness
- Active & Engaged

Essex has greater community needs compared to England.

Diverse picture across Essex with coastal towns and rural communities having most need.

Community Leaders Barriers to supporting Public Services

- Finance
- Attracting Volunteers
- Resourcing
- Engaging Service Users

Unpredictability of funding, and lack of skills & capacity to access it.

Time, capacity, financial and volunteering constraints, including commitment levels to volunteering.

Engaging service users is problematic with many barriers to participation.

Residents of Essex

- Local Neighbourhood
- Community Activities, Care & Support
- Planning for Future Care Needs
- Provision of Care

Positive about their neighbourhoods and there are high levels of trust and community belonging.

Agree they need to make good lifestyle choices, and they need to plan ahead.

High levels of belief that caring starts with family and friends, but that social care should have a role in organisation of that care

Gathering the evidence

Direct Expert Hearings

Cllr John Spence, Cabinet Member Children and Families, Adults Social Care and Public Health

Alex Fox, Director Impower Consulting

Jessica Studdert, Chief Executive New Local

Nick Presmeg, ECC Executive Directive for Adult Social Care

Michael Little Director Ratio Research

Chris Martin Director for Children's Commissioning

Gina Reinhardt Department of Government, University of Essex

Maria Wilby Director of Refugee Asylum Seeker and Migrant Action

Julian Blake Stone King, Specialist lawyer in Charity Law

- **Early Intervention & Preventions**
- **Cohorts demand SEND**
- **Unpaid Carers**
- **Civil Society and Community action**
- **Commissioning: collaboration not competition**
- **Underserved groups**
- **Children in Care and Care Leavers**

Enablers to action

- Residents have an active voice
- Understanding lived experience
- Co-production
- Eliminate Bureaucracy that prevents resident engagement in decision making
- Strategic and place-based planning
- Cross agency resourcing focused on the most urgent matters
- Releasing Community Assets
- Commissioning differently with purpose driven organisations

Caring Communities Commission

Vision

The vision is for all communities to be:

- Healthy
- Active
- Empowered
- Inclusive

Building:

- Economic capital
- Social capital
- Physical capital
- Natural capital

Commitments

Five commitments

1. Our Places
2. Work
3. Community Capacity
4. Community Influence
5. Prevention

Roles & Relationships

Collaboration

- Individuals
- Civil society
- Businesses
- Public services

The Caring Communities Commission's Commitments & Actions

Our Place: Commit to renewing our places as thriving communities by dismantling the barriers to wellbeing and opportunity.

- Wellbeing Transport Fund
- Greater Essex Local Transport Plan
- Social Networking Programme
- Retirement Service
- Increase the provision of retirement & specialist housing
- Youth Activity Guarantee
- School Ready Task Forces

Work: Commit to preparing all our residents for the future world of work and ensuring the right access to training and employment.

- Apprenticeship Programme
- Essex Employers Care Partnership
- 50+ Task Force
- Expanding Decade of Opportunity

Our Society: Commit to vitalising community capacity by igniting the potential in civil society.

- Challenge £2 Billion Unit
- Civil Society Leadership Programme
- Celebration Festival
- Community Asset Mapping
- Volunteering Olympics
- Library of Things

Community Influence: Commit to reshaping decision making by ensuring that communities have an active role in decisions that affect them.

- Residents Assembly
- Bold Commissioners Group
- Public Services Experience Programme

Prevention & Early Support: Commit to prioritising prevention by putting in place a new "prevention first" approach across public services.

- Multi-agency Triaging Hubs
- Health at Home Programme
- Office of Prevention

Caring Communities Commission

Vision

The vision is for all communities to be:

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Commitments

Five commitments

1. Our Places
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3. Community Capacity
4. Community Influence
5. Prevention

Roles & Relationships

Collaboration

- Individuals
- Civil society
- Businesses
- Public services

Tangible Actions

Plan launched 1st May

Local socialisation

Commission re-convenes to consider proposals for the implementation

Mobilise the 23 actions

Discussion points

- **Implementation**
- **Achieving system stewardship of the actions**
- **Disrupting traditional behaviours and cultures**
- **Capitalising on the opportunities in the context of change**

Enquiries and contributions

CaringCommunities.Commission@essex.gov.uk

Our Places

Commit to renewing our places as thriving communities by dismantling the barriers to wellbeing and opportunity.

- Align funding from across the system to support shared outcomes on transport investment in more isolated rural and coastal communities to improve wellbeing and access to social and economic opportunities. **This could for example be done through a Caring Essex: Wellbeing Transport Fund.**

- Through the new Mayoral Combined Authority, develop a **Greater Essex Local Transport Plan** that will include a focus on **connecting places at a community level.** This will help to embed community connectivity as a central pillar of strategic transport planning.

- Set up a **Caring Essex: Social Networking Programme**. This will be informed by the partnership with Royal Society of the Arts and will focus on strengthening social ties that support greater wellbeing (bonding social capital) and social ties that support greater opportunities (bridging social capital). It will be focused in our most disadvantaged communities and will strengthen networks that connect them to their local economic geographies.

Our Places

Commit to renewing our places as thriving communities by dismantling the barriers to wellbeing and opportunity.

- Develop a **Caring Essex: Retirement Service** to support retirees to remain socially connected, active and contribute to their communities after they retire.

- Create a **Caring Essex: Housing Board** within the new Mayoral Combined Authority with a remit to significantly **increase the provision of retirement and specialist housing** to support independent living and meet growing demand through more effective use of the public sector estate and brownfield sites.

- Launch a **Caring Essex: Youth Activity Guarantee** that will enable young carers and young people from disadvantaged backgrounds to have access to, and benefit from, informal social and educational activities to keep them physically active, develop their potential and raise aspirations.

- Set up **Caring Essex: School Ready Task Forces** in priority areas to increase by 50% the numbers of children who are school ready so they can achieve at least the minimum expected Key Stage 2 standards by the age of 11.

Work

Commit to preparing all our residents for the future world of work and ensuring the right access to training and employment.

- Launch a **Caring Essex: Apprenticeship Programme.** Essex anchor institutions and businesses will provide additional apprenticeship opportunities for care leavers and people with disabilities, support their access to good training and work experience to secure long term employment. This will be accompanied by a programme of supported job opportunities.

- Launch a **Caring Essex: Essex Employers Care Partnership.** This will include anchor institutions and large employers and will involve **all partners becoming "Carer Friendly" and "Fostering Friendly"** accredited, so carers, including foster carers, are supported in the best possible way by employers, providing recognition and support for carers in their workforce.

- Set up a **Caring Essex: 50+ Task Force** with training providers, businesses and DWP with a mission to double the over 50s' participation in the local labour market by looking at expanding training provision, employment support and flexible working

- Launch a **Caring Essex: Decade of Opportunity.** This will build on the Essex Year of Opportunity, working across the system to scale up and embed the initiatives to increase people's skills.

Civil Society

Commit to vitalising community capacity by igniting the potential in civil society.

- Set up **Caring Essex: Challenge £2 billion,** a unit designed to significantly increase fundraising for the community sector from Government, businesses and individual donors. The ultimate goal is to secure the "missing £2 billion" in external funding for the VCS in Essex to unlock its full potential. This should work closely with the future "Your Essex Community".

- Create a **Caring Essex: Civil Society Leadership programme** so that community and voluntary sector leaders can develop the skills and networks they need, including commercial skills and skills in new technologies, to maximise their impact in their communities.

- Run an annual **Caring Essex: Celebration Festival** to recognise and celebrate the impact that community projects and outstanding individuals are having on supporting health and wellbeing in communities.

Civil Society

Commit to vitalising community capacity by igniting the potential in civil society.

- Co-develop best practice for community asset mapping and methods. This will support the co-production of the first ever **Caring Essex: Community Asset Map** to give people greater visibility of the assets that exist in communities across the county.

- Launch a **Caring Essex: Volunteering Olympics**: to double the number of volunteering opportunities across Essex to help more people contribute to their communities and acquire new skills and experience. This will be pan-Essex and will need to be designed so it is inclusive and accessible to disadvantaged communities.

- Set up a **Caring Essex: Library of Things** to enable people to utilise more public sector assets for community benefit and to exercise greater agency in the places that they live.

Community Influence

Commit to reshaping decision making by ensuring that communities have an active role in decisions that affect them.

- **Essex: Residents Assembly** to enable residents to genuinely shape how we move to a more preventative and enabling state in Essex, including considering tough choices and trade-offs.

- Set up a **Caring Essex: Bold Commissioners Group** that will support commissioners of public services across the system to go further in **adopting relational routes to commissioning for public benefit.** This will mean greater co-design of services with communities and local providers.

- Introduce a **Caring Essex: Public Services Experience** programme that will give young people an opportunity to see how local public services and democracy works and how decisions are made

Prevention

Commit to prioritising prevention by putting in place a new "prevention first" approach across public services.

- Set up a network of **Caring Essex: Multi-agency Triaging Hubs,** bringing services and support directly to residents, fostering collaborative working and easy access for users, and ensuring that people do not have their needs medicalised prematurely.

- Set up a **Caring Essex: Health at Home Programme,** building on existing activity this will involve the creation of an offer of basic training to residents over 50 and other high-risk categories in Essex to carry out basic self-health checks and administer basic procedures. It will also involve improving the reach and take up of health planning for everybody over 50 in the top 20% most deprived areas – to help people make lifestyle changes.

- Set up a **Caring Essex: Office of Prevention** within the new Mayoral Combined Authority that will support the shift to a more preventative system of public services. The Office of Prevention should work with system partners to **sustain and increase effective spending on prevention** and agree guidelines for how this should be done, building on existing technical work that is being developed through DHSC and CIPFA.

Annex: Actions List

Our Places: Commit to renewing our places as thriving communities by dismantling the barriers to wellbeing and opportunity

1) Align funding from across the system to support shared outcomes on transport investment in more isolated rural and coastal communities to improve wellbeing and access to social and economic opportunities. **This could for example be done through a Caring Essex: Wellbeing Transport Fund.**

2) Through the new Mayoral Combined Authority, develop a **Greater Essex Local Transport Plan** that will include a focus on **connecting places at a community level**. This will help to embed community connectivity as a central pillar of strategic transport planning.

3) Set up a **Caring Essex: Social Networking Programme.** This will be informed by the partnership with RSA and will focus on strengthening social ties that support greater wellbeing (bonding social capital) and social ties that support greater opportunities (bridging social capital). It will be focused in our most disadvantaged communities and will strengthen networks that connect them to their local economic geographies.

4) Develop a **Caring Essex: Retirement Service** with the purpose of enabling retirees to remain socially connected, stay active and contribute to their communities through meaningful activity after they retire.

5) Set up **Caring Essex: School Ready Task Forces** in priority areas to increase by 50% the numbers of children who are ready for school so they can achieve at least the minimum expected Key Stage 2 standards by the age of 11. This will build on and deepen existing collaborations.

6) Create a **Caring Essex: Housing Board** within the new Mayoral Combined Authority with a remit to significantly **increase the provision of retirement and specialist housing** to support independent living and meet growing demand through more effective use of the public sector estate and brownfield sites. The Board should also support the proactive use of new Mayoral planning powers in this area. This will enable more vulnerable people in Essex to be able to live fulfilling and independent lives.

7) Launch a **Caring Essex: Youth Activity Guarantee** that will enable young carers and young people from disadvantaged backgrounds to have access to, and benefit from, informal social and educational activities that connect them to their communities,

keep them physically active, develop their potential and raise aspirations. This will be co-designed with young people.

Work: Commit to preparing all our residents for the future world of work and ensuring the right access to training and employment

8) Launch a **Caring Essex: Apprenticeship Programme**. Through this, Essex anchor institutions and large businesses will provide additional apprenticeship opportunities for care leavers and people with disabilities, support their access to good training and work experience to secure long term employment. This will be accompanied by a programme of supported job opportunities for these cohorts to ensure that people have the opportunity to move from training into work.

9) Set up a **Caring Essex: 50+ Task Force** with training providers, businesses and Department for Work and Pensions with a mission to double the over 50s' participation in the local labour market by looking at expanding training provision, employment support and flexible working.

10) Launch a **Caring Essex: Decade of Opportunity**. This will build on the recently launched Essex Year of Opportunity, working across the system to scale up and embed the initiatives that have enabled people of all ages to increase their skills and broaden their horizons.

11) Launch a **Caring Essex: Essex Employers Care Partnership.** This should include anchor institutions and large employers in Essex and will involve **all partners becoming "Carer Friendly" and "Fostering Friendly"** accredited, so carers, including foster carers, are supported in the best possible way by employers, providing recognition and support for carers in their workforce and engaging with others to make our communities carer friendly. It will also enable employers to share best practice and develop further ways of supporting carers and foster carers across the system.

Civil society: commit to vitalising community capacity by igniting the potential in civil society

12) Set up **Caring Essex: Challenge £2 billion**, a unit designed to significantly increase fundraising for the community sector from Government, businesses and individual donors. The ultimate goal is to secure the "missing £2 billion" in external funding for the VCS in Essex to unlock its full potential. This should work closely with the future "Your Essex Community".

13) Create a **Caring Essex: Civil Society Leadership programme** so that community and voluntary sector leaders can develop the skills and networks they need, including commercial skills and skills in new technologies, to maximise their impact in their communities.

14) Launch a **Caring Essex: Volunteering Olympics**: to double the number of volunteering opportunities across Essex to help more people contribute to their communities and acquire new skills and experience. This will be pan-Essex and will need to be designed so it is inclusive and accessible to disadvantaged communities.

15) Set up a **Caring Essex: Library of Things** to enable people to utilise more public sector assets for community benefit and to exercise greater agency in the places that they live.

16) Co-develop best practice for community asset mapping and methods. This will support the co-production of the first ever **Caring Essex: Community Asset Map** to give people greater visibility of the assets that exist in communities across the county.

17) Run an annual **Caring Essex: Celebration Festival** to recognise and celebrate the impact that community projects and outstanding individuals are having on supporting health and wellbeing in communities.

Community Influence: Commit to reshaping decision making by ensuring that communities have an active role in decisions that affect them

18) Set up a **Caring Essex: Residents Assembly** to enable residents to genuinely shape how we move to a more preventative and enabling state in Essex, including considering tough choices and trade-offs.

19) Set up a **Caring Essex: Bold Commissioners Group** that will support commissioners of public services across the system to go further in **adopting relational routes to commissioning for public benefit**. This will mean greater co-design of services with communities and local providers.

20) Introduce a **Caring Essex: Public Services Experience** programme that will give young people an opportunity to see how local public services and democracy works and how decisions are made.

Prevention: Commit to prioritising prevention by putting in place a new "prevention first" approach across public services

21) Set up a **Caring Essex: Health at Home Programme**, building on existing activity – including parish nursing - this will involve the creation of an offer of basic training to residents over 50 and other high-risk categories in Essex to carry out basic self-health checks and administer basic procedures. It will also involve improving the reach and take up of health planning for everybody over 50 in the top 20% most deprived areas – to help people make lifestyle changes before it's too late and/or start building early help and support to reduce or delay the onset of needs.

22) Set up a network of **Caring Essex: Multi-agency Triaging Hubs**, bringing services and support directly to residents, fostering collaborative working and easy access for users, and ensuring that people do not have their needs medicalised prematurely.

23) Set up a **Caring Essex: Office of Prevention** within the new Mayoral Combined Authority that will support the shift to a more preventative system of public services by sharing best practice, evaluating the effectiveness of prevention programmes, supporting system join up, and inputting expert advice on prevention to support strategy development, business planning and budget processes. The Office of Prevention should work with system partners to **sustain and increase effective spending on prevention** and agree guidelines for how this should be done, building on existing technical work that is being developed through DHSC and CIPFA.

Caring Communities Commission

Essex Caring Communities Commission Report

Igniting community action to support health and wellbeing

Sponsored by:

Essex County Council

Contents

Chair's Foreword

It's time for a new way of taking action to enhance wellbeing in our communities and address health and social care pressures.

Some of our commissioners were born in the 1960s. In the middle of that decade the most common age of death was under one, today the most common age at death is 87.[1] That huge change for humanity should be a cause for celebration, but too often it is perceived as a burden. The ageing population is characterised as a source of demand on public services; our challenge is to recognise and exploit the opportunities that will be created by more and more people living to advanced old age.

We should value the opportunities that our senior generations bring, and not only think of them as 'ageing'. And we should recognise that a demographic shift of this magnitude cannot be addressed by evolving our way to solutions. We need to be bold and radical if we are to rise to the challenges this new reality creates.

At the other end of the spectrum, we are experiencing a significant growth in the number of young people who need care support of one form or another. According to some reports, one in four of our children will need some support from children's social services before the age of eighteen.[2] All of this has led to huge and unsustainable pressures on the budgets of public bodies which struggle to respond to the demand for services that these trends imply.

It is in this context that the Commission was established. As a society, we should ensure that the care and support that we will all need at some point in our lives is available to us. Quality of care is often synonymous with quality of life.

The Commission has taken the view that in order to fundamentally change our approach to care, we need to think differently about our relationships with communities – where most of the heavy lifting in achieving positive outcomes is done.[3] Care is, above all, a relationship, and the actions we have proposed in the report build on the implications of that understanding.

We have come up with a set of bold commitments and actions. These commitments propose radical change, not business as usual. We are calling for this change at a time of significant opportunity with major national policy reforms in the pipeline and Devolution and Local Government Reorganisation (LGR) also taking place. This provides a once in a generation chance to build new operating models that put communities at the heart of decision making, strengthen social capital, and take seriously the urgent need to create a more preventative state.

Achieving the objectives we articulate will require bold action across the local system and the support of national Government. It will require public bodies to will the means not just the ends.

It has been and remains a privilege and an honour to chair this Commission, supported by a team of commissioners and officers who are passionate about the change we can bring if we are serious about working together in a different way. I am grateful to the many people who gave up their time freely and generously to support and enhance the Commission's understanding of the issues we face individually and as a society.

I look forward to discussing this report with all agencies across Essex and with Government, and to working with you to fulfil the promise it sets out.

Councillor Beverley Egan,

Chair of the Essex Caring Communities Commission

Executive summary

There are significant and urgent challenges facing health and social care today which are unsustainable. Radical reforms are needed to policy, funding, staffing, quality of care, and the way in which public services are delivered.

The Essex Caring Communities Commission was established by Essex County Council in September 2024 to review and make proposals to tackle the pressing challenges in health and social care at source, by igniting local leadership to transform public services so that they are more preventative, and community based and led, while influencing Whitehall to deliver a supportive national framework. This report diagnoses the challenges, sets out a direction of travel, and calls for specific actions.

Some key themes have emerged from the Commission's work:

Communities and civil society are a source of huge strength

We see this every day in the contributions made by carers, neighbours and friends, community and faith groups, the voluntary sector and community enterprises. We need to ensure that public services operate in a way that supports and enhances this power.

Collective action is needed to tackle the wider determinants of health and to build health rather than just prevent illness

Deprivation and inequality have been increasing for a considerable period, and in the last five years have been accentuated by the impacts of the Covid-19 pandemic and then the cost-of-living crisis. This has left many individuals, families, and communities in a vulnerable position, significantly contributing to adverse health and wellbeing outcomes.

Public services need to be redesigned and reconfigured to put prevention first

There are lots of examples of excellent preventative programmes and approaches that are making a real difference. But at a time when rising demand on acute health and social care services is outstripping funding, there is a risk that short-termism will prevail, and prevention will be further cut to meet the immediate needs of acute services.

Public services need to change not just the what but also the how

There is a need to accelerate culture and operating model shifts that have already begun. We need to shift from hierarchical methods of working to establishing a shared purpose with communities and collaboratively designing solutions with them. Communities need to feel a real sense of empowerment over decisions that affect them.

Devolution and LGR in Greater Essex

Offers huge opportunities to remake the local state to address the structural challenges we are facing. New unitaries will need to think about operating models that support genuine empowerment at a local level; the Mayor for Greater Essex will have both formal powers and system convening powers that can make a real difference in addressing barriers to better health and wellbeing with a focus on prevention.

The Commission's proposed actions have been developed into a framework with a clear vision; bold commitments; redefined roles and relationships; and a set of tangible actions.

The vision for success is for communities to be healthy, active, empowered, and inclusive; underpinned by strong levels of economic, social, physical, and natural capital. The Commission proposes five commitments for local leaders and public services to embrace to create radical change:

Our Places:
Commit to renewing our places as thriving communities by dismantling the barriers to wellbeing and opportunity.

Work:
Commit to preparing all our residents for the future world of work and ensuring the right access to training and employment.

Civil Society:
Commit to vitalising community capacity by igniting the potential in civil society.

Community Influence:
Commit to reshaping decision making by ensuring that communities have an active role in decisions that affect them.

Prevention:
Commit to prioritising prevention by putting in place a new "prevention first" approach across public services.

In support of the commitments, the Commission has identified actions that it considers will be impactful in driving positive change. The Commission is looking to the public sector leaders, other partners and communities to "own" these actions and drive them forward. However, the ethos of the Commission is not to be top down and prescriptive. It recognises that it is desirable for public services, other partners and communities to co-create how these changes are implemented in practice and be mindful that what works well in one place may need to be done differently in another place. It also recognises that these actions can't be the end of the story – indeed the Commission hopes that the actions it is setting out will inspire public service leaders and communities to go even further and add new ideas of their own.

The Commission's proposed twenty-three actions are a combination of public-facing programmes, approaches and activities visible in communities; and actions that aim to build capacity and capability, and to change traditional ways of working. Some are extensions of what already exists, some have emerged from the evidence heard by the commissioners and others are grounded in the research carried out for the Commission.

The Commission is calling on the Government to support its commitments, actions, and the direction of travel set out in this report through the implementation of the NHS 10 Year Plan, the Casey Commission on social care, and through the approach to funding and reforming public services in the upcoming Spending Review.

In Year 2 of its work, the Commission will be working together to:

- ✓ Support local implementation of these actions
- ✓ Support the implementation of Devolution and LGR, which provides a considerable opportunity in Greater Essex and other places
- ✓ Support and influence national policy developments over the next 12 months.

Chapter 1:

The Scale of the Health and Social Care Challenge and the Purpose of the Essex Caring Communities Commission

In this chapter we set out the national and local context in which we are operating, and the extent of the pressure being experienced by public services in the system. We explain why the Commission was established and what Essex has to bring in relation to thinking afresh about these issues. And we explain the approach the Commission has taken to its work.

The national and Essex context

The crisis facing health and social care is well known. It is expressed through several different dimensions:

Unsustainable demand

- According to the King's Fund, demand from working age adults for Adult Social Care has increased by 22% since 2015/16[4].
- New research led by academics at University College London (UCL) has suggested that one in four children will need some support from children's social services by the time they turn 18[5].
- The NHS Long-term Workforce Plan estimates that the NHS's 1.4 million full-time equivalent (FTE) staff in 2021-22 will need to grow to between 2.3 million and 2.4 million FTE workers in 2036-37 to keep pace with rising demand. That is nearly 1 in 10 of all workers in England[6].
- For Essex, between January 2020 and January 2024 the number of children with an Education, Health and Care Plan (EHCP) increased from 9361 to 13035[7].
- During the period from October 2022 to October 2024 in Essex:
  - Non-elective (emergency) admissions to hospitals[8] increased from 124,820 to 151,050
  - Safeguarding concerns raised to Adult Social Care[9] rose from 17,054 to 19,382
- The number of adults in receipt of long-term social care[10] grew from 15,257 to 16,783.

Unsustainable cost

- The Health Foundation has predicted an NHS funding gap of £38bn by 2030 in its sustained improvement scenario[11].
- The Health Foundation has also forecast that spending on Adult Social Care will need to rise by £8.3 billion by 2032/33 just to keep pace with demand[12].
- According to the Institute for Government, spending on children's residential care was up 14.6% in 2021/22 alone; and the overall system cost up by £0.5 billion.[13] Between 2020/21 - 2021/22 Essex saw a 12% increase in average weekly cost for residential placements. Since 2021/22 costs have continued to rise, with an 86% rise in weekly cost between 2021/22 and 2024/25[14].
- According to the Local Government Association (LGA), Government funding of the "high needs block" on special educational needs has increased from £4.8 billion to £9.2 billion, but there is still a funding shortfall of £890 million[15]. The equivalent for Essex is high needs block funding has increased from £104.9 million to £206.1 million but there is still a funding shortfall of £13.6 million rising to £24.9 million by 2026[16].

Unsustainable gaps in care

- According to the King's Fund, more than half of older people with care needs receive no support[17].
- In November 2024, the total NHS waiting list stood at 7.48 million consisting of around 6.28 million individual patients waiting for treatment in England[18].
- From January to December 2024, approximately 1.66 million people have waited more than 4 hours in A&E[19].

Unsustainable staffing pressures

- According to Skills for Care, there were 131,000 unfilled vacant posts in Adult Social Care in 2023/24.[20]
- According to the Nuffield Trust, there were approximately 125,000 unfilled NHS posts in June 2023.[21]
- The Department for Education (DfE) has estimated that as of September 2023, 18.9% of full-time equivalent children's social work posts in English councils were vacant – and the DfE has raised the level of risk to its objectives posed by there being insufficient social workers from "moderate" to "critical".[22]

Unsustainable outcomes

- Despite all the extra investment, the educational attainment gap for children with special educational needs has widened rather than reduced. In Essex in 2024, 21% of Special Educational Needs and Disability (SEND) pupils achieved expected standards in Reading, Writing and Maths (RWM) at Key Stage 2. This is in comparison with 72% of their peers without SEND, thus producing an attainment gap of 51%.[23]
- Data for the year ending March 2023 shows that 40% of care leavers in Essex aged 19 to 21 are not in education, employment or training, compared to 13% of their peers in the general population.[24]
- According to NHS England research, in 2022, 64% of adults were overweight or obese. In Essex 68% of adults were overweight or obese. In 2023/24, children aged 10 to 11 that were classified as obese amounted to 19.2% in Essex and children aged 4 to 5 that were classified as obese amounted to 8.47% in Essex.[25]

Unsustainable falling levels of public trust

- According to the Nuffield Trust, in 2023 only 24% of the public were satisfied with the NHS, and only 13% were satisfied with social care. By comparison, in 2010, 70% of the public were satisfied with the NHS.[26]
- According to the Office for National Statistics (ONS), in 2023, only 27% of the public trusted central government, and 34% trusted local government.[27]

The key word in all these dimensions is unsustainable. Nobody who understands and cares about public services believes that these issues and trends can simply be allowed to continue or indeed that there is a simple investment pathway out of them.

Radical reforms are needed to:

- **Re-imagine national policy frameworks** – so they address rather than perpetuate the scale of the crisis. This includes addressing structural cost drivers that are built into some current legislation and into how some provider markets are operating.
- **Address the funding gap** – so the gap is closed between what public services are expected, or legally required, to deliver and the resources they have at their disposal.
- **Tackle the staffing gap** – health and care are a staff-intensive sector, and staffing gaps need to be closed if it is to meet demand. This includes looking at the training, pay, conditions and career progression for care staff in particular.
- **Transform public services** – using the power of data and new technologies like Artificial Intelligence (AI) to significantly improve service productivity, efficiency and care outcomes. There are significant opportunities not only in earlier health diagnosis and treatment, but also in care technologies to support independent living.
- **Improve the quality of care** – making sure that service users and patients get a consistently high quality of care; and that where there are problems, the voice of service users, patients, their families and carers is listened to and acted on.
- **Tackle demand pressures at source** – so that the drivers of demand are addressed, and local public services are much more preventative, and community based in how they operate.

Positive opportunities

However, while the situation is serious, there is still lots of cause for optimism, as long as the optimism is grounded in bold action not complacency. The Essex Caring Communities Commission is **not a counsel of despair, but rather a call to action.** Opportunities reside in:

- **The strengths and assets in our communities** – This is the bedrock on which community wellbeing is founded, and as this report highlights, the capacity of communities to contribute is immense.
- **New technologies** also offer a great opportunity. We have seen already how digital technology is transforming care, with 14,000 Adult Social Care users in Essex now in receipt of care technology – a figure that rises every month. AI offers the potential for new technology to be even more transformative, saving health and care professionals time so that they can focus on where their skills and expertise can add the most value.
- **The quality of local leadership and public services** – most public services have experienced twenty years of demand pressures outstripping resources. This has led to increasing stresses on public services and on the staff who deliver them. But there has also been a very strong track record of service delivery, innovation and transformation which has now become embedded in ways of working. There is also, as we will highlight later, a strong track record of working in new more collaborative ways with communities, shifting away from traditional top-down service delivery models.

The Government has recognised both the challenges outlined above and the opportunities and is developing a major programme of work to address these issues. Early in its term of office, it commissioned Lord Darzi to review the state of the NHS. His report recommended a shift to a much more preventative and community-focused model for the NHS. The Darzi Commission's recommendations are now being taken forward through the development of the 10-Year NHS Plan.[28]

The Government has also announced the setting up of an independent National Social Care Commission, led by Baroness Louise Casey, to develop a cross-party approach to taking forward the concept of a National Care Service. The Government has also published a policy statement on whole-system reform of the children's social care system.

Most recently, the Government has announced the abolition of NHS England to streamline the NHS with a view to shifting more resource to the front line. As always when there is a lot of change in the national policy context, commissioners and local system partners will need to ensure they maintain focus on the big long-term drivers of service demand and outcomes. This report will help them do that.

The Essex Caring Communities Commission

The Essex Caring Communities Commission commenced in September 2024. It is sponsored by Essex County Council but is an independent Commission. Its Commissioners come from a variety of backgrounds (a) elected county councillors from across political parties, (b) leaders from the health and local government system in Essex, (c) national policy experts from academia and d) voluntary and community sector representatives. This has ensured the Commission has had a valuable and broad balance of political and expert leadership.

Councillor Beverley Egan (Conservative) - is the Chair of the Commission. She was most recently the Lead Member for Children's Services and Early Years at Essex County Council achieving outstanding from Ofsted in its 2023 Children's Social Services Inspection. Cllr Egan worked for the Salvation Army for nearly 30 years where she held a number of posts including the management of a training centre supporting adults with additional needs to learn the skills to transition into more independent adult lives.

Tom Abell - joined Mid and South Essex ICB as Chief Executive Officer (CEO) in August 2024. Formerly CEO of the East of England Ambulance Trust.

Professor Adrian Bonner - An academic and writer in which his specialism is currently the impact of economic austerity policies on health, social care and housing strategies.

Dr William Bird MBE - Background is a family GP. He pioneered the concept of social prescribing by setting up the first Health Walk and Green Gym programme. He is the chair of Active Essex and founder and CEO of Intelligent Health.

Tony Daniels - Background and experience for the last 18 years has comprised of senior level performance management roles. He is a qualified Youth and Community Worker.

Councillor Jude Deakin (Liberal Democrat) - Cllr Deakin has represented the residents of Chelmsford West on Essex County Council since May 2009. She was previously Mayor of Chelmsford from 2020 to 2022.

Pamela Donnelly - Currently Chief Executive at Colchester City Council. Previously, she was a Strategic Director for Colchester with responsibility for customers and partnerships.

Clenton Farquharson CBE - Chair of the Think Local Act Personal partnership board. Clenton works as consultant, auditor, trainer, and coach on inclusion, equality and disability. He is a member of the NHS Assembly, chair of Quality Matters, trustee of the Race Equality Foundation and an ambassador for Disability Rights UK.

Councillor Jeff Henry (Conservative) - After his first year in Council, he became deputy cabinet member for Communities and then deputy to Health and Adult Social Care. He then served on the People and Families committee and eventually became Chair of the Health Overview Policy & Scrutiny Committee at Essex County Council.

Kerry Clancy-Horner MBE - Head of Youth Practice for Southern England for The Children's Society. Kerry has worked in the children's charity/volunteer sector in Essex for over 30 years, starting as a volunteer when she was 17 and is also a qualified and registered social worker.

Councillor Pat Reid (Labour) - Cllr Reid has been a Basildon Borough Councillor since 2019, and a member of Essex County Council since 2017. She is also a School Governor and volunteer at a local Food Bank. She is a member of Friends of Northlands Park and involved in a lot of community events.

Councillor Wendy Stamp (Independent) - Became an elected Councillor in 2015 and served at three levels of Town, District and County Levels throughout that period. Previously a director in their own family business.

The Commission has been set up to review and make recommendations to tackle demand pressures at source – so that the drivers of demand are addressed, and local public services are enabled to shift their attention, capacity and resources to community-based prevention working. While national and local government need to work in partnership across all areas of health and care reform, the challenge of tackling demand pressures at source is the one that is most suitable for being led locally. This reflects the fact that local leaders, professionals and residents know their communities best. It also reflects that, especially with the rollout of devolution accelerating across the country, local leaders either already have or will soon acquire more key levers to improve community health and wellbeing and prevent, reduce or delay demand pressures. You cannot change the trajectory of community health and wellbeing from Whitehall – though as always, Whitehall and Westminster are crucial partners and can either enable or block the agenda.

Explainer

Devolution is the transfer of powers and funding from central government to local areas, often (but not exclusively) exercised by directly elected local mayors and combined authorities. Devolution enables local leaders to shape economic development, skills, transport, strategic planning and other issues in a way that supports the needs and opportunities in their places. Mayors have also been successful in raising the profile of their areas and attracting business investment.

Local Government Reorganisation is about how local Government powers and funding are organised between councils. In this context it means the shift from two-tier local government (county and districts) to single tier unitary councils responsible for providing all the services in a place. This change is expected to lead to more efficient local Government that is more cost-effective to run, more transparent and more accountable to residents.

In addition to the general case for local leadership, there are specific reasons why Essex is well placed as a system to review and make recommendations in this area:

Essex has strong potential in its communities

Essex residents are generally proud of their place and tirelessly support their communities. Essex is blessed with strong community organisations, strong networks, community active residents, and there is a huge amount of positive existing work to support one another in communities

Essex has a track record of leadership in this area of policy

This started with the Who Will Care Commission in 2013. That Commission got the ball rolling on some important reforms that have since become mainstream locally and nationally – including advocating the rollout of social prescribers to boost community wellbeing and mental health.

Essex has scale and diversity

Greater Essex, which includes the neighbouring local authority areas of Southend and Thurrock, has a population of 1.9 million. It also has great diversity – rural areas, coastal areas, smaller towns and cities, and urban areas close to London. The population of Essex is also growing more diverse. Its diversity makes Essex a testbed for the rest of the country.

Essex has challenges

Essex has some of the most deprived communities in the country, and levels of deprivation have doubled in the last 15 years. In addition, research we are publishing alongside this report, shows that we also have some of the most challenged communities in terms of their capacity and connectedness. These are significant factors in driving up demand for health and social care, and they have been made significantly worse by impacts from the pandemic and the recent cost of living pressures.

Essex has opportunities

We have a dynamic economy, with two freeports, two airports, connectivity to London and the Cambridge growth corridor. We have two nationally recognised universities, some excellent colleges, and some of the best schools in the country. There is significant investment in national infrastructure planned in Essex, including the recently confirmed Lower Thames Crossing.

Image © Active Essex

Essex has strong public services and local leadership

Our health and social care systems are strong and high performing against national benchmarks. Our children's social care service is one of very few nationally to be judged Ofsted outstanding in all criteria. Essex Police and our Police, Fire and Crime Commissioner have an excellent track record in working with partners to reduce violent and other crime with a strong focus on community-led policing. In other words, this is not a local public service system just focused on crisis management. It is a local public service system that is under pressure but focused on a positive reform agenda. This was reflected in Essex being one of four pilot areas chosen for the Government's "test and learn" public service reform programme.

Greater Essex is on the Government's Devolution Priority Programme

The Government has recently announced that Greater Essex (including Southend and Thurrock) has been approved to be on the Government's Devolution Priority Programme. This will mean an elected mayor will be in place by 2026, and new unitary councils in place by 2028. This is a major opportunity that will give local leaders in Greater Essex more powers and funding to tackle the issues raised in this report. It also gives local Government the opportunity to re-think how it brings decision making much closer to communities.[29]

The Commission's approach to its work

The Essex Caring Communities Commission has been set up for two years. The Commission's report is setting out commitments and a set of actions that are intended to galvanise the system in going further than current activity and plans. It sets an important direction of travel that must be sustained. This is not an agenda which can afford delay – it needs to be prioritised across the Essex system – not just in our health and social care services. The publication of this report also comes at an opportune and critical time given national policy reforms and local moves to Devolution and LGR.

These actions are not an exhaustive and definitive list – indeed the Commission hopes that they help to encourage further innovation and spark more new ideas for action.

The commitments and actions are directed primarily at local public services and partners across the system – both in their current configuration and for the new mayoral strategic authority and unitary authorities that are being set up under Devolution and Local Government Reorganisation. But they require meaningful engagement with, and collaboration and buy-in from community organisations, communities and citizens.

This is vital as this work must be future proofed and have a legacy. The Commission's view is that Devolution and LGR will significantly help to advance the Commission's agenda, as it will give the local system more powers to effect change and greater system leadership. Some actions will require the support of national Government, who will of course continue to have a key role in setting the policy, regulatory and financial frameworks to support this agenda.

The Commission is confident that its work reflects what it is has heard as well as learning from best practice and has arrived at its conclusions through a substantial workplan of engagement as well as commissioned research. The Commission has listened to a variety of organisations, communities, and residents as well as partners and national experts to learn from best practice and to link to current and future policy changes as part of its workplan. This has included:

- Evidence Hearings from national speakers covering topics such as community development, education, academic research in policy and governance, public services, commissioning, procurement, human development, the voluntary sector, and health and social care.
- Reports and briefings from think tanks and Public Service Organisations.
- Direct feedback from community leaders and partners at partnership forums.
- Direct feedback from communities and residents.
- Research findings from:
    - further analysis of community capacity and resilience through the Essex Community Needs Index
    - commissioned research with community leaders
    - open online survey
    - headline-level survey of Essex residents' views about their community and public services and the role that different organisations can and should play in planning for and meeting care needs.

Chapter 2:

Our communities are at the heart of the solution

In this chapter we start by setting out the implications of the key demographic trend affecting our communities – an ageing population with more complex needs. The Commission is keen that our narrative about ageing shifts from being a counsel of doom about the pressures on public services to a celebration of the tremendous possibilities that lie in an active older population.

We then explore the capacity that exists in our communities, based on research work for the Commission on Essex's Community Needs. Throughout its work the Commission has been keen to establish a broader definition of community that encompasses the whole of civil society – and we explain why we think that broader definition is important. We focus on the role of carers who in many instances are the first line of defence for health and social care systems from the pressures that might otherwise fall on these systems – we cannot do too much to support the valuable role that carers play in our society. And finally, we address how to optimise working with communities, reflecting both the research we have done to support this report and the expert inputs the Commission received from its witnesses.

Demographics

As recent data has highlighted, the UK is one of relatively few advanced economies where the population is predicted to rise. The Office for National Statistics (ONS) forecasts that between 2022 and 2032, the UK population will increase by 4.9 million from 67.6 million to 72.5 million, mostly driven by immigration.[30] This comes on top of sustained growth over recent years. In Essex the population has grown by 0.7% a year for the last decade[31] with that population growth heavily concentrated in older age groups. In fact, over the period to 2043 we expect the fastest levels of population growth in Essex to be amongst those aged over 75 years old. This section of the population is expected to grow at a rate in excess of 2% per year – seven times faster than the working age population (0.3% growth per year).

As the population ages, it is important we recognise that there are significant differences in health outcomes across Greater Essex, with life expectancy differences of up to 17 years for males and 14 years for females between locations. 309,000 people across Essex have long-term health conditions – 1 in 3 of them being people aged 70 or older.[32]

Rising population levels with more complex needs must be factored into long-term planning and resourcing for public services, as well as for the provision of essential public goods like housing and transport. We need to plan effectively with and for our future communities.

The Commission is mindful of all these pressures, but also clear that people should not be viewed as units of demand. All our residents in some way contribute every day to supporting society's collective goals – paying taxes; contributing to the economy; volunteering, supporting, and caring for friends and family.

A guiding philosophy for the Commission is that whilst we must be realistic about the impact of demand on public services and to plan for that; we also need to recognise that these demographic changes should also be captured as an opportunity and factored as part of the solution to the challenges we face as a society. This also requires us to think not just about treating ill health and managing demand, but about positive health and wellbeing creation in our communities in all periods of life.

In reality, older people contribute an enormous amount to society and have the potential to contribute even more. For example, according to the Centre for Ageing Better, people in their 50s and 60s provide the majority of unpaid caregiving for disabled and older family members, friends and neighbours. The 65 to 74 age group are the most likely to volunteer – both formally (providing unpaid help through groups, clubs or organisations) and informally (giving unpaid help to other people who are not relatives).[33]

The Commission is therefore **calling for the setting up of an Essex Retirement Service** - the first such service in the country.

This would engage with people as they approach retirement - a key change moment in people's lives - and give them practical guidance and support, including connection to community activities, to help them to lead active and purposeful lives in their retirement. We would welcome further discussion with public services, with charities such as Age UK, and with older people themselves to optimise the design of this service.

Explainer

Essex Retirement Service: An illustration for what a Retirement Service could look like is set out in Jon Yates's book Fractured. He writes: "You join a group with 11 others who have also recently retired from all walks of life. At the first meeting you have a meal together and start to get to know each other. A facilitator helps get everyone talking and you have a chance to hear about the other participants' careers and what everyone is hoping for from retirement. The group meets three times a week. The Monday sessions help you think through what you might want to do with your retirement, covering a range of topics such as financial planning, holidays, supporting family, taking up hobbies, volunteering in the community or continuing to work. The Wednesday sessions involve volunteering in the local community. You are able to pick from a variety of options from reading to children at the local school to visiting residents at the local care home or helping with the upkeep of a local park. The Friday sessions are entirely social." This is just an example but sets out how the programme could work to support the wellbeing of individuals as well as their communities.

Image © Active Essex

Community capacity and need

Community capacity and need is a key factor in determining the health and wellbeing of communities and therefore demand pressures on health, social care, and other public services.

The Local Trust and Oxford Consultants for Social Inclusion (OCSI) have developed a methodology for measuring community capacity called the Community Needs Index (CNI).[34]

The index covers 19 indicators, across three domains:

Civic Assets

Measures the presence of key community, civic, educational and cultural assets near to the area. These include pubs, libraries, green spaces, community centres, swimming pools – facilities that provide things to do often, at no or little cost, which are important to how positive a community feels about its area.

Connectedness

Measures connectivity to key services, digital infrastructure, isolation, and strength of the local jobs market. It looks at whether residents have access to key services, such as health services, within a reasonable travel distance. It considers how good public transport and digital infrastructure are and how strong the local job market is.

Active and Engaged Community

Measures the levels of third sector civic and community activity and barriers to participation and engagement. It shows whether charities are active in the area and whether people appear to be engaged in the broader civic life of their community.

The analysis sets out that while there is a strong relationship between community need and deprivation, they are not one and the same thing. There are some places that have relatively high community needs but less high deprivation levels; and other places where deprivation levels are higher than community needs. Moreover, where places have **both** high deprivation levels **and** high community needs, these places have worse outcomes than can be accounted for just by deprivation alone – OCSI describes these places as 'left behind'. The original OCSI research in 2019 concluded:

- There are notably fewer job opportunities locally when compared against other deprived areas, leading to people needing to travel further for employment.
- 'Left behind' areas are performing less well than other deprived areas.
- This poor performance is reflected in other socio-economic trends, for example 'Left-behind' areas are falling behind other deprived areas in terms of achieving reductions in levels of child poverty, with just under one-in-three children in the 'Left-behind' areas living in poverty.
- For those in work, pay is lower than across other deprived areas and a higher proportion of people are engaged in low-skilled occupations.
- Left behind areas suffer relatively poor health outcomes, including a higher-than-average prevalence of people with poor health conditions, linked to a higher proportion of people engaged in risky health behaviours (for example smoking and binge drinking). Left behind areas also report higher instances of mental health related challenges, when benchmarked against other deprived areas across a range of recorded measures.

The original research posed some important points for the Commission. First, while addressing deprivation and socio-economic inequalities is fundamental to improving community wellbeing, we need a broader focus that includes community needs and community capacity as well.

Second, flowing from this, the approach to regeneration needs to move on from a top-down approach that is done to communities, to something that is done with communities. The think tank Onward in particular has done useful research showing how the traditional top-down approach to place regeneration has had some initial impacts but has too often failed to leave a lasting legacy once the initial funding has dried up, because initiatives have not been "owned" by the community, and they have not built local capital.[35]

Third, the needs formula for funding public services should give as much weight to community need as it does to deprivation. This is a live issue with the Government reviewing the Fair Funding Formula for local government. If we re-weight funding formulas too far in the direction of deprivation, then there will be some re-distribution away from places with high community needs. This will make it even more difficult to address poor outcomes in these places, meaning that demand and cost pressures on public services will rise further.

Fourth, policy in this area requires an active state. As described above, a "statist" top-down approach to regeneration has been shown to be ineffective in delivering sustainable change. But we must equally guard against an approach that says the state's role is to withdraw and get out of the way, and community action will fill the gap. Any perception that this is the intention will remove buy in from this agenda, because this programme of work must be a genuine collaboration between all the relevant actors – the state, civil society, businesses, and individuals – in which all are active and playing their roles.

Moreover, an approach that "leaves it to communities" will founder on the reality that some communities have much more capacity to act than others. Typically, there is an inverse relationship between the needs of communities and their capacity to meet those needs themselves.

This means that without an active state, the attempt to empower communities can risk widening inequalities rather than reducing them and therefore increase the pressures on public services. Nobody wants that.

Essex Community Needs Index

When OCSI published its Community Needs Index in 2020, it was striking and concerning that 6 of the 10 highest need communities identified across England were in Essex.[36]

	Ward	Local Authority Area	Region
1	**Laindon Park**	**Basildon**	**East of England**
2	**Canvey Island East**	**Castle Point**	**East of England**
3	**Canvey Island North**	**Castle Point**	**East of England**
4	Norton South	Halton	North West
5	Meir North	Stoke-on-Trent	West Midlands
6	Stockbridge	Knowsley	North West
7	**Haven**	**Tendring**	**East of England**
8	Airedale & Ferry Fryston	Wakefield	Yorkshire & Humber
9	**Bockings Elm**	**Tendring**	**East of England**
10	**Golf Green**	**Tendring**	**East of England**

This data sat alongside the Indices of Multiple Deprivation from 2019, which showed that in absolute terms, there were around 188,000 people across Greater Essex living in the most deprived 20% of areas in the country. Of this group, some 49,000 were children. This signalled a significant increase in levels of relative deprivation across Greater Essex over the preceding 12 years.[37]

These findings are a reminder that deprivation and inequality are not a North of the country vs South of the country issue and that significant and growing areas of need exist within parts of the country that are generally regarded as affluent. Given the number of people involved – almost 200,000 in Greater Essex, these communities can hardly be described as "pockets of deprivation".

In the five years since the 2019/20 data, we have of course collectively experienced first the Covid-19 pandemic and then a prolonged cost of living crisis, which we know has impacted hardest on those communities that were already the most vulnerable.

To ensure that the Commission had an accurate up to date picture, it commissioned a re-run of the Essex Community Needs Index. The picture and analysis remain much the same with the key conclusions being:[38]

- On average Essex communities appear to be less resilient and less well equipped than communities in comparator counties and across England as a whole – Essex has more acute levels of community need.
- Levels of community activity and engagement mirror national averages, but are significantly below those seen in comparator counties across the East and South East.
- Within Essex, the most acute levels of need and the lowest levels of community resilience appear to be in Tendring. This is, in large part, a reflection of low levels of social and physical connectedness between communities in the area.
- Wider challenges can be seen in areas like Castle Point, where community activity may be weakened by a lack of access to civic assets; and in areas like Harlow where levels of civic and community engagement are among the lowest in Essex.

This data is a reminder of the fact that when we talk about communities, they are not a homogenous group – communities' strengths and needs vary – and our approaches must reflect that diversity.

Given the importance this highlights of social capital in our communities, **the Commission is looking to announce a new partnership with the RSA (the Royal Society for Arts, Manufactures and Commerce), as part of its Connected Places work.** The RSA is leading the thinking on how to build social capital into the fabric of policy making with a view to improving outcomes. By making use of new data sources, we can build a richer picture of community identities to strengthen social capital, raise aspiration, and better connect communities to economic opportunities. Building social capital in this way mainstreams resilience into the DNA of our places.

Explainer

The RSA's Social Capital Primer describes social capital as below.

Social capital - the fabric of our relationships, trust, and community bonds – plays a crucial role in communities. The RSA uses Harvard academic Robert Putnam's conceptualisation of social capital, which is composed of three key parts: social networks and associational activity; moral obligations and cultural norms; and social values, including trust. From Putnam's perspective, these networks and linkages have societal value, supporting cohesive and successful prosperous nations, while a breakdown in social capital can lead to fraying cohesion and a range of social ills. There are two types of social capital that are particularly important: bonding capital (the strong ties within groups, families and neighbourhoods) and bridging capital (connections across diverse groups). Both have been linked to a range of social and economic outcomes, such as:

- **Longevity:** The world's longest-running study on adult life has found that one of the strongest predictors of a happy and long life is having warm and trusting relationships.
- **Economic growth:** There is a strong and robust link between social trust and economic development and growth.
- **Social mobility:** In the US, cross-class relationships were found to be the strongest predictor of social mobility.

Civil society

The Community Needs data is not a reason to take a deficit-based approach. The starting point in this work is always to recognise and realise the potential of the strengths that exist in all communities.

And when we talk about communities, we are not just talking about voluntary and community sector (VCS) organisations. We are using a wider definition that encompasses the whole of civil society. The Commission has heard from experts in the field who have emphasised the incredible contribution that civil society makes and how public services need to work differently to better support this contribution.

Civil society is defined as a "community of society linked by common interests and collective activity". It includes:

- Mutual aid, welcoming newcomers, and the conversations we have with each other
- Social infrastructure – the plumbing that connects social life
- Faith groups
- Grassroots community organisations – such as sports clubs, youth groups, social groups
- Other communities of interest for example virtual groups
- The more formal voluntary and community sector
- Social entrepreneurs employing innovative and/or market-oriented approaches for social and environmental outcomes

The scale of the contribution that civil society makes can be highlighted by:

- Data from the 2020 National Churches Trust Survey estimates that Britain's 40,300 churches contribute a total of £12.4 billion per year in terms of economic and social value to their communities.[39]
- Faith groups have been estimated to contribute nearly £300 million per year to the Yorkshire & Humber regional economy.[40]
- According to the National Council of Voluntary Organisations, the voluntary sector contributed £17.8 billion to the UK economy in 2020/21.[41]
- According to the Community Life survey, in 2021/22, 16% of respondents (approximately 7 million people in England) took part in **formal** volunteering at least once per month in the past 12 months. The same survey showed that 26% of respondents (approximately 12 million people in England) had taken part in **informal** volunteering at least once per month.[42]

- According to Social Enterprise UK research, social enterprises created £1.2 billion in profit during 2022 and reinvested £1 billion to drive progress on environmental and social missions.[43]
- There are 131,000 social enterprises in the UK with a workforce of 2.3 million.[44]
- Konrad Elsdon's survey of local voluntary organisations indicated that there may be as many as 1,300,000 organisations with 12 million participants in England. For Essex that would equate to around 36,000 formal and informal civil society organisations, with around a third of a million participants.[45]

Civil society creates value through enhancing employment opportunities, improving the local environment, social welfare support, support for mental health and wellbeing, creating physical activity opportunities, and in many other ways.[46] Civil society also plays a fundamental role in creating a society which feels safe, both physically and psychologically.

There is an opportunity to create a virtuous circle here. As communities become more attractive and connected places, more people want to participate or to move there, further strengthening civil society.

A strong civil society creates social value in more subtle ways too – through the power of bringing people together who might otherwise be isolated; by building connections and bridging divides that might otherwise widen; and by providing meaning and purpose to millions of people's everyday lives that might otherwise feel lacking.

In his evidence to the Commission, Michael Little described civil society as creating:

- Social bonds between people
- Shared meaning
- Collective agency (power)
- Shared responsibility for each other (collective efficacy)

These conditions generate a sense of order that leads people to invest in their places of work, learning, living and play ultimately resulting in stronger communities.

These benefits are particularly important in a society that is in other ways much more atomised than it used to be, and where communication has become much more digital, lessening the need for people to physically come together for a cause or purpose (although we should not forget that digital communications also generate new communities and provide new opportunities for connection too).

The Government has recognised the importance of working in partnership with civil society. Launching the creation of a 'Civil Society Covenant' to usher in a new era of partnership between government and community, the Prime Minister, Keir Starmer, said:

> "To fix the foundations of our country we need a fundamental reset of the relationship between government and civil society.
>
> That is why we're building a new partnership with the sector to tackle the complex social and economic challenges we face as a country.
>
> By harnessing the dynamism, innovation and trusted reach of civil society organisations, we can boost growth and deliver better outcomes for communities right across the country".[47]

During the Commission's work, we have heard from grassroots organisations in the voluntary sector about the challenges and opportunities they face. The challenges are perhaps not surprising. Demand for services is up, yet there is a real squeeze on funding and increased financial pressure due to rising costs. The cost-of-living crisis has impacted on public donations. According to the Charities Aid Foundation, between January and April 2022, an estimated 4.9 million fewer people said they donated to charity or sponsored someone in the previous year, compared to the same months in 2019.[48]

Funding from the public sector has also been squeezed as local authorities grapple with balancing their budgets against a tide of rising demand. And where funding is provided, it is often on a short-term basis, making it hard for charities to plan for the future.

However, there are also opportunities – opportunities to reform the way the sector works to make it more efficient; to take advantage of the power of data and new technologies, like AI; and for the sector itself to work more efficiently and collaboratively together.

With new technologies, devolution and local government reorganisation, there is a real opportunity for the sector to rethink how it might work in collaboration to organise and deliver their services. And public bodies need to engage with the sector to discuss how best to fund and support it in a time of rising demand and tight public finances.

In this challenging environment, the voluntary sector needs to be excellent at attracting external sources of funding – from Government, the private sector, social investors and individual donors.

Our analysis suggests that the voluntary sector in Essex has a total shortfall in external funding of £2 billion compared to the national average, for a place of this size.

This is a sizeable amount, and closing this external funding gap would go a long way to supporting the vibrancy of our communities in Essex.

The Commission is calling for action **to support the contribution that civil society can make** to help overcome the challenges set out in this report:

Challenge £2 billion

Set up an expert fundraising unit to work with voluntary organisations to secure the "missing £2 billion" in external funding for the VCS in Essex to unlock its full potential. This should support transformation of the VCS as well as expansion of its activities and align with existing programmes in development which are introducing a strategic approach to maximising the resources and support available to the VCS.

Volunteering Olympics

Double the number of volunteering opportunities across Essex to help more people contribute to their communities and acquire new skills and experience. This will be pan-Essex and will need to be designed so it is inclusive and accessible to disadvantaged communities.

Library of Things

Build on the idea of a "library of things" to enable communities greater access to public sector assets (including equipment and spaces) for community benefit, and to exercise greater agency in the places that they live.[49]

Essex Community Asset Map

Co-develop best practice for community asset mapping and methods. This will support the co-production of the first ever system-wide Community Asset Maps for Essex communities.

Civil Society Leadership Programme

Create an Essex Civil Society Leadership programme so that community and voluntary sector leaders can develop the skills and networks they need to maximise their impact in their communities and take advantage of opportunities like public sector training, AI and accessing grants and funding. This could include training on things like Asset Based Community Development.[50]

Essex Communities Festival

Celebrate projects and individuals that have a big impact on community wellbeing through an annual Essex Communities Festival. This will be supported in the first year by a Year of Essex Community Action highlighting the best-case studies and examples of community led approaches

Explainer

What is a "Volunteering Olympics"?

More than 40,000 people volunteered to help out during the London Olympic Games in 2012, contributing significantly to the success and atmosphere of the Games. While the Olympic Games is unique, we want to replicate its success in generating large scale volunteering by (1) generating a purpose for volunteering that is exciting and galvanising, (2) creating attractive volunteering roles with organisational structure to support those roles, (3) communicating volunteering opportunities in a way that reaches and engages people not currently doing volunteering.

Explainer

What is a "library of things"?

We are used to the idea of borrowing books from a library. A library of things extends the same concept to physical items that we can borrow to use around the house or to support community projects. This helps to save people money and means less waste. It can also help communities to do more to help themselves by giving them easy access to the items they need for example to maintain or improve the physical neighbourhood. A library of things will typically have an online presence to search and book the use of items, with the items themselves able to be collected from a local library or other shared community space. The assets that local authorities own should be at the disposal of the people who have paid for them.

Carers

Carers aren't specifically defined within the definition of civil society because most caring evolves intrinsically among families, friends, and neighbours. The contribution that carers make to the UK economy, society and public services is absolutely critical. This is highlighted in:

- The most recent Census 2021 puts the estimated number of unpaid carers at 5 million in England and Wales. This means that around 9% of people are providing unpaid care.[51]
- However, Carers UK research in 2022 estimates the number of unpaid carers could be as high as 10.6 million.[52]
- There are 800,000 young carers aged 5-17 caring for an adult or family member in the UK.[53]
- Unpaid carers in England and Wales contribute £445 million to the economy every day – that's £162 billion per year[54]

Carers play a crucial role in reducing the demand on hospitals by providing essential support and care to individuals in their homes. Examples of this are:

- **Preventing Hospital Admissions:** carers help manage chronic conditions and provide daily assistance, which can prevent the need for hospital admissions. By monitoring health and ensuring medication adherence, they can address issues before they escalate.
- **Facilitating Early Discharge:** carers enable patients to be discharged from hospitals earlier by providing the necessary care at home. This helps free up hospital beds for other patients in need.
- **Supporting Hospital at Home Programmes:** carers are integral to the success of Hospital at Home programmes, which provide hospital-level care at home. These programmes reduce the strain on hospital resources and allow patients to recover in a familiar environment.
- **Reducing Readmissions:** by offering continuous care and support, carers help reduce the likelihood of hospital readmissions. They ensure that patients follow post-discharge instructions and attend follow-up appointments.
- **Providing Emotional Support:** carers offer emotional and psychological support, which is vital for the overall wellbeing of patients. This support can improve recovery times and reduce the need for hospital-based mental health services

In view of this, the Fabian Society has quite rightly described the contribution that carers make as "almost equivalent to a second NHS".[55]

But, caring comes with significant impacts and challenges:

- Caring can have a significant impact on finances, with 44% of working age adults who are caring for 35 hours a week or more living in poverty.[56]
- Caring can have a significant impact on health and wellbeing. 60% of carers report a long-term health condition or disability compared to 50% of non-carers.[57]
- Over a quarter of carers (29%) feel lonely often or always.[58]

The Commission recognises the significant impact caring can have on an individual's mental wellbeing and own life outcomes including health and employment. We must also recognise the significant impacts on young carers, which can have long term implications for their wellbeing, education and employment. Carers First have identified that 1 in 3 young carers struggle with their mental health, and 27% of young carers aged 11-15 miss school due to their caring role.[59]

The task for the state is therefore not to ask more from carers, but rather to support them better to thrive in their role. Carers UK have called for a new national strategy for carers.[60]

> The Commission is calling for anchor institutions and large employers in Essex set up a new Essex Employers Care Partnership.

This will involve **partners becoming "Carer Friendly" and "Foster Friendly"** accredited, so carers are supported in the best possible way by employers, providing recognition and support for carers in their workforce and engaging with others to make our communities carer friendly. It will also enable partners to share best practice and develop further ways of supporting carers across the system.

This is important because the challenge of juggling caring responsibilities and employment can act as a barrier to many carers entering the labour market, and it can prompt others to leave employment. For example, around 17% of caregivers for people diagnosed with dementia quit their jobs either before or after assuming caregiving responsibilities.[61] Additionally, many carers face challenges that impact their work-life balance, such as arriving late, leaving early, or taking leaves of absence.

Explainer

Carer Friendly Employers are committed to:

1. **Raising awareness of the caring role**
2. **Supporting the Carers in our workforce**
3. **Communicating the support available for Carers**
4. **Empowering Carers to access support**
5. **Engaging with others to make our communities Carer Friendly**

Further details are available at forwardcarers.org.uk/carer-friendly-employer/

Working with communities

Communities' lived experience

The Commission is keen that its analysis and conclusions are grounded in the lived experience of communities – how residents feel and what they do in their daily lives. The Commission therefore carried out a telephone survey of residents, in addition to its core engagement and research activities. The survey results highlighted some key points.

Of 960 people surveyed, just under half, 460, agreed they should plan financially for any care they might need in future, and almost half, 423, report that they have thought about or are actively making plans for how they will pay for any care they need in the future. These figures show a good level of awareness of the need to plan for future care costs, but they also show that care costs are not upper-most in mind when people come to think about planning for their retirement more generally. This may be because many people either think they won't need care, or think they will be cared for by others, or because they don't realise that social care, unlike the NHS, is means-tested and can attract very considerable costs.

Secondly, our survey indicated that there are high levels of caring within communities. Of those surveyed, around 10%, 94 out of the 960, already provide care or support to someone in need, with the most common types of support provided being household support, personal care and support, and administrative support.

Thirdly, residents were keen to highlight the assets in their communities that support their health and wellbeing. The top assets highlighted were access to parks and green spaces (42%), support from charities/ volunteers (41%) and active community groups (41%).

Alongside the telephone survey, the Commission carried out some qualitative engagement with community representatives who provide some form of community service work in the Essex region. They spoke powerfully of their commitment to helping their communities and to helping others, which is often driven by their own lived experiences.

They spoke of the fulfilment they get from leading community work – from seeing the community benefit and from seeing others get access to support and opportunities they would not otherwise get. But they did highlight how community needs have been growing and the demands on community support rising. They spoke about the fatigue that can come from trying to meet growing needs with inadequate resources, and of how support is increasingly becoming reactive and focused on short-term need rather than on longer-term opportunities.

Community leaders also highlighted that public funding for the community sector was not keeping pace with demand, and that it is also becoming increasingly short-term, making it hard to plan for the future.

The Commission recognises the picture coming out from this research, which highlights the assets and capacity that exists within communities to support their wellbeing; but that also highlights the real constraints as well, with not enough people planning ahead to meet their care needs and pressures on being able to fund and sustain community services to meet rising demand.

This has been factored into the Commission's conclusions, for example in the proposed action to bring up to an additional £2 billion into the community sector in Essex through an expert fundraising unit; and in the actions to enhance access to community assets.

What our experts said

In addition to the research we undertook with our communities, we heard evidence from experts, many of whom work closely with community and civil society groups. They emphasised the need for public bodies to radically change the way they work to help support civil society and the contribution that it makes.

Cllr John Spence CBE (Essex County Council's Cabinet Member for Children's Services, Adult Social Care, Public Health and Integration) talked about the importance of fostering the conditions in which communities can flourish, with vibrant networks of relationships and a thriving civil society. He emphasised the importance of listening to people, to understand different circumstances and perspectives and to avoid public service groupthink. A key part of this is considering how to remove barriers for people most in need of support, which may include cultural barriers, or those afraid to ask for help. He highlighted the potential for innovative use of physical infrastructure to support reductions in social isolation. He argued for an asset-based approach, understanding what already exists and building on this organically to help people feel more connected and valued.

Nick Presmeg (Essex County Council's Executive Director for Adult Social Care) gave an overview of the current vision of Adult Social Care as well as the pressures services were facing. He focused on the need to support more vulnerable individuals in a rapidly ageing population. The goal and vision are to support people to live independently at home and integrate into the community through employment and other means. He noted the correlation between demand for services and deprivation, and how post-pandemic changes have influenced care delivery. Emphasis is placed on preventative measures and early intervention to manage demand effectively. Nick talked about the role of community initiatives in alleviating some of these pressures, particularly in relation to social isolation and the importance of collaborative working between local authorities and health services to improve community health outcomes.

Chris Martin (Director of Strategic Commissioning & Policy, Essex County Council) gave evidence on the unprecedented demand for support for young people with complex needs, especially those with mental health issues and behaviours associated with autism. Despite these pressures, there are many innovative and groundbreaking practices which partners are using. He advocated for a shift towards supporting and enhancing community and neighbourhood assets, leveraging the energy, agency, and ideas within these communities. This requires meaningful engagement and co-production with residents and service users.

Michael Little (the Director of Ratio Research) focused on the reframing of social policy through a model that emphasises community empowerment and the redistribution of power from the state to local communities. He emphasised the importance of social infrastructure, such as parks and libraries, and the role of everyday interactions in fostering peaceful coexistence. Michael argued that these social relationships drive social change and improve health and wellbeing. He argued that co-production -where residents play a central role in designing and implementing services—leads to more sustainable, long-term solutions. Michael stressed the need for public services to support community-led initiatives that address local challenges, thereby reducing dependence on state intervention. Michael makes four key asks of public bodies:

- Re-balance relationships, so that the state, civil society and the market have equal power
- Give space to community organisers who build community capital and seed change
- Encourage social movements that allow disenfranchised people to "step into" their power
- Encourage philanthropy to look beyond services and civil society organisations.

Jessica Studdert (CEO of New Local) talked about New Local's Community Power approach – based on enabling people to have a say over the places in which they live and the services they use. New Local's work inspires, recognises and learns from great examples of practice across the country that are making a real difference. Examples of such projects are set out in their recent report on Community Powered Health and Care.[62]

Prof Gina Reinhardt (from the Department of Government at the University of Essex) talked about academic analysis she has led to evaluate the impact of social prescribing. Social prescribing is an approach in healthcare that connects individuals to non-clinical services and activities within their community to improve their health and wellbeing. This research has conclusively shown that social prescribing reduces feelings of loneliness, reduces social isolation, and improves wellbeing. It also reduces visits to GPs from people who are suffering from the effects of isolation and loneliness but do not have a clinical condition, freeing up GP capacity to deal with people that do have a clinical need. She also discussed international examples where trusted community figures (like postal workers in France) have played a significant role in identifying isolated individuals and referring them to support services.

Maria Wilby (Director of Refugee, Asylum Seeker and Migrant Action, Colchester (RAMA)) highlighted her organisation's work supporting refugees, asylum seekers, and those with no recourse to public funds. She emphasised growing gaps in housing, benefits, and legal aid, stressing the rising exploitation of vulnerable groups. RAMA plays a key role in reaching these hidden populations, often left unsupported by formal systems.

Alex Fox (Delivery Director at IMPOWER Consulting) explained how public services can be transformed to focus on relationships with the people they serve through coproduction and behaviour change. He referred to the Valuing Good Lives approach and Valuing Care models which aim to holistically support care needs and highlighted that Shared Lives Plus is a good example of community centred support, which has been scaled. Alex emphasised that behaviour change is needed from all parts of society – government, businesses, employees, volunteers and the public.

Julian Blake is a lawyer who specialises in charity law. He advocates for a new approach to commissioning public services that focuses on purpose and value rather than traditional commercial procurement methods. In his evidence to the Commission, Julian emphasised the importance of embracing new procurement legislation as a chance to move away from old practices that hinder the effective commissioning of public services. He believes that by focusing on commissioning (which involves planning and designing services to meet public needs) rather than just procurement (which is more about buying services), and by fostering collaborative partnerships instead of transactional processes, public services can be delivered more effectively. Julian suggests that using methods like Innovation Partnerships, alliance contracts, and community development projects will lead to better public value and more innovative, community-focused services.

These approaches are consistent with what the Commission has heard through its engagement in showing that public bodies need to re-think how they engage with the voluntary and community sector organisations and communities, so that decisions are no longer just made in-house followed by consultation with the public on what has already been decided; but are made with the active involvement and shaping of communities.

This does not mean the state retreating; it is still an active convening role. Moreover, public bodies and elected politicians are still accountable for decision making – for ensuring that statutory duties are met, that best value for taxpayers is secured, and that the collective interests of all their residents are best served.

To address these issues, the Commission is calling for the following actions:

- **Establish an Essex Residents Assembly** to enable residents to genuinely shape how we move to a more preventative and enabling state in Essex. Making this shift in public services is very challenging – it involves decisions about values, objectives and complex choices and trade-offs, exactly the territory that Residents (or Citizens) Assemblies can help with.
- **Introduce a "public services experience" programme** that will give young people an opportunity to see how local public services and democracy works and how decisions are made – in so doing connect future generations to the important work that local institutions play in the wellbeing of communities and for them to develop a sense of civic responsibility.
- **Set up a Bold Commissioners Group** that will support commissioners of public services across the system to go further in **adopting relational routes to commissioning for public benefit.** This will mean greater co-design of services with communities and local providers, delivering best value and high-impact outcomes.

Explainer

What is a Residents (or Citizens) Assembly?

A Residents Assembly is a group of people selected by lottery from the general population to deliberate on important public questions and exert influence on policy decisions. The assembly members form a representative cross-section of the public and are provided with time, resources, and a broad range of viewpoints to learn deeply about an issue. Through skilled facilitation, the assembly members weigh trade-offs and work to find common ground on a shared set of recommendations. Citizens Assemblies can be an effective way of getting public input on important issues and to thinking through the trade-offs and implications of different options.

Explainer

What is "relational commissioning"?

Relational commissioning in public services is an approach that emphasises building strong, collaborative relationships between commissioners and service providers. This method focuses on mutual trust, shared values, and ongoing communication to ensure that services are tailored to meet the needs of individuals and communities effectively. This approach contrasts with traditional commissioning methods that often focus more on procurement, purchasing, and contracting as isolated activities.

Chapter 3:

Moving to a preventative model of health and wellbeing

This chapter recognises that in confronting the pressures on health and social care systems we need to get upstream of the issues – that means prevention. An agenda focused on prevention needs to have a clear understanding of the things that impact on our health. The Commission strongly advocates for a place-focused perspective that takes into account the context in which people live their lives. The focus in this chapter is therefore on how we might strengthen existing systems from early years to work to support a more preventative approach to public services.

Image © Active Essex

Moving to a preventative model of health and wellbeing largely means two things:

1. Putting in place the conditions for positive health and wellbeing creation so that individuals can thrive. This includes addressing socio-economic inequalities that are a significant driver of poor health and wellbeing outcomes.
2. Re-configuring the delivery of public services so that they are more place-based and focused on prevention and early intervention, feeding through into a reduction in the demand curve for high-cost, reactive services.

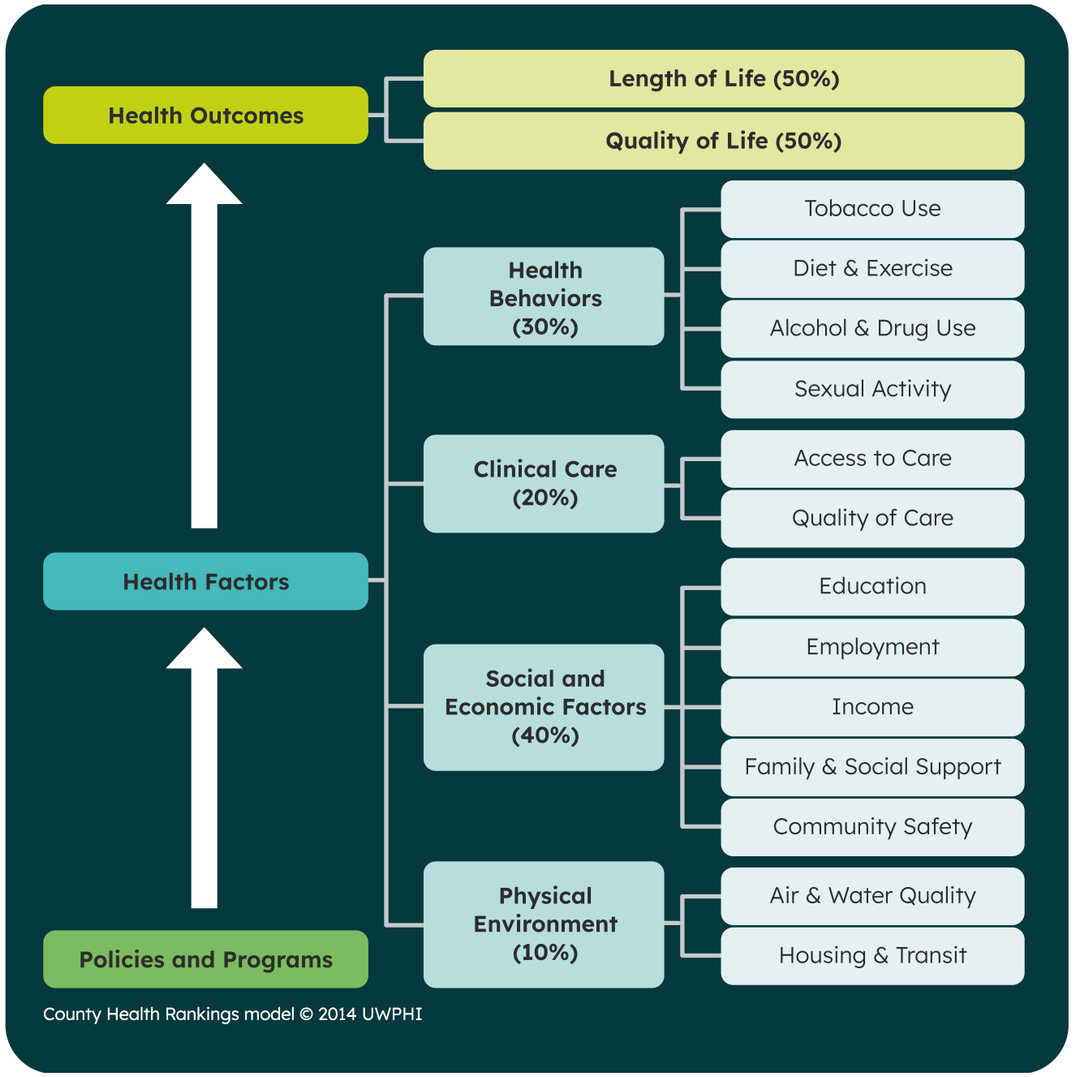
The benefits of a preventative model are intuitively obvious, and this is borne out by data across several areas.

Putting in place the positive conditions for health and wellbeing

The Health Creation Alliance has identified that, to be well, individuals need meaningful contact within communities, leading to increased confidence, empowering individuals to take greater control of their lives and environments. They also need an adequate income, suitable home, engaging occupation and a meaningful future. It is this sense of purpose, hope and control which enhances wellbeing and resilience to cope with health conditions, disability and ageing.[63]

> "The context of people's lives determines their health, and so blaming individuals for having poor health or crediting them for good health is inappropriate. Individuals are unlikely to be able to directly control many of the determinants of health."[64]

These determinants include the socio-economic environment, the physical environment and an individual's characteristics and behaviours. The wider determinants of health model (see below), highlights that 50% of health outcomes are driven by socio-economic and environmental factors; and a further 30% by health behaviours.



The story around these "wider determinants" of health is one of stark and rising inequalities that do so much to shape the overall differentials in health outcomes.

Safety

Safety is a fundamental aspect of health and wellbeing for several reasons:

1. Physical Health

Ensuring safety helps prevent injuries and accidents, which are crucial for maintaining physical health. When people feel safe, they are less likely to experience harm or illness.

2. Mental Health

A safe environment reduces stress and anxiety. Knowing that one is protected from harm allows individuals to focus on other aspects of their lives, contributing to better mental health.

3. Social Stability

Safety fosters trust within communities. When people feel secure, they are more likely to engage in social activities and build strong relationships, which are vital for emotional support and social wellbeing.

4. Economic Stability

Safety in workplaces and public spaces ensures that individuals can work and live without fear, leading to economic stability and productivity. This, in turn, supports overall wellbeing.

5. Quality of Life

A safe environment enables individuals to pursue their interests and goals without fear, enhancing their overall quality of life.

All the spaces in which we interact need to foster safety and security. This includes our homes, our neighbourhoods, our schools and colleges and our workplaces – and in the modern world this very much includes digital and online safety. We know that sadly many people are growing up and living with feelings of insecurity that are impacting significantly on their health and wellbeing.

Major issues in this area include:

- Domestic abuse
- Online harms
- Sexual abuse and exploitation
- Violent crime
- Organised crime and exploitation

Some statistics show just how widespread the scale of harm is:

- According to the Crime Survey for England and Wales[65], an estimated 2.3 million people aged 16 years and over experienced domestic abuse in the year ending March 2024. The police recorded 851,062 domestic abuse-related incidents and crimes during the same period. In Essex, there were 32,398 cases of domestic abuse in 2020/21 with 70% recorded as a crime[66].
- A study by Bark[67], a parental control tool, found that in 2023, 67% of tweens and 76% of teens experienced bullying online, either as a bully, victim, or witness. Additionally, 58% of tweens and 75% of teens encountered sexual content, and 33% of tweens and 57% of teens were involved in situations related to self-harm or suicide.
- The Crime Survey for England and Wales (CSEW)[68] estimated that 2.3% of adults (3.3% women and 1.2% men) aged 16 years and over were victims of sexual assault (including attempts) in the year ending March 2022. This equates to approximately 1.1 million adults. The CSEW estimated that 7.5% of adults aged 18 to 74 years experienced sexual abuse before the age of 16 years, which translates to approximately 3.1 million people.
- In the year ending March 2024, there were approximately 2.01 million violent crimes recorded by the police in England and Wales. This is a slight decrease from the previous year, which saw nearly 2.11 million offences[69]. In Essex, for the year ending September 2023, there were 48,967 violent crime incidents[70].

Prevention is obviously at the heart of community safety and the Commission has heard about the excellent preventative work that is being done across the system in Essex – by the Safer Essex Partnership, the Southend, Essex and Thurrock Domestic Abuse Partnership, the Adults Safeguarding Board, the Children's Safeguarding Board, and the Children and Young People's Partnership.

The Essex Violence and Vulnerability Unit[71] (VVU) is a good example of prevention in action. The VVU is a partnership using research, data, evaluation, targeted interventions and communication campaigns to support young people, their families and communities to stay safe and away from crime, exploitation and serious violence.

The proactive leadership of the Essex Police, Fire and Crime Commissioner has been and continues to be essential in driving this whole-system preventative approach. The Commission notes that Devolution and the setting up of a new Mayoral Combined Authority (MCA) provides an opportunity to further strengthen this approach – ensuring that community safety is built into all parts of the MCA's agenda, including in economic development, skills and employment, and transport.

The Commission notes that the **role of families and communities** is central to ensuring that children and young people will grow up in safe environments. Good resilience and positive home-based and external environmental protective factors are critical in ensuring that children and young people are happy, healthy and safe with the support of their parents, carers and families.

The phrase "it takes a village to raise a child" captures the importance of wider influences and connections on children's development and wellbeing. It emphasises the role played by extended family, friends, teachers, neighbours, and community groups including clubs and activities. A supportive and nurturing environment, with diverse influences and resources, helps children grow into well-rounded and resilient individuals.

For some children this is not the case and there are times when the state is required to step into a Corporate Parenting role and whose responsibility is to ensure these children are afforded the same protection, safety and opportunity as their peers. Foster Carers in Essex are providing homes filled with love, support and care for the majority of our looked after children in Essex. In doing so they provide:

- **Safety and Stability:** a safe and stable environment for children who cannot live with their biological parents due to various reasons, such as abuse or neglect. This stability helps children feel secure and develop routines.
- **Emotional and Social Development:** a nurturing and loving environment where children can learn to trust, form healthy relationships, and experience positive family dynamics. This can be crucial for their emotional and social development.
- **Educational Support:** a significant role in ensuring that children receive proper education and support, helping them to catch up academically and develop a love for learning.
- **Breaking Negative Cycles:** help break cycles of abuse and neglect by providing children with positive role models and a stable environment. This can influence their future behaviour and choices, helping them to grow into well-adjusted adults.

At the time of this report Essex has 598 foster carers and they play an incredibly important and valued role in our system of care.

In line with the Commission's proposed action on unpaid carers, the Commission is also proposing that anchor institutions and large employers in Essex should become **foster-friendly employers**. An example is the scheme run by the Fostering Network, which helps employers to support and recognise employees who are foster carers. Members of the scheme agree to put in place a fostering friendly HR policy at no cost and includes offering foster carers flexible working and paid time off for training and settling a new child into their home.

The Commission is also persuaded that a Mayoral Combined Authority (and new unitary authorities when they are set up) should seek to be child friendly. Supporting children and families is a core component of government, whether at central or local level. However, we know that the needs of children and young people haven't always come first in public policy – for example during Covid, or in the failure of housing supply to offer young people sufficient access to affordable housing. Being child-friendly means thinking very hard about what makes a place empowering and enabling to children and young people, including discussing it with them; embedding that in local priorities; and then following that through in co-ordinated action across the system. Child-Friendly Leeds is a good example of a place that is doing exactly this.

Education

The education disadvantage gap is wide and has been widening in recent years, in particular as a consequence of the pandemic and then the impact of the cost-of-living crisis. The pattern starts in the earliest years before school. Research shows that the disadvantage gap at aged 5 increased by 10 per cent between 2019 and 2023[72]. It also reveals that the attainment gap has widened among Reception-aged pupils with SEND to its widest on record for those children on SEND support and with EHCPs.[73] This extends to physical activity in young people as well.

The gap continues to widen as children progress through school. According to the Education Policy Institute's annual report on the state of education in England, which focuses on changes in pupil attainment between 2019 and 2023, disadvantaged pupils are now over 19 months behind their peers by the time they sit their GCSEs, with the gap having increased at ages five, 11 and 16.[74]

The Commission has heard how educational disadvantage is still entrenched and is widening because of the pandemic. Data from Essex shows that:

- At KS2, only 43.4% of disadvantaged children achieve the expected standard in reading, writing, and maths, compared to the England average for disadvantaged children of 45.5%.[75]
- By the end of KS4, the average education gap between disadvantaged and non-disadvantaged children is almost 22 months.[76]
- School attendance is also becoming a growing issue following the pandemic. The school absence rate for disadvantaged children in Essex is around 11%, which is double the absence rate for non-disadvantaged children.[77]

Concerted action is needed to help support children and their families with getting children, back to school and then supporting them to stay in and thrive in school.

This can't just be left to schools to do on their own – it will require whole system action.

The Commission is calling for task and finish groups to be set up in priority areas with a mandate to reduce by 50% over the next 5 years the proportion of children who are (a) not school ready at age 5 and (b) not achieving expected standards at KS2 (age 11). This will build on existing partnerships and programmes that are in place and should include local communities and businesses, as well as public bodies, voluntary sector, and schools and early years providers to ensure a comprehensive and community led approach. We would anticipate this work also being supported by the Greater Essex Mayor (after May 2026) to facilitate the whole system response.

The Commission is also calling for the **co-design of a new "Youth Activity Guarantee"** that will give young carers and young people from disadvantaged communities in Essex greater access to sporting, cultural and nature-based activities. We know that higher levels of physical activity, access to green spaces, and interaction with nature hugely support personal wellbeing and also community cohesion. Those who are disadvantaged, are less likely to be physically active and therefore have poorer health and wellbeing. This Guarantee should be designed with young people in their local communities. There is a National Youth Guarantee that we can build on and tailor to suit our young people.

Transport

The Commission has heard evidence on the important role that transport plays in connecting people to public services and to social and economic opportunities. This is particularly important in more isolated rural and coastal areas.

Public transport and active travel are particularly important for the many households that do not have access to a car. Health Foundation research shows for example that in 2022/2023 32% of the poorest fifth of households do not have access to a car, compared to only 7% of the wealthiest fifth of households.[78] In Essex, we know that car ownership is not evenly distributed throughout the county. Public transport is also vital to people who cannot drive because of an impairment or a disability.

Transport connectivity is important not only for the individuals who need or use it, but also for creating a sense of connectedness within communities, which as explained earlier is one of three key dimensions of a resilient community.

Despite the relatively high levels of car use in Essex compared to other places, public transport remains a high priority for Essex residents. In our 2024 residents survey, 26% of respondents said that public transport needed improving in their areas.[79]

Transport budgets are of course (like other budgets) substantially over-subscribed. There is pressure to spend them on major transport infrastructure that supports economic growth as well as on highways maintenance, which regularly tops voters' concerns and is therefore highly politically salient. But it is also important to ensure that transport funding is directed to projects that will boost the connectivity and social capital in communities. This can support local economic growth and enhance wellbeing, helping to reduce demand and cost on public services.

There are a number of opportunities in this area that the Commission is keen to ensure are maximised.

First, the Government has recently announced additional investment into bus services nationally, of which £23 million is being made available to improve local bus services across Greater Essex.[80] This is a significant investment and should help to improve transport connectivity for communities in Essex that are relatively isolated and where bus services may not generate a commercial return like they do in more densely populated areas.

Second, the Mayoral Combined Authority after May 2026 will take on a range of new powers including powers over bus franchising. Bus franchising, if it comes with the appropriate financial support, offers the opportunity to improve the integration of bus services with other forms of travel, to tailor routes and timetables to local demand, to enhance accessibility, and to strengthen accountability. Devolution offers an enhanced strategic partnership with Great British Railways and support from Active Travel England to enhance active travel provision.

Third, and linked to the above, the Mayoral Combined Authority will have responsibility for developing and overseeing the delivery of a **Greater Essex Local Transport Plan** (LTP), building on existing LTP planning that is being done within Essex County Council, Southend-on-Sea City Council, and Thurrock Council.

The Commission is **calling for the new Greater Essex Local Transport Plan to include a focus on connecting places at a community level**, building on existing technical work that has already been done.

This will help to embed community connectivity as a key pillar of strategic transport planning. There may also be an opportunity to create better alignment between transport provision and the location of health services.

Fourthly, the Commission believes that there is an opportunity to better co-ordinate and target funding across the system to enhance transport connectivity that promotes community wellbeing.

To this end, the Commission is calling for greater alignment of funding to deliver shared outcomes in relation to transport to support wellbeing, for example through a Community Wellbeing Transport Fund.

This alignment should focus on improving the transport connectivity where it will have the highest wellbeing return on investment in disadvantaged and more isolated communities. This can bring together funding from across the system, including outside of existing transport funding pots, to improve the effectiveness of spend against outcomes and take a place-based and whole system view. This is pivotal in placing transport at the heart of community and health decision making and planning.

Image © Active Essex

Housing

The Commission has heard the crucial role that housing plays in supporting health and wellbeing. There is a huge body of evidence that children and young people growing up in good quality, affordable housing have in a positive family environment which supports them getting the best start in life. Homes are the foundation for all of us to live healthy, productive lives in our local communities and local economies.

Well-designed housing and places can make a positive contribution to the health and wellbeing of residents. They enable independent living into old age by promoting active lives, walking and cycling in safe and accessible streets. They mitigate isolation through the design of socially inclusive neighbourhoods so that more people can benefit from support and make a valuable contribution to society. In addition, good quality supported housing is vital – providing a safe, stable, and supportive place to live and can be the key to unlocking better outcomes for vulnerable people, from tackling poverty and disadvantage to managing crises, rehabilitation or maintaining people's independence.

However, there are significant challenges in Essex around housing which contribute to poor outcomes.

- **Homelessness** – Ministry of Housing, Communities and Local Government (MHCLG) figures show that initial assessments were made for over 358,000 households in England in 2023-24, up 10.4% from the previous year. Of these, almost 325,000 households were assessed as owed a homelessness duty, due to being threatened with homelessness or already being homeless in 2023-24. Essex is one of the areas selected by the Government to participate in a public service reform pilot on temporary accommodation to take a whole system approach, in partnership with the Government, to address this issue.
- **Poor housing quality** – the Housing Federation estimates that the health effects of poor housing is costing up to £2 billion a year in treatment[81]; and the Resolution Foundation has shown that 18% of people aged 18-34 (2.6 million people in total) are living in poor housing.[82]
- **Affordability** - with rising mortgage rates and rents, more and more people are struggling to pay for their housing. A YouGov poll for Shelter in December 2024 showed that 40% of private renters **sometimes** struggle with their rents and 23% **constantly** struggle.[83] This has major impacts on health and wellbeing – struggling to pay rent inevitably has an impact on mental health and reduces the money people have left to spend on other things that are essential for wellbeing e.g. food, heating, social activity.
- **Independent living accommodation** – supporting people to live independently in their own homes is a key element of both improving wellbeing and reducing demand on public services, by reducing the need for hospital stays and residential care. This is not just an issue for older people, but also other vulnerable adults, such as people with physical disabilities, learning disabilities, or mental health needs. The supply of new housing for independent living is currently falling well below the need. The Older People's Housing Taskforce has said that an estimated 30,000-50,000 new later living homes are needed per year, but only about 7,000 are built per year[84].

The Commission is calling for the setting up of a new whole system Housing Board with a remit to significantly increase the supply of retirement and specialist housing to support independent living.

This should consider the repurposing of the public sector estate and brownfield sites and in particular available land near hospitals. The Board should also support the proactive use of new Mayoral planning powers when they come into effect to support independent living.

The Older People's Housing Taskforce notes that under-supply of later life housing is not the only barrier to older people downsizing into more suitable accommodation. People are often put off moving by the financial cost. The Taskforce has therefore recommended that the Government introduce Stamp Duty Land Tax relief for last-time buyers moving into properties up to £425,000, which would mirror the relief already in place for first-time buyers.[85] The Commission welcomes this proposal. Supporting older people to downsize into more suitable accommodation has multiple benefits – supporting independent living; reducing the risk of falls that lead to hospitalisation or residential care; and freeing up the supply of larger homes on the housing market.

Work

Research consistently shows that stable and secure work can improve health and wellbeing through regular income, social interaction, and sense of purpose.

Yet we know that many people are not currently engaged with the workforce – either because they face disadvantages and barriers to work not faced by the general population; or through ill health; or perhaps because they have chosen to withdraw from the workforce because of life circumstances. For example:

- 39% of care leavers aged 19-21 are not in education, employment or training (NEET)[86]
- 30% of young people with a disability are NEET[87]
- 17% of women leave employment completely in the first five years after childbirth[88]
- As of early 2023, around 3.5 million people between 50-64 were out of work or not looking for work, a figure that increased during the pandemic[89]

In addition to tackling barriers faced by specific groups, we also need to ensure that all our residents are prepared for a world of work that is changing rapidly. The World Economic Forum's Future of Jobs Report of 2025 forecasts that AI will create 170 million new jobs globally by 2030 while displacing 92 million existing roles.[90] We need to ensure that children and young people are equipped for the jobs of the future and that people already in the workforce are able to upskill or retrain as needed. It is vital that opportunities for employment are not just short-term or temporary but look to employ people in the long term.

The Commission is calling for the following actions in this area:

- **Set up an "Essex 50+ task force"** with training providers, businesses and the Department for Work and Pensions (DWP) with a mission to double the over 50s' participation in the local labour market – looking at expanding training provision, employment support and flexible working. This will dovetail well with national efforts to increase the over 50s' participation in paid work.

  The employment rate for over 50s drops as follows: from 50-54 the employment rate is 79.1%; from 55-59 it is 72.5%; from 60-64 it is 55.8%; and for 65+ it is only 11%[91]. According to the economist, Andrew Scott, if we could halve the drop-off rate in employment between 50-65, it would be worth 4% of GDP a year[92].

- Turn the **Essex Year of Opportunity into a system-wide Essex Decade of Opportunity**, by joining up the system to scale up and embed the initiatives in the Year of Opportunity. This has recently been launched as an Essex County Council programme for one year, but it has the potential to be broadened into a whole-system programme, led by the new Mayor, that provides new opportunities not for one year but for a whole decade and beyond.
- **Essex Anchor Institutions and large businesses provide additional apprenticeship opportunities for care leavers and people with disabilities** to get good training and work experience. We want this scheme to be externally audited to ensure it is high quality. It will be funded by the Apprenticeship Levy. This will be accompanied by a programme of supported job opportunities for these cohorts to ensure that people have the opportunity to move from training into work. This programme will help to significantly reduce numbers of NEETs and will enhance wellbeing and life chances for these cohorts. Ultimately, these opportunities should lead to long term skill building and employment. It will build on work that has started amongst anchor institutions in Essex to increase the social value they generate through their role as major local employers. We ask that the new Greater Essex Business Board co-sponsor this programme alongside the Anchors network.

Explainer

What is the Essex Year of Opportunity?

The Essex Year of Opportunity is a new initiative launched by Essex County Council. The £1.3 million programme aims to empower people of all ages to improve their skills, careers, and employability. It focuses on initiatives to support:

- Education and training
- Employment
- Community engagement
- Lifelong learning

The £1.3 million Essex Year of Opportunity initiative aims to empower people of all ages to improve their skills, careers, and employability.

Importance of a joined-up approach

Each of the above issues is a major public policy challenge in its own right. But one of the advances in public policy in recent years has been an understanding of the inter-connectedness of different inequalities and the need to adopt an integrated approach to improve health and wellbeing. The evidence base for this from the initial Marmot Review in 2010 onwards is very strong.[93]

At a national level, the previous Government's Levelling Up agenda brought together 12 national missions around tackling inequalities.[94] The new Government remains very committed to tackling inequalities in a comprehensive way, albeit the term Levelling Up is no longer used at a national level.[95] Taking a joined-up approach has helped the Commission to see the inter-connections between different issues. Inequalities cannot be tackled within service area or departmental siloes, and there is a significant multiplier effect from tackling them in a more holistic way.

At a local level, Essex County Council set up its own Essex Levelling Up programme in 2019 focused on supporting disadvantaged communities and cohorts across the county.[96] This has made a real difference in widening opportunities for our residents.

We estimate that the programme has created direct benefit to over 100,000 Essex residents and is on track to deliver benefit to almost 140,000 residents by the end of 2025 – over and above the reach of core public services.[97]

Looking forward, the creation of a mayor for Greater Essex (and some other county areas) in 2026 creates an opportunity to turbo charge local action on the wider determinants of health.

A mayor will be able to achieve impact through:

- Direct control (through a Mayoral Combined Authority) of key powers and funding streams from central government on areas like adult skills, employment and training, strategic planning, economic growth, and strategic transport.
- Representation on the Integrated Care Boards (ICBs) and supporting the integration of health with other policies and services.
- Convening power to set whole system goals, bring together the local system of public services, businesses, and civil society on delivery, and monitor progress against them.
- Wider power to influence national policy development and to attract inward investment into the county.

There is already a strong and growing body of learning from mayors in how to use their powers to improve health and reduce inequalities, learning in particular from pioneer places like Greater Manchester and the West Midlands. The West Midlands Combined Authority is currently sponsoring, with the Health Foundation, a three-year programme through to 2026 to share learning and bolster capacity to act in this area.[98]

Reconfiguring public services to make them more preventative

Alongside action to tackle the wider determinants of health, there needs to be a shift in gears to make the delivery of public services more preventative and less reactive. The case for this is very clear. For example, the Darzi Report into the state of the NHS says:[99]

"Everybody knows that prevention is better than cure. Interventions that protect health tend to be far less costly than dealing with the consequences of illness. Take the NHS-funded Diabetes Prevention Programme which reduces the risk for type II diabetes by nearly 40 per cent. Given the potential power of preventative interventions, it is perverse that the public health grant to local authorities has been cut so substantially. Analysis from the Health Foundation shows that the public health grant was cut by more than a quarter between 2015-16 and this year. Moreover, cuts to public health allocations have tended to be greater in cash terms in more deprived areas.

The consequences are felt by individuals and families across the country in a reduction in the services that are offered to them. Spending on NHS health checks, for example, has dropped by £15 million; participation rates in the programme have fallen by 20 per cent. The £171 million reduction in sexual health services spending comes at a time when there are concerns about the rise in cases of mpox. It is particularly saddening to see the £191 million cuts to services for young children.

People in the most deprived areas die much earlier on average; this is well recognised and deeply entrenched. It is preventable. It is often assumed that if we reduce premature mortality, we will extend the period in ill health. But this is wrong. Those in less deprived areas live substantially less time in ill health as well as having longer lives. Prevention which reduces premature mortality leads to less time spent in ill health. There is extraordinary power in getting public health right. We can reduce premature mortality, reduce social disparities, and reduce the absolute time in ill health. This in turn reduces the burden on the NHS and social care while enabling us to be more productive in our working lives so strengthening the economy. This is the desired outcome for individuals, families, the public purse. But it takes the political will and willingness to invest to achieve it, with the skills to successfully engage the public."

The case for prevention and early intervention is as strong in social care as it is in public health.

A 2022 report by the National Children's Bureau, produced in collaboration with the University of Cambridge and the University of Kent, set out a strong case for prevention in children's social care. It highlighted that emerging evidence shows that increased spending on preventative services (including family support and early help) has a positive impact on reducing numbers of Children in Need; and reducing rates of 16–17-year-olds starting periods in care.

Researchers found that every £100 decrease in early help services spending per young person aged 13 and over in a given year between 2011 and 2019 was associated with a 1.9 per 10,000 increase in the looked after children rate for 16- to 17-year-olds the following year. They estimate that these spending cuts can account for 1 in 25 of all 16–17-year-old entries into care over the decade. This age group has had the largest increase in entries into care over the entire decade, more than doubling from 26 per 10,000 in 2011, to 53 per 10,000 in 2019, compared to an average increase from 23 to 27 per 10,000 for all children.[100]

In Adult Social Care, a 2024 LGA/ADASS report concluded:

"Across the 10 interventions studied within the prevention spending model, we found that early action and support interventions save approximately £3.17 for every pound invested in them. If scaled up across all local authority areas, the 10 interventions combined would deliver a net benefit of approximately £7.6 billion. This would require an estimated £3.5 billion to implement across all single-tier and county councils in England, at an average of approximately £23 million per council. In return, they would result in approximately £11.1 billion in savings to local councils, the NHS and the voluntary, community and social enterprise (VCSE) sector."[101]

Barriers to making prevention a priority

There are many examples of successful prevention programmes, approaches and services across the country and across Essex, delivered by public and community sector organisations across the system. Yet despite the evidence that such work yields social and financial return on investment as well as delivering more sustainable outcomes for people, there are barriers to shifting capacity and money to work upstream.

The Darzi report notes that the case for prevention has not followed through:

> "At the highest level, the NHS has had the strategic intention to shift spending from reactive care in hospitals to more proactive care in the community setting – but care has in fact moved in the other direction. Hospitals have attracted a greater share of NHS spending, meaning that other settings have received a smaller share. Accordingly, there has been a significant boost in hospital-based staff."

Some of the most effective preventative work in Essex includes:

The **Essex Sport England Local Delivery Pilot** is delivered across some of the most disadvantaged areas in Essex. The programme promotes active lifestyles which in turn creates huge benefits for the health and wellbeing of individuals and families, as well as making local communities more vibrant, connected, and resilient. There are clearly wider benefits to other agencies such as police, health and social care in that the positive outcomes being delivered through programme are reducing demand on the system.

The **Non-Violent Resistance Programme** of training equips professionals to deliver interventions to families who are experiencing child and adolescent violence and aggression. This is a partnership approach across public and voluntary sector organisations in Essex. There has been extensive embedment of the approach across the family workforce and parents who have had the support are now being trained as peer educators. The evidence shows that there has been a reduction in violence in households and improved behaviours that are managed more effectively. For very small financial investment the social and financial benefits are felt across the system.

The **Essex Recovery Foundation** gives the power to those with lived experience to shape drug and alcohol services, and in the process build a lively recovery community that de-stigmatises addiction. The foundation's mission is focused on 1. Growing the recovery community; 2. Empowering people and their ideas; 3. Influencing life changing services; 4. Changing perceptions. This approach to service delivery has had a huge impact for those with lived experience, delivering positive outcomes and sustainable change.

These are a just a few examples of many great preventative programmes and approaches in Essex that have been evidenced to make a difference. So, even when we know it makes absolute sense to invest in prevention, the past 15 years has seen preventative work decrease and the demand downstream increase, resulting in reactive and crisis responses that are more costly, specialised and often requiring statutory intervention.

The case of changing demographics and health and social care needs have already been well articulated in this report. However, the fundamental issue for prevention is the shift of budgets and capacity towards reactive care and the restrictions on many central government funding arrangements that prevent the pooling of resources and capacity.

- We have witnessed diminishing early intervention investment over the past two decades. As the public sector has faced sustained and increasing financial challenges, the non-statutory budgets have been the first to be adversely impacted. As an example, in 2015 Essex invested £2 million a year in community-based prevention programmes and services for families. The evaluation evidence demonstrated that those services delivered sustainable outcomes, at low cost, with benefits to the NHS, Social Care and the Youth Justice System. That investment is now reduced to just £300,000 a year due to the reduction in early intervention funding.
- Funding arrangements have no long-term surety which makes the embedding of good evidenced based approaches problematic. This is a particular challenge when local voluntary and community sector organisations can't plan beyond the funding arrangement time limits. Having invested time and resource and expertise into delivery and staff development, it is difficult for them to retain those staff if they are on short term contracts or put at risk while the next round of funding is being applied for.
- Disparate central government department funding arrangements and grant conditions make it challenging to easily pool resources for integrated approaches to prevention. In 2021, local authorities welcomed the new domestic abuse legislation and the £125 million investment from MHLCG to support victims of domestic abuse.[102] However, the grant conditions stipulate funding be used only for those who are already victims. Conversely, at the same time in 2021, the Government allocated £125 million to support victims of domestic abuse, but only £7.2 million to fund perpetrator programmes aimed at reducing reoffending and protecting victims.[103] If

the total funding were allocated through one grant with fewer limitations, partners could work far more effectively and efficiently across prevention and demand with flexibility, thereby having far greater impact tackling one of the most heinous societal issues.

We find ourselves in a catch 22 situation. The only way to move from reactive and crisis responses is to fund prevention, moving capacity to where it has best effect, doing the right thing, in the right place, at the right time.

There is much less clarity around the scope and outcomes from prevention than there are around reactive services. The case for prevention, whilst making perfect sense, is difficult to evidence. Despite the evidence that prevention works, making the case for investment is still problematic – it's common sense and yet the case often requires a leap of faith when we can't measure things that we have prevented from happening. The NHS Confederation notes three challenges that have held back for decades the intention to invest more in prevention:

1. **"Clarity: 'if prevention means everything, maybe it means nothing'**. The language of prevention is vague. While this ambiguity can help to maximise initial support for 'preventing problems', it also delays much-needed discussion on how to translate abstract aims into concrete action."
2. **"Congruity: prevention is out of step with routine government business.** When making the case for prevention, there can be a disconnect between what are seen as the most pressing issues and the benefits of prevention. Prevention does not generally deliver economic growth or immediate 'cashable' savings – two central imperatives for politicians."
3. **"Capacity: low support for major investments with uncertain rewards.** No policy can improve lives, reduce inequalities and avoid political and financial costs. There is no magic bullet. Rather, preventive policies can involve hard choices. They are often akin to capital investment but the timescales for seeing a return on investment are longer for many preventative interventions. This offer is not attractive to governments seeking to avoid controversial or risky investments and reduce spending, in turn making them less appealing to cash-strapped national and local decision-makers."

The 2023 review by Patricia Hewitt into the oversight, governance and accountability of Integrated Care Systems (ICS) made specific recommendations to support prevention[104]:

"Enabling a shift to upstream investment in preventative services and interventions."

- To achieve a decisive shift 'upstream', towards prevention, proactive population health management and tackling health inequalities, a baseline of current investment in prevention should be defined and established from which progress can be measured and benchmarked.
- The Department of Health and Social Care (DHSC) should establish a working group of local government; public health leaders; DHSC, including the Office for Health Improvement and Disparities (OHID); NHS England and ICS leaders, to agree a framework for defining prevention. As part of this work, the group should consider guidance from local government on the use of the public health grant. The framework should be completed by autumn 2023. Integrated Care Partnerships (ICPs) should establish and publish their baseline investment in prevention. This should be delivered through the ICP and include both NHS and local government spending on prevention and establishing the baseline at a place level. All ICSs should report on their prevention investment from 1 April 2024.
- The Government, NHS England and ICS partners, through their ICP, should increase resources going to prevention, including increasing the share of total NHS budgets at ICS level going towards prevention by at least 1 per cent over the next five years.
- As public finances allow the public health grant to local authorities needs to be increased.[105]

We understand that work is being progressed by NHS England and the DHSC to develop an initial definition and baseline for prevention.[106] Similarly, the Chartered Institute of Public Finance and Accountancy (CIPFA) and the Health Foundation are working on a project, due to conclude in early 2026, to quantify prevention spending in local government.

In order to enhance the preventative impact of local public services, the Commission is calling for the following:

- **Define, baseline, and monitor effective prevention spending across the Essex system** - protect and increase effective spending on prevention by: (a) agreeing a definition of "effective prevention spending" for both revenue and capital spending; (b) baselining existing spend against this definition across the system; (c) the system committing collectively to protect and increase spending on effective prevention. As highlighted earlier, this is in line with recommendations made by Patricia Hewitt in her report and with technical work that is being progressed.
- **Create a Greater Essex Office of Prevention as part of the Mayoral Combined Authority** to co-ordinate a whole system approach to evaluating the effectiveness of prevention programmes and approaches. To support system join up, and input expert advice on prevention to support strategy development, business planning, and budget processes. This is important to ensure that prevention is co-ordinated effectively across the system, and that prevention resources are sustained and increased and directed where they will have most benefit and impact. This is consistent with the emerging health responsibilities for Mayoral Strategic Authorities as set out in the White Paper.
- Create an offer of training to all residents over 50 and in higher risk categories in Essex to **carry out basic health checks.** This will help residents to assist with monitoring their own health so they can live independently and take early action to improve their health where needed.
- Bring services and support directly to residents through a **prototype of a multi-agency triaging hub.** This approach has been shown to help people in need get access to the right services and support at the right time, improving wellbeing and reducing unnecessary demand on more acute services. It also fosters collaborative working between services. If successful, this will be rolled out throughout Essex as a network of triaging hubs.
- **Increase the reach and take up of NHS health planning for over 50s with a particular focus on the top 20% most deprived areas** – this will help people make lifestyle changes before it's too late and/or start building early help and support to reduce or delay the deterioration of needs.

Building on strong foundations

Throughout its work the Commission has been impressed by how much activity supports an agenda focused on prevention across the system. Although there is some way to go, we are undeniably building on strong foundations. There are many great examples of programmes, approaches and practice within Essex, the UK and internationally that are supporting community capacity and civil society; tackling the social determinants of health; and building prevention into the delivery of public services.

As already referenced, there is a growing body of work that is really demonstrating the difference that reconceptualising the approach to public services can make. There are many things already having an impact here in Essex.

The Commission wants to highlight that its work is not about starting over or solely introducing new ideas. Anything new should not complicate an already complex system, it should complement and build on the work already happening and not re-invent the wheel.

Some ideas, programmes and approaches will be very specific to a local area and not translate well to another, while others that have proven to be effective should be grown and replicated.

The Essex Unpaid Carers Fund was opened in 2024 to local community groups to develop local community responses to support unpaid carers in their area. The nature of many of those projects is that they have become part of the local system of support and therefore not necessarily replicable or delivering what's needed to meet the needs of unpaid carers in other communities. However, communities having access to the funding has resulted in vital support for unpaid carers that helps them to maintain their own health and wellbeing.

Community Supermarkets were started to support people through the cost-of-living crisis. The first Community Supermarket in Clacton opened in 2023 and provided sustainable access to affordable healthy groceries and household items. Having learned what was needed to get the idea off the ground and the benefits that a Community Supermarket brings to a local place, there are now 14 Community Supermarkets in operation across the county. Each has evolved to be delivered differently in each area, but the concept has translated into a replicable model.

Business Grants - grants to small and medium businesses have been made to support the employment of adults who are neurodiverse. This grant supports paying 6 months of salaries of neurodiverse adults. This has helped employers to start-up the employment and open and create sustainable employment with wrap-around support on offer to them from supported employment services, such as that provided through Essex Cares Ltd. In the two rounds of funding to date, there have been 33 positive employment outcomes. Partners should be encouraged to amplify this work and extend to other cohorts whose access to work is problematic.

The Community Safety Initiatives Fund makes awards to community groups, voluntary sector organisations and registered charities of between £500 to £2,000 for new or existing community safety projects which inspire public confidence, raise safety awareness and support community cohesion events. The fund aims to support people to reduce crime and anti-social behaviour in their local community and so projects will be designed around local needs using a range of local intelligence to achieve best impact. The opportunity has been successful so far and this could be grown by shifting and pooling resources to prevention to make the fund bigger and enable communities to have increased opportunities to take local action.

Essex Outdoors delivers outdoor education and activities to approximately 145,000 children and young people each year, playing a core educational role in teaching the value of the natural environment to its users. Essex Outdoors plays an important role in supporting health and wellbeing, by helping people live fit and active lives, supporting their mental health and improving their emotional wellbeing. More use could be made of these opportunities by exploring how we take the outdoors to more people in disadvantaged areas where there is a relative lack of green space.

Chapter 4:

Moving towards solutions

In the final chapter we illustrate how the Commission has brought its thinking together into a single overarching approach. Addressing the health and care challenges we have highlighted requires serious, concerted and long-term action, that is why the Commission has felt it important not only to include actions to be taken up to increase momentum on this agenda but also an architecture for thinking about these issues that we are commending to partners as a vision, a set of commitments, and a set of actions, supported by clarity about roles and responsibilities and some enablers to action.

Image © Active Essex

The high-level approach is set out below:

Vision

Our vision is for all communities to be:

- Healthy
- Active
- Empowered
- Inclusive

With strong levels of:

- Economic capital
- Social capital
- Physical capital
- Natural capital

Commitments

Five commitments focussed on:

1. Our Places
2. Work
3. Community Capacity
4. Community Influence
5. Prevention

Actions and Next Steps

Proposed tangible actions to galvanise momentum towards achieving the vision; and suggested actions to be explored in Year 2, by specific partners or through the Commission's own programme of work.

This will be underpinned by clear **roles and responsibilities** for:

- **Individuals**
- **Communities**
- **Civil society/voluntary organisations**
- **Businesses**
- **Local public bodies**
- **Central Government**

The "how" this is done is vital. There are some key **enablers for action:**

- **Residents have an active voice**
- **Strategic and Place-based Planning**
- **Cross agency resourcing focused on the most urgent matters**
- **Understanding lived experience**
- **Co-production**
- **Adopting fit for purpose routes to commissioning with purpose-focused organisations**
- **Freeing up community assets**
- **Eliminating bureaucracy that prevents resident engagement in decision making and access**

Vision

At the heart of this agenda must be a shared vision for what success looks like. That vision can't start with public services but must start with our communities.

We want communities that are:

Healthy:
have high levels of health and wellbeing

Empowered:
have a sense of agency in creating their own future and involvement in decisions that affect them

Active:
have access to work and physical and social activity

Inclusive:
that the benefits of the above apply to all members of our communities including those who are most disadvantaged; there can be no one left behind

To enable these outcomes to be sustained and further improved over time, they need to be underpinned by strong levels of:

Economic capital:
prosperity and access to good jobs

Social capital:
connections and networks of relationships between people

Natural capital:
green spaces and the quality of the local natural environment

Physical capital:
the quality of housing and the built environment

Five commitments

The range of action required to support our communities to be healthy, active, empowered and inclusive is very broad indeed – as we have discussed, it covers the waterfront of public policy.

However, the Commission's view is that local leaders and public services can make the biggest difference by focusing on the below five commitments. These commitments have been developed through the key themes we've heard through national and local evidence and feedback and by understanding what the barriers to successful collaboration are.

Our Places

Commit to renewing our places as thriving communities by dismantling the barriers to wellbeing and opportunity.

Work

Commit to preparing all our residents for the future world of work and ensuring the right access to training and employment.

Civil Society

Commit to vitalising community capacity by igniting the potential in civil society.

Community Influence

Commit to reshaping decision making by ensuring that communities have an active role in decisions that affect them.

Prevention

Commit to prioritising prevention by putting in place a new "prevention first" approach across public services.

- None of these commitments are wholly new and organisations will be doing some of these things to some degree already. However, these commitments should deliver radical change, not business as usual. This will deliver transformational change in how public services work in improving community health and wellbeing, and thereby preventing, reducing or delaying demand on health and social care. We have chosen language for the commitments that is deliberately bold and will challenge public services to be more transformational.
- We have chosen the language of commitments as a way of demonstrating our dedication to delivering change
- The commitments must be owned by organisations across the Essex system to drive decisions to make the changes proposed in this commission together as equal partners with the communities we serve. It won't be easy but nothing, especially within complex systems and cross cutting issues, ever is.
- To support this approach, we recommend that as new organisational and partnership strategies are developed, or existing ones updated, these commitments are reflected as appropriate in new strategies.
- Action shouldn't wait until 2026 when a Mayor is in place for Greater Essex, but as this report has emphasised throughout, the powers and role of a Mayor will be crucial to delivering the agenda. We therefore recommend that the capacity and capability to lead the delivery of this report is built into the design of the new Mayoral Combined Authority.

Actions

Our Places: commit to renewing our places as thriving communities by dismantling the barriers to wellbeing and opportunity

1. Align funding from across the system to support shared outcomes on transport investment in more isolated rural and coastal communities to improve wellbeing and access to social and economic opportunities. **This could for example be done through a Caring Essex: Wellbeing Transport Fund.**
2. Through the new Mayoral Combined Authority, develop a **Greater Essex Local Transport Plan** that will include a focus on **connecting places at a community level.** This will help to embed community connectivity as a central pillar of strategic transport planning.
3. Set up a **Caring Essex: Social Networking Programme.** This will be informed by the partnership with RSA and will focus on strengthening social ties that support greater wellbeing (bonding social capital) and social ties that support greater opportunities (bridging social capital). It will be focused in our most disadvantaged communities and will strengthen networks that connect them to their local economic geographies.
4. Develop a **Caring Essex: Retirement Service** with the purpose of enabling retirees to remain socially connected, stay active and contribute to their communities through meaningful activity after they retire.
5. Set up **Caring Essex: School Ready Task Forces** in priority areas to increase by 50% the numbers of children who are ready for school so they can achieve at least the minimum expected Key Stage 2 standards by the age of 11. This will build on and deepen existing collaborations.
6. Create a **Caring Essex: Housing Board** within the new Mayoral Combined Authority with a remit to significantly **increase the provision of retirement and specialist housing** to support independent living and meet growing demand through more effective use of the public sector estate and brownfield sites. The Board should also support the proactive use of new Mayoral planning powers in this area. This will enable more vulnerable people in Essex to be able to live fulfilling and independent lives.
7. Launch a **Caring Essex: Youth Activity Guarantee** that will enable young carers and young people from disadvantaged backgrounds to have access to, and benefit from, informal social and educational activities that connect them to their communities, keep them physically active, develop their potential and raise aspirations. This will be co-designed with young people.

Work: commit to preparing all our residents for the future world of work and ensuring the right access to training and employment

8. Launch a **Caring Essex: Apprenticeship Programme.** Through this, Essex anchor institutions and large businesses will provide additional apprenticeship opportunities for care leavers and people with disabilities, support their access to good training and work experience to secure long term employment. This will be accompanied by a programme of supported job opportunities for these cohorts to ensure that people have the opportunity to move from training into work.
9. Set up a **Caring Essex: 50+ Task Force** with training providers, businesses and Department for Work and Pensions with a mission to double the over 50s' participation in the local labour market by looking at expanding training provision, employment support and flexible working.
10. Launch a **Caring Essex: Decade of Opportunity.** This will build on the recently launched Essex Year of Opportunity, working across the system to scale up and embed the initiatives that have enabled people of all ages to increase their skills and broaden their horizons.
11. Launch a **Caring Essex: Essex Employers Care Partnership.** This should include anchor institutions and large employers in Essex and will involve **all partners becoming "Carer Friendly" and "Fostering Friendly"** accredited, so carers, including foster carers, are supported in the best possible way by employers, providing recognition and support for carers in their workforce and engaging with others to make our communities carer friendly. It will also enable employers to share best practice and develop further ways of supporting carers and foster carers across the system.

Civil society: commit to vitalising community capacity by igniting the potential in civil society

12. Set up **Caring Essex: Challenge £2 billion,** a unit designed to significantly increase fundraising for the community sector from Government, businesses and individual donors. The ultimate goal is to secure the “missing £2 billion” in external funding for the VCS in Essex to unlock its full potential. This should work closely with the future “Your Essex Community”.
13. Create a **Caring Essex: Civil Society Leadership programme** so that community and voluntary sector leaders can develop the skills and networks they need, including commercial skills and skills in new technologies, to maximise their impact in their communities.
14. Launch a **Caring Essex: Volunteering Olympics:** to double the number of volunteering opportunities across Essex to help more people contribute to their communities and acquire new skills and experience. This will be pan-Essex and will need to be designed so it is inclusive and accessible to disadvantaged communities.
15. Set up a **Caring Essex: Library of Things** to enable people to utilise more public sector assets for community benefit and to exercise greater agency in the places that they live.
16. Co-develop best practice for community asset mapping and methods. This will support the co-production of the first ever **Caring Essex: Community Asset Map** to give people greater visibility of the assets that exist in communities across the county.
17. Run an annual **Caring Essex: Celebration Festival** to recognise and celebrate the impact that community projects and outstanding individuals are having on supporting health and wellbeing in communities.

Community Influence: Commit to reshaping decision making by ensuring that communities have an active role in decisions that affect them

18. Set up a **Caring Essex: Residents Assembly** to enable residents to genuinely shape how we move to a more preventative and enabling state in Essex, including considering tough choices and trade-offs.
19. Set up a **Caring Essex: Bold Commissioners Group** that will support commissioners of public services across the system to go further in **adopting relational routes to commissioning for public benefit.** This will mean greater co-design of services with communities and local providers.
20. Introduce a **Caring Essex: Public Services Experience** programme that will give young people an opportunity to see how local public services and democracy works and how decisions are made.

Prevention: Commit to prioritising prevention by putting in place a new “prevention first” approach across public services

21. Set up a **Caring Essex: Health at Home Programme,** building on existing activity – including parish nursing - this will involve the creation of an offer of basic training to residents over 50 and other high-risk categories in Essex to carry out basic self-health checks and administer basic procedures. It will also involve improving the reach and take up of health planning for everybody over 50 in the top 20% most deprived areas – to help people make lifestyle changes before it’s too late and/or start building early help and support to reduce or delay the onset of needs.
22. Set up a network of **Caring Essex: Multi-agency Triaging Hubs,** bringing services and support directly to residents, fostering collaborative working and easy access for users, and ensuring that people do not have their needs medicalised prematurely.
23. Set up a **Caring Essex: Office of Prevention** within the new Mayoral Combined Authority that will support the shift to a more preventative system of public services by sharing best practice, evaluating the effectiveness of prevention programmes, supporting system join up, and inputting expert advice on prevention to support strategy development, business planning and budget processes. The Office of Prevention should work with system partners to **sustain and increase effective spending on prevention** and agree guidelines for how this should be done, building on existing technical work that is being developed through DHSC and CIPFA.

The Commission is calling on the Government to support this report and the actions set out within it, by capitalising on the opportunities in the NHS 10 Year Plan, the Casey Commission on social care, the upcoming Spending Review and other relevant policy reforms.

Roles and responsibilities

The vision, commitments and actions set out in this report **cannot and should not just be delivered by the state – there has to be an active partnership.**

- **Individuals** – play a critical role by looking after their own health and wellbeing as best they can; acting as carers; and participating positively in civil society in whatever way they can.
- **Communities** – play a critical role by looking out for each other and coming together around common goals, interests and activities that they share, while being respectful of different points of view.
- **Civil society/voluntary organisations** – play a critical role by continuing to organise and run community activities, delivering some local services, and creating social value in communities.
- **Businesses** – play a critical role by being good employers supporting the health and wellbeing of their staff; being open to recruiting and training people who have disadvantages, seeing their potential; and seeking to ensure they provide social value for the local community to the extent that they can.
- **Local public bodies** – play a critical role by providing the leadership and holding the accountability for this agenda; setting priorities and strategies, supported by appropriate resources, to deliver against it; utilising their role as anchor institutions to maximise economic and social value for their place; operating as a system not just as individual organisations; actively involving communities and service users in decisions that affect them; being much more creative about letting communities make use of public sector assets, including but not limited to property assets; and by delivering effective and value for money services – with an emphasis on prevention rather than just reactive services. Sufficient consideration should be given to inclusive access to social care, health and wellbeing facilities when carrying out spatial and transport planning duties.
- **Central Government** – plays a critical role by reforming national policy and regulatory frameworks to support this agenda; giving local places the resources, powers and freedoms to deliver the local action that is needed; and avoiding a "something must be done" mindset that too often saddles local government with legal obligations or regulatory requirements that are unaffordable or impractical to implement.

Enablers to action

The Commission has identified actions that it believes the local system in Essex as well as national Government should take up to give effect to this report. We want this report to initiate meaningful dialogue with colleagues about the implementation of these actions. The Commission expects an evolving approach to implementation of the actions.

A set of actions in themselves will not achieve the significant change we are seeking. The "how" is vital in achieving buy-in, collaboration and taking the commitments and actions forward:

- **Residents have an active voice** – political decisions are the product of fair and reasonable debate among residents. Residents need to be involved in decision making in a way where we all have a real say.
- **Strategic and Place-based Planning** – decisions around planning and the make-up of a place cannot be taken in isolation. We all need to see the bigger picture and take decisions in respect to key policy areas which benefit the wider place and community and create efficiencies and maximise resources.
- **Cross agency resourcing focused on the most urgent matters** – organisations need to collaborate and align or integrate their funding and capacity to maximise impact. This will ensure a more coherently planned focus on the right things for maximum impact.
- **Understanding lived experience** – the Commission regularly heard how the lived experience of residents and service users is important to all that we do. Policy and strategy should start with the lived experience of our residents, service users and communities so that the decisions taken reflect their realities and needs.
- **Co-production** – agencies need to commit to co-production, the processes through which public bodies and communities work in equal partnership, with equal weight, and those using services are consulted, included, and working together from the start to the end of any project that affects them.
- **Adopting fit for purpose routes to commissioning with purpose-focused organisations** - the Commission has heard about the need to move away from traditional institutionally driven procurement models and adopt new routes to commissioning public value services with purpose-focused organisations taking a collaborative approach to delivering outcomes.
- **Freeing up community assets** – communities need organisations to enable them to do the things they want to and can do for themselves. Having access to assets held by public bodies was something which came up throughout the commission's work. Organisations need to free up their assets for community use.
- **Eliminating bureaucracy that prevents resident engagement in decision making and access** – public services and their processes are often clunky and do not always lend themselves to supporting engagement with residents and communities and involving them in a meaningful way. Organisations need to remove the barriers to effective engagement.

What next?

This report has set out the extensive research and engagement the Commission has done which has led to 5 commitments and twenty-three actions.

There is much to be positive about in Essex – it's a place with strong foundations and all the characteristics to be a blueprint for how to empower our communities and reduce pressures on our services as we realise the opportunities from Devolution and LGR. We hope the Commission's work can provide a useful example for other parts of the country.

But this is not about any one organisation taking the mantle – we all have to be in this together and reflect on our role and how we are co-ordinating and organising ourselves within the system but also with our communities.

Bold words will not in themselves achieve change and impact – however eye catching they may be. This is a call to action. We all need to rally behind this pressing agenda.

In Year 2 of its work, the Commission will be working with colleagues to:

- Support local implementation of these actions.
- Support the implementation of Devolution and LGR, which provides a considerable opportunity in Greater Essex and other places.
- Support and influence national policy developments over the next 12 months.

We thank all those who have generously given their time to contribute to the Commission. You have evidenced a clear passion and will to strengthen our communities, improve health and wellbeing, and help our valued public services be as effective and sustainable as possible. We look forward to moving forward together.

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