

Public Document Pack  
SOUTHEND-ON-SEA CITY COUNCIL

**Health & Wellbeing Board**

Date: Thursday, 8th December, 2022

Time: 5.00 pm

Place: Committee Room 1 (Jubilee Room)

Contact: Robert Harris - Principal Democratic Services Officer

Email: [committeesection@southend.gov.uk](mailto:committeesection@southend.gov.uk)

**A G E N D A**

- 1 **Apologies for Absence**
- 2 **Declarations of Interest**
- 3 **Appointment of Vice-Chair**
- 4 **Minutes of the Meeting held on Wednesday, 7 September 2022** (Pages 1 - 6)  
Minutes attached

\*\*\*\* **FOR DECISION AND DISCUSSION**

- 5 **Southend, Essex and Thurrock (SET) Dementia Strategy 2022-2026**  
(Pages 7 - 54)  
Report of the Director of Commissioning attached
- 6 **Better Care Fund - Discharge Fund**  
Report of Lead Commissioner (Older People) / BCF Lead to follow
- 7 **Proposal for the development of a joint Southend, Essex and Thurrock  
Drugs & Alcohol Steering Board** (Pages 55 - 60)  
Report from Director of Public Health
- 8 **A Better Start Southend (ABSS) Update** (Pages 61 - 78)  
Report of the Chair and Director of ABSS

\*\*\*\* **FOR INFORMATION**

- 9 **Developing the SEE Alliance Plan**  
Presentation slides from SEE Alliance Director (to follow)
- 10 **Mental Health Urgent Care Department - Basildon Hospital Site**  
Presentation slides from Deputy Director Mental Health, MSE ICB to follow
- 11 **Winter Plan / Actions**  
Presentation slides from SEE Alliance Director (to follow)
- 12 **Drug and Alcohol Progress Update** (Pages 79 - 82)  
Report of Director of Commissioning attached
- 13 **Health Protection Updates** (Pages 83 - 86)  
Report of Director of Public Health

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**SOUTHEND-ON-SEA CITY COUNCIL**

**Meeting of Health & Wellbeing Board**

**Date: Wednesday, 7th September, 2022**

**Place: Council Chamber - Civic Suite**

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**Present:** Councillor K Mitchell (Chair)  
Councillors M Davidson, J Moyies and M Sadza  
R Hallett (SEE Alliance), A Quinn (SAVS), O Richards  
(Healthwatch Southend), M Marks (SCC), K Ramkhelawon (SCC),  
T Poore (ABSS).

**In Attendance:** Councillor Salter  
R Harris, T Schneider, P Hill, J Banks, J Cripps and L Moncur.

**Start/End Time:** 5.00 pm - 6.55 pm

**293 Apologies for Absence**

Apologies for absence were received from Councillors Mulroney and Terry (no substitutes), A Lewis, S Dolling, A Khaldi, M Atkinson and J Gardner.

**294 Declarations of Interest**

The following declarations of interest were made:

(a) Cllr Mitchell –Minute 299 (A Better Start Southend (ABSS) is in partnership with Hamlet Court Road in Harmony Community Group – the Councillor is the Chair of this group;

(b) Cllr Salter - Minute 300 (ICS Update) and Minute 302 (Developing the South East Essex Alliance Plan) – Husband is a consultant surgeon at Southend Hospital; Daughter is a consultant at Basildon Hospital; Son-in-law is a GP in Southend-on-Sea.

**295 Minutes of the Meeting held on Wednesday, 8th June 2022**

Resolved:

That the Minutes of the Meeting held on Wednesday, 8 June 2022 be confirmed as a correct record and signed.

**296 Public Questions**

There were no public questions at this meeting.

## **297 Pharmacy Needs Assessment**

The Board considered a report of the Director of Public Health presenting the draft Pharmaceutical Needs Assessment (PNA) covering a three year period (2022-25), following a public consultation and follow up review by the PNA Steering Group.

The Board asked a number of questions which were responded to by the Director. The Board also commended officers and partners on their engagement work with communities.

Resolved:

1. That the conclusions and recommendations of the PNA, as set out in Appendix 1 to the submitted report, be noted.
2. That it be noted that the final PNA will be published by the 1<sup>st</sup> October 2022.
3. That it be noted that there is a requirement to reassess and revise the PNA within three years of its previous publication.
4. That it be noted that a revised assessment must be made as soon as it is reasonably practicable after identifying any changes that have occurred since the previous assessment, that may have an effect on the needs of the pharmaceutical services.

## **298 Shoebury Health and Wellbeing Centre**

The Board received a PowerPoint presentation from the SEE Alliance Director which provided an overview of the comprehensive options appraisal of possible sites for a Shoebury Health and Wellbeing Centre. This included extensive consultation and engagement with the local population and identified Shoebury House as the preferred site.

The SEE Alliance Director drew attention to the next steps for further engagement and consultation on the service model for the Centre and the business case. The progress will be fed-back to the Board at a future meeting.

The Board asked a number of questions which were responded to by the SEE Alliance Director as well as the Director of Public Health (The Council's lead on this development).

Resolved:

That the progress and next steps concerning the Shoebury Health and Wellbeing Centre, be noted and that progress be reported to a future meeting of the Board.

## **299 A Better Start Southend Update**

The Board considered a joint report of the ABSS Chair and Director on the key developments of A Better Start Southend since July 2022.

Resolved:

That the submitted report and the progression of the ABSS Legacy and Sustainability Strategy, with particular reference to the development of the legacy vehicle, City Family CIC, be noted.

## **300 ICS Update**

The Board received a PowerPoint presentation from the Executive Director of Strategy and Partnerships and Director of Strategic Partnerships which provided a comprehensive overview of the Integrated Care System (ICS) and the role of the Integrated Care Partnership (ICP). The four key principles of the ICS are:

- improving outcomes in population health and healthcare;
- tackle inequalities in outcomes, experience and access;
- enhance productivity and value for money; and
- help the NHS to support broader social and economic development.

The Board asked a number of questions which were responded to by the Executive Director of Strategy and Partnerships and the Director of Strategic Partnerships.

The Board noted the key challenges, opportunities and the next steps, particular the role of the Health and Wellbeing Board.

Resolved:

That the ICS update and next steps, be noted and that further updates be brought to future meetings of the Health and Wellbeing Board.

## **301 Core20Plus5 Programme: Community Connectors**

The Board received a Power Point presentation from Chief officer, Healthwatch Southend, on the Core20Plus5 Programme – Community Connectors.

The Board noted that the programme is designed to support Integrated Care Systems (ICS) to drive targeted action in healthcare inequalities improvements and connecting decision-makers to communities, etc through the community connectors.

The Board asked a number of questions which were responded to by the Chief Officer, Healthwatch Southend.

Resolved:

That the presentation be noted and further progress/updates be fed-back to the Board at future meetings.

### **302 Developing the South East Essex Alliance Plan**

The Board received a PowerPoint presentation from the SEE Alliance Director, setting out the progress and next steps in the development of the South East Essex Alliance Plan and how partners, community and voluntary sector, etc can help and work together to shape the plan.

Resolved:

That the presentation on the development of the South East Essex Alliance Plan, be noted and that further progress be presented to future meetings of the Health and Wellbeing Board.

### **303 Teenage Pregnancy Implementation Plan - Annual Update**

The Board considered a report of the Director of Public Health presenting the annual update of the Teenage Pregnancy Implementation Plan.

Resolved:

1. That the submitted report, with the next annual update due in September 2023, be noted.

2. That any suggestion or recommendations that could enhance the delivery of the plan in 2022-23 be provided to the Director of Public Health and/or the Senior Principal for Public Health.

### **304 JSNA Timeline - Refreshing Suite of Products**

The Board considered a report of the Director of Public Health setting out the timeline for Joint Strategic Needs Assessment (JSNA) and an overview of progress made to date on the Adult Social Care (ASC) JSNA.

Resolved:

1. That the final timeline for the suite of JSNA products, be noted.

2. That the completion of the Adult Social Care JSNA, be noted.

### **305 Better Care Fund - 2022/23 Plan Approval**

The Board considered a report of the Director of Commissioning setting out the timescales to complete a joint Better Care Fund (BCF) Plan 2022-23 for submission to the BCF National Team.

The Board noted that due to the timescales given by the National Team, the full 2022-23 BCF Plan will be required to be signed-off by 19<sup>th</sup> September.

Resolved:

That due to the turnaround timescales given by the National Team, the approval of the full 2022-23 Better Care Fund Plan be delegated to the Chair, in consultation with relevant officers, to sign-off and submit the plan to the National Team by 19<sup>th</sup> September 2022.

**306 Health Protection Updates**

The Board considered a report of the Director of Public Health providing an update on the on-going management of the COVID-19 pandemic and the refresh of the Local Outbreak Management Plan.

Resolved:

That the submitted report, be noted.

**307 Health Inequalities Funding Update**

The Board received a Power Point presentation from the SEE Alliance Director providing an update regarding the health inequalities funding.

Resolved:

That the presentation slides, be noted.

**308 Population Health Management**

The Board considered a report of the Director of Public Health presenting an update on population health management.

Resolved:

That the submitted report, be noted.

**Chair:** \_\_\_\_\_

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# Southend Health & Wellbeing Board

Agenda  
Item No.

5

Report of the Director of Commissioning

To  
Health & Wellbeing Board

on  
xxx

Report prepared by: Benedict Leigh, Director of  
Commissioning

For information only		For discussion	Approval required	
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Southend, Essex, and Thurrock Dementia Strategy 2022 - 2026

## Part 1 (Public Agenda Item)

### 1 Purpose of Report

To share the final draft of the Southend, Essex, and Thurrock (from here on abbreviated to SET) Dementia Strategy 2022-2026, following consultation, for agreement by the Board.

### 2 Recommendations

The Health and Wellbeing board are asked to

- 2.1 Agree to adopt the SET Dementia Strategy 2022-2026 as set out in Appendix A and note that partner organisations may adopt the strategy via their own decision-making processes.

### 3 Background

- 3.1 In 2017 Essex, Southend and Thurrock agreed and published the Greater Essex Dementia Strategy 2017-2021. Work has been underway since 2021 to refresh the 2017 strategy but has been subject to some delay due to Covid-19 pressures.
- 3.2 Engagement activity has been undertaken alongside work to develop an initial set of actions, outcomes and measures aligning where possible funding programmes delivery plans to develop the outline SET Dementia Strategy 2022 - 2026 implementation plan, details are within Appendix A, Annex A.

3.3 Insight from stakeholder engagement together with the key findings are detailed in 3.7 and within Appendix A, Annex D of the SET Dementia Strategy 2022 – 2026.

3.4 In summary engagement activity to date has included:

- A 6-week public consultation (15<sup>th</sup> February to 5<sup>th</sup> April 2021) to inform the planned refresh of the existing Greater Essex Dementia Strategy 2017-2021. The consultation asked questions to establish whether people agreed or disagreed that the nine priorities previously identified continued to be important and their reasons for this.
- Alzheimer's Society Dementia Voices Programme
- Essex Adult Social Care Covid-19 Lived Experience research and insight
- Dementia Voices: Living through Lockdown – North East Essex Commissioned engagement & insight activity
- Essex County Council Social Media (analysis of posts, comments etc)
- Essex Welfare Service, welfare calls & Care Nav Plus care and support - Feedback and discussion with community and voluntary sector partners, adults living with dementia, families and carers through their provision and use of these services.
- Throughout the development of the SET Dementia Strategy 2022 - 2026 regular discussion and dialogue has been held with:
  - The Pan Essex Dementia Action Alliance and local dementia action alliances throughout Southend, Essex and Thurrock including local partners – Sharing of thinking and ongoing dialogue to shape the strategic priorities, actions & outcomes.
  - Southend, Essex, and Thurrock (SET) Dementia Strategy oversight Group – Health, Local Authority, and community partners
  - Locality Dementia forums/steering groups - Sharing of thinking and ongoing dialogue to shape the strategic priorities, actions & outcomes

3.5 The second stage consultation (13<sup>th</sup> May to 17<sup>th</sup> June 2022) sought further views on the proposed commitments to deliver against the agreed nine priorities.

- An online consultation ran from 13 May 2022 to 17 June 2022. A total of 78 responses were received from people living with dementia, their family and carers, partner organisations and health and social care professionals.
- Workshops and focus groups were held with a wide range of people to gather further insight across a range of partners and stakeholders with an approximate total of 160 participants. Further details of the consultation can be found in Appendix A, Annex D.

3.6 Feedback from the consultation process reinforced that the priorities and commitments align well with the outcomes needed to make a positive difference to the lived experience of people living with dementia and carers in Southend, Essex, and Thurrock. There were pledges of support for implementation from a number of statutory, voluntary and community groups reflecting great synergy to improve care and support in line with the SET Dementia Strategy 2022 - 2026.

3.7 Findings from the consultations and engagement activities have informed the development of the SET Dementia Strategy 2022 – 2026 and associated implementation plans, Appendix A. The detailed insight from the stakeholder engagement activities is included in Appendix A, Annex D with the key findings highlighted below:

- The need to coordinate timelier diagnosis and support in the key weeks after diagnosis, recognised as a critical window for early support and intervention that promotes a positive view of diagnosis, facilitating access to timely care and support thus enabling people to live well with dementia in their preferred place of residence
- The role of communities and groups is seen as crucial to the wrap-around offer of support for families and carers.
- The need to promote opportunities to share lived experience such as through peer networks is seen as a key aspect of feeling empowered and enabled following diagnosis to ensure access to appropriate and timely support, although caution was advised against information overload, so a balance is needed.
- To ensure learning from other care pathways and models (for example Cancer & Admiral Nurses) to gather insight on best practice and areas for improvement in care and support for individuals and carers.
- To improve and enable access to training and support for families and carers, alongside training opportunities for health and social care professionals and community organisations
- To develop closer working with the care providers incl. reablement and care home providers to improve experiences of discharge from hospital and to promote opportunities for access to appropriate training to understand distressed behaviours and the cause of perceived complexity relating to dementia
- To promote increased choice and control for those with dementia, their carers and family to enable people to live well with dementia.

#### **4 The Southend, Essex, and Thurrock (SET) Dementia Strategy 2022-2026**

4.1 The SET Dementia Strategy 2022 - 2026 provides the overarching aims and ambitions for improving the lives, experiences, care and support for people living with dementia, their families, carers in Essex, Southend, and Thurrock.

4.2 By taking into account local variation, need and existing Strategies. The approach will ensure the wider Adult Social Care direction and actions are developed with regard to dementia and the impact on the lives of people and communities in Essex. It will also align to the NHS Well pathway and Live Well domains and allow collaborative work with other strategic approaches and commissioning programmes.

4.3 Building on the previous Greater Essex Dementia Strategy 2017-2021, consultation and engagement activity and national guidance and best practice, the refreshed SET Dementia Strategy 2022 – 2026 sets the mission to make sure that:

- Those who experience dementia, and their families and carers, feel they are understood and can access the support they need when they need it
- That communities and local organisations are aware of the impact dementia has on those who experience it, their families, and carers
- That support for people with dementia and their families and carers is underpinned by awareness, understanding, training and expertise among professionals and volunteers of the impact dementia has on those who experience it, their families, and carers,
- That the conditions which will contribute to a reduction in prevalence and promoting health improvement in the long-term, recognising health inequalities and the wider determinants of health to promote better health outcomes for people across Southend, Essex and Thurrock are further promoted and enhanced.

4.4 The mission will be achieved through delivery of nine strategic priorities, under which the SET Dementia Strategy 2022 - 2026 sets out our commitments and the outcomes to be achieved, current and planned activity, and the measures used to assess progress. A summary of the strategic priorities and commitments to be achieved are included below.

Priorities	Commitments
<b>Prevention:</b> People in Southend, Essex and Thurrock will have good health and wellbeing, enabling them to live full and independent lives for longer	We will <b>work collaboratively within communities</b> and across voluntary, health, care and statutory services to develop and deliver information <b>to improve awareness of dementia, how to prevent dementia and the support available</b>
<b>Supporting unpaid carers:</b> Carers are supported to enable people living with dementia to remain as independent as possible	We will <b>involve and seek the views of people living with dementia and their unpaid carers</b> , recognising their role as valued experts and equal partners to <b>ensure carers have increased opportunity to access good quality support</b>
<b>Reducing the risk of crisis:</b> All people with dementia receive support to reduce the risk and manage crisis	We will <b>work across our systems in to develop an integrated approach</b> within communities <b>to improve timely support following diagnosis</b> to promote independence, optimise strength, build resilience, and prevent unnecessary crises
<b>A knowledgeable &amp; skilled workforce:</b> All people with dementia receive support from knowledgeable and skilled professionals where needed	We will <b>develop and build on activities and training that improve professional practice and process</b>
<b>Finding information and advice:</b> Everyone with dementia will have access to the right information at the right time	We will work collaboratively with system partners to <b>engage people living with dementia, their families, unpaid carers and wider support networks to better understand how we can improve access to the right information, advice and guidance at the right time</b> to ensure they are fully supported
<b>Diagnosis and support:</b> All people with dementia will receive appropriate and timely diagnosis and integrated support	We will <b>improve access to and opportunities for dementia diagnosis at the earliest possible stage</b> for the people of Southend, Essex, and Thurrock
<b>Living well with dementia in the community:</b> All people with dementia are supported by their Southend, Essex, and Thurrock communities to remain independent for as long as possible	We will <b>work with people living with dementia, their families, unpaid carers, and wider support networks to build more dementia-friendly and dementia-enabled communities</b> and work to <b>understand what timely support they need</b> in relation to <b>access to housing, transport, employment, and technology</b>  We will continue <b>to promote access to care technology</b> to promote health, prevent deterioration and promote independence
<b>Living well in long-term care:</b> all people with dementia live well when in long-term care	We will <b>work with the care markets to encourage long-term care settings</b> to promote improving knowledge, understanding and skills actively empowering activities and solutions that <b>increase and retain their connections within their communities'</b>
<b>End of life:</b> People with dementia and their families plan ahead, receive good end of life care and are able to die in accordance with their wishes	We will <b>work with families, communities, and palliative specialists</b> to improve information that <b>enables families to plan ahead to make informed decisions</b> that support individuals to remain cared for in their preferred care setting

- 4.5 Review and monitoring of the strategy, unless otherwise stated, will take place annually across Southend, Essex, and Thurrock. The plan will sit as a separate document to be reviewed and refreshed throughout the life of the strategy enabling it to respond to changing needs and emerging issues in the future. Further details on delivery of actions and outcome measures against the agreed priorities and commitments are in Appendix A, Annex A: Implementation Plan.
- 4.6 Southend City Council will ensure synergy between the SET Dementia strategy and the Southend City Council Social Care Strategies of Aging Well, Living Well and Caring Well and subsequent partnership groups.
- 4.7 The final SET Dementia Strategy 2022 - 2026, which takes account of the engagement, is attached as Appendix A

## **5 Next Steps**

- Ongoing systemwide engagement, stakeholder, and communication activities
- Approval and adoption of the SET Dementia Strategy 2022-2026 by member organisations
- Co-production of local and organisational delivery plans across systems and partners (October 2022– March 2023) including:
  - Discussions with stakeholders incl. opportunities for the delivery of implementation activities within partners funded programmes of work.
  - System wide focus groups
  - Wider engagement opportunities through local forums.

## **6 Issues for consideration**

### **6.1 Legal implications**

- 6.1.1 Following agreement of the SET Dementia Strategy 2022-2026 each member organisation, including Southend City Council, will need to take the SET Dementia Strategy 2022-2026 through their own governance processes for publication.
- 6.1.2 Consultation exercises were carried out on the SET Dementia Strategy and amendments made following the consultations to reflect responses.

### **6.2 Finance implications**

- 6.2.1 Currently there are no additional resources identified within the SET Dementia Strategy 2022 - 2026. Whilst implementation will align to the lifecycle of the SET Dementia Strategy 2022 - 2026, it is acknowledged that Integrated Commissioning Boards (ICBs) came into being on the 1<sup>st</sup> July 2022. As such, the introduction of ICBs, development of Integrated Care Partnership (ICP) strategies, Local Delivery Plans and their respective governance structures will inform the development of implementation plans at a Southend, Essex, and

Thurrock, ICP, alliance and organisational levels. Of note is that many of the commitments are about reshaping services, awareness raising and training.

## **7 Equality and Diversity implications**

- 7.1 The Public Sector Equality Duty applies to the Council when it makes decisions. The duty requires us to have regard to the need to:
- (a) Eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Act. In summary, the Act makes discrimination etc. on the grounds of a protected characteristic unlawful
  - (b) Advance equality of opportunity between people who share a protected characteristic and those who do not.
  - (c) Foster good relations between people who share a protected characteristic and those who do not including tackling prejudice and promoting understanding.
- 7.2 The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, gender, and sexual orientation. The Act states that 'marriage and civil partnership' is not a relevant protected characteristic for (b) or (c) although it is relevant for (a).
- 7.3 The Equality Comprehensive Impact Assessment indicates that the proposals in this report will not have a disproportionately adverse impact on any people with a particular characteristic.

## **8 List of appendices**

***Appendix A: Southend, Essex & Thurrock (SET) Dementia Strategy 2022 - 2026***

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# Southend, Essex and Thurrock (SET) Dementia Strategy

2022–2026

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## Foreword

This strategy brings together organisations from across Health and Social Care and the Voluntary Sector to speak with one voice on our aspirations for making Southend, Essex and Thurrock places where people can live well with dementia.

The impact on all those who live with dementia, including friends, family and carers, is clear to all. It is critical that we have a strategy that looks at every element, from the very tough nettle of prevention, through early diagnosis into care, support for carers and provision of accommodation.

This updated strategy for Southend, Essex and Thurrock builds on successes and lessons of the past and will be invaluable as we work together in collaboration.

**Cllr John Spence**, Cabinet Member for Adult Social Care & Health, Essex County Council

After a number of setbacks from the pandemic, it's fantastic to see that the Southend, Essex and Thurrock (SET) Dementia Strategy has been finalised and is ready to share with our residents.

This is a big step for our collective services across Essex as we commit to a joint strategic plan to not only gain a greater understanding of dementia, its causes and development, but also help to adopt a preventative approach that impacts those with the disease and their wider spheres of friends, family and those who care for them.

Following consultation with our residents in Thurrock and across Southend and Essex, we have been able to ensure our approach considers not only the provision of services, but the concerns of those in our communities who are currently facing or aware of the challenges of living with dementia. This is a crucial step to understanding all levels of the disease in our communities and ensuring this direct feedback remains at the heart of our forward-thinking approach for support in the future.

Thank you to everyone whose opinions and expertise fed into the creation of this dementia strategy. Rest assured your views, and the impact of this strategy, will lay the foundations for the best healthcare and support possible for generations to come.

**Cllr Deborah Huelin**, Thurrock Council Cabinet Member for Adults & Health

The number of people affected by dementia is rising and the government announced a 10-year plan in May 2022 that aims to reduce Dementia by 40%.

The development of this strategy has been delayed through COVID 19 but Southend, Essex and Thurrock (SET) have taken learning from our existing Dementia strategy and developed the new strategy drawing on best practice and consultation.

Current figures using the health census from 2019 show that Greater Essex likely has 21,972 over 65's with dementia and this is set to increase 33% by 2030. The government is projecting that over one million people in the UK could be living with dementia by 2025.

In 2020 Southend G.P. data showed that Southend had a higher prevalence of dementia than the average in England. This strategy has a commitment to research, training, local place-based action, and prevention. It supports our living well priority with 'living well longer' through early diagnosis, support, self-help, the nine priorities identified with stakeholders, and 10 strong commitments by SET. Together these underpin the dementia strategy implementation plan that supports the government's aim of a 40% reduction in dementia and improves quality of life for our residents who have dementia, their families, and carers.

**Cllr Kay Mitchell**, Southend-on-Sea City Council Cabinet Member for Adult Social Care and Health Integration

## Strategy on a Page

**Mission:** To make sure that:

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

And to further promote and enhance the conditions which will contribute to a reduction in prevalence and promoting health improvement in the long-term, recognising health inequalities and the wider determinants of health to promote better health outcomes for people across SET.

Priorities	Commitments
1. <b>Prevention:</b> People in Southend, Essex and Thurrock will have good health and wellbeing, enabling them to live full and independent lives for longer	<ul style="list-style-type: none"> <li>• We will work collaboratively within communities and across voluntary, health, care and statutory services to develop and deliver information to improve awareness of dementia, how to prevent dementia and the support available</li> </ul>
2. <b>Supporting unpaid carers:</b> Unpaid carers are supported to enable people with dementia to remain as independent as possible	<ul style="list-style-type: none"> <li>• We will involve and seek the views of people living with dementia and their unpaid carers, recognising their role as valued experts and equal partners to ensure carers have increased opportunity to access good quality support</li> </ul>
3. <b>Reducing the risk of crisis:</b> All people with dementia receive support to reduce the risk and manage crisis	<ul style="list-style-type: none"> <li>• We will work across our systems to develop an integrated approach within communities to improve timely support following diagnosis to promote independence, optimise strength, build resilience, and prevent unnecessary crises</li> </ul>
4. <b>A knowledgeable and skilled workforce:</b> All people with dementia receive support from knowledgeable and skilled professionals where needed	<ul style="list-style-type: none"> <li>• We will develop and build on activities and training that improve professional practice and process</li> </ul>
5. <b>Finding information and advice:</b> Everyone with dementia will have access to the right information at the right time	<ul style="list-style-type: none"> <li>• We will work collaboratively with system partners to engage people living with dementia, their families, unpaid carers and wider support networks to better understand how we can improve access to the right information, advice and guidance at the right time to ensure they are fully supported</li> </ul>
6. <b>Diagnosis and support:</b> All people with dementia will receive appropriate and timely diagnosis and integrated support	<ul style="list-style-type: none"> <li>• We will improve access to and opportunities for dementia diagnosis at the earliest possible stage for the people of Southend, Essex and Thurrock</li> </ul>
7. <b>Living well with dementia in the community:</b> All people with dementia are supported by their Southend, Essex and Thurrock communities to remain independent for as long as possible	<ul style="list-style-type: none"> <li>• We will work with people living with dementia, their families, unpaid carers and wider support networks to build more dementia-friendly and dementia-enabled communities and work to understand what timely support they need in relation to access to housing, transport, employment and technology</li> <li>• We will continue to promote access to care technology to promote health, prevent deterioration and promote independence</li> </ul>
8. <b>Living well in long-term care:</b> All people with dementia live well when in long-term care	<ul style="list-style-type: none"> <li>• We will work with the care markets to encourage long-term care settings to promote the knowledge, understanding and skills actively empowering activities and solutions that increase and retain their connections within their communities'</li> </ul>
9. <b>End of life:</b> People with dementia and their families plan ahead, receive good end of life care and are able to die in accordance with their wishes	<ul style="list-style-type: none"> <li>• We will work with families, communities and palliative specialists to improve information that enables families to plan ahead to make informed decisions that support individuals to remain cared for in their preferred care setting</li> </ul>

## Introduction

### About dementia

Dementia is an umbrella term used to describe a collection of symptoms that affect the brain including memory loss, perception, problems with reasoning and communication skills. Dementia is defined as a progressive disease that affects more than one aspect of daily life and can lead to a reduction in a person's ability to conduct routine tasks such as washing, dressing and cooking.

There are over 200 types of dementia including Alzheimer's, Vascular and dementia with Lewy bodies. Dementia is not a natural part of ageing and does not just affect older people. It has a physical, psychological, social, and economic impact, not only on people with dementia, but also on their carers<sup>1</sup> (particularly unpaid carers), families and communities.

Government guidance<sup>2</sup> estimates the number of people living with dementia globally to be 50 million, with this number expected to more than treble by 2050 to 152 million. The guidance highlights that around 850,000 people in the UK are living with dementia, 120,000 of which live alone. By 2025, over one million people could have dementia in the UK and by 2040, this figure will exceed 1.6 million.

Dementia is one of the major causes of disability and dependency among older people with no known cure. It is estimated that a person is formally diagnosed with dementia every three minutes in the UK, that one in three people born this year will develop dementia in their life, that dementia caused more deaths in England in year end March 2021 than Covid-19 and a quarter of all those who died of Covid-19 had dementia.



Image 1, Source – Public Health England<sup>3</sup>

**Annex C: The Impact of Dementia; Data and Insights** also offers comprehensive information on the impact of dementia on individuals, families, communities, care and support services.

<sup>1</sup> A 'carer' is someone who - without being paid - regularly looks after, helps or supports someone over the age of 18 who wouldn't be able to manage everyday life without their help.

<sup>2</sup> Government guidance, *Dementia: applying All Our Health* <https://www.gov.uk/government/publications/dementia-applying-all-our-health/dementia-applying-all-our-health>

<sup>3</sup> Public Health England: *health matters: midlife approaches to reduce dementia risk* <https://www.gov.uk/government/publications/health-matters-midlife-approaches-to-reduce-dementia-risk/health-matters-midlife-approaches-to-reduce-dementia-risk>

# Strategic Context

## The national approach

In May 2022, Government announced a new 10-year plan<sup>4</sup> to tackle dementia and boost the £375m funding already committed for research to better understand neurodegenerative diseases. The plan aims to reduce the 40% of dementia considered to be potentially preventable, including exploration of new technology, science and medicine to help reduce the numbers and severity of dementia.

It also aims to help reduce the NHS backlog as a result of Covid-19 to ensure more timely dementia diagnosis. This strategy will take note and incorporate key initiatives of the Government’s dementia plan when published later in 2022.

The strategy takes account of the Public Health England Health matters: public health issues<sup>5</sup> collection, with particular reference to the dementia section and Health matters: midlife approaches to reduce dementia risk<sup>6</sup>.

Government guidance Dementia: applying All Our Health<sup>7</sup> encourages frontline health and care professionals to provide advice and support on dementia risk reduction as part of their daily practice and contact with individuals, framing this around NHS England’s Well Pathway for Dementia<sup>8</sup>:

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

Image 2 – NHS England’s Well Pathway for Dementia

<sup>4</sup> Gov press release, *Health secretary announces 10-year plan for dementia* [https://www.gov.uk/government/news/health-secretary-announces-10-year-plan-for-dementia#:~:text=Health%20and%20Social%20Care%20Secretary,to%20better%20understand%20neurodegenerative%20diseases.&text=A%20new%2010%2Dyear%20plan%20to%20tackle%20dementia%20will%20be,\(Tuesday%202017%20May%202022\)](https://www.gov.uk/government/news/health-secretary-announces-10-year-plan-for-dementia#:~:text=Health%20and%20Social%20Care%20Secretary,to%20better%20understand%20neurodegenerative%20diseases.&text=A%20new%2010%2Dyear%20plan%20to%20tackle%20dementia%20will%20be,(Tuesday%202017%20May%202022))

<sup>5</sup> Gov collection, *Health matters: public health issues* <https://www.gov.uk/government/collections/health-matters-public-health-issues#dementia>

<sup>6</sup> Gov collection, *Health matters: midlife approaches to reduce dementia risk* <https://www.gov.uk/government/publications/health-matters-midlife-approaches-to-reduce-dementia-risk>

<sup>7</sup> Gov guidance, *Dementia: applying All Our Health* <https://www.gov.uk/government/publications/dementia-applying-all-our-health/dementia-applying-all-our-health>

<sup>8</sup> NHS England, *the Well Pathway for Dementia* <https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/03/dementia-well-pathway.pdf>

The Dementia Strategy will align with national approaches as highlighted above, including any forthcoming activities related to the [adult social care reform white paper](#)<sup>9</sup>, [Health and Care Act 2022](#)<sup>10</sup> and the [integration and innovation: working together to improve health and social care for all white paper](#)<sup>11</sup>.

All of which will enable better links between health and social care systems ensuring that the person is at the centre with local systems designed to deliver seamless care and support, enabling people to retain their independence, health and wellbeing. This includes utilising community assets, building on local delivery plans and placed-based action to ensure a person-centred approach.

### **A Southend, Essex and Thurrock (SET) approach**

The previous SET Dementia Strategy lifecycle ended in 2021 and due to Covid-19 an update was delayed, although partnership activities continued during this period as did evidence gathering to understand the impact and outcomes of the strategy.

Review of the previous strategy highlighted challenges which include:

- The impact of an ageing SET population, with an increase in long-term conditions
- The need to improve timelier dementia diagnosis – through access to diagnostic/memory assessment services and encouraging people to pursue diagnosis, for example where delays or stigma may be present
- The complexities of system change i.e., when new operating models are introduced, or system goals change to address causes rather than symptoms
- The need to enhance alignment of priorities amongst multiple stakeholders
- The need for greater understanding and fulfilment of expectations across the system
- Tackling the stigma associated with dementia
- Cost implications for the wider economy
- Greater understanding of the cost of health and social care to support those living with dementia
- A population needs analysis based upon current and projected dementia diagnosis
- Increased need to share data and insights among multiple stakeholders to enhance diagnosis, support and understand the impact of dementia for organisations and partners
- The impact of Covid-19 such as a lack of face-to-face services, social isolation, loneliness, and increase in digitilisation of services.

By adopting a SET approach that builds on learning and best practice from the previous strategy and takes account of other key SET strategies, this will build on community assets and drive development of a high-quality dementia support offer for the residents of SET. In doing so, the Dementia Strategy will provide an overarching ambition and nine priority areas for delivery through local partnerships and place-based plans focusing on local delivery and place-based action.

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<sup>9</sup> Gov policy paper: *adult social care charging reform: further details* <https://www.gov.uk/government/publications/build-back-better-our-plan-for-health-and-social-care/adult-social-care-charging-reform-further-details>

<sup>10</sup> Parliamentary bills: Health and Care Act 2022 <https://bills.parliament.uk/bills/3022>

<sup>11</sup> Gov policy paper: *integration and innovation: working together to improve health and social care for all* <https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version>



## Essex County Council strategic approach

The Dementia Strategy will take account of and incorporate Everyone's Essex<sup>12</sup> four areas of focus, with emphasis on promoting the health, care and wellbeing of all Essex residents. The four areas of focus are:

1. The economy
2. The environment
3. Children and families
4. Promoting health, care and wellbeing for all parts of our population who need support

The Dementia Strategy will build on the Joint Health and Wellbeing Strategy<sup>13</sup> 2022-2026 (JHWS) areas of focus (including any subsequent updates), which are:

1. Improving mental health and wellbeing
2. Physical activity and Healthy weight
3. Supporting long term independence
4. Alcohol and substance misuse
5. Health inequalities & the wider determinants of Health

The JHWS references the 2019 Joint Strategic Needs Assessment<sup>14</sup> (JSNA) where it was identified that dementia diagnosis is not as good as it could be and that there is an ageing population with more people with long-term conditions.

The JSNA notes that over the last three years the estimated dementia diagnosis rate in people aged 65 and over in Essex is estimated to have risen from 60.5% in 2017 to 64.5% in 2019. Despite this positive increase in diagnosis, diagnosis rates remain lower than the England average of 68.7% with only 2 districts (Epping Forest 81.7% and Rochford 81.7%), having diagnosis rates over the England level (Maldon is the lowest at 57.6%).

POPPI (Projecting Older People's Population Information) projections using health and census data estimate that in 2019 there are likely to be 21,972 people across Essex over the age of 65 with dementia and that this figure could increase by 33% by 2030 to 29,437 people. Tendring currently has the highest number of estimated people with dementia (3,104) whilst Harlow has the lowest (1,018).

In addition to the above, the refreshed Dementia Strategy will work alongside other key strategies to include (but not limited to):

- Essex Joint Health and Wellbeing Strategy 2022-2026
- Thurrock Health and Wellbeing Strategy 2022-2026
- Southend on Sea Health and Wellbeing Strategy 2021-2024
- Essex All Age Carers Strategy 2022–2026
- Meaningful Lives Matter, including the Essex Learning Disabilities and Autism Transformation programme and Supported Living Provider Forum
- Essex JSNA and district profiles
- District/borough/city Local Plans

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<sup>12</sup> Essex County Council: *Everyone's Essex: our plan for levelling up the county 2021-2025* <https://www.essex.gov.uk/everyones-essex-our-plan-for-essex-2021-2025>

<sup>13</sup> Essex County Council: *Essex Joint Health and Wellbeing Strategy 2022-2026* [Essex Joint Health and Wellbeing Strategy 2022 - 2026 \(ctfassets.net\)](https://www.essex.gov.uk/essex-joint-health-and-wellbeing-strategy-2022-2026)

<sup>14</sup> Essex County Council, *Essex JSNA and district profile reports 2019* <https://data.essex.gov.uk/dataset/exwyd/essex-jsna-and-district-profile-reports-2019>

## **Southend City Council Strategic Approach**

The Southend Essex and Thurrock Dementia Strategy will work alongside other Key Southend City Council strategies such as (but not limited to):

'Ageing Well', 'Caring Well', and 'Living Well'.

The council's overall direction for adult social care, which is built on these three core strategies, setting out priorities over the next five years 2022-2027.

The three strategies were co-designed with people who use services and their friends and families. They focus on how the council will support people across the city, whether they are older people, those with a care and support need with learning disabilities, mental health challenges, autism, living with additional physical or sensory difficulty, or the friends and family of people with additional needs.

All three social care strategies are relevant to the work around dementia, and as such will be absorbed under these partnership groups.

### Health and Wellbeing Strategy 2021- 2024

Helping people live a meaningful and quality life is really important. Through the new Health and Wellbeing Strategy for Southend, the vision will be as follows:

to support and enable the people of Southend to have the best possible physical and mental health, wellbeing, and quality of life

to promote good healthcare, to enhance health and wellbeing for all ages

Informing our strategies are Joint Strategic Needs Assessments (JSNA) which are used to describe the characteristics of a place and its residents, offering relevant information to inform commissioning and planning decisions. The 'Southend JSNA' isn't a single document, it is a collection of reports and tools describing different aspects of the factors which influence our residents' lives. Work is currently in progress to refresh the Southend JSNA and this will include further information relating to Dementia

## **Thurrock Council Strategic Approach**

Thurrock's Health & Wellbeing Strategy 2022-26 sets a vision of Levelling the Playing Field and sets goals to address a range of inequalities across Thurrock. It comprises 6 Domains of action, and Domain 3 ("Person-Led Health and Care") includes development of a Dementia Strategy to support Dementia Friendly Communities.

Thurrock Integrated Care Alliance (TICA) has recently produced a Better Care Together Thurrock (BCTT) strategy for adult health and care. The strategy aims to transform adult health and social care in line with the Human, Learning, Systems (HLS) approach to system transformation. The HLS focus on cultural change and empowering the workforce to adopt a strengths-based approach, a learning culture and act as system stewards, offers opportunities to develop sustainable approaches to delivering holistic care. The strategy seeks to align current community NHS health provision with each PCN health and care locality network. This will include enabling integrated care and support plans and a blended roles approach. This approach will encompass specialist condition-specific teams such as the Older Adults Health and Wellbeing Team and Dementia Crisis Support



## What are the problems we need to address?

### Support for Unpaid Carers:

**An estimated 540,000 people in England act as primary carers for people with dementia;** half of these are employed, 112,540 have needed to leave employment to meet their caring roles and 66,000 carers have cut their working hours.

**In Essex carers have highlighted a lack of respite, awareness of services and availability of information, and feelings of isolation as key issues.**

### Prevalence and modifiable risk:

Most recent figures from NHS Digital highlight that there are 24,578 people (over 65) in SET living with dementia. **If the prevalence remains constant, for SET as a whole, there will be an additional 10,554 people aged 65+ with dementia in 2030.**

Evidence shows that 40% of dementias are preventable through action across the life course. A 20% reduction in risk factors per decade could reduce the UK prevalence by 16.2% (300,000 cases) by 2050.

### Loneliness and Isolation:

Public Health England suggests that **60% of people with dementia are more likely to be lonely.** Approximately 60% of people with dementia go out of their houses less than once a week and in sparsely-populated rural areas, it is harder for older people living alone to find the opportunity to mix with others.

Essex has **an increasing older population and nationally up to 14% of older people report feeling lonely all the time.** With **loneliness and depression increasing the risk of dementia by up to 50%** this is a pressing issue for SET.

### Research:

**Climate Change/Air pollution:** Epidemiological evidence is suggestive of an association between exposure to ambient air pollutants and both the risk of developing dementia and acceleration of cognitive decline.

**Research collaborative:** Build on opportunities with local research partners develop, support and implement evidence based, best practice which underpins delivery of the SET Strategy.

### Addressing inequalities:

Dementia is the **leading cause of death for women in the UK since 2011**, not only are they at greater risk of dementia, but they are also more likely to be impacted in other areas of their lives such as through caregiving to a family member with dementia, financial stability, mental wellbeing and career progression.

People with **learning disabilities are at greater risk of developing dementia**, are likely to develop the condition at an earlier age and can have a faster rate of progression.

A growing prevalence of young onset dementia, with **over 42,000 people in the UK estimated to be living with a diagnosis.** People with young onset dementia tend to have additional complexities, particularly regarding diagnosis and a lack of appropriate services.

### Diagnosis Rates:

**Dementia diagnosis rates in Essex remain below the national average (62%).**

Engagement sessions and workshops with partners across the SET highlighted the need to coordinate timelier diagnosis. Support in the key weeks after diagnosis is also recognised as a critical window for early support and intervention that promotes a positive view of diagnosis, facilitating access to timely care and support thus enabling people to live well with dementia in their preferred place of residence.

It is estimated that **2 in 10 people over the age of 65 have mild cognitive impairment.** Although the mild form of this condition often has little effect on daily life, **5 to 10% of people with it will develop dementia.**

### Awareness and Dementia Friendly Communities and Services

**Dementia does not just impact the person – everyone around them, from family members to friends, is affected in some way. The impact on those living with dementia, including their family and carers, cannot be underestimated and demonstrates the need for a whole system approach to awareness, care and support including diagnosis. 1 in 3 people born in the UK will develop dementia in their lifetime, the importance of increased awareness and understanding of dementia throughout our communities again, cannot be underestimated given the anticipated rise in the number of people living with dementia.**

Housing, Health and care providers through to education, transport and leisure services all have roles in the planning and development of neighbourhoods creating **aging environments, support and opportunities in which people become and remain socially connected and are enabled to live well with dementia.**

# Our Mission, Priorities and Commitments

## Our mission

Building on the previous strategy, consultation and engagement activity and national guidance and best practice, the refreshed Dementia Strategy sets out to make sure that:

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

And to further promote and enhance the conditions which will contribute to a reduction in prevalence and promoting health improvement in the long-term, recognising health inequalities and the wider determinants of health to promote better health outcomes for people across SET.

## Our nine priorities

The mission will be achieved through delivery of our nine strategic priorities which, following stakeholder engagement, were agreed as:

1. **Prevention:** People in Southend, Essex and Thurrock will have good health and wellbeing, enabling them to live full and independent lives for longer
2. **Supporting unpaid carers:** Unpaid carers are supported to enable people with dementia to remain as independent as possible
3. **Reducing the risk of crisis:** All people with dementia receive support to reduce the risk and manage crisis
4. **A knowledgeable and skilled workforce:** All people with dementia receive support from knowledgeable and skilled professionals where needed
5. **Finding information and advice:** Everyone with dementia will have access to the right information at the right time
6. **Diagnosis and support:** All people with dementia will receive appropriate and timely diagnosis and integrated support
7. **Living well with dementia in the community:** All people with dementia are supported by their Southend, Essex and Thurrock communities to remain independent for as long as possible
8. **Living well in long-term care:** All people with dementia live well when in long-term care
9. **End of life:** People with dementia and their families plan ahead, receive good end of life care and are able to die in accordance with their wishes

## Our commitments

Following stage two consultation activity and aligned to the nine priorities, the strategy sets out **10 commitments** informed by the people of Southend, Essex and Thurrock:

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

## Strategy Monitoring and Review

Review and monitoring of the strategy, unless otherwise stated, will take place annually across Southend, Essex and Thurrock. See **Annex A: Implementation Plan** The plan will sit as a separate document to be reviewed and refreshed throughout the life of the strategy enabling it to respond to changing needs and emerging issues in the future. For further details on delivery of actions and outcome measures against the agreed priorities and commitments.

However, it is recognised that local action plans to help deliver the Dementia Strategy will be developed by partners based on population need, local pathways and priorities, building on known community assets and initiatives identified at locality level. Monitoring and review of local action plans will also take place at local level, to be agreed at their discretion and underpinned by local processes and governance.

### Governance and oversight

The Dementia Strategy will align to existing internal and external governance, oversight and partnership boards. It is acknowledged that Integrated Commissioning Boards (ICBs) will be implemented in July 2022. The introduction of ICBs, Local Alliances and subsequent governance structures may result in changes to existing governance, oversight and partnership arrangements.

Review of the previous strategy highlighted the need to further embed the strategic approach to dementia within existing plans. As a result, a framework (Image 8) has been developed based upon NHS England's Well Pathway for Dementia and Livewell themes to support health and wellbeing and outlines the building blocks for change which can be aligned to the emerging ICBs, Local Alliances and wider partnerships.

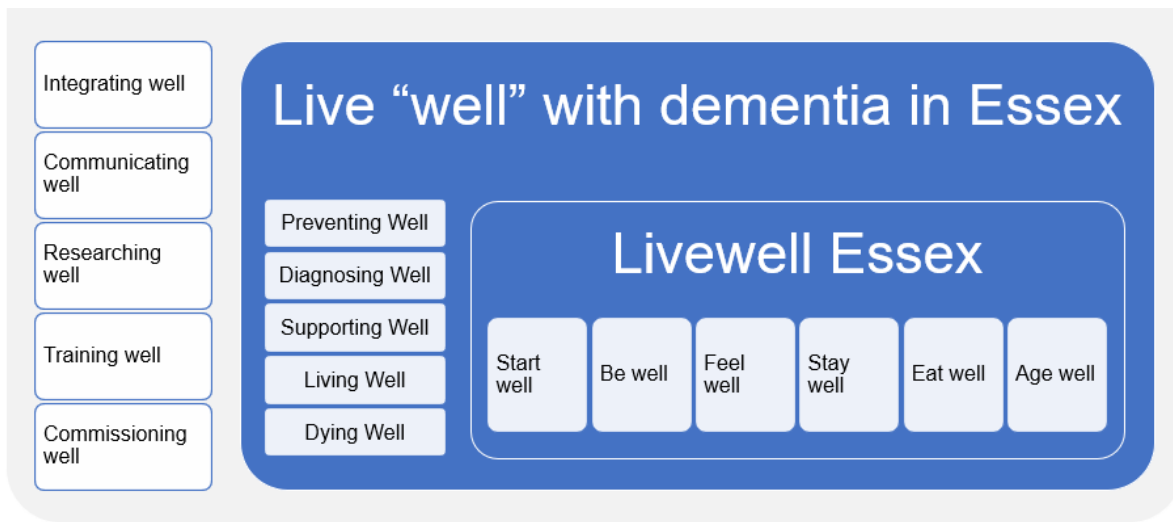


Image 8 – Living well with dementia in Essex framework

## Wider initiatives

There is a range of important wider activity and initiatives being undertaken across public and private sector organisations with the aim to improve health and wellbeing outcomes for those living with dementia, their family and carers.

Southend City Council, Essex County Council & Thurrock Council and ICBs commission a range of Dementia Support Services providing personalized support and advice to anyone affected by dementia. These commissioned services are accessible by anyone across community, from local help and community activities to phone and online advice, working with people worried about their memory, people with dementia, carers and family members.

Southend, Essex and Thurrock partners are together working towards becoming dementia friendly communities with a network of Dementia Action Alliances who are working in local areas to drive dementia awareness and enable communities to be accessible and support people living with dementia. Dementia Action Alliances work with local groups, retailers and businesses to be more aware of issues people with dementia face and offer better services.

Consultation feedback tells us that levels of support are not consistent across Southend, Essex & Thurrock, therefore throughout the life of the strategy partners will continue to explore opportunities to develop integrated care and support systems for people affected by dementia building on the successes to date.

To share knowledge, best practice and monitor progress across a range of partners and key stakeholders, **Annex B: Wider Initiatives Linked to Dementia Strategy Priorities** offer further detail of the range of partner activities underway across SET. This will be reviewed and updated throughout the strategy lifecycle to complement activity undertaken alongside the Dementia Strategy.

## Best practice exemplar – case study

In May 2022 as part of the Essex Year of Reading campaign, Essex Education Taskforce at Essex County Council partnered with Wayback, virtual reality technology specialists and winner of the 2018 Essex Dementia Challenge Prize. The partnership worked with the James Hornby School and residents at Woodbury Court Dementia Care Home to deliver a intergenerational reminiscence project to celebrate the Queen's Platinum Jubilee. The project went Wayback to the Queen's Coronation using memory films and books to trigger memories, connection and conversation across young and older generational groups including people living with dementia.

This project sought to inspire a love of books and conversational storytelling to help people share first-hand accounts of events whilst bringing different generations together. The day was a huge success and built upon Everyone's Essex initiatives to help citizens to better understand and have compassion for others, as well as reduce feelings of loneliness and isolation across all ages.



*Image 7 – selection of photographs from the intergenerational reminiscence project*

Benefits of the project for children and young people included increased self-confidence, self-efficacy and wellbeing, promoting of positive relationships and positive changes in perceptions and attitudes about older people. For older people, benefits included enhancement of emotional wellbeing, reading to reignite memories, wider cognitive stimulation and mitigating the impact of social isolation and loneliness to aid recovery.

As part of the ongoing commitment to supporting innovative approaches, we will continue to promote opportunities for knowledge exchange in pilot activity and research projects. In particular, activities that support collaboration through research with a focus on dementia and ageing well initiatives with aims that seek to share knowledge and promote evidence-led approaches within place-based activities.

**Annex B: Wider Initiatives Linked to Dementia Strategy Priorities** also offers comprehensive information on a range of advice, guidance and initiatives focused on overall health and wellbeing or support for those with dementia, their carers, and families.

# Annexes



## Annex A: Dementia Strategy Implementation Plan

Whilst the implementation plan aligns to the lifecycle of the strategy, it is acknowledged that Integrated Commissioning Boards (ICBs) will be implemented from July 2022. As such, the introduction of ICBs, Local Delivery Plans and subsequent governance structures may result in amendments to the implementation plan.

Action/s	Outcome Measure	Owner/Contributor	Timescale
Priority 1 – <b>Prevention:</b> People in Southend, Essex and Thurrock will have good health and wellbeing, enabling them to live full and independent lives for longer			
Commitment 1 – We will work collaboratively within communities and across voluntary, health, care and statutory services to develop and deliver information to improve awareness of dementia, how to prevent dementia and the support available			
Development and delivery of a dementia awareness activities. Work with Public health colleagues to develop consistent messaging around how to prevent dementia	<ul style="list-style-type: none"> <li>• People will have a greater understanding of the effectiveness and impact of healthy lifestyle on modifiable risk factors to reduce the risk of developing dementia, including stop smoking, be more active, reduce alcohol consumption, improved diet, lose weight if necessary and maintain a healthy weight</li> <li>• We will work with partners in Public Health to understand the effectiveness and impact of healthy lifestyle campaigns on raising awareness of modifiable risk factors</li> </ul>	<ul style="list-style-type: none"> <li>• Active Essex – Find Your Active Programme</li> <li>• Strengthening communities – Essex Wellbeing Service</li> <li>• LA commissioned dementia support services</li> </ul>	<ul style="list-style-type: none"> <li>• Sep 2023 and annual reviews</li> </ul>
Essex Dementia Intergenerational programme (EDIP) activities to increase children and young people's knowledge and understanding of dementia to support improved awareness of dementia in younger age-groups	<ul style="list-style-type: none"> <li>• Children and young people will have an increased knowledge and understanding of actions they can undertake in support of healthy lifestyles</li> <li>• Children and young people will have an increased knowledge and understanding of dementia to support improved awareness</li> <li>• Children and young people will undertake action in support of a dementia friendly generation to actively promote and support dementia enabled communities</li> <li>• To increase the reach and volume of Essex schools engaged in dementia intergenerational activity from the 2021 baseline by a further 50% in 2022/23</li> <li>• Links to 'starting well' and 'risk reduction'</li> </ul>	<ul style="list-style-type: none"> <li>• ECC key service areas – Adult Social Care, Public Health, education and CCG/ICS</li> <li>• Voluntary and community sector (VCS) partners</li> <li>• LA commissioned dementia support services</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing monitoring</li> <li>• Annual EDIP oversight report</li> </ul>



Develop and align to Healthy Living activities and opportunities	<ul style="list-style-type: none"> <li>• People living with dementia and their unpaid carers can access activities and maintain their independence, and physical, emotional and mental health</li> </ul>	<ul style="list-style-type: none"> <li>• Joint Health and Wellbeing Strategy</li> <li>• Find your active PEM and Essex Wellbeing Service</li> <li>• Social Prescribing outcome/performance measures</li> </ul>	Timescales to be aligned to respective strategies action plans and service areas.
Develop and monitor routine inclusion of best practice advice on Dementia during NHS Health checks delivered to those age 65 and above.	<ul style="list-style-type: none"> <li>• People receiving and delivering NHS Health Checks will have increased awareness of the link between cardiovascular disease and Dementia and information around prevention of cardiovascular disease through risk behaviour modification information and advice.</li> </ul>	<ul style="list-style-type: none"> <li>• NHS Health checks Providers</li> </ul>	Ongoing
Continue to develop and expand the hypertension case finding and quality improvement project with PCNs in Thurrock to increase the proportion of people with undiagnosed hypertension that are well managed and whose BP is controlled safely to prevent development of vascular dementia.	<ul style="list-style-type: none"> <li>• Decrease the proportion of people that have undiagnosed and therefore unmanaged hypertension</li> <li>• Increase the proportion of people that have BP within a safe range to prevent the development of conditions that impact on their health and wellbeing including vascular dementia.</li> </ul>	<ul style="list-style-type: none"> <li>• Thurrock Council Healthcare Public Health Team</li> <li>• Thurrock PCNs</li> <li>• Community Pharmacists</li> </ul>	<p>Timescale to be aligned to respective Public Health plans in localities.</p> <ul style="list-style-type: none"> <li>• Public Health Service Plan &amp; Better Care Together Thurrock; A case for further change strategy delivery timeline.</li> </ul>
<b>Priority 2 – Supporting unpaid carers:</b> Carers are supported to enable people living with dementia to remain as independent as possible			
<b>Commitment 2 – We will involve and seek the views of people living with dementia and their unpaid carers, recognising their role as valued experts and equal partners to ensure carers have increased opportunity to access good quality support</b>			
Improve pathways to formal assessment where needed	<ul style="list-style-type: none"> <li>• Offer a carer's assessment and contingency plan to every unpaid carer of someone with dementia to identify so that they get the benefit of the support they are entitled to</li> </ul>	<ul style="list-style-type: none"> <li>• All Age Carers Strategy</li> <li>• Adult Social Care data</li> <li>• Commissioned Carer and Dementia Support Services monitoring</li> <li>• Unpaid carers voice and dementia voices</li> <li>• Carers Survey</li> </ul>	Timescales to align with commissioned services reporting and other strategies action plans

Support and training for unpaid carers of people with dementia	<ul style="list-style-type: none"> <li>• Unpaid carers are supported to be able to continue working and to access health and support services to maintain their own health and wellbeing</li> <li>• Work with system partners including health, education, voluntary and community sector organisations to build on and develop support in local communities</li> <li>• Number of unpaid carers supported to understand impact of dementia</li> </ul>	<ul style="list-style-type: none"> <li>• LA dementia programmes working with/across relevant LA and health partners and commissioned services including Primary Care Essex Wellbeing Service</li> <li>• LA commissioned carer and dementia support services</li> <li>• Health outcomes and service data</li> </ul>	Timescales to align with commissioned services reporting
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**Priority 3 – Reducing the risk of crisis:** All people with dementia receive support to reduce the risk and manage crisis

**Commitment 3 – We will work across our systems in to develop an integrated approach within communities to improve timely support following diagnosis to promote independence, optimise strength, build resilience and prevent unnecessary crises**

Develop health and care services that work for people living with dementia to reduce the risk of crisis, reduce avoidable admissions and delayed discharge	<ul style="list-style-type: none"> <li>• Flexible alternatives to hospital admission and to support early discharge wherever possible, including access to urgent community response/virtual wards and intermediate care</li> <li>• Reduction in number of emergency admissions and delayed discharges</li> </ul>	<ul style="list-style-type: none"> <li>• Local Alliances, ICB delivery of urgent care response teams and discharge to assess models</li> <li>• NHS England dementia diagnosis rates</li> </ul>	Timescales align to local system surveillance and reporting arrangements
Build services, support and communities in Essex that will enable people living with dementia and their carers to have improved confidence in navigating the health and social care system to ensure their needs are met	<ul style="list-style-type: none"> <li>• People living with dementia and their carers are provided with good post diagnostic support and information about the options available to them as their dementia progresses</li> <li>• Increase number of primary care navigators that have achieved Dementia Friendly accreditation</li> <li>• Number of people supported to make contingency and advance care plans</li> <li>• Number of advance care plans completed</li> </ul>	<ul style="list-style-type: none"> <li>• NHS England dementia diagnosis rates</li> <li>• CCG, Alliance and ICB commissioned</li> <li>• NHS England dementia diagnosis rate</li> <li>• Primary care data</li> </ul>	Timescales align to local system surveillance and reporting arrangements incl. NHS digital Dementia Diagnosis Rates

Priority 4 – **A knowledgeable & skilled workforce:** All people with dementia receive support from knowledgeable and skilled professionals where needed

Commitment 4 – We will develop and build on activities and training that improve professional practice and process

<p>Map the current training and development offer for those working to provide advice and support to people living with dementia</p>	<ul style="list-style-type: none"> <li>• Training and education activities are aligned to the HEE dementia training standards framework</li> <li>• People living with dementia can lead fulfilling lives and live independently for longer</li> <li>• People living with dementia are enabled, with their carers, to access assessments, care and support services that help maintain their physical and mental health and wellbeing</li> <li>• People living with dementia receive care and support from an appropriately trained workforce</li> </ul>	<ul style="list-style-type: none"> <li>• Employers</li> <li>• Health and social care commissioners</li> <li>• Health Education England (HEE)</li> </ul>	<p>Review and refresh of mapping to commence Jan' 2023</p>
<p>Develop and build on activities that improve professional practice and processes</p>	<ul style="list-style-type: none"> <li>• Numbers of care and support workforce who participate in standards of training and professional development as appropriate to the levels and requirements of their role</li> <li>• Prosper programme measures</li> <li>• Training and education programmes are aligned/accredited to HEE dementia training standards framework</li> </ul>	<ul style="list-style-type: none"> <li>• Market shaping programme</li> <li>• HEE/workforce development programmes</li> <li>• ESCA programmes</li> </ul>	<p>Review and refresh of mapping to commence Jan' 2023</p>
<p>Engagement work with workforce/care market to understand levels of confidence when working with people with dementia</p>	<ul style="list-style-type: none"> <li>• The workforce feels confident and empowered in their competences</li> <li>• Engagement and surveys</li> <li>• Prosper programme measures</li> <li>• Annual workforce and staff surveys</li> </ul>	<ul style="list-style-type: none"> <li>• Health and social care employers</li> </ul>	<p>Annual workforce &amp; staff surveys. Prosper programme outcomes/data.</p>

**Priority 5 – Finding information and advice:** Everyone with dementia will have access to the right information at the right time

**Commitment 5 – We will work collaboratively with system partners to engage people living with dementia, their families, unpaid carers and wider support networks to better**

<p>Work with residents to understand what good quality information and advice, for both pre and post diagnosis of dementia is and how it is accessed</p>	<ul style="list-style-type: none"> <li>• People are able to say they can access appropriate information, advice and guidance in a timely fashion that supports them to achieve their desired outcomes</li> <li>• Co-production work with people living with dementia to inform what ‘good’ information is.</li> </ul>	<ul style="list-style-type: none"> <li>• LA dementia programmes working with/across relevant LA and health partners and commissioned services, including primary care</li> </ul>	<p>NHS patient experience Surveys. Carer annual survey. Dementia strategy Annual and report. commissioned services reporting (quarterly)</p>
<p>Work to maximise access to information, advice and guidance so that people have clear access to the right support, at the right time in the right place</p>	<ul style="list-style-type: none"> <li>• People are able to say they have confidence and feel empowered to access care and support through a variety of mechanisms, including but not limited to digital and technological interventions</li> <li>• Engagement and surveys</li> <li>• Virtual/social media engagement levels</li> <li>• Numbers of people of accessing digital technologies through commissioned technology services</li> </ul>	<ul style="list-style-type: none"> <li>• Technologies programme and commissioned technology services</li> </ul>	<p>NHS patient experience Surveys. Carer annual survey. Dementia strategy Annual and report. commissioned services reporting (quarterly)</p>
<p>Publicise information, advice and guidance in effective ways and in clear and accessible language</p>	<ul style="list-style-type: none"> <li>• People can access information, advice and guidance through a range of mediums including social media and in community spaces (i.e. libraries, GPs and local councils)</li> <li>• “Making every contact count” survey</li> <li>• Virtual/social media engagement levels</li> <li>• Organisations/communities achieving Dementia Friendly Communities accreditation</li> </ul>	<ul style="list-style-type: none"> <li>• LA dementia programmes working with/across relevant LA and health partners and commissioned services, including primary care</li> </ul>	<p>NHS patient experience Surveys. Carer annual survey. Dementia strategy Annual and report. commissioned services reporting (quarterly)</p>

<b>Priority 6 – Diagnosis and support:</b> All people with dementia will receive appropriate and timely diagnosis and integrated support			
Commitment 6 – We will improve access to and opportunities for dementia diagnosis at the earliest possible stage for the people of Southend, Essex and Thurrock			
Design, promote and support activities that enable people to understand how to seek a diagnosis	<ul style="list-style-type: none"> <li>Number of people able to find the right information, at the right time to gain a timely diagnosis enabling them to plan to live well with dementia</li> <li>Surveys and engagement</li> <li>Community Dementia Support Service/primary care data</li> </ul>	<ul style="list-style-type: none"> <li>LA dementia programmes working with/across relevant LA and health partners and commissioned services, including primary care</li> </ul>	NHS patient experience Surveys. Carer annual survey. Dementia strategy Annual and report. commissioned services reporting (quarterly)
Good quality support and information available from pre diagnosis and throughout the diagnosis journey and people know where to access this	<ul style="list-style-type: none"> <li>Development of engagement programme/residents' panel</li> <li>Annual surveys and engagement</li> <li>Community Dementia Support Service data</li> <li>Primary care data</li> <li>NHS England dementia diagnosis rates</li> </ul>	<ul style="list-style-type: none"> <li>LA dementia programmes working with/across relevant LA and health partners and commissioned services, including primary care</li> </ul>	Timescales to align with commissioned services reporting and other strategies action plans
Clear dementia diagnosis pathways to enable people to receive timely diagnosis	<ul style="list-style-type: none"> <li>People are supported to understand their conditions and plan accordingly</li> <li>Improve dementia diagnosis rate to NHS national aspiration of 66.7%</li> </ul>	<ul style="list-style-type: none"> <li>NHS England recorded data</li> </ul>	<ul style="list-style-type: none"> <li>Monthly NHS digital Surveillance and diagnosis data</li> </ul>
<b>Priority 7 – Living well with dementia in the community:</b> All people with dementia are supported by their Southend, Essex and Thurrock communities to remain independent for as long as possible			
Commitment 7 – We will work with people living with dementia, their families, unpaid carers and wider support networks to build more dementia-friendly and dementia-enabled communities and work to understand what timely support they need in relation to access to housing, transport, employment and technology			
Development and delivery of a co-produced dementia awareness programme to improve awareness, challenge stigma, enable, inspire and facilitate dementia inclusive communities	<ul style="list-style-type: none"> <li>People living with dementia and their carers are enabled to live independently, to take part in activities (including commissioned day opportunities and domiciliary care) based on individual interest and choice, feel valued and included, reducing loneliness and contributing to their community</li> <li>People with young onset dementia, from ethnic minority and LGBTQ+ communities receive support appropriate to their specific needs</li> </ul>	<ul style="list-style-type: none"> <li>LA dementia programmes working with/across relevant LA and health partners and commissioned services, including primary care</li> <li>Local district/borough/city councils</li> </ul>	Developing programme of activity over the course of the strategy, progress to be measured annually incl. <ul style="list-style-type: none"> <li>Quarterly through commissioned services reporting/monitoring</li> </ul>

	<ul style="list-style-type: none"> <li>• Increase in the number of Dementia Friendly and enabled community places and spaces <ul style="list-style-type: none"> <li>○ Number of organisations and communities achieving Dementia Friendly Communities accreditation</li> <li>○ Number of Local, District &amp; Borough Councils achieving Dementia Friendly Communities Accreditation</li> </ul> </li> <li>• Number of District/Borough “Local Plans” adopting Dementia friendly principles and shared with District Dementia Action Alliances</li> <li>• People living with dementia, communities and carers are equipped with a better understanding of dementia and how to manage it and consequences of progression and support carers in their caring role.</li> </ul>		<ul style="list-style-type: none"> <li>• Annual review</li> <li>• Action plan activities within other strategies - Timescales to align</li> <li>• NHS Patient Experience &amp; Primary Care Surveys.</li> </ul>
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**Commitment 8 – We will continue to promote access to care technology to promote health, prevent deterioration and promote independence**

Ensure access to Improving Access to Psychological Therapies (IAPT) programme and psychological interventions for people living with dementia	<ul style="list-style-type: none"> <li>• People living with dementia, or a non-dementia diagnosis mild cognitive impairment (MCI), depression, anxiety) and their carers are aware of the possibility of psychological support from IAPT services, and are routinely considered for and offered support</li> <li>• Number of people living with dementia accessing IAPT and psychological support</li> </ul>	<ul style="list-style-type: none"> <li>• Health and social care commissioners</li> <li>• IAPT and Essex Wellbeing Service</li> </ul>	<ul style="list-style-type: none"> <li>• Frequency aligned to services monitoring/ reporting</li> </ul>
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**Priority 8 – Living well in long-term care: all people with dementia live well when in long-term care**

**Commitment 9 – We will work with the care markets to encourage long-term care settings to promote the knowledge, understanding and skills actively empowering activities and solutions that increase and retain their connections within their communities'**

Long-term care settings are Dementia Friendly, supporting residents with dementia to live well and being engaged with their local communities	<ul style="list-style-type: none"> <li>• Increase social connectedness including enabling access to digital technology, links to local communities and the dementia intergenerational programme</li> <li>• The number of people in care homes with access to social contact through digital technology</li> </ul>	<ul style="list-style-type: none"> <li>• Essex Dementia Intergenerational programme</li> <li>• Market shaping/procurement</li> <li>• LA commissioned Dementia Friendly</li> </ul>	<p>Timescales to align with commissioned services reporting and other strategies action plans incl.</p> <ul style="list-style-type: none"> <li>• EDIP Tracker (Quarterly)</li> </ul>
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	<ul style="list-style-type: none"> <li>• Participation in the prosper and intergenerational programmes</li> <li>• Number of care home achieving Dementia Friendly Communities accreditation</li> </ul>	Communities programmes	<ul style="list-style-type: none"> <li>• Frequency aligned to services monitoring/reporting</li> </ul>
Work with the care markets to understand capacity and demand for long-term care for people living with dementia	<ul style="list-style-type: none"> <li>• Market shaping strategy reflects the demand and capacity required to support people living with dementia</li> <li>• Care markets and commissioners have a shared understanding of “complex” needs for people living with dementia</li> <li>• Individual care and support plans are based on a shared understanding across the domains of complexity</li> </ul>	<ul style="list-style-type: none"> <li>• LA procurement/commissioning teams</li> <li>• Market shaping programme</li> </ul>	ECC Bed tracker Align to market shaping strategy action plans (timescales to be confirmed)
Work with the care markets to understand the scale of ‘complex’ needs for people living with dementia and whether separate commissioning is required	<ul style="list-style-type: none"> <li>• LA market shaping strategy deliverables</li> <li>• Number of people supported to access appropriate care</li> <li>• Reduction in the number of “hand-backs”</li> <li>• Care markets and commissioner's agree domains of complexity and impact on commissioned services</li> </ul>	<ul style="list-style-type: none"> <li>• LA procurement/commissioning teams</li> <li>• Market shaping programme</li> </ul>	Align to market shaping strategy action plans (timescales to be confirmed)
<b>Priority 9 – End of life:</b> People with dementia and their families plan ahead, receive good end of life care and are able to die in accordance with their wishes			
<b>Commitment 10 – We will work with families, communities and palliative specialists to improve information that enables families to plan ahead to make informed decisions that support individuals to remain cared for in their preferred care setting</b>			
Work with health partners to enhance choice, aid delivery of person-centred end of life care, help to guide care when mental capacity is lost and provide support for families and carers	<ul style="list-style-type: none"> <li>• People are given opportunities and supported to have early conversations about advanced care and treatment options, including but not limited to faith and culture, to allow for informed decision-making, and providing a person-centred approach to allow for individuals to remain cared for in their preferred care setting</li> <li>• Number of organisations working towards/achieving gold standard frameworks</li> <li>• Increase the number of people with advance care plans (ACPs)</li> </ul>	<ul style="list-style-type: none"> <li>• LAs incl, Adult Social Care</li> <li>• CCGs/ICS</li> <li>• District/Borough &amp; Local Councils</li> <li>• Voluntary and community sector (VCS) partners</li> <li>• LA/CCG/ICS Commissioned services</li> </ul>	Annual report incl. NHS Patient Experience Survey Healthwatch surveys Commissioned services monitoring and performance reporting (as per contracted performance requirements)



## Annex B: Wider Initiatives Linked to Dementia Strategy Priorities

Priority Area	Initiative	Organisation/s involved
Prevention	<b>Dementia Friendly Schools / Essex Healthy Schools Programme</b> – aimed at primary and secondary school children to learn more about dementia and take part in dementia related activities	Essex Child and Family Wellbeing Service and Essex Child and Family Wellbeing Service
	<b>Local Cycling and Walking Infrastructure Plans (LCWIPs)</b> – with overall aims to improve health and wellbeing of all Essex residents	Essex county/district/city councils
	<b>Find Your Active</b> – taking regular physical exercise is one of the best things to reduce the risk of getting dementia	Active Essex, Sport England, Essex County Council and Thurrock council.
	<b>Community Dementia Support Service</b> – Dementia Friendly Communities Programme & Dementia Action Alliance Network leading dementia awareness and enabling a better understanding of Dementia, prevention and enabling people to live well with dementia in their communities.	Essex County Council commissioned and delivered through The Alzheimer's Society Southend City Council delivers through the Dementia Community Support Team
	<b>Essex Wellbeing Service</b> – help and support to make lifestyle changes, find support and access community groups and activities	Essex County Council and collaboration of local organisations and services
	<b>The Prevention and Enablement Model (PEM)</b> – 12-month 'test and learn' pilot, to see how the health and social care system in Essex can use physical activity to enable independence, improve population health and develop communities that are inclusive	Active Essex, Sport England and Essex County Council
	<b>Thurrock Health Lifestyle Service</b> – help and support to make lifestyle changes and to access community groups supporting weight management and Exercise on Referral (for eligible groups (BMI 27.5-39.9 or some Long-Term Conditions))	Thurrock Council
	<b>Thurrock Cycling Opportunities</b> – cycle routes and hire schemes that aim to provide physical activity opportunities to residents	Thurrock Council and local scheme providers
	<b>Hypertension Case Finding-</b> Taking a Population Health Management approach to preventing cardiovascular disease through detecting and managing hypertension.	Thurrock Council, Thurrock PCNs, Community Pharmacy
Supporting unpaid carers	<b>Superfast Essex</b> – ECCs subsidised broadband programme to improve connectivity throughout the county	Essex County Council
	<b>Dementia Interpreters</b> – offers an understanding dementia specific communication and understanding how to translate the 'language of dementia'.	West Essex CCG and North East Essex CCG
	<b>Carers First</b> – offers online help and advice as well as practical and emotional support, local support groups and wellbeing activities	Essex County Council and Carers First
	<b>Community Dementia Support Service, Dementia Connects</b> – online, telephone and 1:1 practical and emotional help and advice, information hubs, peer support groups, and community/online activities, providing local support to carers of people affected by dementia	Essex County Council commissioned, delivered through The Alzheimer's Society



	<b>Other Halves</b> – project covering mid-Essex with local people organising activities and supporting one another	Other Halves
	<b>Time for you</b> – fund to enable carers to have time away from direct caring responsibilities	Colchester and Tendring CVSs
	<b>Dementia Support Workers</b> – Essex Community Dementia Support Service, Telephone and 1:1 practical/emotional help and advice, peer support groups, providing local support to carers of people affected by dementia and people affected by Dementia, living, working and with family throughout Essex.	Essex County Council commissioned Community Dementia Support Service delivered through the Alzheimer’s Society
	<b>Dementia Support Workers</b> – South East Community Dementia Support Team, Telephone and 1:1 practical/emotional help and advice, providing support to carers of people affected by dementia and people affected by Dementia, living, working and with family throughout Southend, castle Point and Rochford	Castle Point & Rochford BCF Board and Southend City Council commissioned service delivered by Southend City Council
	<b>Information Hubs/Dementia Cafes/Library hubs</b> – several available across Southend, Essex and Thurrock enabling people live well in their homes and continue to actively engage in their local communities.	Local Groups, Dementia Action Alliances, Essex County Council (ECC), Essex Library service and The Alzheimer’s Society through the ECC commissioned Community Dementia Support service.
	<b>Robotic Companion Pets</b> – offer an alternative to traditional pet therapy to support management of distressed behaviours providing comfort, stimulation, and interaction for people in their own homes	North East Essex CCG and Age Well East. Mid & South Integrated Care Partnership, Essex County Council – Prosper programme
	<b>Guardian Angel initiative</b> – to help people with dementia stay safe while maintain their independence through use of wristbands, badges, hand tags and keyrings with the individuals first name and emergency contact information	Dementia Buddy, backed by Essex County Council, Thurrock Council, Southend City Council and wider systems
<b>A knowledgeable and skilled workforce</b>	<b>Sector Development Strategy</b> – identifying 5 county-wide economic growth sectors to provide 13,000 jobs	Essex County Council and key system partners
	<b>North East Essex CCG Health and Care Academy Programme</b> – aimed at 14–18-year-olds	North East Essex CCG
	<b>Pathways to Diagnostics Trailblazer</b> – offering jobseekers support to gaining a career with the NHS	East Suffolk and North Essex NHS Foundation Trust (ESNEFT) and the Colchester Institute
	<b>The Advanced Dementia Mobility Experience Essex (TADMEE)</b> Experiential training suite adult social care, advanced HEE L3	Essex Social Care Academy (ESCA) and Essex County Council
	<b>Essex Community Dementia Support Service</b> – bespoke Dementia awareness sessions targeted to the workforce, sharing information and situational experiences which relate to the roles of the teams. Information sharing in relation to care and support available and opportunities within communities throughout Essex incl. Dementia Support Workers, Telephone and 1:1 practical/emotional help and advice, peer support	Essex County Council commissioned Community Dementia Support service delivered through the Alzheimer’s Society. Southend City council provide through the Dementia Community Support Team

	groups and local support to carers of people affected by dementia and people affected by Dementia, living, working and with family throughout Essex.	
	<b>Dementia Integrated Clinical Lead</b> - closer integrated working practices between the MAS and Primary Care North East Essex to facilitate increased Dementia Diagnosis Rates	North East Essex CCG. Pilots underway across Mid & South Essex Integrated Care Partnership (ICP)
	<b>Local Council elected Member Training Programme</b> – Development of learning points and curriculum for elected members to enable members to undertake statutory duties with an understanding of the implications/potential impact for people living with dementia in their communities.	Essex County Council, Dementia Friendly Community Coordinator and the Essex Association of Local Councils, delivered by the Integrated Dementia Commissioners and the Essex County Council Commissioned Community Dementia Support Service
	<b>EQUIP Audit</b> – understanding the challenges in primary care and supporting practices to facilitate timelier diagnosis and knowledge to ensure the practice population living with dementia have access to appropriate care and support	North East Essex CCG, Mid & South Essex CCGs
<b>Finding information and advice</b>	<b>Dementia Connect Essex</b> – Community dementia support service for anyone affected by dementia. Providing online, telephone and 1:1 practical and emotional help and advice, information hubs, peer support groups, and community/online activities, providing local support to anyone affected by dementia working, Living or with family in Essex	Essex County Council Commissioned Community Dementia Support Service delivered by the Alzheimer’s Society
	<b>Dementia Support Workers</b> – South East Community Dementia Support Team, Telephone and 1:1 practical/emotional help and advice, providing support to carers of people affected by dementia and people affected by Dementia, living, working and with family throughout Southend, castle Point and Rochford	Castle Point & Rochford BCF Board and Southend City council commissioned service delivered by Southend City Council
	<b>Essex Community Dementia Support Service</b> - Dementia Support Workers, Telephone and 1:1 practical/emotional help and advice, peer support groups, providing local support to carers of people affected by dementia and people affected by Dementia, living, working and with family throughout Essex.	Essex County Council Commissioned Community Dementia Support service delivered through the Alzheimer’s Society
	<b>Dementia Adventure</b> – training and information for families and friends providing practical hints, tips and connections	Essex County Council
	<b>Dementia Directory</b> – to find a range of support available in local areas	Alzheimer’s Society
	<b>Essex Map</b> – local activities, group and opportunities for people to be active and engaged in their local communities	Essex County Council
<b>Diagnosis and support</b>	<b>Mid Essex Community Specialist Nurses</b> – including their role in facilitating diagnosis within the community/people’s homes	Mid Essex CCG, Dengie Neighbourhood team
	<b>Dementia Intensive Support Models</b> – various models of intensive support	Essex Partnership University Trust (EPUT), North East London Foundation Trust (NELFT)

	<b>Dementia Diagnostic Review</b> – to understand priority areas for improving dementia diagnosis rates and pathways in North East Essex	North East Essex CCG
	<b>Memory Service National Accreditation Programme (MSNAP)</b> – to improve assessment, diagnostic and care for people with dementia and their carers	EPUT
<b>Living well with dementia in the community</b>	<b>Essex Year of Reading</b> – part of a countywide campaign to improve educational attainment of children and young people and enabling older generations to remain connected to communities through the Essex Dementia Intergenerational programme	Essex Education Taskforce at Essex County Council and respective district/borough/city councils
	<b>Dementia Friendly GPs</b> – providing information and signposting needed to access support, holding responsibility for care plans and reviews for ongoing management	Essex County Council, CCGs, Southend City Council, Thurrock Council and North, Mid and South Essex
	<b>Essex Community Dementia Support Service</b> - Dementia Support Workers, Telephone and 1:1 practical/emotional help and advice, peer support groups, providing local support to carers of people affected by dementia and people affected by Dementia, living, working and with family throughout Essex.	Essex County Council commissioned Community Dementia Support service delivered through the Alzheimer's Society
	<b>Dementia Friendly Communities</b> – to enhance understanding, respect and support for those affected by dementia (with best practice examples to learn from as demonstrated by Ingatestone and Fryerning Parish Council Dementia Action Plan). Communities are supported through a range of activities, information and awareness sessions through the Dementia Friendly communities' programmes commissioned by Essex County Council (community Dementia Support service), Thurrock council, Southend Council and the CPR BCF Board..	Programme delivered through a range of programmes commissioned by Essex County council, BCF Board in Castle Point & Rochford (CPR, Southend City and Thurrock councils. delivered locally by the Alzheimer's Society and Southend City Council.
	<b>The WayBack VR</b> – a virtual reality film series designed for those living with dementia and their carers used to trigger intact memories and stimulate conversations	Essex County Council - Challenge Prize, piloting/evaluation in day care settings and the intergenerational programme linking care homes and schools across Essex
	<b>Memory Café</b> – Essex County Council marked Dementia Action Week 2022 with the opening of the first Memory Café in Harwich Library to support people living with dementia, their family, friends and carers	Essex County Council and Harwich Library
	<b>Admiral Nurses</b> – registered nurses who specialise in dementia, helping family carers gain the necessary skills to assist with dementia care, promoting positive approaches in living well with dementia and improving quality of life	North East Essex CCG and EPUT
<b>Living well in long-term care</b>	<b>Robotic pets in care homes</b> – providing care home residents with comfort, interaction, and stimulation in the absence of visitors	Mid and South Essex Care Partnership
	<b>Enhanced Care Home Liaison Nurses (EHLN)</b> – to improve quality and access to primary care for residents in residential and nursing homes through a proactive and preventative approach to improved health outcomes	North East Essex and EPUT
	<b>Interactive Tables &amp; The light Project</b> - to create a dementia friendly Care System with continuity of care at its heart, offering secure, safe and therapeutic environments	Mid and South Essex Care Partnership

	where patients with Dementia, LD, ABI and other such complex conditions are cared for with more than their physical needs being met.	
	<b>Prosper Programme</b> – improve safety and reduce harm for vulnerable care home residents, who are at particular risk of admission to hospital or significant deterioration in their health and quality of life	Essex County Council
<b>End of life</b>	<b>Palliative Care Gold Standard Framework</b> - evidence-based end of life care service improvement programme, identifying the right people, promoting the right care, in the right place, at the right time, every time. The training is for generalist front-line care providers.	St Helena Hospice
	<b>My Care Choices/Single Point</b> – a care coordination hub for out of hospital end of life care for people in the last year of life to increase support to maintain patients in their usual place of residence	St Helena Hospice, North East Essex.
	<b>Namaste training</b> – alternative therapies for people living with dementia in hospice and hospital settings	Princes Alexandra Hospital and various hospices across Essex
	<b>My Care Choices</b> – end of life planning tool to ensure individual choices and wishes are supported	CCGs across Southend, Essex and Thurrock
	<b>Essex Community Dementia Support Service</b> - Dementia Support Workers, Telephone and 1:1 practical/emotional help and advice, peer support groups, providing local support to carers of people affected by dementia and people affected by Dementia, living, working and with family throughout Essex.	Essex County Council commissioned Community Dementia Support service delivered through the Alzheimer's Society
	<b>Specialist dementia care and support</b> – for those living with dementia and their families at end of life	Farleigh Hospice
<b>Health and wellbeing</b>	<b>Neighbourhoods model</b> – an integrated model of care to deliver outcomes and tackle inequality using neighbourhood teams, currently being rolled out in Colchester and South Tendring	North East Essex Health and Wellbeing Alliance
	<b>Pedal Power</b> – in partnership with Active Essex (with Clacton and Jaywick as Essex pilots) which allow residents to apply for a free bike	Active Essex and Pedal Power
	<b>Dancing with Dementia</b> – creative dance classes that focus on stimulation of the brain through movement, repetition, props and musical timelines	Dance Network Association and Active Essex

## Annex C: The Impact of Dementia; Data and Insights

### The impact of dementia

It is estimated that the dementia diagnosis rate in England for people aged 65 and over in 2021 was 61.6% or 415,778 people<sup>15</sup>. Only 34% of adults believe it's possible to reduce their risk of dementia, with smoking given as one of the greatest risk factors due to its narrowing of the blood vessels in the heart and brain, and oxidative stress, which damages the brain<sup>16</sup>.

### The impact of Dementia on the population is... 1 in 3 people born in the UK will develop dementia

Whilst dementia is commonly associated with older people, there are more than 40,000 people under the age of 65 in the UK affected by dementia.

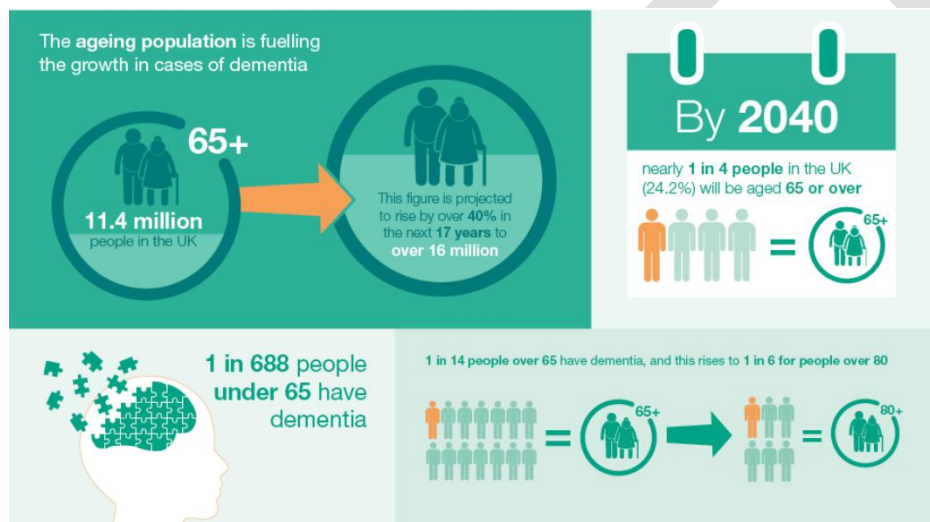


Image 3, source – Public Health England<sup>17</sup>

### Impact on Carers:

An estimated 540,000 people in England act as primary carers for people with dementia; half of these are employed, 112,540 have needed to leave employment to meet their caring roles and 66,000 carers have cut their working hours. This results in a lower standard of living for those carers and significant costs to society in general, including a £3.2 billion cost of working time lost to caring<sup>18</sup>.

### Impact on Emergency Care Services

The number of people with dementia admitted to hospital in an emergency rose by 70% between 2012 and 2018. Around a fifth of these admissions related to potentially preventable acute conditions such as urinary tract infections, pneumonia and other respiratory infections<sup>19</sup>.

<sup>15</sup> Fingertips, Public Health data: dementia profile <https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/data#page/1>

<sup>16</sup> Government guidance, *Dementia: applying All Our Health*, <https://www.gov.uk/government/publications/dementia-applying-all-our-health/dementia-applying-all-our-health>

<sup>17</sup> Public Health England: *health matters: midlife approaches to reduce dementia risk* <https://www.gov.uk/government/publications/health-matters-midlife-approaches-to-reduce-dementia-risk/health-matters-midlife-approaches-to-reduce-dementia-risk>

<sup>18</sup> Government guidance, *Dementia: applying All Our Health*, <https://www.gov.uk/government/publications/dementia-applying-all-our-health/dementia-applying-all-our-health>

<sup>19</sup> Ibid



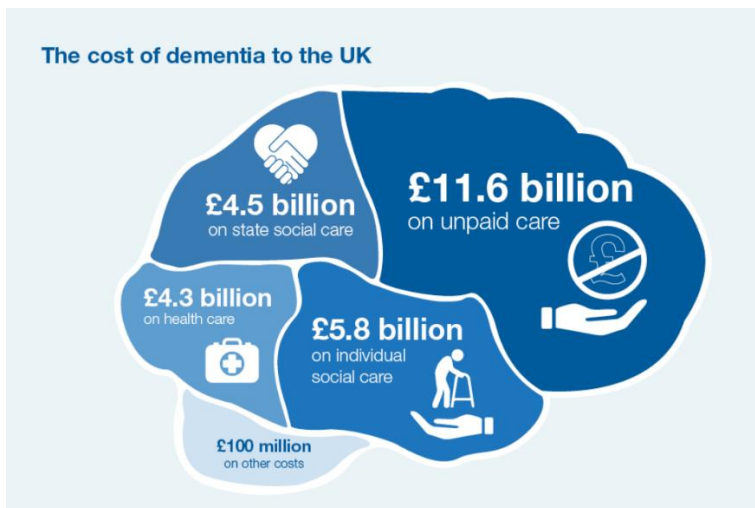


Image 4, source – Public Health England<sup>20</sup>

Impact on an individual’s quality of life:

Public Health England suggests that 60% of people with dementia are more likely to be lonely. Approximately 60% of people with dementia go out of their houses less than once a week and in sparsely-populated rural areas, it is harder for older people living alone to find the opportunity to mix with others.

We know that Essex has an increasing older population and nationally up to 14% of older people (for Essex that's over 33,000 people) report feeling lonely all the time. With loneliness increasing the risk of dementia by up to 50% and those who are socially isolated more likely to enter residential or nursing care early, this is a pressing issue for Essex.

Some studies suggest that people from Black African, Black Caribbean and South Asian ethnic groups are more likely to get dementia than people from White ethnic groups, with a recent study identifying Black ethnic groups in London as having the highest risk, with links to diabetes and cardiovascular disease prevalence in such groups given as a possible cause<sup>21</sup>. Although, it is argued that more evidence is needed to determine ethnicity as a significant risk factor for dementia.

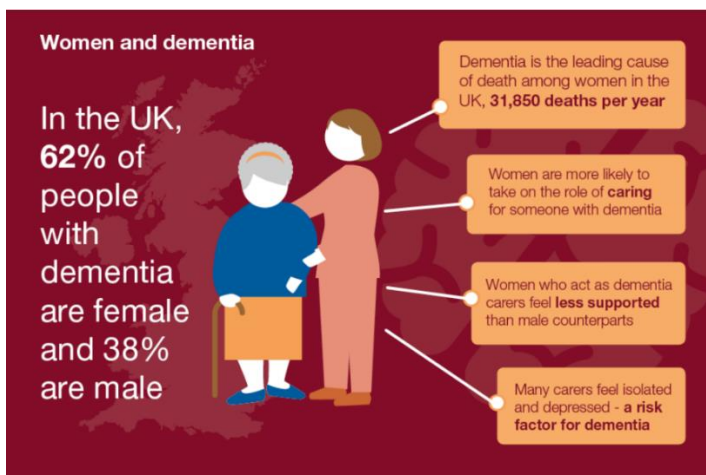


Image 5, source – Public Health England<sup>22</sup>

<sup>20</sup> Public Health England: *health matters: midlife approaches to reduce dementia risk*  
<https://www.gov.uk/government/publications/health-matters-midlife-approaches-to-reduce-dementia-risk/health-matters-midlife-approaches-to-reduce-dementia-risk>

<sup>21</sup> Alzheimer’s Society factsheet: *risk factors for dementia 2021 factsheet risk factors for dementia.pdf*  
<https://www.alzheimers.org.uk>

<sup>22</sup> Public Health England: *health matters: midlife approaches to reduce dementia risk*  
<https://www.gov.uk/government/publications/health-matters-midlife-approaches-to-reduce-dementia-risk/health-matters-midlife-approaches-to-reduce-dementia-risk>

### Impact on Women:

Dementia has been the leading cause of death for women in the UK since 2011 and, while women have a longer life expectancy than men, not only are they at greater risk of dementia, but they are also more likely to be impacted in other areas of their lives such as through caregiving to a family member with dementia, financial stability, mental wellbeing and career progression<sup>23</sup>.

### Impact on Adults with Learning Disabilities:

Adults with learning disabilities are at increased risk of developing dementia as they age, compared to those without a learning disability (about 13% in the 60- to 65-year-old age group compared to 1% in the general population<sup>24</sup>), although the figures vary according to how the diagnosis is made.

Around 1 in 5 adults with a learning disability who are over the age of 65 will develop dementia. People with learning disabilities who develop dementia generally do so at a younger age, across all over 60 age groups the prevalence was estimated at 2 to 3 times greater for those with learning disabilities, with a third of adults with Down Syndrome developing dementia in their 50s.

### **The importance of dementia awareness:**

Dementia does not just impact the person – everyone around them, from family members to friends, is affected in some way. The impact on those living with dementia, including their family and carers, cannot be underestimated and demonstrates the need for a whole system approach to awareness, care and support including diagnosis. 1 in 3 people born in the UK will develop dementia in their lifetime, the importance of increased awareness and understanding of dementia throughout our communities again, cannot be underestimated given the anticipated rise in the number of people living with dementia.

### **The potential to reduce the risk of dementia to our population:**

Around 40% of dementia cases might be attributable to potentially modifiable risk factors. A 20% reduction in risk factors per decade could reduce the UK prevalence by 16.2% (300,000 cases) by 2050<sup>25</sup>. The Lancet Commission<sup>26</sup> offer 12 modifiable risk factors for dementia as:

1. Hypertension (high blood pressure)
2. Obesity
3. Smoking
4. Physical inactivity
5. Diabetes
6. Depression
7. Lack of education in early life
8. Social isolation
9. Hearing loss
10. Alcohol consumption >21 units per week
11. Air pollution
12. Traumatic brain injury

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<sup>23</sup> Alzheimer's Society: *The Impact of Dementia on Women* <https://www.alzheimersresearchuk.org/wp-content/uploads/2022/05/The-Impact-of-Dementia-on-Women-ARUK-report.pdf>

<sup>24</sup> Gov: *Dementia and people with learning disabilities: making reasonable adjustments guidance* <https://www.gov.uk/government/publications/people-with-dementia-and-learning-disabilities-reasonable-adjustments/dementia-and-people-with-learning-disabilities>

<sup>25</sup> Source – Gov guidance: Health matters: midlife approaches to reduce dementia risk available at <https://www.gov.uk/government/publications/health-matters-midlife-approaches-to-reduce-dementia-risk/health-matters-midlife-approaches-to-reduce-dementia-risk>

<sup>26</sup> The Lancet: *Dementia prevention, intervention, and care: 2020 report of Lancet Commission* [https://www.thelancet.com/article/S0140-6736\(20\)30367-6/fulltext](https://www.thelancet.com/article/S0140-6736(20)30367-6/fulltext)

Health and social care professionals are an integral part of a whole-system approach to promoting key messages to citizens to help reduce their risk of getting dementia. Key messages include

- Be more physically active
- Eat healthily and maintain a healthy weight
- Drink less alcohol
- Stop smoking
- Be socially active
- Control diabetes and high blood pressure

It is good practice for NHS Health Check providers to offer information to those aged 65+ receiving an NHS Health Check. In Thurrock, as part of the prevention agenda, this advice is extended beyond the guidance and is provided to younger age groups. The national programme invites those aged 40-74 to a check-up designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes and dementia. In Thurrock during 2021/22 there were 1575 health checks completed in total. Of those complete in GP surgeries 42% offered advice on dementia (393/941) This was 83% in 2019/20 with a larger number of checks completed. Of those completed by the Thurrock Healthy Lifestyle Service 99% were offered this advice (630/635) in 2020/21 with a similar percentage in 2019/20. The volume of health checks completed since the Covid 19 pandemic has reduced as has the inclusion of dementia advice.

### **Hypertension and Cardiovascular Disease**

Research has shown that Hypertension in middle age increases the risk for vascular dementia. Over time, uncontrolled high blood pressure can damage blood vessels, including the blood vessels in and leading to the brain. This can interrupt the flow of blood to the brain, leading to a type of dementia known as vascular dementia. According to the World Alzheimer Report 2014<sup>27</sup>, multiple longitudinal studies have demonstrated that individuals who had high blood pressure in mid-life (usually characterised as people who are around 40-64 years of age) were more likely to develop vascular dementia in later life. Taking a preventative approach, keeping blood pressure levels normal along with exercise, diet, smoking, and alcohol consumption are important to minimise risk. As high blood pressure does not necessarily initially show any symptoms being proactive in maintaining a healthy lifestyle is important.

### **Dementia in Southend, Essex and Thurrock**

Dementia is not a natural part of ageing and as noted, does not just affect older people. As of March 2022, NHS Digital<sup>28</sup> state there are 15,280 diagnosed people living with dementia in SET. However, it is estimated that there are another 9,000 undiagnosed people living with dementia.

Dementia prevalence is known to increase with age, the most recent figures from NHS Digital highlight that there are 24,578 people (over 65) in SET living with dementia, with a 33% increase predicted, resulting in 34,560 people by 2030. 64% of those diagnosed are female and 70% are aged 80+ (48% are both female and aged 80+) as illustrated below.

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<sup>27</sup> Prince, M, Albanese, E, Guerchet, M & Prina, M 2014, *World Alzheimer Report 2014: Dementia and risk reduction: An analysis of protective and modifiable risk factors*. Alzheimer's Disease International, London. <<http://www.alz.co.uk/research/world-report-2014>>

<sup>28</sup> NHS Digital, *recorded dementia diagnosis* <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/quality-and-outcomes-framework-qof/quality-and-outcome-framework-qof-business-rules/recorded-dementia-diagnoses>



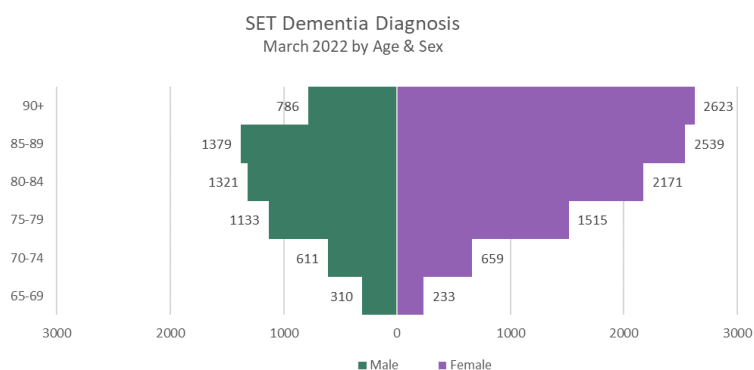


Image 6 NHS Digital March 2022, recorded dementia diagnosis

Dementia diagnosis rates in Essex remain below the national average (62%).

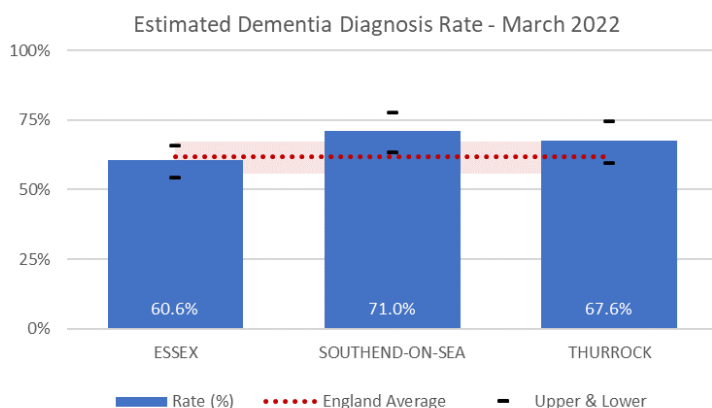


Image 7 NHS Digital March 2022, estimated dementia diagnosis

Additionally, **in Essex**

- Old age dependency ratio: currently equivalent to 335.6 people aged 65+ being economically inactive to every 1,000 working age people. In Southend, this is 310. These are both higher than the national average and whilst this is lower in Thurrock, these are all predicted to increase
- If the prevalence remains constant, for SET as a whole, there will be an additional 10,554 people aged 65+ with dementia in 2030
- In 2020/21 the cost to Adult Social Care in Essex for supporting people living with dementia was £42.3 million – by 2030 this is estimated to increase by 30% to £55 million
- A person's risk of developing dementia rises from one in 14 over the age of 65, to one in six over the age of 80
- Approximately 40% of people living with dementia over the age of 65 are living in care homes – in Essex, by 2030 this will equate to around 13,824 people
- People living with dementia who are over 65 have on average four comorbidities, while people without dementia have on average two and 91.8% of people living with dementia have another health condition
- People living with dementia will generally be supported by higher-cost care packages, whether they are at home or in residential care
- The Alzheimer's Society projected the cost of dementia to Southend, Essex and Thurrock for 2020 to be £1,110 million

## Dementia in Thurrock

The graph below shows the estimated number of people aged 65+ with dementia could increase from just over 1,500 in 2020 to approaching 2,400 in 2040. It is worth bearing in mind that the figures below will include some people with dementia who have not received a formal diagnosis, and therefore not receiving care. Thurrock can expect to see a large increase in the number of older people with dementia, and that might not be uniform across the borough. Within Thurrock the prevalence of patients with a diagnosis of dementia ranges from Purfleet Care Centre and Dr Abela T Practice with 0.2% to Commonwealth Health Centre with 1.8%. This could be due to genuine differences in underlying prevalence of this condition between different practice populations and/or differences between GP practices' ability to identify and diagnose this condition in their patients.

The BCTT strategy identified that dementia was one of the four main causes of death amongst Thurrock residents in 2020.

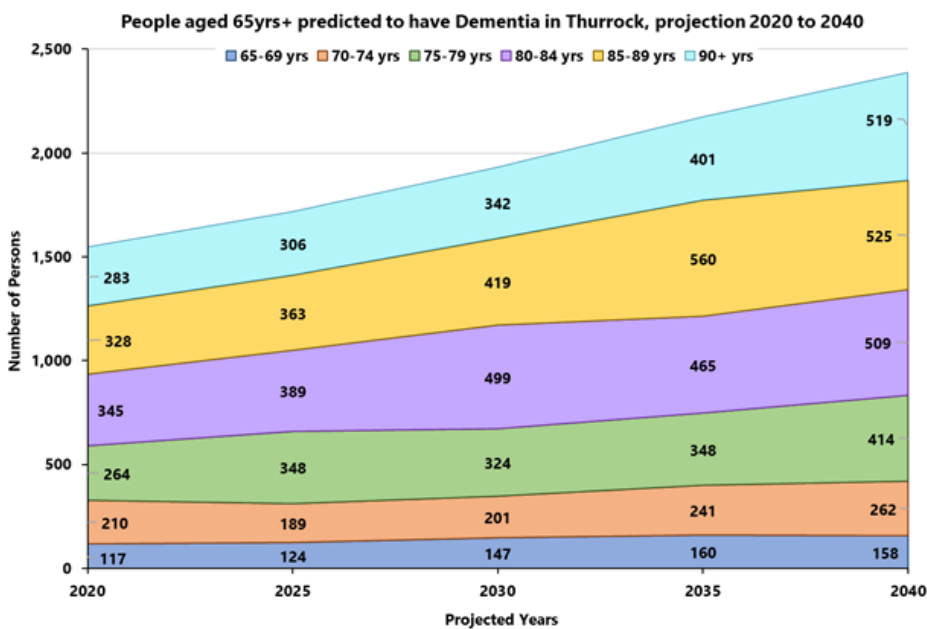


Image 8 POPPI 2022 Over 65yrs predicted to have Dementia

## **The impact of Covid-19**

Covid-19 had a significant impact on the most vulnerable members of our communities, placing additional pressures on unpaid carers which in turn had an impact on people living dementia.

During this time, approaches used included an increased focus on the use of social media channels and digital technologies to facilitate one to one conversations with people, virtual dementia awareness sessions and increased opportunities for communities to come together virtually via the Dementia Action Alliances.

Lived experience research and insight undertaken in 2020 by Adult Social Care, local systems and Covid-19 recovery teams highlighted feedback from those living with dementia, to include:

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

The same feedback highlighted the voice of carers, which echoed much of the above, as well as:

- Disruption of routines and loss of services
- An increase in caring responsibilities
- No respite, reduced respite pool – informal means of support not available
- Lack of awareness of support and entitlement to it
- No access to internet or not comfortable using it/digitally disenfranchised
- Not receiving timely/appropriate information
- Finding isolation difficult not just because of impact on the cared for but also on their own mental health and wellbeing

## Annex D: Insight from Stakeholder Engagement

### Stage One

Essex County Council carried out a public consultation to inform a refresh of the SET Dementia Strategy. The consultation asked questions to establish if people agreed with the nine priorities and their reasons for this. The consultation ran during a period of lockdown, from 15 February 2021 to 5 April 2021.

A total of 164 online responses were received, including people living with dementia, their family and carers, partner organisations and health and social care professionals. These provided valuable insight into people's thoughts about our dementia priorities.

On average, 90% of respondents agreed that the nine proposed priorities were the right priorities, with further findings highlighted below.

1. **83% agreed that prevention is a priority to support citizens across SET who are living with or affected by dementia**
2. **94% of respondents agreed that diagnosis and support is a priority to support citizens across SET who are living with or affected by dementia**
3. **93% of respondents agreed that supporting carers is a priority to support citizens across SET who are living with or affected by dementia**
4. **93% of respondents agreed that finding information and advice is a priority to support citizens across SET who are living with or affected by dementia**
5. **92%** of respondents agree that **reducing the risk of crisis is a priority** to support citizens across SET who are living with or affected by dementia
6. **91%** of respondents agree that **living well in long-term care is a priority** to support citizens across SET who are living with or affected by dementia
7. **89%** of respondents agree that **end of life is a priority** to support citizens across SET who are living with or affected by dementia
8. **96%** of respondents agree that a **knowledgeable and skilled workforce is a priority** to support citizens across SET who are living with or affected by dementia
9. **91%** of respondents agree that **living well with dementia in the community is a priority** to support citizens across SET who are living with or affected by dementia
10. Free-text comments provided further detail which indicated:
  - A need for earlier help in the context of prevention, a need for ways to increase knowledge, information, and support for a people with dementia, their carers, and ongoing training for the workforce
  - A need to ensure there is an increased focus on both those with younger onset of dementia, and older within a broadening range of support interventions, through a pathway of care that reflects all 'ages and stages' of dementia within a pathway that is focussed on prevention through the promotion of risk reduction and early help and support to enable a person to live well for longer
  - The need to be clearer in defining what we mean by the terms 'living-well' and 'prevention', due to a higher % of 'unsure' comments in the survey within these two priorities

Consultation findings enabled further insight of people's views and identify that the nine priorities remain the right priorities.

## **Stage Two**

Essex County Council carried out a second stage of consultation on the strategy refresh, seeking further views on the proposed commitments to deliver against the agreed nine priorities. An online consultation ran from 13 May 2022 to 17 June 2022. A total of 78 online consultation responses were received from people living with dementia, their family and carers, partner organisations and health and social care professionals.

Workshops and focus groups were held alongside this during the same period to gather further insight across a range of partners and stakeholders with an approximate total of 160 participants.

Groups engaged include but are not limited to ECC Carers focus group, ECC Adult Social Care focus group, South Essex Housing Group, One Colchester Delivery Board, Adult Social Care Braintree Neighbourhood Team, Essex Health and Wellbeing Board, North East Essex CCG Dementia Steering Group, North Essex Provider Forum, Pan Essex Dementia Action Alliance and SET District Dementia Action Alliances, East of England Older Peoples Mental Health & Dementia Network, Essex Local Councils, South East Essex Alliance Members and via a range of social media channels.

Stage two consultation findings are summarised below.

Online:

1. **88% agreed that across SET our commitment to work collaboratively across voluntary, health and statutory services to develop and deliver information to improve awareness of dementia and the support available is right.**
2. **88% agreed that across SET our commitment to involve and seek the views of people living with dementia and their carers, recognising their role as valued experts and equal partners is right.**
3. **89% agreed that across SET our commitment to work across our systems to improve support following diagnosis to promote independence, optimise strength, build resilience and prevent unnecessary crises is right.**
4. **93% agreed that across SET our commitment to develop and build on activities and training that improve professional practice and process is right.**
5. **87% agreed that across SET our commitment to work collaboratively with system partners to engage people living with dementia, their families and unpaid carers to better understand how we can improve access to the right information, advice and guidance at the right time to ensure they are fully supported is right.**
6. **86% agreed that across SET our commitment to improve access to dementia diagnosis at the earliest possible stage for the people of Essex, Southend and Thurrock is right.**
7. **87% agreed that across SET our commitment to work with people living with dementia, their families and carers to build more dementia-friendly and dementia-enabled communities and work to understand what support they need in relation to access to housing, transport, employment and technology is right.**
8. **81% agreed that across SET our commitment to continue to promote access to care technology to promote health, prevent deterioration and promote independence is right.**
9. **87% agreed that across SET our commitment to work with the care markets to encourage long term care settings to promote activities and solutions that increase community connections for people living with dementia is right.**
10. **86% agreed that across SET our commitment to improve information that enables families to plan ahead to make informed decisions that support individuals to remain cared for in their preferred care setting is right.**

Workshops/focus groups key findings:

1. The need to coordinate timelier diagnosis and support in the key weeks after diagnosis, recognised as a critical window for early support and intervention that promotes a positive view of diagnosis, facilitating access to timely care and support thus enabling people to live well with dementia in their preferred place of residence
2. The role of communities and groups is seen as crucial to the wrap-around offer of support for families and carers.
3. The need to promote opportunities to share lived experience such as through peer networks is seen as a key aspect of feeling empowered and enabled following diagnosis to ensure access to appropriate and timely support, although caution was advised against information overload, so a balance is needed.
4. To ensure learning from other care pathways and models (for example Cancer & Admiral Nurses) to gather insight on best practice and areas for improvement in care and support for individuals and carers.
5. To improve and enable access to training and support for families and carers, alongside training opportunities for health and social care professionals and community organisations
6. To develop closer working with the care providers incl. reablement and care home providers to improve experiences of discharge from hospital and to promote opportunities for access to appropriate training to understand distressed behaviours and the cause of perceived complexity relating to dementia
7. To promote increased choice and control for those with dementia, their carers and family to enable people to live well with dementia.

## Annex E: Additional Information & Useful Links

For further information on any of the content in this strategy, please contact the Dementia Team [dementia.team@essex.gov.uk](mailto:dementia.team@essex.gov.uk)

Alternative format versions of the strategy are available upon request.

### Useful links

- Essex County Council: Adult Social Care website, *Dementia: recognising the signs* <https://www.essex.gov.uk/dementia/recognising-the-signs-of-dementia>
- Southend-on-Sea City Council: *Dementia services in Southend* <https://www.southend.gov.uk/specialist-support/dementia>
- Thurrock Council: *Memory loss and dementia* <https://www.thurrock.gov.uk/memory-loss-and-dementia/dementia>
- Alzheimer's Society: *Dementia connect Essex – community dementia support service* <https://www.alzheimers.org.uk/support-services/Mid+Essex+Local+Services/Dementia+Connect+Essex+-+Community+Dementia+Support+Service/regional>
- Dementia Action Alliance: *Pan Essex Dementia Action Alliance* [https://www.dementiaaction.org.uk/local\\_alliances/13290\\_pan\\_essex\\_dementia\\_action\\_alliance](https://www.dementiaaction.org.uk/local_alliances/13290_pan_essex_dementia_action_alliance)

# Annex F: Glossary: Terms and Abbreviations

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<b>Report Title:</b>	<b>Proposal for the development of a joint Southend, Essex and Thurrock Drugs &amp; Alcohol Steering Board</b>
<b>Purpose:</b>	<b>FOR DISCUSSION AND DECISION</b>
<b>Date:</b>	8 <sup>th</sup> December 2022, 5pm
<b>Report For:</b>	Southend-On-Sea City Council Health & Wellbeing Board
<b>Report Author:</b>	Sharna Allen – Lead Commissioner for Prevention
<b>Contact:</b>	Sharna Allen, Lead Commissioner for Prevention – <a href="mailto:sharnaallen@southend.gov.uk">sharnaallen@southend.gov.uk</a>

7

## 1. Overview

1.1 The purpose of this paper is to present a proposal for consideration for the alignment of the three Drugs & Alcohol Executive Boards across Southend, Essex and Thurrock (SET). The Southend Health and Wellbeing Board is asked to provide their views on the benefits and risks of the establishment of such a board and make recommendations for how we wish to proceed in Southend.

## 2. Context

2.1 On 6th December 2021, HM Government published the new 10-year national drug strategy, '[From Harm to Hope](#)'. The strategy was written following an independent Review of Drugs initiated by the Home Secretary in February 2019 led by Professor Dame Carol Black, and identified three key strategic priorities:

- To break drug supply chains
- To deliver a world-class treatment and recovery system
- To achieve a shift in the demand for drugs

2.2 This strategy was accompanied by guidance outlining the structures and processes through which local areas across England should work to, to bring relevant partners together to reduce drug related harm.

2.3 One of the key requirements was for local areas to establish local combating drugs partnerships, which would need to bring partners together from key organisations and sectors to enable the development and implementation of local delivery plans.

2.4 As the suggested membership of the local combating drugs partnership in the national strategy would duplicate membership of the Health & Wellbeing Board and the Community Safety Partnership, a Drug & Alcohol Strategic Executive Group was established in Southend, comprising the following key members:

- Director of Commissioning
- Director of Public Health
- Essex Police Force Lead for Drugs & Alcohol
- ICS Director of Strategic Partnerships
- Deputy Director of NHS Alliance
- Head of South Essex Probation
- Lead Commissioner for Public Health
- Drug & Alcohol Commissioning Officer

- 2.5 This group has a remit to provide governance and decision-making for the drug and alcohol commissioning intentions, with the Director of Public Health taking on the role as the Senior Responsible Officer, reporting to the national Joint Combating Drugs Unit. The group have also ensured direct governance and engagement routes into the Community Safety Partnership Board, and Health and Wellbeing board, to ensure that wider partners are consulted and engaged in both the development and delivery of local delivery plans.
- 2.6 In addition, in June 2022, Essex Leaders and Chief Executives Group (ELCE) agreed an approach to exploring the potential for a devolution deal within the terms set out in the Devolution and Levelling Up White Paper. The current draft proposal has included Community Safety and Improving Public Health outcomes as a core element for consideration. Therefore, as this Executive Group has only been recently initiated and include the same representatives from key partners, we have engaged with them on this proposal which they wholesomely endorse. It would be ideal to align our approaches, which to a large extent, is already broadly in situ via the Violence and Vulnerability board.
- 2.7 At a Drug and Alcohol Executive Group meeting held on 22<sup>nd</sup> September, an action was identified for the Director of Public Health in Southend to hold a conversation with the SROs of our neighbouring areas (Essex and Thurrock). The purpose of this action was to establish opportunities for information sharing and alignment in our work to implement the ambitions of the National Drugs Strategy.
- 2.8 The outcome of this discussion was a proposal from Directors of Public Health for both Thurrock and Essex, to align our governance through the creation of a joint steering board across the three areas.
- 2.9 Approval to move forward with this approach has been provided by Lucy Wightman, Director of Public Health and SRO for the Essex combating drugs partnership. Agreement in principle has been provided by Jo Broadbent, Director of Public Health and SRO for Thurrock (with the condition that this will need to be signed off by the Thurrock Community Safety Partnership and Health and Wellbeing Board). Initial engagement with key partners from Police, Probation and the NHS also indicates wider support for this proposal.
- 2.10 Following discussion with SROs and local commissioners in Southend, **Table 1** below presents an appraisal of the key benefits and risks identified in moving from a Southend Drugs and Alcohol Executive Group to a SET Drugs and Alcohol Steering Board.

### **For Discussion and Approval**

**The Health and Wellbeing Board are asked to discuss the benefits, risks and challenges, and to provide approval for this approach to be adopted as we move forward with the strategy in Southend.**

**Table 1: Benefits and Risks of the establishment of a Joint SET Drugs and Alcohol Steering Board**

Benefits	Challenges/ risks	Mitigation and or follow up action
<ul style="list-style-type: none"> <li>➤ Better alignment with the tactical policing and probation services, creating efficiencies for partners working across this greater Essex footprint and supporting consistency in approach across the three areas</li> </ul>	<ul style="list-style-type: none"> <li>➤ Funding pots are separate and within the current arrangements would need to remain separate - they have been allocated by OHID on the basis of need so proportionately each area receives different allocations, which in turn means our approaches to spending are currently very different.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Agree principles for managing this within a joint board to avoid the loss of localised approaches and localised spending priorities where they are needed</li> <li>➤ DsPH to pick up with OHID as the principle of aggregated universal service provision and place-based targeted interventions will remain unchanged</li> </ul>
<ul style="list-style-type: none"> <li>➤ Southend already work across borders with partners on work involving policing, probation, and the NHS. A joint board will support with streamlining this work and improving attendance and partnership working during board meetings.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Current data reporting structures are separate. The joint combating drugs unit will be expecting a report from each separate area on progress and outcomes.</li> </ul>	<ul style="list-style-type: none"> <li>➤ DPHs to raise with OHID about how reporting would work moving forwards, although it is likely this will remain the same until at least 2024/25</li> </ul>
<ul style="list-style-type: none"> <li>➤ The establishment of a joint board could present opportunities for improving joint commissioning between areas</li> </ul>	<ul style="list-style-type: none"> <li>➤ Population needs differ e.g., the Southend profile is different to Thurrock, with different drugs markets. Essex has a larger footprint and governance group.</li> </ul>	<ul style="list-style-type: none"> <li>➤ DsPH to pick up with OHID</li> <li>➤ Establish how we consider local need and adapt approaches whilst maintaining a coordinated and informed approach.</li> <li>➤ Ensure local mechanisms for engaging with residents and working in co-production</li> </ul>
<ul style="list-style-type: none"> <li>➤ Presents opportunities for cross fertilisation and greater scope for piloting new approaches and facilitating learning across areas</li> </ul>	<ul style="list-style-type: none"> <li>➤ We would need to think about who is best placed to chair to ensure effective management of a wide range of complex issues across different areas.</li> </ul>	<ul style="list-style-type: none"> <li>➤ DsPH to discuss the potential of a rotational chair</li> </ul>
<ul style="list-style-type: none"> <li>➤ Presents opportunities for shared intelligence around demand, trends and hotspots,</li> </ul>	<ul style="list-style-type: none"> <li>➤ Different governance arrangements – Southend report to the HWB board, Thurrock report to local CSP. Would also need to consider the need to</li> </ul>	<ul style="list-style-type: none"> <li>➤ Agree governance into local authority areas</li> </ul>

and grater scope for joint response	retain 3 different service user engagement mechanisms	
➤ Provides a potential to level up the offer over time, and work towards reducing variations and health inequalities that span across borders		

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**Southend Health and Wellbeing Board**

Report by

**Alex Khaldi, Independent Chair, A Better Start Southend**

to

**Health & Wellbeing Board on 7<sup>th</sup> December 2022**

Report prepared by:

**Tara Poore, Director, A Better Start Southend**

	For discussion	X	For information only		Approval required
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A Better Start Southend - update

Part 1 (Public Agenda Item)

**1 Purpose of Report**

The purpose of this report is to provide an update from the Chair of A Better Start Southend (ABSS) on key developments since the last meeting.

**2 Recommendations**

HWB are asked to:

1. Note the content of the report and raise questions or comments with Alex Khaldi, Independent Chair of A Better Start Southend (ABSS).
2. Note that A Better Start Southend has won two prestigious Children and Young People Now awards, highlighting the power of partnership, community and a focus on system change early years work.

**3 Governance**

The ABSS Programme continues to benefit from strong Partnership engagement, with positive participation at a range of levels for all core Partners, including:

- Early Years Alliance
- Southend City Council
- Essex Police
- Mid and South Essex Hospital Trust
- Essex Partnership University NHS Foundation Trust (EPUT)
- Mid and South Essex Integrated Care Board
- University of Essex
- Family Action
- SAVS

As a reminder, the ABSS Programme Governance structure comprises the following Groups:

- Partnership Board - Chair, Alex Khaldi, ABSS
- Executive Consultative Board - Chair, Alex Khaldi, ABSS
- Programme Group - Chair, Krishna Ramkhelawon, SCC
- Insight and Analysis Group - Chair, Michael Freeston, EYA
- Finance and Risk Group - Chair, Paul Grout, SCC
- Parents' Group - Rolling Parent Champion Chairs
- YourFamily Partnership Group - Chair, Emma Hawker, Parent Champion.

All ABSS governance meetings continue to take place regularly and are aligned to the governance schedule, to aid with oversight and scrutiny of ABSS Programme activity.

In August 2022 ABSS were shortlisted for two CYP Now awards in the categories of Early Years and Partnership working. The awards ceremony took place on 24 November where ABSS successfully won the awards in both categories.

*Early Years category - Talking Transitions stood out for building relationships between early years settings and schools, providing specialist training to professionals, and ensuring knowledge is shared with parents. This combination is unique, effective and is helping some of our most disadvantaged children to improve their speech, language, and communication skills and to make a successful transition into school.*

*Partnership category – The ABSS Partnership award recognised ABSS for pushing at the boundaries of partnership working, by trying new ways of bringing the voices of lived experience parents into the heart of the programme. The work has underpinned significant system change which is paving the way for sustained long term improvements in terms of child health interventions and developmental outcomes.*

### *ABSS Legacy and Sustainability Strategy*

The ABSS Core Strategy for 2022-23 clearly sets out the priority of 'ensuring a long-lasting legacy'. In setting out to achieve that legacy from 2025 and beyond, the operational objectives currently in plan or in train across ABSS are now set out in a business plan which forms the one central anchor point for development and progression of activity. That business plan will be updated regularly and informed by the needs of the families and children of Southend, legal and financial obligations, sustainability factors, quarterly service delivery performance reviews and learning from data and practice.:

A framework to assess the future viability of individual projects and programmes of work is currently being established, this will take into account impact, cost and possible sustainable funding options. Furthermore, strategic planning with NHS leads and Southend City Council Directors will take place in the spring to support policy development in terms of larger scale programmes, such as Let's Talk and Family Nurse Partnership.

Workforce development is a key strand to the Legacy and Sustainability Strategy which will consider the impact posts funded through the programme play in the maternity and early years sectors in Southend. As well as paid posts community development has been a significant and unpinning theme through the A Better Start Southend partnership and programme and must be afforded the same attention when considering the legacy of ABSS. Skills retention across paid and voluntary roles requires careful assessment and will also form part of the strategic planning with NHS leads and Southend City Council Directors.



City Family Community Interest Company (CIC) was incorporated as a legal entity in September 2022, this milestone demonstrates key commitment from the ABSS Partnership to drive forward the Legacy and Sustainability Strategy. City Family CIC will shortly begin the recruitment of non-founding directors, with ring fenced roles for Southend lived experience parents. City Family CIC is a formal delivery partner of ABSS

To support the original intentions set out in the A Better Start Southend bid plans to understand the feasibility of a Centre of Excellence for early childhood health and development (based in Southend) have started and form part of the Legacy and Sustainability Strategy, it is proposed that an overview of this work will be presented to the Health and Wellbeing Board in the new year.

#### *Engagement of Parent Champions within ABSS (Governance) Meetings*

All committees and groups include the active participation of engaged parents, with Terms of Reference stating that no meeting is quorate unless there is parent and Partner presence at each forum.

#### *Southend Family Centres*

Southend Family Centres and ABSS continue to work together to meet the needs of children and families in Southend. Exploration of opportunities to integrate further are currently taking place and are focused on a Southend antenatal offer, joint data systems and response to the cost-of-living crisis.

#### *The National Lottery Community Fund (TNLCF)*

ABSS continues to send updates to TNLCF aligned to the revised 2022 Reporting Schedule. Some elements of reporting will be updated to better reflect the stage of the Programme reached, this includes much more visual accounts of progress that are dynamic and informative.

TNLCF are working with all five ABS sites across England and the National Children's Bureaux to share best practice in workforce development, communication, research, and sustainability planning. Members of the ABSS Partnership attended a national A Better Start legacy session on November 3<sup>rd</sup>, this looked at approaches to sustain partnerships, influence policy development and the sharing of learning to ensure the impact of the programme is continued well beyond the TNCLF funded period.

#### *Cost of Living Crisis*

The cost-of-living crisis is discussed in governance meetings, with ABSS delivery partners and direct delivery services. ABSS has been part of the SCC Tackling Poverty Steering Group and supporting the development of the strategy, encouraging connections between SCC, ABSS partners and projects. ABSS will be utilising the valuable information on offer to families and sharing widely through communication channels.

YourFamily and Southend Family Centres will be trialling an after-school session to find out if parents would welcome a space to bring their children to play which is warm, welcoming and can offer a snack. Parents will be able to access support and can be signposted to other services if needed. If this is something families would like YourFamily will work with Family Centres to widen the offer across Southend.

The Parent, Family and Community Hub co-ordinator will be speaking to families accessing chaos and calm sessions to establish if they would benefit from additional sessions across Southend as costs for families where children have complex needs are often higher.

#### **4 Evidence Project**

##### *Programme Evaluation Partnership*

The University of Essex Research team is recruiting beneficiaries and staff members for interviews for the sixth round of reporting, due at the end of January 2023, and have brought three new projects into the Formative Evaluation – Families Growing Together, Early Years Independent Domestic Violence Advocate project and YourFamily. The team also presented a comparative (meta-thematic) analysis to the Insights and Analysis Group meeting in August 2022 and to the Partnership Board in October 2022. This re-analysed data collected from projects as part of the Formative Evaluation, which focuses on projects, to draw out common themes and insights from across the ABSS programme. Alongside the project evaluations and the first report from the Summative Evaluation, this analysis gives an interesting and useful picture of how the ABSS programme is impacting families and of how services are delivered.

In an effort to build an accessible evidence base to inform their work, the team are compiling a series of 'evidence maps' which link the existing evidence to logics underpinning specific ABSS programmes, for example exploring what the available evidence reveals about the relationship between breastfeeding and long-term outcomes beyond early childhood. This is a 'light touch' piece of work, with each visual map no longer than a single page, backed up and linked to detailed evidence and literature. The intention is to provide a primer for stakeholders wanting to understand more about the evidence base for a programme or initiative. Work has commenced on the breastfeeding map.

The team welcomed new staff member Dr Liliane Silva in August. Liliane brings a wealth of experience and expertise to her Senior Research Officer role. She holds a PhD in neuro-psychology with a specialist interest in brain injury. The team now has a full complement of staff. The team has also invited Professor Vasilios Loakimidis to join the Independent Advisory Committee. The focus of the committee has shifted to the dissemination of research findings, and he will help to identify ways the team can broaden its publication reach. The second research paper arising from ABSS work: 'Making sense of organisational challenges and community resilience during Covid-19; A case study of a multi-agency intervention tackling child poverty in England' is co-authored with ABSS colleagues and is now in the final stages of review prior to submission for publication to the British Journal of Social Work.

As part of the Festival of Conversations in October 2022, the University of Essex and ABSS organised an 'Ideas Fair – Building our community one gift at a time: An introduction to Asset-Based Community Development (ABCD)'. This event was aimed at those with a passion to build the community they live and work in and who have a desire to see citizens take the lead. It was a lively and informative event attended by Social Work students, parents and other members of the Southend community, and people working for local organisations.

##### *Independent Programme-wide Summative Evaluation*

The report on Phase 1 of the Summative Evaluation was completed by independent evaluators RSM in August 2022 and was presented and discussed at the Partnership Board in August and at the Insights and Analysis Group meeting in October. In addition to the full report, a summary document, infographic resources and a PowerPoint slide deck have been created to help with dissemination of the findings. These findings point to evidence of positive impacts from the ABSS programme, but also highlight some areas where developments would help to increase the reach and impact of the

programme. Phase two of the evaluation is now being developed by RSM, with a Co-Design Group including ABSS parents, other local community members, and ABSS partners from statutory and voluntary organisations working with RSM to develop the design.

### *Outcomes Reporting*

The SCC OPI Data Team continue with regular work refreshing the data dashboards and completing the Q1 and Q2 Lottery returns for the 2021-2023 year. Some initial scoping of the requirements of Lottery reporting have been undertaken in relation to providing them with legacy data (2015 to 2017) and possible gaps have been identified, stemming from a difference in the way the data was collected and reported at that time.

Following a detailed analysis of the 2022 results a discussion paper has been prepared in relation to the new EYFSP measures, as there has been a gap in data collection during the pandemic and a subsequent change in the methodology used to collect these measures. This paper and its implications will be discussed at the Insights and Analysis Group meeting in December 2022.

A draft monitoring dashboard has been created following discussion with NatCen and this will be used to monitor the uptake of parental consent to future data matching for evaluation purposes and the quality of data captured. This will be deployed to live operation when the consent materials have been printed and are ready for use. Some issues have been identified in the merging of data from eStart and InForm2 as this has resulted in data conflicts, but additional coding has been used to identify these and resolve them.

### *Workforce Development*

Work continues with the development of the ABSS Workforce Development Strategy. This is identifying strategic priorities both for ABSS' own staff and also for the wider Early Years sector in Southend and will explore how ABSS can contribute to that wider agenda. A draft strategy is being prepared alongside the legacy work being undertaken for the ABSS programme.

An extract of the ABSS Data Dashboard titled '**Partnership Board Programme Activity Summary**' is shown in **Appendix One**

## **5 Programme Activity**

### *Engagement*

The number of beneficiaries engaging with the ABSS programme has continued its recovery following the reduced numbers seen during the Covid-19 pandemic. For the 12-month period to 31st October 2022, some 2,092 unique beneficiaries participated in ABSS activities, representing 45.8% of those eligible to participate. This was a rise from 1,926 unique beneficiaries (42.1% of eligible) in the 12 months to 31st October 2021. Of the 2,092 unique beneficiaries seen to October 2022, 1,008 were new beneficiaries engaging with ABSS for the first time, which was a small fall from 1,034 in the same period the previous year. However, this does not include figures for engagement during the Festival of Conversations, which saw large numbers of families participating in events, including many who were new to ABSS.

The highest level of reach was seen in Shoeburyness ward, with 57% of eligible beneficiaries participating in the year to 31st October 2022. The lowest was in Westborough ward (38.6%), however Westborough ward also saw the largest change in its reach during that period, rising from 31.4% in the 12 months to 31st October 2021.

Looking at reach by target areas for deprivation (deciles on the Index of Multiple Deprivation), engagement was seen with 50.2% of eligible beneficiaries living in areas of the highest deprivation (0-10% IMD) in the 12 months to 31<sup>st</sup> October 2022, up from 45.2% in the previous 12-month period. Engagement also rose with those living in the second-highest target areas (11-20%, rising from 39.8% to 44.4%) and third-highest target areas (21-30%, rising from 43.4% to 46%) during the same period.

## **YourFamily**

888 families have joined the YourFamily community, and this includes 111 expectant mothers with the majority of families living in ABSS wards. The YourFamily team are supporting 75 families on a one-to-one basis (November 2022) and this varies each month with the most common themes being budgeting, benefits and food insecurity, child behaviour, the mental health of parent/ carer and housing.

The vast majority (70%) of introductions to YourFamily are made by health visitors followed by Family Centres and Family Centre Home Based Family Support teams (26%).

YourFamily continue to be present in the community and can be seen in libraries across Southend, foodbanks, Storehouse and One love project and this equates to 19 sessions per month.

Groups delivered solely by YourFamily include Play and Learn, Stay, Play and Weigh (requested by families at Centre Place), Cuppa and Chat, Tiny Touch and Feel-Good Fridays and the sessions are offered across Southend. The YourFamily team co-facilitate Stay and Play sessions and the ante natal offer with Family Centres as well as mini marvels a session for parents that have or did have a baby in the neo natal unit along with health visitors.

### *Parent, Family and Community Hub*

The Hub space continues to be well used and well attended for most sessions in the week, providing some wonderful support sessions to families. Many ABSS delivery partners use the space to deliver their project with some booking the ABSS creche team too

Following a successful summer holiday where Chaos and Calm families continued to access the Hub with support from the Hub Co-ordinator. The ABSS creche will soon be attending sensory processing training which will enable them to deliver sessions during the school holidays to support families who have children with complex needs. The summer programme was welcomed by families.

The Little Steps team have booked the space to offer young parents support outside of their homes or temporary accommodation units. The team will now be delivering an ante natal offer and baby massage from the hub too.

### *Commissioned Services*

Examples of some key Programme highlights are included below: Listed detail – Appendix Three

## **Let's Talk**

The Let's Talk project continues to make a positive impact and from April 2022 to September 2022 have conducted 100, 23-month screening appointments. The Chat as We Grow element of the project (an online course for parents) is now incorporated into the pathway, with the expectation that parents attend this in advance of their child's designated Let's Talk course. This will engage parents

early in the process and will allow the key messages to be delivered to parents, reinforcing the idea that parental input is key in helping to develop and maintain their child's language.

The Let's Talk team successfully completed the Under 1s WellComm Screen training for Shoebury Health Visitor Assistants (HVAs) and further HVAs will be trained in January 2023. This will enable HVAs to upload results of screenings on to SystemOne and signpost children that scored red or amber to the Babbling Babies course, ensuring they receive the support they need as early as possible. Through accommodating Speech and Language (S&L) Student placements, as well as S&L volunteers applying for S&L Masters course, the project had also been involved in the delivery of S&L presentations to university students and professionals, showcasing the good work the project delivers and to share the learning from the project.

Adjustments to delivery methods have been made in response to learning from COVID. The Attention ABS course was previously a 5-week and is now split in to 2 more bespoke sessions. Attention ABS1 takes place on a 1:1 basis for younger children and Attention ABS 2 is a group for children aged 3+yrs. This enables the SLTs to focus on supporting children based on their specific needs in relation to their attention, play and turn taking skills.

Follow up sessions where families are invited to attend up to three months after completion of all courses, are offered if children have made progress during a course and where the team want to review further progress made at home. This with a view to discharging the child, conversely, if the child needs further support in the clinical service, Let's Talk will offer follow-up appointments whilst the child is awaiting a clinic appointment, this is to ensure that there is no gap in provision. The results indicate that these are well attended and valued by parents as a means of establishing where their child is at with their S&L development.

### *Work Skills*

The Work skills project are to raise attainment and skills levels (at entry level, 1 and 2 against the Regulated National Qualifications Framework), to increase knowledge and awareness of options available for education and training, to increase participation in employment, training, education, and volunteering.

Poverty and parenting have been known to restrict retraining opportunities as well as access to education and volunteering and the work undertaken by Work skills looks for ways to reduce these barriers. A recent case study demonstrates how a parent has benefited hugely from the support on offer.

### *Talking Transitions*

This year, phase four of the programme, has seen 16 schools and early years providers join Talking Transitions. This brings the total number of schools and early years settings taking part in the project to 49.

Elklan training has started and 15 learners representing 13 settings are currently participating. Due to staffing capacity and staff undertaking other essential training 3 of the settings were not able to take part in this cohort.

During the summer phase of the programme 900 children accessed Talking Transitions through school transition events, with all children receiving a chatter bag and chatter box challenge to be completed at home (during the summer break) and celebrated in the first few weeks in reception class.

**A case study is attached for reference - see Appendix Two**

## **Details of all ABSS programmes in delivery are attached for reference - see Appendix Three**

### *The Festival of Conversations*

During the two weeks of the Festival of Conversations (12<sup>th</sup> – 26<sup>th</sup> October 2022), 35 events were held across Southend. These ranged from magic shows and children’s craft and activity sessions to workshops focused on reading and language, roadshows featuring information stalls and activities, sessions tackling ‘Mum guilt’ and bringing Dads together to build bug hotels, storytelling, music, networking for professionals, a workshop on Asset-Based Community Development and one-off activities such as pottery and a beach clean. Sessions were organised and hosted by a range of ABSS partners and local organisations, by Parent Champions, and by ABSS staff teams including the creche, YourFamily and the Speech and Language specialists. A total of 925 participants registered their attendance at events, with over 400 of those being children. Evaluation of the Festival is now underway, and the feedback received from attendees through feedback cards at events, interviews with attendees and online surveys so far looks extremely positive. The evaluation report will be available in the New Year.

## **6 Programme Management Office**

The Programme Management Office (PMO) currently has vacancies in the Project Management team, Research and Evaluation team and Communications and Marketing team across a number of grades. Work is currently underway to review job descriptions before roles are advertised over the festive holiday period, with the intention of closing and interviewing early in the new year. These posts will be advertised on a maximum two-year fixed term basis to ensure that applicants are clear about the commitment and timespan of the roles.

Vacancies for Connectors within the YourFamily team are currently live for applications, following promotion within the team there are 2.5 full-time equivalent posts available which we hope to fill with full and part-time candidates.

To support the ongoing implementation and rollout of the Inform2 client relationship management system, ABSS will contract with SCC for short term project management and business analyst support. This will be complemented by support from the Contracts Administrator, creating a robust internal support structure both for implementation and ongoing system administration and maintenance.

### *ABSS Action Against Racial Inequality*

The consultant ‘Empower Develop People Training (EDP)’ has been commissioned to provide ABSS with anti-racism training and partnership development support. This work will focus on equality, reflection, understanding white fragility, workplace guidance from Workplace England, and information on belief systems.

## **7 Communications and Marketing**

### *ABSS Website and digital offer*

The ABSS website requires review to ensure that all information provided is relevant and easily accessible. Capacity within the Marcoms team has prevented this work taking place, but this is a strategic priority for the programme in the new year. To further support legacy and improve

accessibility to information and guidance, ABSS will be developing a digital strategy that ensure parents and professionals can access a 'one-stop-shop' focused on stages of presence and early years as well as cataloguing key learning and evidence.

## **8 Reasons for Recommendations**

ABSS Governance have reviewed and approved activities at the appropriate level. The Health and Wellbeing Board are asked to:

1. Note the contents of the report and raise opportunities with Tara Poore, ABSS Director or Alex Khaldi, Independent Chair of A Better Start Southend (ABSS).
2. Note that A Better Start Southend has won two prestigious Children and Young People Now awards, highlighting the power of partnership, community and a focus on system change early years work.

## **9 Financial / Resource Implications**

There are no financial/resource implications for this report.

## **10 Legal Implications**

. There are no legal implications for this report.

## **11 Equality & Diversity**

There are no equality and diversity implications for this report.

## **12 Appendices**

Appendix One – ABSS Partnership Board Programme Activity Summary

Appendix Two – Case Study

Appendix Three - ABSS Project Names and Workstreams

Tara Poore, Director, ABSS

8<sup>th</sup> December 2022

# Appendix One

## Partnership Board Programme Activity Summary

Produced by the Operational Performance and Intelligence Team

03/10/2022

This short extract is based on the ABSS Programme Activity Dashboard for the period ending **31-Aug-2022**.

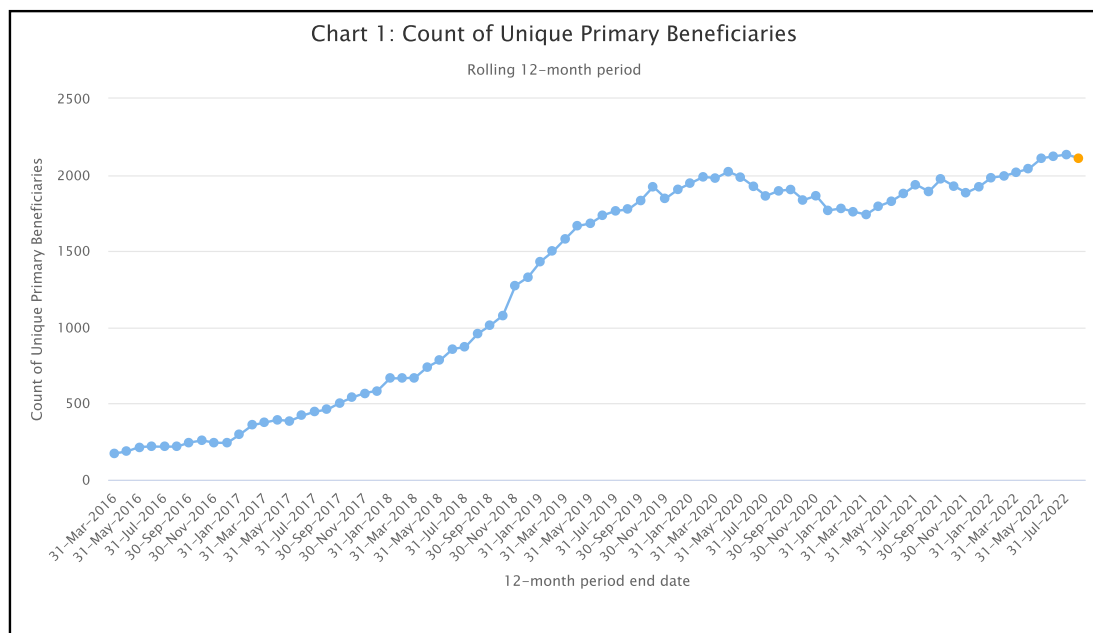
For further details please click the following link to view the full dashboard:

[https://sbcddata.shinyapps.io/ABSS\\_Programme\\_Activity/](https://sbcddata.shinyapps.io/ABSS_Programme_Activity/)  
([https://sbcddata.shinyapps.io/ABSS\\_Programme\\_Activity/](https://sbcddata.shinyapps.io/ABSS_Programme_Activity/)).

### Section 1 - Programme Reach

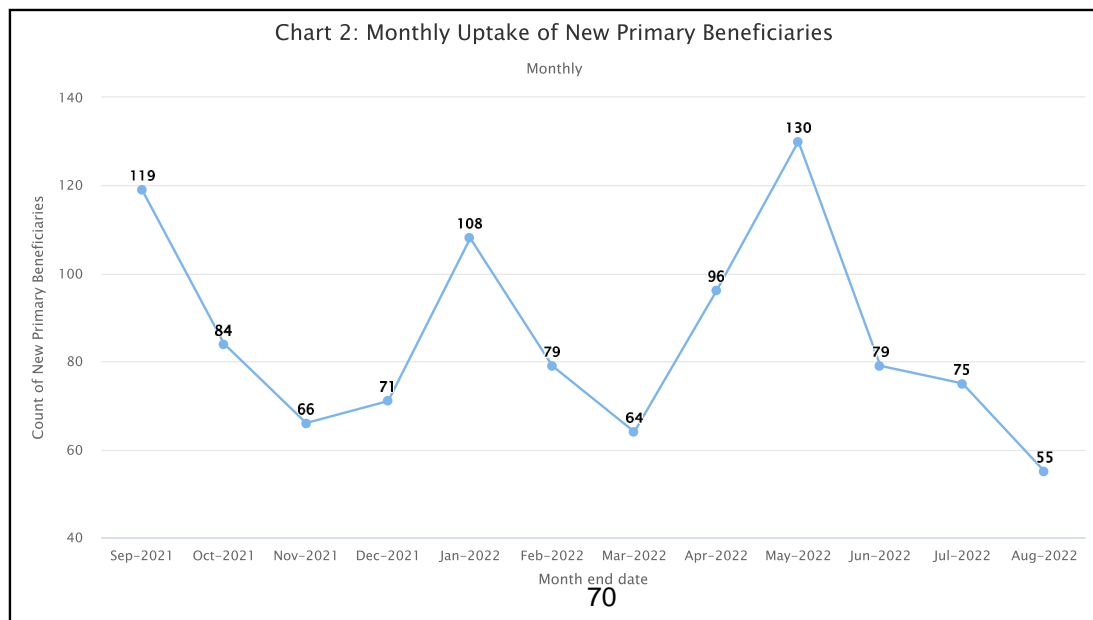
The total number of beneficiaries of the A Better Start Southend programme since April 2015 is now **5616**, which has risen from **5561** at the end of the previous month.

As chart 1 below shows, reach has continued to grow during the life of the programme and the total number of beneficiaries of A Better Start in the past 12 months was **2109**, which is higher than any pre-Covid period. This represents **46.1%** of all potential beneficiaries and is amongst the highest proportions achieved since the start of the programme. Growth in reach has been consistent since November 2021 indicating a recovery from the effects of Covid.



### Section 2 - New Primary Beneficiaries

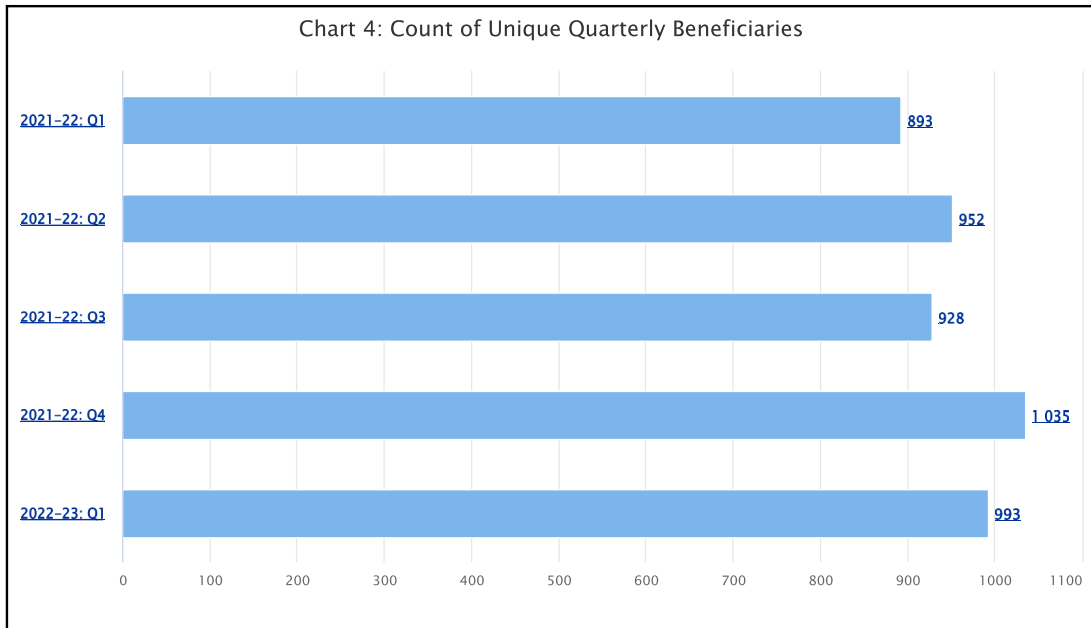
Chart 2 shows that new families continue to be introduced to the programme each month and the numbers of new beneficiaries show significant peaks at the start of the new academic and calendar year.



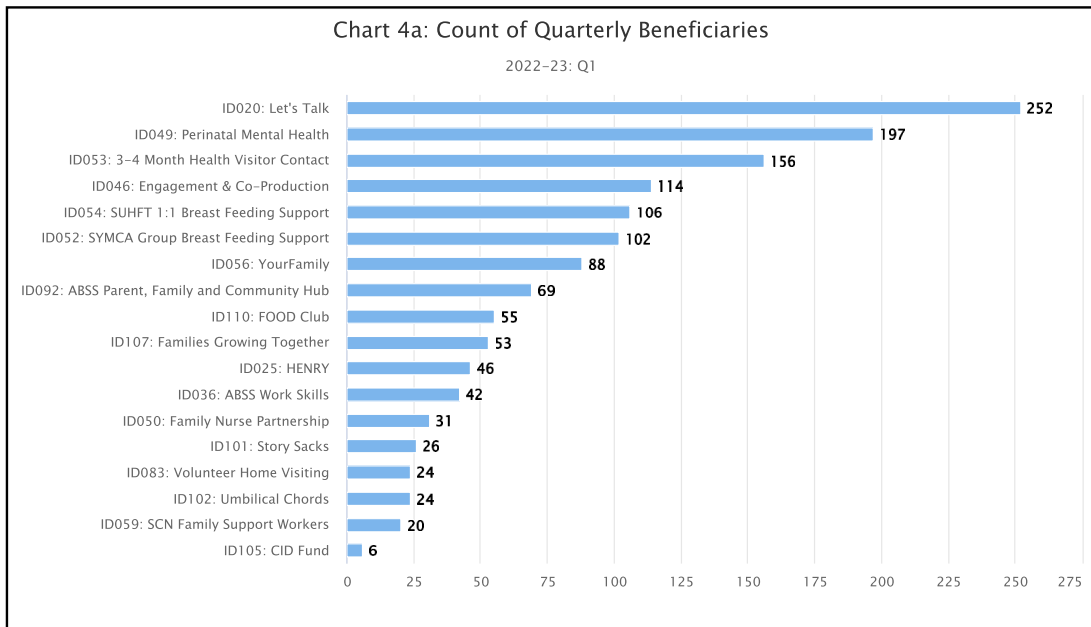


## Section 3 - Project Delivery

As Chart 4 from the Programme Activity Dashboard shows below, quarter 4 (Jan - Mar) of the previous financial year was the busiest quarter, showing growth of activity since the start of this calendar year.



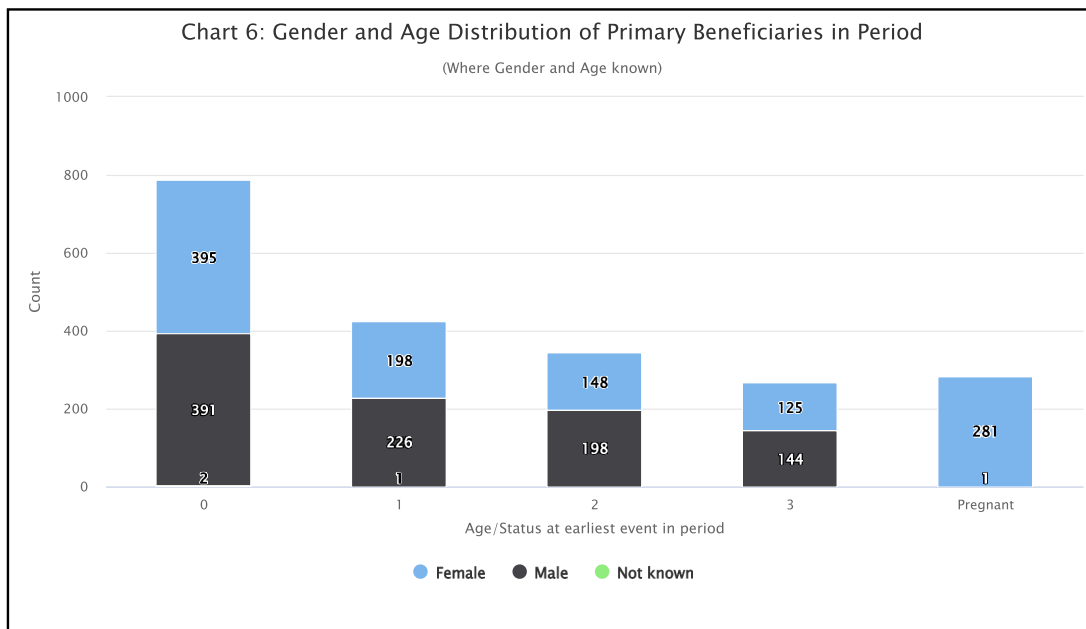
Quarter 1 of 2022-23 is displayed in Chart 4a at project level, showing the relative reach of each project in terms of numbers of primary beneficiaries. Note that the YourFamily project which was live from April 2022 is now included in project data.



## Section 4 - Age and Gender

Chart 6 extracted from the Programme Activity Dashboard below shows that there is a fairly even distribution of male and female beneficiaries and that there is an emphasis on engaging children from the earliest stage in their lives (i.e. age 0).

The number of pregnant primary beneficiaries that participated in the past 12 months has decreased slightly from **296** for the equivalent 12-month period ending one year ago.

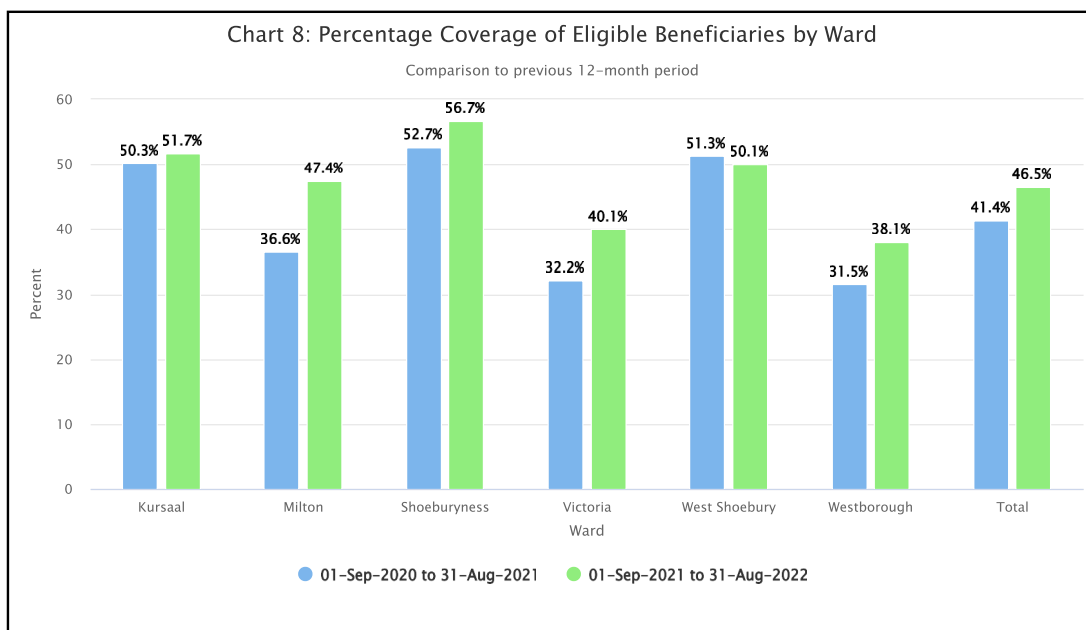


## Section 5 - Delivery by Ward

Chart 8 extracted from the Programme Activity Dashboard shows a comparison of the percentage of eligible primary beneficiaries that have participated in an ABSS project during the past 12 months compared to the previous 12-month period. Over the combined ABSS wards (see the far right-hand bars) this percentage has increased and this is also the case for each of the wards with the exception of West Shoebury where there has been a small reduction in the percentage of potential beneficiaries engaged by the programme.

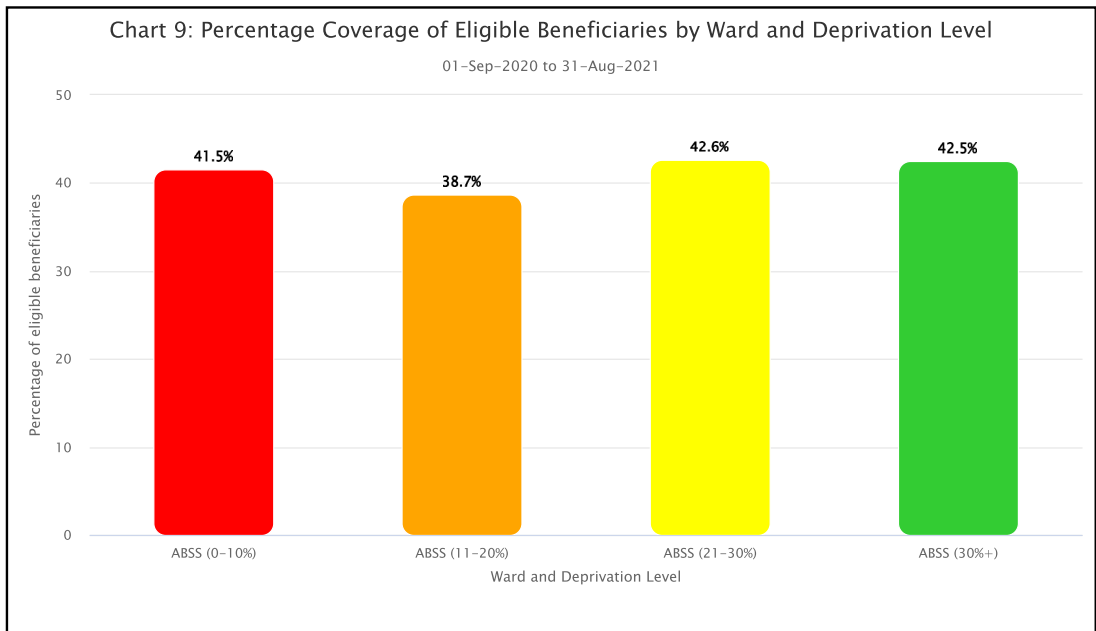
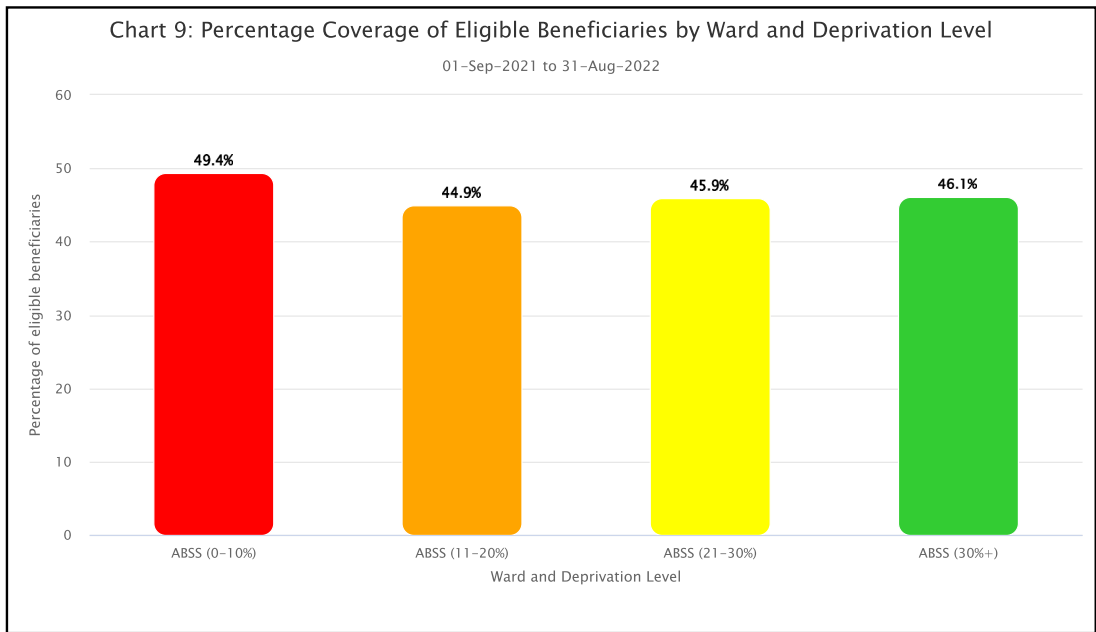
Reach within the Kursaal, Milton, Shoeburyness and West Shoebury all equal or exceed the average reach across the entire ABSS wards and reach in Victoria and Westborough is below the overall average.

The difference in reach between the wards with the highest and lowest reach is **18.6** percentage points.



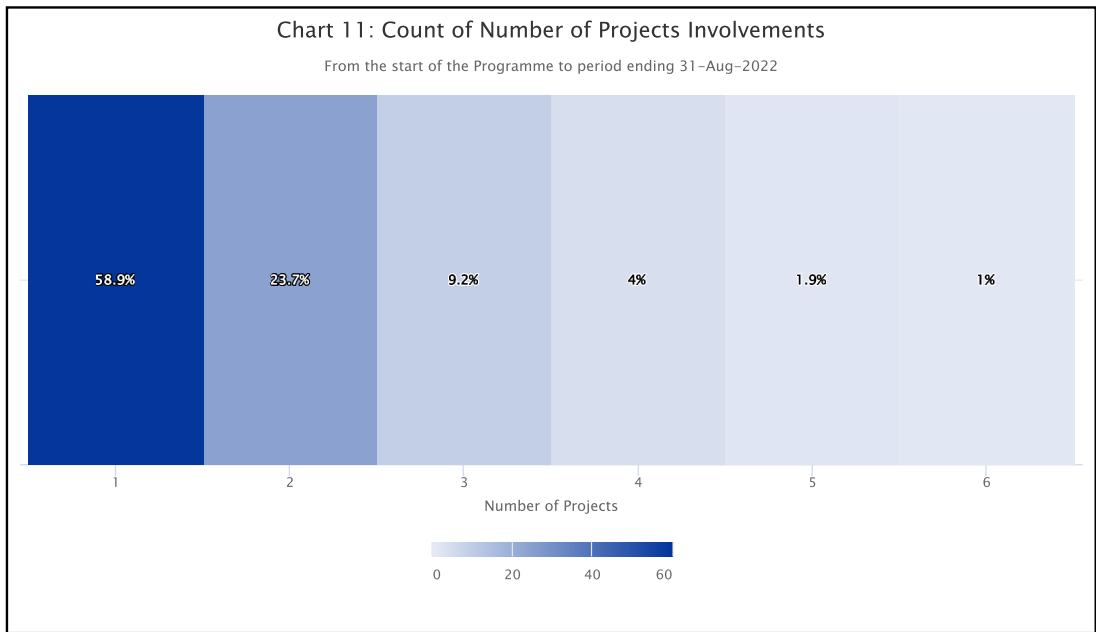
## Section 6 - Delivery by Deprivation Level

The two charts below are partial extracts from the Programme Activity Dashboard and show a comparison of percentage delivery to all eligible beneficiaries for the current and previous 12-month delivery periods, by deprivation deciles. The top chart shows the most recent 12-month period and displays a higher level of reach in the most deprived areas (red bars). The percentages for all deprivation areas have increased from the previous 12 month period.



## Section 7 - Participation in Multiple Projects

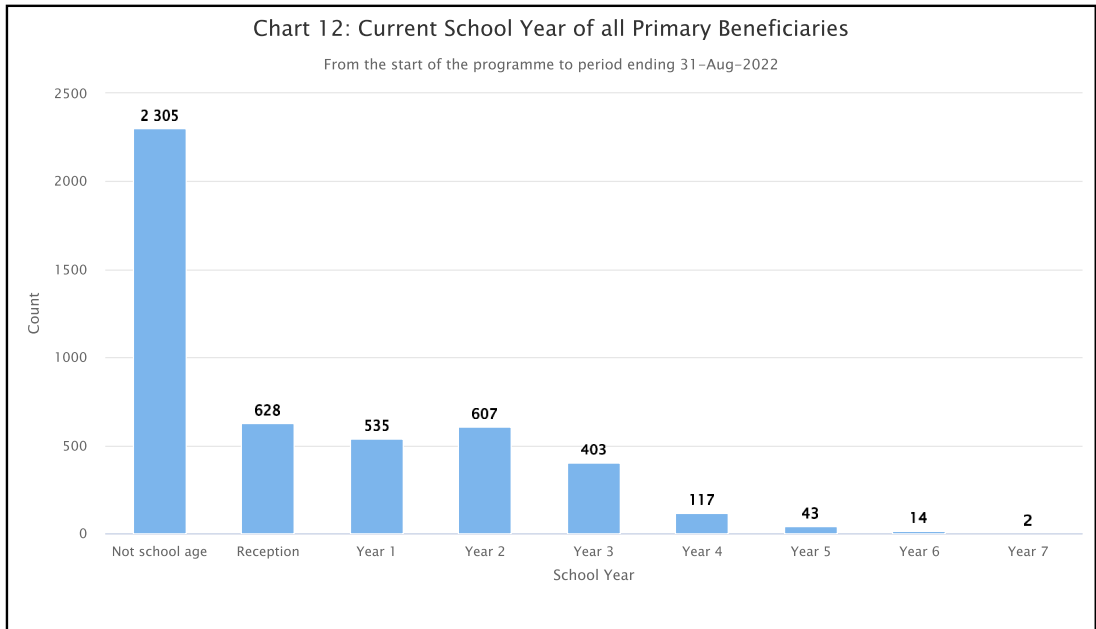
This chart shows the percentage of beneficiaries that have been involved in multiple projects over the course of the programme. For example, **41.1%** of all beneficiaries have been involved in more than one project, which demonstrates a good linkage between projects and retention of beneficiaries.



## Section 8 - Current School Year of Primary Beneficiaries

This final chart shows the current school year of all current and past primary beneficiaries. This is helpful when considering that a number of outcome measures reported to the National Lottery Community Fund are age-related. For example, the Early Years Foundation Stage Profile (EYFSP) and one of the National School Measurement Programme (NCMP) measures are taken during the reception year. The ability of A Better Start to improve these population-level outcomes is dependent on a significant proportion of those children being reached by the ABSS Programme.

For further details of outcome measures please click the following link to view the full dashboard: [https://sbcddata.shinyapps.io/ABSS\\_COF\\_Tool/](https://sbcddata.shinyapps.io/ABSS_COF_Tool/) ([https://sbcddata.shinyapps.io/ABSS\\_COF\\_Tool/](https://sbcddata.shinyapps.io/ABSS_COF_Tool/)).



End of document.

## **Appendix Two - Case Study**

### **Case Study - Workskills**

#### **Background:**

Parent A has 2 children and left their job to raise their children. Parent A hoped that ABSS Work Skills would inspire them to find a new career that would work around their children.

#### **Intervention:**

Parent A attended our Careers in Beauty January 2022 as they are very interested in furthering their career into the Beauty industry.

Parent A attended our Gel Nails Course in March 2022, as they wanted to improve their skills and techniques professionally, whilst finding enjoyment in something new.

Parent A went on to attend our Nail Art Course in September 2022, as they are very eager to learn how to do Nail Art and further their knowledge from the ABSS Beauty course they previously attended; Gel Nails in March earlier in the year. Parent A has requested to learn how to professionally do a manicure so that they can offer a full set of nail beauty options – with the possibility of working from home.

Parent A attended our CV Writing session to learn how to professionally create their very own CV to enhance their confidence into finding work; receiving professional advice and support.

Parent A is looking forward to attending our Self Employment Course as they are interested in learning how to become self-employed and are excited to be attending our Beauty Facial Course this November as well, to further their skills and knowledge even more.

Parent A will be attending our First Aid Course this November too, to become more confident in an emergency.

Parent A also attended our Food Safety Course, Careers Fair, Catering, Pottery, Careers in the NHS, Careers in Fashion, Photography, Mental Health First Aid, Mindfulness, CV Writing and Floristry as they decide on their career path.

#### **Outcomes and benefits:**

Having attended the ABSS Work Skills sessions, Parent A has decided that self-employment in beauty is currently their best option. They are looking to set up as self-employed following the self-employment course doing beauty treatments. Parent A has already been charging to do gel nails since becoming accredited through the ABSS Work Skills Gel Nail course.

Parent A has made many friends at our Work Skills sessions improving their confidence by socializing and interacting with other adults, they have also introduced new people to our projects to help others.

#### **Parent A's Comment:**

"I am very interested in learning how to do a manicure, I hope ABSS Workskills runs a session on this"

In response to our written Exit Evaluation: Please let us have a comment that we can use as a quote- "ABSS Workskills is giving me the confidence and qualifications to get back into work after having children".

## Appendix Three - Project Names and Workstreams

Project ID	Project Title	Work Stream	Budget Work Stream	Delivery Status	Delivery Partner
ID054	<b>121 Breastfeeding</b>	D & N	D & N	In Delivery	MSE Hospital Trust (previously SUHFT)
ID052	<b>Group Breastfeeding</b>	D & N	D & N	In Delivery	YMCA
ID053	<b>3 - 4 Month Contact</b>	D & N	D & N	In Delivery	SCC
ID025	<b>HENRY Healthy Families</b>	D & N	D & N	Closed	HENRY
ID087	<b>Southend Supports Breastfeeding</b>	D & N	D & N	Mobilisation	SCC & EYA
ID088	<b>Infant Feeding Supervisor Lead</b>	D & N	D & N	In Delivery	SCC
ID089	<b>Maternal Healthy Weight</b>	D & N	D & N	Paused	TBD
ID095	<b>UNICEF Accreditation</b>	D & N	D & N	Paused	TBD
ID097	<b>Public Health Midwife</b>	D & N	D & N	In Delivery	SCC & EPUT
ID110	<b>FOOD Club</b>	D & N	D & N	In Delivery	Family Action
ID050	<b>Family Nurse Partnership</b>	S & E	S & E	In Delivery	EPUT
ID049	<b>Perinatal Mental Health</b>	S & E	S & E	In Delivery	EPUT
ID061	<b>Preparation for Parenthood</b>	S & E	S & E	Closed	HENRY
ID083	<b>Volunteer Home Visiting Service</b>	S & E	S & E	In Delivery	Home Start
ID107	<b>Families Growing Together</b>	S & E	S & E	In Delivery	Trustlinks
ID104	<b>IDVA</b>	S & E	S & E	In Delivery	Safe Steps
ID020	<b>Let's Talk</b>	C & L	C & L	In Delivery	EPUT
ID082	<b>WellComm Screening</b>	C & L	C & L	In Delivery	EYA
ID091	<b>Talking Transitions</b>	C & L	C & L	In Delivery	EYA
ID109	<b>Sensory Story Time</b>	C & L	C & L	In Delivery	Chaos and Calm
ID101	<b>Story Sacks</b>	C & L	CR	In Delivery	SAVS
ID102	<b>Umbilical Chords</b>	C & L	CR	In Delivery	YMCA
ID046	<b>Engagement</b>	CR	CR	In Delivery	SAVS
ID064	<b>Engagement Fund</b>	CR	CR	In Delivery	SAVS
ID084	<b>CID Fund (Process and applications)</b>	CR	CR	In Delivery	N/A
ID086	<b>Coproduction Champion</b>	CR	CR	In Delivery	SAVS, EYA, SCC

ID036	<b>Work Skills</b>	CR	CR	In Delivery	SCC
ID103	<b>Engagement Fund COVID-19</b>	CR	CR	Closed	SAVS
ID115	<b>Hamlet Court Road in Harmony</b>	CR	CR	Paused	
ID116	<b>Festival of Conversation</b>	CR	SC	In Delivery	Bromfield Events & various partners
ID059	<b>FSW SCN</b>	SE	S & E	In Delivery	East Anglia Hub
ID056	<b>Your Family</b>	DD	S & E	In Delivery	EYA/ABSS
ID092	<b>ABSS Parent, Family and Community Hub</b>	DD	CR	In Delivery	ABSS
ID081	<b>Welcome to the UK</b>	SC	SC	In Delivery	Welcome to the UK
ID099	<b>Data Input - ESTART</b>	SC	SC	In Delivery	SCC
ID080	<b>First and Foremost</b>	SC	SC	Closed	EYA
ID079	<b>The Dartington Service Design (0-19 mapping)</b>	SC	SC	Closed	Dartington
ID078	<b>SCC Data Analysis</b>	SC	SC	In Delivery	SCC
ID048	<b>Joint Paediatric Clinic</b>	SC	SC	Paused	TBD
ID090	<b>Programme Evaluation Partnership</b>	SC	SC	In Delivery	UoE
ID106	<b>RSM Summative Evaluation</b>	SC	SC	In Delivery	RSM
ID098	<b>Information Governance Specialist Consultant</b>	SC	SC	In Delivery	Data Protection People
ID117	<b>AARI</b>	SC	SC	Paused	Equinox (ended) new TBC
ID108	<b>Digital Strategy (Inform)</b>	SC	SC	In Delivery	SCC & ABSS
ID114	<b>Reception at Centre Place</b>	SC	D & N	Service Design	

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# Southend-on-Sea City Council

Report of the Director of Commissioning & Director of Public Health

Agenda  
Item No.  
**12**

To

Health & Wellbeing Board

On

8<sup>th</sup> December 2022

Report prepared by:

Jamie Pennycott, Drug & Alcohol Commissioning Officer

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## National Drug Strategy and Grant Funding Progress Report

Relevant Scrutiny Committee - People  
Cabinet Member: Councillor Kay Mitchell

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### 1. Purpose of Report

- 1.1. To update the Board on progress in implementing the requirements of the National Drug Strategy, "[From Harm To Hope](#)", with particular regard to:
- The development of Strategic Partnership arrangements and the introduction of a Southend Drug & Alcohol Executive Group
  - The delivery of a local joint strategic needs assessment to inform our understanding of need and gaps in service provision
  - Progress against the development of a local Drugs & Alcohol strategy
  - Progress against the proposals for the use of the Year 1 (2022/23) round of the Supplemental Substance Misuse Treatment & Recovery Grant (SSMTRG)
  - Progress against the proposals for the use of the latest round of funding for the Rough Sleeping Drug & Alcohol Treatment Grant (RSDATG)

### 2. Recommendations

It is recommended that the Board:

- 2.1. Note the actions taken so far

### 3. Background

3.1 On 6th December 2021, HM Government published the new 10-year national drug strategy, From Harm to Hope. The strategy was written following an independent Review of Drugs initiated by the Home Secretary in February 2019 led by Professor Dame Carol Black, and identified three key strategic priorities:

- To break drug supply chains
- To deliver a world-class treatment and recovery system
- To achieve a shift in the demand for drugs

3.2 This strategy was accompanied by guidance outlining the structures and processes through which local areas across England should work together to reduce drug related harm, as well as additional funding to improve services in line with the ambitions of the strategy.

3.3 Key requirements outlined in the guidance to be delivered by April 2023 included the need to:

- Identify a local Senior Responsible Officer
- Establish a local combating drugs partnership
- Agree a governance structure for taking forward actions
- Conduct a local needs assessment to review data evidence
- Agree local delivery plans and associated performance frameworks to monitor impact

3.4 As outlined in previous reports, the new national strategy has provided additional funding to enhance the specialist drug and alcohol treatment system: In 2022/23 this equates to £403,977 via the core Substance Misuse Treatment and Recovery Grant and £390,499 via the Rough Sleeping Drug & Alcohol Treatment Grant. A brief overview of the actions taken and plans to use the SSMTRG funding are outlined in 4.5, with actions taken and planned for the RSDATG funding in 4.6.

#### **4. Progress to date**

4.1 In line with the national strategy, Southend has now established a Drug & Alcohol Strategic Executive Group (outlined in section 4.2) to oversee the local actions against the ambitions of the national strategy, and to report to the national Joint Combating Drugs Unit.

4.2 As the suggested membership of the strategic oversight board in the national strategy would duplicate large portions of the Health & Wellbeing Board and the Community Safety Partnership, as outlined previously, a Drug & Alcohol Strategic Executive Group has been established comprising the following key members:

- Director of Commissioning
- Director of Public Health
- Essex Police Force Lead for Drugs & Alcohol
- ICS Director of Strategic Partnerships
- Deputy Director of NHS Alliance
- Head of South Essex Probation
- Lead Commissioner for Public Health
- Drug & Alcohol Commissioning Officer

This group will provide governance and decision-making for the drug and alcohol commissioning intentions, and the Director of Public Health will act as the Senior Responsible Officer reporting to the national Joint Combating Drugs Unit.

4.3 The group have also ensured that other key strategic partners are engaged and informed on activities and decisions, with both the Lead Commissioner and Drug & Alcohol Commissioning Officer reporting to the Community Safety Partnership Board.

4.4 The group are working closely with partners and Essex County Council and Thurrock Council's respective Drug and Alcohol executive groups to ensure better alignment in strategic commissioning, prevention and optimal utilisation of our resources.

4.5 The proposal for the first year of the SSMTRG has been approved by OHID and will enable expansion of the capacity of the treatment system by approximately 10% (an additional 10.4 posts), in line with the ambitions of the national Drug Strategy. The proposal also requested funding to expand the capacity of the commissioning team to meet the increased monitoring and reporting burdens that will come with the system expansion, as well as additional resource to invest in training and workforce development and the piloting of a fast-track pathway for vulnerable women into treatment and rehab services.

4.6 The proposal for the extension of the RSDATG has also been approved by OHID. While the primary recommendations within our proposal reflected a need to increase the capacity for outreach and engagement with rough sleepers and those at risk of losing their accommodation, our proposal to expand the treatment capacity with this grant funding as well, particularly with regard to specialist treatment for dependent alcohol use and for co-occurring mental health and substance misuse concerns, has also been approved.

4.7 A local needs assessment has been delivered to explore the impact of substance misuse across the city, reviewing the current provision and activity and identifying gaps and areas for local development to inform the development of a Southend Drug & Alcohol Strategy.

4.8 The needs assessment has identified 28 recommendations for system development and a consultation event was held on 12<sup>th</sup> October to review and group these into priority strategic areas. The presentation from the needs assessment, along with a link to a survey on Your Say Southend, were also shared with a wide range of strategic partners who were unable to attend the consultation event.

4.9 The key strategic priority areas have provisionally been identified as:

- Prevention approaches
- Reducing drug-related deaths
- Criminal justice pathways
- Needs of an ageing population
- Place-based working

4.10 The final draft of the Southend Drug & Alcohol Strategy is due for completion early in 2023 and will be shared with both the Health & Wellbeing Board and the Community Safety Partnership for further consideration once completed.

## **5. Next steps**

5.1 Upon agreement of our local strategy priorities, work will begin to develop local delivery plans which will outline the specific workstreams and actions required to meet the objectives of both the National Drugs Strategy, and Local Drugs & Alcohol Strategy.

5.2 A further update will be provided in the new financial year to update on these plans and the local arrangements for taking these forwards.

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# Southend Health & Wellbeing Board

Agenda  
Item No.

13

Report of the Director of Public Health

To  
Health & Wellbeing Board

on  
8<sup>th</sup> December 2022

Report prepared by: Krishna Ramkhelawon,  
Director of Public Health

For information only	X	For discussion		Approval required	
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## Health Protection Update

### Updates from the Health Protection Board and the Oversight and Engagement Board

#### Part 1 (Public Agenda Item)

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#### Purpose

This is to provide an update on-going management of the COVID-19 and wider Health Protection response.

#### Background

We are now learning to live with Covid whilst continuously reviewing the evolution this virus and its impact on our communities. Collectively, we continue to play an important role in the ongoing management of local outbreaks.

Other areas of concern for health protection are now our renewed focus, including any emerging new challenge posed across the country. We have also been working to drive up the uptake of MMR, DTP (diphtheria, tetanus and pertussis) Flu and Covid booster vaccines.

#### Local Boards Activities

**The Health Protection Board (HPB)** is now meeting monthly and continues to receive the local Health Protection Surveillance Report and necessary actions – last meeting 28<sup>th</sup> November 2022.

The infection rate has gradually decreased. Our overall rate was 31/100,000 (12<sup>th</sup> November – EoEng = 37/100,000), and is now the lowest this calendar year. It is unclear if we will experience a gradual increase in infection, due to the increase mixing with the World Cup football. This national reporting will remain the best gauge for the level of infection in our communities, although fewer people are testing currently.

The Council and UKHSA continue to work closely with care homes which are the higher risk settings for transmissions and consequential impact on health and wellbeing. As at the 29<sup>th</sup> November, we had only one care home in an outbreak. Only one care home has yet to receive the full coverage of flu and covid vaccination – as were still in the outbreak ‘quarantined’ period.

We have advised all restaurants and food serving businesses to minimise the risk of onward transmission, during this busy period with the World Cup and seasonal festivities.

Our all-age Covid booster vaccination rate (25.5%) has been lower than last year’s (50%), so far this year. We are running an additional 8 pop-up clinics across Southend for both Flu and Covid vaccines, between the 15<sup>th</sup> November and the 17<sup>th</sup> December. The uptake has been relatively low, although a total of 72 Covid boosters and 32 Flu jabs were administered:

<b>Day</b>	<b>Venue</b>	<b>Outcome</b>
Tuesday 15 <sup>th</sup> November	Havens Hub 138-140 Hamlet Court Road, WOS SS0 7LW	23 boosters 1 first dose 1 second dose 9 adult flu
Wednesday 16 <sup>th</sup> November	Belle Vue Baptist Church Belle Vue Avenue SOS SS1 2QZ	11 boosters 6 adult flu
Friday 18 <sup>th</sup> November	Westcliff Library 649 London Road, WOS SS0 9PD	24 booster 1 first dose 1 second dose 11 adult flu
Wednesday 23 <sup>rd</sup> November	Ferndale Baptist Church North Avenue SOS SS2 5HU	14 boosters 6 flu

The last report to HPB (28<sup>th</sup> November) reported a reduction in Covid admission to hospital. An increase in paediatric admissions, linked to respiratory illnesses, has been reported and this is also a national issue. We have initiated a campaign to increase our uptake of flu vaccines amongst those aged 2-3 years.

We will continue to manage a small Health Protection team and have trained a team of reservist who can be redeployed at short notice, without impacting on key public services.

We continue to provide smallpox vaccination as required and the latest evidence suggests that doing this at an earlier stage (pre-exposure vaccine), is more effective. We will be transferring this service from the current sexual health service provider (Brook Southend) to a local pharmacy, to allow Brook Southend to recover any backlog in our sexual health services, which resulted in this emergency response.

With regards to the national coverage of the Diphtheria outbreak in the detention centre in Kent (Manston Centre), we have introduced a local enhanced surveillance to ensure that we can track any transfer of refugees/migrants from this centre or linked to the centre into Southend or within our vicinity. All the people transferred to our area will immediately receive a health screening assessment to minimise health risk.

Other health protection risks are minimal and being managed effectively by UKHSA currently.

**The Health Protection Oversight and Engagement Board** provides leadership on our communication and engagement activities, including refreshing our messaging to the public and local businesses. The Board’s remit has moved to cover the wider remit of health protection matters – last meeting was held on the 9<sup>th</sup> November 2022.

The Board will continue to support the NHS in addressing local hesitancy with the COVID-19 vaccination programme and we are now in the planning phase for the next Covid and flu vaccine boosters.

**For Noting**

- 1. For the HWB Board to note on the on-going operations and steer of these two sub-committees.

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