Southend Essex and Thurrock

Mental Health Strategy

Southend-on-Sea City Council

Essex County Council

thurrock.gov.uk

North East Essex Health & Wellbeing Alliance

Suffolk and North East Essex Integrated Care Partnership

Mid and South Essex Health and Care Partnership

West Essex Health and Care Partnership

Hertfordshire and West Essex Integrated Care System

ESSEX POLICE

NHS Essex Partnership University NHS Foundation Trust

NELFT NHS NHS Foundation Trust

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Introduction

Health and care leaders across Southend, Essex, and Thurrock (SET) are working to further improve the lives of those who live with mental ill health. This brief and practical all-age strategy sets out the vision and principles we will work to and the outcomes to be achieved over the next five years.

Our vision is to promote good emotional and mental health for everyone, reduce health inequalities and to improve life outcomes for those with mental ill health, enabling them to recover and live well.

This strategy builds on previous work and aligns with the local strategies produced by the three Integrated Care Partnerships[1], covering:

- Mid and South Essex
- North East Essex (part of the Suffolk and NEE ICS[2])
- West Essex (part of the Hertfordshire and West Essex ICS).

[1] Integrated Care Partnerships (ICP) are a statutory committee jointly formed between the NHS Integrated Care Board (ICB) and all upper tier local authorities that fall within the Integrated Care Systems (ICS) area.
[2] Integrated Care Systems (ICS) are partnerships of organisations that come together to plan and deliver joined up health and care services to improve the lives of people who live and work in the area.

Southend, Essex, and Thurrock System Partners

Organisations from across a complex geography are working together in partnership and are committed to ongoing learning as part of the delivery of the strategy:

- North East Essex (NEE)
- West Essex (WE)
- Mid and South Essex ICS (MSE)
- Southend City Council (SCC)
- Essex County Council (ECC)
- Thurrock Council (TC)
- Essex Police (EP)
- Essex Partnership University NHS Foundation Trust (EPUT) – provider of adult services
- North East London NHS Foundation Trust (NELFT) – provider of children and young people's services

People who use mental health services, families, and carers with lived experience, and Voluntary, Community, and Social Enterprise (VCSE) sector organisations have also been engaged in developing the strategy and will continue to be key partners in delivering it.

Appendix 1 contains further detail of each of the individual geographies covering the Place based partnerships.

The vision and deliverables of this strategy

We have a clear vision for this strategy, and from working with groups of people with lived experience of mental ill health we have co-produced a list of ‘’What Matters to People’ which informs the outcomes to be delivered through the strategy.

Southend, Essex, and Thurrock Mental Health Strategy on a Page 2023-28

OUR VISION

To promote good emotional and mental health for everyone, reduce health inequalities and to improve life outcomes for those with mental ill health, enabling them to recover and live well.

KEY OUTCOMES

- Improved wellbeing levels across Southend, Essex and Thurrock population
- Reduced health inequalities
- Reduced premature mortality for people with serious mental illness

WHAT MATTERS TO PEOPLE

- I am treated with respect and dignity by services when I need support
- I have good emotional and mental health and am proactive in managing my physical and mental health
- I can easily access and identify the support I need to live well. I can do this in a timely way
- I have opportunities to engage in education, training, and/or meaningful employment
- I feel safe and supported
- I have somewhere suitable to live with access to community networks
- I am able to develop and maintain relationships that matter to me.

WHAT IS NEEDED

Adults, Children and Young People

- Have good mental health
- Are enabled to recover
- Are supported to maximise their potential in Education, Training and Employment,
- Can access social networks and feel a connection to their local community or the community they want to be part of
- Can live as independently as possible in accommodation that is suitable for their needs
- Are supported to determine and achieve their individual outcomes.

WHAT WE WILL ACTION

- Co-producing plans and services with people with lived experience
- Increasing joined up working
- Focus on the wider determinants of mental ill health – housing, education and employment not just clinical intervention
- Increasing all age holistic approaches including families
- Improving data and quality
- Reducing inequalities related to mental health
- Embedding trauma informed care
- Ensuring common standards across services
- Working more closely with voluntary, community, faith and social enterprise partners
- Supporting our staff and volunteers to work safely, effectively and sustainably
- Joined up and sustainable workforce planning
- Digital support to access services and for help with recovery

Prevention & Early Intervention

Acute & Crisis Services | Supporting Recovery

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PRIORITIES FOR THIS STRATEGY – Adults

Prevention & Early intervention

- Provide information and support on wellbeing and managing risks to mental health to help people to maintain good mental and physical health. This could be from non-clinical voluntary services as well as formal services.
- Ensure people have access to local community-based support for their mental health throughout their lives. This should include integrated therapies, especially for people who have complex needs and/ or are particularly vulnerable.
- Ensure people with severe mental illness receive a full annual health check and follow-up interventions
- Improve access to adult eating disorder services
- Increase access to specialist perinatal mental health care for all new and expectant mothers
- Review mental health support for older people recognising the need to support carers, and the impact of social isolation and loneliness
- Improve coordination of support for people through key life transitions especially for 18-25 year olds.
- Embed a 'think family' approach to consider and support the needs of a whole family around a person

Acute and Crisis Services

- Improve pathways and access to community-based support during a mental health crisis to avoid escalation and/ or inpatient admission.
- Ensure prompt access to good quality first response care in an emergency that includes mental health assessment and support
- Improve safety of mental health inpatient environments
- Reduce hospital admissions for mental health conditions, including emergency admissions for self-harm, through improved community support
- Reduce time spent in inappropriate out of area placements by adults needing non-specialist mental health inpatient care

Supporting recovery

- Improve access to effective Talking Therapies for everyone who needs support
- Improve access to integrated, holistic and recovery-focused mental health support for adults with severe mental illness
- Develop supported accommodation in the community to support timely discharge from hospital settings
- Improve and embed integrated pathways to access housing, education, employment, self directed support and skills, particularly for people severe mental illness
- Work with local employers and partners to develop suitable opportunities and roles for people with severe mental illness

Priorities for this Strategy – Children and Young People

Prevention & Early intervention

- Improve access to wellbeing advice and support in communities and schools
- Improve access to FREED (first episode rapid early intervention for eating disorders) and for ARFID (Avoidant restrictive food intake disorder)
- Improve access to trauma informed services through communities or schools
- Improve access to infant mental health services
- Increase access to CAMHS (Children and Adolescent Mental Health Services).
- Increase access to health and justice mental health provision
- Increase provision of mental health in schools teams across Essex
- Continue expansion of non-clinical services to support prevention and a wider determinant of health approach to children, young people, and their families/carers
- Embed a 'think family' approach to consider and support the needs of a whole family around a child
- Develop digital support for children and young people's mental health
- Develop mental health workers in primary care

Acute and Crisis Services

- Improve access to intensive support in the community
- Improve access to the crisis team from hospital or home
- Ensure 24/7 access to crisis care and support and continue to develop these services
- Reduce hospital admissions, especially for those with mental health and learning disabilities/autism
- Reduce length of stays (where appropriate) for inpatients
- Integrate mental health services for children and young people with acute trusts
- Reduce hospital admissions for self-harm by rolling out the self-harm tool kit to schools and other settings
- Expand of the community mental health and CYP learning disability and neurodevelopment team
- Mobilise at risk mental health state (ARMS) teams

Supporting recovery

- Increase access and choice of support and treatment options for young people
- Increase pathways to support the Young Adults 18-25 Transition
- Increase 'step down' services from more intensive to less intensive support
- Improve access to home feeding support teams for eating disorders
- Improve integrated pathways to access education, training, and employment
- Increase access to digital support
- Increase non-clinical support for recovery programmes
- Support children to stay with their families whilst receiving services so that less children with mental health needs entering the care system

How we have developed this strategy

To develop the strategy, we commissioned external consultants (Tricordant) who worked with a steering group of system leaders. Tricordant interviewed the leaders and held two system-wide workshops to obtain a clear sense of direction for the strategy.

Conversations were held with over 100 individuals, groups or organisations representing those with lived experience. This included Mind and Healthwatch, as well as smaller and more locally based organisations such as Trustlinks and Southend Association of Voluntary Services (SAVS) through to very specific groups such as those representing Bangladeshi women and African men.

The Tricordant team included experts by experience. A consultant psychiatrist and an executive mental health nurse carried out research into the specific population needs by working with public health colleagues and local clinicians and professionals and by using data from the local Mental Health Joint Strategic Needs Assessment (JSNA) and key national and local data sources.

Why do we need this strategy?

Societal and Economic cost of mental illness

Poor mental health has a huge impact on the overall health and wellbeing of people and is increasing. Suicide is the leading cause of death for men under 50 with 75% of all suicides being men[3]. Suicide in women aged 24 or under in 2021 saw the largest increase since ONS began recording them in 1981[4]. Depression is now the third most common cause of disability[5]. 1 in 4 people will have mental health challenges at some point in their lives[6].

Poor mental health can impact on schooling and educational attainment, ability to work and stay in work, quality of relationships and experiences of ageing. Half of mental ill health starts by age 15 and 75% develops by age 18[7].

The economic cost of mental ill health is estimated to be approximately £100 billion for the UK [8] which suggests it is around £3.2 billion for Southend, Essex, and Thurrock. 72% of the economic cost is considered to be from lost productivity due to absence from work. The 15-49 age group accounts for 56% of the economic cost and the 50-69 group at 27%. Within Southend, Essex, and Thurrock approximately £400

[3] NHSE Tackling the root cause of suicide https://www.england.nhs.uk/blog/tackling-the-root-causes-of-suicide/
[4] https://mentalhealthinnovations.org/news-and-information/latest-news/ons-report-shows-alarming-rise-in-suicide-rates-among-young-women.
[5] https://www.who.int/news-room/fact-sheets/detail/depression
[6] https://www.mind.org.uk/information-support/types-of-mental-health-problems/statistics-and-facts-about-mental-health/how-common-are-mental-health-problems/
[7] https://mhfaengland.org/mhfa-centre/research-and-evaluation/mental-health-statistics/
[8] https://www.lse.ac.uk/News/Latest-news-from-LSE/2022/c-Mar-22/

million is spent each year by the NHS, Local Authorities, and Police on emotional wellbeing and mental health.

Population needs

Our engagement and research has identified the following key challenges for Southend, Essex, and Thurrock.[9] ICP strategies include more detailed information for their local populations. Many of these facts are not unique to this area and impact much of the UK.

- **Large and growing demand**
  - The number of adults with common (mild and moderate) mental health problems in the population is approximately 1 in 6
  - 1 in 6 children and young people (CYP) also have mental health problems, an increase from 1 in 9 only 5 years ago[10]
  - There is a smaller, but growing, number of people with severe mental ill health causing significant ongoing impact on their daily lives
  - Current services, particularly for adults, do not appear to match population needs and current or predicted demand
  - There has been a significant deterioration in mental health and wellbeing through Covid 19 and the impact is anticipated to be ongoing
  - Mental health services are experiencing unprecedented demand with a 76% increase in new referrals in February 2022 compared to the same month in 2020, which led to approximately 5% more total mental health contacts in that same period. Children and young people contacts increased by 16% during the same period
  - Mental ill health has a strong correlation with deprivation and the cost-of-living pressure is expected to add to challenges for those living in deprivation and increase the number who will suffer anxiety and depression.
  - The older population in Southend, Essex and Thurrock is expected to increase by 32,000 people by 2027. National data indicates that 1 in 4 are likely to be affected by depression and only an estimated 15% will receive NHS help[11]
- **Demand presents across the whole system,** not just specialist mental health providers. It significantly impacts

[9] Unless stated data is drawn from the accompanying document 'Mental Health– Population Health Needs in Southend, Essex and Thurrock' or from https://mhfaengland.org/mhfa-centre/research-and-evaluation/mental-health-statistics/.

[10] https://www.youngminds.org.uk/about-us/media-centre/mental-health-statistics

[11] https://www.mentalhealth.org.uk/explore-mental-health/mental-health-statistics/older-people-statistics

Primary Care, A&E departments, and the Police amongst others

  - It is estimated nationally that 40% of GP appointments are for mental health related issues
  - 15-25% of all incidents Essex Police responds to involve mental health[12]

- **Physical and mental health challenges** are often linked with both experienced by many people
- **Complexity through multiple conditions is common** among individuals with mental illness including links with learning disabilities, substance misuse, offending and social exclusion
- **Certain groups are disproportionately affected** by mental health issues as these can be made more complex by the interaction of different categories of social identity. For example, people from different genders or ethnic groups, LGBTQ+ people, travellers, young adults, older people, and people living in poverty, may receive **inequitable service provision and care.** This can be perpetuated by the inaccessibility of services e.g., for people with low levels of literacy or where English is not the first language or for other cultural reasons
  - Many people find it difficult to access mental health services via their GP
- **Inequality and service variation**
  - The prevalence of common mental health problems varies across Southend, Essex, and Thurrock
  - There is also significant variation in premature mortality in people with severe mental illness
  - Provision varies across areas even when levels of deprivation and resources are accounted for
  - Many people with mental health needs from London Boroughs are placed in Southend, which increases demand.
- Between a quarter to a half of adult mental illness may be **preventable with appropriate interventions in childhood and adolescence**
- Only half of adults in contact with specialist mental health services are in stable and **appropriate accommodation**.
- People in contact with specialist mental health services have a 73% lower **employment** rate than the general population. T

Across Southend, Essex, and Thurrock there are significant local mental health challenges, for example[13]:

- Southend has high rates of common and severe mental health
- Tendring has challenges around mental and behavioural disorders, admissions for self-harm, and suicide

[12] Mental Ill Health Problem Profile 2022, Essex Police

[13] Based on various sources quoted in the Joint Strategic Needs Analysis

- Thurrock has increasing numbers of children with social, emotional, and mental health needs, and high premature mortality for people with severe mental illness

Taking these community needs into consideration is key. This strategy aims to ensure that need drives provision and provision meets need. We want to have the right provision in the right place for every citizen across Southend, Essex, and Thurrock who requires support and care for their mental health.

National Policy Drivers

In implementing this strategy, we will ensure we meet the specific requirements of relevant national strategies whilst delivering the needs of the local population.

The government Department of Health and Social Care are due to publish a Major Conditions Strategy during 2023. This strategy will tackle the conditions that contribute most to the burden of disease in England, including mental ill health, and the increasing number of people living with multiple conditions. This joined-up strategy will ensure that mental ill health is considered alongside physical health conditions. A separate national suicide prevention strategy will also be produced during 2023.

Several other national initiatives are under way such as:

- reform of the Mental Health Act
- reform of Care Programme Approach (CPA), a package of care for people with mental health problems
- Adult Social Care reform, including charging reform
- refresh of the Triangle of Care, a best practice guide that includes and recognises carers as partners in care
- Levelling Up, the government agenda to improve opportunities for everyone across the UK

All of these initiatives will help contribute to the success of this strategy.

Views from Lived Experience

To develop this strategy, we have listened to individuals and groups with lived experience. We have heard some consistent key themes about what people want:

Availability of services

- More clarity and consistency regarding referral pathways to avoid re-referrals or people falling through the gaps
- Shorter waiting lists, especially for children and young people
- Increased provision of personality disorder services
- More resources directed to early intervention and prevention services
- Improved access to primary care services, including in-person GP appointments

Person centred care

- Less need for people to repeat their stories
- More continuity of care and improved communication, especially for those on waiting lists
- Better care coordination and sharing of information, particularly across organisational boundaries and fragmented services
- More choice regarding therapy and treatments, for example where people would prefer to be referred to voluntary, community, and social enterprise providers (VCSE)
- Better listening to understand and tailor care to meet individual need
- Greater engagement with families and carers as partners in care.

Inequalities and inequities

- More accessible and inclusive services that can meet a range of needs
- Less stigma around mental illness across health, care, and public services
- A more consistent base level-standard to reduce disparities between services across Southend, Essex, and Thurrock.
- Greater engagement with people from ethnic and minority communities
- More meaningful involvement and co-production opportunities to strengthen the voice of lived experience
- Better support for transitions of care, particularly between young people and adult services, and inpatient and community services.

Stories of improvement

Whilst we heard many concerns from those with lived experience we did also hear about good experiences, services, and initiatives that we can continue to build on. A few examples of these are:

- Social prescribing link workers in Southend and the Friends for Lives suicide intervention and prevention service
- The children and young people mental health support team in schools in West Essex and the partnership with EPUT to provide seven mental health coaches integrated with Primary Care Networks (PCNs)
- Projects such as the Trust Links Growing Together project, the Colchester based Bangladeshi Women's Association and the Crisis Café in North East Essex, which all provide additional mental health support including out of hours
- Initiatives by Mind in Mid and South East Essex, such as 'Somewhere to Turn' and their supported housing solutions that give people greater independence

- Integrated PCN mental health teams in Thurrock that have multidisciplinary working and psychiatrists running clinics within surgeries. They are also changing their use of language, such as using the term ‘transfers’ instead of ‘discharge’ to reduce people’s fear of losing a service.

Moving forward from previous strategy

Many aspects of the previous 2017-21 SET mental health strategy are still relevant, and implementation continues. Despite some of the great work that has happened across the system during challenging times, many people's interactions with, or ability to access health and care services can still be difficult. Many people report that they are not seeing benefits from the changes and investment in services.

Whilst recognising the difficulties of the previous few years it is important to also acknowledge the areas of success. Examples include:

- An enhanced emotional wellbeing offer for children and young people
- New adult urgent care pathways including mental health facilities at emergency departments
- An improved community offer for adults, including support to primary care
- Enhanced community support for people with personality disorders
- Extended employment support to prevent people losing their jobs
- Integration of physical and mental health community services in West Essex to better meet the needs of older people, in particular those with multiple long-term conditions
- Improved culture of learning and improvement within mental health services

Specific focus on Children and Young People

This is an all-age strategy which also covers children and young people; however, it is important to stress our specific areas of focus for this important group. These are:

- Eating Disorder Services
- Crisis Services
- MH Services and Acute Trusts- improving integration
- Mental Health Support Teams working with Education
- Access and Outcomes
- Use of digital technology
- Young Adults 18-25 transition
- CYP specialist workforce

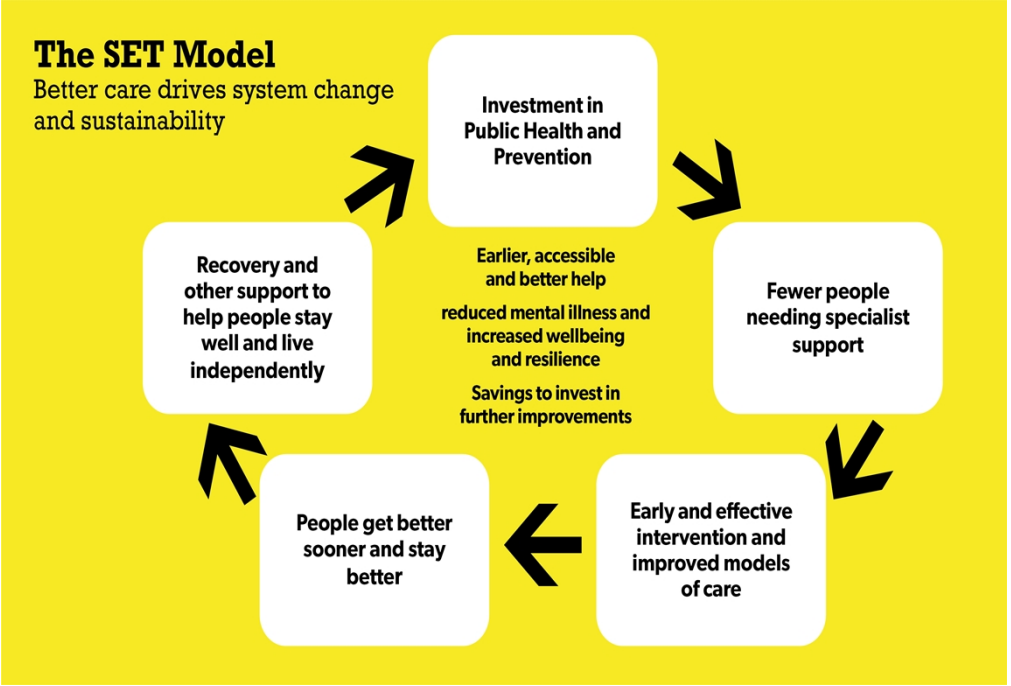
Across Southend, Essex, and Thurrock we will also be working together to support children and young people to manage risks such as the potential for online harm and use of harmful behaviours. This helps enable them to be supported

in the community by preventing need for admission into care or hospital.

There is an annually updated local transformation plan for Children and Young People in place which supports this strategy.

Developing our local model: better care drives system change and sustainability

The diagram below summarises the strategic approach for Southend, Essex, and Thurrock which seeks to further improve our approach to prevention, early intervention, and community support within the context of the wider determinants of mental health, to reduce the need for hospitalised care.



Focussing on the wider determinants of mental health

Wellbeing and mental health challenges affect all of us. Everyone seeks to maintain their own emotional and mental health and support those around us. This is not always easy or possible, especially if there is a background of trauma. When people experience deterioration in their emotional and mental health, this causes distress and can lead to crisis. In our services we want to work with people to understand and address the root of the 'triggers' for deterioration in their

emotional and mental health as well as helping them respond to the symptoms.

It is widely accepted that clinical care only contributes to 20% of the impact on people's general health outcomes. Social and economic factors have double that impact, and in mental health we know that disadvantage and discrimination have a disproportionate impact. We want to work together with communities to develop their capacity to be supportive, inclusive, resilient, and emotionally healthy places for children, young people, and adults.

Whilst the clinical services provided by the NHS have a vital part to play, the role of local authorities and local VCSE organisations and networks is also critical for influencing the factors which support people's mental health.

Local authorities have duties under the Care Act and Children's' Act to promote the wellbeing of individuals and to provide services which help to prevent, reduce, or delay peoples' needs developing, including the impacts on children of adverse childhood experiences. We plan to strengthen our work with families, carers, and schools to improve emotional wellbeing and prevent long term mental ill health in children and young people. Through this strategy we are also committed to further strengthening support for older people.

We are focused on ensuring equity of service provision across the Southend, Essex, and Thurrock geography to improve outcomes for people of all ages in all our communities. We are working together at both the larger geography and local levels to plan and further improve services at the right population level.

Each of the three ICPs have been developing their strategies, with a key leadership role for local authorities in leading, commissioning and coordinating wellbeing, prevention, and community mental health services. There is an active programme of public mental health across SET which aims to develop a prevention strategy to reduce the risk of mental ill health and the need for specialist support. This also links to local approaches to service transformation, Levelling Up and improving Population Health.

Early and effective help and support

Where people do become unwell and need support, this model and the priority areas we have outlined in the strategy will help ensure people can easily access the treatment they need when and where they need it.

Focusing on recovery

Local Authorities have a role in empowering people who have mental illness, as well as their unpaid carers, and wider communities. They enable people to lead fulfilling and independent lives by providing information, advice, advocacy and offering practical support with everyday activities including for example housing, employment, finance and debt advice, direct payments, and technology. We recognise that recovery is enabled as people grow their ability to access a

life with purpose, meaning and a voice. It is more than just the absence of symptoms.

We want to make sure people have the right place to live and can access meaningful activity such as education and employment whilst they are in recovery. A new supported accommodation model is working to help ensure more people live in stable and appropriate accommodation, and there is also work underway to improve support to enter and stay in employment.

Suicide Prevention

The Southend, Essex and Thurrock Suicide Prevention Board strategy and delivery plans will align to support the ambition of this Mental Health strategy and associated plans. The Board has an all-age approach to preventing suicide which is underpinned by the priorities agreed within the national suicide prevention strategy.

Workforce

The organisations working in the SET mental health system face significant workforce pressures. Recruitment and retention are difficult and there are high vacancy and turnover rates; this is a national situation and not just local to Southend, Essex, and Thurrock. The shortage of staff places pressure on our workforce and could limit achievement of our strategic objectives if not quickly addressed.
To overcome this, we are working to reimagine what the workforce could look like and implement new workforce models. Our desire to move care into the community where appropriate, rather than using inpatient facilities, will ease pressure on the inpatient workforce and create the opportunity for different job roles in the community.

We want to create exciting employment opportunities for the workforce to develop new or existing careers within the Southend, Essex, and Thurrock geography. This will include improving support for the wider social care and VCSE workforce within the mental health system and creating positive cultures and working experiences for all of our workforce.

Digital Technology

Digital technology is a key enabler to support people within a joined up mental health care system. During the life of this strategy, we will develop digital technology for staff to share information more easily and for people with mental health needs to access more services online.

We are aware that digital technology is not easy to use for everyone and will work to support digital inclusion and provide alternative options for people using services.

Implementation and monitoring achievement

A plan is being developed to implement the strategy, which will be overseen by a Strategy Implementation Group of senior leaders across the SET mental health and care system. Most of the implementation will be led by partners working in their local places.

There will be clear responsibility and accountability across the system for improving individual outcomes, creating the conditions for promoting good mental health, and delivering services where needed. We will publish information on how partners will work together across the system and the governance arrangements through which decisions will be made. This will include links to other key workstreams such as suicide prevention, and overarching governance boards at Alliances[14], Local Authorities, ICSs and Health and Wellbeing Boards.

An outcomes framework and key performance indicators (KPIs) will be made available with regular ongoing reporting to demonstrate the status of the work and progress achieved to implement the strategy. Measures will include the reported experiences and perceptions from those with lived experience and will be made publicly available.

To measure performance improvement, we will use the financial year 2020-2021 as our baseline, except for where a specific national or local target is already in place.

A key challenge is to ensure that the work to implement this strategy is coproduced with support and input from those with lived experience. This involvement should be genuine and give equal voice to people who traditionally may not have been involved, especially those from ethnic and minority communities. System leaders are working with local lived experience networks to agree the best ways to ensure their meaningful involvement to develop new collaborative decision-making arrangements.

This is an important strategy for the people of Southend, Essex, and Thurrock. The leaders of the local authorities and NHS are determined to make it work and deliver improved prevention and early intervention, as well as high quality care, support, and treatment for those living with mental ill health. Success will come from working together to address the wider determinants of emotional and mental health and reduce the impact of mental ill health.

[14] See appendix 9. There are 6 Alliances across SET, made up of NHS, Local Authority and VCFSE partners focussed on a place covered by a unitary authority and/or district council. These are Thurrock, South East Essex which includes Southend City, Basildon & Brentwood, Mid Essex, West Essex and North East Essex.

Appendix

Local Geographies

West Essex: Population 319,000
Hertfordshire and West Essex ICB works with Essex County Council (ECC) and the 3 District Councils of Epping Forrest, Harlow and Uttlesford, in the West Essex Health and Care Partnership. The partnership has focussed on joining up community mental health services with physical community health services, integrated around primary care.

North East Essex: Population 341,000
Suffolk and North East Essex ICB works with ECC and the 2 Borough/District Councils of Colchester and Tendring in the North East Essex Health and Wellbeing Alliance which is a collaboration of commissioners, providers and other system partners working together to transform the health and wellbeing of the population of North East Essex as an integrated system. Their approach is for everyone at all stages of their life to be able to Live Well, so they work towards outcomes using the 6 domains of the Live Well mode including 'Feel Well; Supporting mental wellbeing' and 'Be Well; Empowering adults to make healthy lifestyle choices.'

Mid Essex: Population 402,000
Mid and South Essex ICB also work with ECC and the 3 Borough/District Councils of Chelmsford, Braintree, and Maldon, in the local NHS Alliance which covers Mid Essex. Existing areas of focus for the Mid Essex Alliance includes suicide prevention.

Southend City Council: Population 183,000
Southend City Council, and Mid and South Essex ICB are the statutory commissioners of mental health services for Southend. The Council's social care vision is to work collaboratively with people to enable them to live safe, well and independently in the community, connected to the people and things they love. This is outlined in **3 key strategies around Living Well, Caring Well and Ageing Well**. Through a strengths-based focus, there is a drive to transform care and support to ensure that there are flexible options that enable independence. In particular, local partners are working together to address the disproportionate number of people in residential care, often placed by London Boroughs.

Thurrock: Population 178,000
Thurrock is a unitary authority area with borough status. It is part of the London commuter belt and an area of regeneration within the Thames Gateway redevelopment zone. The local authority, Thurrock Council, and Mid and South Essex ICB are the statutory commissioners of mental health services and are implementing an ambitious local strategy, Better Care Together Thurrock, developed by local partners through the Thurrock Integrated Care Alliance (TICA). The strategy sets out Thurrock's collective plans to transform, improve and integrate health, care and third sector services for adults and older people, to improve their wellbeing.

Key aspects relevant to this strategy include:

- Human learning Systems as the core guiding approach
- Strengths and assets-based approach to community engagement and development,
- Co-production with residents and communities to develop radically new models of care
- Integrating and transforming community mental health services with General Practice in the context of Primary Care Networks and a wider integrated housing, care and wellbeing workforce
- Transformation in local community mental health services has already begun to see significant reductions in access times and improved quality, and an enhanced focus on recovery
- Focusing on proactive and preventative care using Population Health Management.

Basildon & Brentwood: Population 264,000
Mid and South Essex ICB also work with ECC and the 2 District Councils of Basildon Point and Brentwood in the local NHS Alliance which covers Basildon & Brentwood. The Basildon and Brentwood Alliance is committed to:

- Understanding and working with communities
- Joining up and co-ordinating services around people's needs
- Addressing non-medical factors that affect the health and wellbeing of local people
- Supporting quality and sustainability of local services