FUTURE OF ESSEX

ESSEX JOINT HEALTH AND WELLBEING STRATEGY 2018-2022

CHANGE IS UNSTOPPABLE. AND SO ARE WE.

Joint Health and Wellbeing Strategy on a Page

BUILDING BLOCKS

1. Systems Leadership
2. Developing health, wellbeing and social care assets
3. Mobilising place and communities
4. Applying data, digital, technologies and innovation
5. Prevention, early intervention and addressing the wider determinants of health

AREAS OF FOCUS

1. Improving mental health and wellbeing
2. Addressing obesity, improving diet and increasing physical activity
3. Influencing conditions and behaviours linked to health inequalities
4. Enabling and supporting people with long term conditions and disabilities

KEY CHALLENGES

1. Life expectancy is down in Essex
2. There is an ageing population with more people with long term conditions
3. The life expectancy gap is widening and there are significant health inequalities
4. 1 in 3 10-11 year olds and two thirds of adults are overweight or obese
5. People with mental health problems struggle to get housing and work
6. Mental health issues are common and suicide has increased
7. Dementia diagnosis is not as good as we want it to be

PRIORITY MEASURES

1. Reduction in Suicide rates in line with Essex Mental Health strategy and reduced admission rate for acute mental health issues
2. Reduction in the percentage of residents (aged 16+) who undertake less than 30 minutes physical activity per week (Sport England Survey)
3. Halt the increasing difference in life expectancy at birth between affluent and deprived communities in males and females across Essex
4. A reduction in the gap in employment rate for adults with mental health issues and disabilities who are economically active

We want everybody in Essex to live well together

The Essex Joint Health and Wellbeing Strategy (JHWS)

What is the JHWS?

Every local area must have a Joint Health and Wellbeing Strategy setting out the priorities identified through the Joint Strategic Needs Assessment (JSNA) that local government, the NHS and other partners will deliver together through the Health and Wellbeing Board. The JHWS is intended to set *'a small number of key strategic priorities for action'*, where there is an opportunity for partners working through the Health and Wellbeing Board to *'have a real impact'* through local initiatives and action and leading to an improvement in health and wellbeing outcomes and a reduction in health inequalities.

The JHWS is jointly owned by partners through the Essex Health and Wellbeing Board, the District, Borough and City Councils' HWB Partnership Boards, the Police, Fire and Crime Commissioner, Safeguarding Boards and the voluntary and community sector.

What is in the new Essex JHWS?

Purpose: This strategy articulates a shared vision for health and wellbeing in Essex. It sets out our key countywide strategic priorities, which address four areas of focus:

- Improving mental health and wellbeing
- Addressing obesity, improving diet and increasing physical activity
- Influencing conditions and behaviours linked to health inequalities
- Enabling and supporting people with long-term conditions and disabilities.

For each we explain what our shared priorities will be at each life stage, who will deliver them, what the outcomes will be and how we will assess our progress.

The strategy also explains our role in developing what we call the building blocks for health and wellbeing – for example, workforce, voluntary and community sector, innovative technologies, active communities, healthy places and the social determinants of health and wellbeing, like education, employment and housing.

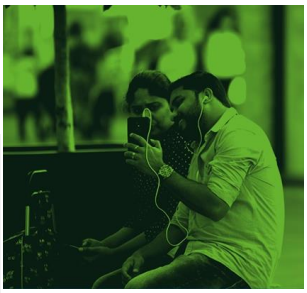
How was this strategy developed?

The development of the strategy was informed by Essex's JSNA, including the general review of evidence for 2017 and a number of 'deep dive' investigations of key issues – for example, on mental health and substance misuse. (See infographics in appendices)

Key challenges identified in the JSNA 2017:

- Life expectancy is down in Essex
- There is an ageing population with more people with long term conditions
- The life expectancy gap is widening and there are significant health inequalities
- 1 in 3 10-11 year olds and two thirds of adults are overweight or obese
- People with mental health problems struggle to get housing and work
- Mental health issues are common and suicide has increased
- Dementia diagnosis is not as good as we want it to be

We talked with stakeholders in 2017-18, including districts, boroughs and city, Clinical Commissioning Groups (CCGs) and Voluntary and Community Sector (VCS) organisations. We worked closely with Healthwatch Essex to understand the public's views and priorities. Views were also sought at Essex-wide boards and forums, such as Safeguarding Boards.



Key messages from partners have influenced the development and design of this strategy.

Key messages from engagement that have shaped the development of the new JHWS

1. Recognise the key role of district health and wellbeing boards and strategies
2. Focus on priorities that require partners to work in an Essex footprint
3. Explain the relationship to Sustainability and Transformation Partnerships (STPs) and other health service plans
4. Explain the relationship with other strategies, including the Essex Vision
5. Think about what "place" footprints are best suited to what outcomes
6. Say what resources the JHWS can unlock and how
7. Think about ownership and accountability and how delivery with be monitored
8. Be honest about the JHWS's role and limitations, about where it can and can't help
9. Don't introduce new outcomes, be a tool that helps deliver the ones we have
10. Be iterative – place-based health will take time and we're all on a learning curve.

How does it fit with and add value to other Essex strategies?

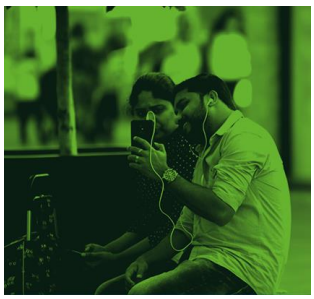
Partners have agreed a twenty year vision for our county (The Future of Essex) – which they launched together in 2017. Delivery of the JHWS will help enable delivery of this Vision.

The health and social care geography of Essex has additional complexity with the creation of NHS Sustainability and Transformation Partnerships (STPs), with three STP footprints which extend into neighbouring local authorities. In developing the JHWS, we recognise the commitment from Suffolk and North East Essex STP, Mid and South Essex STP and Hertfordshire and West Essex STP to working together to ensure consistency for the people of Essex in the health and care systems that they access.

In addition, strong locally focused District health and wellbeing partnership boards meet across Essex with their own locality-based strategies to address the needs in their communities, and are bringing together district partners in a way that is having a real impact on the ground. Their local HWB priorities are articulated in the nationally published District Health Profiles (last 2017) and have informed our direction of travel with the JHWS.

A whole range of strategies have been agreed by Essex partners. For example, we have a shared Essex Children and Young People's Plan and a local transformation plan for children and young people's mental health. In 2017 we also published new partner strategies under the 'Let's Talk' banner setting out our approach to dementia, mental health and wellbeing and suicide prevention. Other boards have their own plans and strategies too – like the Essex Police, Fire and Crime Plan and safeguarding strategies. –Additionally we all have our own organisational strategies.

This JHWS provides a focus on four strategic priorities for health and wellbeing at a countywide level. It provides a framework and direction for action across the system and in localities linking to the locality-based strategies and the Essex Vision. It will be an important tool and resource for partners and the public that will facilitate the delivery of existing strategies, including those cited above, and their priorities and outcomes and support local action with real impact.



1. The Essex JHWS: Vision and approach

Our Shared Vision

A simple vision is at the heart of the new strategy:

> ***We want everybody in Essex to live well together***.

We want **all people in Essex to live healthy, happy and full lives** and to be able to fulfil their potential, including those who might be vulnerable.

We want **every child to get a great start in life**.

We want **everybody to live in a strong, sustainable and supportive community** with good opportunities for work and other meaningful activity and a healthy standard of living.

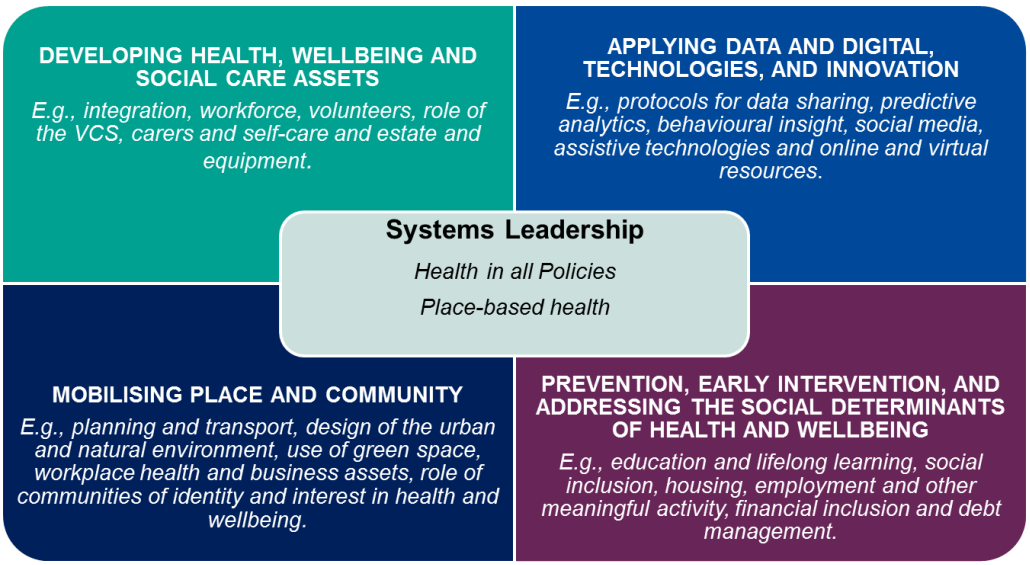
We want **everybody to be able to maximise their capabilities** with **control over their own lives,** including the ability to make healthy lifestyle choices for themselves and their families.

We want to ensure that **everyone has the opportunity to enjoy life long into old age**.

We want **everyone to have access to high quality health services** delivered in the right way at the right time when they need specialist help and support.

The Building blocks and our approach

We do not underestimate the challenges, but we believe that the approach adopted in this JHWS can help to meet these challenges and deliver the improvements in health and wellbeing we all seek, with specific focus on agreed priority areas. This new approach has five core building blocks.



The information synthesised through the JSNA also highlights the geographical variations in life expectancy and wider inequalities and we will need to address these in our focused approach to ensure we can reduce the gap in health inequalities.

1. Systems Leadership

We will work in partnership to create a system that supports people to achieve better health and wellbeing. We will work to breakdown silos and adopt the principles of place based health 'bringing expertise from local government, local primary care, the VCS, housing providers, other local services and communities themselves together to effectively confront the broader drivers of poor health'. Partners will work together to establish the right "place" to address each issue, be this at neighbourhood level, district, CCG footprint, countywide, STP, or regional.

Health considerations will be incorporated into all decision-making (e.g. housing, planning, and transport) as we adopt a ***Health in all policies*** approach recognising health is linked to a range of social and environmental determinants.

2. *Developing health, wellbeing and social care assets*

We will strengthen the local health and care system by encouraging more people to work in the sector, developing the role of the VCS and communities in health and care, and maximising the benefits from the public sector estate.

We will also develop ***a new compact with residents***. Encouraging everyone to take responsibility for their own and their family's health and wellbeing – for example, by enabling physical activity and healthy eating.

3. *Mobilising place and communities.*

Connectedness is vital for quality of life, and because friends, family and communities support us to enjoy life, get and stay well. We will build on the contribution of the local VCS and make better use of the energies, networks and resources in communities, as well as connecting better for our own wellbeing. We will work with communities to allow them to support their own wellbeing and we will work with employers to improve the health, including the mental health of people in the workplace.

4. *Applying data, digital, technologies and innovation*

We have an ambition to continue to build on best practice and evidence-based solutions and to innovate, test, and learn from new initiatives that help address emerging issues and increase efficiency.

Across the UK the use of technology in supporting public services is increasing. From providing advice on websites to virtual consultations and bespoke health and wellbeing apps the range of possibilities created by technology provides new options for engaging with the public, supporting them to adopt healthier lifestyles, and providing data and insight to shape the way we work.

We will work together to make the best use of the opportunities new technology and emerging practice presents us. We will use data and insight to make maximise the benefit from the resource available to us prioritising the areas of greatest need and where we can have the biggest impact.

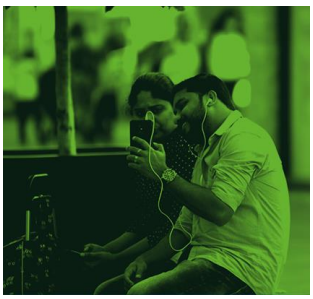
5. Prevention, early intervention and addressing the wider determinants of health.

Early intervention and prevention is vital to the long-term sustainability of the local health and care system. To prevent health inequalities we need to look more broadly than health and care services and focus on broader determinates such as material wealth.
In doing so we will be aware of the inequalities that impact particularly on certain vulnerable groups and we will recognise the importance of proportional universalism in addressing this*.* We will need a robust evidence based approach to optimally land this and will base our approach on strong local insight.

Running through our approach is an understanding that health and wellbeing in Essex has to be **everyone's business**.

Activity to support the building blocks will include:

- Education to give all children the best start in life, and to develop the role of schools in health and wellbeing, with a focus on those at risk of vulnerability
- Improving access to employment for vulnerable people, and developing the role of business and employers in health and wellbeing;
- Work with employers to support people in the workplace to improve health and productivity
- Developing and implementing a communities strategy to drive community action and mobilise social capital including developing the role of communities and the voluntary sector in delivering our priorities, developing user voice and co-design
- Developing social media to support community connectivity and to help address social isolation and loneliness
- Developing the use of community spaces and green space to support activity and connect people; developing flexible public transport approaches that can connect old and vulnerable people to each other and to key facilities and services
- Recruiting and retaining the health and social care workforce;
- Improving data sharing and management.



2. Our strategic priorities

Introduction and overview

Statutory guidance is clear that the purpose of the JHWS is to set out *'a small number of key strategic priorities for action that will make a real impact'* and in developing the JHWS we have resisted the temptation to produce an all-inclusive 'wish list' of activity

Engagement with partners has highlighted **four areas of focus**:

1. Improving mental health and wellbeing
2. Addressing obesity, improving diet and increasing physical activity
3. Influencing conditions and behaviours linked to health inequalities
4. Enabling and supporting people with long-term conditions and disabilities.

For each of these areas we have worked with partners to identify specific priorities, and have sought to identify action for every stage of the 'life course': 'starting and developing well', 'living and working well' and 'ageing well'.

It was striking the degree of overlap stakeholders surfaced in identifying specific priorities, outcomes and action in these areas of focus. Key themes included

- social isolation,
- mental health and employment
- mental health in children and young people.

The agreed priorities in each area are described below. More detailed consideration of the outcomes we seek and the actions that might land them form appendix 1.

AREA 1: IMPROVING MENTAL HEALTH AND WELLBEING

Why this area of focus?

Mental health is high on the agenda of all partners in Essex as came through clearly and consistently in the engagement that shaped this strategy. It is common and causes huge morbidity.

People who have mental health issues often die early due to a combination of socioeconomic disadvantages and poor lifestyle choices rather than the mental health issue itself.

Key challenges emerging from the JSNA include:

- 8.7% or 17,390 children and young people aged between 5-16 years have a mental disorder and 16% of the population aged 16-74 across Essex have a common mental health disorder. Up to 40% of some groups of older people have depression.
- 25,290 people in Essex are in contact with specialist mental health services, 4,385 on a Care Programme Approach and 160 subject to the Mental Health Act.
- 24% of adults in contact with secondary mental health services live in stable and appropriate accommodation. Significantly worse than England average.
- 39.4% of adults with severe mental illness smoke compared to 14% of the general population.

- There is a 72.5% gap in the employment rate between those in contact with secondary mental health services and the overall employment rate. This 'employment gap' is growing and is significantly worse than England (67.4%).
- Suicide rate 10.7 per 100,000 of population. 16.6 per 100,000 males and 5.4 per 100,000 females

Priorities for mental health and wellbeing
Priority measures:

- 10% reduction in Suicide rates in line with Essex Mental Health strategy.
- Halt the increase in admissions for self- harm in people aged 10-24
- Reduce all age admissions for self- harm across Essex by 5% to 143 per 100,000 with slowdown of increase in NE Essex.

In addition to these priorities a suite of measures have been agreed to track progress across the system in addressing this area of focus.

Specific priorities:

Starting and Developing Well: To lay the foundations for lifelong mental health at school, pre-school and beyond school. Because 50% of mental illness in adulthood starts by age 15 and 75% by 18 with the most vulnerable children the most affected.

Living and working well: To remove barriers to sustained recovery, with a focus on friends, finance, jobs and homes. Because the gap in the employment rate in Essex between those in contact with specialist mental health service and the rest of the working population is 72.5% and only 24% are in stable and appropriate housing.
To address poor lifestyle choices in people who have mental health issues driven by the Sport England pilot

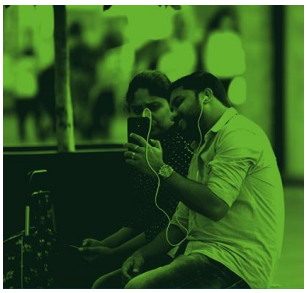
Ageing well: To reduce loneliness and social isolation. Because older people are particularly susceptible to loneliness and research suggests that this can be as damaging to health and wellbeing as smoking 15 cigarettes a day. Social isolation is however also an issue with young parents, carers~ including young carers and with many vulnerable groups and this must be remembered in developing interventions.

AREA 2: ADDRESSING OBESITY, IMPROVING DIET AND INCREASING PHYSICAL ACTIVITY

Why this area of focus?

Obesity is linked to a wide range of diseases including type 2 diabetes, heart disease and stroke, musculoskeletal conditions, cancer, liver disease, and mental health conditions. The estimated cost to the NHS is over £5 billion annually, with tens of billions of additional costs to society. Around 1 in 3 of 10 to 11 year olds and almost two thirds of adults in Essex are overweight or obese. Over 250,000 adults in Essex are physically inactive. 6.3% of adults (17+) have a recorded diagnosis of diabetes. Essex, like the rest of the country is performing poorly in these areas.

There is also a strong link between inactivity, poor diet and socio-economic deprivation, so addressing diet and physical activity in more deprived groups has a role in reducing health inequalities in Essex. Addressing these issues requires a whole system place-based approach that can address the 'obesogenic environment' and encourage and support behaviour change. There is also a need to reach out to the specific groups which are the most likely to be inactive and under-represented in both physical activity and sport. These include people from lower socio-economic groups, people with disabilities or life-limiting illnesses, the unemployed and women.



We have a unique opportunity to make progress in Essex with investment from Sport England in a whole systems approach to promote physical activity in our county, and particularly in Colchester, Basildon and Tendring.

Priorities for addressing obesity, improving diet and increasing physical activity

Priority measure: Reduction in the percentage of residents (aged 16+) who undertake less than 30 minutes physical activity per week (Sport England Survey) with an absolute decrease of 4% from the current level of 22.6%.

Specific priorities

Starting and Developing Well: Physical and food literacy will be developed from pre-school onwards, and all children in Essex will meet national guidelines for daily activity.

***Living and working well*:** A focus on promoting physical activity and healthy diet in the workplace, and on the role of businesses in promoting healthy lifestyles.

This links to the Sport England outcome of creating transformational long-term change in the culture and systems of organisations that can have an impact on inactivity and local organisations such as Active Essex have been working to ensure workplaces adopt an active culture that encourages participation.

Work with Planning will ensure improved infrastructure to support healthy lifestyle choices

***Ageing well: Co-design appropriate mobility programmes for older adults and address barriers to older adults eating well*.** This links to the Sport England outcome of more people living active lives, especially the under-represented groups of the elderly, low income families with dependent children and people with poor mental health. Because physical activity is crucial to maintaining independence and malnutrition is common in older people.

AREA 3: INFLUENCING CONDITIONS AND BEHAVIOURS LINKED TO HEALTH INEQUALITIES

Why this area of focus?

Nearly a decade ago the Marmot Review *Fair Society, Healthy Lives* highlighted the link between health and other inequalities – noting that people in the poorest areas die sooner and spend more years living with poor health and disability. Life expectancy in Essex – at 80.1 years for males and 83.4 years for females - has decreased and the gap in life expectancy between the most and least deprived areas of Essex has widened to 7.5 years for men and 5.8 years for women.

While 16.4% of children in Essex live in low income families – less than the England average – this ranges from 7.9% in Uttlesford to 27% in Tendring. We also know that health and wellbeing outcomes are significantly worse for some groups – for example, children who are in or who have been in care. Outcomes for vulnerable children continue to be significantly worse than for their peers. For example, a 2015 investigation for the National Audit Office found that 25% of those who were homeless and nearly half of young men who came into contact with the criminal justice system had been in care.

Marmot concluded that action to address health inequalities should target the social determinants of health, including education, access to employment, housing and community. In 2010, Marmot estimated the costs of these health inequalities at between £36 billion and £40 billion in lost taxes, welfare payments and cost to the NHS.

Individual choices also have a profound impact on health and wellbeing, and people in difficult circumstances are often less able to make the best decisions for themselves. We need to give people the support and opportunities that they need to make healthier choices.

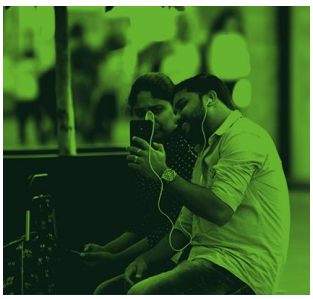
Priorities for influencing behaviours and conditions

Priority Measure: Halt the increasing difference in life expectancy at birth between affluent and deprived communities in males and females across Essex.

Specific priorities

Starting and Developing Well: Improve attainment and outcomes for the most vulnerable children and young people in Essex, including children in care, children with learning difficulties (including autism), children at risk of entering the criminal justice system, and asylum-seeking children.

***Living and working well*:** Developing our substance misuse services in Essex and working with individuals and families who experience multiple deprivation.
There are new challenges around substance misuse, including the impact of "county lines" and a national increase in drug related deaths and new psychoactive substances. There are also opportunities to improve outcomes in Essex by developing new services and approaches working with the community.



Ageing well: Reducing Social Isolation and loneliness and improving housing provision and transport for vulnerable older people.

AREA 4: ENABLING AND SUPPORTING PEOPLE WITH LONG TERM CONDITIONS AND DISABILITIES

Why this area of focus?

These challenges will grow, with more people in Essex likely to be living with long term conditions, particularly those associated with ageing. In Essex, the forecast growth in over 65s in the next decade is 28%, with a 55% rise in over 85s. Additionally there are more

people living with disabilities including learning disabilities who need to be able to fulfil their full potential.

Long term conditions are associated with an aging population and include avoidable morbidity through stroke and other vascular conditions including vascular dementia. Management of blood pressure, cholesterol and atrial fibrillation are important in this area. Mental health issues are common and may coexist with physical long term conditions and negatively impact on outcomes and service use.

Dementia is common and increasing and in the county council supported 3,850 people with dementia during 2016/17 providing services for around 2,640 people at any given time. 32% of ECCs admissions to residential care were for people known to have dementia (16/17)

People with mental health issues and those with disabilities are less likely to be in work and may face financial challenges and be more likely to be socially isolated. Only around 1 in 13 adults with learning disabilities are in employment in Essex.

Children and young people with autism may still not get the support that they need to flourish at and outside school, often because their condition is not recognised.

17% of the population in Essex report they have a health problem or disability that limits their day-to-day activities and has lasted, or is expected to last, at least 12 months (2011). 31,940 or 38.5 per1000 of working age people in Essex received Disability Living Allowance in 2014.
Additionally, 1,520 or 181.2 per 100,000 people aged 18-64 in Essex are registered blind or partially sighted (2013/14)

Priorities for enabling and supporting people with long term conditions and disabilities

Priority Measure: A reduction in the gap in employment rate for those in contact with secondary mental health services and the overall employment rate (18-69 yr). To reduce by 3% per year from current 72.5% and 3% per year reduction in the gap in employment rates for people with learning disabilities and the overall employment rate from baseline 69%.

Specific priorities

Starting and Developing Well: Preventing mental health needs through early interventions. Challenges include exams, debt, Social media, body image, obesity, self-harm and negative peer pressure

***Living and working well*:** Supporting people with long term conditions and disabilities into employment and ensuring they have full access to all public services.
Proactive management of avoidable clinical risk factors for cardiovascular disease.

Ageing well: Tackling social isolation, support for carers, and optimising reablement

FUTURE OF ESSEX

Essex Joint Health and Wellbeing Strategy - Action Plans

CHANGE IS UNSTOPPABLE. AND SO ARE WE.

1 Improving Mental Health And Wellbeing

	Actions	Outcome	Owner	Timescale	Measure	Life Stage
1.1	Work with providers to better identify and support mothers at risk of post natal depression	Improved emotional wellbeing in mothers identified at risk of post natal depression .	ECC,Virgin. acute trusts	2019 2021	Baseline to inform quantified targets to be agreed No & % of mothers identified and notified to the Provider by the midwife as at risk of or experiencing poor emotional wellbeing during the perinatal period, whose emotional wellbeing has improved following support	Starting and Developing well
1.2	Support schools to develop and provide effective support for emotional health and wellbeing including peer support through Peer Support/Youth Health Champions	90% of pupils agree with the statement 'My life is going well' (2% increase against 2017 figure) 60% of boys and 77% of girls report that when they are really worried they talk to someone or ask for help (20% increase for boys and girls against 2017 figure)	ECC	April 2021	SHEU survey and Risk Avert data	Starting and Developing Well
1.3 1.4	Improve links between services to support people with mental health issues into work Increase work with employers around healthy workplaces with focus on mental health for example through increasing mental health first aid (MHFA) levels.	Gap in employment rate for those in contact with secondary mental health services and the overall employment rate (18-69 yr). To reduce by 3% per year from current 72.5%.	ECC, EPUT, Vol Sector, ACL, JCP, SELEP, Provide	April 2021	Increased numbers on ESA with MH issues rejoin the workforce Numbers of businesses with MFHA available. Train 200 MHFA's in Essex businesses per year	Living and working well
1.5	Roll out community models such as ISARMS (Futures in Mind) and MH hubs and increase their impact building on and linked to existing local schemes.	10% Increase in numbers of people with mental health and substance misuse problems actively engaged with peer support networks.	ECC, Vol sector	2021	Number of clients accessing these services	Living and working well
1.6	Implement action plan to address social isolation	Reduction in % of people who are lonely as defined by scoring 7 and over on Three item loneliness scale from Essex Residents Survey (formally Tracker Survey) from 8% to 4%	ECC, CCGs, Vol Sector,	2021	Numbers of older people identified as socially isolated and referred into ECC Care Navigator, Community Agents and Befriending Scheme Offer	All Ages
1.7	Providing Comprehensive access and local support to mental health services	50% reduction in out of area placements 24hr Psychiatric Liaison Services available	CCGs	2021	Number of out of area Psychiatric placements A "Core 24" standard of Liaison Psychiatric services in place at each acute site for adults by 2020/21	All Ages

2 Addressing Obesity, Improving Diet And Increasing Physical Activity

	Actions	Outcome	Owner	Timescale	Measure	Life Stage
2.1	Deliver the Sport England local delivery pilot including targeted and tailored work with different age groups and rolling out acquired learning across the county to replicate outcomes from pilot areas	Lifting people out of inactivity (<30mins a week) by an absolute 4%.	Active Essex, DC/BC, ECC	2021	National data on activity Bespoke evaluation data from LDP pilot	All Ages
2.2	Support the expansion of initiatives to reduce obesity & that contribute to children's undertaking at least 60mins of physical activity per day including programmes such as , the "Daily Mile" and the Tuck In scheme. (also aimed at adults)	A halt in any rise in levels of childhood obesity and overweight measured through the National Child Measurement Programme (NCMP)	Active Essex, DC/BC, ECC, schools	2021	year 6 (and reception) levels of healthy weight Percentage of children undertaking at least 60 mins of pa per day al measure in 2019 number businesses engaged in Tuck in scheme	Starting and Developing Well
2.3	Expansion of workplace interventions to support staff to increase physical activity and improve diet building on "Livewell" and Active Essex initiatives.	Lifting people out of inactivity (<30mins a week) by an absolute 4%.	Active Essex, DC/BC, ECC, NHS	2021	National data on activity. Staff surveys. Engage 20 new businesses per year that employ in excess of 20 R&M staff	Living and working well
2.4	Expand effective physical health and mobility programmes for older adults.	Establish a baseline of physically inactive older people then develop a target for improvement	Active Essex, DC/BC, ECC, VCS, Housing associations	2019 (baseline) 2021 (achieve agreed improvement)	Bespoke evaluation data from the Active Life survey and the Essex Residents survey	Ageing Well
2.5	Develop a wide approach to enabling weight loss in adults including a range of community led delivery partners to deliver more weight management support than can be achieved through weight management services alone, workplace initiatives and the new online My Weight Matters support option	Halt the increase in the proportion of overweight and obese adults. From baseline of 63.6%	ECC/VCS/Providers	2021	Numbers people engaged in programmes An increase in no. of adults supported to lose weight against 2016/17 service baseline. Weight loss achieve in samples	Living and working well Ageing Well
2.6	Optimise use of weight management and Physical activity to prevent and manage levels of type 2 diabetes including NDPP and supporting patients to manage living with Diabetes	0% rise in number of new cases of diabetes each year. No rise in elective admissions related to diabetes	NDPP/ECC/CCGs/ vol Sector	2020	Age related diabetes prevalence from QoF NDPP activity Incidence of diabetes prevalence from QoF Number of patients on structured education programmes	Living and working well Ageing Well

3 Influencing conditions and behaviours linked to health inequalities

	Actions	Outcomes	Owner	Timescale	Measure	Life Stage
3.1	Strong focussed evidence based parenting support is available so parents will be confident to help their children achieve	A 5% reduction in school readiness gap between most deprived Essex quintile children population and rest of Essex children population, from 17.8% to 12.8%	ECC, Virgin, Schools	April 2021	Improved School readiness rates with more deprived areas achieving similar to affluent Number of families identified as requiring evidence based parenting support, who show improvements in parenting/ behaviour following intervention. Numbers receiving evidence based interventions in deprived areas.	Starting and Developing Well
3.2	Work with employers and schools to improve aspiration, attainment, and employment in deprived areas including developing targeted support for looked after children, care leavers, those with mental health issues, people with history of substance misuse and offenders.	4.1% of young people (16-18) who are Not in Employment, Education or Training (NEET) or unknown. 4.2% currently (April18). 47% of Essex disadvantaged pupils achieved at least the expected standard at Key Stage 2 in 2017 against the Reading, Writing and Maths combined measure. The target is to achieve a top quartile position by 2020 (this being 53% based on 2017 results but subject to change each year).	ECC, Schools, JCP, ACL, SELEP, vol sector, OPFCC, HMP Chelmsford, probation	2020	GCSE outcomes and access higher education by area KS2 attainment in deprived areas (percentage at least expected standard)	Starting and Developing Well
3.3	Develop approaches to identify, treat and support people at risk of problematic drug and alcohol use and/or addiction including peer led support for vulnerable groups, and early identification and referral of problematic drinkers	A halt in rise of alcohol related hospital admissions More people will make a long term recovery from misusing substances	ECC, CCGs, providers, vol sector, Police and OPFCC	2021	Hospital admissions data Current trajectory 2012/13 – 6908 2013/14 – 7965 2014/15 – 7990 2015/16 – 8270 2016/17 – 8433 Increase % of people leaving structured treatment in a planned and agreed way from current baseline: Opiates - 48.7% to 65% Non Opiates – 85.5% to 90% Alcohol – 66.7% to 75%	All Ages
3.4	To reduce the numbers of people becoming dependant on health and adult social care by facilitating the best conditions for carers tooperate	Increase the proportion of carers who find it easy to find information about support. Improve from 59% to 80%	ECC, CCGs, VCS	2021	Carers capturing information data	Living and Working Well & Ageing Well
3.5	Ensure quality of place in new developments to improve mental health, encourage healthier lifestyles, and reduce social isolation	Principles in the Essex Design Guide adhered to in all new developments across the county	ECC DC/BC		National data on activity (in new developments) Numbers of older people identified as socially isolated (in new developments)	
3.6	Forge links between local health initiatives and primary care	90% of practices engaged in initiatives including actively seeking to identify social isolation in attendees, ensuring improved physical activity including parkruns and supporting smoking cessation	CCGs, Active Essex, ECC. Voluntary sector	2019	Number of practices who sign up to national scheme Number of practices referring/signposting people for social isolation Practices refer 5% of their smoking population annually to the Essex Lifestyle service	All Ages

4 Enabling And Supporting People With Long Term Conditions And Disabilities

	Actions	Outcome	Owner	Timescale	Measure	Life Stage
4.1	Co-production of a Preparing for Adulthood strategy with a focus on routes into employment for children and young people with long term conditions and disabilities. The strategy will also focus on increasing family resilience and reducing dependence. The strategy will sit alongside a dedicated Preparing for Employment workforce which will support targeted interventions for this cohort.	Reduction in NEET figures for young people with SEND to narrow the gap to the whole 16-18 cohort. 2016 data: 11.6% of the 16-18 SEND cohort is NEET compared to 4.4% of the whole 16-18 cohort. Target to reduce NEET for 16-18 SEND cohort to 8% by 2020.	ECC & Schools and other education settings, employers	2021	Employment rates for CYPWD. NEET data Parental confidence reflected in annual reviews of EHCPs Reduction in number of CYP educated in out-county placements.	Early Years
4.2	Work with clients, Vol sector, Employers and learning and skills support to improve access and opportunity to work for people with disabilities	Increase rate of adults with disabilities who are economically active to 10%	ECC, ACL, SELEP, JCP, schools, vol sector, employers inc NHS, DC/BC	2019	Employment rates for people with disabilities	Living and working well
4.3	Optimal community reablement with levels amongst the highest nationally	Percentage of people self-caring after reablement to increase from 71% to 75%	ECC, CCGs, Acute trusts	2021	Increased proportion of those in the community referred to social care receiving reablement,	Ageing Well
4.4	Comprehensive Geriatric Assessment in Frailty assessment units and within the community	Maintain performance at target of 82% of older people to remain out of hospital for 91 days post reablement				
4.5	Supporting for patients with long term conditions to be managed within a locality/Hub model	Development of locality/hub models focused around primary care in all areas	CCG/ECC/ community/MH providers	2020	Number of hubs/locality models in place.	Ageing Well
4.6	To work with public and private sector partners to ensure that supply of new and adapted housing units for all classes of vulnerability matches demand in each part of the county	To be agreed on completion of current review	ECC, vol sector DC/BC Registered Providers,	2021	Number of independent living units available and occupancy Number of suitable sheltered housing units available and occupancy (Districts and Boroughs to provide) Reablement Self caring measure number of category 1 hazards in properties that are notified to authorities % of domestic properties with EPC rating C or above	All

Priority areas and measures in JHWS

Priority	Outcome	Owner	Timescale	Measure
Mental Health	10% reduction in Suicide rates in line with Essex Mental Health strategy	ECC,, VCS EPUT Voluntary Sector NELFT, CCGs, DC/BC	2021	Suicide Rates (Males & Females)
	Halt the increase in admissions for self- harm in people aged 10-24			Hospital admission rates for self- harm in aged 10-24
	Reduce all age admissions for self- harm across Essex by 5% to 143 per 100,000 with slowdown of increase in NE Essex			hospital admission rates for self- harm in people (all ages) by DC/BC
	More children and young people access timely community based emotional wellbeing mental health services		2020	34% of children and young people aged under 18 yrs receiving treatment by NHS funded community MHS providers (against CYPMH diagnosable prevalence rate per CCG). 92% treated within the National 18 week RTT target
	Fewer young people need inpatient care with an increase in home treatment management.			agree trajectory establish extended service achieve agreed reduction in Tier 4 and A/E admissions.
	Appropriate social care support to prevent secondary care referral		2019 2020 2021	determine baseline and finalise targets for areas below Reduced proportion of referrals to secondary care (EPUT) from those known to ASC
	Increased number of people with mental health issues living independently		2019 2020	Increased numbers of people moved in to general needs housing Numbers of people with reduced packages of care Increased Numbers of people in receipt of support to sustain a tenancy Reduction in waiting times following referral
Addressing obesity, improving diet and increasing physical activity	Lifting people out of inactivity (<30mins a week) by 4%.		2020	Percentage of residents (aged 16+) exercising at least 150 minutes per week (Sport England Survey) Percentage of residents (aged 16+) who are inactive
Influencing behaviours and conditions that drive health inequalities	Halt the increasing difference in life expectancy at birth between most and least deprived areas in males and females.	ECC, districts, Voluntary sector, CCGs , Community Providers, Acute & Mental Health Hospital Trusts	2021	Gap in life expectancy between the most and least deprived areas within Essex. (slope index of inequality)
Enabling and supporting people with long term conditions and disabilities	Increase rate of adults with disabilities who are economically active to 10%		2020	The proportion of adults with mental health issues and disabilities who are economically active.