



**Essex Local Area Agreement**

# **Community Wellbeing and Older People Partnership**

**Annual Report 2009/10**

**essex** shaping  
partnership the future  
of essex

## About the partnership

The role of the Community Wellbeing and Older People Partnership is to bring together organisations and groups that have an interest in activity that impacts upon the Health and Well Being of the residents of Essex, in order to deliver health and well being related outcomes and so improve the quality of life of the residents of Essex.

The Partnership takes a whole community approach that is focused on improving well being and delaying or preventing the need for health and social care intervention, and in addition, a specific focus on:

- Older people and their health and well being concerns in the widest context
- Health Inequalities, their causes and reduction.

All of the Partnership's papers (meetings and reports) and the Joint Strategic Needs Analysis can be accessed via the Essex Partnership Portal:

[www.essexpartnershipportal.org](http://www.essexpartnershipportal.org)

## \*\*\*STOP PRESS\*\*\*

Independent Reviews, led by the Care Quality Commission (CQC) and Audit Commission have recently taken place:

### **CQC Inspection of Essex County Council's Adult Social Care:**

The full inspection of Adults safeguarding and services to older people focused on the areas below, and awarded the following ratings:

Safeguarding adults	Performing Excellently
Improving health and wellbeing for older people	Performing Well
Improved quality of life for older people	Performing Excellently
Capacity to improve	Performing Excellently

The report also stated that the council::

- ✓ *"...had a clear and purposeful vision to transform and improve services for vulnerable adults and older people and their carers"*
- ✓ *"...worked proactively with partner agencies to promote the health and wellbeing of older people and their family carers"*
- ✓ *"...was proactive in seeking the views of people who use services and partner agencies and was keen to use this information to further improve services"*

### **Audit Commission Review of Health Inequalities:**

This Review assessed the progress that had been made by all partners in Essex to reduce Health Inequalities and to meet the recommendations from an initial report published in January 2008.

A report is awaited from the Inspectors.

CWOP members and partner organisations contributed to both these reviews, providing evidence, participating in workshops and interviews and through this demonstrating the strength of the partnership working and the impact of the work on the residents of Essex.

## Summary of overall progress

The 2009-10 Annual Report for the Community Wellbeing and Older People Partnership stated the key tasks for the year ahead to be:

- Ongoing performance management of the Local Area Agreement 2 (LAA) targets
- Responding in a timely way to the recession
- Developing an understanding of how the partnership relates to the other thematic partnerships in respect of cross cutting themes
- Leading on the development of a coordinated approach to tackling Health Inequalities for the Essex Partnership.

Throughout the year there has been significant progress in all of these areas. Highlights include:

- ✓ All LAA target indicators are on track to meet their 3<sup>rd</sup> and final year targets (see Appendix 1 for the end of year statistics)
- ✓ During the year, a downward trend for NI 135 (Carers receiving needs assessment or review and a specific carer's service or advice and information) was reversed
- ✓ The interventions supported in LI3.1 (Supporting people with mental health problems back into employment), has continued to significantly outperform its target and is being used as a model of best practice nationally
- ✓ The partnerships developed to support LI2.1 (People over 65 who say that they receive the information, assistance and support needed to exercise choice and control and live independently) resulted in initiatives to maintain older people's health, well being and independence which have received extremely positive feedback in relation to their accessibility and usefulness
- ✓ CWOP has contributed to innovative approaches in working with other thematic partnerships on the issues of obesity and homelessness
- ✓ Consultation and public engagement throughout the year has led to the identification of three priority issues for reducing health inequalities and the wider sharing of good practice: obesity, alcohol and mental health.

### **Local Area Agreement (LAA) Indicators**

CWOP has responsibility for ensuring the targets for 7 of the indicators in LAA2 are met. A target lead has been designated for each of these and reports on progress are made to every meeting:

<b>Indicator</b>		<b>Target Lead</b>
NI 120	All Age All Cause Mortality	Dr Mike Gogarty NHS NEE and ECC
NI 123	Stopping Smoking	Dr Andrea Atherton NHS SEE
NI 134	No. of emergency bed days per head of weighted population	Matt Bushell NHS NEE
NI 135	Carers receiving needs assessment or review and a specific carer's service or advice and information	Liz Chidgey ECC
NI 141	"Supporting people" service users moved in a planned way	Simon Harniess ECC
LI 2.1	People over 65 who say that they receive the information, assistance and support needed to exercise choice and control and live independently	Sharon Longworth ECC
LI 3.1	No. of people with mental health problems who are helped into employment or education	Pauline Stratford ECC

## Partnership development

The Terms of Reference for the Partnership went through a major review in June 2009. The most significant changes were an increase in the numbers and backgrounds of the members and a widening of the remit of the partnership to formally take on responsibility for health and well being in its widest sense and health inequalities. In September, a report on progress against the recommendations of the Price Waterhouse Coopers review of governance made during early 2009 noted that all actions had been achieved or were in progress.

Membership now includes:

- ✓ More representatives from voluntary groups, LINKs (Local involvement networks – user groups for health and adult social care) and Practice based Commissioners, all of whom have made a strong contribution to meetings, adding a wider dimension to policy discussions and giving first hand feedback on projects
- ✓ Representatives from each of the other thematic partnerships and local strategic partnerships. This has resulted in some innovative cross cutting work
- ✓ Representatives from each of the groups that are now formally linked to CWOP. Each of these is scheduled to make a report annually on their activities and progress. These agenda items have increased the understanding of other members and prompted some useful discussions.

All new members were offered an induction meeting with the Chairman and support staff and sent an Induction Pack. Attendance at meetings has improved considerably throughout the year and is now very strong with the full range of stakeholders and partners present. All 5 Primary Care Trusts (PCTs) are now regularly represented by their Director of Public Health or most senior Public Health officer which has not been the case in previous years.

### **Partnerships Formally Linked to CWOP**

- Essex Supporting People Commissioning Board
- Essex Learning Disability Partnership Board
- Essex Housing Officers Group
- Smoke Free Essex Tobacco Control Alliance
- Essex Community Wellbeing Programme Board
- Essex Safeguarding Adults Board
- Joint Strategic Needs Analysis Steering Group

Performance management has improved further throughout the year as a result of increased resource to support this function. The introduction of a forward plan allows for the scheduling of regular reports from each target lead for the LAA indicators with a strong focus on the targets that are underperforming or where there are downward trends. This has been effective as the turnaround in performance of NI 135 demonstrates.

One of the greatest developments to the work of the partnership has been to successfully work with other partnerships in addressing Health Inequalities and health and well being issues. There is external validation for these achievements in the shape of reviews (see Stop Press box on page 1), and awards (see page 6).

At a strategic and policy making level, Health Inequalities have been the subject of further consultation across the whole of the Essex Partnership through the hosting of a Public Summit in November 2009 as part of the Essex Strategy Review. This resulted in the changing of suggested priorities for addressing health inequalities with the recommendation that obesity, mental health and alcohol should be Essex-wide priorities now subject to final consultation with other partnerships.

Obesity has been the subject of a presentation to the LAA Performance Management Group (PMG) which was led by CWOP and delivered with the Children's Trust and 2012 Olympic and Paralympic Legacy Partnerships.

#### **LAA Performance Indicators linked with Obesity**

NI8 Adult population participating in sport and active recreation  
NI55 School reception age obesity  
NI56 School year 6 obesity  
NI57 Children and Young People participating in high quality PE and sport  
NI120 Adult all age all cause mortality rate  
NI198 Children travelling to school by car

Collaboration between the partnerships led to the allocation of £1M of Performance Reward grant (PRG) funding for activity to promote healthy lifestyles during 2010-2011. This will be spent evenly on three elements which will collectively contribute to all the LAA targets linked to obesity:

1. Activities for older people in sheltered housing to reduce falls
2. Chiller cabinets installed in schools with promotional activity to encourage pupils to eat more fresh fruit and vegetables
3. Cycling activity linked to the Essex 2012 Legacy proposals, bike4life promotion and sustainable transport.

This activity will be prioritised in the areas of the county where obesity is highest, thus contributing to reducing health inequalities.

A shared approach to funding has also been a feature of the support that CWOP has given to the Sustainable Essex partnership's work to reduce the number of homeless people by offering a broad based package that includes health checks. PRG money and operational support from Essex County Council, Colchester Borough Council and NHS North East Essex have contributed to a pilot project in Colchester. Take up has been greater than anticipated and the findings are now being used to further extend the project into Tendring and Harlow.

NI134 was felt to be a high risk indicator by CWOP as performance hovered at target level throughout the year. Improved performance management of this indicator has led to partners working to develop county-wide action plans, with nominated lead officers taking responsibility for delivery to the target lead.

## Impact of economic situation/revised priorities

The economic environment has changed significantly over the financial year, with an expected increase in service users due to health and social care issues associated with economic deprivation.

CWOP has continued to work in partnership across health, Essex County Council, the voluntary sector, and with other partnerships to deliver priorities:

- ✓ The Village Agent Pilot Project is a partnership which supports the delivery of LI2.1. Funded by NHS Mid Essex, Essex County Council, Braintree Local Strategic Partnership (LSP) and delivered by the Rural Community Council of Essex, Village Agents had received 569 referrals and activities by 14 May 2010.
- ✓ Both elements of the work under LI 3.1(Supporting People with mental health problems into education or employment) rely on partnership working for their operation:
  - Workers assist people with mental health problems to act as volunteers as a stepping stone to moving into employment or education. Based at volunteer centres in the areas of the county with the highest rates of mental illness (Tendring, Basildon, Harlow, Colchester, Chelmsford and Basildon), the placements also rely on the cooperation of partner organisations.
  - The Mindful Employers Network links up with employers across the county providing training and guidance so that they are better equipped to support employees with mental health problems and assist a gradual return to workThis project has already exceeded its targets for the end of the LAA despite an increase in the numbers of people reporting mental health problems as a result of the recession.

No changes have had to be made to any LAA targets as a result of the recession.

## Delivery planning and cross-partner challenge

The CWOP delivery plan has been in use through the year with all target leads and the format has evolved to meet the needs of the partnership. Functionality has been added so that the partners can indicate which overarching activities they contribute to, enabling synergies and gaps to be identified. The process is managed by a project manager in ECC who meets the target leads regularly to understand delivery of the action plans and performance of the performance indicators, and then reports to CWOP and the Performance Management Group (PMG). This allows for cross partner and cross thematic challenge of the action plans, and for further synergies to be identified.

These plans are frequently supported by detailed plans, for example:

- ✓ The action plan for LI 2.1 is part of the detailed partnership programme of work to deliver the county-wide Community Well being and Later Life Prevention Strategies
- ✓ Links have also been made between the Personal Health Plan targets for PCTs and LI2.1.
- ✓ NI 134 is supported by 5 PCT-lead action plans.

The supporting plans have been consulted on with stakeholders, and the CWOP plans themselves were developed by the target leads in partnership with Local Strategic Partnerships and other partners.

All plans have Equality Impact Assessments in place which have been agreed and signed off by the Essex Partnership Delivery and Quality of Life Team.

During the year, a refresh of the LAA targets gave the opportunity to review the figure for NI 134 where there had been some confusion around the baseline and target that had been set in previous years. Working with GO-East, Essex Shared Services Agency, Infomatics and the target lead, the baseline was reconfirmed, the target negotiated, and the outcomes of the negotiation communicated to CWOP partners.

CWOP also supports the delivery planning and commissioning of other partnerships and organisations by holding responsibility for the ongoing development of the Joint Strategic Needs Analysis (JSNA). This statutory programme assists the commissioning of services and strategy development across public services in Essex, Southend and Thurrock by capturing and evaluating on an on-going basis, the key data relevant to the county.

The JSNA Steering Group is made up of representatives from Local Authorities, Primary Care Trusts, Local Involvement Networks, DAATs and Mental Health Trusts. During the year, the Steering Group commissioned an online survey to determine the effectiveness of the JSNA. 78 responses were received and follow up enquiries were made to fill the gaps in response groups. The report concluded that:

*“The majority of those who use the JSNA find it useful either in terms of as an evidence base for commissioning, for report writing, strategy development or workstream development.”*

Recommendations on the future development of chapters, the content and formatting of the JSNA will be implemented in 2010-2011. One of the most important developments will lead to improved access to JSNA data and intelligence through ENIMS (Essex Neighbourhood Information Management System).

<b>Joint Strategic Needs Analysis Updates during 2009-2010</b>	
<b>Chapters Published</b> Children Voice (public engagement and consultation) Demography	<b>Chapters in Development</b> Drugs and Alcohol Mental Health Learning Disability Economic

## Improved outcomes

External validation of the outcomes achieved through partners working in support of CWOP targets is one of the best ways in demonstrating the success of partnership activities. The Stop Press section at the start of this report accounts the latest feedback on the highest profile inspections and reviews. The following examples provide more evidence:

- ✓ The ReachOut Project in Tendring was named as an example of good practice in tackling the broader determinants of health inequalities in the Marmot Report on Health Inequalities, published in February 2010. Representatives from NHS North East Essex have also been invited to attend the Committee of the Regions in Brussels to make a presentation on their project.
- ✓ Essex County Council’s Community Wellbeing Team, who have the lead for LI2.1, won their directorate’s award for Innovation and Good Practice. This award praised the progressive approach to delivering services including Village Agents, the Later Life Expo and Wellbeing Centres e.g. Foundry Court. Village Agents and the Later Life Expo have also utilised the input of the ‘Why Not Group’ Older Peoples Researchers to evaluate the outcomes for customers.

- ✓ The work to support people with mental health problems back into employment has received national recognition by the Sainsbury Trust having been given the status as a national 'Centre of Excellence'. It is being used as a model of good practice in the implementation of the Individual Placement and Support Model, part of the implementation of "New Horizons" the national strategy for mental health published in December 2009.
- ✓ Projects included within CWOP remit were used within the Essex Partnership submission to be designated Place of the Year by the Local Government Chronicle which was shortlisted.
- ✓ The "Be Smart Be Safe" leaflet was delivered to the homes of 187,000 people over the age of 65. It provided comprehensive information on how to live independently e.g. exercise, information about telecare, home safety checks, awareness about distraction burglary, buying with confidence. 95% of people surveyed (10,000+ returns) said the booklet was useful and had made changes to their lifestyle as a result.

In addition:

- ✓ Quarter 3 data shows all 5 PCTs are again ranked highly , all placing in the top 8 regionally for stop smoking rates (individual rankings of 1,2,5,7,8 for quitters per 1000 population)
- ✓ 8 post offices have reopened with integrated information points to provide isolated rural communities with access to universal information and advice.
- ✓ In support of the Essex County Council pledge, free telecare was provided to 4,200+ people aged 80+ years. This has enabled older people in the community to remain independent in their own homes.

## Delivering value for money

The only funding that the partnership holds responsibility for is Performance Reward Grant (PRG). Reports from the target leads included an update on the expenditure of their allocated monies and CWOP contributed to the Essex Partnership report made to the Partnership Forum in March 2010 to account for the use of PRG grants and share good practice.

At the March 2010 meeting there was a lively discussion over the proposal to reallocate up to £10k of unspent PRG for LI 2.1 on supporting health checks that the Sustainable Essex partnership wanted to carry out with people in temporary accommodation. This funding was agreed and ECC also offered matched funding for the project which has enabled its further expansion from Colchester to Clacton and Harlow. This project is truly ground breaking and each stage is being closely monitored to ensure its extension to new areas learns the lessons from earlier stages.

The money that resided with LI 2.1 was unspent in March 2010 because of a determination not to spend it on activities that would duplicate other work already in place. The funding had been provisionally allocated to support a community bus to travel to isolated communities to provide information about services but the purchase of a new bus was ruled out as being unsustainable. Research and further consultation throughout the year has led to a proposal being agreed at the May 2010 meeting of CWOP - to extend and enhance the approach taken by Healthy Arts projects (which provide an arts-based outreach service offering health checks and multi agency information and advice) by targeting isolated older people in rural communities.

## Sharing and using information about performance

A performance report is taken to every meeting of CWOP (now meeting bi monthly) which details the performance of the LAA indicators and the progression of their associated action plans. In depth reviews are conducted twice a year for each indicator with by exception reports at other meetings. Performance is broken down, where possible by district or locality so that it can be benchmarked and good practice shared e.g. NI 135 performance in the North East has exceeded its local target and the learning from this is being shared across the county.

Two targets have information that is only available annually (LI2.1 and NI 120). In these cases proxy measures have been actively monitored: example

- ✓ For LI2.1, measures include:
  - the activity of Village Agents
  - the number of people attending an older people's Expo in Colchester
  - feedback from the "Be Smart Be Safe" handbook
  - hits on the ECC Information portal ( [www.essex.gov.uk/portal](http://www.essex.gov.uk/portal) )
  
- ✓ The NI 120 proxy measures used by other LAA areas have been reviewed and statistics produced by the Eastern Region Public Health Authority are currently being assessed for their suitability.

Data for the National Indicators is processed by various agencies, including ECC, Essex Shared Services Agency, Department of Health, and individual PCTs. A dedicated officer works closely with these agencies to ensure that all data available is used, and that it is validated. Unvalidated data is also available for updates to the partnership, and it is made clear that this data is subject to confirmation e.g. a local track is kept on NI 141 because the time lag for validated data from the Communities and Local Government Dept is over 6 months.

## Key issues/risks to delivery

All LAA target work plans have risk registers agreed in the format developed by the PMG. The red risks are reviewed at every CWOP meeting and mitigating actions monitored. The risks with a red indicator are listed in the table below.

	<b>Risk</b>	<b>Mitigating Action</b>
NI120	Time lag between data collection and performance reports results in minimal time to manage performance	Establish proxy and process indicators
NI134	Increases in non elective admissions mainly shorter stay (zero to less than 3 days spells)	Commissioners to challenge inappropriate admissions based on quality and 4 hour breaches
NI135	Carers assessments are not recorded on the Oscars system	Ongoing training and management of field staff to fully utilise system
LI2.1	People's perception of their independence is influenced by a wide range of factors and life events. They do not always associate the broad question in one survey with the information or services provided by other public sector organisations in Essex, or their experience of these services	Establish additional measures of satisfaction/feedback linked to specific initiatives Communications messaging to public continually reinforces the target wording
LI3.1	Project being terminated due to lack of funding when PRG money ends	Pursue other funding sources eg European funding

Issues and risks to delivery are also discussed in a more general sense during CWOP meetings. For example, recent agenda items have included a discussion of the needs of older people and an integral issue associated with this was the projected increase in numbers of older people, their perceptions of need and the services provided by partners. Older people's perceptions of safety compared with their real risk of crime were discussed.

## Next steps

The overall aims for the Community Wellbeing and Older People's Partnership in the 2010 - 2011 year reflect the changing political and economic environment :

- **Continued improvement in the performance management of the targets in the final year of the LAA**  
The greatest focus will be on the performance out turn for 2009-10 on the indicators which report annually (NI 120, LI 2.1). Succession plans will also be required for some of the projects as their PRG funding runs out e.g. LI3.1.
- **Implementation of an Essex Partnership-wide approach to reducing health inequalities as a key contribution to achieving the Essex Strategy's outcomes**  
Finding ways to measure and enhance the work of other partnerships to reduce health inequalities.
- **Continued strengthening of the relationship with the other thematic partnerships and district/borough LSPs**  
The focus being in respect of cross cutting themes, such as community safety, intergenerational activity and access to the built environment.
- **Assessment of the future role of CWOP**  
2010-2011 will see the start of changes to the partnership environment as a result of a new government, the impact of the recession on public spending at large and the influence of the Total Place approach. For CWOP, the impending restructure of the 5 PCTs and the feasibility work taking place to extend joint commissioning between adult social care and health will have a major impact. The task for the partnership will be to review its role within this new emerging landscape, ensuring that the positive partnership working that is currently thriving does not get lost.
- **Leading on the development of partnership initiatives to increase access to wellbeing and preventative services**  
The coalition government has already declared that it will continue and increase the focus on prevention services, both in terms of general public health and specifically in enabling older people to remain independent and live in their own homes for longer. Essex already boasts a strong track record in this regard and the challenge will be to ensure partnership working continues throughout structural changes and that work becomes more effective and provides value for money. There will also be an interest in finding ways to sustain and role out innovative pilot projects countywide.