

Essex Local Area Agreement (LAA) Community Well Being and Older People Partnership Annual Report 2008/09

Summary of overall progress

The Community Well Being and Older People Partnership (CWOP) brings together representatives from the Essex Partnership's membership including user and voluntary groups, district representatives, County Council colleagues, Primary Care and other Essex NHS Trust colleagues, in order to deliver health and well being related outcomes and so improve the quality of life of the residents of Essex.

Although the Partnership is not a statutory requirement, members strongly believe that working together is bringing benefits in a wide range of topics that extend beyond the specific targets associated with the 7 Local Area Agreement (LAA) indicators for which it is accountable.

The achievements of the Partnership over the past year include:

- Publication of the Joint Strategic Needs Assessment (which also covers Southend and Thurrock unitary areas), its use to inform target setting and priorities for the LAA and to drive joint commissioning;
- Oversight of the development and implementation of the Community Well Being and Later Life Strategies which have been endorsed by the Essex Partnership;
- High levels of achievement against the annual targets LI 3.1 - supporting people with mental health issues into employment or education and NI 123 stopping smoking;
- Successful sourcing of alternative funding for key areas of work, which has allowed £150,000 of Performance Related Grant (PRG) money to be reallocated to support work against other LAA targets;
- Agreeing revised governance arrangements including terms of reference, membership and formal linkage to other Boards and Groups that consider aspects of community health, wellbeing and older people (a copy of which is embedded at the end of this report).

It is important that thematic partnerships can directly link into all Local Strategic Partnerships (LSPs). This is problematic because there are 12. CWOP has tackled this by including all 5 Directors of Public Health from the Primary Care Trusts in its membership. These officers have links with the LSPs and this helps to ensure a connection through to CWOP.

The key issues facing the Partnership over the next year will be:

- performance managing the LAA targets and indicators;
- responding in a timely way to the impact of the recession;
- leading on the development of a coordinated approach to tackling Health Inequalities for the Essex Partnership.

Partnership development

Different elements of the Partnership's governance and operations have developed throughout 2008/9 as a result of:

- A Partnership Awayday being held in October 2008 which led to the generation of an Operational Plan;

- The completion of an audit of governance commissioned by Essex County Council and carried out by Price Waterhouse Coopers which resulted in a series of recommendations concerning governance;
- Discussions with the following associated groups:
 - o Supporting People Commissioning Board
 - o Learning Disabilities Partnership Board
 - o Community Wellbeing Strategy Board
 - o Essex Later Life Strategy Board
 concerning communications with and the linkages between themselves and CWOP;
- Guidance from the Partnership and Quality of Life Team in respect of best practice in governance for Theme Partnerships;
- Guidance from the LAA Performance Management Sub Group which provided a framework for performance management of the LAA targets.

In June 2009, the Partnership formally reviewed its Terms of Reference and Membership with changes being made in the following areas:

- A clear statement of the role and objectives of the Partnership;
- Membership of the Partnership;
- Relationships with other Boards and Groups;
- Operational aspects such as financial procedures, reporting and accountability arrangements, risk management, decision making and dissolution processes.

Connections between the 12 district Local Strategic Partnerships and CWOP are an important aspect of its ability to deliver the right interventions at the local level. It would not be practical for every LSP to field a representative direct to CWOP, so the Directors of Public Health of the 5 PCTs, who are in membership of the Partnership, act as that vital link. A representative acting on behalf of the district councils and one from a LSP are also members of CWOP.

CWOP recognises the importance of supporting a thriving third sector. Membership of the partnership includes representatives from a relevant voluntary organisations: currently Age Concern and the Essex Councils for Voluntary Services are to be invited to send a rep. User representatives have also recently been added to the membership list. The approach to the Community Wellbeing Strategy is based on delivery through partnerships, and voluntary and community sector groups are at the heart of this, with representation on a range of task and finish groups which support delivery of the strategy. Much of the funding for projects is aimed at building capacity within these groups.

Joint working between partners has been positive in securing agreement around the need to focus resources towards the areas of greatest need. This agreement, which has included organisations who serve areas that would not benefit from this approach, shows maturity and willingness to embrace and address Essex wide issues.

With a make up covering a range of key partners, CWOP understands and can input directly into the agendas of these partners to ensure activity meets the combined corporate needs. The LAA targets charged to CWOP include targets that are within the gift of a range of partners but are key performance targets for either local authority or health partners. There is a common drive to support the achievement of all these targets. The LAA funded projects are, for example, integral to the transformation agenda for adult social care. Specific actions to reduce emergency

bed days and to support the accommodation movements (the Supporting People programme) both fit into a broader approach to support vulnerable people.

Impact of economic situation/revised priorities

The impact of the economic recession on LAA targets will mostly be in a secondary/indirect way. At this stage it is difficult to make firm numerical projections on what the impact will be, but it is anticipated that the nature of the impact on each target will be as suggested below.

NI 120 Mortality Rate:

There may be an increase in the rate of major causes of death including lung cancer as a result of less people stopping smoking. Less people may practice healthy lifestyles (regular exercise and healthy diet) due to an increased cost. Unemployment has a determined effect on all health measures and rising levels in the 20% deprived wards will therefore have a negative effect on mortality rates.

NI 123 Stopping Smoking:

Higher levels of stress may result in less people stopping smoking or smoking rates increasing.

NI 134 Emergency Bed Days:

Overall, the impact is anticipated to be minimal. Unemployment increases all levels of ill health however, so hospital admissions may increase slightly.

NI 135 Carers receiving assessment and a service or information:

It is anticipated that the impact will be minimal.

NI 141 Supporting People Service Users moved in a planned way:

The overall number of service users may increase, and so may the number of unplanned moves.

LI2.1 People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently:

The value of older peoples' savings may decrease thus materially affecting their ability to live independently and increasing their support requirements.

LI3.1 Number of people with mental health problems helped into employment or training:

Increased levels of worklessness will lead to higher levels of mental illness, pitted against a lower availability of jobs. There may be increased training opportunities but there will be more competition for places. Overall, it is likely achievement of this target will be harder given more people chasing fewer jobs.

Increased unemployment across the whole county may result in locations with the highest density of unemployment being effectively "de prioritised" as interventions are spread county-wide. Given that unemployment is a broader determinant of health, this action could result in the maintenance of health inequalities.

Overall, due to the financial state of the public purse, it is anticipated that there will be a major decrease in the level of funding provided for the public sector (both local authorities and the NHS) and that this is likely to have the greatest impact on achieving LAA targets in the medium term.

During the year successful negotiations with the Government Office - East have taken place in respect of some of the LAA targets:

NI 120 Mortality Rate:

Baseline and final year targets agreed for the overall indicator and NI 120a - males and NI 120b – females. The focus being on the 20% Middle Super Output Areas (MSOAs) with the highest mortality rate.

NI 123 Stopping Smoking:

The profiling of this target across the year and the final year target have been revised.

NI 134 Emergency Bed Days:

This target was renegotiated and is now expressed as a figure per 1,000 population.

LI2.1 People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently:

A baseline has been set, an interim target for 2009/10 and the final year target for 2010/11 have been agreed.

LI3.1 Number of people with mental health problems helped into employment or training:

An interim target for 2009/10 and a final year target for 2010/11 have been agreed.

Delivery planning and cross-partner challenge

A Work Plan for the Partnership has been developed. It contains a section for the development of the Partnership as a whole and sections for each of the LAA Indicators. The latter have been produced by the officers with responsibility for target leads and are continually reviewed in their use as a working document. These plans include sections that assess risks and equality issues.

At all meetings of the Partnership the target lead for each indicator leads a review using the Work Programme and CWOP scorecard (which includes an up to date data analysis of progress) as management information. These reviews are used to inform CWOP's reports to the LAA Performance Management Sub Group.

During the year, the trajectory of performance of NI 135 was identified as being a cause for concern by the LAA Performance Management Sub Group. A report was compiled which detailed the activity that was already underway to address performance. The target leads and CWOP Partnership meetings were all part of this performance management process in action.

At a Partnership level, there have been discussions on several aspects of equality and diversity and sustainability including the Partnership's membership, vulnerable groups and fuel poverty. The delivery of the Community Wellbeing programme continues to be a major component of our partnership's approach to improve wellbeing across the county and prevent or delay the need for health or social care intervention. Health Inequalities is a topic which thoroughly addresses the impact of health on different groups of the community and will be a major topic for the Partnership to address in 2009/10.

Use of resources/value for money

CWOP is committed to addressing inequalities and to using resources innovatively to develop schemes with real added value. When the Partnership made the initial allocation of Performance Related Grant (PRG) money to targets within its responsibility, decisions were taken based on which projects would have the greatest impact and were not already funded through other programmes. In line with best practice in respect of health inequalities, money was also targeted to areas of greatest need whether defined as client groups or geographical areas, resulting in money being allocated towards:

Priority Locations	Priority Vulnerable Groups
Tendring	Carers
Harlow	People with mental health issues
Basildon	"Supporting People" service users

PRG resources allocated by CWOP are not easily aligned to individual LAA targets because a number of the schemes that are funded will enable better user involvement - which will ultimately impact positively on the results of multiple indicators, including some which are held accountable through other Theme Partnerships.

The Partnership has also deployed resources to develop evidence based projects which use best practice from elsewhere to deliver initiatives that cut across statutory and non-statutory interfaces and address both health and social care needs of excluded groups.

CWOP funded two projects for which alternative funding has subsequently been found:

- the Connected Care Project - now being funded by PCTs, the Department of Health and the County Council (Adults, Health and Community Wellbeing);
- the Reach Out project – now part funded by PCTs and County Council.

"Mainstreaming" of these CWOP projects by partners has freed up PRG to support other key priorities. These include:

- extension of an employment scheme to support people with mental health issues;
- additional funding to support vulnerable people to achieve independent living;
- extension of a community information bus scheme, to provide information to rural and hard to reach groups.

Now that funding has been paid out, target lead reports at future CWOP meetings will include updates on expenditure and reviews of the effectiveness of this use of resources. Some of the final year targets are based upon performance in the financial year of 2010-2011 alone (ie they are not accumulated targets from the start of 2008/09) so performance in the first half of 2009/10 will be crucial if changes to the commissioning of services are to be made in sufficient time to affect performance in 2010/11.

Sharing and using information about performance

A CWOP scorecard has been developed which uses data from PB views/the LAA scorecard. This is used as the primary source of management information. Its use is however backed up by the existence of a Data Sharing Group that has been set up specifically to support the generation of data for the LAA. This group includes data analysts from different directorates in ECC and all of the 5 PCTs. The group is

developing a Data Sharing Protocol. There is some common membership between CWOP, this Data Sharing Group and the Joint Strategic Needs Analysis Steering and Data Groups. The JSNA informs shared commissioning arrangements for Essex and is therefore a key element in the data picture for CWOP and all other activities. Connections between the JSNA Groups and other Essex Theme Partnerships also exist (eg. LAA Thematic Groups, CYPSP and Safer Essex have representation on the JSNA groups). The work plan for the JSNA in 2009/10 includes the production of chapters on Mental Health, Learning Disability, and Drugs and Alcohol.

There are 2 indicators where the measure is recorded annually. Action to establish interim indicators is being taken as follows:

NI 120 Mortality Rate:

An interim measure recorded by the Eastern Region Public Health Observatory has been identified and is being investigated to determine its suitability.

LI2.1 People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently:

Statistics relating to the use of information sources are being generated including analysis of feedback on the "Be Smart Be Safe" booklet, number of hits on the information portal and number of contacts with Village Agents.

Improved outcomes

Short term successes to date include:

- Achievement of the stop smoking targets (NI 123). The Smoke Free Essex Tobacco Alliance has led this work. This is a key Vital Signs target for all PCTs. Performance currently puts Essex in the upper quartile when compared with other counties and across the whole country.
- ReachOut Programme in North East Essex (NI 120). This project makes direct contact with hard to reach groups through door knocking and then offering support services. The programme in Clacton has been recognised through evaluation to be an immediate success and will be rolled out in Basildon over time.
- Success in supporting people with mental health problems into employment (LI 3.1). This has been achieved through partnership working and the development of the use of the Individual Placement and Support model by the Mental Health Partnership Trusts. The allocation of PRG to this indicator has enabled the targets to be increased for 2009/10 and 2010/11.

Other innovative projects which are being closely monitored for their impact include:

- Connected Care – a project with ECC, South West Essex PCT, Basildon Council and the charity Turning Point to work with the community of South Pitsea, engaging them in the audit, design and delivery of their health, housing and social care services in order to address health inequalities. This project is also being rolled out in Jaywick with North East Essex PCT and Tendring District Council as the local partners. It will help to meet NI 120, LI2.1 and NI 4 and 5 (the last two indicators do not fall within CWOP's accountability).
- Village Agents – A partnership project between Essex County Council, Mid Essex PCT, Braintree LSP and the Rural Community Council for Essex to set up a pilot scheme of local specialists providing signposting services on behalf of health, local government, and 3rd sector services. It will help to meet NI 120, NI 135, LI 2.1, LI 3.1.

- Distribution of a “Be Smart Be Safe” booklet to 187,000 people over 65 years of age, containing information and services aimed at helping older people feel safe, healthy and confident in their own homes and communities. It will help to meet NI 120, NI 135, NI 134, LI 2.1.
- Clacton Wellbeing Centre - Led by North East Essex PCT, this is a wide partnership including the Council for Voluntary Services, District and County Councils, TASCC and Guinness Trust to deliver a multi agency, cross generational Wellbeing Centre in Clacton – an area of obvious and significant need of health and wellbeing improvement initiatives. The building is due to open in November 09, but early initiatives are underway already – including two information / advice projects reaching vulnerable groups across Jaywick and Clacton. It will help to meet all 7 of the CWOP targets.
- Open Arts – a project benefiting from joint funding from a variety of sources to use arts to improve the health of and prevent ill health of those experiencing mental health problems. It will help to meet targets NI 135, LI 3.1 and NI 11 (a responsibility of the 2012 Legacy Partnership).

Key issues/risks to delivery

Key issues relevant to delivery across the Partnership as a whole are:

- some LSPs include projects that will help to meet LAA targets but representation at CWOP and a mechanism to monitor, support the delivery and assess the effectiveness of these actions is not in place. This is a broader issue that will be faced by all Theme Partnerships which do not have tightly aligned local delivery mechanisms;
- an underlying concern with some of the targets is that the measurement that is taken does not directly reflect the work programmes that are in place or the real issue that needs to be addressed. This is a matter which requires further careful consideration by CWOP in the context of national definitions and current work programmes;
- the need for the Partnership to maintain a balanced assessment of targets where monthly/quarterly statistics could overshadow underlying and long term trends in performance – which should be the key focus. eg NI 134 Emergency Bed Days - a monthly spike in results as a result of the flu pandemic could mask a long term and positive direction of travel.

Specific indicators where performance is currently off track and possibly at risk of not meeting the final year LAA target are:

NI 135 Carers receiving assessment/service

NI120 Mortality rate (specifically female mortality rate).

In both these cases, however, the margin by which the year end target was missed was small.

The year end targets for the following indicators were only just achieved:

NI134 Emergency Bed Days

NI 141 “Supporting People” service users moved in a planned way.

All four of these indicators will be closely monitored in the coming year.

Next steps

Key tasks for the Partnership as a whole during 2010/11 will be:

- ongoing performance management of the LAA targets and indicators, including in depth reviews of 2 targets per meeting and discussion around risk management;
- responding in a timely way to the impact of the recession;

- developing 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.

The major elements of the work programme for each of the targets are:

NI 120 Mortality Rates:

The key targeted interventions that will lead to delivering this target are health based (ie. treatment of high risk cases). CWOP will also help to develop and share methods to ensure that groups either client based, geographic or excluded, engage with services. Specific tasks will include:

- Collate and share good practice with PCTs around short term interventions in deprived areas
- Evaluation of the ReachOut project
- Oversee targeted approach to smoking cessation including how CWOP can assist in ensuring outreach groups engage clients.

NI 123 Stopping Smoking:

This target is a high priority for all Essex PCTs, and they will specifically target their areas of high smoking prevalence . The link between CWOP and the Smoke Free Essex Tobacco Control Alliance has been formalised. The Alliance will be meeting in July 2009 to agree priorities for the year ahead and out of this, a work programme that will help to meet the LAA target will be extracted. Key actions will include:

- stopping young people becoming smokers
- helping all smokers to quit
- protecting families/communities
- to oversee the progress of all PCTs and share good practice.

NI 134 Emergency Bed Days:

Each PCT has identified schemes which relate to their own particular circumstances regarding emergency bed days. At the June meeting of the Essex Directors of Commissioning (which also involves County Council representation), lists of the health and social care schemes taking place in each PCT area were finalised in order to develop an overall work plan for this target, facilitating an assessment of risks and to contributing to future performance management.

NI 135 Carers receiving assessment and service or information:

A review of the impact of action taken to improve the recording of assessments in meetings with carers in different circumstances will inform the future targeting of actions under this target during 2009/10.

NI 141 Supporting People service users moved in a planned way:

- Utilise PRG money to target service improvements for one provider
- Ensure accurate recording by service providers
- Consider the introduction of individual service targets
- Meet with providers who are under-performing in order to address performance issues.

LI2.1 People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently:

All aspects of the Community Wellbeing Programme are underpinned by a range of actions which aim to provide or signpost information and advice which is consistent, appropriate and accessible to those who need it. This ranges from provision of

information via web-portals, targeted mail-outs such as the “Be Smart, Be Safe” Booklet, face-to-face support provided at Wellbeing Centres or through, for example, our Village Agents or Making my Community Work projects.

In addition to provision of information and advice, the Wellbeing programme seeks to test new ways of delivering support to maintain independence, often through third sector organisations. Over the year ahead, we will continue to deliver and evaluate work in these areas and we will also expand the community information bus scheme, using PRG to target people living in rural areas and hard to reach groups.

L13.1 Number of people with mental health problems helped into employment or training:

PRG is supporting the delivery of a supported volunteering service to people with mental health problems targeted to the areas of Tendring, Harlow, Basildon and Colchester which are the most deprived areas in Essex and also have the highest levels of mental health problems.

A further project is to target employers to tackle stigma, provide support to help employers retain employees who develop mental health problems and to encourage them to ensure that recruitment opportunities are open to people who have experienced mental health problems and to encourage them to provide work experience or work taster programmes for people who are trying to return to work.

Updated Terms of Reference:



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