Essex County Council
Adult Social Care

Adult Social Care

Member Induction Pack 3

The Essex system

June 2026

Making the difference every day

What is Adult Social Care?

Adult social care covers social work, personal care and practical support for adults with a physical disability, a learning disability and/ or autism, or physical or mental illness as well as support for their family carers.

Adults who cannot perform some **activities of daily living** such as washing, dressing, cooking, or shopping without support have care needs. These needs are often multiple and interrelated with other needs.

Adult Social Care is therefore part of a complex system of related public services and forms of support.

Despite the typical focus in public debate on older people, adult social care is much broader – indeed, ECC spends more on working age adults than we do on older people.

People may need help with:

- Personal care or nutrition
- Keeping their home safe and clean
- Maintaining family or personal relationships
- Participation in work, education or volunteering
- Using community services including public transport
- Caring responsibilities

People's needs may be met through:

- Care & support from family, friends or neighbours.
- Local authority commissioned social services. These are means-tested. Following financial assessment, the person may be asked to pay some or all of their care costs.
- Private care services and support paid for by the adult themselves. (Self-funded)
- Voluntary and community services

National eligibility criteria

The Care Act (2014) requires local authorities to ensure the provision or arrangement of services, facilities or resources to help prevent, delay or reduce the development of needs for care and support.

An adult or their carer may require help to manage their social care and support needs. Needs such as:

- managing and maintaining nutrition;
- maintaining personal hygiene;
- managing toilet needs;
- being appropriately clothed;
- being able to make use of the adult's home safely and maintain a habitable home environment;
- developing and maintaining family or other personal relationships;
- accessing and engaging in work, training, education or volunteering;
- making use of necessary facilities or services in the local community including public transport and recreational facilities or services; and
- carrying out caring responsibilities for a child.

There are several routes to getting these needs met

Approach the local authority social services to apply for help.
The provision of social care is means-tested. Depending on a person's financial situation, they may be asked to contribute to some or all of their costs of care.

Arrange and pay for care privately.
An adult may choose to do this where they have capital and savings above the local authority financial thresholds. A person who decides to do this may be described as a 'self-funder'.

Receive care and support from family members or friends.

Financial assessment

Usually, a person will have to pay the full cost of their care if they have more than £23,250 in savings. Unless they are going into a care home, this amount does not include the value of the person's property.

If savings are less than £23,250 but more than £14,250 then the local council will pay for care, but the person will have to contribute £1 to the fees for every £250 of savings they have.

If a person has less than £14,250 in savings, their care will be fully paid for by the council.

Local authorities also take a person's income into account during the financial assessment.

Source: National Audit Office analysis of Department of Health & Social Care documents

NHS-funded care

Some people with ongoing significant health needs qualify for free health and social care arranged and funded by the NHS. This is known as **NHS continuing healthcare.**

NHS Continuing Healthcare is a package of care for people with a "primary health need". Care may be provided in the person's home or in a care home.

The Integrated Care Board is responsible for continuing health care.

Eligibility is not based on a specific health condition. The person must:

- Have ongoing significant physical and / or mental health needs, and
- The care they need is focused on addressing and / or preventing health needs.

If the ICB says the person is <u>not</u> eligible for continuing health care -

They can **Appeal –** ask the ICB to reconsider their decision.

They may be referred to the local authority for a **Care Act assessment**.

They may be eligible for **NHS-funded Nursing Care** if they have been assessed as needing to live in a nursing home and need help from a registered nurse.

The NHS pays a flat rate contribution to the home to support the provision of nursing care.

NHS continuing healthcare is for adults. Children and young people may receive a "continuing care package" if they have needs arising from disability, accident or illness that cannot be met by existing services alone.

Overview of Adult Social Care in Essex

Vision and Mission

Our vision: Enabling people to live their lives to the fullest

Our mission: Making the difference every day

The ambition is for people to enjoy:

- Maximised independence and wellbeing
- Choice and control over health and care
- Access to a place called home
- Access to social and employment opportunities
- Positive experience of health and social care
- Reduced inequalities and increased inclusion
- People at risk can live free from abuse, harm and neglect

This focus on **independence**, **wellbeing** and **safety** enables the Council to fulfil its statutory duties under the Care Act 2014.

How many people we support in Essex

At any one time in Essex we support **between 17 – 18,000 people**. This can be roughly broken down into…

Older People

Adults with Learning Disabilities and/or Autism

Adults with physical and/or sensory impairments

Adults with mental health needs

We also support around **4,000 carers.**

Demand

ASC now has **16.3% more contacts and referrals each year** than in 2019/20.

This is in line with our ageing and growing population.

Our focus on supporting people to be independent has helped us mitigate this demand growth.

We have only seen a **4% increase since 2019/20 in long term care**.

While demand for Adult Social Care grows, we are focussing on ensuring we support people to remain at home and as independent as possible.

7.3% of older people who leave hospital receive reablement, compared to 5.7% nationally. This supports **low residential care rate admissions** (450 admissions per 100k people compared to 592 most recent nationally published data).

Our frontline operational workforce has been static since 2019/20.

The workforce is under pressure due to increasing demand and will struggle to meet future growth.

We are developing new ways to support our workforce and are monitoring team activity levels so we can support teams which complete less activity.

Care Quality Commission (CQC) Assurance 2025

ECC received a score of 'Good' for commitments to: 'collaborate and work in partnership, so our services work seamlessly for people,' 'share information and learning with partners and collaborate for improvement' and to ensure 'care is joined up.'

Key Strengths

- strong relationships with partners, providers and other key stakeholders.
- strong multi-disciplinary team (MDT) approaches
- clear structures and processes to support effective partnership working between the local authority, health and partner organisations.

Key Areas of Improvement

- provision of mental health services for people with autism
- working with district councils to address challenge of housing shortages

Essex's overall 'Good' score of 73 shows a strong performance position, which is **within the top quartile** of all assessed councils.

Inspected and rated

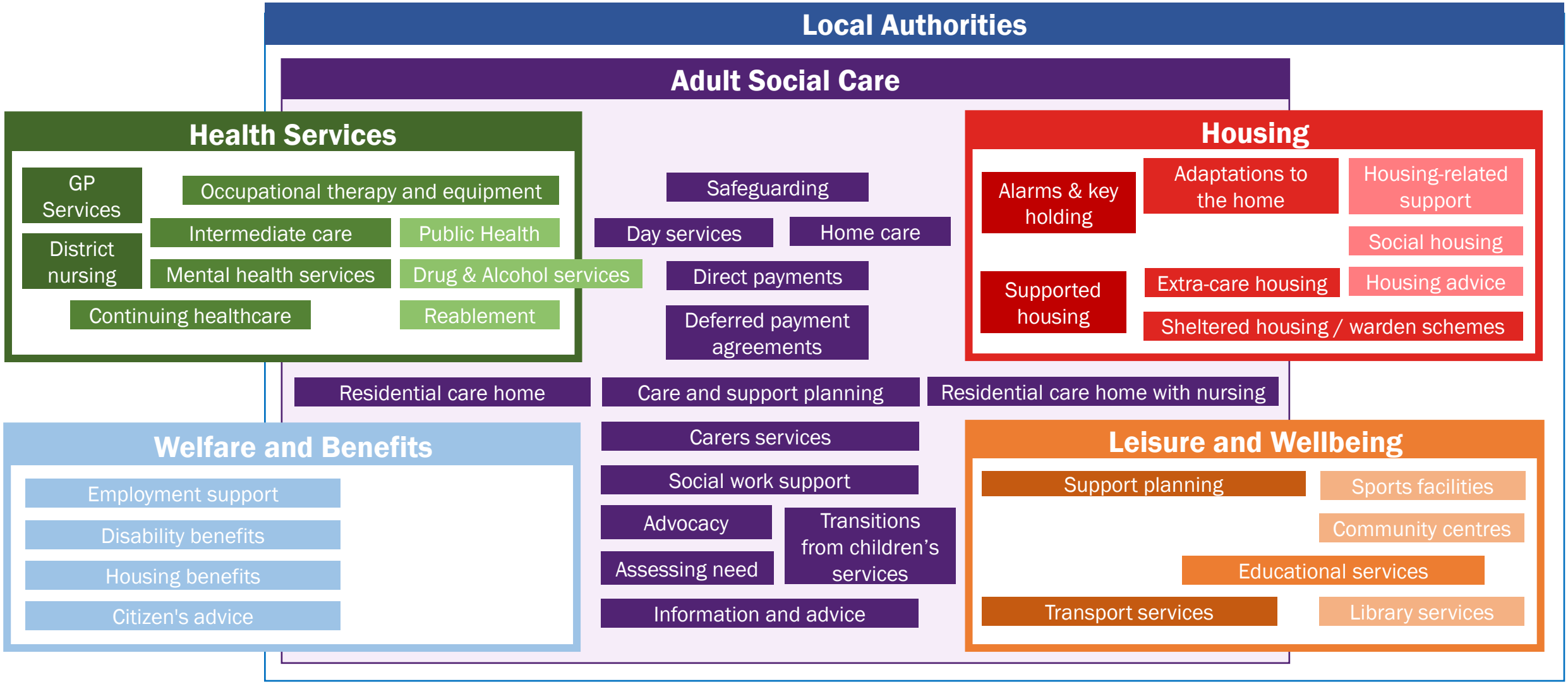
Good

CareQuality Commission

The Essex Health and Social Care system

The range of support – National Audit Office

How well adults' needs are met depends on a wide range of public services interacting effectively



Essex Adult Social Care Localities

Our **5 localities** are a similar size to individual London boroughs. Our largest (**Mid Essex, 413,000)** and smallest localities **(South East, 178,000)** have a bigger population than the equivalent largest and smallest London borough.

We **work closely with partners,** and each locality has an acute hospital and multiple lower tier housing authorities.
Each locality has a **specialist social care team** for:

- Discharge to Assess
- Learning Disabilities and Autism
- Physical and/or Sensory Impairments
- Older Adults with Mental Health needs

Total number of locality teams: 44

Within each locality, **neighbourhood teams** align, as closely as possible, to primary care networks with populations of up to 50k.

Care in the community and primary care

Primary care

- GPs, dentists, opticians and pharmacies.
- Provides diagnosis, treatment, prevention and directs patients to hospital care when needed.
- Commissioned locally by Integrated Care Boards (ICBs).
- Essex ICB is improving primary care through Modern General Practice, better triage, digital tools, workforce transformation and effective partnerships.

Community services

- Deliver free NHS care in people's homes, care homes, clinics and community hospitals.
- Help people to manage long-term conditions, recover from illness and live independently without needing hospital stays.
    - **Urgent Community Response**: rapid crisis care in person's home to prevent hospital admission.
    - **Therapies**: Physiotherapy, occupational therapy, speech & language therapy.
    - **Specialist clinics** for specific needs.
- Essex ICB is reviewing community services to align with the Neighbourhood Health Framework and build on good practice such as the West Essex **Care Closer to Home** model.

Neighbourhoods

The NHS 10-Year Health Plan aims to transform neighbourhood health by shifting care from hospitals to the community, focusing on prevention, and integrating digital tools, creating local Neighbourhood Health Centres with multidisciplinary teams to deliver proactive, accessible care.

Neighbourhoods

- **Population**: Around **30,000–50,000** people.
- **Role**: Integrated teams delivering proactive, personalised, and preventative care. Includes GPs, community services, and voluntary sector partners.

Multi-Neighbourhoods

- **Population**: **100,000–250,000+** people.
- **Role**: Delivery of more complex community services, shared workforce models, and economies of scale. Often aligned with provider collaboratives.

The **Neighbourhood Health Framework** sets out how health and care services will be organised more locally. The aim is to:

- Improve access
- Strengthen prevention
- Reduce reliance on hospitals by expanding care in communities.

It introduces a new model of neighbourhood health, where NHS, local authorities and community partners jointly plan and deliver services for local populations. Includes:

- **Integrated Neighbourhood Teams**
- A network of **Neighbourhood Health Centres** by 2035.
- A focus on **prevention and proactive support** for people with frailty, long-term conditions, children and young people and those needing end-of-life care.
- New **outcome measures** and **commissioning approaches** to support local integration and shift resources to neighbourhood services.

National Neighbourhood Health Implementation programme (NNHIP)

- Aim of shifting care out of hospitals and closer to people's homes.
- NNHIP was rolled out in 42 places across England with **West Essex and North Essex** involved in Wave 1.
- Local "neighbourhood health teams" bringing together community nurses, hospital doctors, social care workers, pharmacists, dentists, optometrists, paramedics, social prescribers, local government and voluntary sector organisations.
- **Wave 1** of the programme is focused on adults with multiple long-term conditions and rising risk of escalating need.

West Essex:

- Initial focus on Harlow
- Proactive Care model for long term conditions
- Neighbourhood Health Centres
- Total workforce model

North Essex:

- 5% of people who drive 50% of cost-weighted unplanned activity
- Social isolation, mental health, carers support
- Proactive care and creative problem solving

Prevent | Enable | **Support**

Betty's Story: Discharge to Assess


Bumpons


Careline Personal Alarm


Falls detector

'Betty advised that she is happy with the current care package and would not wish to change anything.'

Extract from the review 30/08/24

96-year-old Betty lives alone with macular degeneration and hearing loss.

Following a fall, Betty was admitted to hospital where she received some rehabilitation. Returning home with a x4 daily reablement service.

Betty developed new approaches, increasing her independence and enabling her to reduce to x3 daily visits.

An assessment identified she would benefit from ongoing support. It was agreed that carers would support her x2 daily.

A Specialist Sensory Assessment (ECL) identified Betty was already benefitting from some assistive technology and aids, including:

- ✓ Careline personal alarm
- ✓ Talking clock
- ✓ Talking book and audio books
- ✓ Bumpons on all kitchen appliances

A referral was made to Hearing Help Essex for support with telephone amplifiers.

Several months later, a further fall at home resulted in re-admission to hospital.

Betty accepted intensive rehabilitation provision within a residential care home.

She regained her confidence and **returned home** with an increased care package and referral for care technology (advanced pendant with falls detector)

Mental health

Essex County Council

NHS Essex Partnership University NHS Foundation Trust

Significant increase in demand for Mental Health Act assessments. Health partners also seeing significant pressures on mental health bed occupancy.

A stronger focus on prevention and early intervention. Early Help and Wellbeing Service that is 'needs focused' and open to self-referrals.

Section 75 partnership arrangement in place with Essex Partnership University NHS Trust for specialist community mental health teams.

Lampard Inquiry - Independent statutory inquiry investigating the deaths of mental health inpatients in Essex between 2000 and 2023.

Partnership work to date

Since April 2026 Essex now has a single Integrated Care Board (ICB) covering Essex, Southend and Thurrock, bringing together 5 local Alliances made up of adults and children's services, public health, district/borough/city councils, the voluntary and community sector, the NHS, and other key partners. All our Alliances have a focus on tackling health inequalities.

We lead and manage the **Essex Better Care Fund (BCF)** which is worth c£220m a year on behalf of the Essex health and care system. This helps to fund services supporting people to move home from hospital, community NHS services and domiciliary care (home-care).

We have numerous **joint arrangements** in place with the NHS, including to purchase services that support people with learning disabilities, mental health, and support moving home from hospital.

We have established a **shared care record** with all three ICS systems to improve the information professionals across the system have access to and support joint working.

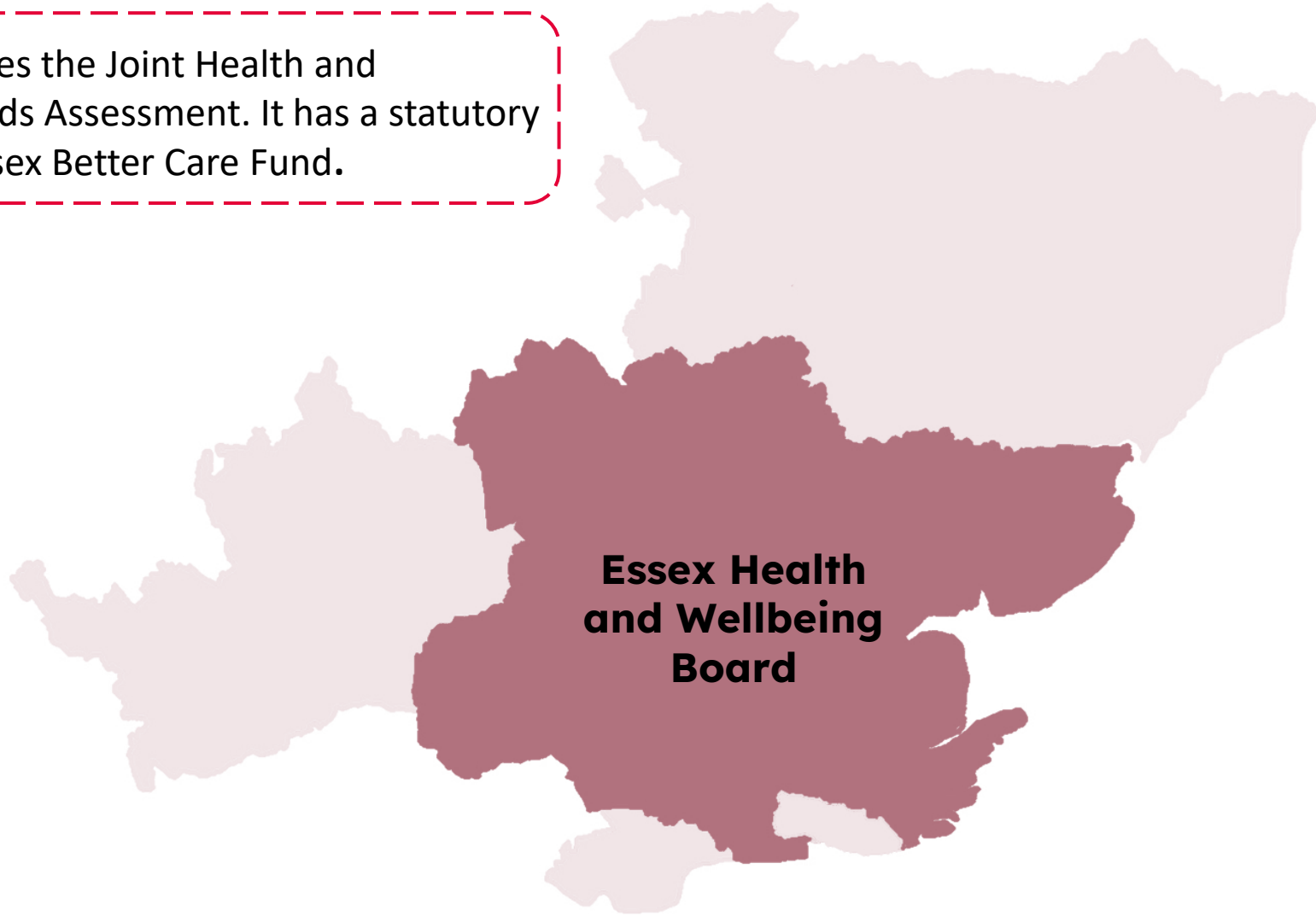
The **Essex Health and Wellbeing Board** oversee the Joint Health and Wellbeing Strategy for Essex and the Better Care Fund.

Health and wellbeing board

The **Essex Health and Wellbeing Board** oversees the Joint Health and Wellbeing Strategy and the Joint Strategic Needs Assessment. It has a statutory responsibility to agree the allocation of the Essex Better Care Fund.

Joint Health & Wellbeing Strategy areas of focus:

1. Improving life chances for children and young people
2. Helping more people into and stay in work
3. Building healthy, resilient and connected communities
4. Creating opportunities to improve health and reduce the impact of poor health



Integrated Care Board (ICB) update

ICB Blueprint

- Across the East of England, the number of ICBs reduced from **six to three** in April 2026.
- There is now a **single ICB** covering Greater Essex.
- As part of this the ICB had to reduce running costs to **c.£19 operating cost per head of population**. For our ICBs this seems to be between 25-35%.
- **Changing responsibilities** with some functions transferring to regional teams and providers.

ICB update what's changing

Focus on strategic commissioning: ICBs will concentrate on improving population health and reducing inequalities, with a clearer national focus on prevention, care closer to home, and digital access whilst commissioning key services such as GPs and dentistry.

Oversight of provider performance: It is expected that some existing ICB functions will be undertaken at a regional level, such as oversight of provider performance – particularly around finance, quality, operational performance, where there are ongoing challenges.

Community transformation shift: Over time, responsibilities such as estates, workforce and medicines optimisation are expected to move from ICBs to emerging neighbourhood care providers. However, the pace of change will be different across the country.

Primary care contracting: ICBs will continue to be responsible for GP contracting, and the delegated commissioning of pharmacy, optometry and dentistry.

Key People in the ICB

Tom Abell
Chief Executive Officer

Michael Watson	Jennifer Kearton	Dr Matthew Sweeting	Dr Giles Thorpe	Emily Hough	Beverley Flowers
Executive Director of Corporate Services	Executive Director of Finance & Commercial	Executive Medical Director	Executive Director of Nursing	Executive Director of Strategy	Executive Director of Neighbourhood Health

Essex Safeguarding Adults Board (ESAB)

Independent body hosted by ECC with system-wide membership across social care, health, housing, the voluntary sector and emergency services.

Responsible for Safeguarding Adults Reviews, Domestic Homicide Reviews and whole system oversight through multi-agency partnership sub-groups.

Publishes report annually.

The ESAB Safeguarding Adults Strategy 2024-27 includes strategic objectives under each of its three priorities around

- Prevention and Awareness
- Learning; and
- Quality.

healthwatch Essex

As part of its duties under the Health and Social Care Act, ECC is required to maintain a local Healthwatch service.

Independent Community Voice

Healthwatch Essex is an independent charity that represents resident voices to improve health and social care services in Essex. It also provides information and advice to the public.

Amplifying Underrepresented Voices

Programs like the Trauma Ambassador Group empower people with lived trauma to shape service delivery.

Research and Advocacy

Collaboration with academic studies ensures real-life experiences influence health research and policy decisions.

Impact Through Outreach

Published reports translate lived experience into actionable improvements; recent reports include ‘Journey of a Young Carer to Young Adult Carer’ and ‘Living with Mould’.

Impact so far:

12,949

Calls received

90

Reports published

14,247

Subscribers & followers

Where to go for information and queries

How we support residents

There is a wealth of information on our website **www.essex.gov.uk/topic/adult-social-care-and-health** about different kinds of support available to meet a range of needs including:

- Help with meals and shopping
- Adaptations for your home
- Equipment to stay independent
- Technology for independent living
- Walking and mobility aids
- Preparing for going into and leaving hospital
- Paying for care and support

If you're assessed as needing care and support, we will agree a care and support plan with you. The plan includes:

- How your support will be provided
- How much it costs
- Who will be paying for it

How we support carers

There is a lot of support available for carers in Essex.

The Essex County Council website is a great first step. It brings together information on practical help, financial advice, emotional support, and services for carers of all ages. While it doesn't cover absolutely everything, it includes many of the most useful resources and can point you in the right direction.

Visit: Local support for carers | Essex County Council

We know that a high proportion of carers are supporting a person with dementia. Along with our **Southend, Essex and Thurrock Dementia Strategy 2022 to 2026**, you can find out more about the support available via the **Alzheimer's Society**.

Key contacts

Adult Social Care:

Telephone:
0345 603 7630

Textphone:
0345 758 5592
Monday to Thursday: 8.45am to 5pm
Friday: 8.45am to 4.30pm

Emergency Duty Service
(for out of hours queries):
0345 606 1212

Email:
socialcaredirect@essex.gov.uk

Essex Wellbeing Service

The Essex Wellbeing Service supports people in the community and at work with a range of health, wellbeing and day to day needs.

They also coordinate requests and referrals for everyday tasks and connect people to volunteers.

Website: www.essexwellbeingservice.co.uk

Telephone: 0300 303 9988

Member enquiries team

Role & Purpose:

- Single point of contact for all County Member and MP enquiries
- Work with internal services and external partners to gather information and provide responses

Response Times:

- Standard response time: within 10 working days
- Aim to respond as quickly as possible

Priority Handling:

- Urgent enquiries are prioritised over routine cases
- Examples include:
  - Social care matters
  - Flooding
  - Dangerous potholes

Urgent Contact Numbers

- **Highways: 0345 603 7631**
- **Children and Families Hub (safeguarding): 0345 603 7627**
- **Social Care Direct (adult concerns): 0345 603 7630**

How to submit Enquiries

Online: Member Enquiry Form
Email: member.enquiries@essex.gov.uk