

# Essex Caring Communities Commission Report: Executive Summary

Igniting community  
action to support health  
and wellbeing



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# Chair's Foreword

It's time for a new way of taking action to enhance wellbeing in our communities and address health and social care pressures.

Some of our commissioners were born in the 1960s. In the middle of that decade the most common age of death was under one, today the most common age at death is 87.<sup>1</sup> That huge change for humanity should be a cause for celebration, but too often it is perceived as a burden. The ageing population is characterised as a source of demand on public services; our challenge is to recognise and exploit the opportunities that will be created by more and more people living to advanced old age.

We should value the opportunities that our senior generations bring, and not only think of them as 'ageing'. And we should recognise that a demographic shift of this magnitude cannot be addressed by evolving our way to solutions. We need to be bold and radical if we are to rise to the challenges this new reality creates.

At the other end of the spectrum, we are experiencing a significant growth in the number of young people who need care support of one form or another. According to some reports, one in four of our children will need some support from children's social services before the age of eighteen.<sup>2</sup> All of this has led to huge and unsustainable pressures on the budgets of public bodies which struggle to respond to the demand for services that these trends imply.

It is in this context that the Commission was established. As a society, we should ensure that the care and support that we will all need at some point in our lives is available to us. Quality of care is often synonymous with quality of life.

The Commission has taken the view that in order to fundamentally change our approach to care, we need to think differently about our relationships with communities – where most of the heavy lifting in achieving positive outcomes is done.<sup>3</sup> Care is, above all, a relationship, and the actions we have proposed in the report build on the implications of that understanding.

We have come up with a set of bold commitments and actions. These commitments propose radical change, not business as usual. We are calling for this change at a time of significant opportunity with major national policy reforms in the pipeline and Devolution and Local Government Reorganisation (LGR) also taking place. This provides a once in a generation chance to build new operating models that put communities at the heart of decision making, strengthen social capital, and take seriously the urgent need to create a more preventative state.

Achieving the objectives we articulate will require bold action across the local system and the support of national Government. It will require public bodies to will the means not just the ends.

It has been and remains a privilege and an honour to chair this Commission, supported by a team of commissioners and officers who are passionate about the change we can bring if we are serious about working together in a different way. I am grateful to the many people who gave up their time freely and generously to support and enhance the Commission's understanding of the issues we face individually and as a society.

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**I look forward to discussing this report with all agencies across Essex and with Government, and to working with you to fulfil the promise it sets out.**

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**Councillor Beverley Egan,  
Chair of the Essex Caring  
Communities Commission**





# Executive summary

There are significant and urgent challenges facing health and social care today which are unsustainable. Radical reforms are needed to policy, funding, staffing, quality of care, and the way in which public services are delivered.



The Essex Caring Communities Commission was established by Essex County Council in September 2024 to review and make proposals to tackle the pressing challenges in health and social care at source, by igniting local leadership to transform public services so that they are more preventative, and community based and led, while influencing Whitehall to deliver a supportive national framework. This report diagnoses the challenges, sets out a direction of travel, and calls for specific actions.

Some key themes have emerged from the Commission's work:



**Communities and civil society are a source of huge strength**

We see this every day in the contributions made by carers, neighbours and friends, community and faith groups, the voluntary sector and community enterprises. We need to ensure that public services operate in a way that supports and enhances this power.



**Collective action is needed to tackle the wider determinants of health and to build health rather than just prevent illness**

Deprivation and inequality have been increasing for a considerable period, and in the last five years have been accentuated by the impacts of the Covid-19 pandemic and then the cost-of-living crisis. This has left many individuals, families, and communities in a vulnerable position, significantly contributing to adverse health and wellbeing outcomes.



**Public services need to be redesigned and reconfigured to put prevention first**

There are lots of examples of excellent preventative programmes and approaches that are making a real difference. But at a time when rising demand on acute health and social care services is outstripping funding, there is a risk that short-termism will prevail, and prevention will be further cut to meet the immediate needs of acute services.



**Public services need to change not just the what but also the how**

There is a need to accelerate culture and operating model shifts that have already begun. We need to shift from hierarchical methods of working to establishing a shared purpose with communities and collaboratively designing solutions with them. Communities need to feel a real sense of empowerment over decisions that affect them.



**Devolution and LGR in Greater Essex**

Offers huge opportunities to remake the local state to address the structural challenges we are facing. New unitaries will need to think about operating models that support genuine empowerment at a local level; the Mayor for Greater Essex will have both formal powers and system convening powers that can make a real difference in addressing barriers to better health and wellbeing with a focus on prevention.

The Commission's proposed actions have been developed into a framework with a clear vision; bold commitments; redefined roles and relationships; and a set of tangible actions.





The vision for success is for communities to be healthy, active, empowered, and inclusive; underpinned by strong levels of economic, social, physical, and natural capital. The Commission proposes five commitments for local leaders and public services to embrace to create radical change:

#### Our Places:

Commit to renewing our places as thriving communities by dismantling the barriers to wellbeing and opportunity.

#### Work:

Commit to preparing all our residents for the future world of work and ensuring the right access to training and employment.

#### Civil Society:

Commit to vitalising community capacity by igniting the potential in civil society.

#### Community Influence:

Commit to reshaping decision making by ensuring that communities have an active role in decisions that affect them.

#### Prevention:

Commit to prioritising prevention by putting in place a new “prevention first” approach across public services.

In support of the commitments, the Commission has identified actions that it considers will be impactful in driving positive change. The Commission is looking to the public sector leaders, other partners and communities to “own” these actions and drive them forward. However, the ethos of the Commission is not to be top down and prescriptive. It recognises that it is desirable for public services, other partners and communities to co-create how these changes are implemented in practice and be mindful that what works well in one place may need to be done differently in another place. It also recognises that these actions can’t be the end of the story – indeed the Commission hopes that the actions it is setting out will inspire public service leaders and communities to go even further and add new ideas of their own.

The Commission’s proposed twenty-three actions are a combination of public-facing programmes, approaches and activities visible in communities; and actions that aim to build capacity and capability, and to change traditional ways of working. Some are extensions of what already exists, some have emerged from the evidence heard by the commissioners and others are grounded in the research carried out for the Commission.

The Commission is calling on the Government to support its commitments, actions, and the direction of travel set out in this report through the implementation of the NHS 10 Year Plan, the Casey Commission on social care, and through the approach to funding and reforming public services in the upcoming Spending Review.

In Year 2 of its work, the Commission will be working together to:



Support local implementation of these actions



Support the implementation of Devolution and LGR, which provides a considerable opportunity in Greater Essex and other places



Support and influence national policy developments over the next 12 months.

1 Andrew Scott, The Longevity Imperative, p.9 ([profandrewjscott.com/the-longevity-imperative/](http://profandrewjscott.com/the-longevity-imperative/))  
 2 Poppy Tombs, UCL News ([www.ucl.ac.uk/news/2025/feb/one-four-children-receive-services-childrens-social-care-services-turning-18#:~:text=By%20doing%20this%2C%20they%20found,yearly%20snapshot%2C%20as%20previously%20reported.](http://www.ucl.ac.uk/news/2025/feb/one-four-children-receive-services-childrens-social-care-services-turning-18#:~:text=By%20doing%20this%2C%20they%20found,yearly%20snapshot%2C%20as%20previously%20reported.))  
 3 The time available to the Commission to produce this report required us to narrow our focus. That has been helpful. We are mindful of the budget challenges, the opportunities that technology affords, the need to strengthen and develop the skills of our workforce. The Commission’s report touches on all of these areas, but our main focus has been on communities and the capacity that exists in civil society to strengthen the ties that bind us.



# Actions



**Our Places: commit to renewing our places as thriving communities by dismantling the barriers to wellbeing and opportunity**

1. Align funding from across the system to support shared outcomes on transport investment in more isolated rural and coastal communities to improve wellbeing and access to social and economic opportunities. **This could for example be done through a Caring Essex: Wellbeing Transport Fund.**
2. Through the new Mayoral Combined Authority, develop a **Greater Essex Local Transport Plan** that will include a focus on **connecting places at a community level**. This will help to embed community connectivity as a central pillar of strategic transport planning.
3. Set up a **Caring Essex: Social Networking Programme**. This will be informed by the partnership with RSA and will focus on strengthening social ties that support greater wellbeing (bonding social capital) and social ties that support greater opportunities (bridging social capital). It will be focused in our most disadvantaged communities and will strengthen networks that connect them to their local economic geographies.
4. Develop a **Caring Essex: Retirement Service** with the purpose of enabling retirees to remain socially connected, stay active and contribute to their communities through meaningful activity after they retire.
5. Set up **Caring Essex: School Ready Task Forces** in priority areas to increase by 50% the numbers of children who are ready for school so they can achieve at least the minimum expected Key Stage 2 standards by the age of 11. This will build on and deepen existing collaborations.
6. Create a **Caring Essex: Housing Board** within the new Mayoral Combined Authority with a remit to significantly **increase the provision of retirement and specialist housing** to support independent living and meet growing demand through more effective use of the public sector estate and brownfield sites. The Board should also support the proactive use of new Mayoral planning powers in this area. This will enable more vulnerable people in Essex to be able to live fulfilling and independent lives.
7. Launch a **Caring Essex: Youth Activity Guarantee** that will enable young carers and young people from disadvantaged backgrounds to have access to, and benefit from, informal social and educational activities that connect them to their communities, keep them physically active, develop their potential and raise aspirations. This will be co-designed with young people.



**Work: commit to preparing all our residents for the future world of work and ensuring the right access to training and employment**

8. Launch a **Caring Essex: Apprenticeship Programme**. Through this, Essex anchor institutions and large businesses will provide additional apprenticeship opportunities for care leavers and people with disabilities, support their access to good training and work experience to secure long term employment. This will be accompanied by a programme of supported job opportunities for these cohorts to ensure that people have the opportunity to move from training into work.
9. Set up a **Caring Essex: 50+ Task Force** with training providers, businesses and Department for Work and Pensions with a mission to double the over 50s' participation in the local labour market by looking at expanding training provision, employment support and flexible working.
10. Launch a **Caring Essex: Decade of Opportunity**. This will build on the recently launched Essex Year of Opportunity, working across the system to scale up and embed the initiatives that have enabled people of all ages to increase their skills and broaden their horizons.
11. Launch a **Caring Essex: Essex Employers Care Partnership**. This should include anchor institutions and large employers in Essex and will involve **all partners becoming "Carer Friendly" and "Fostering Friendly"** accredited, so carers, including foster carers, are supported in the best possible way by employers, providing recognition and support for carers in their workforce and engaging with others to make our communities carer friendly. It will also enable employers to share best practice and develop further ways of supporting carers and foster carers across the system.







## Civil society: commit to vitalising community capacity by igniting the potential in civil society

12. Set up **Caring Essex: Challenge £2 billion**, a unit designed to significantly increase fundraising for the community sector from Government, businesses and individual donors. The ultimate goal is to secure the “missing £2 billion” in external funding for the VCS in Essex to unlock its full potential. This should work closely with the future “Your Essex Community”.
13. Create a **Caring Essex: Civil Society Leadership programme** so that community and voluntary sector leaders can develop the skills and networks they need, including commercial skills and skills in new technologies, to maximise their impact in their communities.
14. Launch a **Caring Essex: Volunteering Olympics**: to double the number of volunteering opportunities across Essex to help more people contribute to their communities and acquire new skills and experience. This will be pan-Essex and will need to be designed so it is inclusive and accessible to disadvantaged communities.
15. Set up a **Caring Essex: Library of Things** to enable people to utilise more public sector assets for community benefit and to exercise greater agency in the places that they live.
16. Co-develop best practice for community asset mapping and methods. This will support the co-production of the first ever **Caring Essex: Community Asset Map** to give people greater visibility of the assets that exist in communities across the county.
17. Run an annual **Caring Essex: Celebration Festival** to recognise and celebrate the impact that community projects and outstanding individuals are having on supporting health and wellbeing in communities.



## Community Influence: Commit to reshaping decision making by ensuring that communities have an active role in decisions that affect them

18. Set up a **Caring Essex: Residents Assembly** to enable residents to genuinely shape how we move to a more preventative and enabling state in Essex, including considering tough choices and trade-offs.
19. Set up a **Caring Essex: Bold Commissioners Group** that will support commissioners of public services across the system to go further in **adopting relational routes to commissioning for public benefit**. This will mean greater co-design of services with communities and local providers.
20. Introduce a **Caring Essex: Public Services Experience** programme that will give young people an opportunity to see how local public services and democracy works and how decisions are made.



## Prevention: Commit to prioritising prevention by putting in place a new “prevention first” approach across public services

21. Set up a **Caring Essex: Health at Home Programme**, building on existing activity – including parish nursing - this will involve the creation of an offer of basic training to residents over 50 and other high-risk categories in Essex to carry out basic self-health checks and administer basic procedures. It will also involve improving the reach and take up of health planning for everybody over 50 in the top 20% most deprived areas – to help people make lifestyle changes before it’s too late and/or start building early help and support to reduce or delay the onset of needs.
22. Set up a network of **Caring Essex: Multi-agency Triaging Hubs**, bringing services and support directly to residents, fostering collaborative working and easy access for users, and ensuring that people do not have their needs medicalised prematurely.
23. Set up a **Caring Essex: Office of Prevention** within the new Mayoral Combined Authority that will support the shift to a more preventative system of public services by sharing best practice, evaluating the effectiveness of prevention programmes, supporting system join up, and inputting expert advice on prevention to support strategy development, business planning and budget processes. The Office of Prevention should work with system partners to **sustain and increase effective spending on prevention** and agree guidelines for how this should be done, building on existing technical work that is being developed through DHSC and CIPFA.



The Commission is calling on the Government to support this report and the actions set out within it, by capitalising on the opportunities in the NHS 10 Year Plan, the Casey Commission on social care, the upcoming Spending Review and other relevant policy reforms.



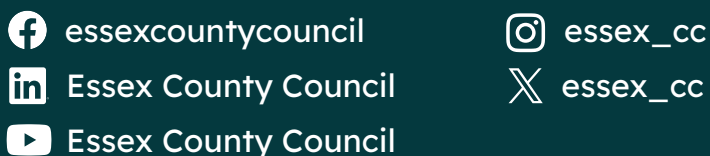
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