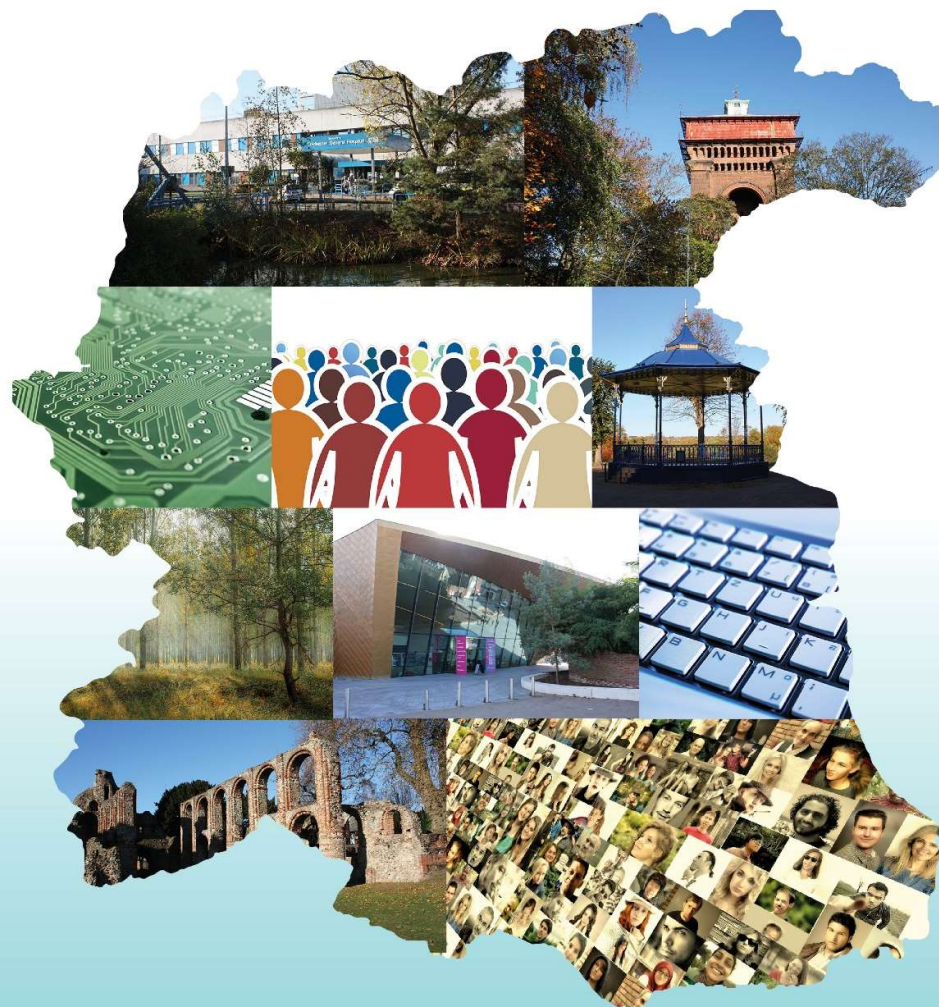


Community Assets in Colchester

A Review and Introduction



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Foreword

The North East Essex Health and Wellbeing Alliance is a collaboration of organisations dedicated to improving the health and wellbeing of our local populations in Colchester and Tendring. We are all committed to working together in a more joined up way in the best interests of the people we serve.

We formed in early 2018 with the following membership: Colchester Hospital, North East Essex CCG, ACE, GP Primary Choice, Essex Partnership University Trust, East of England Ambulance Service, Essex County Council, Colchester Borough Council, Tendring District Council, St Helena, CVS Tendring and Community 360.

We know that to achieve our goals we need to do things differently. That includes a much greater focus on prevention and reducing inequalities in our communities. To do this we need to have broad partnerships beyond the NHS and local authorities. This report, commissioned by the Alliance, is a sign of our commitment to work with our communities, recognising existing assets, and actively seeking to support community and voluntary groups upon whom so many rely for their continuing health and wellbeing.

Thank you to colleagues in Community360 and Colchester Borough Council for coordinating this project, and to everyone who generously gave of their time to inform this powerful and important report.

Mark Jarman-Howe
Chief Executive, St Helena
Chair of the North East Essex Health and Wellbeing Alliance

Executive Summary

Colchester Borough is home to many types of community assets, ranging from established Borough-wide or local neighbourhood community groups to green spaces. Many wards and parishes contain village halls and venues for hire. Neighbourhoods develop their own publications and online resources to share with their neighbours. Volunteers lead and contribute to activities which improve the quality of life of residents.

In the course of completing this report, we have identified and reviewed more than 1200 different assets and continue to count many more as this process must carry on learning from local communities.

Colchester is growing and changing. It is becoming more diverse. It has some key centres of activity, such as the Garrison and the University. Significant proportions of the population live with specific health and wellbeing needs. Working patterns are evolving and employability skills with them. There are concerns about the deprivation some residents are experiencing.

We are able to see that the type and number of assets available is determined by the interests, strengths and needs of the local community. By reviewing this list of assets alongside the demographic data for the Borough and consultation with communities, we are able to pinpoint opportunities and concerns.

This report recommends that we apply the principles of Asset Based Community Development and focus on 'what is strong' in order to help us to strengthen community based activity and capacity further. We should:

- Acknowledge the support that assets provide to existing programmes of work, such as social prescribing, ensuring that they have the resources available to deliver and demonstrate impact
- Enhance the local offer in key areas and ways. These are:
 - Mental Health support for all ages, including peer-to-peer
 - Befriending and Social Isolation services, especially where they may support working age adults, people who are housebound and offering buddying to help people to access social groups
 - Practical support ranging from transport to home help
 - Extend availability of services to improve accessibility, for example arranging meetings at new venues and at different times
 - Integrate activities which support End of Life and Palliative care into the wider voluntary and community sector network
 - Offer peer support to enable people to better manage their health and wellbeing, such as assisting people who are living with a long term health condition, i.e. dementia
- Enable projects which support people affected by the wider determinants of health, be it through debt, housing or low income for instance, to manage their capacity and support prevention
- Ensure that the infrastructure which supports assets to operate is underpinned. This may be volunteer management, information and advice or training.
- Consider the role of social media and technology when understanding how we can support ourselves in our communities.

Intentions

Community360 would like to thank everyone who has contributed to the production of the 2019 '*Community Assets in Colchester: A review and introduction*'. We have titled this report in this way as it is a review of existing sources of data, drawn from public record and consultation with community services and members. It is also an introduction to what more we can do collaboratively to ensure our communities experience a good quality of life and environment. The production of the report is only the start of any process to enhance this aim.

We are grateful that the North East Essex Health and Wellbeing Alliance has identified that only by understanding more about the assets available within communities, can we effectively build on their strengths and identify where they may need more support. Our community is not static. We recognise that the following pages provide an overview of What Is. We would like to commit to What Can Be.

Therefore we intend to introduce the following actions in addition to the recommendations summarised in the final section of this document which are specific to Colchester as a place.

We will:

- *Share the findings of the report widely and update periodically* - We view the promotion of information captured in this report as a part of an ongoing consultation to determine what Colchester can offer. Through the completion of the report, we have found that we have engaged in many different conversations and the more people we speak to the more can be shared. As information is shared it can influence the findings and we may be required to amend or add to what we know.
- *Continue to consult with community members and review relevant data sources* - this will be achieved in partnership with colleagues such as Colchester Borough Council, St Helena, Citizen's Advice Colchester and Colchester Foodbank who contributed greatly to the production of the report by sharing their own data. We will facilitate regular feedback from voluntary and community groups through events and correspondence. This will serve both as a checkpoint for the findings gathered to date and to identify any emerging trends. We will report these back and publicise them at intervals through news and information sources.
- *Establish benchmarks which use local intelligence to assess community assets and needs* - an important part of the process of creating the report, has been sharing data from different partners, including data collected by voluntary and community groups, which is unpublished but adds to the public record. We will review these sources and work with communities to pinpoint key sources of data which can be tracked and reviewed over time. By doing this, we will be able to better understand the character of our neighbourhoods through joint working. We currently use EssexConnects as an online database and can build on the foundation the system provides.
- *Prioritise Asset Based Community Development (ABCD) principles in all that we do to deliver our recommendations* - Colchester is able to boast of many wonderful assets, including dedicated volunteers, skilled professionals, committed neighbours, community halls, green spaces and online resources. We must learn from what is working well already and support this in many different ways, whilst also adding to local resources through strong partnership working, sharing of resources and providing additional investment (be it time, funds and/or experience).

Methodology

In February 2019, Community360 (C360) and Community Voluntary Services Tendring (CVST) were tasked by the North East Essex Health and Wellbeing Alliance to collaborate with local communities in Colchester and Tendring to gain a deeper knowledge of the assets available to local residents and the issues that face individuals and community groups.

Inspired by the Alliance partners' agreement that '*Understanding both the 'needs' and 'assets' of the communities in which we are working will allow us, to more effectively design, deliver and evaluate the impact of our activities*'¹, C360 co-designed an approach to undertaking this task with Colchester Borough Council (CBC).

The methodology for this approach was informed by complementary work-streams under the Alliance, most notably Population Health – which seeks to review and support the aim of improving outcomes and reducing health inequality in North East Essex. It was also influenced by Asset Based Community Development (ABCD). ABCD focuses on what is working well and learning lessons from it to apply to existing or future activities. ABCD encourages innovation and partnership working to manage resources to their greatest potential. It empowers individuals to take charge and determine change. Nurture Development, a leading agency in implementing ABCD, cites five core principles²:

1. Citizen-led – residents must drive change and be active participants in making change in their communities
2. Relationship oriented – by working together, residents and organisations can maximise their potential and utilise the skills and assets they have
3. Asset-Based – identifying 'what's strong, not what's wrong'
4. Placed-Based – surveying assets and opportunities at a neighbourhood level
5. Inclusion focused – being flexible with our concept of boundaries that may exist

C360 and CBC agreed to draw upon existing data throughout the development stages of this report. The data included:

- **Statistics and Technical Information** – By reviewing data that is circulated or stored in the public domain, from the Office for National Statistics, Joint Strategic Needs Assessments, Essex Community Foundation Vital Signs Reports and Public Health England, amongst others, we have been able to gain a better understanding of the health and wellbeing of Colchester, as well as identifying potential trends for the future.
- **Patient/Resident Experience** – Data is collected regularly which provides information about how someone is affected by or uses local services. Where the data is available and relevant to the aims of the mapping process, we have drawn upon this. An example of this at a grassroots level is neighbourhood surveys collected during Street Weeks programmes led by Essex Police. The anonymised returns highlight



Community Noticeboard

¹ *Population Health: A Community Model Approach (February 2019) – Alliance Board Paper*

² <https://www.nurturedevelopment.org/blog/asset-based-community-development-5-core-principles/> (29 May 2019)

any concerns residents may have and what they value.

- *Partnerships* – We have consulted with existing partnerships, such as the Informal Youth Group and One Colchester, to collect relevant publications and feedback on what they may know as a connected group.

We have then researched and reviewed the data in conjunction with local information sources, be they online, such as EssexConnects; managed by an agency, for example Colchester Borough Council Zone Profiles for Zone Wardens; or published, such as Mersea Life. We have compiled a directory of community assets and assessed how the assets demonstrate local strengths and address needs at a neighbourhood level.

We have defined a community asset³ as a resource which exists to provide support to a local resident by generating social value rather than a financial return. An asset may be a regular activity, a news and information service or a physical space. We have not excluded public or business partners from this review where they are facilitating access to an asset which is not a statutory responsibility (i.e. a clinical service) or a purely commercial venture. However, we have prioritised recording and researching voluntary and community sector services and feel that there is an opportunity to conduct more in depth research into the impact of Corporate Social Responsibility in Colchester. All assets have then been tracked to one of three Neighbourhoods identified under a Community Model (described below) or recorded as operating Borough-wide.

Alongside the process of data collection, we have consulted with community leaders from the public and voluntary sector one-to-one and at group meetings. Using a set of four questions⁴ as a catalyst for open conversations, we have combined answers from 27 respondents with the data described and reviewed above. The questions were composed to reflect ABCD principles and to easily compare responses to similar activities already conducted in the Borough – i.e. Street Weeks and Winter Resilience programmes. The respondents came from services which operated under all of the Livewell headings (see page 8). We will use the questions in future sessions to reflect on the assets and needs of residents.

Community Model

The North East Essex Health and Wellbeing Alliance will be adopting a Community Model to create six *'functioning, multi-agency/multi-disciplinary teams in North East Essex – who are empowered and supported to deliver the Live Well outcomes in their neighbourhood'*. Three neighbourhoods have been identified in Colchester and three in Tendring based upon an agreed set of criteria.⁵

Consequently, Colchester North (approximately 76,000 residents) consists of Rural North, Lexden & Braiswick, Mile End, Highwoods, St Anne's & St John's and Stanway.

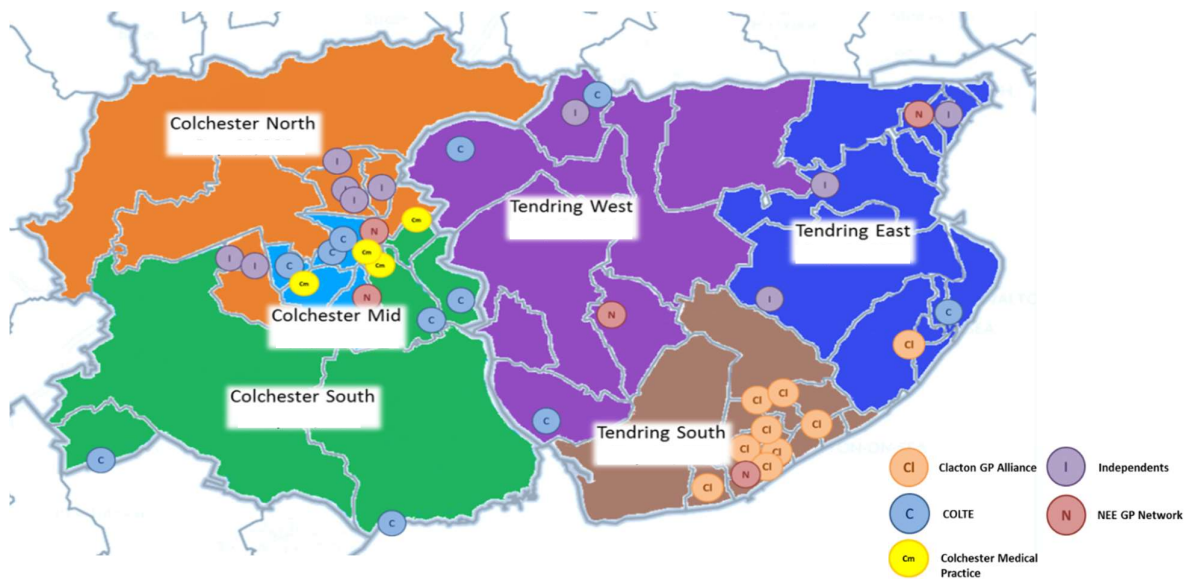
Colchester Central (approximately 57,000 residents) includes Castle, New Town & Christchurch, Prettygate, Shrub End and Berechurch.

Colchester South (approximately 50,000 residents) is comprised of Tiptree, Marks Tey & Layer, Mersea & Pyefleet, Wivenhoe, Old Heath & The Hythe, and Greenstead.

³ See Appendix E for examples

⁴ See Appendix B for questions

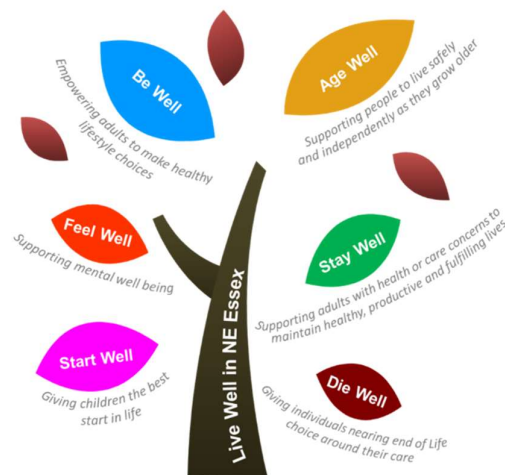
⁵ See Appendix C for criteria



Livewell

The livewell campaign was originally developed in Braintree District but has been adopted by local authorities across Essex to 'engage communities, families and individuals with the aim of providing information about all that is on offer in Essex to improve health and wellbeing'.⁶ The North East Essex Health and Wellbeing Alliance has adopted the livewell campaign and its six key themes:

- **Start Well** – Giving children the best start in life
- **Feel Well** – Supporting mental wellbeing
- **Be Well** – Empowering adults to be active and make healthy lifestyle choices
- **Age Well** – Supporting people to live safely and independently as they grow older
- **Stay Well** – Supporting adults with health or care concerns to access support and maintain healthy, productive and fulfilling lives
- **Die Well** – Giving individuals nearing end of life choice around their care



When reviewing the data collected, we have considered each of the livewell themes and the assets which exist under each theme. In conjunction with the themes, the North East Essex Health and Wellbeing Alliance, working with the Suffolk and North East Essex STP and the Local Delivery Pilot programme⁷, also highlighted some priority areas. They include:

⁶ <https://www.livewellcampaign.co.uk/> (29 May 2019)

⁷ See Appendix D for information about the Suffolk and North East Essex STP and Local Delivery Pilot

- The under diagnosis and outcomes of individuals with dementia
- Individuals who are frail, and those who have reached end of life
- The proportion of people with learning disabilities who die in hospital
- The prevalence of self-harm and suicide
- The high proportion of families with young children, older people, and people living with poor mental health, living in circumstances of deprivation and who are inactive

Outcomes

Through the completion of the report we have sought to improve our understanding of gaps in the provision of community-based services which can benefit the quality of life and wellbeing of residents in Colchester. We have agreed to implement and maintain a process of measuring baselines for understanding the assets and opportunities within local neighbourhoods – in order to inform commissioning and service design to benefit residents.

We have split the results into three sections. The first provides an overview of demographic information. The second section offers more detailed insight into neighbourhood level results and the assets available to residents within the livewell categories. The third section offers recommendations and considerations, for the whole system, to integrate into planning, service design and community support programmes.

We believe that there is the potential to draw on more sources of data and to further consult with communities, as noted in our intentions statement. We will endeavour to work with our partners to further this aim, using the results to date as a foundation upon which we can build together.

Demographics of Colchester

Colchester Borough is comprised of 17 wards across rural, coastal and urban centres. It is a Garrison town and home to many higher education institutions, including the University of Essex, which contribute to developing a wide range of skills for, at times, a migrant population. The oldest recorded town in Britain, Colchester is a hub for heritage and for culture with assets such as the Mercury Theatre, Headgate Theatre and Firstsite offering people many chances to engage in the arts.



It is located on a popular commuter line, between Norwich and London, with intermediate links to Chelmsford and Ipswich in particular.

Population

The current population in Colchester is anticipated to reach 197,000 people by 2020.⁸ Colchester has been on a continuous trajectory of growth, rising by 2011 to become the most populous Borough in the county, having been only the third largest district authority in Essex in 2001.

Where and to what extent local neighbourhoods are growing is variable but it is to be expected that the total local population will continue to grow significantly over the coming years. The average increase in population between 2011 and 2017 is 9.8% across the entire Borough.

Higher than average increases have taken place in Greenstead (51%), Prettygate (40.8%), Old Heath and the Hythe (37.9%), Tiptree (22%), Berechurch (20.5%), Shrub End (18%), Wivenhoe (13.9%) and Castle (13.2%).⁹ There are a number of factors affecting change but immediate considerations must include the continuing extension of the Colchester campus of the University of Essex. The entire University which is expanding to accommodate a total enrolment of 20,000 students. At present there are 13,000 students linked to the Wivenhoe Park (Colchester campus).

Conversely, population size is shrinking in St Anne's and St John's, Marks Tey, Lexden and Braiswick, New Town and Christchurch, and to a very small degree in Rural North. This places a particular focus on Colchester North in the coming years, versus growth in Colchester South and Colchester Central.

Age and Diversity

The average age of a Colchester resident in 2016 was calculated to be 38.2 years old, slightly less than the national average of 40 years, with 51% of the population female.¹⁰

The number of people aged under 18 represents 20.8% of residents in the Borough and 17.2% are aged over 65 years old.¹¹ The number of older people is increasing across Essex and in Colchester.

⁸ *Local Authority Profile: Colchester* (July 2018)

⁹ *Ward Profiles (provided by Colchester Borough Council)*

¹⁰ *Colchester Community Safety Partnership Strategic Assessment 2018-19*

¹¹ *Local Authority Profile: Colchester* (July 2018)

Between 2015 and 2025 it was expected that the number of over 65s living in Colchester will increase from 31,780 to 39,240, an increase of 23%, with a special focus on the number of people living over the age of 85 (this age group is expected to double by 2030). The working age proportion will fall from 59% to 56%. There will be 4,930 more under 19s and 25,790 new babies will be born over the period.¹²

Focal points for the co-location of retired and older people include Mersea and Pyefleet, where 40.59% of the local population are retired and only 36.63% engage in full-time employment. Furthermore, in Prettygate, Tiptree, Wivenhoe, Lexden, Rural North, St Anne's and St John's and Stanway more than a quarter of all residents are retired.¹³

Since 2001 ethnic diversity has also increased. In 2001, this figure was only 3.8%.¹⁴ In 2018, 10.7% of the population came from an ethnic minority group. A great proportion of students at the University of Essex are international, representing more than 100 different countries. The Garrison also draws personnel from overseas to train and/or become based in the area. Across all age ranges, a greater proportion of young people are from Black Asian or Minority Ethnic communities (BAME). In 2016, BAME schoolchildren were 14.8% of the population in Colchester.¹⁵

Colchester supports an armed forces population of approximately 2,500 people in receipt of a pension from the armed services, primarily living in the CO2, CO3 and CO4 postcode areas. There are about 3,000 serving personnel registered in the Borough, predominantly in the Army, which hosts an estimated 800 spouses and family in accommodation in Shrub End.

Housing and Homelessness

With an increasing population and the challenges of supporting different communities of interest, housing is an important issue within the Borough.

Essex Partnership Board highlighted a future trend in 2016, when they noted that half of 20-39 year olds live in private rented property, up from 20% in 2000. A report registered that average deposits were reaching more than £50,000 and that housing completions had fallen markedly in the last five years. As of January 2016, the average house price in Essex was over £232,000, up 9.5% on the previous year.¹⁶ Across Colchester many areas have been experiencing even more significant increases in housing prices. Between 2007 and 2017, for example, average house prices in Greenstead increased by 33% (ward profile) and in Highwoods by 40%.¹⁷

Colchester Borough Homes registered (in September 2018) that they had received 2488 presentations to the Community Hub in Colchester over the preceding year, with 669 housing solutions appointments made and 320 homeless applications taken. The number of social housing properties available to let is far less than the total number of presentations.¹⁸ Beacon House, a leading charity supporting people at risk of homelessness saw 515 people in 2018-19.

¹² *Colchester's Voluntary and Community Sector* (June 2013)

¹³ *Ward Profiles* (provided by Colchester Borough Council)

¹⁴ *Colchester's Voluntary and Community Sector* (June 2013)

¹⁵ *Essex Partnership Board – 20 top trends* (April 2016)

¹⁶ *Essex Partnership Board – 20 top trends* (April 2016)

¹⁷ *Ward Profiles* (provided by Colchester Borough Council)

¹⁸ *One Colchester Operational Group Presentation* (September 2018)

Health and Wellbeing

Life expectancy in Colchester is similar to the national average but varies by 8.2 years for men and 7.3 years for women in the least and most deprived wards in the Borough.

General Health and Long Term Health Conditions

A review of data for Colchester North, Colchester Central and Colchester South has highlighted some specific health trends. They are:

- A prevalence of hypertension between 11% and 14% across the three areas
- A minimum number of 17% of children entering Reception with excess weight and a minimum number of 28% of children leaving Year 6 with excess weight
- Between 13.7% and 18.3% of adult populations smoking in Colchester South and Colchester Central respectively
- Prevalence of cancer and cardiac disease ranging between 2-4% of the population
- Colchester has an under-recorded prevalence of Dementia. The England average is 0.8% versus the local level of 0.6% and amongst over 65's the national average is 4.3% of the population.¹⁹

Sensory Impairments

The number of people living with a sensory impairment in Colchester is estimated to include:

- Approximately 5000 people with sight loss, of whom 500-600 people have severe sight loss
- Colchester has the second highest number of partially sighted children in Essex (69), after Basildon
- 17,200 people are believed to be living in Colchester with a hearing impairment
- Colchester is predicted to see large increases in the number of people living with sensory impairments by 2030 – for example, an increase of people with hearing loss exceeding 25,000 and the number of people experiencing less severe deafblind impairments rising by 70%.²⁰
- Many people living with dementia will also experience sensory impairments and would benefit from similar adaptations and support.

Mental Health

Mental Health Illness affects 1 in 4 people.²¹ In Essex, the Joint Health and Wellbeing Strategy has referenced that '8.7% or 17,390 children and young people aged between 5-16 years have a mental disorder and 16% of the population aged 16-74 across Essex have a common mental health disorder. Up to 40% of some groups of older people have depression.' The Strategy added that '25,290 people in Essex are in contact with specialist mental health services, 4,385 on a Care Programme Approach and 160 subject to the Mental Health Act.' Associated concerns include, '24% of adults in contact with secondary mental health services live in stable and appropriate accommodation. Significantly worse than England average. 39.4% of adults with severe mental illness smoke compared to 14% of the general population.'²²

Data from the *Fingertips Mental Health JSNA Profile for North East Essex* has also shown that there is a higher than average presentation of depression in North East Essex,

¹⁹ See Appendix A and North East Essex Dementia Diagnostic Review (September 2018)

²⁰ Sensory Impairment JSNA (July 2016)

²¹ Essex Mental Health JSNA (July 2016)

²² Joint Health and Wellbeing Strategy (August 2018)

compared to the national average and that BAME community members represent only 2.4% of people accessing mental health services, a lower than average number of people.²³

Furthermore, the rates for self-harm stays in hospital are above the national average for England. In Colchester, the rate of 306, represents 602 stays per year.²⁴

Drug and Alcohol

For both under 18's and over 18's, drug and alcohol use is an area of concern in Colchester. In the Local Ward profile 2018, it is reported that *'the rate of alcohol-specific hospital stays among those under 18 is 52, worse than the average for England...The rate of alcohol-related harm hospital stays is 723*, worse than the average for England. This represents 1,287 stays per year.'* The impact of drug and alcohol misuse has long term impacts including liver disease and repeated hospital admissions. County lines is a term used for organised drug dealing networks - usually controlled from urban areas - which distribute drugs across a county using runners, who are often young and vulnerable. Essex is affected by this issue.

Carers

By 2030, the number of people needing social care in Essex is expected to rise from 35,000 to 137,500 (Who Will Care Commission). At present, it is estimated that 145,000 people in Essex are caring for someone (10,000 are aged 11-18 years old) and in Central and South Colchester as many as nearly 9% of the population are offering 50 or more hours care per week. Carers are often managing their own health and wellbeing concerns, approximately 58% experience a mental health need.²⁵

Deprivation

There are 32 Lower Super Output Areas (LSOA's) in Colchester Borough that register some of the most deprived deciles within the Indices of Deprivation report 2015. The population living in these areas reaches 24,096 households.²⁶

Colchester ranks 4th in comparison to other Essex authorities in the average score, rank and extent measures, and 3rd in Essex County in the local concentration measure. Four LSOA's in Colchester are ranked in the 10% most deprived in the country. They are Magnolia, Barnhall, Salary Brook South and St Anne's Estate in the wards of Greenstead, St Anne's and St John's and Old Heath. Within these areas, and in Tiptree, Berechurch and New Town, residents are among those on the lowest incomes, highest unemployment and lowest education levels.²⁷

Employment levels in Colchester are good but we can anticipate change in the types of roles and ways of working of the local population. Two of the future trends identified by Essex Partnership Board in 2016 relate to employment. The importance of technology and the skills required to support it are going to place an emphasis on digital skills, as well as problem solving. Local education authorities reflect this and other employment trends. The trend will influence skills development. Research also demonstrated that one in seven working people in 2016 were self-employed. Self-employment was shown to account for more than half of all jobs growth between 2008 and 2014. At the time of the report, 10.3% of the working age population in Essex is self-employed.²⁸

²³ *Fingertips Mental Health JSNA Profile for North East Essex* (April 2017)

²⁴ *Local Authority Profile: Colchester* (July 2018)

²⁵ *Carers Count in Essex – Essex Carers Strategy 2015-2020 and STP Profile data*

²⁶ *ELDP Mosaic Analysis Report* (February 2019)

²⁷ *Colchester Borough Council The English Indices of Deprivation 2015*

²⁸ *Essex Partnership Board – 20 top trends* (April 2016)

Within the armed forces community a Joint Strategic Needs Assessment also highlighted that additional support may be required in specific areas. They were assisting:

- 1) *Families of serving personnel when first moving into Essex*
- 2) *Educational attainment of Essex armed forces children*
- 3) *Transferring medical records and health care for military to civil transition*
- 4) *Transition and early intervention support tailored for the increasing younger demographic of ex-service personnel*
- 5) *Responding to a predicted increase in numbers of reservists as a result of the strategic defence review*²⁹

Community Safety

Across Colchester Borough, violence with injury is identified as the top crime type. Colchester is also ranked with the third highest in number of incidences of Domestic Abuse in the county. As a result, the Community Safety Partnership has identified three key priorities:

- Tackling Gangs & County Lines, focussing on keeping drugs and weapons out of the Community
- Driving down Anti-Social Behaviour and Violent Crime in public places
- Increase Confidence in identifying & reporting Hidden Harms³⁰

Twice the number of crimes were reported in Castle ward as opposed to any other area. The next highest incidences of crime were reported in Greenstead, Old Heath and Hythe, New Town and Mile End.³¹

²⁹ *Armed Forces JSNA* (December 2014)

³⁰ *Colchester Community Safety Partnership Strategic Assessment 2018-19*

³¹ *Ward Profiles* (provided by Colchester Borough Council)

Neighbourhood Assets

As shown in the demographic review, Colchester Borough is a diverse community. A review of the assets available at a neighbourhood level also shows that it is also a community with a strong commitment to action.

Through the course of the mapping exercise, we have identified over 1200 separate assets...and counting. At the time of publication, we are continuing to research and categorise further community assets. They range from a village level community group to a branch of a national charity, with varying incomes, geographic footprints and levels of capacity. They represent all ages, many ethnic minorities and topics of interest. Assets include news publications and virtual Facebook groups.

Whilst it is difficult to characterise the voluntary and community sector as a whole because of this flexibility and multiplicity, we would comment that:

- *Area of Operation* – boundaries do exist within local communities but they can be fluid. Colchester is bordered by four statutory districts: South Suffolk, Maldon, Braintree and Tendring. This affects the make-up of the sector and accessibility to assets. Many organisations reflect public sector designations, be they ward or Borough as both a response to need, available funding and governance. However, many cross more than one area, for example across Colchester and Tendring, and these commonalities often reflect public sector considerations, for health services. This would North East Essex Clinical Commissioning Group.
- *Infrastructure Connections* – the neighbourhoods referenced in this document are not all directly connected by public transport and interact in varying ways. For example, Prettygate, Lexden and Braiswick and Shrub End primary and secondary education services draw in students from across a wide area and interlink. These considerations affect how people access the services they enjoy and need.
- *Communities of Interest* – Colchester Borough is home to large higher education institutions, notably the University of Essex and Colchester Institute and the Garrison. Both welcome migrant populations on a large scale who predominantly live and work within one of the three neighbourhoods. There are consequently variations in the services available to residents and employees connected to these communities that are not widely accessible to all local people.



(left to right) images from Colchester Town Centre, River Colne and Mersea

When broken down to a neighbourhood level, further trends emerge.

Colchester North

Colchester North includes a mix of suburban housing and rural parishes. Parts of Colchester North border South Suffolk and Tendring, with residents in the neighbourhood, for example those based in Wormingford and neighbouring parishes, able to be drawn to

assets in both Colchester and Suffolk, heading towards Sudbury.

In Rural North, there are over 20 community halls and venues within distinct localities. They vary in size and amenities. They provide a range of regular activities, including friendship groups, exercise classes and leisure pursuits. Wormingford Community Education Centre, a converted primary school, is notable as a centre managed and co-designed by the local community, offering Pilates, a Community Choir, Yoga, a Friendship Café, Hand Bell group and art classes on a regular basis, alongside one off events. It also serves as a hub for Abberton Rural Training, providing practical and skills training.

The regularity of activities across Colchester North, including Rural North, varies but frequency is often weekly or on a designated day each month. There is availability at centres to extend the existing calendar. Halls are available for hire and accommodate private and community events on an ever-changing programme.

In Mile End, Colchester Hospital is a hub for clinical cancer services but also importantly peer support groups. Specialist assets operate on site at the Hospital and include the Breast Cancer Support Group, North East Essex Urology Cancer Support Group, Gastrointestinal Cancer Support Group, Head and Neck Cancer Support Group, Palliative care and End of Life Drop in sessions and Colchester Cancer Services User Group.

Highwoods is home to Colchester's Breathe Easy group and one of a network of bereavement social groups run by Hunnaballs, alongside the wider pattern of leisure and social activities that is more common across all areas in Colchester.

Stanway is bolstered by a particularly active U3A (University of the Third Age) which run 70 groups (i.e. film club, walking groups, Rummikub), with other chapters being based in Tiptree and in Central Colchester.

Colchester North has the lowest take up rate for Colchester Foodbank, with 24% of the total number of people supported (over 7000 in the last year), versus 39% and 37% in Colchester Central and Colchester South respectively.

Colchester Central

Colchester Central contains the greatest concentration of support groups for people with a mental health need, for example, Futures in Mind Welcome Café and Art on a Friday afternoon or STaRs Health in Mind meeting on the Second and Fourth Thursdays. Meetings are held at a mix of commercial and voluntary sector centres. Regular social groups in Colchester North and Colchester South are more often managed as friendship meetings or activity clubs.

Castle Ward has the highest number of individual community facilities and meeting spaces of any ward within any neighbourhood, independent of commercial venues. This is unsurprising given the ease of access and town centre location but provides a good opportunity for local groups to establish hubs of activity that can be reached by public transport.

Many of Colchester's Community based Dementia services take place at venues within this area. They include the Shrub End based weekly Dementia café, Marylands groups and Singing for the Brain in Berechurch.

There are a number of very active faith centres and churches in Colchester Central, for example in New Town and Christchurch, which offer activities especially for children and families and older people.

The location of the Garrison in Shrub End is of significant impact in this area. We have noted above that the armed forces population in Colchester (including veterans) reaches more than 5000 people, exclusive of families. Through the process of mapping community assets, we have identified a need to further explore the unique services available to forces personnel, serving and retired, access to which may be restricted.

Colchester South

Colchester South has the highest proportion of community assets, based within local neighbourhoods, of any of the three areas. This includes community groups, halls and publications which only operate in a specific parish, or which are accessible only by visiting the neighbourhood.

This congregation of assets is driven in part by the rurality and parishes of much of the area, with a particularly significant proportion of the assets based in West Mersea, Wivenhoe and at the University. In the case of the University, we have identified 44 assets specifically for staff and students.

The range of different activities across the neighbourhood includes a notable proportion of outdoor and leisure activities, taking advantage of the rural and green spaces available, for example in Tiptree. Comparatively, we have not yet tracked as many activities in Greenstead as in the more rural sections of the community. The ability to reach Colchester Central and the activities based there will be a factor but further investigation of this area is advised. However, Greenstead is supported well with an integrated partnership (SAINT) facilitated by Colchester Borough Homes. This network is a good example of a neighbourhood based forum for partners to meet, share information and co-design solutions to local need.

Voluntary and Community Sector Sustainability

When responding to the question, '*What are the greatest assets to assist your service users*', volunteers were consistently cited as essential to the sustainability of community assets. One respondent replied with the '*skills and compassion of people who want to give to make things better*'. When a full review of voluntary and community sector volunteering in Colchester was completed in 2012/13, a sample of 58 organisations recorded that volunteers were providing approximately 4380 hours of support per week across the Borough.³² At present, St Helena manages 900 volunteers in North East Essex. Colchester Time Bank collected 14,471 hours through flexible reciprocal volunteering in 2018/19. However, organisations are experiencing challenges - both in terms of recruiting volunteers and in retaining them in much needed roles. For example, one respondent to our community consultation referenced the difficulty befrienders experience when entering people's homes. They can be asked to provide home help or care services, which is not a part of the original volunteer role.

There are concerns regarding access to funding which will impact upon sustainability in the medium to long term. The 2019 CAF (Charities Aid Foundation) UK Giving Survey has registered a decrease, for a third year in a row, in the overall number of people donating to charitable activities. Individual giving is the largest single source of voluntary sector income and provides 47% of the total amount managed by charities each year and for micro and

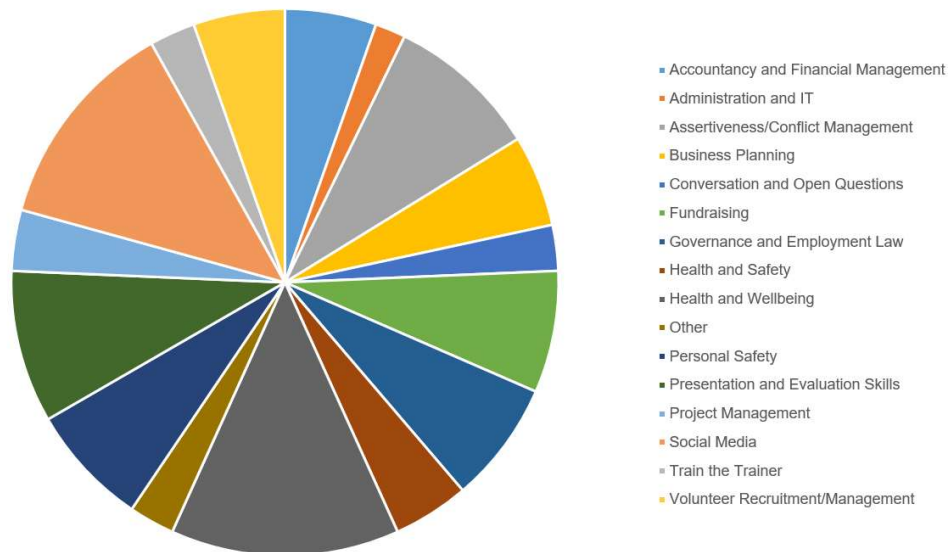
³² *Colchester's Voluntary and Community Sector* (June 2013)

small charities this increases to 58% of their income.³³ The second largest single source of funding is Government, which has also been decreasing over a period of time.

We are monitoring, in the medium term, access to capital funding. In recent years, local funders have closed (i.e. Cory Environmental Trust Colchester and Essex Environment Trust) who would distribute ENTRUST Landfill Communities Fund awards. Some grants are still available from national funders, but they do not have the same local experience. Essex County Council's Communities Initiatives Fund (CIF) has been reduced in capacity and has been widened to offer revenue funding. The National Lottery has also stated that whilst it will match fund large capital projects it will not lead in funding large capital projects. As noted above, many of the assets in the Borough are physical spaces which support a number of local groups. The full impact of this change in access to capital funding is yet to be seen. There is potential to review funding streams, such as section 106 local Borough funding, to anticipate where awards can support community assets and when additional resources may be available (in response to planning).

Furthermore, community groups have recognised a need for access to ongoing training and support. A review of feedback from attendees to Voluntary Sector Training (VST) courses since August 2018 has identified interest in a broad range of topics. The most requested courses are for Health and Wellbeing support (i.e. Mental Health First Aid, specialist courses on supporting people living with health conditions) and Social Media, with 14% and 13% of total requests. The next most common requests are for courses in personal safety or assertiveness/conflict resolution and fundraising. VST are also oversubscribed when we run Volunteer Management sessions.

Voluntary Sector Training - Requested Topics 2018/19



Start Well – Giving children the best start of life

Whilst reviewing the assets available to families, children and young people, three themes appeared and started to define our understanding of existing provision:

³³ https://data.ncvo.org.uk/a/almanac18/income-from-individuals-2015-16/#Earned_income_from_individuals (NCVO Civil Society Almanac 2018)

- Many peer-to-peer or support services are closely aligned to the public sector, especially Education and the Youth Service.
- Activities are particularly seasonal – more so than in any other livewell area. Again, this is affected by the school timetable, but also the prevalence of leisure and arts activities for young people.
- Access to information about leisure activities is more readily available (online and through publications) than information about support services where families may be in need of more intensive assistance.

Children are impacted by many of the wider determinants of health and a large number of children, for example, are assisted through the provision of food vouchers and the work of Colchester Foodbank. Connected to this trend, holiday hunger has been identified as a key issue and the breadth and capacity of services is becoming more visible annually, in a similar way to the growth of Foodbanks. Conversely, in spite of the pressures on families with low incomes during the Winter months (i.e. fuel poverty), we have not been able to identify as clear a focus across voluntary and community services during Winter Resilience campaigns. Individual organisations are conducting specific programmes, but are not as well integrated into wider partnership, although some progress was made in 2018-19 through collaboration with groups such as Essex Integration and their Uniform Exchange.

Further discussion with partners, such as Catch 22, has highlighted how families may struggle to access infrastructure services and how this can have a knock-on effect on families. When low income families have moved into new accommodation, often at a distance from children's schools, they can struggle to access regular transport. This can compromise school attendance and lead to isolation.

Churches are hubs for many family activities and the role of the churches and groups such as Christian Youth Outreach (CYO) is important. The Informal Youth Group is supported by faith groups and CYO offer student mentoring across the Borough co-located in several schools.

Anecdotally, we are seeing the emergence of new voluntary and community groups in the Borough, who are led by parents of children with learning or physical disabilities. Their motivation for establishing peer to peer groups is in addressing a need that they have felt unable to identify a solution for. We can highlight some established community groups, such as Stepping Stones Play and Learn, who offer an important service for children and families. Yet, there is additionally unease amongst some community members about the provision of Special Educational Needs.

How can existing assets collaborate within the livewell framework? - *the impact of the Young Children's Festival*

For the last 3 years, CBC livewell campaign has worked in partnership with the 'Young Children's Festival' to support them to deliver a free festival for primary age children which promotes a range of community based activities, services and support networks.

As a very small group of people the festival organisers had begun to struggle to deliver the festival themselves as their group of volunteers dwindled and they found it harder to connect with relevant organisations and groups. They were worried that the festival may have to end which would have been devastating considering the festival was started by Harri Miller in 1995 when she worked in the social care team at Essex County Council and she kept this going after she retired.

The main support provided has been to link the small team back with groups and organisations they had previously been in touch with but had lost contact over time as staff have moved on. By working in partnership the Young Children's Festival have been introduced to new groups and support agencies. The agencies have then benefitted by being able to link into each other.

Over the last few years of partnering with the volunteers, the number of activities and stalls has grown and the number of people attending has increased. There has been a focus on trying out physical activities and other crafts and workshops with tasters offered by almost every stall rather than just a stall to spend money at.

Supporting the group to access funding to enable the festival to continue has also been essential in order to run this free event as venue and promotion has to be paid but without any income.

One of the difficulties has been to increase the number of volunteers who contribute to running the festival. This is a key goal of the partnership between the livewell campaign and the young children's festival volunteers in order to enable the festival to continue to flourish as a community led free day out for children and families for many more years to come. This will be a focus for the next year so that the group will require less support and can continue as they once did and go from strength to strength.

Demographic data and consultation feedback has also highlighted the importance of mental health services for young people. Voluntary and community sector workers have reported instances where young people are struggling to access counselling (due to waiting lists and costs) and are in need of support to address self-harming. Specialist community groups do exist to offer mental health provision but with varying capacity to respond to referrals. This is an area where further investigation would be beneficial.

Feel Well – *Supporting mental wellbeing*

An ability to assist people to manage good Mental Health, at any age (as noted above) and within all areas of interest, has loomed large in consultation. This has been reflected both in relation to complex mental health needs and depression and isolation. Respondents referenced '*lack of confidence*' and '*lack of friends*' and the need for '*easy access to mental health support and interventions*'.

A focus on supporting people with more complex mental health needs to access any community assets has shown itself in different data sets. The fact that assertiveness and health are the two most popular requests for training demonstrates how organisations are seeking to support clients with additional needs. In the last twelve months, Voluntary Sector Training has also been over-subscribed for access to Mental Health First Aid training in the

voluntary and community sector. Practitioners have described their need for support to address complex concerns, including hoarding and self-harm.

A network of over 15 befriending agencies operates in Colchester, alongside a number of community based social support groups, often self-described as lunch clubs, compassionate friends or friends groups. They may be based in a defined locality or connected to a specific institution, such as a church. They are often designed for people over the age of 50 and meet on a weekly or monthly basis, for example Contact the Elderly.

A far smaller proportion of services will visit people at home. Where they do exist, home visiting services rely upon a team of befrienders, who in many instances are volunteers.

Across a number of the befriending services, waiting lists have been enacted at different times to manage the capacity of referrals or feedback has been received that volunteer recruitment and management can be impacted by other calls on their time (when home visiting) to provide care. One respondent spoke about how people who come into their service can use volunteering within their organisation as part of the recovery pathway. However, what they are able to give will vary considerably in terms of their abilities, commitment and the levels of support they will require in order to fulfil their volunteering role. Expectations of volunteers can vary and attendance on a training programme was reduced as a result. Once they have adopted a role, volunteers will also require regular supervision and support which requires investment of time and resources from the lead organisation.

A lack of confidence can affect a person's ability to engage with any of the community assets reviewed in this project rather than, in some cases, a lack of a service. Social prescribing practitioners and community development workers have identified a need for 'buddies' to help someone to kick-start a change in behaviour or access a new service.

However, provision of services for under 50's is less prominent in mapping and discussion with people of this age range and clinical partners have stressed a need to consider how people transition from public to voluntary services and ensuring that wider options, such as volunteering, are promoted alongside peer to peer support groups. This age group can include students, parents with new families, people living with disabilities, people with mental health conditions and those newly moved into the area. The working age adult group is under-represented by services and there is the potential to extend their reach to support people who are less socially connected.

Be Well – *Empowering adults to be active and make healthy lifestyle choices*

Consultation with community leaders referenced a concern for people's ability to manage many of the wider determinants of health, for example, poverty, housing needs and healthier lifestyles. When asked to comment on emerging trends, they described '*increased financial pressure (benefit cuts/employment issues/cost of living)*' and debt. This aligns with concerns raised under headings like Start Well, such as Holiday Hunger, and reinforces data such as the take up of Foodbank services.

53% of Foodbank recipients cite financial management, benefits and debt as reasons for the referral with a further 34% registering low income. Citizen's Advice Colchester responded to 7193 debt issues last year, with total debts written off via debt relief orders (DRO) of £3,458,085. They provided support to 2169 issues on benefits and tax credits, with 444 on universal credit and have noted that benefit sanctions are becoming a more common issue, as is recovery of historic benefit overpayments. They also assisted people with 945 housing concerns related to private rented accommodation. Citizen's Advice commented that they are working with people who have more complex cases and this is meaning that the time they spend with each client is increasing.

How do organisations implement different working patterns? - Accessibility to service - Alcoholics Anonymous (AA)

When reviewing available assets, we were able to see the reach of the AA network. Whilst many assets are based in one location, often operating during a normal working week, AA run 17 groups in Colchester Borough, at 10 different venues, split across all three neighbourhoods and operating on every day of the week, including evenings as well as during the daytime. This pattern is rarely replicated under any livewell heading by any other service.

Demonstrating the preventative effect of individual community assets can be a challenge within the voluntary and community sector. It requires medium to long term analysis, with specific skills available to evaluate and/or access to data which is held on discreet public sector systems (i.e. personal health and wellbeing information). The changing nature of funding programmes and their criteria often limit how long a project can operate for, with a maximum grant allocation being 4-5 years, which is relatively rare. Many projects can only access funding for 1-2 years before attempting to source alternative funds, if possible, and with different criteria.

There are important contracted services operated in the Borough to support living a healthy lifestyle, for example, the Essex Lifestyle Service managed by Provide and the My Weight Matters programme managed by Anglian Community Enterprise (ACE). They see people in large numbers and can reach across all neighbourhoods, often working in partnership with public and voluntary sector.

We have not identified a prevalence of locality based assets which may directly tackle the same issues which impact upon a healthy lifestyle, for example, healthy eating or reducing inactivity by targeting inactive communities. These issues are supported through lunch clubs and exercise groups indirectly, where social connectedness or sport are more overtly referenced when promoting services. Their impact together can be great in meeting the aim of 'Be Well' but their connection to it is more consequential.

Age Well – Supporting people to live safely and independently as they grow older

Where an age range is applicable to a community asset, it is often to support the older population. Activities and meetings are described as being available to 'Over 50's', 'Over 60's', 'Retired', 'Older' or 'Elderly' people. They exist at a parish, ward, neighbourhood and Borough level. The needs of this section of the population vary but analysis of feedback from consultation and sector data, including the most recently published performance report from Community Agents in Colchester, demonstrates some key concerns.

Covering the period between October 2017 and September 2018, the Community Agents performance report reviews 485 cases. Community Agents '*support older people and informal carers to find and develop independent living solutions*'.³⁴ Independent Living (25.3%), Information and Advice (17.1%), Social Inclusion (10.9%), Home Adaptations (10.2%) and Mobility Issues (10.1%) represent the greatest number of presenting needs of clients, with some clients exhibiting more than one presenting need.³⁵

³⁴ <https://www.communityagentsessex.org.uk/> (5 June 2019)

³⁵ Colchester Q15 to Q18 Year 5 data (December 2018)

A review of social prescribing data (for more detail see below) reiterates many of the same themes, with older residents requesting support to maintain their homes and gardens, to access transport services, to meet new people or engage in new activities in their local communities. Referrals can be made to many different community assets but the capacity of each to respond to referrals varies. Associated issues can also limit take up. These include lower incomes where services charge, confidence to take part in an activity for the first time or managing caring responsibilities.

A great many services are also moving online or supported by web based resources. A number of programmes of activity, from Digital and Community Fayres to IT skills sessions, operate in the Borough, often targeted at older people. We are seeing an extension of basic IT skills to implement technology, such as Alexa, to help people to live independently. Many neighbourhoods and communities of interest are supported online but their reach and number is not as readily tracked in directories or publications.

How do we unlock the potential of online assets? - the role of community websites and groups

Whilst many of the assets reviewed during this consultation period are supported by online resources, it became apparent that some only exist online. To explore the reach of these, we reviewed the prevalence of dedicated Facebook groups in two areas, Wivenhoe and Highwoods. In Wivenhoe, we have identified 49 different groups, of which eight primarily support online activity only. The two largest groups have 3700 and 3000 accounts connected to them. In Highwoods, we have identified 15 groups, with only three existing online only. The most popular group links 746 accounts. These groups are exclusive of trading or item exchange sites, of which there are another 26 groups across both areas. The opportunities that such groups afford residents can be great in terms of sharing information, items and reducing isolation.

Age Well is also importantly linked to many of the considerations of Stay Well, with older people often living with multiple long term health conditions.

Stay Well – Supporting adults with health or care concerns to access support and maintain healthy, productive and fulfilling lives

Through an analysis of the existing assets in Colchester Borough we have been able to recognise that a wide range of peer-led, health-focused assets do exist to help people to manage their health and wellbeing. They may specialise in a particular condition, for example, Parkinson's disease, Huntington's disease or Fibromyalgia. They will often be linked to a national charity, such as the British Lung Foundation, but can exist independently locally.

They do not operate on a seven day working calendar to reflect clinical services and in spite of their correlation to them, are more likely to take place during the working week, at a set time once a month or be accessible by phone. This also includes carers' groups which partners have identified as being less accessible to carers who work during the day.

How can we better enable self-care and self-management? - lessons from social prescribing practitioners

The 'My Social Prescription' project was established in North East Essex in January 2013. Managed by Community360 (formerly Colchester Community Voluntary Services), the scheme received nearly 2000 referrals in the last financial year. My Social Prescription is designed to reduce the time spent finding the help people need by informing them of the right service, in the right place, first time. It also reduces duplication of effort, plus encourages independence and self-care.

Categorised as level 1 and level 2, depending upon complexity, the scheme accepted 721 level 2 cases. This is an increase more than 30% on the previous year and includes the most complex of cases. Many of the patients referred are older, have long term health conditions and mental health needs. They receive information about multiple local services, which can prevent them from reaching public services. They are registering interest primarily in:

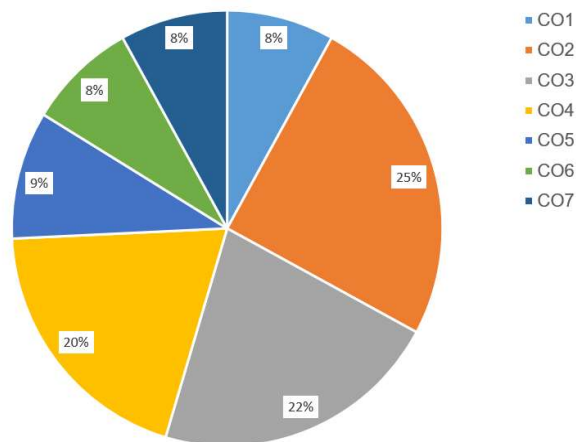
- Practical solutions to independent living – this includes transportation, cleaning, gardening, equipment
- Social isolation – ranging from social groups to special interest
- Condition management and caring – such as how to assist a loved one or connect to a peer support group
- Volunteering – identifying roles they can adopt as an active response to reach their goals

As the programme has become more well-known, and an understanding of the potential of the voluntary and community sector to support residents is acknowledged, community assets are also receiving ever greater numbers of referrals within the areas above. In order to accept the significant referral rates into the sector, and to absorb any increases which may continue with the roll out of link working in Primary Care Networks and the further public promotion of social prescribing, the groups and activities accepting new clients will need to be resourced adequately. Where capacity is high, and support not available, residents may be forced to go without or pay for services.

Furthermore, we have identified trends whereby the most complex social prescriptions are more centralised in CO1, CO2 and CO4 postcodes. Fewer referrals are made from more rural locations in CO5, or in CO3.

Transportation is one practical solution which is already experiencing a stretch on available resources. In the last financial year, Colchester Community Transport was unable to fulfil 1493 trips. These trips are both group hires, for example to attend therapy sessions, and individual journeys to and from local venues. With a current average of 10.8% of social prescriptions referencing mobility needs, echoing the 10.1% identified by Community Agents, it is clear that services assisting people with mobility needs are under-used by community members. A review of the residence of transport members demonstrates, as with social prescribing, that services may be

Community Transport Membership by Postcode



accessed more readily in some areas of the Borough. CO2, CO3 and CO4 take the greatest advantage of this resource but rural neighbourhoods, which have been identified as at a disadvantage with accessing transport, are using the scheme less. Over the last year, Colchester Community Transport has reduced the maximum number of trips per week to two per person because of capacity concerns and the age of the fleet. Community transport as it currently operates, can also only respond to planned need. Feedback from communities of all ages has highlighted the importance of unplanned need and emergency situations. We have seen how having a seven-day working team of community minibuses can assist with discharge from hospital over the last eighteen months. The project has undertaken 540 trips in one year and is providing a follow up call service to check back on residents. The extension of schemes like this to support other service areas is a consideration.

A review of public health data highlights that between 2.3% and 4.8% of neighbourhood populations in Colchester North, Central and South have coronary heart disease. This is a greater percentage than currently have a dementia diagnosis. However, we have as yet been unable to identify any community assets which specialise in offering cardiac support. Residents can access clinical services, support via national centres (i.e. online) but no peer-to-peer group is in operation. The British Heart Foundation hosts a fundraising team in Colchester and manages charity shops. Take Heart Cardiac Support Group was based at Colchester Hospital for many years but closed approximately two years ago and no new asset has emerged.

Dementia is under-diagnosed within the local population. Colchester will be working towards becoming a Dementia Friendly Borough over the next three years following investment from the National Lottery, North East Essex Clinical Commissioning Group and Colchester Borough Council. A separate consultation was conducted during August and September 2018. Results indicated that people felt that *'It would help if more people understood dementia... to actually hear the experience of what it is like every day', 'People need more peer support, coming together to talk is so important.'* and *'More groups where the carer and person with dementia are separate. We need some time apart, and it is good for them to have different conversation.'* Respondents were asked to score how dementia friendly the borough is, with an average score was 5.07 out of ten. 62% said we needed to raise awareness of the experiences of people with dementia. · 77% said they would like to see better access to information and support. 93% saying it should be a priority for the borough to be more dementia friendly. Many actions which can be taken to improve Dementia Friendly practice, such as access to technology, clear signage, interpersonal skills and accessibility to service would support many people living with a range of long term health conditions. Integrating this best practice into our community assets at large would be beneficial for many.

Die Well – *Giving individuals nearing end of life choice around their care*

Of any of the livewell headings, Die Well contains the smallest number of individual activities provided across Colchester Borough. It equates to less than 3% of the total number of activities but those organisations who do offer services or support, do so on a very large scale. St Helena and Macmillan work with thousands of people each year, for example, St Helena received approximately 3,800 referrals across North East Essex to assist them with their life limiting illness or for psychological or bereavement support in the last financial year.

Where smaller neighbourhood level organisations do operate, they are more often providing support for people who have been bereaved, offering community based care a very specific service (such as The Coffin Club – educating people regarding making choices for their funeral). A large number of commercial organisations are engaged in offering support to people and their families when they are planning for End of Life.

What is a community asset? - the potential role of business and success of integrated community activities

Hunnaballs facilitate four regular coffee mornings with 90% of the attendees experiencing bereavement. The lead for the coffee mornings works with attendees to build a trusted relationship before they first visit a session. Together, participants get to know one another, share a conversation over tea and cake and are now able to come together once a month for a meal. For attendees, the sessions are valued and they have commented “*you don’t know how important it is to have these dates in my diary.*” The coffee mornings provide mutual support and understanding. Hunnaballs have been an active member of the Colchester ‘Find A Friend’ Befriending agency network and are willing to work in partnership to achieve outcomes with community groups.

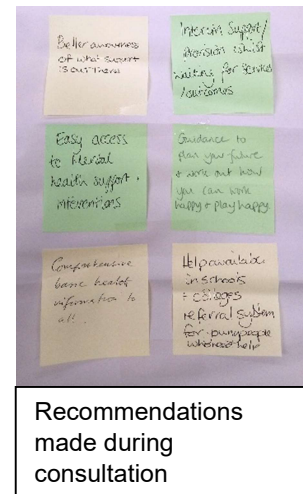
Partnership working is essential in developing integrated services within the category of Die Well. St Helena has been working with the Dementia Action Alliance (DAA) for the last eighteen months and made a commitment to the DAA to complete three actions. They have partnered with voluntary groups, the One Colchester network and groups such as Admiral Nurses at Colchester Hospital. They have trained Dementia Champions in house and ran Dementia Friends Information sessions, open to all staff and volunteers. They hosted a ‘Caring for those Dying with Dementia at the End of Life’ study morning and are running dementia awareness training which will be available to all clinical staff.

Macmillan Cancer Support and ESNEFT are currently developing a new Cancer Wellness Centre at Colchester Hospital due to open in Autumn/Winter 2019. This new facility will provide a home for Macmillan’s support services and a range of peer and volunteer-led groups for those who are receiving cancer treatment or have recently completed care. The facility will also provide support for families and carers. Once this facility is opened it will provide an additional asset to support the physical, emotional and mental wellbeing for the community.

The most pressing concern identified in consultation on this topic was providing enough palliative care for an increasing population, with complex needs and the challenges of maintaining adequate levels of voluntary and community sector fundraising.

Recommendations

- *Continue to maintain support for 'what is strong'* – we cannot ignore that there is a great amount of activity and assistance available in Colchester Borough. People are committed to operating a very wide range of services, in many different locations, which encourages a good, or an even better, quality of life. To maintain this support, organisations must be able to access what they need, be it community facilities, volunteers, information or funding. Where they identify a need for additional capacity or investment, there should be resources to support them.
- *Recognise the impact of wider promotion of the role of community assets, for example social prescribing* – we can see an upward trend in referring out to the voluntary and community sector. This will increase demand for services. Yet national trends in financial giving do identify risks to long term investment in the voluntary and community sector. We must support grassroots, local community assets by investing in them over a medium term to support residents with social and community needs. We must also encourage good joined up partnership working to enhance patient journeys.
- *Extend the reach of services in specific areas* – we acknowledge that this report represents only the first stage in assessing what exists locally and how we can continue to support and benefit from the assets. However, we are already able to register a need to support further development in some key areas, whether this be adding to or innovating:
 - *Mental Health* – the mental health of all ages in Colchester is a concern which could be supplemented by a wider range of services to target outreach in new localities, address self-harm, establish new resources for all ages and better connect people to those up and running. Any development in this topic would also be underpinned by offering more training to community groups, volunteers and leaders to support the good work of programmes already underway.
 - *Befriending and Social Isolation* – within many livewell themes, the need for 'buddies', befriending services and places to connect is clearly demonstrated by feedback, consultation and data analysis. There are a limited number of services operating within homes and a need to increase the capacity.
 - *Transportation* – we have unmet need, are able to identify emergency situations which require a response and an increasing population with multiple health and wellbeing concerns, for whom mobility issues are important.
 - *Seven Day Working* – we can review the accessibility of services throughout the week to all of those who need them, from carers' groups for people who work or peer support sessions for people living with long term health conditions.
 - *Die Well* – the workload of the organisations already operating under this theme is high but facing increasing pressure, with limited integration into wider community assets. In order to support residents we should investigate further how services can complement one another.
 - *Offer Peer Support* – many existing assets are led by peers who can use their experience to influence the lives of others positively. However gaps do appear to exist, such as cardiac care, dementia and support for families with specific needs.
- *Support activities which tackle the wider determinants of health and assist prevention* – with more than 7000 people accessing a service such as Colchester Foodbank, we must see how people living with challenges, such as low incomes, can support their health and wellbeing. With organisations operating in such areas as assisting people who are



at risk of homelessness or who have debt, registering clearly that they are supporting people living in more complex situations, we must encourage appropriate responses within a team-working environment to prevent reaching crisis.

- *Consider how infrastructure facilitates community asset management* – in particular, we can see the value of volunteering within the local Borough. Organisations recognise the value of the volunteers who enable positive change but also the challenges of recruiting, retaining and managing volunteer roles. Organisations benefit from investing in this area and from access to supports such as training.
- *Improve access to information* – when people find a community asset, they are often encouraged to gain the confidence and knowledge to find more which impacts positively on their lives. Finding that initial asset, can be a challenge with different access points and levels of understanding across the Borough. It will be beneficial to all to improve the process through information advice and guidance services, training and promotion. Any development of access to data must include development of online databases and assets. EssexConnects hosts a significant proportion of the services and activities we have collected in the course of researching this report and is being enhanced further to accommodate more detail.
- *Investigate further...* - by bringing together information to date, we have also identified gaps in our knowledge and the opportunity to utilise statistics and data more effectively in the future. This includes:
 - *Further research into neighbourhoods* – we would like to know more about specialist services – such as those connected to the Garrison and for armed forces personnel. We are also beginning to see how different parts of the Borough reflect different assets and would like to know more about how the assets are accessed by people in different neighbourhoods.
 - *Establish a shared framework to measure outcomes* – by doing this, we can evaluate consistently across the sector and explore further the capacity and level of impact made by the assets held in Colchester.
 - *Corporate Social Responsibility* – the interplay between business and community is clear but the extent to which they do and can support one another in the future may be reviewed in more detail.

Conclusion

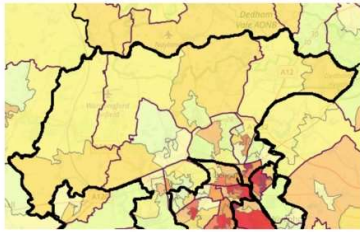
When we began the process of mapping assets in Colchester, we established some clear outcomes. We wanted to see what working doing well to better understand what may be missing. We also wanted to start to establish a baseline of activity and information. We have achieved both of these outcomes but also identified some unexpected outcomes too. We have:

- *Redefined our concept of an 'asset' available to the community* – through the process of analysing data and consulting with colleagues, we have been struck by the potential and value of our virtual/online communities – it is a key theme that has emerged. There is no single source of information. There is no single central directory of online and virtual resources; many are developed by local interest groups. Colleagues at Essex County Council have begun to bring together Facebook administrators in a new initiative and as we further map the Borough it is essential that we explore this element further.
- *Identifying overlap between national, county and local services* – we cannot review what assets are available to our community at a local level, without considering the access residents have to services that can meet their needs nationally or regionally. National helplines, programmes and cultural activities influence how people behave and what information they will trust and use.
- *Identifying patterns which influence access to services* – the barriers which transport, opening hours and accessibility pose to services must be taken into account when project proposals are developed and reviewed. We have included this in our recommendations and would continue to assess this alongside capacity.

Colchester is a vibrant community, which is supported by dedicated, skilled people. It hosts unique and essential facilities and is characterised by its diverse population and environment. We now have the opportunity with the North East Essex Health and Wellbeing Alliance to collaborate, connect and contribute towards enhancing this positive position. In doing so, we will continue to apply ABCD principles and encourage partnership working, be that pooling of budgets, sharing of skills or information and redefining how everyone can add value to what can be achieved within our local neighbourhoods.

Appendix A - Local area health profiles supplied by STP Programme Manager Prevention, April 2019

COLCHESTER NORTH



76593 RESIDENTS

Male average life expectancy
80 years

Female average life expectancy 83.2

Black and Minority Ethnic Groups
comprise 8.77% of the population

7.16% live in fuel poverty



17.07% of children live
in poverty



17.13% of Children in reception
have excess weight

30.06% of Children in Year 6
have excess weight

61.29% of children are achieving
a good level of development at
age 5

54.02% Achieve GCSE (5A*-C
including English & Maths)

3.4% of economically active
adults are unemployed



Hypertension prevalence 11.5%

Chronic Obstructive Pulmonary Disease
prevalence 1.3%

Dementia prevalence 0.6%

Cancer Prevalence 2.3%

Coronary Heart Disease prevalence 2.3%



16.1% of adults smoke

64.4% of adults in have excess weight*

54.6% consume five or more portions of
fruit/veg per day*

21.6% are physically inactive*



Some lifestyle behaviours are measured by a survey sample are
too small to provide a reliable estimate at a small area level*

27.5% of older people live alone

2.02% of people are providing 50 or more hours of unpaid care per week

Icons made by Freepik, from www.flaticon.com

Colchester North

Rural North

Lexden & Braiswick

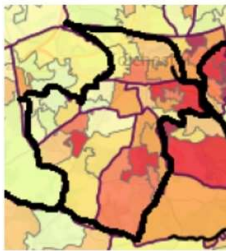
Mile End

Highwoods

St Anne's & St John's

Stanway

COLCHESTER MID



57304 RESIDENTS

Male average life expectancy
80 years

Female average life expectancy 83.2

Black and Minority Ethnic Groups
comprise 8.69% of the population

8.45% live in fuel poverty



18.98% of children live
in poverty



20.72% of Children in reception
have excess weight

29.59% of Children in Year 6
have excess weight

60.65% of children are achieving
a good level of development at
age 5

52.16% Achieve GCSE (5A*-C
including English & Maths)

4.22% of economically active
adults are unemployed



Hypertension prevalence 14%

Chronic Obstructive Pulmonary Disease
prevalence 1.8%

Dementia prevalence 0.7%

Cancer Prevalence 3%

Coronary Heart Disease prevalence 2.8%



18.3% of adults smoke

64.4% of adults in have excess weight*

54.6% consume five or more portions of
fruit/veg per day*

21.6% are physically inactive*



Some lifestyle behaviours are measured by a survey sample are
too small to provide a reliable estimate at a small area level*

27.0% of older people live alone

8.75% of people are providing 50 or more hours of unpaid care per week

Icons made by Freepik, from www.flaticon.com

Colchester Central

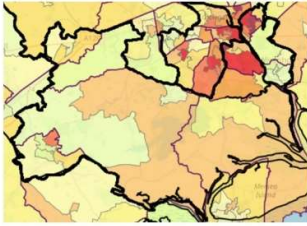
Castle New Town & Christchurch

Prettygate

Shrub End

Berechurch

COLCHESTER SOUTH



50042 RESIDENTS

Male average life expectancy
80 years

Female average life expectancy 83.2

Black and Minority Ethnic Groups
comprise 5.95% of the population

8.14% live in fuel poverty



35% of older people live alone

8.75% of people are providing 50 or more hours of unpaid care per week

18.98% of children live
in poverty



21.21% of Children in reception
have excess weight

28.96% of Children in Year 6
have excess weight

63.93% of children are achieving
a good level of development at
age 5

54.38% Achieve GCSE (5A*-C
including English & Maths)

2.74% of economically active
adults are unemployed



Hypertension prevalence 12.6%

Chronic Obstructive Pulmonary Disease
prevalence 1.3%

Dementia prevalence 0.6%

Cancer Prevalence 2.8%

Coronary Heart Disease prevalence 4.8%



13.7% of adults smoke

64.4% of adults in have excess weight*

54.6% consume five or more portions of
fruit/veg per day*

21.6% are physically inactive*



Some lifestyle behaviours are measured by a survey sample are
too small to provide a reliable estimate at a small area level*

Icons made by Freepik, from www.flaticon.com

Colchester South

Tiptree

Marks Tey & Layer

Mersea & Pyefleet

Wivenhoe

Old Heath & The Hythe

Greenstead

Appendix B – consultation questions

The questions below were used to trigger conversations with community leaders during April and May 2019. They will form the basis of ongoing and continued consultation with other community leaders and members following the submission of this report. The questions are designed to encourage open conversations and to gather evidence from alternative sources.

- 1. What are the most pressing challenges or barriers which are affecting the quality of life of your service users/local community members in Colchester?**

(please provide a description and any evidence you have to demonstrate this)

- 2. What are the greatest assets available to assist service users/local community members?**

(this may be access to information, a specific service or a resource such as a volunteer or funding)

- 3. If you could make changes to support local community members, what would they be?**

(for example developing a new service or improving access to existing services)

- 4. Have you identified any trends which may affect the quality of life of local residents in the future?**

(if so, please describe and evidence how you have identified these trends)

Appendix C – criteria for defining neighbourhoods

- Cover populations of around 50,000 people
- Follow ward and district boundaries
- Be practical and make sense for communities (e.g. geography, rural/urban, road networks)
- As far as possible, be sympathetic to the new primary care groupings
- As far as possible, be sympathetic to other key partners' operating models (e.g. Police)
- Make connections to the Hub & Spoke model

Appendix D

Suffolk and North East Essex STP – *‘Suffolk and North East Essex is one of 44 geographical Sustainability and Transformation Partnership (STP) ‘footprints’ in England that have been asked to produce a long-term plan outlining how local health and care services will evolve, improve and continue over the next five years.*

STP footprints are not statutory bodies, but collective discussion forums which aim to bring together health and care leaders to support the delivery of improved health and care based on the needs of local populations. They do not replace existing local bodies, or change local accountabilities.’³⁶

Local Delivery Pilot - *‘Essex is one of 12 pilot areas selected by Sport England to develop new approaches to building healthier, more active communities with around £100 million of National Lottery funding being invested in the pilots over the next 3 years to help people from communities move from inactive to active and change their lives for the better.’³⁷* The programme is known as the Local Delivery Pilot (LDP) and will operate in Basildon, Colchester and Tendring.

³⁶ <https://www.neessexccg.nhs.uk/sustainability-and-transformation-plan> (7th June 2019)

³⁷ <https://www.activeessex.org/eldp-our-story/> (7th June 2019)

Appendix E

Examples of Community Assets, included in this profile:

- **Borough/Quadrant or Countywide Voluntary and Community Groups (operating services across Colchester)**

Action for Family Carers
African Families in the UK CIC
Age Concern Colchester and Tendring
Alzheimer's Society Colchester
Autism Anglia

- **Neighbourhood Level Community Groups and Activities (including locality based and devolved groups)**

Fordham Friendship Group
West Bergholt Youth Group
Woodland View Dementia Café
Stanway U3A Birdwatching Group 2
Futures in Mind Boxing Project at Adrenalyze Leisure
Rowhedge Heritage Trust
Wivenhoe Sailing Group
Mersea Community Support: including loan of personal equipment
Colchester Christ Church Breakfast Café

- **Media and Information Sources, including Social Media**

Colne Radio
Mersea Life
Glebe Recreation Ground
Wivenhoe Notice Board
Community360 Newsflash

- **Venues and Community Halls**

St Johns Church and Community Centre
Hythe Community Centre
Fingringhoe Village Hall
Marks Tey Village Hall
Friends Meeting House

- **Green Spaces/Outdoor**

Cymbeline Meadows
Lexden Springs Local Nature Reserve
Highwoods Country Park
Gosbecks Archaeological Park
Colchester Canoe Club