

Director of Public Health Annual Report 2022/23

Focus on Prevention

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Introduction

This report reflects on some of the key achievements since last year's Director of Public Health's annual report, some challenges and highlights areas for further collaboration with partners to enable us continue to protect and improve the health and wellbeing of visitors, students and residents of Southend-on-Sea city.

The impact of living with COVID is still emerging. However, there has been a reduction in disability-free life expectancy. This is a stark reminder that we must endeavour to increase our collective effort in preventing ill-health and supporting people in making healthier lifestyle choices. In my role as the Director of Public Health and an independent advocate for the City's public health, the focus of this report will be on some key areas of prevention and responding to the cost-of-living crisis and its impact on wellbeing.

The Mid and South Essex Integrated Care Partnership has drawn on the City Council's ambition, the recently published health inequalities Core20PLUS5 frameworks, one each for adults and children services and a number of key national drivers, to publish their local strategy for reducing health inequalities and improving health and care services with a focus on tackling the wider determinants of health.

Plans have been drawn up and aligned to the Southend Health and Wellbeing Strategy by the South East Essex Alliance with a focus on neighbourhoods mirroring work also in progress across the localities in the City. We are building on good practice, engendered by a learning and development culture as well as more meaningful engagement with our communities, to become more efficient and empower residents to own the chosen approach through co-production. The adults Core20PLUS5 plan will also address challenges with maternal and infant health and wellbeing and wider inequalities.

We know that there is a growing mental health and wellbeing need across our communities, which has been further exacerbated by the cost-of-living crisis. It makes this timely for the Council and partners to develop a strategy to tackle poverty and reduce the challenge posed by food security and the impact of climate change on health and wellbeing.

Childhood should be the happiest time in a person's life, yet for thousands of children who make poor lifestyle choices and develop mental illness in childhood or adolescence, the reality can be very different. Therefore, it is incumbent on me to sharpen the focus on highlighting our local concerns with the health and wellbeing of children and young people. The South East Essex Alliance is developing a plan to focus on priority areas identified through the Core20PLUS5 and we are renewing a number of local initiatives aimed at supporting this population group to improve their lifestyles, based on more recent engagements.

From addressing our challenges with young children's oral health and childhood illnesses, to addressing the antecedents leading to childhood adverse experiences, further compounded by neglect and the need to provide more support on parenting. We have a duty to address these needs and also explore further how to improve the lives of children who are neurodivergent, after the recent review of the SEND services in Southend.

We are uniquely placed as a City to consider how best to utilise our assets, in partnership with our residents, building on a plethora of good practice locally and emerging evidence. Southend should lead on the development of a Family and Community Hub system approach to transform the services for children and families ensuring all parents/carers can access the support they need when they need it, to increase opportunities to give all children in Southend the best start in life, helping to protect them from factors that could impact their development and life chances.

It is imperative that we set data and information sharing as a strategic priority across agencies.

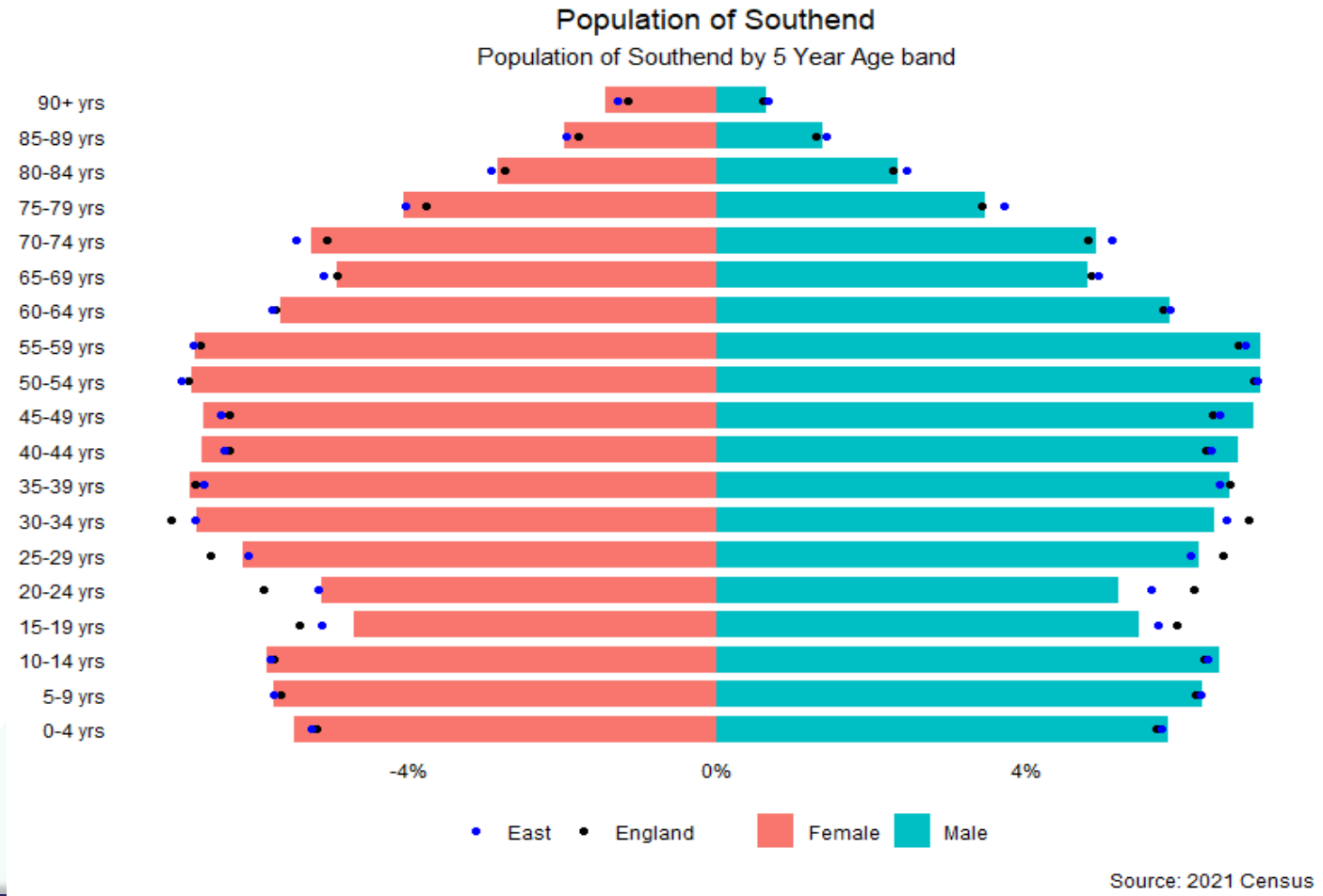
Population

The main difference between the population of Southend and the national average, is that Southend has a lower percentage of residents between the ages of 15 and 34 for both males and females.

For males, this difference extends to residents aged between 15 and 39 years.

Southend's female population over the age of 70 years is proportionately higher than the national average.

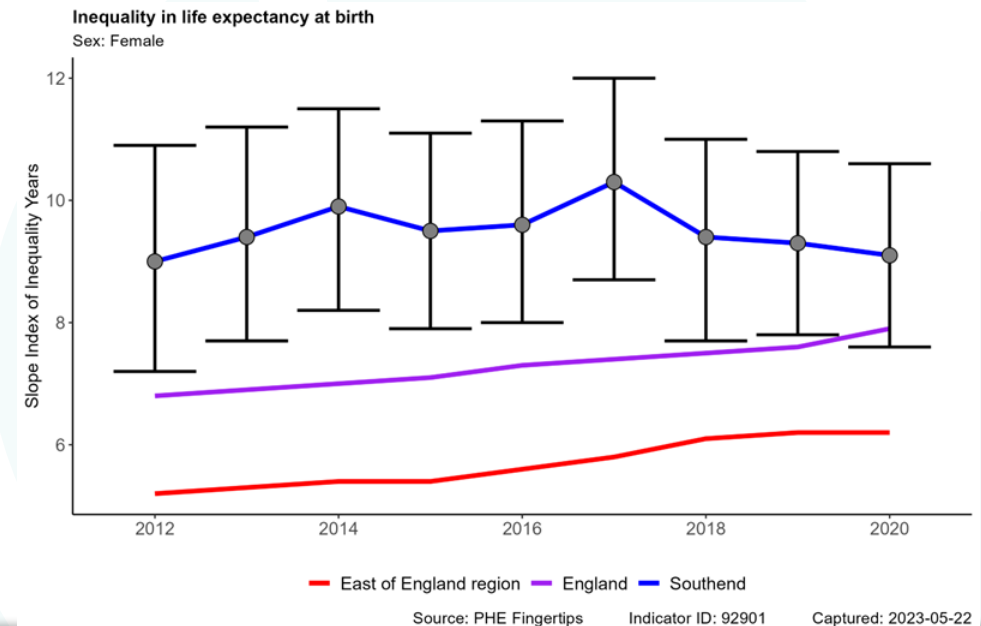
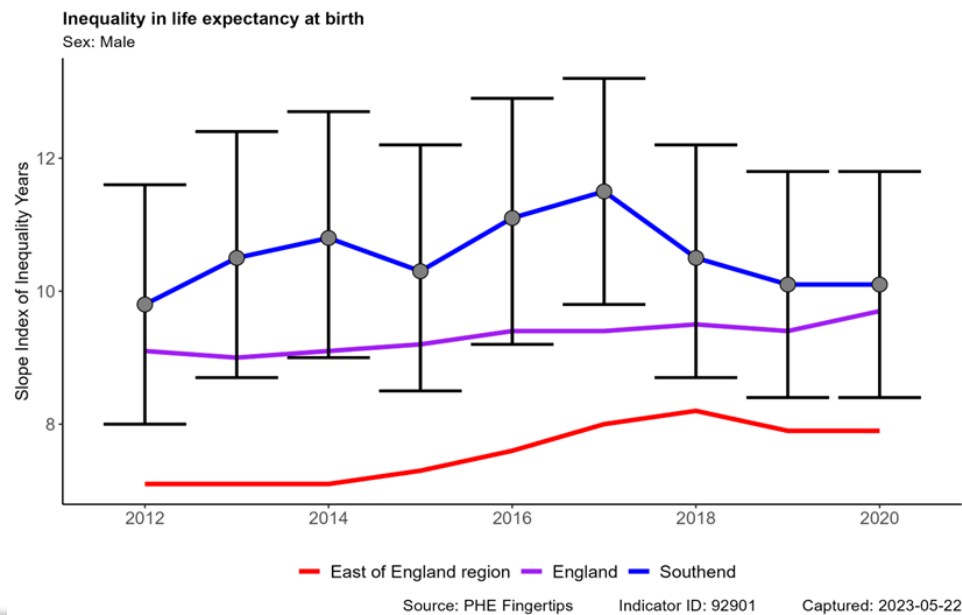
Southend also has large communities living in more disadvantaged areas, mainly across six wards on the east coast and more centrally around the City centre.



Inequality in Life Expectancy

The Slope index of inequality is the measure of the difference in life expectancy between those in the most deprived areas, and those in the least. Southend is statistically similar to England in the most recent data (2018-20), and is notably higher than the East of England Region, this is true for both males and females. There is no statistical trend in the data between 2015 and 2020, although this is yet to take into account the impact of Covid-19.

However, disability-free life expectancy (DFLE) in the UK decreased significantly for both males and females between 2015 to 2017 and 2018 to 2020; this change was driven by decreases in England and Scotland.



Health Inequalities - Core20 PLUS5 – Adults & Children

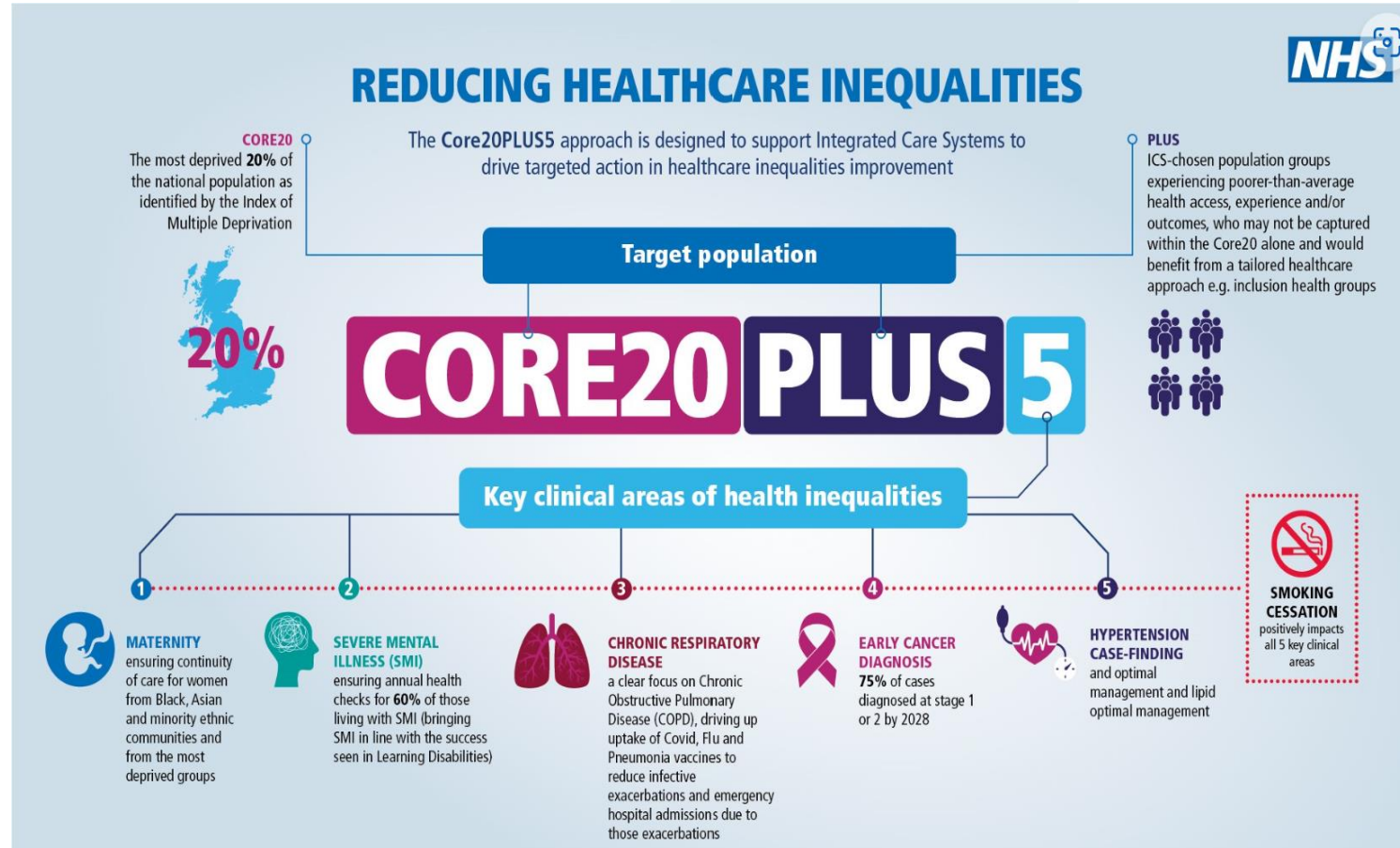
Core20 PLUS 5 - Adults

Core20PLUS5 is a national NHS approach to inform action to reduce healthcare inequalities at both national and system level. The approach defines a **target population** – the ‘Core20PLUS5’ – and identifies ‘5’ focus **clinical areas** requiring accelerated improvement.

The Core20 is the most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (IMD).

The ‘PLUS’ is the chosen population groups who may not be captured within the Core20 alone. For Mid and South Essex, this is Deprivation, Ethnic Minority, LD, Gypsy, Roma & Travellers, Children and Young People, LBGTQ+, Homelessness.

The 5 clinical areas to focus are Maternity, severe mental illness, COPD, early cancer diagnosis and hypertension.



Smoking Cessation

Smoking cessation has the potential to have a real impact on all 5 clinical areas in Core20PLUS5 and we continue to be innovative in our approach. This has produced some remarkable outcomes in reducing tobacco smoking and supporting our drive to meet the Smoke Free target (<5% smokers) by 2030.

Southend on Sea Stop Smoking Service Providers

- GP setting** 29 GPs = 12 Week Support at a Surgery
- Pharmacy setting** 11 Community Pharmacists = 12 Week Support Participating Pharmacy Scheme 'Walk-in Service' (with a one-off prescription fee) + 2 x NRT product supplied FREE
- Alan Carr Easyway** Allen Carr Easyway Drug-free 5-6 hour Seminar. Phase 1 = 140 places + Phase 2 = 70 places
- Vape shops** 4 Vape Shops = Vape 'SWAP' Smoking Service 12 Week Self-referral Support Service + Client receives a FREE starter kit
- Acute trust** Opt-out referral pathway + Focus on all people admitted to acute and mental health hospitals and all pregnant smokers will be offered smoking cessation.

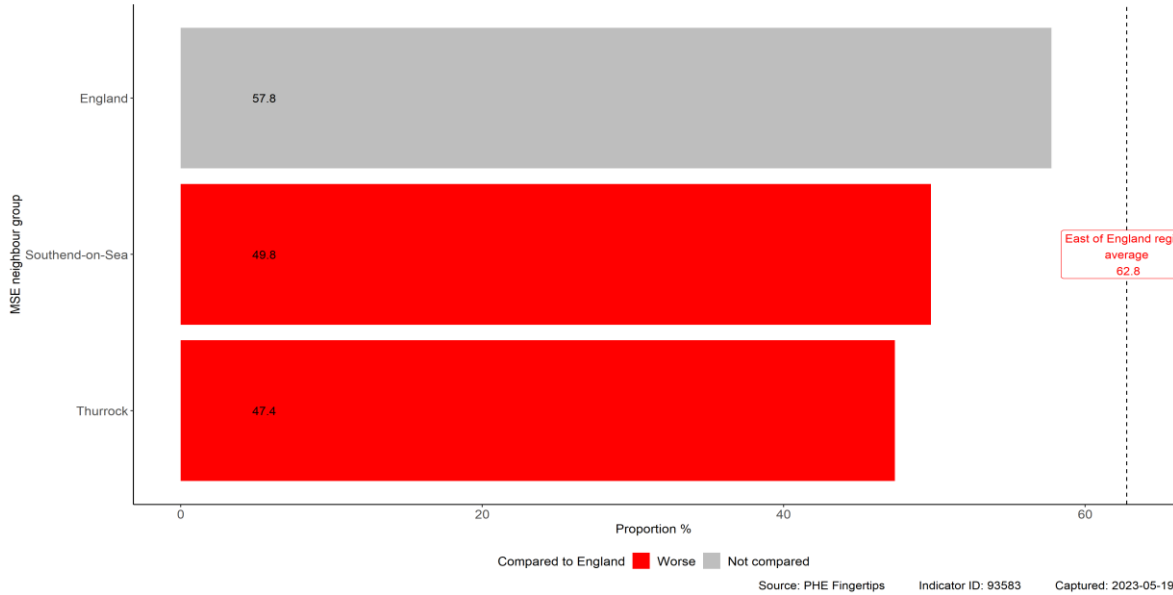
Date	Registered	Quit	Quit %
2018/19	1634	735	45%
2019/20	1499	613	40%
2020/21	743	337	45%
2021/22	1147	481	42%
2022/23	1369	572	41%



Maternity

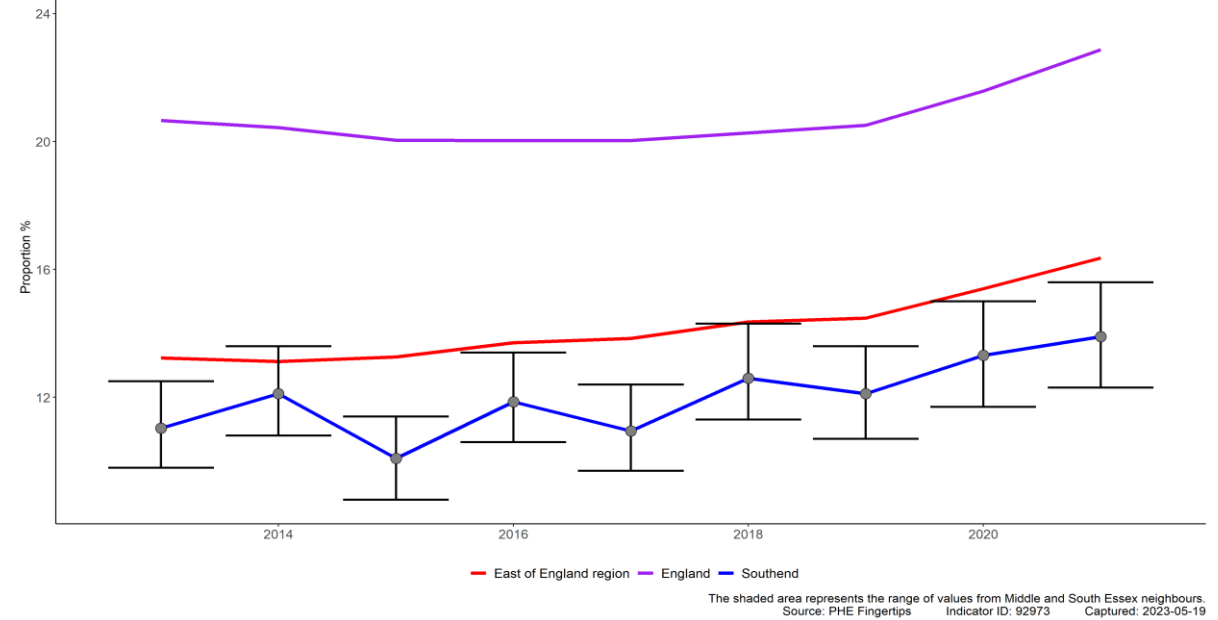
Early access to maternity care

Percentage of pregnant women who have their booking appointment with a midwife within 10 completed weeks of their pregnancy (experimental) Fingertips Indicator ID: 93583 Timeperiod: 2018/19 Sex: Female Age: Not applicable



Percentage of deliveries to women from ethnic minority groups

Percentage of deliveries to women from ethnic minority groups Fingertips Indicator ID: 92973 Sex: Female Age: All ages Recent trend: No significant change



A pregnant woman's booking appointment allows scheduling of her ultrasound scan, identification of women who might need more than usual care, either because of medical history or social circumstances, for discussion of antenatal screening, taking blood pressure and measuring the woman's height and weight, identification of risk factors such as smoking and offering support, discussion of mood and mental health. Southend has a statistically worse proportion of women with early access to maternity care compared to the national and regional average and has established a dedicated joint Public Health Midwife, with Southend Hospital and A Better Start Southend, which is already improving access as well as key health outcomes, such as quitting smoking habits, improved infant feeding/breastfeeding and community-led parenting support. We now need to build on this.

Mental Health - Perinatal Mental Health

Perinatal mental health can affect up to one in five women during pregnancy and up to one year after birth. Common perinatal mental health illnesses include anxiety disorders, depression, post-traumatic stress disorder, eating disorders and stress-related conditions such as adjustment disorder.

Latest report shows that the number of maternal deaths caused by mental health problems is increasing. It also finds that many of the women (1 in 9) who died faced multiple disadvantages, including mental health problems, domestic abuse and addiction.

Significantly, mental ill-health and heart disease are now on an equal footing as the cause of maternal deaths in the UK.

The NHS Long Term Plan builds on the commitments outlined in the *Five Year Forward View for Mental Health* to transform specialist PMH services across England. The NHS aim to ensure that by 2023/24, at least 66,000 women with moderate/complex to severe PMH difficulties can access care and support in the community.

Key Maternal Mental Health Findings:

Suicide remains the leading cause of direct maternal death in the first postnatal year, few had a formal mental health diagnosis but had a history of trauma.

Mortality - 40% of deaths within the year after pregnancy were from mental health-related causes.

Ethnic disadvantage - there remains a more than three-fold difference in maternal mortality rates among women from Black ethnic origin, and an almost two-fold difference amongst women from Asian ethnic origin, compared to White women.

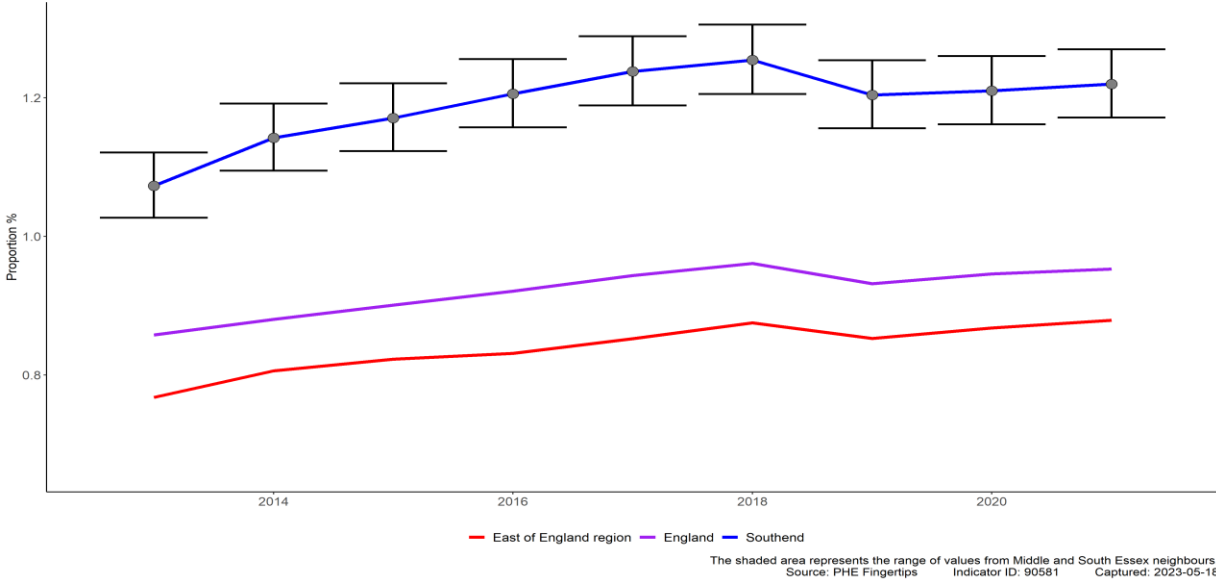
If left untreated, mental health issues can have significant and long-lasting effects on the woman, the child, and the wider family. Local specialist service is available to pregnant people in Southend, referrals can be made via Maternity, Health Visiting or through Primary Care.

We can achieve better success across the mental health and wellbeing agenda, through collaborative data sharing which has the potential to make a meaningful contribution to improving the quality of care and wellbeing.

Mental Health – Severe Illness & Self-Harm

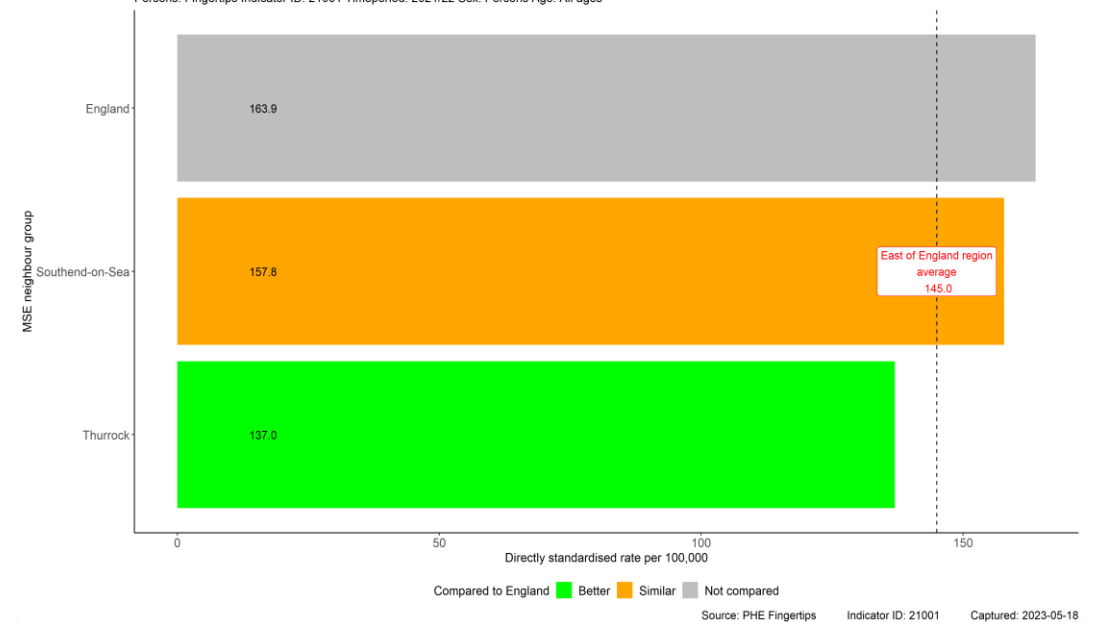
Mental Health: QOF prevalence (all ages)

The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses as recorded on practice disease registers. Fingertips
Indicator ID: 90581 Sex: Persons Age: All ages Recent trend: No significant change



Emergency Hospital Admissions for Intentional Self-Harm

Emergency Hospital Admissions for Intentional Self Harm, directly age standardised rate, all ages, Persons. Fingertips Indicator ID: 21001 Timeperiod: 2021/22 Sex: Persons Age: All ages



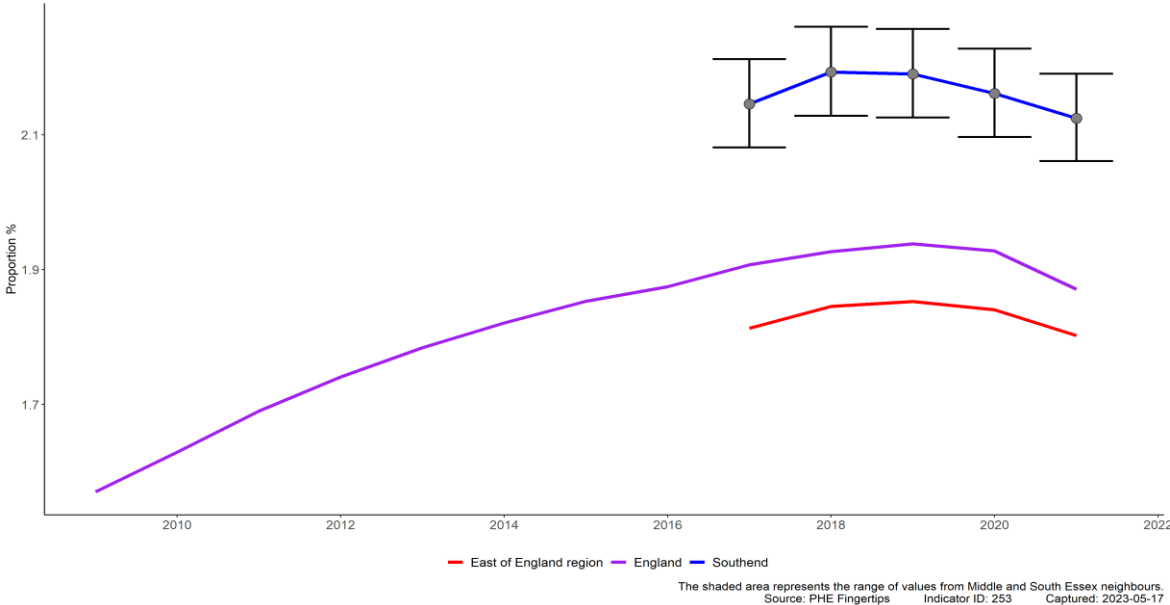
Southend's prevalence of more **severe mental illness** (includes diagnosis of schizophrenia, bipolar affective disorder and other psychoses) shows no significant trend in recent years and is higher than the national and regional average.

Self-Harm - This indicator is a measure of intentional self-harm which results in approximately 110,000 inpatient admissions to hospital each year in England; 99% are emergency admissions. There is a significant and persistent risk of future suicide following an episode of self-harm. Southend has a similar rate of emergency admission per 100,000 residents to the national and regional averages.

Respiratory Illness - COPD

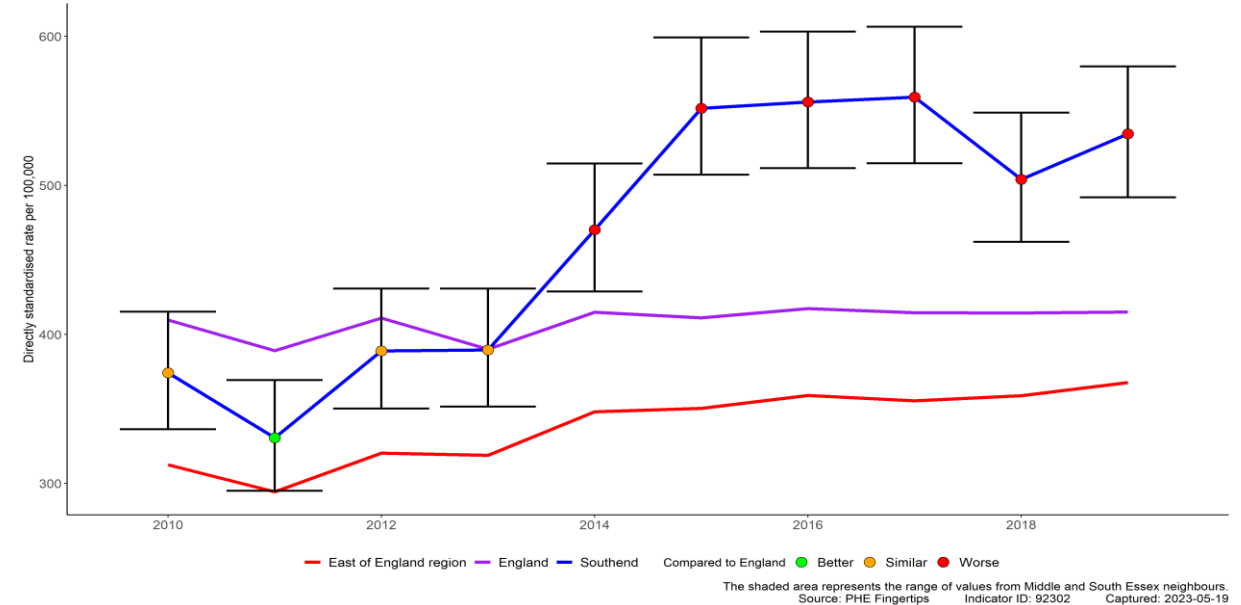
COPD: QOF prevalence (all ages)

The percentage of patients with COPD, as recorded on practice disease registers. Fingertips Indicator ID: 253 Sex: Persons Age: All ages Recent trend: No significant change



Emergency hospital admissions for COPD (35+)

Directly age-standardised rate of emergency admissions to hospital for COPD in adults aged 35+ Fingertips Indicator ID: 92302 Sex: Persons Age: 35+ yrs Recent trend: No significant change



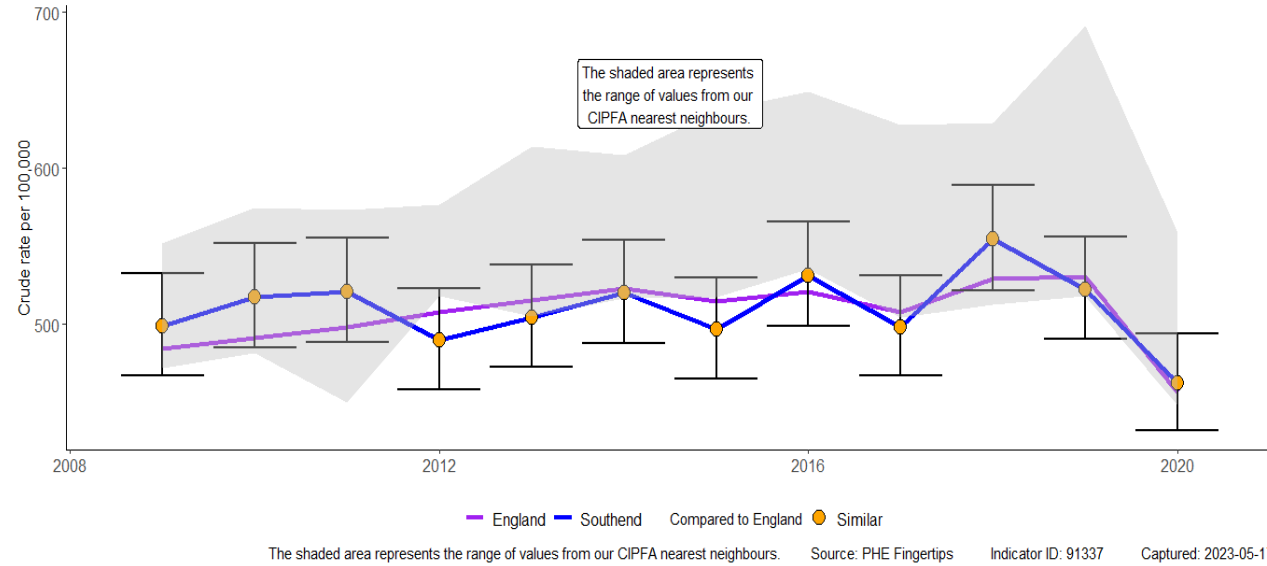
Chronic Obstructive Pulmonary Disease (COPD) is a common disabling condition with a high mortality. The most effective treatment is smoking cessation. Outside of pharmacotherapy, pulmonary rehabilitation has proven to produce an improvement in quality of life. Southend has a similar trend to the national and regional average although at a statistically significantly higher level.

In Southend, **emergency hospital admissions** for COPD has no overall trend, in recent years, and is statistically worse than the national and regional average.

Cancer

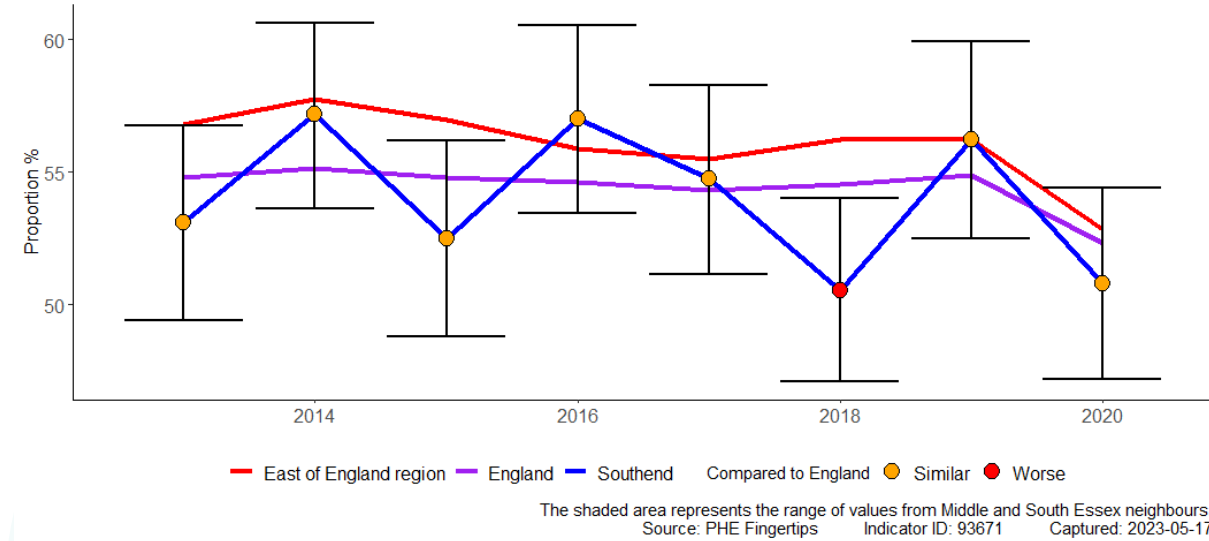
New cancer cases (Crude incidence rate: new cases per 100,000 population)

The number of persons diagnosed with any invasive cancer excluding non-melanoma skin cancer (ICD-10 C00-C97, excluding C44) multiplied by 100,000 and divided by the practice list size (crude incidence rate) Fingertips IndicatorID: 91337 Sex: Persons Age: All ages Recent trend: No significant change



Percentage of cancers diagnosed at stages 1 and 2

New cases of cancer diagnosed at stages 1 and 2 as a percentage of all new cases of cancer diagnosed at any known stage (1, 2, 3, and 4) for the following cancer sites: invasive malignancies of lung, oesophagus, colon, rectum, pancreas, invasive melanomas of the skin, breast, uterus, ovary, prostate, testis, kidney, bladder, Hodgkin Lymphoma, larynx, oropharynx, oral cavity, and non-Hodgkin lymphoma. Fingertips Indicator ID: 93671 Sex: Persons Age: All ages Recent trend: No significant change

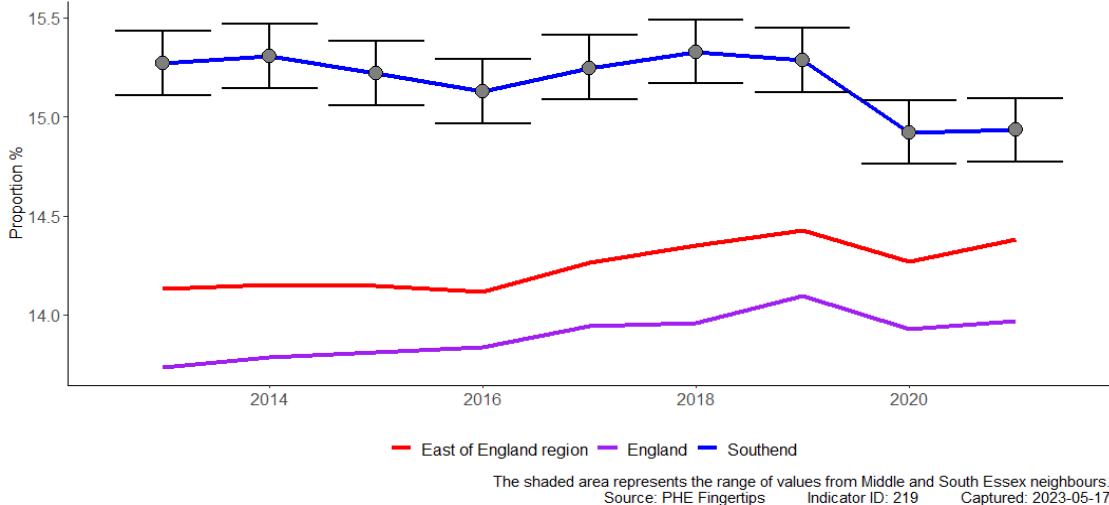


Stage at diagnosis is a measure of how much a cancer has grown and spread, with advanced stages meaning the cancer is bigger or has spread to other parts of the body (metastasis) and consequentially patient outcomes are worse for management and treatment. In **Southend**, the proportion of cancers diagnoses at early stages (1 and 2) has been similar to the national average and east of England average since 2016 apart from a dip in 2018. Overall, there is no significant trend. There has been no significant trend in new cancer cases with the incidence rate similar to the national average. Improving local data sharing protocols will be beneficial in better supporting local campaigns and raising awareness.

Hypertension

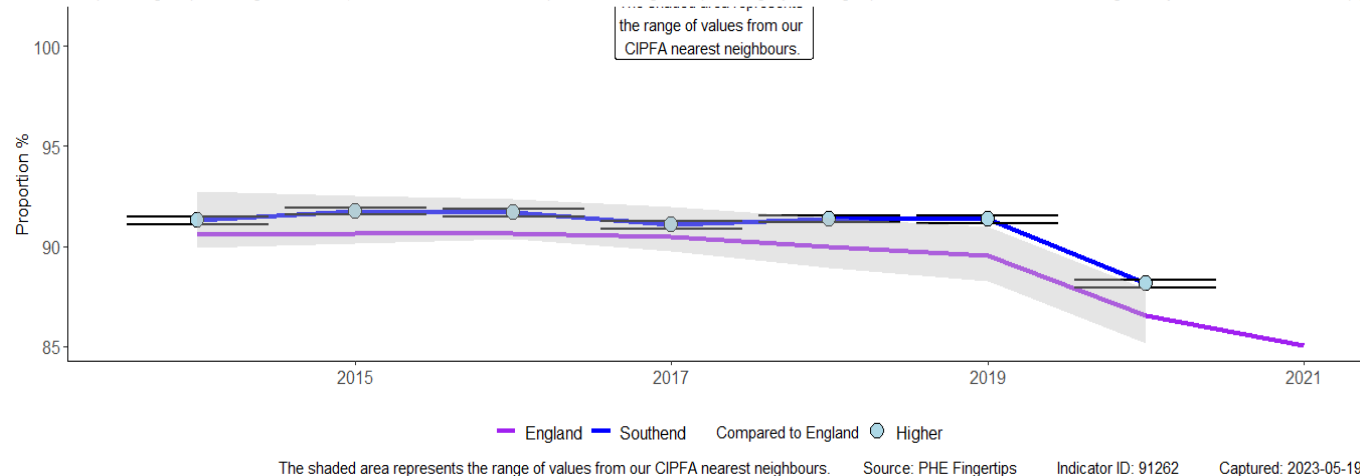
Hypertension: QOF prevalence (all ages)

The percentage of patients with established hypertension, as recorded on practice disease registers (proportion of total list size). Fingertips Indicator ID: 219 Sex: Persons Age: All ages Recent trend: Decreasing



Patients (aged 45+ yrs), who have a record of blood pressure in the last 5 yrs (denominator incl. PCAs)

The percentage of patients aged 45 or over, who have a record of a blood pressure reading in the preceding 5 years. Fingertips Indicator ID: 91262 Sex: Persons Age: 45+ yrs Recent trend: character(0)



High blood pressure, or hypertension, rarely has noticeable symptoms. But if untreated, it increases the risk of serious problems such as heart attacks and strokes. Southend has a statistically higher prevalence of hypertension compared to both the national and regional averages. The trend is decreasing unlike the national and regional averages although Southend remains higher in comparison.

Locally, in patients aged over 45 who have hypertension, there is no trend in recent data, with a reduction in 2020. Southend remains statistically higher proportionally than the national average and at the upper range compared to our statistical neighbours.

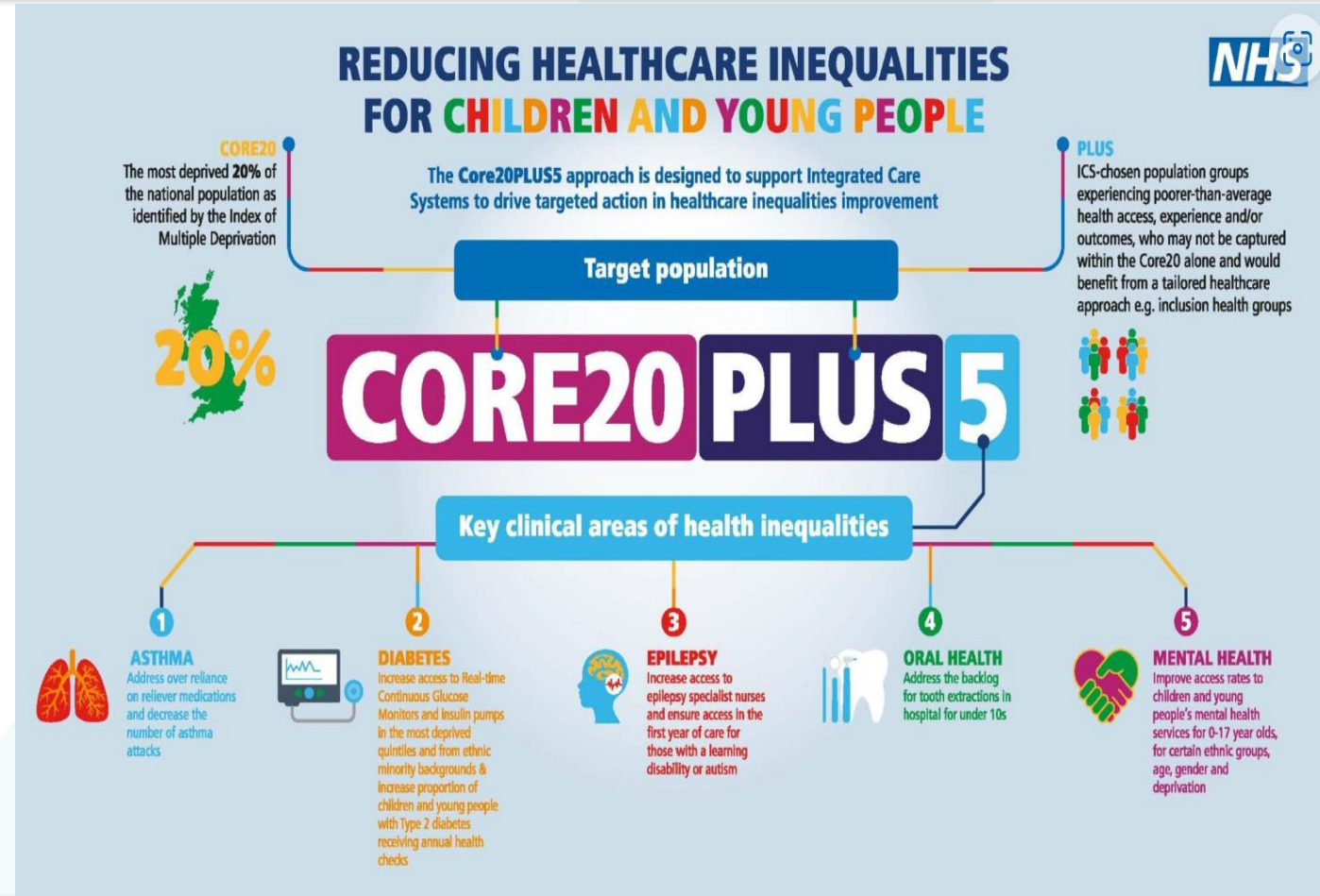
Core20 PLUS5 - Children

Core20 PLUS5 is an approach to reducing health inequalities for children and young people. The approach defines a target population cohort and identifies '5' focus clinical areas requiring accelerated improvement.

The Core20 refers to the most deprived 20% of the national population. The 'PLUS' refers to the local chosen population groups experiencing poorer-than-average health access, experiences and/or outcomes, who may not be captured within the Core20 and would benefit from a tailored healthcare approach and better support people who are socially excluded.

Asthma, diabetes, epilepsy, oral health, and mental health have been identified as the five key clinical areas of health inequality for children and young people.

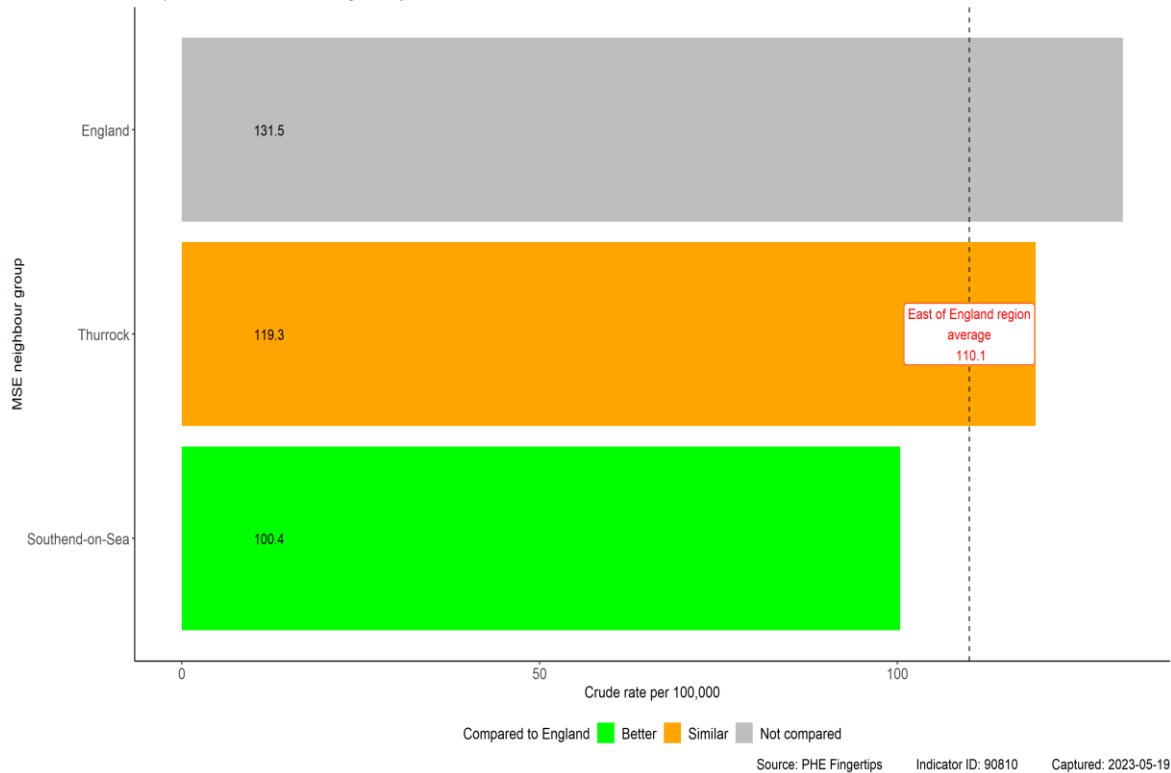
Locally, the Children and Young People Growing Well Board is driving forward the identification of the PLUS population groups for targeted actions across Mid and South Essex and a detailed plan will be produced during 2023.



Childhood Asthma

Hospital admissions for asthma (under 19 years)

Emergency hospital admissions for asthma, crude rate per 100,000 Fingertips Indicator ID: 90810
Timeperiod: 2021/22 Sex: Persons Age: 0-18 yrs



Asthma is a chronic respiratory condition characterized by symptoms including cough, wheeze, chest tightness, and shortness of breath, and variable expiratory airflow limitation, that can vary over time and in intensity.

The disease has different underlying causes and variations in severity, clinical development, and response to treatment. **Symptoms** can be triggered by factors including exercise, allergen or irritant exposure, changes in weather, and viral respiratory infections.

Symptoms may resolve spontaneously or in response to medication and may sometimes be absent for weeks or months at a time.

Acute asthma exacerbation is a term used to describe the onset of severe asthma symptoms, which can be life-threatening.

Southend had statistically lower number of hospital admissions for residents under 19 for asthma than the national average. The national picture, reported by clinicians, is pointing to an increase in prevalence and will require more definitive local action.

Childhood Diabetes

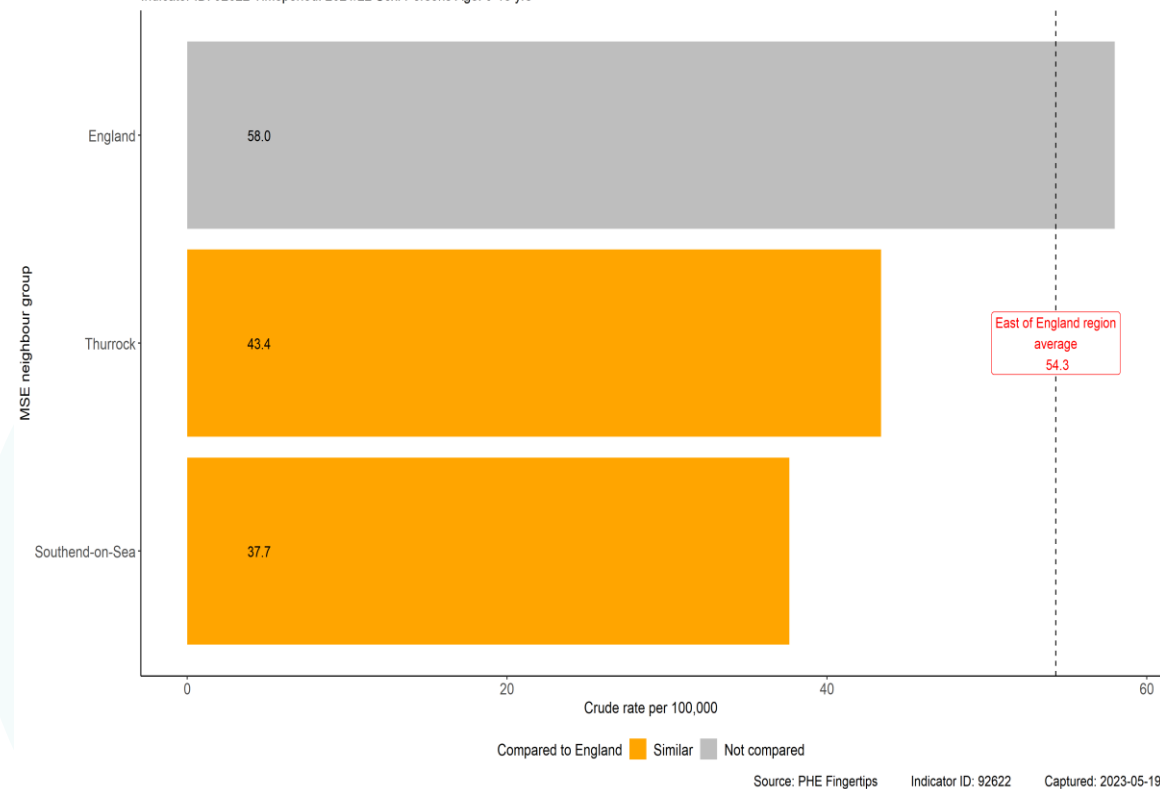
Diabetes is an increasingly common long-term condition in children and young people. In 2019, there were an estimated 36,000 children in the UK with diabetes under the age of 19 (31,500 in 2015). **Type 1 diabetes** constitutes the vast majority (90%) of diabetes in children and young people.

Type 2 diabetes is much less common in children and young people. It is more common in obese or overweight people, and in people of South Asian and Afro-Caribbean ethnicity. Unlike Type 1 diabetes, prevalence is strongly associated with deprivation.

Diabetes is associated with long term complications, such as eye and kidney disease, heart disease, especially if poorly controlled. Diabetic ketoacidosis (DKA – which is almost exclusively linked to Type 1 diabetes) is a potentially life-threatening condition requiring emergency admission to hospital and can be fatal if not promptly treated.

Southend had a statistically similar number of emergency admission for diabetes in residents under 19 years, to the national and regional averages.

Admissions for diabetes (under 19 years)
Emergency admissions for diabetes for children and young people aged under 19 years Fingertips
Indicator ID: 92622 Timeperiod: 2021/22 Sex: Persons Age: 0-18 yrs



Epilepsy in Children

Epilepsy is the most common significant long-term neurological condition of childhood and affects an estimated 112,000 children and young people in the UK.

Definitive diagnosis is difficult due to lack of specific diagnostic test, and therefore both under and over diagnosis occurs. Recorded prevalence of epilepsy has reduced in recent years, which may partly reflect more specific diagnosis. However, even among those who have a diagnosis of epilepsy, up to a third continue to have seizures despite treatment.

Epilepsy is associated with a higher risk of **mental health problems**. 37% of children with epilepsy have a co-existing mental health disorder, a higher prevalence than found in other long term childhood conditions. National audit found that only 12.8% NHS Trusts provided mental health provision within epilepsy clinics.

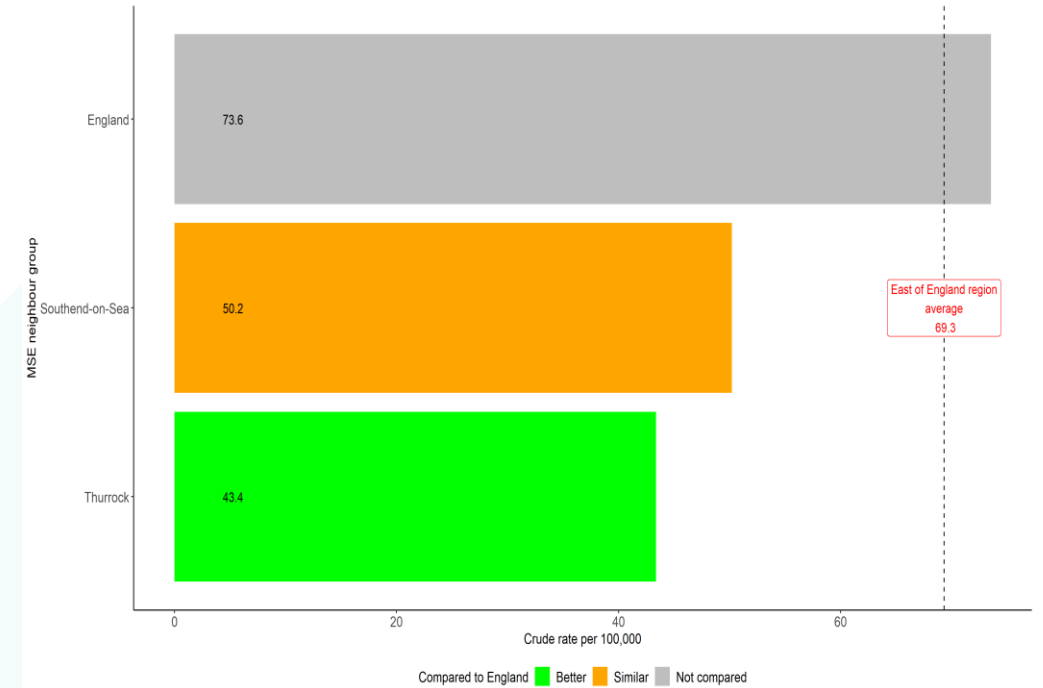
Not all **emergency admissions** to hospital for epilepsy or seizures are avoidable. However, there is evidence that education, support with epilepsy medications and emergency seizure management plans can reduce emergency admissions.

Transition to adult epilepsy services is a time of increased risk, and well-coordinated specialist epilepsy services can reduce mortality among young people with epilepsy after transition to adult services. Nationally, in 2018, only 35.8% of NHS trusts had a dedicated outpatient clinic for young people with epilepsies.

Southend had a statistically similar number of emergency admission for epilepsy in residents under 19 to the national and regional average.

Admissions for epilepsy (under 19 years)

Emergency admissions for epilepsy for children and young people aged under 19 years Fingertips
Indicator ID: 92623 Timeperiod: 2021/22 Sex: Persons Age: 0-18 yrs



Source: PHE Fingertips Indicator ID: 92623 Captured: 2023-05-19

Children Oral Health

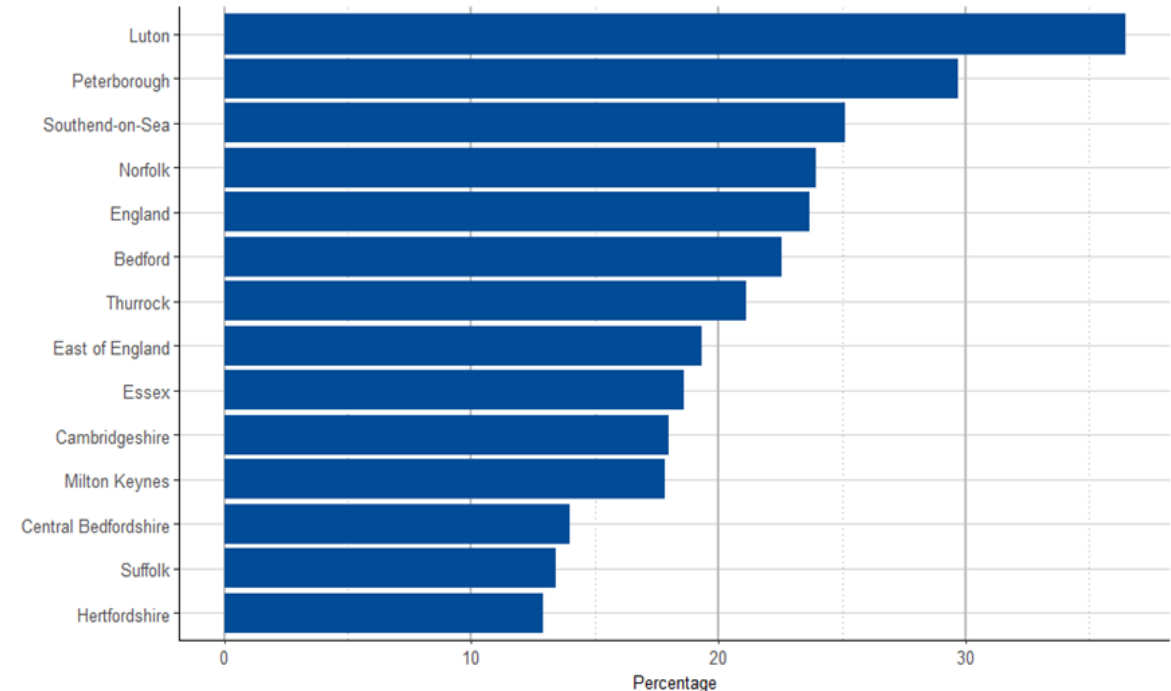
Dental extractions remain a primary reason for children to require a hospital admission. Tooth decay can be prevented with changes to diet and good oral habits, complimented by timely access to dental services. Although rates in England have been decreasing, it is a key area of improvement for children in Southend.

In 2021, there were 20 children in **Southend** admitted to hospital for dental caries. Tooth decay has been a common reason for hospital admission among children aged 5 to 9 for the past three years. In the oral health survey 2022 Southend had a high percentage of children with decay experience when compared to east of England neighbours.

Poor oral health can impact on many activities of daily living such as eating, sleep as well as wellbeing. It impacts on school attendance, delays in speech and language development and can cause more dental problems later in life. For young children, tooth extractions usually require a general anaesthetic and an admission to hospital.

Children from **lower socioeconomic groups** have a greater prevalence and severity. There was variation in prevalence of experience of dental decay by **ethnic group** and more significantly higher in the 'Other Ethnic Groups' and the Asian/Asian British' ethnic group.

Oral health survey of 5 year olds 2022
Percentage with any decay experience (d3mft*) MSE



Source: <https://www.gov.uk/government/statistics/oral-health-survey-of-5-year-old-children-2022>

Children & Young People - Mental Health & Wellbeing

Today's children and young people are considered to have worse mental health outcomes compared to previous generations, exacerbated by the Covid-19 pandemic.

Mental health disorders are a leading cause of **health-related disabilities** in children and young people. These illnesses can have a devastating impact on their physical health, their relationships, and their future prospects, and they don't always receive timely support.

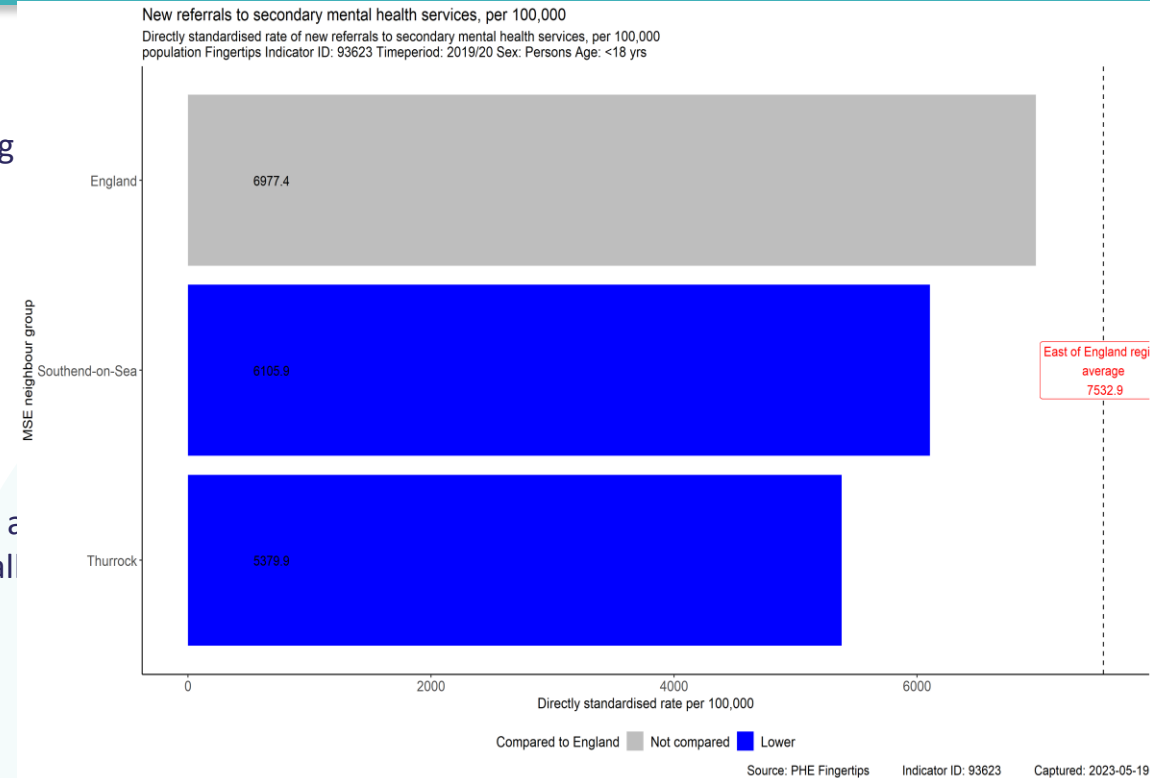
Children's **mental health services** locally continue to see rising demand, increased acuity and complexity of presentations, lengthier periods of intervention to mitigate risks, and growing caseloads. The long-term impact cannot be underestimated, and it is important that we put mental health on a level footing with physical health for them in Southend.

Conditions such as neurodiversity, autism, anxiety, low mood, depression, conduct disorders and eating disorders can stop some young people achieving what they want in life and making a full contribution to society. The challenge often extends into a person's adult life, with half of all mental health conditions beginning before the age of 14.

The traumatic impact of **abuse and neglect** increases the likelihood of children developing a range of mental health issues – both during childhood and in later life. Children in care are more likely than their peers to have a mental health difficulty.

Mental health and emotional wellbeing may be experienced differently by different groups of children and young people, and this can be influenced in particular by age, gender (including LGBTQ+), economic disadvantage, special educational needs and/or disability (SEND), and ethnicity (such experiences of discrimination).

Southend had a lower rate of new referrals to secondary mental health services per 100,000 residents under 18 than the national and regional averages.



Mental Wellbeing - What can make a difference?

Being mentally healthy should be about being supported with the right support at the right time to avoid a crisis in order to feel and function well in a way that is appropriate to the individual.

Improvements to adult mental health provision, including perinatally, are vital to prevent mental ill health developing in children. Nurturing family relationships and supportive home environment which promote positive attachments is an important factor for promoting good mental health in children and young people. Early support and intervention can help build resilient families and children. Providing effective mental health support for children who have experienced abuse and neglect can help them recover from its effects.

The **Southend, Essex and Thurrock plan** for the transformation of mental health services and support for children, young people and young adults is expanding mental health services by increasing access to broader mental health services to complement the existing core CAMHS provision and developing ways to further enhance and broaden the ways in which families and carers engage with services at a local level in schools, at home and in the community. Actions include:

- ❖ Improved mental health training for health professionals. Mental health should be a core part of the training curriculum for all health professionals who deal with children and young people.
- ❖ Advocate for the mental health of local children and young people. Working more collaboratively on improving meaningful data sharing on mental health prevalence and service capacity to articulate the needs of the local population.
- ❖ Encourage integrated working between organisations and agencies across the whole children's workforce. Integration of practice, education, pathways and commissioning will ensure that prevention, recognition, early intervention, support and onward referral is commonly addressed by professionals.

Support to Improve Lifestyles

Prevention & Social Determinants of Health

People's **health-related behaviours** are influenced by a range of factors including social, economic and physical environment as well as mental wellbeing. By making it easier for people to adopt healthy behaviours and improve their physical environment, we can support to reduce the burden of disease and help **narrow the gap in health inequalities** arising from long term conditions such as obesity, cancers, heart conditions, stroke, respiratory disease and dementia as well as social inequalities.

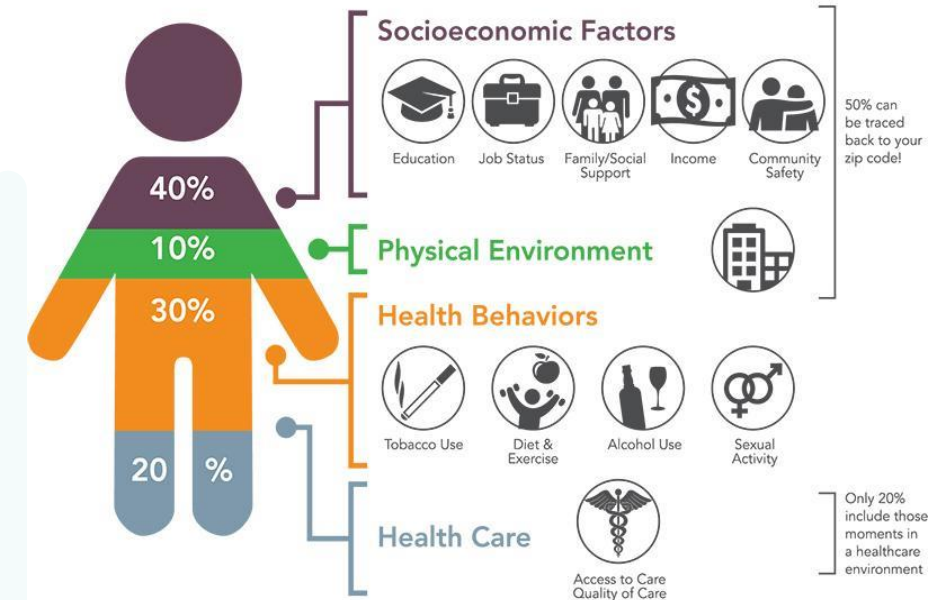
Southend wants to have an environment and community in which healthier choices are the easy choices.

Primary prevention aims to prevent disease or injury before it ever occurs. We can make it easier for people to be able to make healthier choices and reduce the risk of developing ill health, disease and premature death.

Secondary prevention aims to reduce the impact of disease or ill health that has already occurred and includes treatment to support the changes in behaviours or lifestyle factors that are needed to improve a person's healthy life expectancy and increased years in good health. That means the provision of tailored help and support for tobacco addiction, drug and alcohol misuse and obesity.

To embed prevention across the work that we do, public health will focus on opportunities to support healthier behaviours, which build on the strengths and protective factors that influence behaviours across the life course, whilst reducing the risk factors. This involves a holistic view which considers how we work to address the wider determinants of health, with targeted socioeconomic interventions in our more disadvantaged communities.

Social Determinants of Health (SDoH)



Healthy Weight - Adults

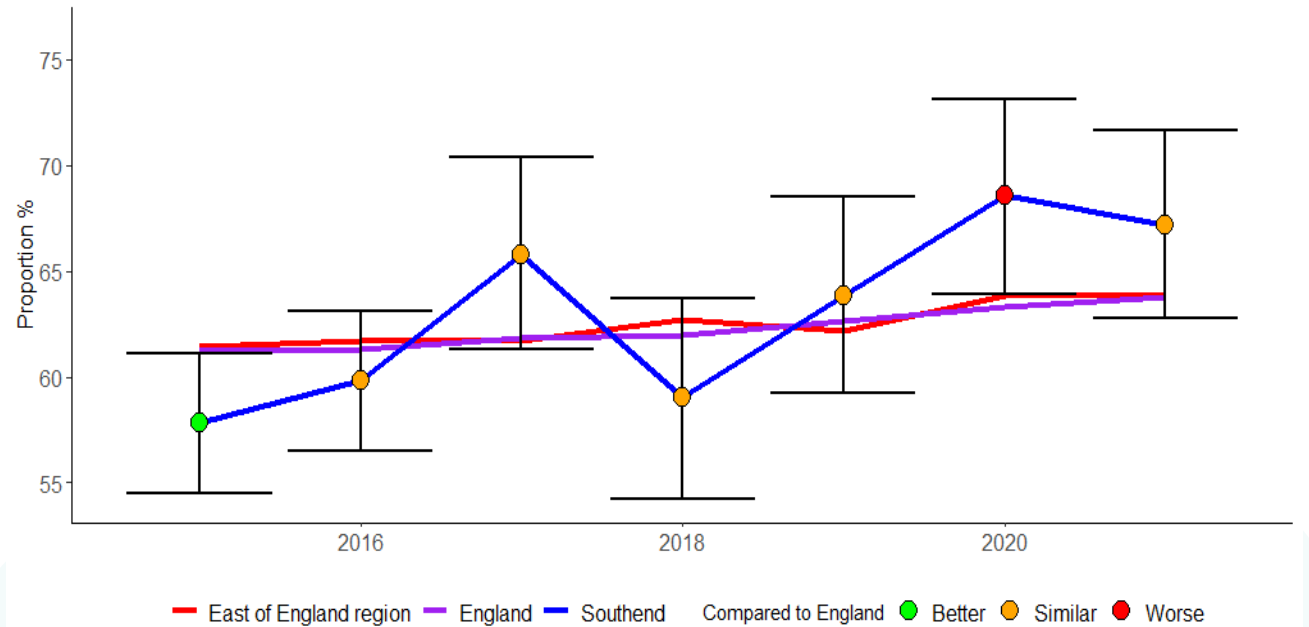
Being **overweight and obese** can lead to significant health issues for adults across the life course and into old age. Including on their physical and mental wellbeing.

There is no singular intervention that can tackle obesity on its own, at population or at an individual level. Causes of obesity are multi-factorial, including biological; physiological; psycho-social; behavioural; and environmental factors.

In **Southend**, the percentage of adults classified as overweight or obese is statistically similar to the national and regional averages; with more recent data showing an upward trend.

Percentage of adults (aged 18 plus) classified as overweight or obese

Percentage of adults aged 18 and over classified as overweight or obese (BMI greater than or equal to 25kg/m²) Fingertips Indicator ID: 93088 Sex: Persons Age: 18+ yrs Recent trend: Cannot be calculated



The shaded area represents the range of values from Middle and South Essex neighbours.
Source: PHE Fingertips Indicator ID: 93088 Captured: 2023-05-15

Childhood Obesity

Tackling childhood obesity is a long-term challenge and remains a top public health priority.

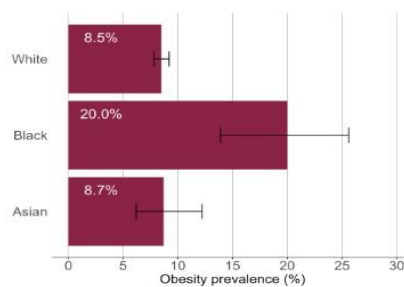
Obesity increases the risk of developing a range of health conditions in childhood and later life is associated with reduced life expectancy and a range of health conditions including Type 2 diabetes, cardiovascular disease, liver and respiratory disease and cancer. Obesity can also have an impact on mental health and wellbeing and eating disorders.

Children who are overweight are much more likely to become obese adults. There is a **marked inequality in obesity (obese only)** among children from either Black or Asian backgrounds; in the Asian group, the increase in prevalence is three-fold between Reception year and Year 6.

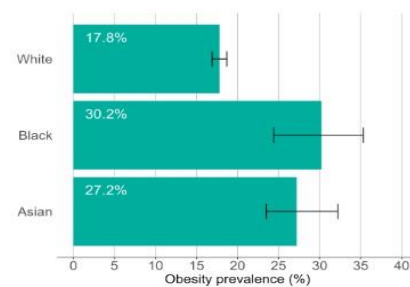
Obesity prevalence by ethnic group in Southend-on-Sea

National Child Measurement Programme

Children in Reception (aged 4 -5 years)



Children in Year 6 (aged 10 -11 years)



Data combined 5 years, (2016 to 2017, 2017 to 2018, 2018 to 2019, 2019 to 2020, and 2021 to 2022), see note on slide 16
95% confidence intervals are displayed on the chart

Prevalence of overweight (including obesity) in Southend-on-Sea by age

National Child Measurement Programme 2021 to 2022

Around 1 in 5 children (21.5%) in Reception (aged 4 -5 years) were overweight or living with obesity



Around 2 in 5 children (37.8%) in Year 6 (aged 10 -11 years) were overweight or living with obesity



The National Child Measurement Programme (NCMP) measures the height and weight of over one-million children in Reception (age 4-5 years) and Year 6 (age 10-11 years) each year in primary schools in England. The data shows that nearly 2 in 5 children leaving primary school are overweight or obese (37.8%), with 1 in 5 living with being obese (23%).

Childhood Obesity & Link to Deprivation/Ethnicity

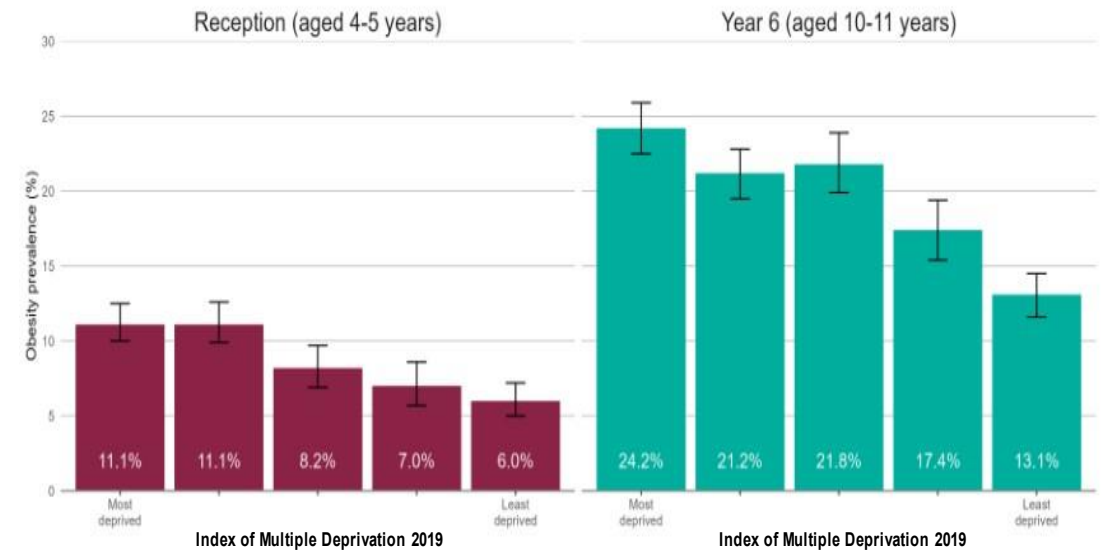
Children residing in the most disadvantaged areas are more than twice as likely to be living with obesity than those in the least deprived areas.

The sample of data collected across schools, for Reception Year and Year 6 pupils, provides a valuable insight into local obesity rates and has enabled more targeted interventions in supporting parents and young people to improve their weight management strategies.

Children from Black and minority ethnic families are also more likely than children from white families to be overweight or obese and this inequality gap is gradually increasing. These disparities are reflected in the childhood obesity profile for **Southend**.

Following the successful trial of the **Health4life** programme – 6 weeks of support for parents and young people on achieving and maintaining healthier lifestyles - we have teamed up with Southend United Community Education Trust to extend this programme for those aged 5-16 years. We continue to explore new avenues with local partners to improve access to more physical recreations through Active Southend.

Obesity prevalence by deprivation and age in Southend -on-Sea
National Child Measurement Programme



Data combined 5 years, (2016 to 2017, 2017 to 2018, 2018 to 2019, 2019 to 2020, and 2021 to 2022), see note on slide 16
95% confidence intervals are displayed on the chart

Smoking

Smoking is uniquely harmful, to both smokers and people around them. Smoking is one of the main causes of health inequalities in England, with the harm concentrated in disadvantaged communities and groups.

Although **smoking prevalence** has continued to decline year-on-year over the last 12 years, this stands at 13% of adults living in England who still smoke.

Smoking is a leading preventable cause of illness and premature death. In England, there were an estimated 506,100 smoking-related hospital admissions in 2019-20. One in 4 patients in a hospital bed is a smoker, with GPs seeing 35% more smokers than non-smokers.

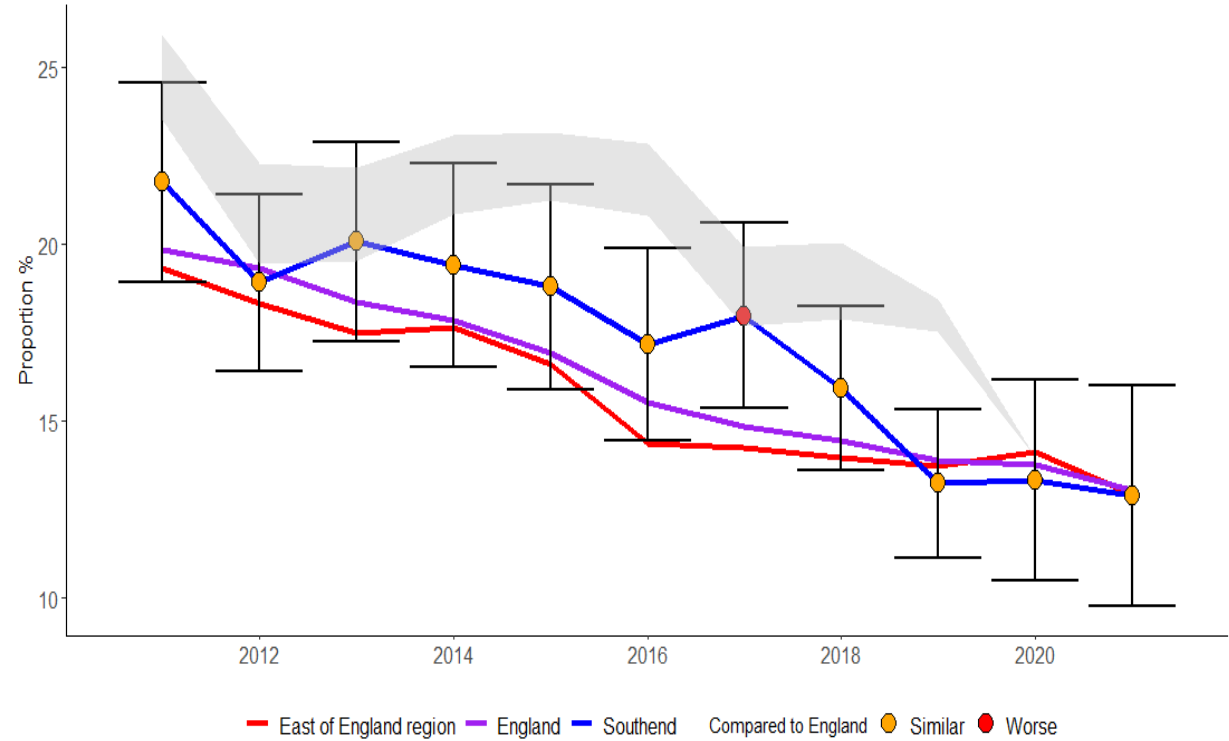
The **health benefits** are considerable, including for people with a pre-existing smoking-related disease. Benefits include shortened hospital stay, fewer clinical complications and infections, increased survival rate from surgery, better wound healing and fewer re-admissions post-surgery.

Supporting smokers in contact with the healthcare system to quit is a prevention priority in the [NHS Long Term Plan](#) and in supporting to realise the national **smoke-free ambition by 2030** - defined as adult smoking prevalence of 5% or less.

Southend has a significantly similar prevalence of smoking to the national and regional averages with an overall downward trend.

Smoking Prevalence in adults (18+) - current smokers (APS)

Prevalence of smoking among persons 18 years and over Fingertips Indicator ID: 92443 Sex: Persons Age: 18+ yrs Recent trend: Cannot be calculated



The shaded area represents the range of values from Middle and South Essex neighbours.
Source: PHE Fingertips Indicator ID: 92443 Captured: 2023-05-15

Smoking in Pregnancy

Smoking in pregnancy is the leading modifiable risk factor for poor birth outcomes, including stillbirth, miscarriage, and pre-term birth. Smoking during pregnancy also increases the risk of children developing several respiratory conditions, attention and hyperactivity difficulties, problems of the ear, nose and throat, obesity, and diabetes.

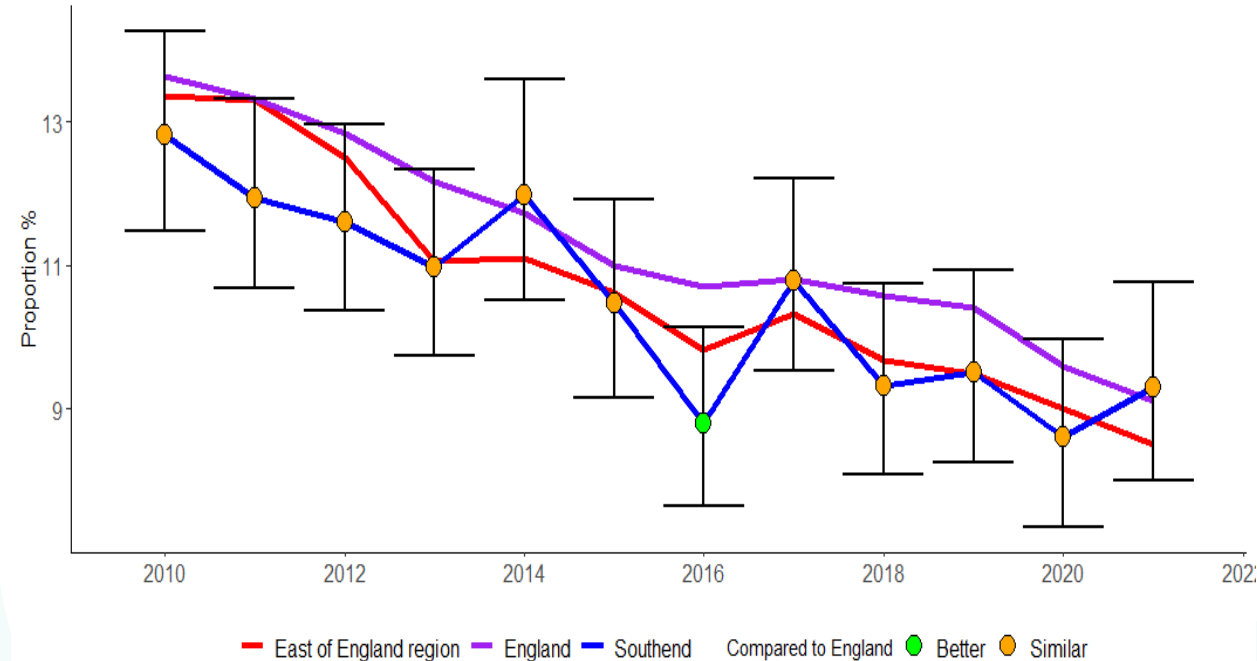
As at 2020/21, 9.6% of women were smoking at time of delivery (with 28% being under the age of 20), which equates to around 51,500 babies born to pregnant smokers in England each year. Rates of smoking in pregnancy have a strong social and age gradient with poorer and younger women much more like to smoke in pregnancy.

The smoking in pregnancy reduction target was set at 'less than 6%' by 2022, in the Tobacco Control Plan for England (2017); measured as smoking at time of delivery. This measure has been achieved in different regions across the country with smoking cessation services becoming part of the local maternity model.

Southend has a significantly similar prevalence of smoking at time of delivery to the national and regional averages with an overall downward trend.

Smoking status at time of delivery

The number of mothers known to be smokers at the time of delivery as a percentage of all maternities with known smoking status. A maternity is defined as a pregnant woman who gives birth to one or more live or stillborn babies of at least 24 weeks gestation, where the baby is delivered by either a midwife or doctor at home or in a NHS hospital Fingertips Indicator ID: 93085 Sex: Female Age: All ages Recent trend: No significant change



The shaded area represents the range of values from Middle and South Essex neighbours. Source: PHE Fingertips Indicator ID: 93085 Captured: 2023-05-16

Emotional Health and Wellbeing

Mental health problems are common, with 1 in 6 adults reporting a common mental health disorder (CMD) such as anxiety, and there are close to 551,000 people in England with more **severe mental illness** (SMI) such as schizophrenia or bipolar disorder.

Problems are often hidden, stigma is still widespread, and many people are not receiving support to access services.

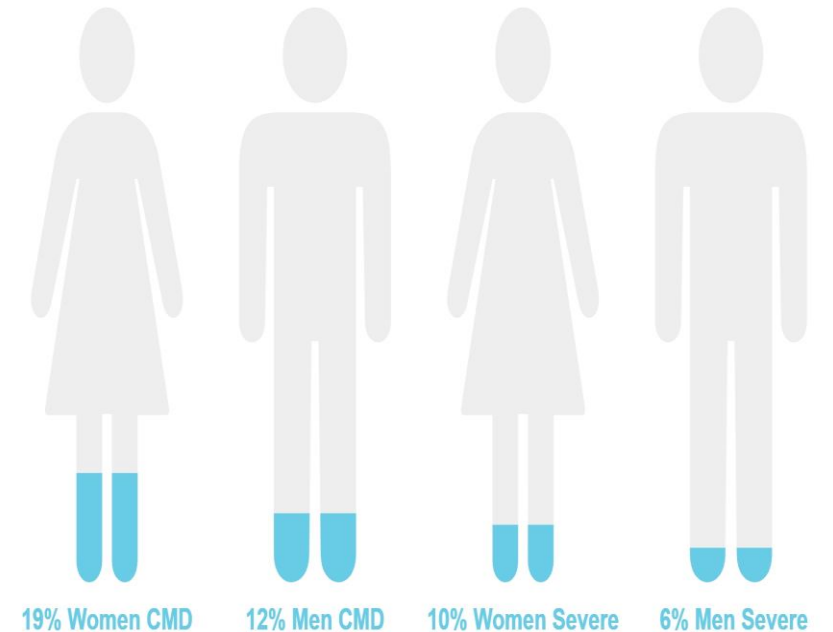
Together with substance misuse, mental illness accounts for 21.3% of the total burden of disease in England. Poor mental health is estimated to carry an **economic and social cost** of £105 billion a year in England.

Mental health problems and suicide can be preventable. Promoting good mental health and wellbeing will impact on physical health and many other aspects of people's lives such as healthy lifestyle and to manage and recover from physical health conditions.

People with physical health problems, especially long-term conditions, are at increased risk of poor mental health - particularly depression and anxiety. Around 30% of people with any long-term physical health condition also have a mental health problem. Poor mental health, in turn, exacerbates some long-term conditions, such as chronic pain.

Mental Health Conditions

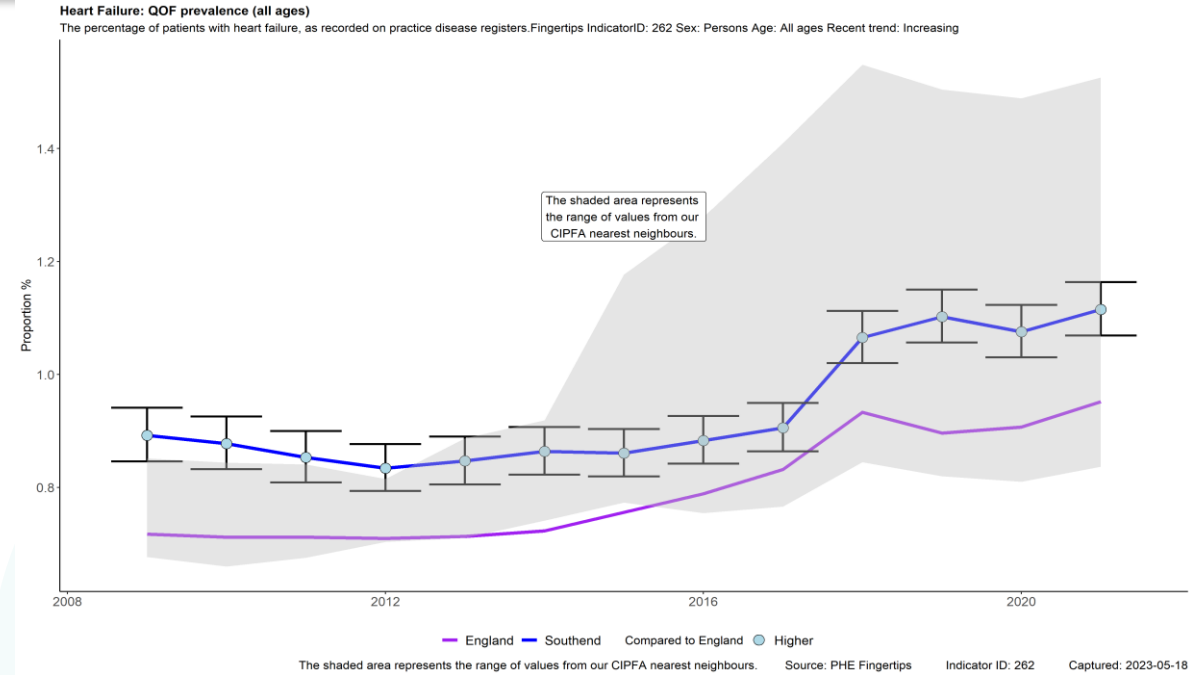
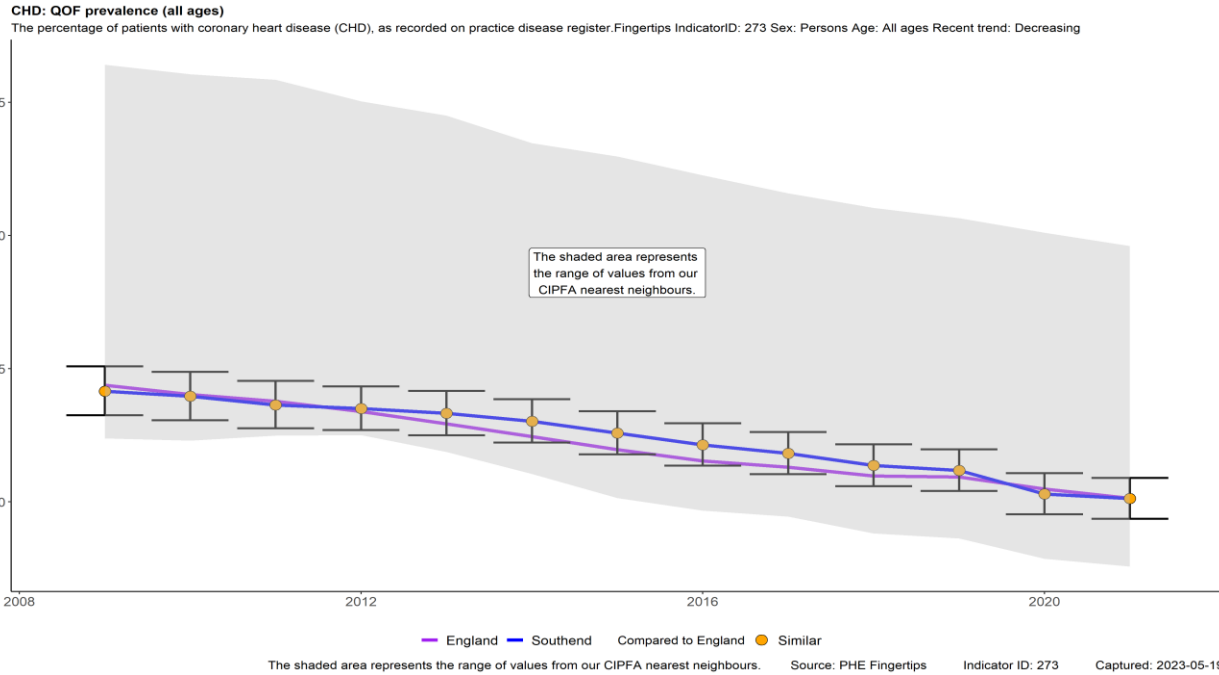
Source: NHS Digital



Long Term Conditions

Other key areas of focus for prevention

Cardiovascular Conditions



Coronary heart disease (CHD) is the single most common cause of premature death in the UK. Evidence relating to the management of CHD is well established and if implemented can reduce the risk of death from CHD and improve the quality of life for patients. **Southend** is statistically similar to the national average and has a downward trend.

Heart Failure (HF) is responsible for a dramatic impairment of quality of life, carries a poor prognosis for patients, and is very costly for the NHS to treat (second only to stroke). In **Southend**, the prevalence of heart failure is increasing compared to our statistical neighbours and England.

Diabetes

Diabetes mellitus is one of the most common diseases affecting all age groups with over three million people in the UK having the condition.

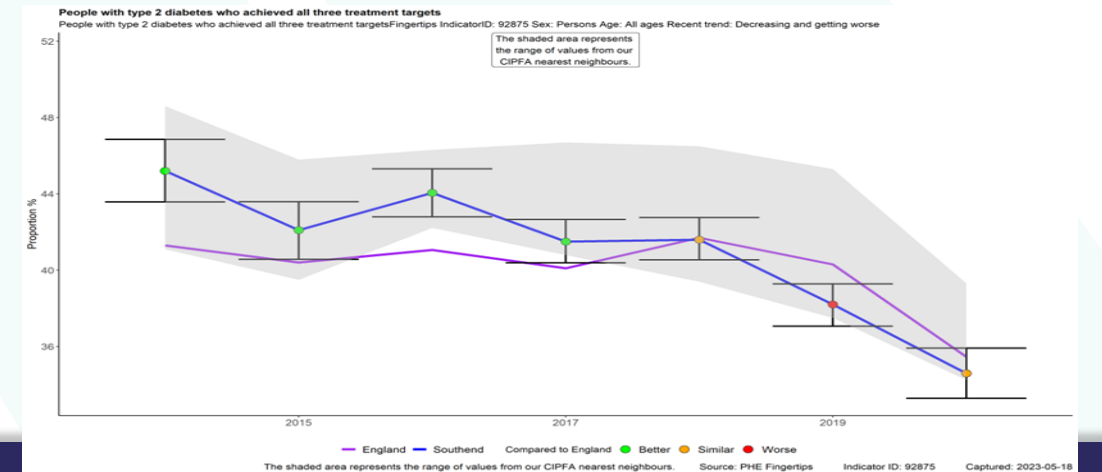
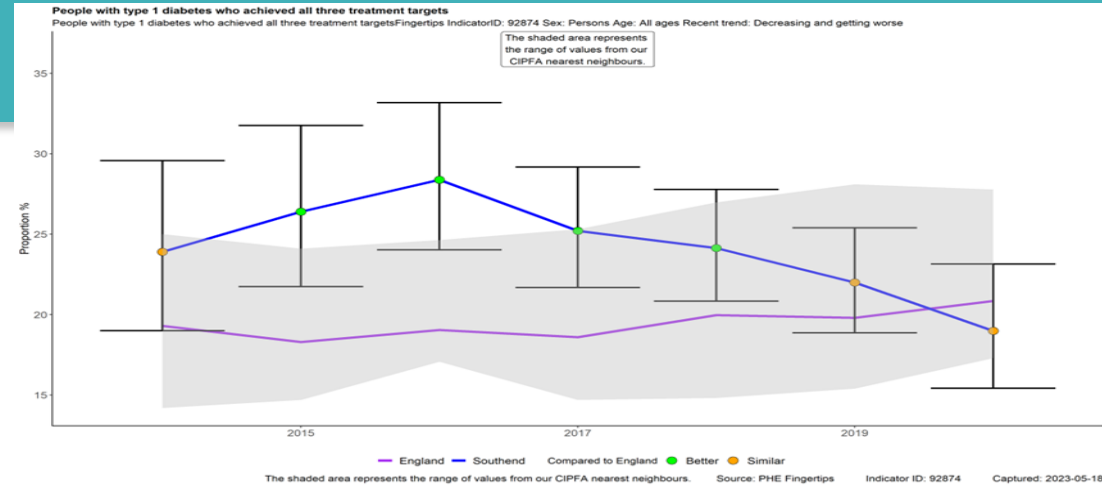
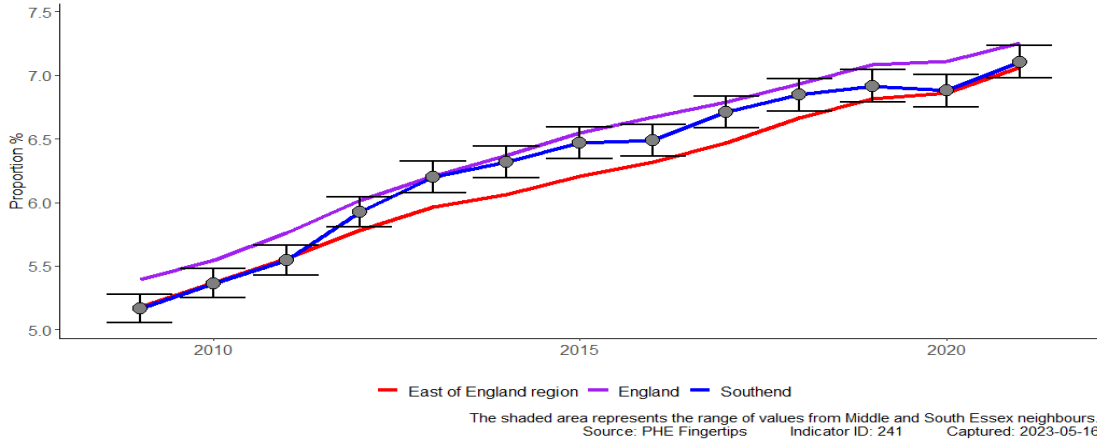
Effective control and monitoring can reduce mortality and morbidity. Much of the management and monitoring of diabetic patients, particularly patients with Type 2 diabetes is undertaken by the GP and members of the primary care team.

In **Southend**, the prevalence of diabetes has been increasing for the past 3 years; City is statistically similar to the regional average but lower than the national average.

In **Southend**, in both Type 1 and Type 2 diabetes patients there has been a downward trend in patients who meet all three treatment targets. For Type 1, whilst this is statistically similar to the national trend, Southend has seen a sustained drop in the management of diabetic patients.

Diabetes: QOF prevalence (17+ yrs)

The percentage of patients aged 17 or over with diabetes mellitus, as recorded on practice disease registers. Fingertips Indicator ID: 241 Sex: Persons Age: 17+ yrs Recent trend: Increasing



Transforming Children & Young People and Families Services

- > Protecting & Safeguarding Young People
- > Family and Community Hubs

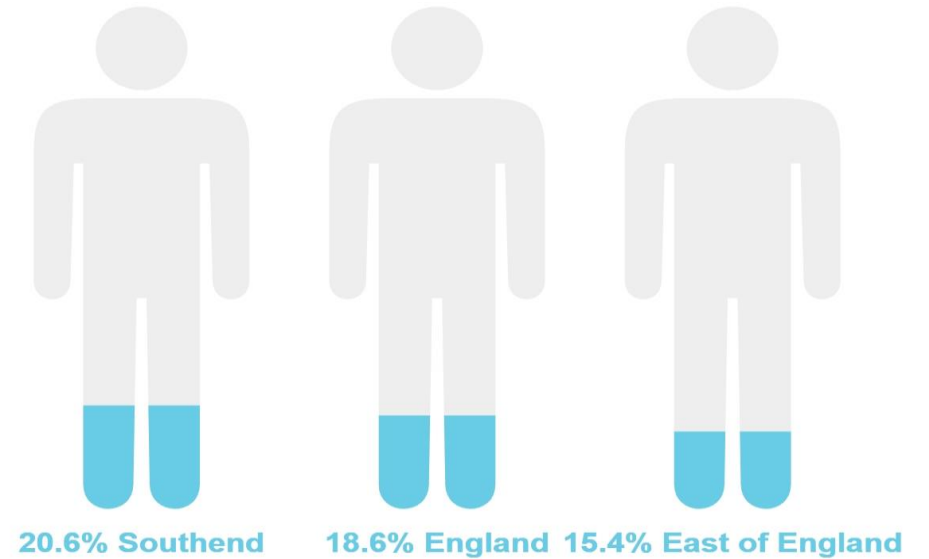
Protecting & Safeguarding Young People

Southend has seen a widening in inequalities exacerbated by the Covid-19 pandemic and the current cost of living crisis. **Poverty and child neglect** are highly correlated as poverty leads to hardships for families which impact on parents' capacity to meet the needs of their children.

Effective Support Early – we want children, young people, and families to receive the right support and help at the right time, at the right place, as early as possible in the life of a problem.

Preventative and **early help** responses to neglect are critical to avoid issues from escalating and children experiencing further harm. Interventions need to be of a kind and duration that improve and sustain the safety of children and young people and help parents to develop supportive caring family relationships that strengthen resilience in their children.

Percentage of Child Poverty



Protecting & Safeguarding Young People

Every child deserves the **best start to life** and most children in Southend experience a happy supportive childhood that prepares them for adulthood.

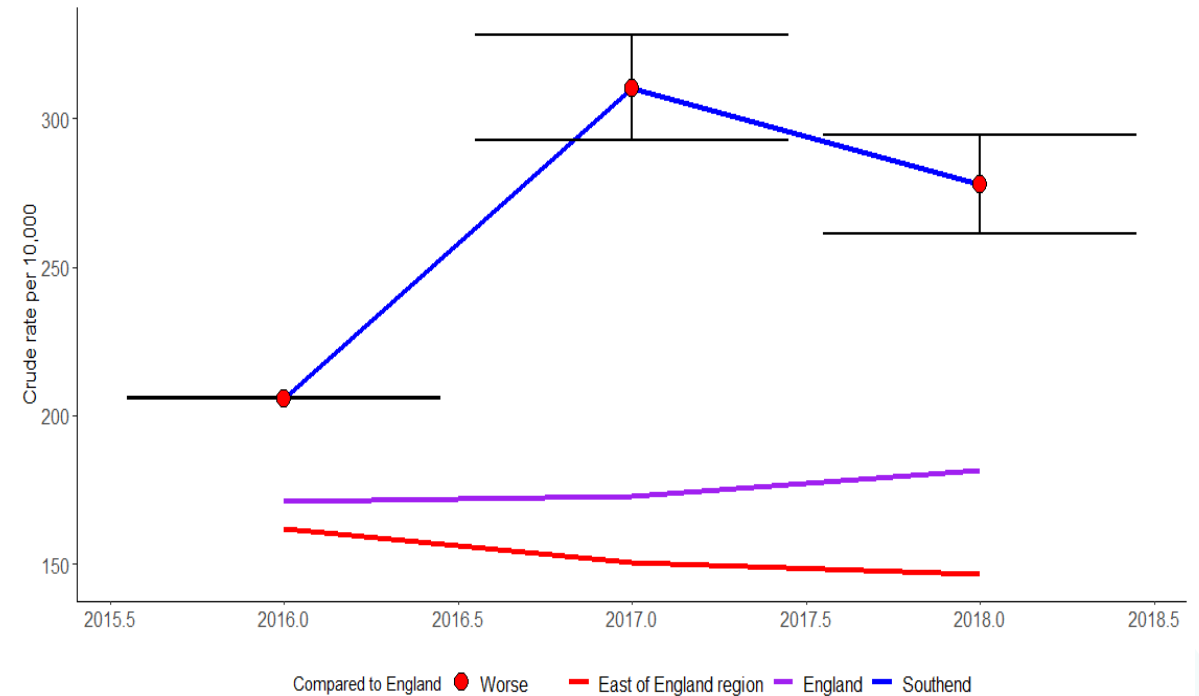
However, some children in Southend have a different childhood experience and are exposed to challenges, harmful experiences, and risks. These are known as adverse childhood experiences (ACEs) and can have a damaging effect on the health and emotional wellbeing of children and young people and can negatively impact their ability to thrive, be happy and achieve.

These experiences include witnessing or experiencing violence, abuse, and neglectful parenting, and living with parents who have poor mental health or misusing substances.

In Southend, **neglect** is the leading cause of children and families requiring additional support and children requiring child protection plans. Continued improvement in data sharing undertakings, would greatly improve health and care outcomes for our residents.

Children in need due to abuse or neglect: rate per 10,000 children aged under 18 years

The number of children identified as 'in need' due to abuse or neglect on 31st March expressed as a rate per 10,000 resident population under 18 years. Fingertips Indicator ID: 92819 Sex: Persons Age: <18 yrs Recent trend: Cannot be calculated



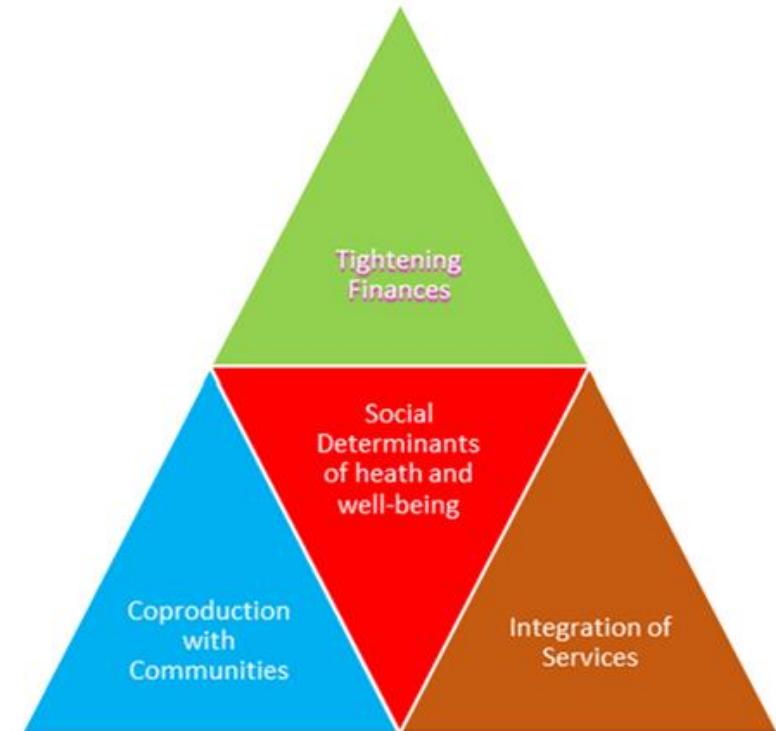
The shaded area represents the range of values from Middle and South Essex neighbours. Source: PHE Fingertips Indicator ID: 92819 Captured: 2023-05-15

Family & Community Hubs - Context

Southend has seen a widening gap in inequalities exacerbated by the Covid-19 pandemic and the current cost of living crisis. The Council's wider ambition to accelerate change and ensure more cost-effective service provision and more efficient, co-ordinated service delivery, presents a real opportunity to transform the services for children and families across the City.

This is mirrored in the NHS's local strategy in tackling the wider determinants of health to improve health and wellbeing. Therefore, this transformational approach would be underpinned by:

1. the **social determinants of health**, highlighted by the Marmot report;
2. the **integration agenda**, at the heart of the vision for *The Best Start for Life*;
3. a greater focus on **co-production with communities**, as active partners;
4. addressing the growing **financial challenges**, by doing more with less.



Family & Community Hubs – Desired Outcomes

With the advent of the national launch of the Family Hub programme[^], we are uniquely placed in the City to review our plethora of assets, good practice and the test-and-learn culture, to explore and co-design a more efficient and effective way of meeting the needs of our children, young people and families, enabling them to flourish.

This approach can bring together a number of resources including family centres, libraries, cultural sites and other community facilities to transform our service provision and:

- provide **support to parents and carers** so they are enabled to nurture their babies and children, improving health and education outcomes for all;
- contribute to a **reduction in inequalities in health and education outcomes** for babies, children and families across England by ensuring that support provided is communicated to all parents and carers, including those who are hardest to reach and/or most in need of it;
- **build the evidence base** for what works when it comes to improving health and education outcomes for babies, children and families in different delivery contexts.

One of the key enablers for success, is the need to improve communication between agencies by ensuring meaningful and necessary information sharing.

[^] [Family Hubs and Start for Life programme: local authority guide - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/612212/family-hubs-and-start-for-life-programme-local-authority-guide.pdf)

Key Actions and Initiatives

Key Actions & Initiatives

Initiative	23/24	Lead Partners
Core20PLUS5	The Mid and South Essex Integrated Care Partnership has developed a wider strategy and plan to target these areas, and are being delivered through the South East Essex Alliance.	MSE, SEE Alliance, SCC-Public Health and ASC
Smoking Cessation	<p>Continue to promote stop smoking services and provide a range of support options to residents motivated to stop smoking</p> <p>Focus efforts on routine and manual occupations; residents during pregnancy and at time of delivery; those with a mental health condition; and the general population</p> <p>Deliver stop smoking services that align with NHS and evidence-based standards and guidelines</p> <p>Provide training and support to ensure accreditation standards of advisors are maintained and increase the number of advisors that can provide stop smoking support services</p> <p>Improve referral pathways for allied health and community services to support residents to access stop smoking services</p> <p>Reviewing the current stop smoking service offer and further scoping community pharmacy provision; Quit manager referrals through lifestyle and wellbeing services; Health behaviours Review; and education and training provision</p> <p>Exploring new ways of improving referrals onto the stop smoking service with the dedicated Public Health Midwife supporting engagement and training with clinicians. A new incentivisation scheme is being considered nationally to encourage pregnant smokers <20s to quit the habit.</p>	MSE, SCC-Public Health
Maternal Mental Health	Local services are currently being reviewed with the possible introduction of the maternal mental health service. This service will include supporting families that have suffered early pregnancy loss and pregnant people who have had babies placed in foster care due to social circumstance. These families at present are not supported by the Perinatal Mental Health Teams.	MSE, EPUT, SUHFT, SCC -Public Health

Key Actions & Initiatives

Initiative	23/24	Lead Partners
Respiratory Illness	Southend was chosen and funded by OHID as a pilot location for COPD Connectors program from 2022-2024. This is to equip, empower and capture 'lived experience' of patients living with COPD in ABSS wards so to further inform resource allocation and improve access to care e.g Pulmonary Resus, Stretch and Breath classes etc thereby reduce A&E usage.	MSE, EPUT, SCC-ASC
Hypertension	We are focusing more interventions where the expected prevalence is likely to be higher, through targeted health checks and increasing other public health actions, such as improving physical wellbeing.	
Annual Health Checks	<ul style="list-style-type: none"> -Reviewing contract with Providers to support NHS delivery to eligible population groups -Working cross boundaries at SET level to create a joint template on recording to facilitate engagement and increase health check uptake 	SCC -Public Health, SEE Alliance, PCNs
BP at home	<ul style="list-style-type: none"> -BP monitors distribution to residents in need to reverse inverse care laws -Improve recording through engaging with GP Practices - Supporting Primary Care Network (PCN), Partners, Voluntary sector etc to support and empower vulnerable residents with positive lifestyle choices 	MSE, UCLP, PCN
COPD	<ul style="list-style-type: none"> -Continue to share knowledge, learning experiences and stories from the local area -To inform and influence service providers -Share information Build relationships with service providers 	Southend Health watch and SAVS
Cancer	<ul style="list-style-type: none"> -Southend Lung Health Check commenced. -Pilot with Shoebury PCN for cervical screening and engaging neighbourhood community assets (hairdressers/nail bars etc) -Social marketing insights into barriers to breast screening, cervical screening & bowel screening for women 50+ population. -Review of the historical data and uptake at neighbourhood level of breast screening and cervical screening -Campaign at neighbourhood level for screening taking place in that neighbourhood (screening rounds) -Lung Health checks and early detection of lung cancer conditions, commenced in April 2023 -Work with GPs to improve ethnicity and postcode data recording with regards to Colon cancer -Continue to work with GPs with extending the pilot for Prostate cancer detection in the male population. 	SCC -Public Health, PCNs, SEE Alliance

Key Actions & Initiatives

Initiative	23/24	Lead Partners
Diabetes in Children	-Explore improved diagnosis and ensuring that children are managed effectively in primary care, using the NICE guidance, is essential in preventing hospital admissions and poor wellbeing outcomes.	MSE, EPUT, SCC - Public Health
Epilepsy in Children	-Will look at improving diagnostics and management of people living with this conditions.	MSE, SCC -Public Health
Oral Health in Children	A system-wide approach to improve oral health and associated benefits for the most vulnerable children and young people. A new plan is in development to cover healthy eating and oral health campaigns, supervised teeth brushing in early years and school settings, provision of toothbrushes for high risk groups and improving access to dental services.	SCC -Public Health and Communities
Mental health- Severe Illness	Continue to improve access to Mental Health diagnostic, management and support and the agreed action with the Suicide Prevention plan Improve data sharing protocols	MSE, EPUT, ASC
Mental Wellbeing- Children	The Southend, Essex and Thurrock plan for the transformation of mental health services and support for children, young people and young adults is expanding mental health services by increasing access to broader mental health services to complement the existing core CAMHS provision and developing ways to further enhance and broaden the ways in which families and carers engage with services at a local level in schools, at home and in the community. Actions include: -Improved mental health training for health professionals. Mental health should be a core part of the training curriculum for all health professionals who deal with children and young people. -Advocate for the mental health of local children and young people. Use available data on mental health prevalence and service capacity to articulate the needs of the local population -Encourage integrated working and information sharing between organisations and agencies across the whole children’s workforce. Integration of practice, education, pathways and commissioning will ensure that prevention, recognition, early intervention, support and onward referral is commonly addressed by professionals.	MSE, EPUT, SCC - Public Health and Education

Key Actions & Initiatives

Initiative	23/24	Lead Partners
Flu vaccines	<p>Winter planning COVID Booster and Flu Campaigns Potential pop-up clinics to support increased uptake in low uptake areas. Collaborative working with Southend City Councils and PCNS</p>	MSE, EPUT, Pharmacies, SCC - Public Health and ASC
Adult obesity	<p>Continue to develop more varied opportunities to increase physical activity and promote healthy weight. We have started engagement to create a co-ordinated action across the whole system to support healthy food choices and promote a Healthy City policy-approach for Southend. -Extensive collaboration is afoot through the Population Health Improvement Board and the South East Essex Alliance, with a range of partners, to influence both primary and secondary prevention programmes.</p>	MSE, SEE Alliance, SCC -Public Health , Planning and Environmental Health
Childhood obesity	<p>Focus on healthy school settings and encouraging children and young people to adopt healthy behaviours and embed lifelong changes. Enhance school healthy eating programmes through supportive engagement and health education initiatives and offer a whole family Health4Life programme.</p>	SCC -Public Health, Planning and Environmental Health, MSE , Schools
Protecting & Safeguarding Young People	<p>Southend has an ambition to be a child friendly city and our approach to helping the most vulnerable children, young people, families, and communities needs to reflect these values. Development of a Southend Family and Community Hub system approach to transform the services for children and families will help provide opportunities to give all children in Southend the best start in life and improve meaningful information sharing between agencies.</p>	SCC, MSE, Essex Police and partner agencies
Family & Community Hubs	<p>The Council and partner agencies develop radical proposal to support the creation of a more energised approach to the provision of shared services for Children, Young People and Families, and a Family and Community hub model for the City.</p>	SCC -Children & Public Health, Library services, Communities, ABSS, SEE Alliance, SAVS

Key Actions & Initiatives

Initiative	23/24	Lead Partners
Inequalities	<p>Ethnic Minority Groups Supporting SEEA to start health focused neighbourhood conversation to share information on new PCN services, NHS Health checks etc in Southend. First conversation will be based at North Road Chapel ethnic minority ladies' group. Support COPD connectors to recruit someone with ethnic minority background.</p> <p>Carers and people with disability Continue to build relationship and share health related information/ services / campaigns with key community groups (SEND the Right Message, Little Heroes , Mencap, Carers First, Southend Carers etc.)</p> <p>People experiencing homelessness. Create health pop ups at food provision places such as SVP, One Love, Storehouse to carry out NHS health checks etc. (shall we discuss it with Everyone Heath or Sharna first)? Support COPD connectors to recruit a homeless person.</p> <p>Veterans Attend the <u>Meet Your Army - The Army Engagement event</u> to build on our network. Send out targeted information around specific health services/ provision and campaign through the stakeholders. Support COPD connectors to recruit a veteran.</p> <p>LGBTQ+ Working alongside GP practices to become LGBT Accredited, currently have x amount. Improving the birthing practices & experiences for transgender parents Working alongside Southend Health watch on a number of improvements to the LGBTQ+ experiences.</p>	<p>SCC, MSE, SEE Alliance, SAVS and HWB partners</p>

APPENDICES

Progress with 2021-22 Recommendations (1)

Recommendations	Update
Health Inequalities	
Life Expectancy, Key Health Risk Factors, Weight Management, Vaccinations	
1 Local partners are working strategically, to address factors that impact on peoples' weight, in more innovative and collaborative ways	Ongoing work on joint service specification and outcomes measure for tier 2 weight management services. Public Health have also secured support from the Town and Country Planning Association to support the development of a Healthy City framework for Southend and Food Policy
2 Following local community and partner engagement, the Health and Wellbeing Strategy for Southend was launched in late 2021. Weight management is a major priority within the action plan, that forms part of the strategy	The Southend Food Insights programme of work is complete to inform local programme to support food industry in healthy options and to lead into development of SCC Food Environment Policy. Achieved an increase in the number of people accessing a tier 2 weight management programme, from 476 in 2019-20, to 834 in 2021/22, with a forecast of over 900 for 2022/23. There has been a drop in people achieving 5-10% weight loss at 12-weeks across the programmes (20%), but an increase in people maintaining weight loss at 12 months (50%). A remedial action plan is in place to address.
3 Targeted interventions through the work of Everyone Health, with a particular focus on men's health and wellbeing.	Where male uptake has been low, in comparison to female attendance, Everyone Health (EH) have targeted men, to take part in their tier 2 adult weight management courses. Aimed at those with a BMI of 30 and above. EH are also working with football clubs, to encourage male adults onto their physical activity programme or their adult weight management courses.
4 As a system, we will need to explore all collaborative approaches to ensure we can optimise the use of hospital beds, increase our targeted preventative work and increase our efforts to mobilise our communities in self-care and adopting healthier lifestyles.	Marked improvements in targeted work with residents living in areas of highest deprivation – increase from 29% of those receiving support with healthy behaviours being from most deprived areas in 2021/22, to 36% in 2022/23. Better targeting of falls prevention services has been achieved, developing an offer which focusses on both primary and secondary prevention of falls. 30% of current cohort accessing a falls programme have been identified as at risk of a fall. Programme under review to minimise wait and optimise completion rate. Healthy Behaviours services review group has been established to facilitate a collaborative review of current healthy lifestyles offer and model, to inform the redesign and recommissioning of the contract post May 2024. Introduced active monitoring of social media engagements for the promotion of self-care and healthier lifestyles – 8,925 reached. Healthy behaviours service review is on track with predicted completion end of July 23. Good engagement from stakeholders and growing public engagement. Wellbeing referral scheme pilot has been launched with the aim of increasing targeted physical activity work with those at risk of long-term health conditions. Has led to increases in activity, however uptake significantly below anticipated targets.
5 In addition to the 'key actions' highlighted on slide 7 to address the challenge with weight management, we will explore further how we can help improve the food environment	Following the Insights work, Public Health will be exploring options to support food industry in a scheme to promote healthy options, working in partnership with Environmental Health. Helath4Life has restarted and updated for children overweight or obese from ages 5-16yrs. Mapping of health promotion material has been undertaken to 0-5 resources in order to ensure consistent messaging to parents. Insights work will influence the work happening for Healthy City framework moving forward.

Progress with 2021-22 Recommendations (2)

Recommendations	Update
6 Through the Health Protection Board, we will explore and deliver an improvement in the uptake of Flu (at risk groups), Covid and MMR vaccines during 2022-23	An MMR campaign ran in the community with a selection of mop up clinics offer MMR catch up. The health partners have written to children missing MMRs in order to invite them along to GP practices. Recent initiatives have been system wide collaborative working across the NHS Alliance/ Primary Care, Care Homes, NHSE screening and Immunisation Team, EPUT and local Maternity unit. Immunisations rates are still below expected levels across all areas.
Food Environment	
7 The Council is collaborating with local agencies to develop an Anti-Poverty Strategy, which will cover food poverty	The Tackling Poverty strategy was approved at Cabinet in January 23, we are now starting to implement the actions in the year one action plan. We have just been given the go ahead to employ a Tackling Poverty Project Lead to support this work – currently vacant.
8 Schools can adopt a number of policies to encourage pupils to purchase their lunch from the school canteen.	The school nursing service is being reviewed and redesigned post covid. A refresh of the Healthy Schools programme is underway and due to be completed by January 2024. A programme of work is underway to establish school profiles, including information on free school meals, free school meal offer and promotion of school based meals.
9 More is required locally to address food poverty and reduce food poverty. We are working with the local Food Alliance to optimise collaboration, explore social value contributions from local businesses, and ensure we can create a more sustainable approach to food clubs	Significant demand on the local food distribution points. The pilot with the FOOD Club across 3 areas of Southend has been extended for another 18 months (from Feb-23) to allow a more sustainable model to evolve with support from the Southend Food Alliance.
10 We will develop a Food Environment Policy across Southend where we will support citizens, young and old, to make healthier choices including in our educational settings, work with our business to support this approach, reduce wastage and reduce food poverty/insecurity. This may also include a local 'healthier options' award being explored with our Regulatory services team at the Council	The Town & Country Planning Association has been commissioned to support a series of workshops to help Southend develop a Healthy City framework and Food Policy. One workshop has been completed and a follow up is due in July 23. OHID have offered to underpin this work with training on Health Impact Assessment training, in order to ensure the organisation is recognising health impacts associated with planning decisions.
11 To promote and increase the uptake of the Healthy Start Scheme to support vulnerable children and families affected by food insecurity	Healthy Start and a universal pregnancy vitamin offer is underway. The scheme is being actively promoted by maternity, health visitors at the antenatal, new birth and 6 weeks visits, by ABSS, and by family centres. Health visiting are providing promotional flyers at visits, and there are promotional posters in the family centres, in Food Banks and at the Civic Centre. Teenage parents under little steps are signposted to Health Start. ABSS and CYPFH are collaborating on the development of a Healthy Start promotional video to further enhance the promotional message.
12 To enhance school healthy eating programmes and promote community growing initiatives	Work is ongoing and there are several primary schools that have growing initiatives- this area is being explored for an Enhanced Healthy Schools opportunity for the coming school year. The Health4Life programme is being delivered out of community venues and school settings in order to make access accessible across Southend School health profile development is underway and will include the school's approach to sourcing and growing local food. There are several Family Centres in partnership with ABSS, that have growing schemes and the Early Years Alliance Food Club.

Progress with 2021-22 Recommendations (3)

Recommendations	Update
Mental Health & Wellbeing	
Suicide Prevention	
13 Support the delivery of the Suicide Prevention Wave 3 Transformation Programme workstreams at a Southend resident and partner organisation level	The formal Mid and Southend Essex Integrated Care Service (MSE ICS) Suicide Prevention Wave 3 Transformation Programme concluded at the end of April 2023. Supporting delivery of the workstreams was actively undertaken by the PH lead with updates shared at the Southend Suicide Prevention Network and communications through the Councils internal and external digital platforms. Public Health is working with the MSE ICS and Southend, Essex and Thurrock LA colleagues on delivery of suicide prevention workstreams for 2023 to 2024 at the MSE ICS Suicide Prevention Oversight Group.
14 Restart the Southend Suicide Prevention Steering Group as a sub-group of the Southend, Essex, and Thurrock Suicide Prevention Steering Group	The Southend Suicide Prevention Network is operational and functioning. Public Health also has a key role on the Southend, Essex, and Thurrock Suicide Prevention Steering Group. The Southend Suicide Prevention Network has been operational since May 2022.
15 Increase the promotion of Let's Talk About Suicide Essex prevention training	Promotion of the Let's Talk About Suicide Essex prevention training continues through its dedicated website, with additional awareness raising on the Council internal and external media platforms.
16 Working in partnership, we will develop an action plan to address local opportunities and challenges in suicide prevention particularly focussed on men	The Southend Suicide Prevention Network has developed a proposed Ten Point Community Action Plan. The Plan is currently out for review by Network members. The Plan will also have input from the Southend Suicide Prevention Resident Engagement Forum that is currently operational and seeking insight from residents with targeted workshops (including men) during 2023.
17 Promoting national mental health and wellbeing campaigns through social media and working with partner organisations to raise awareness	In the final quarter of 2022-2023 Brew Monday; Time To Talk Day completed the promotional plans of the agreed mental health and wellbeing campaigns. Promotion includes awareness through the Southend Suicide Prevention Network; Children, Young People and Families Service; and the Councils internal and external media channels. Information will also be shared with the South East Essex Alliance and the Mid and South Essex Integrated Care Partnership.
18 With regards to Southend Veterans, we plan to do an investigative piece of work in the upcoming year, as it is known that they have huge health-social inequality needs and worse health and life outcomes compared to the general population	Working Party in place. Veterans Champion in place. Working closely with the NHS Alliance to identify Veterans in Southend. We have 9 veteran friendly accredited practices: Southend West Central PCN – 1, Southend Victoria PCN – 4, SS9 PCN – 2, Southend East PCN – 2 In addition, NHS is running a Veteran a training session for the wider GP surgeries. Currently we are looking at a BLESMA training; this is for both admin and clinicians as highlights issues impacting the 'whole patient journey' as opposed to just consulting styles and triggers. Working closely with Health Watch and Voluntary Sector as well so to further identify 'hidden' Veteran as Southend appears to have identified just 50% of the Veteran population across Southend. The Council now has a Veteran Champion
19 Further collaborative work between the Council, the NHS, other key partners and local families to ensure we improve the offer for young people with more complex needs	We are awaiting the final SEND Inspection report to review key recommendations.
Tackling Harmful Behaviour	
20 Further local data collation will be required to provide a better understanding of needs and impact	No Data collation took place due to other priorities. We would be looking for evidence of alcohol impact on individuals which can be tied to specific premises or if not, specific streets. Good examples include data collected in the Cardiff model and general hospital admissions where alcohol was a factor but not necessarily the cause.

Progress with 2021-22 Recommendations (4)

Recommendations	Update
21 The Licensing policy will be next reviewed in 2024, which will also incorporate new evidence of good practice	Will take effect 31 January 2025, please note health is not included as one of the government objectives.
22 Gambling policy will be next reviewed 2025, and will also incorporate new evidence of good practice	Where there is new evidence of good practice this will be considered and incorporated where relevant to Southend. This will take effect 3 January 2025.
23 For Illegal /Illicit tobacco, we are working closely with HMRC in this regard. We are currently in the planning stage for this year's programme and will likely need to source funding for it	We have planned to at least repeat the number of testing and seizure days this financial year. Intel from Southend has led to a national investigation of an enterprise containing around 40 retailers.
24 We will initiate a system approach in test purchasing for NIPs (Vaping), in protecting our citizens	We continue to undertake test purchasing for NIPs. Test purchasing has resulted in good intelligence and subsequent seizures of illegal vapes in record numbers.
25 This summer, our test purchase operation will be targeting adult gaming centres (arcades) during the school holidays	Follow up test purchasing will be carried out on the premises that did not have the required controls in place. New control measures put in place on the premises which failed, and it has been brought into compliance.
Air Quality & Transport	
26 A Green Plan has been initiated to tackle some of the challenges in improving our Air Quality, as we will pledge to engage with school communities to promote Clear Air Day in June 2022 and annually thereafter	Council is recognised as Clean Air Day (CAD) official supporter. CAD Toolkit produced accessible to schools through School Learning network (SLN). 14 Schools actively engaged with activities and submitted artwork and displayed across Southend. Engagement with Youth Forum, community, Pledges made. Working on Clear Air Day 2023. Clean Air Hub page created on Your Say Southend to share information & updates and post pledges ongoing updates throughout the year https://yoursay.southend.gov.uk/clean-air-day-2022 . The Essex Air website has been redeveloped, which will provide a platform of Southend AQ updates and will link from the Council webpages. The Council awarded a grant to deliver a school's project over two years - aims to understand the air quality around 10 local schools, identify and implement appropriate measures and interventions that could be put in place. Southend selected for an automatic monitoring station to be installed to measure PM2.5 as part of the national network, for a more accurate picture of PM2.5 levels in Southend. For the domestic fuel burning: aim to raise awareness of the health impacts of domestic fuel burning.
27 The Southend Local Transport Plan 4 will be published in 2023 with a clear approach to support citizens to reduce their carbon footprint, encourage more young people to be consider alternative means of travel, including walking, cycling and e-scootering.	Deadline extended to 31 March 2024 – Team waiting for DfT LTP guidance which was due summer 2022, but still hasn't been issued.
28 Ensure we build resilience within Southend to continue the on-going management of the pandemic and reduce socio-economic consequences and well as health and wellbeing impact	Health Protection training package in place for annual refresh of the 'reserve' health protection response team from across the system. Recovery work progressing to minimise health and wellbeing risks and targeting more vulnerable groups, including for immunisations, health checks and wider lifestyle interventions. Additional work to tackle food poverty and cost of living crisis.