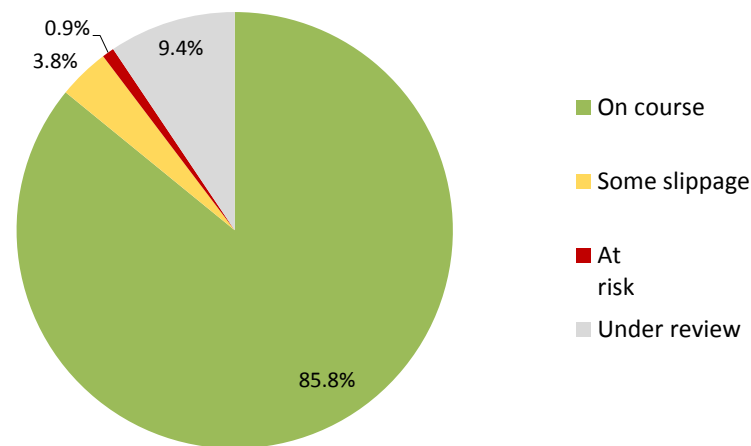


Overall progress HWB Strategy	On course	Some slippage	At risk	Under review
Overall total, Mar14:	85.8%	3.8%	0.9%	9.4%
Comparison to Nov-13	80.2%	5.7%	0.9%	13.2%
Difference compared to Nov-13	+5.6%	-1.9%	0.00%	-3.8%
1: A positive Start in Life	97.0%	0.0%	0.0%	3.0%
2: Promoting healthy lifestyles	91.7%	8.3%	0.0%	0.0%
3: Improving mental wellbeing	61.5%	7.7%	0.0%	30.8%
4: A safer population	83.3%	16.7%	0.0%	0.0%
5: Living independently	87.5%	0.0%	0.0%	12.5%
6: Active and healthy ageing	100.0%	0.0%	0.0%	0.0%
7: Protecting health	66.7%	0.0%	0.0%	33.3%
8: Housing	87.5%	12.5%	0.0%	0.0%
9: Maximising opportunity	85.7%	0.0%	14.3%	0.0%

Overall progress, HWB Strategy Mar 14



Welcome to Southend's March 2014 Health Wellbeing Progress Summary

The nine ambitions in Southend's Health and Wellbeing Strategy are covered by an Action Plan which consists of 106 sub actions.

Rather than providing a huge amount of detailed information, this summary aims to give a general feel for progress. More in depth details can be provided for specific actions if required.

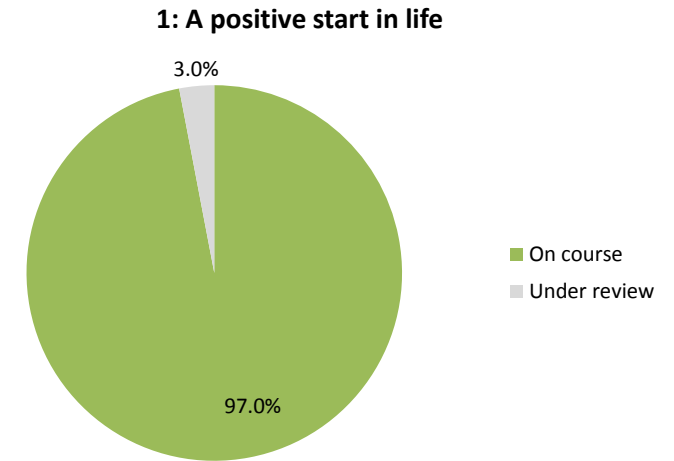
► **Key Impacts** aims to reflect the positive difference being made in the lives of Southend's residents.

Mar 14 Comparison to Nov13

Actions **On course** up by 5.6%, **Some slippage** down by 1.9%, **At risk** static at one action (0.9%), **Under review** down by 3.8%

Under review: Represents a small number of actions which are identified as in need of refinement in view of evolving Health and Social care landscape and appropriate ownership/measures.

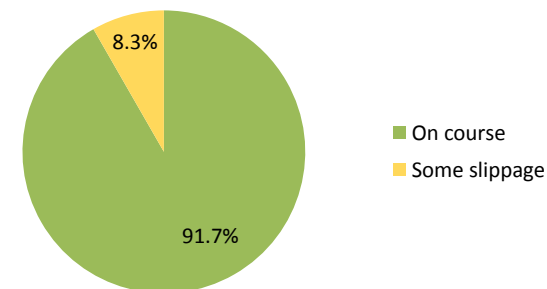
1: A positive start in life	On course	Some slippage	At risk	Under review
Total:	97.0%	0.0%	0.0%	3.0%
1.1 Close the divide between more advantaged and less advantaged children and families in Southend	4 actions			
1.2 Support families at the earliest opportunity to prevent their needs escalating	6 actions			
1.3 Keep children and young people safe	6 actions			
1.4 Support young people and families to live healthier lifestyles	5 actions			1 action
1.5 Continue to improve the life chances for looked after children and those on the edge of care	5 actions			
1.6 Support young people to prepare for employment	3 actions			
1.7 Service delivery is influenced by the views of all young people	3 actions			



Key Impacts	
Sub action	Impact
1.1: Close the divide between more advantaged and less advantaged children and families in Southend	1.1A. Extending the number of 2 year olds benefiting from funded childcare and piloting the increase in hours available. Plan for extending the roll out has been fully implemented. 408 children are now able to benefit from a funded childcare place. This not only provides children with quality care and early education, but is key in enabling some parents to re-enter the employment market or undertake adult learning opportunities
	1.1C. Continuing to ensure maximum uptake in free school meals through developing easy links for parents applying for school places to also check their eligibility for free school meals. There is a gap in southend between families eligible for free school meals and those taking them up. The work of the Council and schools to maximise uptake will have the key benefits for children in relation to nutrition and learning that are well recognised. In the current financial climate, taking up the free meals they are entitled to will also have a positive impact on families financial circumstances
1.2 Support families at the earliest opportunity to prevent their needs escalating	1.2B. Establishing the single gateway for CAMHS within the localities (CAMHS= Child & Adolescent Mental Health Services) Gateway has been established, work continues to promote the gateway with GPs
1.3 Keep children and young people safe	1.3E. Embedding and publicising good practice around child employment for the children of Southend. During the summer period central locality conducted 60 child employment visits, checking if employers are following the rules and regulations. For this quarter, we have been raising awareness around the safety and good practice of child employment across the Borough. We have visited 268 businesses in the last four months to ensure that all employers were following the correct procedures and ensuring child employment safety processes were followed
1.4 Support young people and families to live healthier lifestyles	1.4A. Developing a new alcohol strategy for children and young people. Work is underway on an integrated drugs, alcohol, tobacco and gambling strategy. Development has involved officers from across the council and some partner agencies. A first draft of the strategy is anticipated in April 2014
1.7 Service delivery is influenced by the views of all young people	1.7A. Establishing children and young people's involvement in staff appraisals across children's services. Over 30 young people provided feedback and this has been collated and compiled into a report. An action plan is being established and will be published to Looked After Children and the Children in Care Council.
	1.7B. Implementing the user experience and user feedback surveys as identified in the inspection and compiling analysis reports. The following user experience (UX) surveys have been implemented: CAF case closure, Care Management Case Closure. The following UX surveys have been prepared: CM16+ care leavers, Child Protection and Child In Need - waiting to be rolled out. The following consultations and surveys have been completed: Looked After children, social worker appraisals, Streets Ahead door knocking survey, Youth Service user survey (still underway) and two children's Centre consultations.

2. Promoting healthy lifestyles	On course	Some slippage	At risk	Under review
	Total:	91.7%	8.3%	0.0%
2.1 Smoking prevalence in Southend is reduced	5 actions	1 action		
2.2 The increase in prevalence of people overweight and obese is halted	2 actions			
2.3 Reduced harm from drugs and alcohol in Southend and reduced uptake of drugs and alcohol by young people	4 actions			

2. Promoting healthy lifestyles

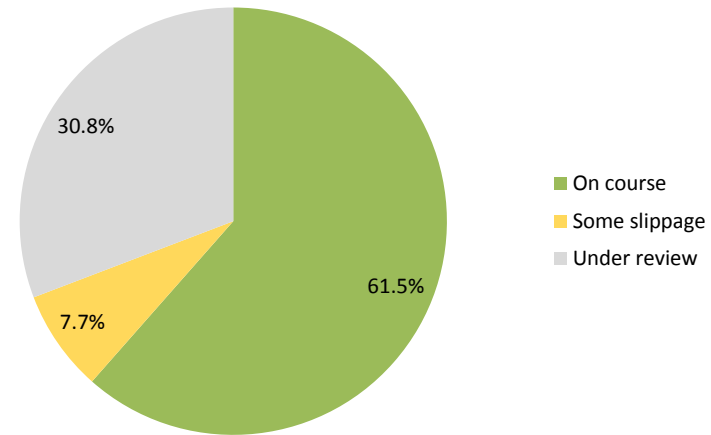


Key Impacts	
Sub action	Impact
2.1 Smoking prevalence in Southend is reduced	2.1C. Stop Smoking services delivering support through specialist services to help smokers quit. Services are available in multiple settings including general practice surgeries and pharmacies, through specialist clinics for pregnant women and specialist clinics at Southend Hospital Contracts are in place to commission Stop Smoking services from primary care contractors (these are GP's and Pharmacies). Specialist Stop Smoking services are delivered in a variety of clinical and community settings. Pregnant mothers are screened for smoking status (carbon monoxide at first nuchal scan) and offered a referral to Stop Smoking services if they are identified as smokers. Patients attending NHS Healthchecks are asked about their smoking status and offered referral to stop smoking services. This provides an additional mechanism to provide support to people who require assistance to stop smoking. Face to Face awareness events for and public health campaigns are undertaken to signpost people to stop smoking services. Effectiveness of these interventions are reviewed and a major Stop Smoking campaign was held in October 2013. The Stop smoking service has recently promoted a New Year Quit campaign and No-Smoking Day. Footfall into Stop Smoking Services is down both nationally and locally owing to E-cigarettes.
2.2 The increase in prevalence of people overweight and obese is halted	2.2A . Increasing physical activity in children and adults to levels recommended by Chief Medical Officer Exercise Referral Scheme for people with Long Term Conditions (LTC's) revised to widen activity options available. Increased completion and retention rates. Health Walks continuing. Walking Festival delivered in November and second planned for April 2014. Pulmonary Rehabilitation specialist exercise class running - limited uptake to date, but recruitment plan in place. Increased instructor capacity for Phase VI Cardiac Rehabilitation - staff will complete in April 2014. Active Southend Partnership has a workplan with agreed funding to deliver schemes to increase activity in workplaces, offer sporting opportunities for people with disabilities, build on the Olympic legacy and to promote outdoor activity such as walking and cycling
2.3 Reduced harm from drugs and alcohol in Southend and reduced uptake of drugs and alcohol by young people	2.3A. Commission an integrated service for drugs and alcohol users of all age There has been ongoing client feedback relating to the current disconnectedness between services and how this has been a difficult experience for them. Recent joint working has improved this and is becoming more routine. There are a number of case examples which can demonstrate this, including several of previously disengaged clients. The new wholly integrated delivery will cement and enhance this progress. It is anticipated that an integrated service will be under contract from April, with full joint operation from July 2014.

Slippages		
Sub action	What are we measuring?	Status notes/ What are we doing to address this?
2.1F. Review the signage for the voluntary code asking smokers not to smoke in areas where children play e.g. in parks and on beaches, in order to protect children from second-hand smoke and reduce smoking related litter	Appropriate signage in place	Parks: Most of our play areas have signage that includes the request asking people not to smoke. However, the signage is now quite old and is missing from some sites. Currently no budget available for replacement of play area signs.

3. Improving mental wellbeing	On course	Some slippage	At risk	Under review
Total:	61.5%	7.7%	0.0%	30.8%
3.1 A more holistic, cross-agency approach to delivering mental health services is in place	2 actions			
3.2 The quality of dementia services and the care that those with dementia receive is improved	4 actions			
3.3 There is an effective partnership approach to raising awareness and promoting mental wellbeing, positive emotional health and self-esteem	1 action	1 action		
3.4 Mental health services in the borough are effective, efficient and timely.	1 action			4 actions

3. Improving mental wellbeing

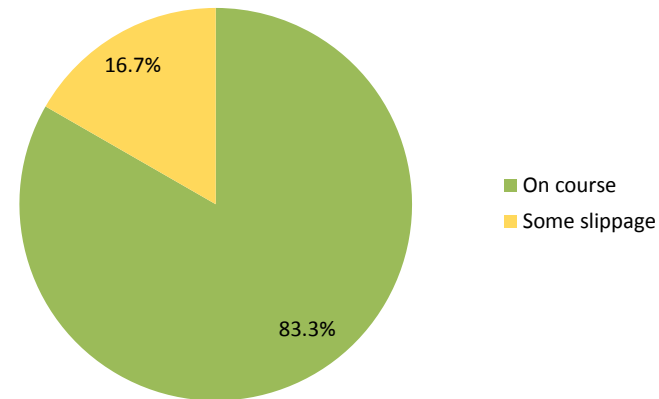


Key Impacts	
Sub action	Impact
3.3 There is an effective partnership approach to raising awareness and promoting mental wellbeing, positive emotional health and self-esteem	3.3A. Deliver programmes to promote mental wellbeing, positive emotional health and self-esteem in children and young people Action plan in place for Healthy Schools plan & Enhanced Healthy Schools and support programmes. Earls Hall Infant School Deputy Head: 'Children are more confident and are aware of who they can speak to. They feel comfortable about sharing worries or concerns.'

Slippages		
Sub action	What are we measuring?	Status notes/ What are we doing to address this?
3.3B Deliver school-based programmes, including those for prevention of bullying and improving emotional health for children	Self Harm (PHOF2.10)	Schools have been approached to sign up and deliver targeted sessions and programmes

4. A safer population	On course	Some slippage	At risk	Under review
Total:	83.3%	16.7%	0.0%	0.0%
4.1 Rate of unintentional and deliberate injuries of children reduced		1 action		
4.2 Reduction of repeat referrals for a single victim of domestic abuse	1 action			
4.3 Number of children killed /seriously injured through road traffic accidents in Southend are reduced	1 action			
4.4 Vulnerable adults and young people are safeguarded through elimination of maltreatment, neglect and abuse	2actions			
4.5 An increase in the number of incidents referred to Essex Police that accurately reflect the prevalence of hate crime	1 action			

4. A safer population

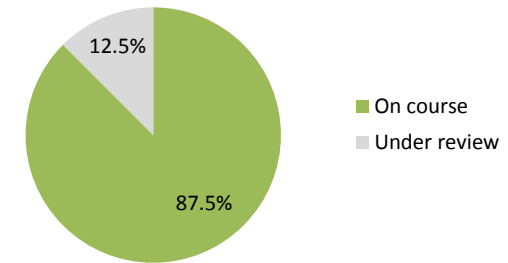


Key Impacts	
Sub action	Impact
4.2 Reduction of repeat referrals for a single victim of domestic abuse	4.2A. Reduce the number of repeat referrals/incidences for victims reported under Safeguarding of vulnerable adults Draft Southend Essex and Thurrock Domestic Abuse Strategy has been produced by office of Essex PCC. This strategy has a number of workstreams that aim to support vulnerable victims their children and families from Domestic Abuse. These interventions will reduce the risk of serious harm to local people
4.5 An increase in the number of incidents referred to Essex Police that accurately reflect the prevalence of hate crime	4.5A. Work to ensure people with a learning disability have improved awareness of what constitutes learning disability hate crime and feel confident to report to Essex Police and Council via Safeguarding Adults. The Safeguarding Adults Board & Southend Learning Disability Partnership Board is working with key partners to carry out a service user and carer survey to assist us in identifying whether learning disability hatecrime is being experienced and identify why people are not reporting incidents to the police. The Learning Disability and Hate Crime Safeguarding Group will be leading this work when reformed under the refreshed launch of a Disability Hate Crime and Safeguarding Group, which will be chaired by Essex Police, accountable to both boards.

Slippages		
Sub action	What are we measuring?	Status notes/ What are we doing to address this?
4.1 A. Work to ensure that an integrated strategy is developed on preventing unintentional injuries among children and young people	Hospital admissions caused by unintentional and deliberate injuries to under 18's	Public Health Department looking to recruit to a new post that will have a specific remit to focus on tackling violence and unintentional injuries. Southend hospital admission rates are currently lower than the England average for this indicator

5. Living independently	On course	Some slippage	At risk	Under review
	Total:	87.5%	0.0%	0.0%
5.1 People feel more informed and empowered to manage their own care plan and their own budget and reablement where possible	4 actions			
5.2 People are encouraged and feel supported to stay independent and live longer in their preferred place	2 actions			1 action
5.3 Maintain or increase the employment opportunities and support for those with a physical or learning disability and those suffering with a mental health condition	1 action			

5: Living independently



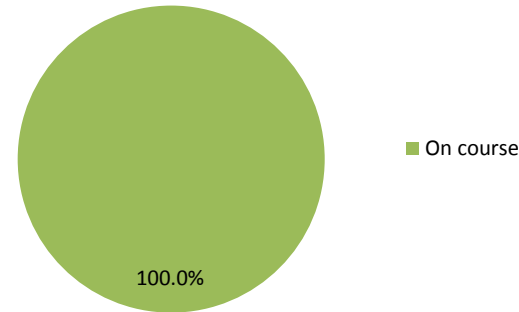
Key Impacts	
Sub action	Impact
5.1 People feel more informed and empowered to manage their own care plan and their own budget and reablement where possible	5.1 A. Improve signposting and pathways for people with mental illness and/or disability to enable them to settle in accommodation Elaine has Cerebral Palsy and lives with her partner who is also disabled. They were both struggling in a tiny flat, Elaine was struggling in a very small bathroom to complete her personal hygiene, and her partner could not help her as he had major surgery on his stomach. A social worker referred them to the housing department and occupational therapy team, as they felt she would benefit from a specially adapted property. Shortly after, Elaine and her partner were moved into to a previously adapted ground floor flat with a wet room. She was “over the moon” with excitement, at being able to keep herself clean without needing help.
	5.1 C. Better integrate cross agency working practices, and develop use of single points of contact and multi-disciplinary team collaboration. Mr and Mrs R were reviewed during the year following a change in circumstance. Mrs R had a cerebral haemorrhage in 2007 which has affected her mobility and her ability to communicate effectively as she now has worsened elective dysphasia. Mr R feels he can no longer cope with his caring role. It was clear that not only was more support and respite needed, Mr R also met the criteria for continuing health care (CHC) funding. A four week respite was arranged to help them both and we have referred Mrs R for CHC funding. Mr R was very pleased with the joint work from health and social care, and the outcome for them both. He would like us to continue working with him and Mrs R and to help arrange their future accommodation and care arrangements.
5.2 People are encouraged and feel supported to stay independent and live longer in their preferred place	5.2 A. Improve support for adults with learning disabilities who live in their own homes or with their family In order to inform people of the reality of a planned move we have a scheme for people with a Learning Disability called My Home Champions. This scheme introduces people who are considering a move to those who have already made the move. In this way they can find out firsthand the pros and cons of the new type of accommodation. This allows them to make an informed decision and offers some reassurance as to how their new accommodation will enable them to live as independently as possible. Some feedback from those involved in the scheme is; “You get to know more, and you get to know what it’s like”. “It gave me the confidence to be able to help people and has given me more confidence to carry on with knowing I can be independent”
	5.2 B. Ensure winter warmth, home safety and telecare: “My Careline press button is a great help & gives me some confidence” - Community based service user
	5.2 C. Strengthen community based provision to support independence Jean is 80 years old and lived alone in the community. She was very low in spirit and had been neglecting her care and living conditions. She had not been out of her house for many years, was lonely, and never opened her letters or answered the phone. During an assessment a couple of issues emerged. It became apparent that Jean had been subjected to extensive financial abuse by a trusted neighbour who had been helping Jean with her mail, shopping and deliveries. Jean did not realise she was being taken advantage of but her bank card had been intercepted and used. Her Social Worker reported the abuse to the police and having established that Jean did not have capacity to manage her finances, referred the case to our Court of Protection Team. Jean was invited to view a flat in an “Extra Care Housing Development”, which she liked, and was supported to move there. Her care and support needs are now well met, she feels safe, and she has a Personal Assistant to support her with her daily living tasks and accessing the community. She chooses to attend day centre once weekly and enjoys shopping for clothes and going for coffee and cake with her Personal Assistant.

5. Living independently
Cont'd..

Key Impacts	
Sub action	Impact
5.3 Maintain or increase the employment opportunities and support for those with a physical or learning disability and those suffering with a mental health condition	<p>5.3 A. Maintain or increase the employment opportunities and support for those with a physical or learning disability and those suffering with a mental health condition.</p> <p>Henry's story... "From the age of 12 I had been in and out of psychiatric units. By the time I was 14 I had been sectioned under the Mental Health Act. I was then moved about to 7 different psychiatric units across the country and felt that I got lost in the system for the next 13 years.</p> <p>As a result of this, crucial stages of my personal development were missed. When I finally left psychiatric care, I had to learn how to function in the adult world. I had lost certain basic abilities such as crossing the road as I had always had a nurse with me. Skills such as locking the front door were things I had never had to consider being in locked units. I had also never used a mobile phone. I had no living skills such as doing housework, cooking, using Chip and Pin, using the internet or paying a bill. Even taking a prescription to the chemist was something I had never done.</p> <p>I came to Century House just before Xmas 2011 feeling overwhelmed by the challenges of making a life for myself. Staff helped me access benefits I was entitled to and set up all my bills on direct debit. I was very nervous about going out without supervision, so staff and I discussed ways in which they could help me with this and we set up a system whereby I could call the office if I became anxious or could not cope and could then come home in a taxi.</p> <p>Initially, I was quite emotionally guarded because I was unused to having a close, consistent staff team. A lot of work was done to make me feel I could trust staff and I was involved with decisions regarding my care. I had two link workers to ensure I always had someone there I could discuss things with.</p> <p>Century House also helped me get a GP near to the project and helped me to understand repeat prescriptions. They liaised with my GP and CPN to ensure that I got the consistent support I needed from outside agencies.</p> <p>A year and a half later I am studying psychology at college. The Bridge Builders staff attended my assessment interview to attend the course and even came along with me for the first day of the course. Staff also helped me to have the confidence to build up a social network.</p> <p>My plan is to move on in about six months time to independent living. I can manage bills, and want to continue to study and do some voluntary work. Ultimately I would like a paid job in mental health."</p>

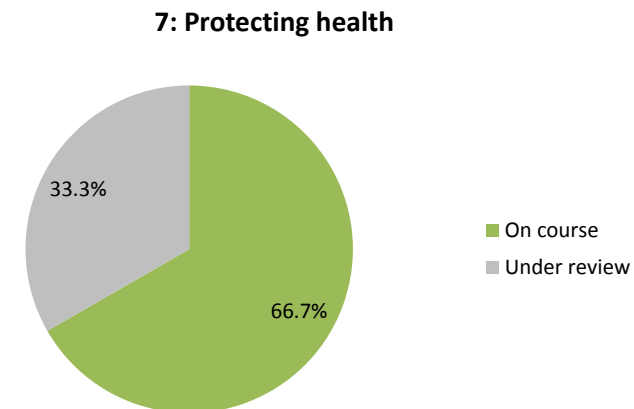
6. Active and healthy ageing	On course	Some slippage	At risk	Under review
Total:	100.0%	0.0%	0.0%	0.0%
6.1 Older people can more easily access appropriate services in relation to their needs, particularly those people that are in the most disadvantaged groups.	3 actions			
6.2 Social isolation in older people is reduced	1 action			
6.3 Carers in Southend receive fair and timely information, support and choice.	2 actions			

6. Active and healthy ageing



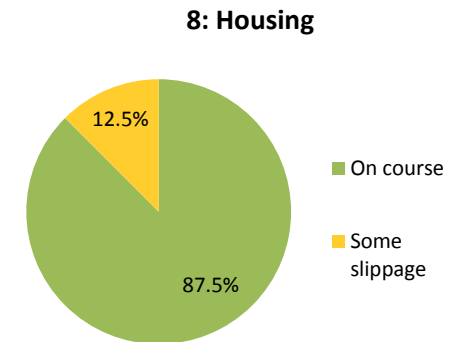
Key Impacts	
Sub action	Impact
6.1 Older people can more easily access appropriate services in relation to their needs, particularly those people that are in the most disadvantaged groups.	6.1A. Prevent avoidable falls and injuries and improve recovery from these The prevention and reduction of injurious falls saves lives and also money. A hip fracture can cost the local health and social care economy up to £28k over 2 years. These costs relate to NHS treatment and long term social care follow up. There is good evidence to support the cost effectiveness of falls prevention programmes and their ability to maintain people so they can stay living independently in their own homes and the community.
	6.1B. Support people at home who have had minor falls to avoid unnecessary hospitalisation Home based falls prevention interventions are cost effective particularly for people who are fearful of venturing out and need confidence building. They are effective in terms of developing a bespoke tailored approach to meet each individual's circumstances
	6.1C. Provide early diagnosis of dementia By developing greater awareness of the risk factors related to dementia, people will be able to take steps to modify behaviour (exercise, alcohol consumption, physical inactivity for example). People may also come forward for diagnosis earlier, leading to improved support for them and their carers. Thus improving outcomes and reducing long-term costs associated with caring for people with dementia who present late.

7. Protecting health	On course	Some slippage	At risk	Under review
	Total:	66.7%	0.0%	0.0%
7.1 The burden of morbidity and mortality resulting from many infectious diseases and achieve herd immunity is reduced	1 action			
7.2 The risk of infectious diseases spreading in the community is minimised, and infection is identified earlier in order to treat and minimise the level of onward transmission	2 actions			
7.3 Disease is identified sooner in order to treat early and improve outcomes	1 action			4 actions
7.4 Risks of cardiovascular disease are identified earlier	1 action			
7.5 The level of health harm caused by extremes of temperature is reduced	1 action			
7.6 Health is protected by ensuring hygienic food production, storage and preparation and sale of food in hygienic conditions	1 action			



Key Impacts	
Sub action	Impact
7.4 Risks of cardiovascular disease are identified earlier	7.4A. By identifying cardiovascular risk at an early stage interventions can begin and the level of cardiovascular events be reduced Individuals identified at high risk of CVD can make lifestyle changes and/or receive treatment to reduce their risk of diabetes, stroke, heart disease or kidney disease

8: Housing	On course	Some slippage	At risk	Under review
Total:	87.5%	12.5%	0.0%	0.0%
8.1 The energy efficiency of homes in the town is improved	2 actions			
8.2 Private rented properties are inspected and quality improvements are made	1 action			
8.3 Houses in Multiple Occupation are identified, brought up to standard & licensed	1 action			
8.4 The Homelessness Prevention Strategy Action Plan is implemented		1 action		
8.5 Rough sleeping continues to be tackled	1 action			
8.6 The number of adapted properties which are recycled for use by those with the greatest need is increased	1 action			
8.7 There is investment in providing adaptations to public and private properties.	1 action			

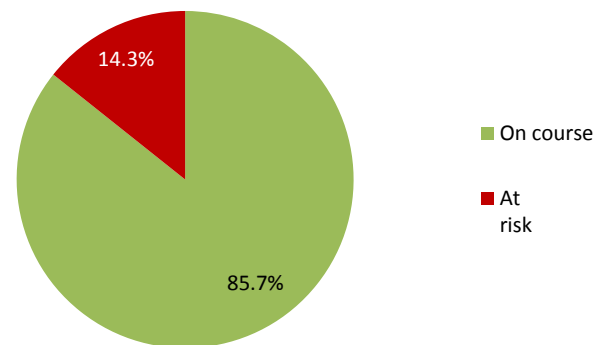


Key Impacts	
Sub action	Impact
8.1 Retrofitting social housing to be more energy efficient	Over 40 properties have been refurbished to be warmer, healthier homes and with lower fuel bills as a result of the project.
8.2 Removing category 1 & 2 (as defined by Housing Act 2004 e.g. Excessive cold, trips & falls hazards, fire risk etc.) means that residents' properties are safer & healthier.	Target achieved: 217 Serious hazards removed from privately rented properties in the town. Removing category 1 and 2 (as defined by Housing Act 2004 e.g. Excessive cold, trips and falls hazards, fire risk etc.) means that residents' properties are safer and healthier.
8.3 Ensure that all inspected HMOs reach acceptable standards following inspection and subsequent works.	Ensuring that licensable HMOs are licensed provides assurance that the property conforms to regulations and is being managed in an acceptable manner in accordance with the Housing Act 2004
8.7 Facilitate independent living and prevent demand for acute clinical care	The adaptations funded by the council help residents to remain independent, healthy and safe by allowing them to stay in their own home for longer. Mar 14: Year-end estimate that 80 major and 170 minor adaptations carried out in social housing plus 62 Disabled Facilities Grants in the private rented sector.

Slippages		
Sub action	What are we measuring?	Status notes/ What are we doing to address this?
8.2A. To identify and remedy the housing conditions which have a serious negative impact on residents health and safety	Safely remove 200 Category 1 Hazards* from Private Rented Sector properties in 2013/14 (*As defined by the Housing Health and Safety Rating System)	Former slippage - Target now achieved: 217 Serious hazards removed from privately rented properties in the town
8.4A. Continue to improve the effectiveness of homelessness prevention support in the town	Number of families in temporary accommodation to remain below 15. Number of people assisted to remain in, or to secure, accommodation in 2013/14 - 700	Minor slippage against target - with homelessness increasing at a national level, and the impact of measures such as the Welfare Reform Act, this target has become unrealistic. As such we will be seeking to have it re-profiled to a more credible level.

9. Maximising opportunity	On course	Some slippage	At risk	Under review
	Total:	85.7%	0.0%	14.3%
9.1 Local people disadvantaged by circumstance can access opportunities and services that promote health and wellbeing	1 action		1 action	
9.2 More people are actively involved and engaged with their communities; and; Communities value and have increased ownership of local assets, facilities and services	3 actions			
9.3 Factors which prevent disadvantaged and vulnerable groups from adopting a healthy lifestyle are tackled.	2 actions			

9. Maximising opportunity



▶ At risk		
Sub action	What are we measuring?	Status notes/ What are we doing to address this?
9.1 B. Maximise opportunities for service integration, joint commissioning and partnership working.	Numbers of health and social care professionals trained to have the relevant skills knowledge and competence to discuss with clients, 'for example through 'Making every contact count'.	Target: 1200 people trained. 46% achieved with individuals from 31 different organisations. E-learning module available to SBC staff on SPARKS. Train the trainer module in development. Monthly multi-agency training attendance has been sporadic, problems filling courses over summer. Courses evaluating well, case studies are being developed from early training co-horts. MECC is a pledge within Public Health Responsibility Deal. Commitment to deliver MECC within within pre-qualification questionnaires for appropriate SBC tenders