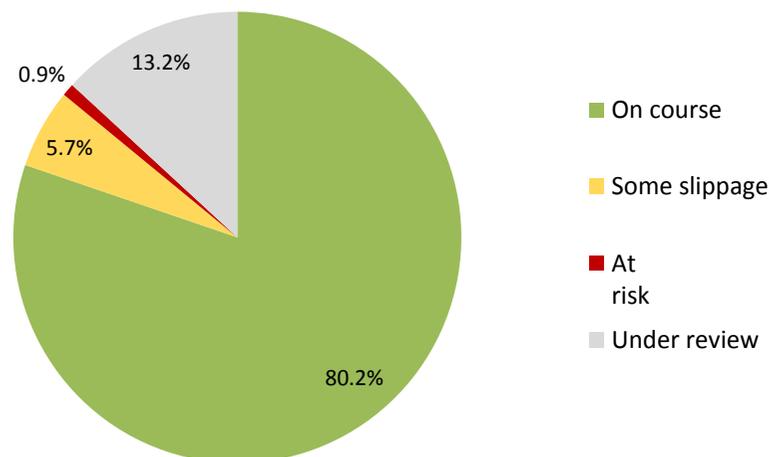


Overall progress HWB Strategy	On course	Some slippage	At risk	Under review
Overall total, Nov13:	80.2%	5.7%	0.9%	13.2%
Comparison to Sept-13	74.5%	4.7%	0.0%	20.8%
Difference compared to Sept-13	5.7%	1.0%	0.9%	-7.6%
1: A positive Start in Life	88.2%	0.0%	0.0%	11.8%
2: Promoting healthy lifestyles	91.7%	8.3%	0.0%	0.0%
3: Improving mental wellbeing	61.5%	7.7%	0.0%	30.8%
4: A safer population	66.7%	33.3%	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	58.3%	0.0%	0.0%	41.7%
8: Housing	75.0%	25.0%	0.0%	0.0%
9: Maximising opportunity	85.7%	0.0%	14.3%	0.0%

Overall progress, HWB Strategy Nov 13



**Welcome to Southend's November 2013 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.

November 2013's progress summary has been updated to show "➤Key Impacts" which aim to reflect the positive difference being made in the lives of Southend's residents.

**Nov 13 Comparison to Sept13**

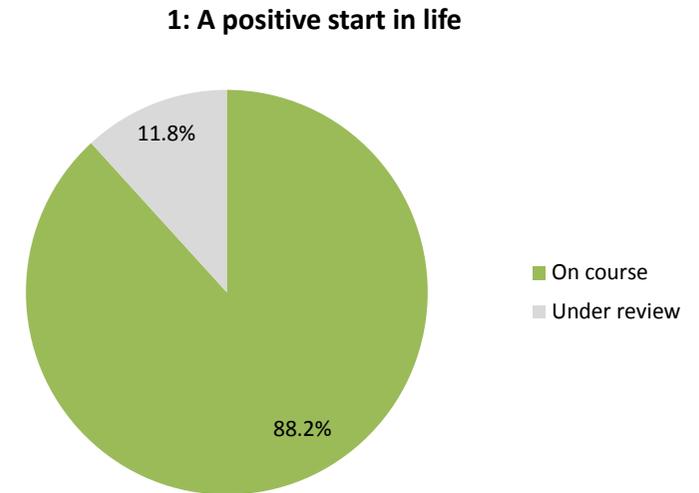
Actions **On course** up by 5.7%, **Some slippage** up by 1%, **At risk** increase from zero to one action (0.9%), **Under review** down by 7.6%

**Under review:** This area represents a limited number of actions where we're working with partners to identify and refine correct measures

**Strategy/Action plan refresh**

The Health and Wellbeing Strategy and associated Action Plan are in process of being reviewed against priorities set out in the 2013 Health Profile and the Hughes-Hallett 'Who will care' report. This will inform the refreshed Strategy and Action plan for 2014/15.

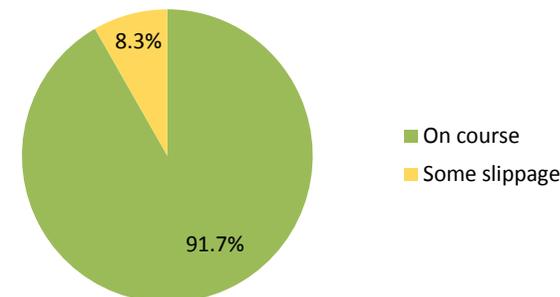
1: A positive start in life	On course	Some slippage	At risk	Under review
	<b>Total:</b>	<b>88.2%</b>	<b>0.0%</b>	<b>0.0%</b>
1.1 Close the divide between more advantaged and less advantaged children and families in Southend	4 actions			
1.2 Support families at the earliest opportunity to prevent their 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	3 actions			4 actions
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. 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) Having a single gateway will enable GPs to identify children and families to our localilty teams who will be able to ensure the child, young person and family are supported by the most appropriate service to meet their need
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.
1.4 Support young people and families to live healthier lifestyles	1.4A. Developing a new alcohol strategy for children and young people This work is at an early stage. Already there is a sense of greater cohesion between officers thus far involved and a recognition of the cross-cutting nature of these issues (this has already included involvement of officers not previously included in discussions around drugs and alcohol).
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
	1.7B. Implementing the user experience and user feedback surveys as identified in the inspection and compiling analysis reports Feedback from both these workstrands will inform the next planning cycle

2. Promoting healthy lifestyles	On course	Some slippage	At risk	Under review
<b>Total:</b>	<b>91.7%</b>	<b>8.3%</b>	<b>0.0%</b>	<b>0.0%</b>
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

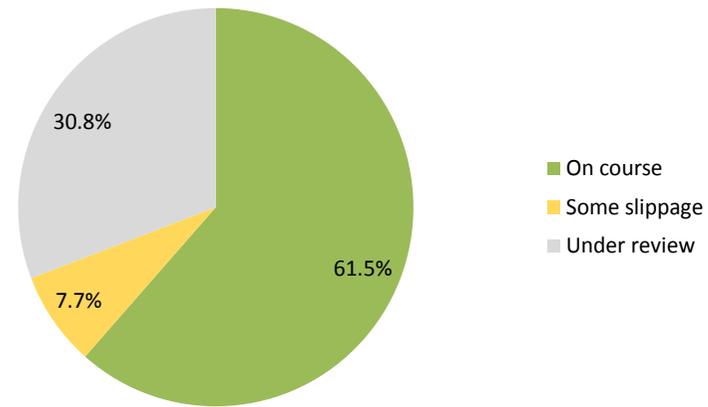


Key Impacts	
Sub action	Impact
2.1 Smoking prevalence in Southend is reduced	<p>2.1C. Stop Smoking services delivering support through specialist services to help smokers quit. Services are available in multiple settings including general practice surgeries and pharmacies, through specialist clinics for pregnant women and specialist clinics at Southend Hospital</p> <p>Target exceeded: current value 400 vs EOY target of 297. Stoptober 28-day stop smoking challenge saw 160,000 people successfully complete the challenge last year. The campaign is launched by Public Health England (PHE) as new research shows the extra years of life that can be gained by giving up smoking and staying smokefree. Someone who quits smoking for Stoptober, and doesn't smoke again, could gain an extra 7 days of life, every 28 days, for the rest of their life. Over 8 million people in England smoke and it remains the nation's biggest killer, with half of long-term smokers dying prematurely from a smoking-related disease. Research shows that those who stop smoking for 28 days are 5 times more likely to stay smokefree and Stoptober's ambition is to help smokers achieve this goal.</p>
2.2 The increase in prevalence of people overweight and obese is halted	<p>2.2A . Increasing physical activity in children and adults to levels recommended by Chief Medical Officer</p> <p>An SBC strategic aim is to see an increase in participation in sport &amp; leisure activities. Attendance at the 4 council owned sports centres and the golf rounds at Belfairs Public Golf Course increased by 6.4% in the first 6 months of 2013, compared to the same 2012 period. 2012: 1,176,519 vs 2013: 1,251,367 (+74,848) . Likely stimulated by Olympic effect and our continuing legacy activities.</p>
2.3 Reduced harm from drugs and alcohol in Southend and reduced uptake of drugs and alcohol by young people	<p>2.3A. Commission an integrated service for drugs and alcohol users of all age</p> <p>There have been a number of very positive cases of individuals who have been supported via an integrated care plan and who are now in full recovery from drugs / alcohol dependence. These include one man who was street homeless, with significant physical health problems (frequent A&amp;E attendances and ambulance call-outs, admissions, safeguarding alerts) before being supported by commissioned services, accessing housing and residential treatment, and is now alcohol and drug free for 8 months and is physically well, volunteering and engaging in sports. Another man with a long history of drug abuse and crime was recently supported by several local services and is now 'clean' and not committing crimes for 9 months,</p>

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. We do not currently have any budget available for the replacement of play area signs.

3. Improving mental wellbeing	On course	Some slippage	At risk	Under review
<b>Total:</b>	<b>61.5%</b>	<b>7.7%</b>	<b>0.0%</b>	<b>30.8%</b>
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

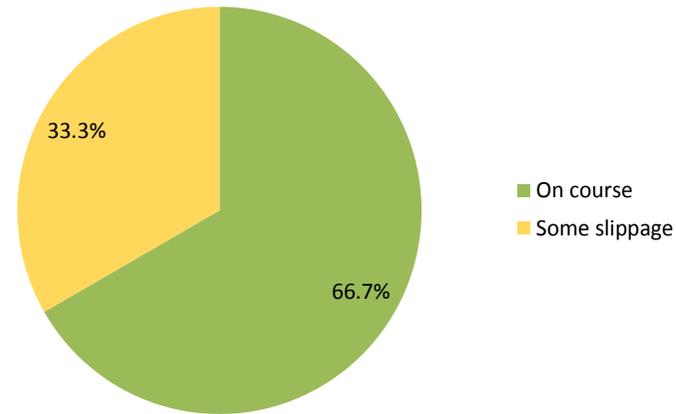


Key Impacts	
Sub action	Impact
3.3 There is an effective partnership approach to raising awareness and promoting mental wellbeing, positive emotional health and self-esteem	3.3A. Deliver programmes to promote mental wellbeing, positive emotional health and self-esteem in children and young people Earls 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
<b>Total:</b>	<b>66.7%</b>	<b>33.3%</b>	<b>0.0%</b>	<b>0.0%</b>
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	2 actions			
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

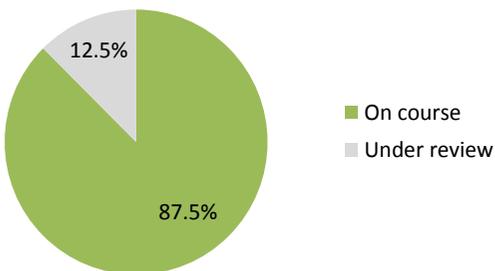


Key Impacts	
Sub action	Impact
4.2 Reduction of repeat referrals for a single victim of domestic abuse	4.2A. Reduce the number of repeat referrals/incidences for victims reported under Safeguarding of vulnerable adults  Southend Domestic Abuse Strategy is supporting vulnerable victims their children and families from Domestic Abuse. Currently implementing the Action Plan of the Goodwin Domestic Homicide Review, this putting in place interventions to reduce the risk of serious harm

Slippages		
Sub action	What are we measuring?	Status notes/ What are we doing to address this?
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.	Learning Disability hate crime reports to police.	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.

5. Living independently	On course	Some slippage	At risk	Under review
	<b>Total:</b>	<b>87.5%</b>	<b>0.0%</b>	<b>0.0%</b>
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



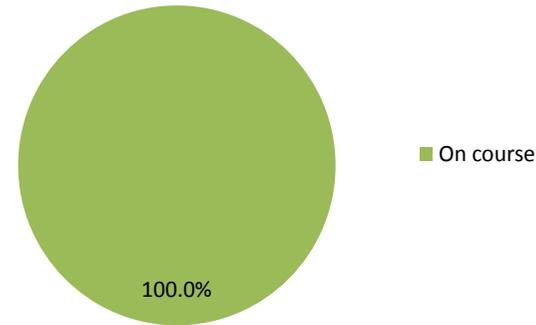
Key Impacts	
Sub action	Impact
5.1 People feel more informed and empowered to manage their own care plan and their own budget and reablement where possible	<p>5.1 A. Improve signposting and pathways for people with mental illness and/or disability to enable them to settle in accommodation</p> <p>Elaine 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.</p>
	<p>5.1 C. Better integrate cross agency working practices, and develop use of single points of contact and multi-disciplinary team collaboration.</p> <p>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.</p>
5.2 People are encouraged and feel supported to stay independent and live longer in their preferred place	<p>5.2 A. Improve support for adults with learning disabilities who live in their own homes or with their family</p> <p>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”</p>
	<p>5.2 B. Ensure winter warmth, home safety and telecare:</p> <p>“My Careline press button is a great help &amp; gives me some confidence” - Community based service user</p>
	<p>5.2 C. Strengthen community based provision to support independence</p> <p>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.</p>

**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
<b>Total:</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>
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			

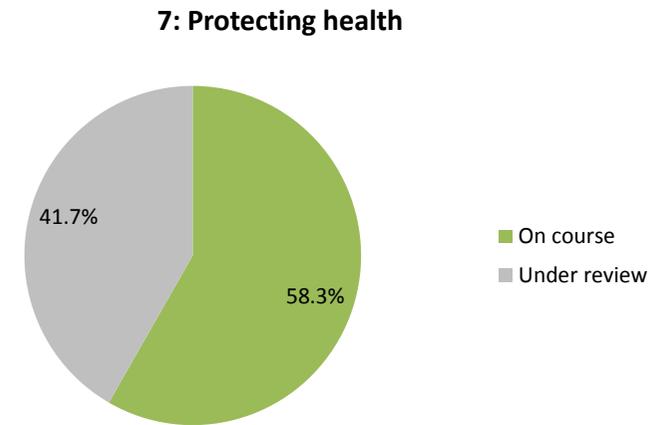
### 6. Active and healthy ageing



#### Key Impacts

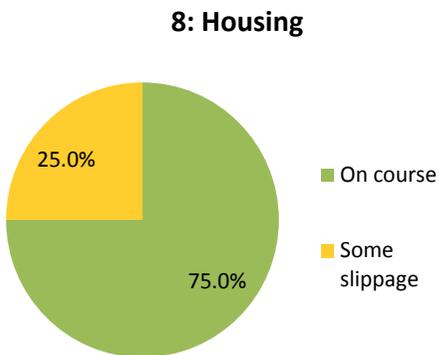
Sub action	Impact
6.1 Older people can more easily access appropriate services in relation to their needs, particularly those people that are in the most disadvantaged groups.	6.1A. Prevent avoidable falls and injuries and improve recovery from these  The prevention and reduction of injurious falls saves 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
	<b>Total:</b>	<b>58.3%</b>	<b>0.0%</b>	<b>0.0%</b>
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			1 action
7.3 Disease is identified sooner in order to treat early and improve outcomes	1 action			3 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
	<b>Total:</b>	<b>75.0%</b>	<b>25.0%</b>	<b>0.0%</b>
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			

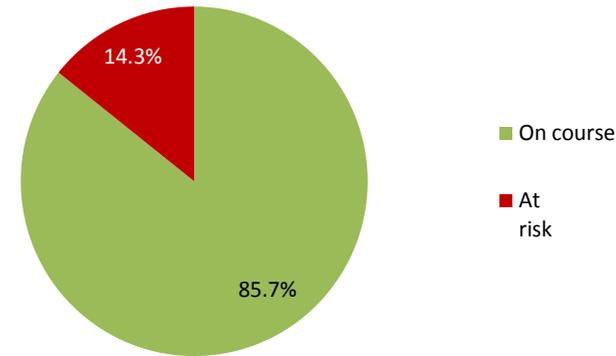


Key Impacts	
Sub action	Impact
8.1 Retrofitting social housing to be more energy efficient	Over 40 households are projected to have warmer, healthier homes and lower fuel bills as a result of the project.
8.2 Removing category 1 & 2 (as defined by Housing Act 2004 e.g. Excessive cold, trips & falls hazards, fire risk etc.) means that residents' properties are safer & healthier.	66 Hazards removed at end of second quarter. 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
8.4 Continue to improve the effectiveness of homelessness prevention support in the town	Finding alternative long term accommodation for homeless applicants before they have to enter temporary accommodation prevents associated negative social, health and education impacts associated with TA.
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. As at end of Sept13, 52 social housing adaptations completed and 40 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)	66 Hazards removed at end of 2nd QTR. The target of 200 is based on the number of hazards removed in the last financial year (194) plus a small increase. Identifying & remedying hazards within properties is dependent on the number of service requests from local resident, the conditions of the properties in question and the work of Council officers in encouraging, and as last resort, enforcing
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	523, made up of 41 via the rent deposit scheme, 183 cases prevented by casework and 299 cases housed using CBL. 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

9. Maximising opportunity	On course	Some slippage	At risk	Under review
<b>Total:</b>	<b>85.7%</b>	<b>0.0%</b>	<b>14.3%</b>	<b>0.0%</b>
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?
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'.	E-learning module completion due 11/13 to be offered out to all 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, 6 month follow-up/evaluation starting and some case studies being developed from early training co-horts. Development potential within public health responsibility deal and contracting. 164 individuals trained from 15 different organisations against a target of 1200