

Southend on Sea  
Health & Wellbeing Strategy  
2013 -2015

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# Foreword

Every resident in the Borough has an equal right to good health and a sense of wellbeing. Through a shared commitment to the priorities set out in this strategy and by working together towards a clear vision, we will be able to act more effectively to improve the health and wellbeing of the population of Southend. It is our vision to enable every resident in Southend to lead a healthy life and to maximise their independence by providing the infrastructure, support and opportunities needed to do this.

In Southend on Sea there is a well-established practice of working in partnership. The Health and Wellbeing Strategy will build on the many successes already achieved through partnership working to create a healthier and more fulfilling future for our population. This strategy sets out where we will target our resources over the coming years, building both on our successes and improving areas where our outcomes are falling short.

The Health and Wellbeing Board is a statutory committee of the Council that was established as required by the health and Social Care Act 2012. Its overall responsibility is to improve the health and wellbeing of the population and reduce the inequalities of our population.

The Southend Health and Wellbeing Strategy for 2013-15 outlines the key priorities for improving health and wellbeing for all of the borough's residents. Along with elected councillors, the Southend Health and Wellbeing Board brings together key partners from the NHS, public health, children's services and adult social care, to jointly consider local needs and plan the right services for our residents. The priorities in this strategy have been identified and agreed in partnership by the Board and in consultation with wider stakeholders.

Whilst the ambitions we have chosen are not the totality of the work that will support improvements in health and wellbeing, they are the aspects that the Health and Wellbeing board agree are particularly important and will have the biggest impact if they are delivered through a partnership approach.

We look forward to seeing this strategy through into actions that will make a positive difference to people's lives.

# Vision

We aim to ensure that everyone living in Southend on Sea has the best possible opportunity to live long, fulfilling, healthy lives. We want:

- our children to have the best start in life
- to encourage and support local people to make healthier choices
- to endeavour to reduce the health gap between the most and least wealthy
- people to have control over their lives as independently as possible
- enable our older population to lead fulfilling lives as citizens.

# Introduction

Southend's Health and Wellbeing Strategy identifies our key ambitions for promoting health and wellbeing in the borough. Although these will be the main focus for the Southend Health and Wellbeing Board, they have been selected from a longer list of priorities, all of which will be monitored by partners through various work streams. Our ambitions have been selected as areas where focussed work will result in meaningful and measurable improvements in health and wellbeing, contributing towards our overarching vision.

The causes of poor health and wellbeing are multiple and are the result of a huge variety of factors that people experience over the course of their life. Many of these factors are related to people's surroundings and their communities as well as their own individual behaviours. Generally, people who are poorer, less well educated and who live in more deprived areas tend to suffer more negative effects on their health and wellbeing.

These factors are often the responsibilities of a range of statutory, voluntary and private organisation as well as individuals. They have a much greater impact on health and wellbeing than NHS and social care services alone do. In order to really improve the health and wellbeing of people in Southend and to reduce health inequalities, it is these factors that determine health that we must seek to change. This strategy seeks to join together local organisations that have the ability to have influence in our community and impact on the determinants of health and wellbeing. The work carried out by Sir Michael Marmot in his 2010 review, identified action to be taken across the life course to achieve reductions in health inequalities. In line with the recommendations of the Marmot report the Health and Wellbeing Board have decided to take a life course approach; from

pre-conception to end of life. We will focus on what the evidence has shown will best meet the main needs of our population.

As an area we still have many challenges ahead. Our ageing population means we must ensure that our services meet the needs of an increasing number of older people, provide the support they need to remain independent for as long as possible, live fulfilling lives, and ensuring that they receive appropriate end of life care. The increasing numbers of people who are obese is a cause for concern as it is a key determinant of future ill health and we need to support people to make positive lifestyle changes by achieving or maintaining a healthy weight. Tobacco control and substance misuse are further areas of concern as is the safeguarding of children, adults and older people.

## Background and National Context

In March 2012 the Health and Social Care Act (2012) received Royal assent. The Act set introduced duties and powers for health and wellbeing boards requiring the development of a joint health and wellbeing strategy based on local population need.

The aim of the Health and Wellbeing Strategy is to improve the health and wellbeing of the local community and reduce inequalities for all ages. It is part of a continuous process of planning, based on strategic assessment of need to be used to help determine what actions local authorities, the NHS and other partners need to take together to meet health and social care needs and to address the wider determinants that impact on health and wellbeing. This is not about taking action on everything at once, but about setting priorities for joint action that will in turn inform Clinical Commissioning Groups, the NHS Commissioning Board and local authorities' plans for commissioning services.

The Health and Wellbeing Strategy considers how all the relevant commissioners can work together and provides an overarching framework that is to be underpinned by more detailed and specific commissioning plans for the NHS, social care, public health, and other services that the health and wellbeing board agrees to consider, are developed. The Health and Wellbeing Strategy does not set out to duplicate existing strategies but to identify priority areas for joint focus and drive integration of health and social care services.

## Consultation

The strategy has been agreed by the Health and Wellbeing Board following a three-month consultation period. A wide variety of engagement methods were used to support this consultation.

This included:

- Council webpage on the Health and Wellbeing Board
- Local stakeholder workshop
- Informal networks
- Local Involvement Networks (LINks)
- SAVs presentation
- Children's services related meetings/networks
- Local media
- Free newspapers
- Evening Echo
- Tweets
- Social media
- SAFE newsletter which is for families and people with Aspergers

## Implementation and Monitoring

This is the first Health and Wellbeing Strategy for Southend. It sets out how the agencies responsible for health and wellbeing in the borough will work together to respond to the key issues identified in the Joint Strategic Needs Assessment. In particular it will help to inform the corporate priorities of Southend-on-Sea Borough Council as well as playing a significant role in determining the commissioning priorities of the Southend Clinical Commissioning Group.

While this is a three year strategy, the wide-reaching reforms that have resulted from the Health and Social Care Act 2012 have given rise to the creation of several new organisations, with new duties and roles that have created substantial system change. The strategy will, therefore, be reviewed by the Health and Wellbeing Board after the first year.

The strategy is supported by detailed plans setting out actions, resources, timescales and risks. The “life course” approach of the strategy means that the actions to deliver the ambitions be developed in partnership, with plans evolving and being refreshed on an annual basis, to reflect this.

The Health and Wellbeing Board will have a key role in seeking assurance that actions are delivered to meet the outcomes we aim to achieve. There are multiple organisations and delivery mechanisms that support the delivery of actions to meet these outcomes. Success will be measured by monitoring local progress against key indicators or measures from the three recently published national outcomes frameworks; Public Health, the NHS and Adult Social Care. Links will be made to our other key strategies, which have detailed action plans supporting them, to ensure that progress is being made.

Each partner organisation of the Health and Wellbeing Board has its own structure, governance processes and mechanisms for sharing how they will respond; for example in an annual plan or in commissioning intentions. These key documents will be reviewed by the Health and Wellbeing Board to ensure that they express how they will contribute to our strategy.

The newly established HealthWatch will also play an important role by informing the Health and Wellbeing Strategy of any important issues that the public are raising about the quality of services that they use. These can be included in future strategies to ensure that services are continuously improved.

We also welcome input from the community and voluntary sector, schools and businesses to explore how they can contribute to helping us deliver this strategy. We believe that local people should be kept informed of how successful we are at achieving our commitments. Every year we will publish a progress report. We will measure our success through the three national outcomes frameworks:

- The Public Health Outcomes Framework (PHOF)
- The NHS Outcomes Framework (NHSOF)
- The Adult Social Care Outcomes Framework (ASCOF)

These measures are referenced against each ambition.

As we find more that can help us achieve our vision, or the challenges change, we will also make changes to the strategy and publish these in the same report.

# Ambition 1: A positive start in life

- 1 in 4 children live in poverty
- Nearly 18% of Year 6 children are classified as obese
- 35% of young people do not leave school with 5 GCSEs

## ***Why is this important?***

The period from conception to age 4 is a critical time, when the foundations of future health and wellbeing are established. Good antenatal care, warm positive parenting, and a safe stimulating environment with rich play experiences are crucial for healthy physical, mental and emotional development. The Marmot report provided evidence of the link between longer life expectancy and a positive start in life, making these years crucial.

## ***What is the situation in Southend?***

In Southend 1 in 4 children live in poverty. Southend's overall income level is of a relatively low standing. The income level is linked directly to the town's comparatively low skills base and higher than average number of people claiming Job Seekers Allowance than other parts of the Region. Our community has voiced how important they feel loving, positive parenting and support through home, school and community education is to a child's health and wellbeing. Improving the health and the life chances of children and young people is directly linked to raising their aspirations and ability to achieve a reasonable income and employment as adults. Through the support that can be given to children and families in the early years we will be able to make a difference in the longer term.

## ***The Health and Wellbeing Board will ensure that:***

Support is given to the 'Success for All' children group to support them in their vision for all children.

Success for all children means:

Inspiring the belief that anything is possible

Potential belongs to the child – our role is to fan it

Success is determined by the child and the family – not us

Our role is to remove the barriers or injustices which prevent children from achieving.

Services will be put in place to ensure that we are able to:

- Reduce the need for young people to be looked after
- Narrow the gap through improving achievement and progression from EYFS to Key Stage 4 for vulnerable groups (Special Education Needs and children from low income families)
- Improve the support given to more young carers
- Improve the education provision for 16-19 year olds



- Promote mental wellbeing in children by providing services which identify mental disorders and intervene early.
- Reduce under-18 conception rates
- Support troubled families through a multi-agency approach

In addition to the Action Plan at the back of this Strategy, the Young People's Plan provides detailed actions and a robust monitoring process to ensure that there is delivery on these actions.

## Ambition 2: Promoting healthy lifestyles

- An estimated 20.5% of adults smoke and 24.8% are obese
- 6.8% drink alcohol at a level that could harm their health
- The rate of drug misuse in Southend is higher than average

### a) Reducing the use of tobacco

#### *Why is this important?*

Smoking is the UK's single greatest cause of preventable illness and early death. Half of all smokers will be killed by their habit with most dying from three main diseases: cancer, chronic obstructive pulmonary disease and coronary heart disease. There is a strong link between cigarette smoking and socio-economic group. Smoking has been identified as the single biggest cause of inequality in death rates between rich and poor in the UK. Smoking accounts for over half of the difference in risk of premature death between social classes.

#### *What is the current situation in Southend?*

Estimates indicate that 20.5% of Southend's adult population are smokers. Inequalities exist in relation to smoking prevalence dependant on levels of deprivation, with 32.5% of adults in the 20% most deprived population compared to just under 20% for the remaining 80% of residents. In South East Essex during 2010-11, 12% of women smoked during pregnancy.

In the feedback to our consultation, members of our community expressed a desire to live in a smoke free environment. A lifestyle survey conducted in 2009 by Ipsos MORI indicated that over 70% of current smokers in the South East Essex area would like to quit. This is similar to the national level.

#### *The Health and Wellbeing Board will ensure that:*

There are appropriate education programmes for children to discourage them from starting to smoke.

Support is available to help those people already smoking to stop

Services are in place to support smoke free environments and reduce tobacco related harm

Partnership approaches exist to tackle illicit tobacco.

## **b) A healthy weight**

### ***Why is this important?***

Too much body fat can lead to a number of chronic conditions including diabetes, chronic heart disease, cancer, musculoskeletal disorders and many more. Childhood obesity is a complex public health issue that is a growing threat to children's health. If the number of obese children continues to rise, today's children and future generations could have shorter life expectancies than their parents. Tackling childhood obesity requires changes in the behaviour of individual children, their parents and of society in general and reflects recent trends across most developing countries to greater fat and sugar consumption with reduced physical activity.

### ***What is the situation in Southend?***

It is estimated that 24.8% of all adults in Southend are obese. Results from the National Childhood Measurement Programme shows that 8.3% (156) of 4-5 year olds and 17.6% (289) of 10-11 year olds are classified as obese. Only just over a third (36.3%) of Southend residents eat the recommended 5+ portions of fruit and vegetables each day. Each week 19.9% of residents aged 16+ take part in 3x30 minutes sport and active recreation. Our community have expressed how important they feel active leisure activities are. They have also expressed concern about the number of fast food outlets.

### ***The Health and Wellbeing Board will ensure that:***

We increase the number of children and adults who are a healthy weight, through the provision of a range of interventions and promotion of physical activity and healthy eating, active play opportunities and the offer of high quality sport and leisure facilities.

We will encourage use of our green spaces and seafront in the way in which we develop and improve its appearance, accessibility and equipment.

We will work closely with families to provide early intervention and preventative programmes to reduce the development or impact of health or wellbeing problems

## c) Substance Misuse

### *Why is this important?*

The long term misuse of drugs and alcohol can have significant long lasting health implications, as well as creating a cost to both society and the local and national economies. This impacts both through lost productivity from people of working age, through the acquisitive crime that frequently funds an addiction and the disorder that may be caused by substance misusers.

### *What is the situation in Southend?*

In Southend alcohol related crime and alcohol related harm hospital stays are worse than regional and national averages. 23.3% of adults in Southend binge drink. Southend has more problem drug users, more drug related hospital stays and more drug related deaths than regional averages.

### *The Health and Wellbeing Board will ensure that:*

There is education for children and young people of the risks associated with the misuse of drugs and alcohol.

Appropriate support and advice for people who are drinking at a level that may harm their health is available

There are adequate treatment systems commissioned to maximise the numbers of people making a successful recovery from addiction

There is work with services and service users to re-design the drug and alcohol treatment system to make it easier for people needing help to access it and to live a life free from dependency. This will include new investment in proactive work to engage those repeatedly attending hospital.

There is training and support to front-line services to develop the knowledge, skills and policies to enable staff to talk to their customers and clients (including children and young people) about alcohol, offering brief advice and referral where appropriate.

## Ambition 3: Improving mental wellbeing

- At least one in four people will experience a mental health problem at some point in their life
- One in six adults has a mental health problem at any one time
- 'More vulnerable' groups are at a higher risk of developing mental illness.

### ***Why is this important?***

Mental health is defined by the World Health Organisation as “a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community” Maintaining mental wellbeing can be challenging. It is threatened by a variety of social, cultural and economic conditions that may create some of the common mental health disorders such as anxiety and depression. Depression, self-harm and suicide are two to three times more common amongst people on low incomes than for people in middle or high income groups. There is an evidence base for cost effective interventions that support the preventative agenda and can create long-term savings to the NHS and the wider economy.

At least one in four people will experience a mental health problem at some point in their life and one in six adults has a mental health problem at any one time (“No Health Without Mental Health”, DH, 2011). People with mental health disorders are less likely to be in employment, education or training, with children being more likely to fall behind in their educational and social development. Mental health disorders frequently co-exist with physical health problems, for example, depression doubles the risk of coronary heart disease. Mental wellbeing increases life expectancy, economic productivity, social functioning and quality of life across the generations.

### ***What is the situation in Southend?***

More vulnerable groups, including those socially excluded or economically deprived, children in care, asylum seekers and prisoners, are at higher risk of developing mental illness. Our population has voiced the importance of feeling valued and purpose, being able to access a range of stimulating activities, social contact and a pleasant outdoor environment as important aspects in maintaining mental wellbeing.

Across Southend an estimated 16,308 adults (aged 16-64) will be suffering from a common mental health disorder by 2015. The percentage of GP registered patients diagnosed with a mental health condition is significantly higher than regional and national averages. The recorded suicide rate is higher in Southend than the national average.

### ***The Health and Wellbeing Board will ensure that:***

There is a partnership approach to the promotion of mental wellbeing as a positive state through our collective responsibilities as employers.

Through our contracts with commissioned services there is a requirement to promote mental wellbeing with the workforce and promote the principles of being a “Mindful Employer”.

Actions are taken to reduce the stigma of mental illness

Links between mental health and physical health are acknowledged in an holistic approach to service delivery and partnership approaches are made to form integrated pathways services to improve mental wellbeing (lifestyle interventions) physical health services and mental health services.

Mental wellbeing, positive emotional health and self-esteem in children, young people, e.g. carers is promoted by raising awareness

Services are in place to allow for early intervention with those whose mental wellbeing is in jeopardy e.g. experiencing debt problems or employment issues and intervene early to promote resilience.

A suicide prevention strategy which also addresses self-harm is developed

To support parents there will be health visitor interventions for women at risk of postnatal depression and parenting programmes.

## Ambition 4: A safer population

- Over 6,000 people live with a long term limiting illness in Southend
- 13 children were killed or seriously injured in road accidents during 2008-10
- the mortality rate from accidents was 14.17 per 100,000 people during 2008-10

### *Why is this important?*

Harm may be caused to individuals unintentionally; what we commonly refer to as accidents, or deliberately, what we would term as 'abuse'. The term 'Safeguarding' means protecting vulnerable children and adults from harm or exploitation.

Whilst all children are exposed to hazards as part of their everyday lives, both unintentional and deliberate injuries are far more common in children and young people from deprived backgrounds. Evidence from research suggests that this factor is the strongest and most consistent predictor of unintentional injury in childhood. Injuries are the leading cause of death in childhood in the UK, and a major cause of ill health and disability.

Abuse can take many forms, and is not always obvious. It could be: physical, sexual, emotional, financial, discriminatory or institutional and the perpetrator of the abuse are often in a position of trust either through family relationships, friendship or a paid caring role. Vulnerable adults using health and social care services should never experience maltreatment, abuse or neglect in those services.

### ***What is the situation in Southend?***

During 2009/10 the Police received 3861 reports of domestic abuse in Southend. Home Office estimates suggest the cost to Southend services (physical and mental health services, criminal justice system, social services and housing) of responding to domestic abuse is estimated to be £192,000 every week.

### ***The Health and Wellbeing Board will ensure that:***

Children are safeguarded by maintaining low levels of unintentional and deliberate injuries.

Vulnerable adults and young people are safeguarded through elimination of maltreatment, neglect and abuse.

Support is given to the Domestic Abuse Strategy Group to support them in their vision to reduce the harm caused by domestic abuse in Southend.

Work is carried out across all agencies that may come into contact with those experiencing violence or abuse to ensure that staff are trained to identify this and signpost to services those that may require support.

Work to ensure that an integrated strategy is developed on preventing unintentional injuries among under-15s

## **Ambition 5: Living independently**

- 13,000 people over 65 are unable to manage at least one domestic task on their own
- 11,000 people over 65 are unable to manage at least one self-care task on their own
- Nearly 10,000 people have a moderate or serious physical disability

### ***Why is this important?***

Research evidence has shown that people place a great importance on being able to decide where and how they live and being able to access a range of services in the community that make this possible; providing choice and control to go about daily life and participate in society and having the same range of options and the same degree of self-determination as others in society. Numerous factors contribute to enabling independent living.

Supporting people to live independently in their own homes and to take control of their own lives as far as possible can have significant benefits for both physical health and mental wellbeing. Allowing people to return to independent living following illness or injury, is important in reducing emergency hospital admissions and the need to move into long-term care. Informal carers also play a significant role in enabling many people to remain healthy and live independently. It is important that they are also provided with the right support to enable them to fulfil this role.

### ***What is the situation in Southend?***

By 2015 it is estimated that Southend will have over 8000 residents over 65 years of age living alone, an increase of over 10% on current numbers. Of the 31,600 people aged over 65 in Southend, over 13,000 are unable to manage at least one domestic task on their own, with over 11,000 unable to manage at least one self care task on their own.

Within our population there are numerous groups of people that currently need support to enable them to live in our community, including those with learning disabilities, physical disabilities and sensory disabilities. In Southend there are an estimated 2,380 people aged 18-64 will have a learning disability and nearly 10,000 people with a moderate or serious physical disability. Our population has told us how important financial and economic security and independence is to them and how the ability to access information and have a wide choice of responsive, coherent services enables a greater sense of independence for both individuals and carers.

### ***The Health and Wellbeing Board will ensure that:***

Work takes place to promote and increase the take up of personalised budgets through direct payments.

A plan is in place to ensure that sufficient and suitable accommodation is available, with the required support that will enable most people to live as independently as possible.

A clearer understanding of the issues that limit people's ability to live independently in their community is developed and support services are shaped to target and meet those needs more effectively.

People feeling informed and empowered to manage their own care plan and their own budget and re-ablement where possible.

People are encouraged and feel supported to stay independent and live longer in their preferred place (through ensuring winter warmth, home safety and telecare).

## Ambition 6: Active and healthy ageing

- 18.3% of people living in Southend are aged over 65 or over
- 3% are aged 85 or over

### *Why is this important?*

Both nationally and locally we are seeing a shift in the age structure of the population, with significant increases in the proportion of the population aged over 65. For the first time ever there are now more people over the age of 65 than there are under the age of 18.

Ill health and the need for health and social care services is greater in old age and particularly in the over 80s, where we expect to see the largest relative growth in population size in the next twenty years. In addition to meeting this growing demand we are faced with the challenge of a reduction in the growth of public funding for health and social care over the coming years. It is critical that we turn our focus to prevention and keeping older people in good physical and mental health.

We must also consider that the end of life is a natural part of our life course, although as a society, we seldom discuss death and dying openly. Two thirds of the people that die each year in the UK are aged over 75 and research suggests what matters most to those approaching the end of their lifespan is that they receive high quality care and are treated with dignity and respect.

### *What is the situation in Southend?*

With a high proportion of single pensioner households, Southend faces potentially high levels of social isolation among older people, which can significantly reduce their quality of life. Poor health, decreased mobility and poor transport and fear of crime can all contribute to social isolation in older people. The frequency of most illnesses and ill health rises with increasing age, and so as more people live into older age the number with chronic illnesses and poor health will also increase. People aged 65 and over occupy almost two thirds of general and acute hospital beds and account for 50% of the recent growth in emergency admissions to hospitals.

Our population have expressed the importance of reducing social isolation for older people and are keen to see speedy diagnosis of dementia and a clear, supportive pathway for those diagnosed and their carers.



### ***The Health and Wellbeing Board will ensure that:***

There is greater emphasis on innovation and productivity when considering the development and delivery of services to meet the needs of older people. There are partnership approaches to ensure the delivery of integrated health and social care services with care pathways designed to facilitate the most positive outcomes.

Services exist to support both the physical and mental wellbeing of older people and reduce isolation.

Older people and their carers receive appropriate, fair and timely access to services in relation to their needs, particularly for people that are in the most disadvantaged groups.

There is active case finding to ensure that older people with long term conditions are enabled to stay well, have necessary support to manage their condition and integrated health and social care services to offer a holistic approach using responsive community services to identify issues early and therefore prevent hospital admissions.

Older people and their carers have choice, feel in control and connected, through: Services which are personalised, meet individual eligible needs, are safe, and respect people's dignity.

There is a clear strategy and care pathway for end of life care.

## **Ambition 7: Protecting health**

- To ensure herd immunity 95% of the eligible population should be immunised against disease.
- Decent standards of welfare and hygiene at work are essential in protecting health

### ***Why is this important?***

Infections and hazards in our environment are sometimes seen as problems of the past. With the development of modern vaccines, antibiotics and the introduction of wider controls, many of the challenges of the past have been tackled, however new challenges still arise with new diseases and resistant viruses that cause a threat to health.

Community-wide childhood immunisation is an effective means of reducing the burden of morbidity and mortality resulting from many infectious diseases. Apart from its protective effect, immunisation also produces an indirect effect known as 'herd immunity'. Herd immunity occurs when a high number of people directly protected by immunisation against a certain disease protect those that have not been immunised. To ensure herd immunity it is important that 95% of the eligible population are immunised against each disease.

Health can also be protected by early identification of conditions and diseases in order that treatment can begin and outcomes improved. Screening is a process of identifying apparently healthy people who may be at increased risk of a disease or condition. They can then be offered information, further tests and appropriate treatment to reduce their risk and/or any complications arising from the disease or condition.

The ability to breathe clean air, have a supply of fresh, clean drinking water and to be protected against the harmful effects of things like waste and noise are fundamental to our well-being. Protecting health by ensuring hygienic food production, storage and preparation and sale of food in hygienic conditions and ensuring there are adequate measures to minimise ill health and accidents arising from work activities by ensuring decent standards of welfare at work are also major measures to protect health.

### ***What is the situation in Southend?***

Whilst we offer all nationally required screening and immunisation programmes to our population it remains our challenge to ensure that all who are eligible and would benefit from these programmes do actually take up their offer.

A comprehensive public protection service exists in Southend that maintains our popular seaside town as a safe place to live and safe resort to visit.

### ***The Health and Wellbeing Board will ensure that:***

An increased percentage of the eligible population attend for screening programmes

An increased percentage of eligible population take up the offer of immunisations

Infection control remains a high priority for all care providers, specifying in contracts this requirement and including monitoring through audit and inspection.

There are appropriate plans and messages in place to raise awareness of the measures to be taken in times of heat wave and severe cold weather.

Targeted interventions are implemented to improve food hygiene and health & safety issues

# Ambition 8: Housing

- Poor quality housing costs the NHS £600 million per year.
- 5% of the private sector housing stock in Southend is 'unfit' and 20% fails to meet Decent Homes standards

## ***Why is this important?***

The quality of a person's home has a profound impact on their health. The presence of housing related hazards including mould, excess cold and structural defects increase the risk of conditions ranging from cardiovascular and respiratory diseases and of physical injury from accidents in the home. A warm, dry and secure home is generally associated with better health. Poor quality housing has a particularly acute impact upon vulnerable members of society including older persons, vulnerable adults and children.

A lack of affordable housing can mean that a higher proportion of household budgets are spent on housing costs which reduces the amount that can be spent on keeping warm and ensuring high levels of nutrition. In addition, homeless, households in temporary accommodation or sleeping rough are at greater risk of a range of health problems.

The Building Research Establishment has estimated that poor quality housing costs the NHS £600 million per year. By focusing action and resources on improving housing provision in the town local residents can lead healthier lives and time and cost savings can be realised further down the clinical pathway.

## ***What is the situation in Southend?***

Of the 77,000 homes in Southend 88% are in the private sector (owner occupation, owned with mortgage or private rented), the remaining 12% are owned by Southend-on-Sea Borough Council or Housing Associations. In recent years the quality of the social housing stock has been greatly improved in line with the Decent Homes programme. The most recent survey of the private rented stock in Southend estimated that 5% of the private sector stock is 'unfit' and 20% fails to meet Decent Homes standards.

In common with many seaside towns there is a prevalence of Houses in Multiple Occupation of which around 60 are licensable. Work is continuing in partnership with local landlords and agents to improve the standard of private rented accommodation in Southend.

Southend-on-Sea Borough Council has an impressive track record of recycling adapted properties for the use of those with the greatest need.

### ***The Health and Wellbeing Board will ensure that:***

There is greater understanding of the condition of the private sector housing stock in Southend and its spatial distribution in order to better focus resources.

Methods and funding is identified to improve the quality of the housing stock in the town, with special attention to the owner occupied and private rented sectors

Partners work with the third and voluntary sector to tackle homelessness

There is greater joint commissioning- Delivering health, social care and housing services in a more joined up way

The number of new homes built is maximised to increase affordability and reduce overcrowding

The type and quality of new developments in the town to ensure they meet the needs of an ageing population and people with specialist housing requirements

## **Ambition 9: Maximising opportunities**

- Southend-on-Sea contains some of Essex's most deprived areas.
- People who are disadvantaged by difficult circumstances often find it more difficult to choose a healthy lifestyle that would help them to live longer and healthier lives.

### ***Why is this important?***

Within our community there are people that are amongst the most disadvantaged in society. Many years of research evidence has shown that those who are unemployed, with poor housing and low income are more vulnerable to a range of physical, mental and emotional health problems and are at risk of long-term social exclusion. People who are disadvantaged by difficult circumstances often find it more difficult to choose a healthy lifestyle that would help them to live longer and healthier lives. They may also find it difficult to improve their housing and employment circumstances without some additional help. It is therefore vital that we create opportunity as an essential foundation for them to benefit from the chances to improve their circumstances.

Overall educational attainment in our young people has improved each year, however, inequalities exist in education and personal attainment, with vulnerable groups and people from more deprived backgrounds performing worse than their peers. There are adults in our town with literacy, language and numeracy needs

that prevent them from getting jobs, progressing at work, helping their children to learn and being active in their local communities.

As no one agency is responsible for all the different factors that affect health and wellbeing, an approach that capitalises on the contacts each have with the public and the assets we use to provide effective, collective solutions for improving the circumstances of, and engagement with, our local population will be used.

### ***What is the situation in Southend?***

Southend-on-Sea is one of Essex's most deprived areas. It has some pockets of high affluence and some which suffer extreme disadvantage. This not only reflects in life expectancy but in the number of disability free years those populations may experience: for example, there is an almost five fold difference in death rates from circulatory diseases in men under the age of 75 years living the most deprived areas compared to the least deprived areas of Southend. Our community has expressed the importance of an active mind through learning opportunities and meaningful employment and have highlighted the importance of basic literacy in enabling independence. They have also stressed the importance of structures for education and employment that best enable people to move on in their lives.

### ***The Health and Wellbeing Board will ensure that:***

Partner organisations maximise opportunities for joint commissioning and integration, and are maximised to create population based rather than organisational based provision in line with the integrated vision between health, public health and social care.

Efforts are made to help tackle health inequalities by improving access to and use of, services and facilities by identifying those who could benefit and facilitating their use.

Our population are able to access opportunities that will equip them with the best opportunity to move on in their lives through education, employment and as active members of the community.

# Cross-cutting principles

There are a number of important considerations in how our Health and Wellbeing Board will address inequalities and ensure the best use of resources.

We will require all services and interventions contributing to the strategic priorities to be developed and operate in line with the following principles:

- **Equity**

Provision of services should be proportional to need to avoid increasing health inequalities, by targeting the areas which need them the most.

- **Accessibility**

Services should be accessible to all, with factors considered including geography, opening hours and access for people with disabilities.

- **Integration**

Service provision and care pathways should be integrated, with all relevant providers working together. This will maximise the benefits of delivery through the Health and Wellbeing Board.

- **Effectiveness**

Services should be evidence-based and provide value for money.

- **Sustainability**

Services should be developed and delivered with consideration of environmental sustainability