

# Public Document Pack

## Southend-on-Sea City Council

### Legal & Democratic Services

Executive Director: John Williams

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06 June 2022

## HEALTH & WELLBEING BOARD - WEDNESDAY, 8TH JUNE, 2022 SUPPLEMENTARY REPORTS PACK

Please find enclosed, for consideration at the next meeting of the Health & Wellbeing Board taking place on Wednesday, 8th June, 2022, at 5.00pm the following reports that were unavailable when the agenda was printed.

### Agenda No Item

4. **Minutes of the Meeting held on 7th March 2022 (Pages 1 - 4)**  
  
Report of FIELD\_AUTHOR  
Minutes attached
5. **Adult Joint Strategic Needs Assessment (Pages 5 - 8)**  
  
Report of FIELD\_AUTHOR  
Report of Director of Commissioning / Director of Public Health  
(for decision)
6. **LeDeR Annual Report (Pages 9 - 26)**  
  
Report of FIELD\_AUTHOR  
Report of Director of Public Health  
(For decision)
7. **HWB Strategy Implementation Plan - Mid-Year Report (Pages 27 - 50)**  
  
Report of FIELD\_AUTHOR  
Report of Director of Public Health  
(For discussion)
8. **Better Care Fund 2020/21 End of Year Submission (Pages 51 - 64)**  
  
Report of FIELD\_AUTHOR  
Report of Director of Commissioning / Head of Strategic Commissioning  
(For noting)

9. **Pandemic Updates (Pages 65 - 102)**

Report of FIELD\_AUTHOR  
Report of Director of Public Health  
(For noting)

10. **HWB Schools Wellbeing Programme Report / Update (Pages 103 - 106)**

Report of FIELD\_AUTHOR  
Report of Director of Public Health  
(For noting)

11. **National Drug Strategy 'From Harm to Hope' Progress Report/Update**

Report of FIELD\_AUTHOR  
Report of Director of Commissioning / Drug and Alcohol Commissioning Officer  
(For noting)

12. **A Better Start Southend (Pages 107 - 160)**

Report of FIELD\_AUTHOR  
Report of Director / Chair for ABSS

13. **HWB Forward Plan 2022/23 (Pages 161 - 164)**

Report of FIELD\_AUTHOR  
Report of Principal Democratic Services Officer  
(For discussion)

# SOUTHEND-ON-SEA CITY COUNCIL

## Meeting of Health & Wellbeing Board

**Date: Monday, 7th March, 2022**  
**Place: Council Chamber - Civic Suite**

# 4

**Present:** Councillor C Nevin (Chair)  
Councillors S Buckley, M Davidson, T Harp, J Moyies and  
C Mulroney  
K Jackson, K Ramkhelawon, O Richards, M Marks, T Forster, A  
Lewis, M Atkinson and L Gale.

**In Attendance:** Councillor Salter (observer – Chair People Scrutiny Committee)  
B Leigh, J Pennycott, J Banks, A Khaldi, Dr A Wyllie, C Littleford and  
R Harris.

**Start/End Time:** 5.00 pm - 6.25 pm

### **771 Apologies for Absence**

Apologies for absence were received from Y Blucher, J Garcia, P D'orsi, P Scott, S Dolling and J Gardner.

### **772 Declarations of Interest**

The following declarations of interest were made:

Cllr Harp - Minute 775 (A Better Start Southend) – Non-pecuniary interest: family friend employed in senior role at ABSS.

### **773 Public Questions**

There were no questions from the public at this meeting.

### **774 Health Determinant Research Collaboration (HDRC) Bid: Engaging Decision Makers**

The Board received an update on the stage two bid to the National Institute for Health Research to establish a Health Determinant Collaboration (HDRC) in Greater Essex and the approach being taken.

Resolved:

That a report setting out the progress and next steps to establish a HDRC in Greater Essex be considered by the Board in June 2022.

### **775 A Better Start Southend: Data Findings Presentation**

The Board received a Power Point presentation which set out the impact and emerging findings from A Better Start Southend. A copy of the presentation slides were circulated at the meeting.

The Board commented on a number of aspects of the findings noting some of the excellent work that has taken place to increase participation across the six ABSS wards and the positive impact and change in people's lives. This included but was not limited to a closing of the gap between ABSS wards and the rest of Southend on measures around communication and emotional development, speech and language referrals showing better quality of service, and the increase in the proportion of infants totally or partially breastfed at 6-8 weeks.

The Board also asked questions which were responded to by representatives from ABSS. In response to a specific question concerning spend analysis the Board noted that this formed a significant part of the national and local evaluation.

Resolved:

That ABSS colleagues and representatives be thanked for an informative and valuable presentation, noting the significant improvement in participation and the positive impact on the lives of people in the six ABSS wards.

#### **776 Pandemic Updates**

The Board considered a report of the Director of Public Health providing an update on the COVID-19 Local Outbreak Management Plan implementation and the on-going management of the pandemic following the removal of COVID-related restrictions from the 24<sup>th</sup> February 2022.

Resolved:

1. That the proposed ending of all COVID-related restrictions on the 24<sup>th</sup> February 2022, be noted. The Southend's Local Outbreak Management Plan will be reviewed and updated by the Local Health Protection Board, when national guidance has been published.

2. That it be noted that the Health Protection Board and the Outbreak Control Oversight and Engagement Board will continue to meet monthly to support the ongoing management of the pandemic-related activity.

#### **777 National Drug Strategy and Implications for Southend-on-Sea**

The Board considered a joint report of the Director of Commissioning and Director of Public Health presenting the new National Drug Strategy, 'From Harm to Hope' and the implications for drug and alcohol treatment and commissioning in Southend.

The Board asked several questions which were responded to by officers and commented on the complexity of the new Strategy.

Resolved:

1. That it be noted that a range of stakeholder engagement sessions will be arranged to option appraise and make recommendations on establishing the local strategic partnership governance and the outline accountability and responsibilities. The recommendations will be presented to the Health and Wellbeing Board and the Community Safety Partnership Board.

2. That it be noted that future drug and alcohol treatment and recovery system decisions will be evidence-based and ratified through the new strategic partnership board, as well as recommendations on future grant allocation on sustainability of the drug and alcohol treatment and recovery system.

**Chair:** \_\_\_\_\_

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# Southend Health & Wellbeing Board

Report of Krishna Ramkhelawon, Director of Public Health,  
Southend Borough Council.

to  
**Health & Wellbeing Board**  
on  
**8 June 2022**

Agenda  
Item No.

**5**

Report prepared by:  
Remi Kolade-Omotoye, JSNA Public Health Consultant  
James Rapkin, Data, Performance and Information Manager  
Southend-on-Sea City Council

For discussion		For information only	X	Approval required	
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## Briefing Paper: The Adult Social Care Joint Strategic Needs Assessment

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### 1 Purpose of Report

The purpose of this report is as follows:

- 1.1 To provide the Board with the background to produce the Adult and Social Care (ASC) Joint Strategic Needs Assessment (JSNA).
- 1.2 To provide the Board with an outline of the proposed structure of an ASC JSNA for Southend.
- 1.3 To provide the Board with an overview of the progress made so far.
- 1.4 To alert the Board to any challenges so far and/or any challenges in the future.

### 2 Recommendations

- 2.1 The Health and Wellbeing Board is asked to note the content and delivery plan of the ASC JSNA.
- 2.2 For the Board to provide advice and support, where necessary, so that any challenges can be overcome.

### 3 Background & Context

- 3.1 Local Authorities and Clinical Commissioning Groups (soon to be Integrated Care Systems and Primary Care Networks) and have a [statutory responsibility](#) to produce Joint Strategic Needs Assessments (JSNA).
- 3.2 The JSNA is a continuous and collaborative process of strategic assessment of relevant need and planning, with the statutory guidance outlining steps to consider for its delivery
- 3.3 Where required, the collaboration can be between two or more statutory Boards in a joint production.
- 3.4 The use of datasets collected from a wide range of sources to provide pooled evidence of qualitative and quantitative nature.
- 3.5 The flexibility to produce JSNAs in ways relevant and applicable to local circumstances and population needs.
- 3.6 The Care Quality Commission (CQC), as part of its draft guidance and framework of upcoming assurance visits outlined a requirement for an Adult and Social Care (ASC) needs assessment (centred around the protocol for “JSNA-style production) to inform on future local plans and strategies for adult and working age, and older age populations.
- 3.7 The production of this needs assessments will be underpinned by existing strategies for the population of Southend – “[Living Well](#)”, “[Caring Well](#)” and “[Ageing Well](#)” , and cover the following areas:
  - 3.7.1 Population groups, especially those where there are risks of poor outcomes,
  - 3.7.2 Wider determinants of health and wellbeing such as housing, access to services, vulnerability,
  - 3.7.3 The evaluation of services, including that from stakeholders e.g., service users, carers, providers.
  - 3.7.4 Comparison of metrics across relevant geographies associated either as statistical or local neighbours, and England.

### 4 Action

- 4.1 Included with this report is a scope outlining the topic areas that will form part of the proposed ASC JSNA. Also included is a project plan outlining the estimated timeline for delivery of sections of the report, and potential sources of data and the relevant information expected to be drawn from the analysis of the data.



Southend%20ASC%20JSNA%20Scope.xlsx



- 4.2 It is anticipated that the delivery of a first draft of the ASC JSNA will be completed by September 2022.
- 4.3 Currently, the collation and analysis of data from a wide range of sources is being undertaken. Where possible, if information is already available from other sources (as part of a published report), this will be referenced as part of the overall ASC JSNA
- 4.4 Regular reviews and communication with ASC JSNA Project Group as part of quality assurance process will be undertaken to ensure the integrity of the final report produced and to allow for a continuing process of development and approval.
- 4.5 Following this, a final sign-off process by the sponsors of the report Executive Director Adults and Communities, Director of Adult Social Care and Director of Public Health

## **5 Reasons for Recommendation**

- 5.1 To anticipate the needs and future demands of the population group, evaluate and establish any gaps in services with the aim of informing on any plans in service delivery,
- 5.2 To shape the service commissioning and delivery the THREE population groups - the 18-64, 65-84 and 85+ age groups.
- 5.3 To report on progress in the outlined work areas, as well as successes, challenges and opportunities.

## **6 Financial / Resource Implications**

- 6.1 As much of the action plan is being delivered within existing resources, and in collaboration with a range of partners.

## **7 Risk Implications**

- 7.1 The proposed timescales relative to the scope of the work.

## **8 Legal Implications**

- 8.1 None at this stage

## **9 Equality & Diversity**

- 9.1 The action plan focuses on the population group aged 18+ living in the city, and the aim is to ensure they (especially the vulnerable) have an opportunity to experience a healthier Southend.

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# Southend Health & Wellbeing Board

Agenda  
Item No.

6

Report of the Director of Public Health

To  
Health & Wellbeing Board

on  
8<sup>th</sup> June 2022

Report prepared by: Rebekah Baille,  
Southend, Essex & Thurrock LeDeR Local Area Co-ordinator;  
Suzanna Edey, LeDeR's Senior Reviewer

For information only	X	For discussion		Approval required	
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## Learning Disability Mortality Review Annual Report 2021-22

### Part 1 (Public Agenda Item)

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#### Purpose

This is to provide the Board with an update on the progress with the delivery of the action plan through the Southend, Essex and Thurrock's Learning Disability Mortality Review (LeDeR) Steering Group.

#### Background

The LeDeR programme across Southend, Essex and Thurrock (SET) covers the footprints of 7 CCGs and 3 local authorities. The CCGs are moving into 3 Integrated Care Systems this year, but the LD Health Equalities Team continues to deliver the LeDeR programme on behalf of the whole system, to commission specialist LD health services and to facilitate other national LD programmes (such as Stopping Over Medication of People with LD – STOMP and Transforming Care, which ensures people don't get stuck long term in LD Mental Health Beds) across the same footprint.

#### Summary of the Report

The age at death of people with Learning Disability in Southend Essex and Thurrock (SET) is gradually improving, but is still far from the rest of the population. 116 people with learning disability died across SET between April 2021 and March 2022.

The SET LeDeR programme is fully compliant with the new national LeDeR policy and the recommendations from the Oliver McGowan review. The regional NHSE team have commended our performance, with us meeting the national standards. We continue to review our plans and ensure that areas of highest priority are being addressed as we continue to provide assurances via the Quality Panels.

Other key achievements include:

- Excellent progress around improving wellbeing and physical health
- Improved data collation and better data sharing on the health of people with Learning Disability
- Pneumonia and aspiration pneumonia remain the top causes of death and require ongoing work
- More preventative interventions are still required to tackle deteriorating health conditions
- COVID showed us that infection control and shielding was insufficiently implemented across a range of settings and that we need to have better planning in place for any future health protection crisis

The focus on the recommendations in the report has proposed different ways of tackling known issues (rather than identifying fresh themes) to optimise the level of improvement.

We have a 3 year deliverable plan which identifies where we need to:

- a) Prevent ill health
- b) Improve management of health and
- c) Remove inequalities

In terms of setting, we have identified Primary care services as the area we need to focus most support to make changes, given the significant backlog in the health and wellbeing gateway, following the COVID pandemic.

### **Recommendation**

1. For the HWB Board to discuss and note the content of this report
2. For the HWB Board to forward any suggestion that could enhance the delivery of the plan in 2022-23

## **Southend Essex and Thurrock LeDeR Annual Report 2021-22**

### **Executive summary**

The age at death of people with Learning Disability in Southend Essex and Thurrock (SET) is gradually improving, but is still far from the rest of the population.

116 people with learning disability died across SET between April 2021 and March 2022.

The SET LeDeR programme is fully compliant with the new national LeDeR policy and the recommendations from the Oliver McGowan review.

Our performance is good with allocation and completion KPIs met and an expected split between initial and focused reviews.

There is appropriate local representation at Quality Panels for focused reviews with local actions agreed, owned and largely implemented.

We have made excellent progress around aging and physical health and a wide range of local and SET-wide projects are in progress.

We are moving towards better data on the health of people with Learning Disability within Integrated Care Systems (ICs) and towards sharing data where most needed to improve care.

Pneumonia and aspiration pneumonia remain the top causes of death and require ongoing work.

Much work is needed to prevent health conditions from developing

COVID showed us that infection control and shielding was insufficiently implemented across a range of settings and that we need to have better planning in place for any future pandemic or other crisis.

Recommendations have suggested different ways of tackling known issues (rather than identifying fresh themes) and there is already work in progress to address many of them.

We have a 3 year deliverable plan which identifies where we need to a) prevent ill health b) improve management of health and c) remove inequalities and this reflects the commitment of all organisations including public health.

Primary care is the area we need to focus most support to make changes

### **Introduction**

The LeDeR programme across Southend, Essex and Thurrock covers the footprints of 7 CCGs and 3 local authorities. The CCGs are moving into 3 Integrated Care Systems this year, but the LD Health Equalities Team (hosted by ECC) continues to deliver the LeDeR programme on behalf of the whole system, to commission specialist LD health services and to facilitate other national LD programmes (such as Stopping Over Medication of People with LD – STOMP and Transforming Care, which ensures people don't get stuck long term in LD Mental Health Beds) across the same footprint.

Child Death Reviews are carried out by the Child Death Review Team for the whole of SET alongside their usual processes.

The system is now open to reviews of people with diagnosed Autism but no learning disability, all of which will be focused reviews with appropriate Quality Panels. Reviewers are trained. We currently have 1 adult ASD notification

Collaboration through the LeDeR Steering Group, the local LD Forum and the Health Equalities Board has promoted a shared health, social care and third sector approach across the area.

Quarterly performance, reviews of action plans and End of Year Reporting are agreed at LeDeR Steering Group, shared with CCG/ICS Quality and Safeguarding Boards, The Learning Disability Health Equalities Board and Health and Wellbeing Boards. There is an MoU in place with Safeguarding Boards.

The Local Area Coordinator and Senior Reviewer meet regularly with regional NHSE to ensure shared learning and assurance.

### **Involvement of People with Lived Experience**

Essex Carers Network and the Chair of the LD Experts by Experience Forum continue to sit on the LeDeR Steering Group. We now also have a parent carer on each Quality Panel in Essex and plan to expand this for Southend and Thurrock this year. We are also working with autism only forums to identify representatives for autism-only reviews.

Thurrock Lifestyle Solutions led engagement on the Action Plan for 2021-22 and produced the following infographic to summarise their feedback.



Thurrock LeDeR  
infographic draft.pc

Summit ran engagement groups on cancer screening, aging well and dying well projects, all of which fed into the deliverables and outcomes of those groups.

ACE Anglia co-developed resources for the heart health project.

ICE produce Easy Read documents such as the summary of planning and end of year documents.

The three year deliverable plan is in the process of discussion and feedback through ECN and self advocacy groups.

### **Response to the Independent Review into Thomas Oliver McGowan's LeDeR Process**

We are in compliance with the recommendations of the Oliver McGowan review. Reviews are independent with supervision, group support and development for reviewers who (either as permanent or consultant reviewers) have paid dedicated time for reviews. A representative of family carer and relevant local organisations are part of each Quality Panel. We comply with KPI of allocation within 3 months and completion within 6 months except where other processes or investigations must be completed first. We have robust governance and processes in place for assuring implementation and escalation.

We are also in compliance with the new LeDeR policy and have a Senior Reviewer in place.

## Performance

The hiatus between the closing of the old LeDeR on line platform (31<sup>st</sup> March) and the new system (19<sup>th</sup> July) caused a backlog of cases, which have now been completed (unless they are on hold for other processes).

Status of reviews at end March 2022 shows that we have sufficient reviewer capacity to quickly allocate reviews and that we are regularly completing within 6 months of notification unless other processes have to run their course first.

		Adults	Children	Total
Unallocated		2	0	2
In progress	>6mths	5	0	5
	<6mths	30	1	31
On Hold		15	9	24
Completed		112	12	124

Please note the 112 completed includes backlog cases of people who died in the previous year and whose analysis is not included in the data below.

## Focused vs initial Reviews

The new system requires reviewers, in discussion with the senior reviewer, to identify reviews which can be completed after the initial stage processes, and reviews which are more suitable to progress to a Focused review, to be reviewed and graded by a Quality Panel before being presented to the Steering group. Whilst there is no performance measure against the number of reviews which are completed at the Initial Stage, and which are taken to the focused review, NHSE expects that 25-33% of reviews will be completed as focused. Although it is not possible to say how many reviews will be focussed until they have all been completed to initial stage:

1 – Of all the reviews completed last year (including reviews of deaths which fall outside this report), 25 % were Focussed; and

2 – Of all the reviews completed so far pertaining to deaths in the year 21/22, 22.2% were Focussed.

This indicates that our decision making is broadly in line with NHSE expectations. In 22/23 we expect to increase the numbers of reviews which are completed at a focussed level based on local priority areas and as more Autism only notifications are received.

## Analysis of Data

This analysis is based on 116 deaths between 1<sup>st</sup> April 2021 and 31<sup>st</sup> March 2022 of which 106 were adults and 10 were children or young people under 18 years old.

Of these 54 adult reviews and 1 child review were completed in year. This does not relate to performance figures, which include reviews of deaths which occurred in the previous year.

We cannot report from the current LeDeR online system yet, so the following data is based on the LeDeR team spreadsheets. Data sets can be found in the supporting data document below:



SET LeDeR Report  
2021-22 Supporting

## Demographic Data

### ❑ Age at death

The Median average age at death of 65.5 for adults with a LD in SET who died in 21/22 compares unfavourably with the picture for the general population, which, prior to Covid-19 stood at 82.3 years for males and 85.8 years for females.<sup>1</sup>

However, it compares more favourable with the average national age of death for people with LD which is 61 years.

Nationally, there has been only a slight increase in life expectancy for patients with a learning disability since 2014/15, but locally the average age at death has increased gradually.

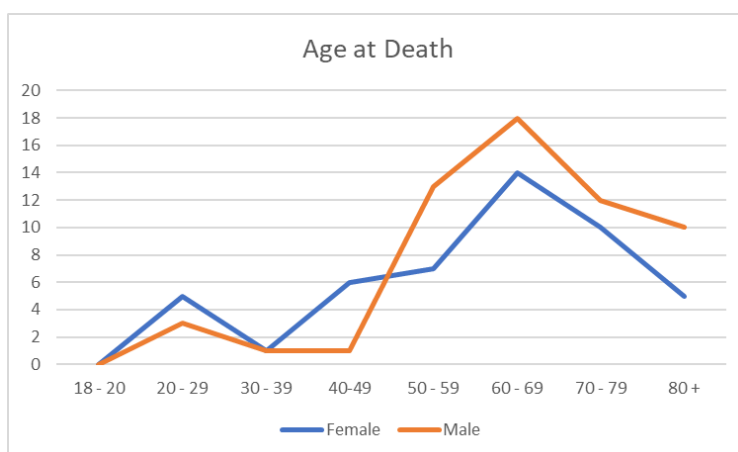
### ***SET Median Age at Death:***

2018: adults 61, children 10

2019: adults 61, children 11

2020 adults 62, children 10.5

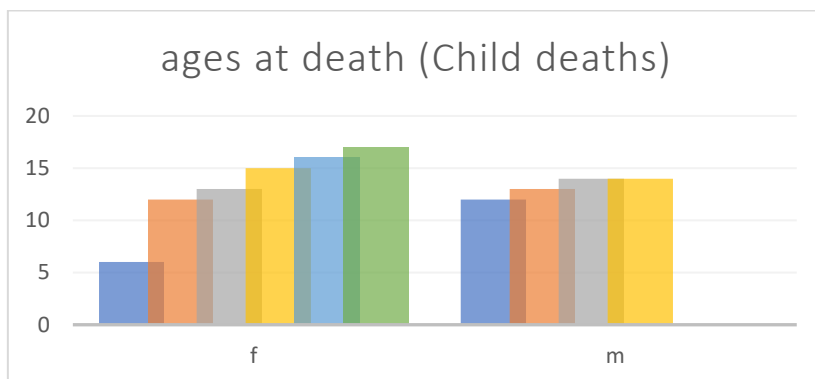
2021: adults 65, children 13.5



<sup>1</sup> The data sets are not “like for like”, as the LeDeR data starts from age 18+, and it is reasonable to expect that when ONS publish data for the years impacted by Covid-19 that average age at death will be impacted; nonetheless, a life-expectancy gap of 17 – 20 years for adults with LD represents a significant and ongoing health inequality.



There were 10 child deaths in the year, ranging from 6 to 17 years, with a median average age of 13.5 years. 9 of the 10 ages at death fall within the range 12-17.



#### Gender

There is no significant difference in gender, given the relatively small data set (48 women and 58 men). This breakdown by gender mirrors the ratio of people on GP registers nationally. 2 more females died in their 20s than males, and 5 more females died in their 40s.

For child deaths, 6 deaths were of female children, and 4 of male children.

So with the child and adult deaths combined: males 53% and females 47%

#### Ethnicity (number/percentage)

Of the 106 death notified, 4 were identified as being of a person of a minority ethnic background, and 3 were not stated.<sup>2</sup>

For child deaths, 2 of the 10 were for Black and Minority Ethnic children (as defined by the family or notifier) and 1 was a child of white non-British heritage.

We have a new BAME representative on the Steering Group, who will help us understand and action this further.

<sup>2</sup> These figures rely on the notifier recognising the ethnicity of the person and/or the reviewer identifying that a person is from a minority ethnic background, and therefore the number of BAME deaths notified could increase as the 52 reviews which have not been completed at time of writing, but which have KPIs which fall in reporting year 22/23, are completed.

Level of learning disability

There is currently no consistent reporting on level of learning disability, but from a sample of 46 reviews where it was clearly recorded, the split was:

23: Mild LD reviews

10: Moderate LD reviews

13: Severe LD reviews

Place of death

Place of Death	No.	
Hospital	63	59%
Usual Home	35	
Other/not known	4	
Temporary placement	3	
hospice	1	
Total	106	

The NHS Long Term Plan identifies the ambition to avoid emergency admissions, and it is understood that dying at home in familiar surroundings is regarded as a preference by a majority in the general population. In the general population, the proportion of people dying at their usual place of residence has been increasing (from 35% in 2004 to 52% in 2020) with a dip during the COVID pandemic where more people were in hospital.

Of the 106 adult deaths reviewed, only 35 (33%) of people with learning disability were able to die at their usual home, with 63 people (59%) dying in hospital. As a result of this statistic, the LeDeR review team will be bringing cases where there was not clear end of life planning to Focused review and Quality Panel scrutiny.

We do not have information on place of death for the children who died in year.

Causes of death and long-term conditions

The cause of death is described in 4 parts on death certificates:

1a disease or condition directly leading to death

1b other disease or condition (if any) leading to 1a

1c other disease or condition (if any) leading to 1b

Part 2 other significant conditions contributing to the death, but not related to the disease or condition causing it.

There are some marked differences in the leading causes of death for the general population and the individuals whose deaths were notified to LeDeR.

COD 1a	No.
Pneumonia	14
Aspiration Pneumonia	14
Other respiratory	4
Sepsis/MOF	4
bowl obstruction/infarction/	3
Cancer	3
Heart Attack	2
Heart Failure	1
COVID	1
Down Syndrome	1
Pulmonary Embolism	1
Dementia	1
Uremia/Kidney	1 <sup>3</sup>

In the general population Dementia and Alzheimer’s Disease, Ischaemic Heart Diseases and Covid-19 were the most prevalent causes of death certificated in 2021, whereas for people with LD, Pneumonia, Aspiration Pneumonia and other respiratory conditions comprised 56% of direct causes of death in the completed reviews. There is a common pattern of early frailty ending in increased infections and death from pneumonia or sepsis. Aspiration pneumonia sometimes fits into this pattern (for instance where swallow deteriorates toward the final presentation of dementia and is not appropriate for PEG feeding) but is also sometimes a result of textured diet guidance not being adequately followed in the community. Lack of dental treatment also impacts here, and a significant number of reviews record that individuals have few or no teeth.

By contrast, only 7 reviews specified a dementia diagnosis, with a further 7 citing suspected or undiagnosed dementia (25% in total). This rate would be comparable to an older age-group in the general population, consistent with data which shows that people with LD are showing symptoms at a younger age.

Of the completed reviews 25 had cardiac involvement. If we look at the overall causes of death, Heart attack and Heart Failure are the most named condition, with hypertension significantly represented in 1b, and 1c of the death certificates. This was recognised in last year’s report as an issue, and throughout 21/22 work has been underway to understand and influence heart health for people with LD. Both the child death reviews which currently have death certificates includes cardiac conditions as a cause of death.

21 reviews indicate an ongoing mental health issue, and 6 of these (29%) include a mental health response to trauma/bereavement. Although the sample size is small, this appears a significant number within the set, and the Steering group and STOMP Oversight Group should consider increasing access to therapeutic treatment, including talking therapies, where patients have a Learning Disability, as notably this was not offered in any of the 6 cases.

13 reviews identify Chronic Kidney disease as an issue, especially in older aged people; 12 reviews identify people experiencing chronic UTIs with potential Kidney disease. One potential outcome would be more training for care-providers in prevention through healthy lifestyles and early recognition of kidney issues, to achieve better outcomes.

Worryingly terms such as “learning Disability”, “Cerebral Palsy”, “Downs Syndrome” continue to appear throughout all sections of the death certificates, as well as on DNACPR paperwork

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<sup>3</sup> MOF = Multi Organ Failure, often part of sepsis

and ongoing training is needed in this regard and remains a regular item for updating at the LeDeR Steering Groups.

As outlined above, only two of the child deaths in year have death certificates, but of the 12 reviews completed of deaths in the preceding year the majority had complex or life limiting health conditions

#### Quality of Care

Unlike the previous platform, the New LeDeR System does not grade the care in all the reviews; instead, grades are given in Focussed reviews for the Quality of Care and availability of services. As a result, analysis of the grades given does not give a picture of the range of provision, as typically the cases reviewed at panel are cases where there have been significant issues.

After discussion with the regional team, there is consensus that we will score and capture the grades of all reviews locally for deaths occurring in 22/23

Child Death reviews are not graded in LeDeR.

#### DNACPR

Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR or DNAR) is a medical decision that resuscitation will not be successful, will only delay death or will deprive someone of dignity at end of life. It does not imply a withdrawal of other treatment. Although the system does not capture data on issues relating to DNACPR decisions across all reviews, this has been a common theme from the recommendations made to the Local LeDeR Steering group. There have been examples of good practice of DNACPRs sensitively and appropriately applied in the acute setting, typically when the Specialist LD nurse is involved. However, poorly completed paperwork, which does not evidence how capacity was considered, lack of family involvement and/or the involvement of an advocate is still too common.

#### Role of cancer screening

Where cancers have been diagnosed, the primary sites identified are comparable to the general population. The sample size is too small (15 reviews) to draw any strong conclusions from the slight difference, but from these reviews we can see a higher level of oesophageal cancer (captured as "other") and a lower incidence/diagnosis of prostate cancer.

There is no National Screening programme for Prostate cancer, but PSA tests are available to over 50s, and this should be considered as part of the Annual Health Check for men of that age.

Of the 15 reviews where cancer was diagnosed, in 9 cases the cancer was considered untreatable, which indicates late detection.

It is noted in a number of reviews that individuals had opted out of screening, or would not be able to tolerate the procedure. As we progress to reviewers having access to full Health Records via System1, we will expect to see that the capacity of an individual to understand

the implications of “opting out” has been considered, and reasonable adjustments such as acclimatisation and additional time are evidenced to encourage screening.

#### ❑ Annual Health Checks

Completed reviews mirrors the local target of approximately 75% of people having had an Annual Health check. However there is evidence that some reviews were cancelled, delayed or carried out remotely due to Covid. It remains a concern within the programme that not all Health Checks are of equal quality, and not all translate into a robust Health Action Plan.

AHCs are available for children from 14 years upwards, but they are usually primarily under the care of a paediatrician rather than GP. The children who died mostly had complex and multiple health conditions and were known to specialist consultants. We do not have data on their Annual Health Checks.

### **Children 2020-21**

The reviews of 11 deaths of all children with learning disability in 2020-21 were not all available in April 2021, but were completed in this year.

The age ranged from 5 to 16 years with an average of 10.5years.

4 died at home and 7 in hospital

All the children who died had significantly impacted health with multiple conditions. 7 had life limiting conditions, 5 were born very prematurely and had complex health needs from birth.

Of the three whose death was unexpected, one had Duchenne’s Muscular Dystrophy with cardiac issues, one had a neurological disorder plus epilepsy and had removed own tracheostomy and one had cerebral palsy and epilepsy.

The two children who died aged 8 years of COVID 19 also had other significant health conditions and were referred to hospice or palliative care.

#### Our thoughts are with all their families.

There was only one piece of learning, that the excellent practise and GP, hospice, PCN’s and Evelina Centre all worked together to support family during the pandemic and ensure that the child could die at home with her family as wished.

Please see attached summary



Child Deaths  
20-21.xlsx

## Summary of Local Learning

The SET Themes document 21-22 outlines the key areas highlighted by recommendations from deaths with completed reviews in 2021-22 and indicates where actions are already in progress.

Broad themes are already well known and are largely covered in the 3-year deliverable plan, which outlines the work already agreed to address this learning across a complex system and a wide range of issues.

Primary care remains the most challenging area to make change because of the high number of surgeries, the pressures on capacity and the turn over of members of staff. However there is an agreement for CCG's Learning Disability lead GPs to run a cross-SET forum and develop a network of LD champions to engage and find solutions.

### Below please see the SET LeDeR Themes 2021-22



3. SET LeDeR  
Themes 2021-2.docx

## Statement of purpose and progress from the last Annual report

Since the last report much progress has been made in a) implementing specific local actions and b) larger integrated workstreams:

### 1. Aging, frailty and physical health deterioration.

This will be presented to NHSE as part of the deep dive into response to LeDeR.

There is a Dynamic Support Register for risk of physical health deterioration and admission to acute hospital

We now have joint training between ECC and specialist LD Health for social care providers to ensure they identify frailty and health deterioration as part of an early aging process and access the right help at the right time

There is now a specialist frailty assessment tool relevant to people with Learning Disability and a comprehensive Toolkit for Social Workers and Social Care Providers – an accessible version for families and adults with LD is in development.

Training on the presentation of frailty in people with LD is available to GPs, adults with LD, their families and social care providers

### 2. Health coordination

This need is also identified as part of the DSR and excellent outcomes have been established for those with whom the new coordination approach has been implemented. This approach is now being broadened and shared across mainstream health services

### 3. Annual Health Checks.

The majority of areas achieved the 75% target in 21-22 with an integrated approach from Local Authorities, ELDP Specialist Health and community organisations becoming business as usual. In the next two years we will increase our focus on quality of the check and well understood and thorough Health Action Plans being produced.

### 4. Data

We have made progress towards integrated data sets for people with learning disability within the 3 ICSs. We will continue developing this and using it to focus support and intervention. The central LD Health Equalities SystemOne Unit is now in place and we are working with each GP surgery to share cases to provide us with access for LeDeR reviews and for population health overview.

### 5. Local projects

- There has been a project on Diabetes in Southend with representation adults with LD and independent advocate, which is developing a network of LD Diabetes Champions.
- The NHSE funded heart health project has identified gaps and actions to improve heart health and has produced Easy Read leaflets and Posters to support primary care in working with adults with LD and heart health.
- West Essex cancer screening project has identified people who have not returned bowel screening kits and will target them with specialist support and Easy Read instructions.
- West Essex hospice has run study days on end of life care for people with learning disability and ECC run End of Life training for social care providers in conjunction with local hospices
- ELDP specialist Health service has started offering enhanced physical health checks for people on caseload and at high risk of health deterioration – results are sent to GP and social prescribers with a 6 month follow up of the health action plan.
- Acute LD hospital nurses have raised recommendations within their acute trust governance structures and have workstreams in progress (see Themes document)
- There is a protocol in place to ensure people can have support from a familiar carer in hospital if they need it.
- Specialist LD Health Care Assistants have been funded to add to the LD Hospital Liaison Nurse capacity and work with community services to improve admission and discharge processes

There is still much work to be done, but there is commitment across the health and social care system both to address internal issues and to work together.

The challenge in 22-3 will be to re-establish networks and responsibilities at the ICSs and ICBs form to ensure this good work continues at pace.

## **COVID 19**

In the past year we completed all but one of the reviews relating to Wave 2 of the LD COVID deaths and will have the full analysis and report in June.

A significant proportion (24%) of people who died had Downs Syndrome.

Almost all (96%) had multiple health conditions with a typical presentation of both heart and respiratory issues, epilepsy or mental health conditions for which they were on medication and also often presenting with dementia.

Ward based treatment (oxygen, IV antibiotics and fluids) remained the most common treatment, but with dexamethasone or other steroid treatment not seen in the first wave. A number (5%) of people were discharged with antibiotics and steroids and later died at home.

6 people were put on Intensive Care Unit, which was an increase from 1 in the first wave.

3 people (5%) were treated at home, sometimes for additional/other conditions a further 3 people on palliative care at home and 1 died at home with no request for treatment. 5 people had multiple admissions.

Southend was the most significantly impacted CCG area

Some of the people who died had their first COVID vaccine, but none had more than one.

Since the end of wave 2, the COVID vaccination programme has had a clear effect and we are seeing only very few cases where COVID is thought to be the direct cause of death.

We continue to see a high level of respiratory involvement in deaths (as described above), often after survival of COVID. Identification and support for people with LD and long COVID now needs attention.

## **Transforming Care**

The Integrated LD Health Commissioning Team continues to manage admissions to LD inpatient mental health beds and to facilitate discharges to the community in collaboration with health and local authority colleagues. Numbers of adults in CCG and Specialist Commissioned beds is consistently below the upper limit. Numbers of children significantly and regularly exceed the limit, which reflects the need for community resources to prevent and manage crises. There is significant NHSE funded commissioning in progress to address much of this.

The new Mental Health Act will impact further on the community focus and should further reduce admissions.

## **STOMP (Stopping the Over Medication of People with LD&A)**

There is an ongoing STOMP Oversight group, which has:

- Identified LD data sets for STOMP cohorts and medication reviews by GP surgery/PCN and care home.
- Explored S1 coding, Eclipse Live and PCN pharmacy forums to ensure specialist LD Health STOMP clinics can inform primary care of medication optimisation and share care effectively.
- Shared data with social care records to ensure a joined up approach to behaviour and medication
- Plans to align specialist STOMP clinic approaches across north and south Essex
- The integrated STOMP protocol will be reviewed and updated in late 2022 to reflect progress

## **Action Plans**

The three year deliverable plan was agreed this year with contribution from every organisation across the SET health and social care system. This outlines how we will address all the learning to date from LeDeR reviews.

Please see below the full plan colour coded by organisation plus a summary.





SET 3 Year  
Deliverables Plan 1.0



SET LeDeR 3 year  
deliverable plan - Su

This plan and its outcomes will be reviewed and reported through LeDeR Steering Group and LD Health Equalities Board, with updates to the three Health and Wellbeing Boards at end of each year.

**Rebekah Bailie**  
**LeDeR Local Area Co-ordinator**

**Suzanna Edey**  
**Senior Reviewer**

**May 2022**

## GLOSSARY

LeDeR = Learning Disability Life and Death Review Programme. Everyone with Learning Disability who dies has a review to find where care could have been better or where early death could be stopped.

LD = Learning Disability. This means someone has difficulty learning new information and carrying out daily activities since they were a child.

ASD= Autism Spectrum Disorder/Autism.

SET = Southend Essex and Thurrock

KPI = Key Performance Indicator. This is how we know if we are working efficiently

QP = Quality Panel. This is a group of people who meet and discuss focused LeDeR reviews for their local area and agree what should be done to make improvements.

CCG = Clinical Commissioning Group. This is an organisation which buys healthservices for the local area. There are 7 across Southend Essex and Thurrock

LA = Local Authority. This is the organisation that buys services such as social care

ICs = Integrated Care System. The CCGs are joining together to form bigger organisations. There are three across Southend Essex and Thurrock. (1. Mid and South Essex 2. North East Essex is part of Suffolk and North East Essex. 3. West Essex is part of Herts and West Essex)

ICB = Integrated Care Board. These are boards for each of the ICs.

CRDT= Child Death Review Team. This team reviews the deaths of all children. They write LeDeR reports for children with learning disability and/or autism.

STOMP/STOMP Cohort = Stopping Over Medication of People with Learning Disability/Autism. This makes sure people are not put on medication they don't need to control their behaviour. Someone who is in a "STOMP cohort" means they are a group of people on medicines for psychosis when they are not psychotic or medicines for epilepsy when they do not have epilepsy.

TCP = Transforming Care Partnership. "Transforming Care" makes sure people with Learning Disability and/or Autism do not stay in mental health hospitals for years when they do not need to. It runs across Southend Essex and Thurrock. We now talk about "Health Equalities" when we mean Transforming Care and all the other work going on for people with LD.

SET LD Forum – This group meets to discuss work to make improvements for people with LD

LD HE Board – The Learning Disability Health Equality Board. This meeting has senior representatives from all health and social care organisations. They oversee the work of Transforming Care, LeDeR STOMP and all the NHSE funded work across SET.

HWB – Health and Wellbeing Boards. There are three HWBs across Southend Essex and Thurrock. They are led by elected Councillors and oversee the work of health and social care for their area.

MoU – Memorandum of Understanding. This is a written agreement which explains how two organisations or groups will work together.

LAC – Local Area Coordinator. This person is responsible for the LeDeR Programme across SET and reports to all the Boards and NHSE.

Senior Reviewer – This person works closely with the LeDeR reviewers, coordinators and LAC to make sure LeDeR processes work properly and we meet our KPIs.

ECN – Essex Carers Network. This organisation represents family carers across Essex.

EbyE Forum – The LD HE Team have a group of adults with learning disability and family carers who co-produce the work of the team.

TLS – Thurrock Lifestyle Solutions. This organisation is led by adults with learning disability and advocates on behalf of people with learning disability

ACEAnglia – this is an advocacy group based in Suffolk. They work with us on co-production and Easy Read.

Summit – this is a group based in North Essex who work on behalf of people with learning disability. They partner with Batias who do the same in the south of Essex.

Healthwatch

ICE – Inclusive Communication Essex – this group now work within specialist health services to produce Easy Read materials.

Oliver McGowan Review – this review looked at the death of a young man (not in our area) who was wrongly medicated and how the original LeDeR review was not adequate. It made recommendations for how LeDeR should be delivered. Further information can be found at:

Clive Treacey Review – this review looked at the death of a man (not in our area) with epilepsy and made recommendations for improving approaches to epilepsy in people with LD. More information can be found at

LeDeR Policy – a new LeDeR web-based system and a new policy were put in place on 19<sup>th</sup> July 2021. More information can be found at:

Governance – this means how people can be sure the system is working effectively and independently.

Median – if the numbers were set out in a list, the median number is the one in the middle

Average – if the numbers are added up and then divided this gives us an average

BAME – Black Asian and Minority Ethnic Groups.

NHSE – National Health England

PEG - percutaneous endoscopic gastrostomy. This is a feeding tube put into the stomach so that a person is not at risk of choking and does not have to swallow food.

Dysphagia – difficulty swallowing food or drink

Aspiration Pneumonia – infection that inflames the lungs when liquid or food has passed into them.

Pneumonia – infection that inflames the lungs

Hypertension – blood is moving under too much pressure around the body. This can lead to heart attack.

Cardiac – this means to do with the heart. Many conditions can involve the heart, so we just say “cardiac” to cover all of them.

Cerebral palsy – there are different types of cerebral palsy, but they all affect a person’s ability to move and balance

PSA – Prostate Specific Antigen. This is a test to see if prostate cancer is present.

SystemOne – a computer system commonly used by GPs to keep records

Muscular Dystrophy – this is a condition which makes muscles get weaker over time. It is inherited.

Epilepsy – a problem with electrical activity in the brain, which can cause people to shake and fall over.

Tracheostomy – an opening at the front of the neck with a tube inserted to help breathing.

GP – your local doctor

Hospice – a place where people can go to be looked after as they are dying

PCN – Primary Care Network. Doctors surgeries join together to form groups so they can work better together.

Evalina Centre – a specialist children’s hospital in London

DSR – Dynamic Support Register. This is a list of people with information about their health risks so we can see who needs the most urgent help.

Diabetes – a condition where sugar in the blood is too high and causes problems in the body. There are two types and can be controlled with insulin and/or diet

Downs Syndrome – a condition which affects how a baby grows and develops. People with Down’s Syndrome have some level of learning disability.

ICU/ITU – Intensive Care Unit or Intensive Treatment Unit – a special ward in hospitals where people often have supported breathing and need a very high level of support and monitoring.

# Southend Health & Wellbeing Board

Krishna Ramkhelawon, Director of Public Health,  
Southend City Council;

to  
**Health & Wellbeing Board**

on  
**8 June 2022**

Report prepared by:  
Kevin Read, Leisure Contracts and Development Manager  
(Physical Activity & Wellbeing Lead),  
Southend-on-Sea City Council

Agenda  
Item No.

**7**

For discussion		For information only	<b>X</b>	Approval required	
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## Health and Wellbeing Strategy 2021-2024 Update on Year 1 Implementation Plan

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### 1 Purpose of Report

The purpose of this report is as follows:

- 1.1 To provide the Board with an update on year 1 of the action plan, for the Health and Wellbeing Strategy.
- 1.3 To alert the Board to any challenges.

### 2 Recommendations

- 2.1 The Health and Wellbeing Board is asked to review the outcome of the action plan for year 1 of the strategy.
- 2.2 For the Board to provide advice and support, where necessary, so that any challenges can be overcome.

### 3 Background & Context

- 3.1 The Southend Health and Wellbeing Strategy (2021-24) was published in September 2021 and a Year 1 Implementation Plan was agreed. We are

experiencing the institution of the new NHS Commissioning landscape which will continue to help shape our local delivery of health and wellbeing activities.

- 3.2 The South East Essex Alliance, which covers the area of Southend-on-Sea, CastlePoint and Rochford will play a vital role in the local delivery of health and wellbeing and has been developing a new Place Plan.
- 3.3 There is growing recognition that health inequalities are widening, and now exacerbated due to the impact caused by covid.
- 3.4 A proportion (41,685) of the borough's population live in neighbourhoods which according to the Index of Multiple Deprivation (IMD) 2019 are ranked among the most deprived 20% in England.
- 3.5 One of the major health inequalities for Southend is the contrast in life expectancy, between those living in the most deprived wards and the more affluent wards. There is a ten year gap in life expectancy.
- 3.6 The other major health inequality for Southend is the contrast in healthy life expectancy, between those living in the most deprived wards and the more affluent wards. There is a sixteen year gap in healthy life expectancy.
- 3.7 The coordinated work of the partners, links with strategic and operational need, along with Southend 2050, to address some of the consequential impact on the health and wellbeing of our residents and in aligning with the NHS long-term plan.

#### **4 Year 1 Implementation Plan Update**

- 4.1 Attached with this report is a copy of the action plan, which provide an update on the progress made so far, as well as any challenges. This is over the 9 month period from the autumn of 2021 to the spring of 2022. A final update of this Year 1 plan will be issued in December 2022.
- 4.2 Each task has been RAG rated. The majority are showing green. A few showing amber. There are no tasks highlighted in red.
- 4.3 Steady progress has been made with the majority of the tasks within the plan.
- 4.4 The Fit and Fed Programme continues to be delivered each school holiday period, aimed at the most in need and deprived families. This programme has been running very successfully since 2018. It relies on external funding. However, year on year, alternative funding sources have to be found and applied for. This is particularly time consuming. Therefore, as this is a valued programme, one we want to expand, and is contributing towards addressing health inequalities, longer term funding needs to be made available.
- 4.5 During 2021/ 2022, the Council received a grant from Public Health England (now the Office of Health Improvement and Disparities - OHID), to deliver targeted adult weight management. The target groups included, men, those with learning disabilities and those with mental illness. Everyone Health delivered successful programmes. However, the Council has recently been advised that

due to the financial impact caused by covid, no additional funding will be made available.

4.6 All tasks will continue to be monitored. Particularly those rated as amber.

4.7 The Public Health Team will be working with partners to develop the action plan for year 2. This will be drafted for the Board to approve in September 2022.

## **5 Key points**

5.1 To note the significant level of delivery against key actions by partner agencies.

5.2 We will prioritise the key tasks still listed as 'amber' to enable a focused use of resources to deliver the strategy.

5.3 To report on future work arising from the action plan, as well as successes, challenges and opportunities.

5.4 To note some of the financial challenges that will impact on the completion of this plan.

## **6 Financial / Resource Implications**

6.1 As much of the action plan is being delivered within existing resources, and in collaboration with a range of partners.

## **7 Legal Implications**

7.1 None at this stage.

## **8 Equality & Diversity**

8.1 The action plan is population wide and aims to ensure that everyone, who lives, works, studies and travels within the city, has the opportunity to experience a healthier Southend.

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**Southend-on-Sea  
Health and Wellbeing Strategy  
2021 to 2024**

**Progress with Year 1 Action Plan (2021-22)**

Ref	Task	Outputs	Outcomes	Impact / what does success look like?	Progress (to be completed as actions are carried out) and RAG rating
	<b>Physical Activity</b>				
HWS 5.2	Work with the appropriate providers to deliver sport and physical activity to those who carry out little or no exercise.	<p>Identify the appropriate engagement.</p> <p>Identify the need for physical activity courses.</p> <p>Ensure the offer is appropriate for each target group.</p>	<p>150 participants complete a physical activity course per year.</p> <p>100 of the participants continue to take part in regular physical activity, after the course has ended.</p> <p>To have suitable alternatives, for those who do not want to take part in a course.</p>	To have a framework that is effective, from identifying the need through to behaviour change for regular participation.	<b>COMPLETED</b> This delivery method of consulting then delivering sport and physical activity within a setting people are used continues to work well. The find your active campaign helped to drive this. As well as existing work through local partnerships. Example of free provision includes, gentle exercise at care homes, exercise at sheltered housing, yoga, dance and martial arts for adults with learning disabilities at Project 49, swimming tuition and youth outreach at Shoeburyness Leisure Centre.
HWS 5.2	Review of the Council's outdoor sports programme.	<p>Price benchmarking of private and public provision across Southend and other areas.</p> <p>Review of customer and club experience, in making bookings and taking part.</p> <p>Review of systems and staffing used by The Council for bookings.</p>	<p>Having clear price comparisons within the relevant sports.</p> <p>Having clear information on the customer experience and identifying ways to make improvements.</p> <p>Having clear information on staff involvement and processes.</p>	Having an outdoor sports programme that is inclusive and financially viable for The Council to support.	<b>IN PROGRESS</b> The Parks Team and the Leisure Team have appointed Sport and Leisure Consultancy (SLC) to carry out a review of bowls and golf provision, at Council facilities. SLC are in the process of gathering the relevant information.
HWS 3.3	Work with Fusion Lifestyle (FL) to help them develop the Wellbeing Referral	Specialist staff who deliver the Wellbeing Referral Programme are taken off furlough.	260 participants with long terms health conditions that	The appropriate physical activity sessions are provided by Fusion	<b>IN PROGRESS</b> The number of people completing the course has been lower than targeted. The Council

Ref	Task	Outputs	Outcomes	Impact / what does success look like?	Progress (to be completed as actions are carried out) and RAG rating
	Programme, and to ensure that there are different ways to for people to book, so it is fully accessible.	Public Health and Fusion Lifestyle staff engage with and promote the programme to health partners.	complete the wellbeing referral programme.  200 that continue to take part in sport and or physical activity after completing the programme	Lifestyle, which appeal to each patient and help them manage any health conditions and their weight.	are working with Fusion Lifestyle, to promote the programme, so more people take part.  We are about the start an alternative wellbeing referral programme, where Everyone Health deliver this specialised programme at Indirock.
HWS 3.22	Work with the schools and Fusion Lifestyle, to ensure that learn to swim opportunities are available for every child at some point during key stage 1 or key stage 2 of their education.	Review of existing usage.  Coordinated approach and timetabling, to allow for swimming usage.	Balanced pool timetable, to accommodate the relevant year groups for each school.	All children have access to regular swimming provision, so they reach a satisfactory level.	<b>IN PROGRESS</b> Unfortunately, the closure of the dive pool at Southend Leisure and Tennis Centre up until April 2022 had a negative impact of schools usage. Although schools still had access to the main pool at the centre and the pools at both Belfairs Swim Centre and Shoeburyness Leisure Centre. Now that the dive pool is operational, this will provide much more opportunity for all schools to be able to access swimming provision for their pupils.
HWS 5.2	Work with Fusion Lifestyle to ensure the leisure centres are open for the remainder of the contract period (until 2025). And that there is a balanced timetable at each centre, which is fully inclusive.	Regular monitoring of performance across the contract.  Regular meetings with Fusion Lifestyle.	Key performance indicators and other success measures achieved.  Income targets achieved.  User survey feedback maintained and acted on, where necessary.	Opening hours, to meet demand from users, at all four leisure centres.  For each leisure centre to be financially viable to operate.	<b>IN PROGRESS</b> The contract monitoring regime has been increased further, to ensure service delivery and other contract requirements are adhered to.  Operating hours have recently increased and are similar to pre covid. Each centre provides a balanced timetable of activities for both school and wider community use.
HWS 5.2	Planning the transition between the existing leisure centre contract	Review of the current leisure centre industry and projections for the future.	Procurement regulations and processes achieved, to identify the preferred	Leisure centre contract that meets the needs of users and is financially	<b>IN PROGRESS</b> The Council are working with RPT Consulting in regard to future options for leisure centre provision, from the end of the

Ref	Task	Outputs	Outcomes	Impact / what does success look like?	Progress (to be completed as actions are carried out) and RAG rating
	and the new leisure centre contract.	Continue to liaise with and share best practice from Active Essex and other local authority areas.  Provide costed options for the new contract.	business model and method of delivery.	sustainable for the years ahead.	existing contract, which is mid way through 2025. Future options will be presented to the Council's Cabinet during the summer months.
	<b>Weight Management</b>				
HWS 3.12	Continued delivery of the Fit and Fed Programme.	Fit and Fed provision during every school holiday.	350 children to take part each year.  350 parents and carers of the children to take part each year.	For the programme to deliver its objectives, which address issues around diet and nutrition, physical activity and isolation.	<b>IN PROGRESS</b> Fit and Fed sessions have been held during every half term. October 2021 – in person session with more than 35 families. December 2021 – Christmas food hampers and gifts were delivered directly to families. February 2022 held an in-person session with more than 40 families. April 2022 – families taken out for a day trip to Colchester Zoo – a healthy picnic lunch was made for each family. A continuous challenge is funding. Fit and Fed has been running since 2018 and has been able to secure small amounts of external funding, however, year on year there is the need for alternative funding sources, which is particularly time consuming.
HWS 3.12	Delivery of the Children's Wellbeing programme	The delivery of the seven projects, across the appropriate ages.	4000 children per year, to take part in one or more of the projects.	Baseline data recorded at the start of each project.	<b>COMPLETED</b> Each of the projects within this programme have been delivered. User feedback has been encouraging, where each project has

Ref	Task	Outputs	Outcomes	Impact / what does success look like?	Progress (to be completed as actions are carried out) and RAG rating
				Delivery of each project showing positive results regarding physical activity, diet and nutrition and emotional wellbeing.	made a positive impact on the many children that have participated.
HWS 2.5	Delivery of tier 2 adult weight management, to target groups.	To review the current data held on tier 2 adult weight management.  Identify the groups to work with and provide for.	To have an adaptable weight management offer, that can be taken to where the target groups meet.	An adult weight management offer that influences behaviour change for those in need.	<b>COMPLETED</b> Everyone Health worked with partners to engage with the target groups. The target groups included, men, those with a learning disability and those with a mental illness. The funding provided by Public Health England has been used. Unfortunately, no further funding was made available, from April 2022.
HWS 2.5	Audit of our weight management services across all ages and tiers.	To review the evidence we have.  To identify gaps in our evidence.  Review the patient experience, including the pathways.	To have a strategy to address weight management.  To have an improved weight management offer, which provides flexibility and improved health outcomes.  To have an all age and seamless service, which prevents barriers to service access.	A system wide collaborative that responds to pop. health management evidence and meet local needs.  To have a positive impact on the health inequalities and improves the weight management services for better health outcomes.	<b>IN PROGRESS</b> The Mid Essex Clinical Commissioning Group and Essex County Council have worked with partners to produce a document which summarises the weight management services across ages and tiers. The document is being reviewed, so that gaps are identified and so the patient pathway is made as consistent as possible across the county.
	<b>Harm Reduction</b>				

Ref	Task	Outputs	Outcomes	Impact / what does success look like?	Progress (to be completed as actions are carried out) and RAG rating
HWS 3.8	To support residents to act and look after their mental wellbeing.	<p>Utilise wider Public Health initiatives and services to promote opportunities to improve mental wellbeing and the 5 Ways to Wellbeing. Utilise the South East Essex Mental Health Partnership Forum to review progress and ambitions.</p> <p>Work with Essex County Council to update the Southend, Essex, and Thurrock Mental Health Strategy.</p> <p>Promote national and local mental wellbeing campaigns on Council social media platforms.</p>	<p>Southend, Essex, and Thurrock Mental Health Strategy approved by the Health and Wellbeing Board.</p> <p>Increased page views on Livewell Southend.</p> <p>Increased uptake of physical activity opportunities provided by Everyone Health.</p> <p>Social media reach of the campaign's promotion.</p> <p>Increased page views on the Visit Southend website to encourage residents to connect with nature and outdoor spaces offered at Southend's parks, gardens, and outdoor spaces.</p>	<p>Improved mental wellbeing of Southend residents.</p> <p>More residents undertaking physical activity and connecting with nature and outdoor spaces, to benefit mental wellbeing.</p> <p>Residents more informed of local services and opportunities promoted by campaigns and activities.</p>	<p><b>IN PROGRESS</b></p> <p>Mental wellbeing has been promoted through Southend City Council social media platforms and through partner organisation websites and forums this includes Time to Talk Day; Mental Health Awareness Week; and World Mental Health Day. The promotion has included signposting to the 'letstalksuicideessex' website.</p> <p>The South East Essex Mental Health Partnership Forum, with over 500 members, has met monthly providing themed topic sessions, these include Employment and MH, Homelessness and mental health, as well as networking sessions to promote mental wellbeing opportunities.</p> <p>The Southend, Essex, and Thurrock Mental Health Needs Assessment, that will inform a Strategy, is in development. This product is being developed by Essex County Council, in agreement with Thurrock and Southend Councils.</p>

Ref	Task	Outputs	Outcomes	Impact / what does success look like?	Progress (to be completed as actions are carried out) and RAG rating
HWS 3.9	To support a reduction in the number of deaths by suicide.	<p>Work with Essex County Council and Thurrock Council to update the Southend, Essex, and Thurrock Suicide Prevention Strategy.</p> <p>Instigate a Southend Suicide Prevention Network with partner agencies to implement the Southend, Essex and Thurrock Suicide Prevention Strategy and key milestones plan.</p> <p>Work with stakeholders and experts with experience in mental health services, such as South East and Central Essex MIND, Sanctuary-by-Sea and REACH Recovery College.</p> <p>Utilise real time suicide surveillance data to better understand suicide risk and identify 'hotspot' areas.</p> <p>Promote national and local suicide prevention campaigns on Council social media platforms.</p>	<p>Southend, Essex, and Thurrock Suicide Prevention Strategy approved by the Health and Wellbeing Board.</p> <p>Delivery of the key ambitions of the Mid and South Essex Health and Care Partnership suicide prevention workstreams.</p> <p>Key 'Hotspot' areas identified through real time suicide surveillance data.</p> <p>Social media reach of the campaign's promotion.</p>	<p>Reduced numbers of death by suicide.</p> <p>More residents and professionals' suicide aware.</p> <p>Residents more informed through promoted campaigns and activities.</p>	<p><b>IN PROGRESS</b></p> <p>The Southend, Essex, and Thurrock Suicide Prevention Board, chaired by the Deputy Police, Fire and Crime Commissioner for Essex, continues to meet to develop the Suicide Prevention Strategy.</p> <p>The Southend Suicide Prevention Network first meeting is expected to take place in May 2022.</p> <p>Through communication forums and established networks, the voice of experts with lived experience and key stakeholders continues to be encouraged. This has particularly been undertaken with the Craig Tyler Trust and through connecting with the Friends For Lives organisation.</p> <p>Real time suicide surveillance data agreements continue to be agreed with Essex Police, Essex County Council are leading the discussions. Key theme data will inform better understanding of suicide risk and identify areas of concern.</p> <p>The Wave 3 Suicide Prevention Partnership continues to deliver workstreams with achievements being realised through suicide awareness training for primary care staff; promotion of the 'letstalksuicideessex' website; a greater Essex wide 'Creating Hope Through Light' Campaign in December 2021 that included Southend City Beach lights, Porter's Lodge and the Civic Centre being lit up green to raise awareness of suicide prevention and asking Essex</p>

Ref	Task	Outputs	Outcomes	Impact / what does success look like?	Progress (to be completed as actions are carried out) and RAG rating
		Work with the Mid and South Essex Health and Care Partnership Suicide Prevention Partnership to deliver its key workstreams.			residents to take the suicide prevention training.
HWS 3.10	To improve engagement with stop smoking services amongst routine and manual workers.	<p>Develop understanding of facilitators and barriers to stopping smoking amongst routine and manual workers.</p> <p>Relevant campaign activity to promote smoking cessation.</p> <p>Engagement with internal Council teams and relevant external partners to improve reach and engagement of this group.</p> <p>Development of action plan to support the work.</p>	Increase in completed quits (recorded on Quit Manager) amongst routine and manual workers.	<p>Decrease in prevalence of smoking amongst routine and manual workers.</p> <p>Improved health outcomes within this group which is expected to contribute to addressing inequalities in health.</p>	<p><b>IN PROGRESS</b></p> <p>As part of Stoptober (October stop smoking campaign), a new offer was trialled for routine and manual workers who smoked to try and boost successful quits amongst this cohort. The workers were offered a vape starter kit as part of the package, along with nicotine replacement therapy to support their quit attempt. The first month yielded 16 successful quits, the highest for the year so far. Now working to establish this dual therapy approach as the standard offer to routine and manual occupations.</p>
	<b>Strategy &amp; Planning</b>				
HWS 5.1	Through spatial planning, to enable healthy lifestyles within healthy environments.	Complete neighbourhoods' study - identification of most walkable	Increased awareness of places to invest in walking and cycling infrastructure, to	Increased number of people travelling in an	<p><b>IN PROGRESS</b></p> <p>Public consultation on the second stage of the Local Plan – Refining the Plan Options – was undertaken during 2021.</p>



Ref	Task	Outputs	Outcomes	Impact / what does success look like?	Progress (to be completed as actions are carried out) and RAG rating
		<p>neighbourhoods where walking and cycling should be promoted as realistic alternatives to the car for short journeys.</p> <p>Development control of premises that sell fast food and alcohol.</p> <p>Neighbourhoods that are built to design out crime.</p>	<p>encourage active travel in walkable neighbourhoods.</p> <p>Accessible outlets that sell healthy food and drink.</p> <p>Places do not attract crime and are safe to live in.</p>	<p>active and sustainable way.</p> <p>Increased availability of health food and drink.</p> <p>Crime hot spots are removed.</p>	<p>Representations made to that plan are being reviewed and any need for additional evidence identified, together with the drafting of policies, as part of this the team will be focusing on the food environment. The Complete Communities concept was a focus of this stage of the plan and will continue through to later stages. The Electric Vehicles Charging Infrastructure SPD was adopted in 2021.</p>
5.2	To maintain and develop safe spaces for play, sport and social interaction, accessible for everyone to use.	Identification of areas deficient in green space, play space and sports facilities through the Playing Pitch Strategy and green space assessment.	Increased awareness of opportunities to improve quantity and quality of green space, play space and sports facilities.	Increased number of people being physically active.	<p><b>IN PROGRESS</b></p> <p>Public consultation on the second stage of the Local Plan – Refining the Plan Options – was undertaken during 2021. Representations made to that plan are being reviewed and any need for additional evidence identified, together with the drafting of policies. This included a focus on the borough’s green spaces, including focussed questions asking for comment on whether additional protection for some specific spaces would be appropriate. The south Essex level work continues on the concept of the SEE Park.</p>
HWS 5.5	Planning for extra care and other specialist housing needs for people at all stages of their lives.	Identification of future housing requirements to meet the needs of all residents.	Availability of a range of housing that is easily capable of adaptation to ensure accessibility if required.	Increased amount of people in suitable housing that meets their physical needs.	<p><b>IN PROGRESS</b></p> <p>Strategic Housing commissioned a Housing Needs Assessment looking at housing and accommodation for Older People.</p>

Ref	Task	Outputs	Outcomes	Impact / what does success look like?	Progress (to be completed as actions are carried out) and RAG rating
HWS 5.6	Making better use of our existing natural and built environments, to encourage healthy lifestyles and outdoor learning.	Locally relevant design guidance or design codes to support the creation of environments that encourage physically active lives and learning.	Improved consideration of the impact of planning and development design on population physical activity levels and learning.	The diverse outdoor spaces are recognised as a suitable option for people to use to promote their health and wellbeing.	<b>IN PROGRESS</b> Public consultation on the second stage of the Local Plan – Refining the Plan Options – was undertaken during 2021. The draft development principles in this iteration of the local plan included a focus on health and wellbeing, and work on this will continue throughout the plan’s preparation to ensure it is integrated in the process, including a focus on design guidance and policy as relevant. Work has recently been completed on producing new / updating existing conservation area appraisals for the majority of the borough’s conservation area, together with the designation of Hamlet Court Road conservation area.
HWS 1.2 3.7 3.11	Work with residents to co-produce three 5-year Adult Social Care Strategies for 2022 - 2027. There is a strategy for Working Age Adults, All Age Carers and Older Adults - Living Well, Caring Well, Ageing Well.	The strategies are seeking to develop - an Age Friendly community in the Borough - improved support for carers - improved support for those who may have a disability, a learning disability or mental health needs	Clear vision and priorities for action to address the needs of older adults, carers, and those who may have a disability, a learning disability or mental health needs	For older adults, carers, and those who may have a disability, a learning disability or mental health needs to - feel part of and be active in their community - [remain independent and in their own home - have improved information, guidance and support	<b>IN PROGRESS</b> All three strategies have been produced and published. Now in the process of developing the associated action plans for this coming year which will focus on achieving baseline information from which to measure progress in subsequent years.  The action plans for year 1 also include further development of co-production across the strategies and action plans. The aim is to have drafts ready for governance decisions in April.
HWS 1.1	Develop a Social Value Strategy.	Continue to adhere to the Social Value Model.	To have a co-produced Social Value Strategy.	To be able to follow a framework to evaluate social value in tenders.	<b>COMPLETED</b> The strategy was completed in December 2021. It was submitted to Cabinet in February 2022.

Ref	Task	Outputs	Outcomes	Impact / what does success look like?	Progress (to be completed as actions are carried out) and RAG rating
		Ensure co-production, in developing the strategy.		Being able to evidence social value within a range of contracts, through reporting and case studies. Being able to measure the environmental, economic and social impact.	
HWS 5.4	Develop the Transport Strategy.	Ensure co-production, in developing the strategy.	To have a co-produced Transport Strategy.	For the strategy to act as a guide for transport decision making.	<b>IN PROGRESS</b> An Interim Transport Strategy was produced and consulted on with Members. The Interim Transport Strategy was not adopted due to the statutory document for all Local Transport Authorities being a Local Transport Plan. Therefore, the Interim Transport Strategy is being used for the first stage to inform the updated Local Transport Plan (LTP4). LTP4 is the statutory suite of documents that provides the transport strategy for the City from 2023-2040.
	<b>Communications</b>				
HWS 7.1	Develop and deliver a coordinated communication and campaigns programme. To include local and national communications and campaigns to promote	Research and agree calendar of key national and local campaigns, with relevant health and wellbeing messages.  Agree leads who will coproduce campaigns with the local community	To have a calendar of campaigns spread throughout the year.  To be able to monitor the effectiveness of each campaign.	Campaigns that help with prevention, early disease detection and encourage healthy lifestyles.  Campaigns that improve	<b>IN PROGRESS</b> The campaigns have been carried out, with all associated details saved. The list of campaigns, with lead officers has been established, for the period of April 2022 to March 2023.

Ref	Task	Outputs	Outcomes	Impact / what does success look like?	Progress (to be completed as actions are carried out) and RAG rating
	prevention and early detection of disease, encourage healthy lifestyles and improve understanding of the wider determinants of health	and partner agencies, agreeing target audience, key messages, media, and activities, and campaign resources.		understanding of the wider determinants of health.	
HWS 2.3	To ensure that COVID-19 testing is available to the residents and community, to keep Southend safe.	Regular meetings, scoping and data analysis and provision of rapid COVID-19 testing to meet the needs of the community.	Key performance indicators and other success measures achieved to drive down the rate of infection.	Reduction in COVID-19 transmission rates.	<b>IN PROGRESS</b> Wide scale testing is no longer publicly available since 1 April due to the Government's latest 'Living with Covid' Strategy. Care homes and other health and care setting residents/staff have access to test kits via the Government test ordering portal. We have been asked to no longer distribute test kits to community groups due to the decreased risk associated with the current dominant variant of Covid-19, and instead test kits are widely available for purchase through most pharmacies.
HWS 4.1	To embed the Making Every Contact Count (MECC) approach into the day-to-day interactions staff have with the local population. To provide individuals with appropriate information and support to enable them to make positive changes to their physical and mental health and wellbeing.	Regular meetings with Regulatory Services to monitor training.	Develop a tiered training package.  Ensure regular and accessible information and support to MECC trained staff.  Key performance indicators and other success measures achieved.	Local organisations enabled to provide their staff with the leadership, environment, training, and information to deliver the MECC approach.  Staff to be competent and confident to deliver healthy lifestyle messages, to encourage people	<b>IN PROGRESS</b> Promoting MECC to local organisations to support their staff to deliver healthy lifestyle messages to the clients they support through a tiered approach: Tier 1 universal – To raise the profile of MECC through the introduction of the MECC link, Tier 2 targeted – Work with L&D to produce a MECC Learning Module available to SCC staff and stake holders. Tier 3 Intense – To engage with EH to promote F2F training through the e learning module, social media, internal and external comms and MECC link.

Ref	Task	Outputs	Outcomes	Impact / what does success look like?	Progress (to be completed as actions are carried out) and RAG rating
				<p>to change their behaviour, and to direct them to local services for appropriate support.</p> <p>Individuals seek support and take action to improve their own lifestyle by</p> <ul style="list-style-type: none"> <li>• Eating well</li> <li>• Maintaining a healthy weight</li> <li>• Drinking alcohol sensibly</li> <li>• Exercising regularly</li> <li>• Not smoking</li> <li>• Looking after their physical and mental health and wellbeing.</li> </ul> <p>This list is not comprehensive and MECC can focus on a broad range of topics that impact on an individual's health and wellbeing.</p>	<p>Additional achievement was to trailblaze MECC link for the East of England secured funding.</p> <p>The challenge is engagement with services to ensure signposting of services is up to date and buy in from stakeholders to develop a MECC for children &amp; family's approach.</p>

Ref	Task	Outputs	Outcomes	Impact / what does success look like?	Progress (to be completed as actions are carried out) and RAG rating
HWS 2.2	Set up and develop a contact service for patients on a waiting list for healthcare treatment. For the service to work with the patient to understand any support they may require and refer them to suitable health provision within the local community.	<p>Identify any trends with waiting times and to take action to address any issues.</p> <p>Set up the service, through the Essex Welfare Service.</p> <p>Ensure data protection compliance is in place.</p> <p>Ensure there is a clear communications plan, so the correct messages are given to patients.</p>	<p>The target number of patients are contacted.</p> <p>The target number of patients access local health provision, to help with their physical and mental wellbeing.</p>	A trusted service is established, which improves the health and wellbeing of those on a waiting list for healthcare treatment.	<p><b>COMPLETED</b></p> <p>This service is set up and working well. The service is delivered by Provide.</p> <p>Furthermore, a mapping exercise has taken place, to review the services available with Southend, Thurrock and the rest of Essex, respectively. Gaps have been identified and addressed, where feasible. This is so, wherever you live in Essex, a similar service is available, dependent to need.</p>
HWS 7.1	To ensure that the Green City action plan is reflected in the delivery of the Health and Wellbeing Strategy through health campaigns and promotional events.	To have access to the Green City action plan when planning health campaigns and promotional events.	Key performance indicators and other success measures achieved from the Green City action plan.	The residents and community are aware of and engaged in the Green City action plan through collaborative working when planning health campaigns and promotional events.	<p><b>IN PROGRESS</b></p> <p>Ensured The Council signed up as a supporter to the clean Air Day Campaign – Produced a media release to encourage community engagement, promoted toolkit through various communication channels, developed a stakeholders planning &amp; working group to promote Clean Air Day 2022 through education, health, and community. Working closely with energy and sustainability team and have a presence on the green staff forum to support and promote initiatives. Completed Sustainability Audit awaiting report.</p> <p>Additional achievement, engagement with OHID, Natural England and SCC planning department to ensure PH influences Green Infrastructure (GI) standards exploring the possibility of presenting a case study i.e. 'Trustlinks'</p>

Ref	Task	Outputs	Outcomes	Impact / what does success look like?	Progress (to be completed as actions are carried out) and RAG rating
					Challenges – gathering the relevant data and ensuring everything is available to the public in one place i.e. using 'smartsouthend' as a platform. How best to share up to date Air Quality (AQ) information (prior to a poor AQ alert) with the public to ensure preventative measures can be put in place for our most vulnerable residents.
HWS 2.6	Raise the profile and role of social prescribing and its link workers in Southend.	Social Prescribing Steering Group meetings to monitor and review progress.	<p>Social prescribing embedded into the GP patient offer.</p> <p>Social prescribing digital tool supporting referral process across the system.</p> <p>Livewell Southend procurement delivered with contract award.</p>	<p>Social prescribing underpins wider health and wellbeing outcomes.</p> <p>More residents identifying 'what matters to me' and being provided with seamless referral to appropriate services for goals achievement.</p>	<p><b>IN PROGRESS</b></p> <p>Social prescribing continues to be delivered by Link Workers based in Primary Care Networks.</p> <p>The social prescribing digital tool is in development and will be embedded into the Livewell Southend platform. Covid-19 impacted on the progress of the Tool through NHS integration platforms.</p> <p>A series of social prescribing workshops are in development for June 2022.</p>
HWS 2.7	Maintain and develop the Community Panel for Health and Wellbeing.	To involve residents in shaping and improving health and wellbeing services, with a specific focus on long term recovery from the impact of the COVID-19 pandemic.	<p>For the panel to represent resident and community priorities for their health and wellbeing.</p> <p>To deliver and also work towards agreed actions.</p>	Having a range of volunteers on the panel, that help co design and adapt health services, for the benefits of residents.	<p><b>COMPLETED</b></p> <p>The panel is being led by a designated officer from SAVS. This has the support from one of the Health Improvement Practitioners Advanced, from the Public Health Team.</p>

Ref	Task	Outputs	Outcomes	Impact / what does success look like?	Progress (to be completed as actions are carried out) and RAG rating
HWS 7.1	Delivery of the Safe to Play campaign.	Information and training opportunities are available for coaches, leisure centre staff, welfare and safeguarding leads and volunteers.	<p>3 x 2 hour in -person training sessions to be held in Southend.</p> <p>30 people per session.</p> <p>The partnership training programme between National Working Group (NWG) and The Council will aim to educate grass roots coaches and clubs on safeguarding using the Safe to Play campaign. As part of this programme a training package will be offered, including bystander intervention training for coaches and clubs, as well as highlighting to all involved with sport, the Mind Your Language campaign.</p> <p>Approximately 200 coaches to receive the training and more than 2000 parents / carers to receive the Safe to Play cards and resources.</p>	For everyone involved in sport and physical activity provision to ensure that best practice in safeguarding is a priority, so that a safe environment is upheld.	<p><b>IN PROGRESS</b></p> <p>The Safe To Play Campaign was launched publicly in Southend in July 2021. More than 12 local clubs participated in the webinars and signed up to become Safe To Play partners. The sport and leisure team visited local clubs to give them Safe To Play resources, including augmented reality cards, as well as posters and links to online resources.</p> <p>Media release have gone out to reinforce the safe to play message.</p> <p>The Sport &amp; Leisure Team is now working with NWG to launch the next round of Safe To Play training, as well as Bystander Intervention Training.</p>
HWS 6.7	Upgrade the Livewell Southend website, with improved	Having a modern, engaging and easy to use website.	Maintaining the website as a 'one stop shop' for health and	Meeting all accessibility regulations and	<p><b>IN PROGRESS</b></p> <p>A dedicated project manager is being sought for the Livewell update, as it is too big a</p>



Ref	Task	Outputs	Outcomes	Impact / what does success look like?	Progress (to be completed as actions are carried out) and RAG rating
	functions to help people use the site to find what they need.		wellbeing information and services in the borough.	being a website that is inclusive to all residents, regardless of their means of accessing it, or level of disability.	project for Mike Rynn to dedicate the necessary time to alongside other work. However, Mike Rynn has created a specification document with input from internal and external stakeholders – the next step is to arrange a market engagement event to see what kind of products are out there, which can accommodate a revised website and the social prescribing tool being procured by Simon D. Ford.
HWS 6.2	Support the delivery of the Southend Digital Inclusion Workstreams, including targeted work to address digital inequality – people who have limited or no digital access and skills.	Dedicated groups for each of the following; Infrastructure, access to quality equipment, accessibility, skills and training, communications.	Partner organisations and public are aware of the work.  Partner organisations and public are engaged where applicable.	Targets are achieved within each of the groups.  The digital inclusion work is managed to a successful conclusion.	<b>IN PROGRESS</b> The Digital Inclusion Strategy is being developed. However, this has dependency on the development of a connectivity strategy for the city, and requirement gathering for the MySouthend replacement as well as collecting data from the census, as this will provide confirmation of areas of need. The time frame for completing the Digital Inclusion Strategy will be March 2023.  In the interim, there are a range of digital inclusion activities taking place, to benefit those most in need of support.
<b>Air Quality</b>					
HWS 1.1 5.7	Continue to implement our Local Air Quality Management regime in accordance with Department for Environment, Food and Rural Affairs policy and technical guidance, via The	Various actions as detailed in the plan.  Work as part of the Mid and South Essex Prevention Air Quality Task and Finish Group.	Strive to improve public health / local air quality.  Raise awareness of the importance of air quality.	Completion of actions.  Review of local air quality data annually, via report to DEFRA.	<b>IN PROGRESS</b> The new draft air quality action plan is due to go before DMT in April and hopefully Cabinet for adoption in June. A new (existing version is 2019) low emission strategy will follow.

Ref	Task	Outputs	Outcomes	Impact / what does success look like?	Progress (to be completed as actions are carried out) and RAG rating
	Council's Air Quality Action Plan, and Low Emission Strategy.				
HWS 5.7	Continued avoidance or mitigation of air, noise, water, soil pollution and flood risk. And so our surroundings are clean and green.	Application of detailed planning policies (and other licensing regimes through Regulatory Services) to ensure impacts on the local environment are avoided or minimised e.g, through impositions of planning conditions.	Improved consideration of the impact of planning and development design on population health and wellbeing.	Maintenance or enhancement of local air, water and soil quality, effective flood risk management etc.	<p><b>IN PROGRESS</b></p> <p>Current (2018) air quality action plan applies.</p> <p>Many examples across The Council of initiatives, such as, implementation of "school streets" initiative, promotion of clean air day 2022, raising awareness about domestic solid fuel use etc.</p> <p>For Environmental Health, noise and contaminated land are primarily controlled for new developments through the planning process, the request for the application of appropriate planning conditions to control. For existing premises where noise arises, this is dealt with through the statutory nuisance investigations. There is currently no land in Southend on the register (Part IIA Environmental Protection Act 1990) having regard to the current use of land in the borough.</p>
	<b>Workplace</b>				
HWS 3.1	Targeted drive to embed health in all policies for other teams and organisations to utilise, to address the wider determinants of health.	Work with partners to help embed 'health in all policies.'	8 teams or organisations to incorporate health for all policies.	For use of health in all policies to become common practice.	<p><b>IN DEVELOPMENT</b></p> <p>With the publication of the Levelling Up White Paper, we will reset the development of this approach with a wider stakeholder approach.</p>

Ref	Task	Outputs	Outcomes	Impact / what does success look like?	Progress (to be completed as actions are carried out) and RAG rating
HWS 3.1	Review then publish co-production e-learning which includes engagement, consultation and participation. Make available to internal and wider workforce.	New staff access training as part of the induction programme.  Existing staff offered training as part of professional development.	Accessible e-learning free for The Council workforce, the wider health workforce, elected members and residents.	Improved system capacity, confidence and skills for co-design and wider co-production.	<p><b>IN PROGRESS</b></p> <p>The co-production element of this has been published for testing and feedback purposes. This is training available to the whole community. SAVS are also part way through creating smaller chunks of micro-learning for the community which will be relevant to the workforce using an app based platform called 7 Taps. All of this is free to access.</p> <p>There was a separate draft module produced as part of the wider participation learning for the workforce which included engagement, consultation and co-production. This has not been progressed due to a range of internal factors at The Council - primarily people changing roles. The co-production element of this module is largely repurposed into the published course.</p> <p>To accompany the course, SAVS are producing evergreen learning as drip content for social media to be pushed out through SAVS all year round. It is intended that this campaign will commence for Co-production Week in July 2022.</p>
HWS 4.5	Provide high quality learning and employment opportunities for adults with learning and physical disabilities.	To ensure the quality of advice and support helps people thrive in their learning and or employment.  Number of learners achieving positive outcomes following courses offered at	Learners feel more positive about their opportunities following attendance at courses.	Adult learners with learning and physical disabilities are supported towards independence and work.	<p><b>IN PROGRESS</b></p> <p>SACC continues to deliver effective provision to disabled learners supporting them towards independence and work</p> <p>It remains a priority area for investment and support.</p>

Ref	Task	Outputs	Outcomes	Impact / what does success look like?	Progress (to be completed as actions are carried out) and RAG rating
		Southend Adult Community College.			
HWS 4.4	<p>Working with businesses to increase the number of “good” jobs in the borough i.e.</p> <ul style="list-style-type: none"> <li>Those with a pathway to progression, where staff wellbeing is promoted as standard.</li> <li>Where ethical business practices are demonstrated.</li> <li>Where employers are promoting equalities.</li> </ul>	<p>Number of businesses completing the annual business survey or other polls providing information about “good” jobs.</p> <p>Scoping potential for a good business charter or similar.</p> <p>Number of businesses engaging with wellbeing schemes such as Livewell / Healthy Workplaces.</p>	More residents have access to good jobs that will have a positive impact on their health and wellbeing.	The health outcomes and life chances of working residents are improved.	<p><b>IN PROGRESS</b></p> <p>A good employment charter will be developed in 22/23 in partnership with our businesses and third sector</p> <p>City status provides an opportunity to promote Southend as a place to do business. An updated inward investment prospectus will be prepared to generate interest in the borough.</p> <p>Southend Business month will take place in Autumn 22 celebrating the City as a place open to and for businesses.</p>
HWS 5.6	Working with Economic Growth and Public Health England Wider Determinants Network, to ensure that local businesses have access to the Healthy Business Programme, support and resources.	Regular meetings with Regulatory Services and continued engagement with Economic Growth.	Key performance indicators and other success measures achieved.	All businesses in Southend to have access to health and wellbeing resources, information and support to enable their employees to thrive at work.	<p><b>IN PROGRESS</b></p> <p>Information is regularly cascaded to businesses through Southend Business Partnership newsletters and events.</p>

# Southend Health & Wellbeing Board

Agenda  
Item No.

8

Report of the Director of Commissioning

To  
Health & Wellbeing Board

on  
8<sup>th</sup> June 2022

Report prepared by: Benedict Leigh, Director Commissioning

For information only		For discussion		Approval required	x
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## Better Care Fund

(Southend on Sea Borough Council/ Southend Clinical Commissioning Group)

### Better Care Fund 2021-22 End of Year Submission

#### Part 1 (Public Agenda Item)

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#### Purpose

The purpose of this report:

1. To provide members of the Health and Wellbeing Board (HWB) the 2021/22 end of year BCF submission, sent tentatively to the NHSE BCF National Team on the 27th of May 2022 until HWB sign off.
- 2.

#### Recommendation

1. The Board to note and approve the proposed Southend BCF 2021/22 end of year submission.

#### Background

The Better Care Fund (BCF) is one of the government's national vehicles for driving health and social care integration. It requires clinical commissioning groups (CCGs) and local government to agree a joint plan, owned by the Health and Wellbeing Board (HWB). These are joint plans for using pooled or non-pooled budgets to support integration, governed by an agreement under Section 75 of the NHS Act (2006).

From July 2022 the CCGs will formally be known as Integrated Care System (ICS).

NHS England (NHSE) and Department of Health and Social Care (DHSC) national team published the BCF policy framework with national conditions and priorities for funding, including guidance on the metrics to be used to measure outcomes of the

BCF. The policy framework for 2021-22 was published in August 2021. However, the guidance and templates to submit BCF Plans were published later, on the 30<sup>th</sup> of September 2021. This was following several delays from government on releasing the guidance following a turbulent year of Covid 19 system response.

On the 15<sup>th</sup> of December, the Health and Wellbeing Board signed off the 2021/ 22 BCF plan.

### **BCF National Policy Framework 2021-22**

The BCF funds are managed locally, and in each Local Authority area the Council is legally obliged to submit an agreed BCF plan jointly with their local Clinical Commissioning Group (CCG) which adheres to the national guidance.

There is an annually agreed CCG minimum contribution for each area to the BCF. For the current (2021/22) financial year this contribution for Southend CCG is £14.3 Million. The intention is to shift resources into social care and community services from the NHS budget in England and save resources by keeping patients out of hospital.

The national policy framework for 2021-22 sets out four national conditions, which have been met:

#### **1. A jointly agreed plan between local health and social care commissioners, signed off by the Health and Well Being Board (HWBB)**

The local authority and CCG must agree a plan for their local authority area that includes agreement on use of mandatory BCF funding streams. The plan must be signed off by the HWBB.

BCF plans set out a joined-up approach to integrated, person-centred services across local health, care, housing, and wider public services. They include arrangements for joint commissioning, and an agreed approach for embedding the current hospital discharge policy in relation to how BCF funding will support this.

#### **2. NHS contribution to adult social care to be maintained in line with the uplift to the CCG minimum contribution**

The 2020 spending round confirmed the CCG contribution to the BCF will rise in actual terms by 5.3% in 2021/22. Minimum contributions to social care will also increase by 5.3%. The minimum expectation of spending for each HWB area is derived by applying the percentage increase in the CCG contribution to the BCF for the area to the 2020 to 2021 minimum social care maintenance figure for the HWBB.

#### **3. Invest in NHS-commissioned out-of-hospital services**

BCF narrative plans set out the approach to delivering this aim locally, and how health and local authority partners will work together to deliver it. Expenditure plans should show the schemes that are being commissioned from BCF funding sources to support this objective.

#### 4. A plan for improving outcomes for people being discharged from hospital

This national condition requires areas to agree a joint plan to deliver health and social care services that support improvement in outcomes for people being discharged from hospital, including the implementation of the hospital discharge policy, and continued implementation of the High Impact Change Model for Managing Transfers of Care.

The High Impact Change Model for Managing Transfers of Care aims to focus support on helping local system partners minimise unnecessary hospital stays and to encourage them to consider new interventions. It offers a practical approach to supporting local health and care systems to manage patient flow and discharge and can be used to self-assess how local care and health systems are working now, and to reflect on, and plan for, action they can take to reduce delays throughout the year.

#### 5. The local BCF plan should focus on improvements in the key metrics below:

- Reducing length of stay in hospital, measured through the percentage of hospital inpatients who have been in hospital for longer than 14 and 21 days
- Avoidable admissions – unplanned hospitalisation for chronic ambulatory care sensitive conditions
- improving the proportion of people discharged home using data on discharge to their usual place of residence
- long term admission to residential and nursing care per 100,000 population
- Reablement – proportion of older people still at home 91 days after discharge from hospital into a reablement service

#### End of Year BCF 2021-22 Submission

The end of year submission focuses on key successes and challenges of this year, including narrative on meeting all BCF metrics.

- All five BCF metrics are on track for meeting targets

Two key successes and two challenges of this year:

Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2021-22

Success 1	<b>Strong, system-wide governance and systems leadership</b>	We revised our BCF governance arrangements and established a BCF Management Group with key partners (including acute, community trust, VCS), planning priorities, reviewing key themes and activity across Southend, and having financial oversight of BCF governed through the Section 75 Agreement. The MSE Clinical Care and Outcomes Review Group leads on work on readmissions for the ICP. At a local level, this system level work and plans links with the SE Essex Alliance Urgent and Emergency Care Delivery Group.
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		The work through these governances are highly interrelated and managed and coordinated through the BCF management group and a Discharge to Assess Working Group. The plan is to also ensure that there is strong correlation to the UEC Programme of the acute services to ensure consistency of approach to patient flow and discharge.
Success 2	<b>Joint commissioning of health and social care</b>	Partnerships within the developing ICS and SE Essex Alliance have become notably stronger. Work is underway to improve patient flow with MSE NHS Foundation Trust, together with developing a D2A home first bridging service to support clear discharge pathways, whereby assessments are made in the community and out of acute settings. The service will deliver a therapy led approach both in the bridge, but also all pathways out the service that promote strength based active recovery and reablement, with lower numbers of people needed on ward long term care. A dedicated team and multi-agency care planning process will be introduced. This will have a significant impact, both in reducing discharge flow pressures, but also in improving outcomes and experience for individuals supported through this approach.
Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2021-22		
Challenge 1	<b>Good quality and sustainable provider market that can meet demand</b>	We recognise the challenges in the local system particularly in home care market capacity and sustainability. We have mitigations in place locally to enact mid/long term workforce plans and have increased the hourly rate for home care sector. Albeit the care market capacity issue remains complex, and there is a significant risk to the system of any further unexpected upsurge in demand. We also acknowledge the growing pressures on community health services as a consequence of increasing demands in local acute hospital and primary care services. Levels of demand across primary care, acute hospitals, community health, mental health and VCSFE sectors are at unprecedented levels as a consequence of COVID and workforce challenges.
Challenge 2	<b>Local contextual factors (e.g. financial health, funding)</b>	There are marked socio-economic and health inequalities between different wards in the borough, which were exacerbated by coronavirus pandemic. As well as the increase in the borough's population, the age profile of Southend is changing, with a growing



	<b>arrangements, demographics, urban vs rural factors)</b>	<p>number of older people, and a significant proportion of population presenting with more complex needs for longer. The impact of austerity on services provided in the community has had a long and lasting impact. SBC has seen unprecedented workforce and retention issues in the care market, as well as in the community and acute sector. Improving health outcomes by addressing and reducing variation within the wider determinants of health (education, housing, employment and income) is a vital and an integral part of our system response plans, to meet the needs of the community.</p>
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Appendix

Full End of Year BCF 2021-22 submission

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Better Care Fund 2021-22 Year-end Template  
1. Guidance

**Overview**  
The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2021-22, which supports the aims of the BCF Policy Framework and the BCF programme, jointly led and developed by the national partners: Department of Health (DH), Department for Levelling Up, Housing and Communities, NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of BCF reporting are:  
1) To confirm the status of continued compliance against the requirements of the fund (BCF)  
2) To confirm annual income and expenditure in BCF plans at the end of the financial year  
3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans  
4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

BCF quarterly reporting is likely to be used by local areas, alongside any other information to help inform NWAs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including clinical commissioning groups, local authorities and service providers) for the purposes noted above.

BCF quarterly reports submitted by local areas are required to be signed off by NWAs as the accountable governance body for the BCF locally and these reports are therefore part of the official suite of NWAs documents.

The BCF quarterly reports in aggregated form will be shared with local areas prior to publication in order to support the aforementioned purposes of BCF reporting. In relation to this, the BCF Team will make the aggregated BCF quarterly reporting information in writing available to local areas in a tabular form on the Better Care Exchange (BCE) prior to publication.

**Note on entering information into this template**  
Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

**Date needs inputting on the cell**  
Pre-populated cells

**Note on viewing the sheets optimally**  
To more optimally view each of the sheets, and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

**The depth of each sheet within the template are outlined below:**

**1. The checker** helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF Team.  
2. The checker columns, which can be found on the individual sheets, updates automatically as questions are completed. It will show 'Yes' and contain the word 'Yes' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'.  
3. The 'Not Completed' cell will contain either a checker value for the sheet are green containing the word 'Yes'.  
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.  
5. The error code will address any on the checker or green below completion.

**2. Cover**  
3. To view other problem identified information on the sheet for which the template is being completed, contacts and next steps.  
4. Question completion tracks the number of questions that have been completed when all the questions in each section of the template have been completed. Be alert for any green. Only sheet with all cells green should the template be sent to:

[bcf@bettercarefund.org.uk](mailto:bcf@bettercarefund.org.uk)  
(Please also open in your preferred email client)

3. Please note that in line with fair processing of personal data we request email address for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and sent to national partners for processing.

**3. National Conditions**  
This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2021-22 (see below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.

<https://www.nhs.uk/what-conditions-boards-care-fund-conditions-requirements-2021-22>  
This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met within the quarter and how this is being addressed. Please note that where a National Condition is not being met, the NWAs is expected to contact their Better Care Manager in the first instance.

In summary, the four national conditions are as below:  
National condition 1: Plans to be better aimed  
National condition 2: NHS contribution to adult social care is maintained in line with the NHF's CCG Minimum Contribution  
National condition 3: Agreement to invest in NHS commissioned out-of-hospital services  
National condition 4: Care for emergency admissions for people being discharged from hospital

**4. Metrics**  
The BCF Team includes the following metrics: Unplanned hospitalisation for chronic ambulatory care sensitive conditions, Proportion of hospital stays that are 14 days or over, Proportion of hospital stays that are 14 days or over, Proportion of discharges to a person's usual place of residence, Residential Admissions and Readmissions. Plans for these metrics were agreed as part of the BCF planning process.  
This section captures a confidence assessment on achieving the plans for each of the BCF metrics.  
A local commissioner is required for each metric outlining the challenge faced in achieving the metrics plans, any support needs and outcomes that have been achieved.

The BCF Team publish data from the Secondary User Service (SUS) dataset for Long length of stay (14 and 21 days) and Discharge to usual place of residence at a local authority level to assist systems in understanding performance at local authority level.

The metrics worksheet seeks a best estimate of confidence on progress against the achievement of BCF metrics plans and the related narrative information and it is presented as:  
- If making the confidence assessment on progress, please enter the available published metric data (which should be typically available for 2 of the 3 months) in conjunction with the month/years metric information for the first month (which is normally the source of the published data once agreed and validated) to provide a directional estimate.  
- If providing the narrative on Challenges and Support needs, and Achievements, most areas have a sufficiently good perspective on their themes by the end of the quarter and the availability of published metric data for one of the three months of the quarter is not expected to hinder the ability to provide this useful information. Please also reflect on the metrics performance trend when compared to the quarter from the previous year - emphasising any improvement or deterioration observed or anticipated and any associated comments to explain.

**Please note that the public challenge will be referenced (and reported as such) only on the national published data.**

**5. National Funding**  
The Better Care Fund 2021-22 pool constitutes mandatory funding sources and any voluntary additional funding from LAs, Local Authorities and CCGs. The mandatory funding sources are the 516 (Greater London Council), the Improved Better Care Fund (IBCF) grant, and the minimum CCG contribution. A large proportion of areas also planned to pool additional contributions from LAs and CCGs.

**Income section**  
- Please confirm the total NWAs level actual BCF pooled income for 2021-22 by reporting any changes to the planned additional contributions by LAs and CCGs as was reported on the BCF planning template.  
- The template will automatically pre-populate the planned expenditure in 2021-22 from BCF plans, including additional contributions.  
- If the amount of additional pooled funding planned (either area's section 75 agreement or different to the amount in the plan, you should select 'Yes'. You will then be able to enter a revised figure. Please enter the actual income from additional CCG or LA contributions in 2021-22 in the yellow box provided, NOT the difference between the planned and actual income.  
- Please provide any comments that may be useful for local context for the reported actual income in 2021-22.

**Expenditure section**  
- Please select from the drop down lists to indicate whether the actual expenditure in your BCF section 75 is different to the planned amount.  
- If any other 'Yes', the boxes to record actual spend, and expenditure comments will unlock.  
- You can then enter the total NWAs level, actual BCF expenditure for 2021-22 in the yellow box provided and also enter a short commentary on the reasons for the change.  
- Please provide any comments that may be useful for local context for the reported actual expenditure in 2021/22.

**Local Evidence**  
This section provides an opportunity to provide feedback on delivering the BCF in 2021-22 through a set of survey questions. These questions are kept consistent from year to year to provide a time series.  
The purpose of this survey is to provide an opportunity for local areas to consider the impact of BCF and to provide the BCF national partners a view on the impact across the survey. There are a total of 5 questions. These are set out below.

**Part 1 - Delivery of the Better Care Fund**  
There are a total of 3 questions in this section. Each is set out as a statement, for which you are asked to select one of the following responses:  
- Strongly Agree  
- Agree  
- Neither Agree Nor Disagree  
- Disagree  
- Strongly Disagree  
The questions are:  
1. The overall delivery of the BCF has improved cost medicine between health and social care in our locality  
2. Our BCF schemes were implemented as planned in 2021-22  
3. The delivery of our BCF aims in 2021-22 had a positive impact on the integration of health and social care in our locality

**Part 2 - Successes and Challenges**  
This part of the survey allows the SCS (Social Care Institute for Excellence) Integration Logic Model published on this link below to capture two key challenges and success across the Transition for Improvement approach in the Logic Model.  
Please highlight:  
8. Two key successes observed based on the analysis for integration measured in SCS's Logic Model in 2021-22.  
9. Two key challenges observed based on the analysis for integration measured in SCS's Logic Model in 2021-22.

For each success and challenge, please select the most relevant enabler from the SCS Logic Model and provide a narrative describing the issue, and how you have made progress locally.  
SCL - Integrated care unit/ hub

1. Local leadership factors (e.g. financial health, funding arrangements, demographics, urban or rural factors)  
2. Strong system-wide awareness and systems leadership  
3. Improved network reach and further across the system with service user  
4. Encouraging users to have choice and control through an asset based approach, shared decision making and co-production  
5. Improved workforce skills and capacity to make use of all available staff resources  
6. Good quality and sustainable provider market that can meet demand  
7. Good use of available assets  
8. Pooled or shared resources  
9. Improved working of health and social care

**3. BCF and us**  
This section collects data on average fees paid by the local authority for social care.  
Specify guidance on individual questions can be found on the relevant tab.

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**Better Care Fund 2021-22 Year-end Template**

**2. Cover**

Version 2.0

**Please Note:**

- The BCF end of year reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. Narrative sections of the reports will not be published. However as with all information collected and stored by public bodies, all BCF information including any narrative is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information, including that provided on local authority fee rates, will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

<b>Health and Wellbeing Board:</b>	Southend-on-Sea
<b>Completed by:</b>	Taslima Qureshi
<b>E-mail:</b>	Taslimaqureshi@southend.gov.uk
<b>Contact number:</b>	01702 215550
<b>Has this report been signed off by (or on behalf of) the HWB at the time of submission?</b>	No, subject to sign-off
<b>If no, please indicate when the report is expected to be signed off:</b>	Wed 08/06/2022 <span style="color: red;">&lt;&lt; Please enter using the format, DD/MM/YYYY</span>
<b>Please indicate who is signing off the report for submission on behalf of the HWB (delegated authority is also accepted):</b>	
<b>Job Title:</b>	Councillor Lead Member
<b>Name:</b>	Councillor Cheryl Nevin

**Checklist**

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

**Question Completion** - when all questions have been answered and the validation boxes below have turned green you should send the template to [england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net) saving the file as 'Name HWB' for example 'County Durham HWB'

**Complete**

	<b>Complete:</b>
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. Income and Expenditure actual	Yes
6. Year-End Feedback	Yes
7. ASC fee rates	Yes

[<< Link to the Guidance sheet](#)

[^^ Link back to top](#)

## Better Care Fund 2021-22 Year-end Template

### 3. National Conditions

Selected Health and Wellbeing Board:

Southend-on-Sea

Confirmation of Nation Conditions		
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in 2021-22:
1) A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006? (This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes	
2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the BCF policy?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) Plan for improving outcomes for people being discharged from hospital	Yes	

#### Checklist

Complete:

Yes

Yes

Yes

Yes

**Better Care Fund 2021-22 Year-end Template**

**4. Metrics**

Selected Health and Wellbeing Board:

National data may like be unavailable at the time of reporting. As such, please utilise data that may only be available system-wide and other local intelligence.

**Challenges and Support Needs** Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

**Achievements** Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2021-22 planning				Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements
		14 days or more (Q3)	14 days or more (Q4)	21 days or more (Q3)	21 days or more (Q4)			
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	1,037.2				On track to meet target	As this was a new metric there was limited scope to shift resources towards this in year. Consequently there was limited scope for managed change and the expectation is that this will be maintained at current level is	Southend BCF management group has jointly commissioned (with Castle Point and Rochford iBCF board) an investigation into the BCF metrics with an initial focus on readmissions and avoidable admissions.
Length of Stay	Proportion of inpatients resident for: i) 14 days or more ii) 21 days or more					On track to meet target	Given current system pressures, maintaining performance at these levels represents stretched targets. These pressures include the ongoing impact of COVID, system flow pressures, staffing issues in primary care,	On track to meet target
		8.4%	8.4%	3.9%	3.9%			
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	93.1%				On track to meet target	We recognise the challenges in the local system particularly in home care market capacity and sustainability. We have planning mitigations in place locally and enacting long terms workforce plans for home care sector.	The work undertaken with D2A home first model implementation to support clear discharge pathways, whereby assessments are made in the community and out of acute settings has taken significant traction.
Res Admissions*	Rate of permanent admissions to residential care per 100,000 population (65+)	550				On track to meet target	We have seen a reduction in the number of people admitted into residential care, however this rate is low comparatively, a result of a reduction in residential capacity due to residential workforce challenges and	On track to meet target
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	80.0%				On track to meet target	SBC has been in LAPEL 4 for some part of 2021/22, where as last resort contingency to meet care needs in the community, reablement service staff were redeployed to deliver home care hours. This was reinstated	Community-based reablement service is continuing to work in partnership with other local services in Southend-on Sea. The service recognises national best practice, guidance, incorporating provision of therapy

Checklist Complete:
Yes
Yes
Yes
Yes
Yes

\* In the absense of 2021-22 population estimates (due to the devolution of North Northamptonshire and West Northamptonshire), the denominator for the Residential Admissions metric is based on 2020-21 estimates

**Better Care Fund 2021-22 Year-end Template**

**5. Income and Expenditure actual**

Selected Health and Wellbeing Board:

**Income**

		2021-22	
Disabled Facilities Grant	£1,721,065		
Improved Better Care Fund	£7,568,235		
CCG Minimum Fund	£14,311,579		
<b>Minimum Sub Total</b>		<b>£23,600,879</b>	
		<b>Planned</b>	
CCG Additional Funding	£0		
LA Additional Funding	£0		
<b>Additional Sub Total</b>		<b>£0</b>	
			<b>Actual</b>
Do you wish to change your additional actual CCG funding?		Yes	£400,000
Do you wish to change your additional actual LA funding?		No	
			<b>£400,000</b>
		<b>Planned 21-22</b>	<b>Actual 21-22</b>
<b>Total BCF Pooled Fund</b>		<b>£23,600,879</b>	<b>£24,000,879</b>

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2021-22

Additional CCG contribution towards system flow agreed.

**Expenditure**

	<b>2021-22</b>
Plan	£23,600,879
Do you wish to change your actual BCF expenditure?	No
Actual	£23,600,879

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2021-22

**Checklist**  
Complete:

Yes

Yes

Yes

Yes

Yes

Yes

**Better Care Fund 2021-22 Year-end Template**

**6. Year-End Feedback**

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF. Covid-19 had a significant impact on services and schemes delivered on the ground which may have changed the context. However, national BCF partners would value and appreciate local area feedback to understand views and reflections of the progress and challenges faced during 2021-22. There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board:

Southend-on-Sea

**Part 1: Delivery of the Better Care Fund**  
Please use the below form to indicate to what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	Our strong partnerships and commitment across SEE and HWB to working together has seen the delivery improvements in the health and social care system. Our joint working ambitions are grounded within our HWB Strategy, JSNA, Locality Strategy and Se Essex Alliance place plan, but we recognise there are system challenges relating to demand, capacity and system
2. Our BCF schemes were implemented as planned in 2021-22	Strongly Agree	All schemes were implemented for 2021/22 and we are planning for 2022/23 scheme alignment to BCF priorities
3. The delivery of our BCF plan in 2021-22 had a positive impact on the integration of health and social care in our locality	Agree	We plan to further develop out of hospital services that are integrated and responsive. Part of this model involves the development of integrated teams in localities, bringing together staff from acute, primary care, social care, community health and VCFSE organisations so that they can work better together, to meet the needs of both individuals and the local

**Part 2: Successes and Challenges**  
Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.  
Please provide a brief description alongside.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2021-22	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	2. Strong, system-wide governance and systems leadership	We revised our BCF governance arrangements and established a BCF Management Group with key partners (including acute, community trust, VCS), planning priorities, reviewing key themes and activity across Southend, and having financial oversight of BCF governed through the Section 75 Agreement agreed through the Health Wellbeing Board. The MSE Clinical Care and Outcomes Review Group leads on work on readmissions for the ICP. At a local level, this system level work and plans links with the SE Essex Alliance Urgent and Emergency Care Delivery Group. The work through these governance are highly interrelated
Success 2	9. Joint commissioning of health and social care	Partnerships within the developing ICS and SE Essex Alliance have become notably stronger. Work is underway to improve patient flow with MSE NHS Foundation Trust, together with developing a D2A home first bridging service to support clear discharge pathways, whereby assessments are made in the community and out of acute settings. The service will deliver a therapy led approach both in the bridge, but also all pathways out the service that promote strength based active recovery and reablement, with lower numbers of people needed on ward long term care. A dedicated team and multi-agency care
5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2021-22	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1	6. Good quality and sustainable provider market that can meet demand	We recognise the challenges in the local system particularly in home care market capacity and sustainability. We have mitigations in place locally to enact mid/long term workforce plans and have increased the hourly rate for home care sector. Albeit the care market capacity issue remains complex, and there is a significant risk to the system of any further unexpected upsurge in demand. We also acknowledge the growing pressures on community health services as a consequence of increasing demands in local acute hospital and primary care services. Levels of demand across primary care, acute hospitals, community
Challenge 2	1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)	There are marked socio-economic and health inequalities between different wards in the borough, which were exacerbated by coronavirus pandemic. As well as the increase in the borough's population, the age profile of Southend is changing, with a growing number of older people, and a significant proportion of population presenting with more complex needs for longer. The impact of austerity on services provided in the community has had a long and lasting impact. SBC has seen unprecedented workforce and retention issues in the care market, as well as in the community and acute sector. Improving

Checklist Complete:
Yes
Yes
Yes
Yes
Yes
Yes
Yes

**Footnotes:**

Question 4 and 5 are should be assigned to one of the following categories:

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
  2. Strong, system-wide governance and systems leadership
  3. Integrated electronic records and sharing across the system with service users
  4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
  5. Integrated workforce: joint approach to training and upskilling of workforce
  6. Good quality and sustainable provider market that can meet demand
  7. Joined-up regulatory approach
  8. Pooled or aligned resources
  9. Joint commissioning of health and social care
- Other



**Better Care Fund 2021-22 Year-end Template**

**7. ASC fee rates**

Selected Health and Wellbeing Board:

Southend-on-Sea

The IBCF fee rate collection gives us better and more timely insight into the fee rates paid to external care providers, which is a key part of social care reform. Given the introduction of the Market Sustainability and Fair Cost of Care Fund in 2022-23, we are exploring where best to collect this data in future, but have chosen to collect 2021-22 data through the IBCF for consistency with previous years.

**These questions cover average fees paid by your local authority (gross of client contributions/user charges) to external care providers for your local authority's eligible clients.** The averages will likely need to be calculated from records of payments paid to social care providers and the number of client weeks they relate to, unless you already have suitable management information.

**We are interested ONLY in the average fees actually received by external care providers for your local authority's eligible supported clients (gross of client contributions/user charges),** reflecting what your local authority is able to afford.

In 2020-21, areas were asked to provide actual average rates (excluding whole market support such as the Infection Control Fund but otherwise - including additional funding to cover cost pressures related to management of the COVID-19 pandemic), as well as a 'counterfactual' rate that would have been paid had the pandemic not occurred. This counterfactual calculation was intended to provide data on the long term costs of providing care to inform policymaking. In 2021-22, areas are only asked to provide the actual rate paid to providers (not the counterfactual), subject to the exclusions set out below.

**Specifically the averages SHOULD therefore:**

- EXCLUDE/BE NET OF any amounts that you usually include in reported fee rates but are not paid to care providers e.g. your local authority's own staff costs in managing the commissioning of places.
- EXCLUDE/BE NET OF any amounts that are paid from sources other than eligible local authority funding and client contributions/user charges, i.e. you should EXCLUDE third party top-ups, NHS Funded Nursing Care and full cost paying clients.
- EXCLUDE/BE NET OF whole-market COVID-19 support such as Infection Control Fund payments.
- INCLUDE/BE GROSS OF client contributions/user charges.
- INCLUDE fees paid under spot and block contracts, fees paid under a dynamic purchasing system, payments for travel time in home care, any allowances for external provider staff training, fees directly commissioned by your local authority and fees commissioned by your local authority as part of a Managed Personal Budget.
- EXCLUDE care packages which are part funded by Continuing Health Care funding.

- If you only have average fees at a more detailed breakdown level than the three service types of home care, 65+ residential and 65+ nursing requested below (e.g. you have the more detailed categories of 65+ residential without dementia, 65+ residential with dementia) **please calculate for each of the three service types an average weighted by the proportion of clients that receive each detailed category:**
1. Take the number of clients receiving the service for each detailed category.
  2. Divide the number of clients receiving the service for each detailed category (e.g. age 65+ residential without dementia, age 65+ residential with dementia) by the total number of clients receiving the relevant service (e.g. age 65+ residential).
  3. Multiply the resultant proportions from Step 2 by the corresponding fee paid for each detailed category.
  4. For each service type, sum the resultant detailed category figures from Step 3.

Please leave any missing data cells as blank e.g. do not attempt to enter '0' or 'N/A'.

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	For information - your 2020-21 fee as reported in 2020-21 end of year reporting	Average 2020/21 fee. If you have newer/better data than End of year 2020/21, enter it below and explain why it differs in the comments. Otherwise enter the end of year 2020-21 value	What was your actual average fee rate per actual user for 2021/22?	Implied Uplift: Actual 2021/22 rates compared to 2020/21 rates
1. Please provide the average amount that you paid to external providers for home care, calculated on a consistent basis. (£ per contact hour, following the exclusions as in the instructions above)	£16.74	£18.68	£18.82	0.7%
2. Please provide the average amount that you paid for external provider care homes without nursing for clients aged 65+, calculated on a consistent basis. (£ per client per week, following the exclusions as in the instructions above)	£526.89	£565.26	£601.50	6.4%
3. Please provide the average amount that you paid for external provider care homes with nursing for clients aged 65+, calculated on a consistent basis. (£ per client per week, following the exclusions in the instructions above)	£526.89	£666.28	£644.77	-3.2%
4. Please provide additional commentary if your 2020-21 fee is different from that reported in your 2020-21 end of year report. Please do not use more than 250 characters.		£16.74 was published rate for reablement. Home care was £15.90 for 20/21. The average actual is ^ by spot/block contract avgs. The fee rate for res& nursing was £526.89 in 2020/21 & £538.51 in 2021/22, the average is ^ when agreed at a ^ rate/DOB		

2 characters remaining

**Checklist**

Complete:

Yes

Yes

Yes

Yes

**Footnotes:**

- \* "..." in the column C lookup means that no 2020-21 fee was reported by your council in the 2020-21 EoY report
- \*\* For column F, please calculate your fee rate as the expenditure during the year divided by the number of actual client weeks during the year. This will pick up any support that you have provided in terms of occupancy guarantees. (Occupancy guarantees should result in a higher rate per actual user.)
- \*\*\* Both North Northamptonshire & West Northamptonshire will pull the same last year figures as reported by the former Northamptonshire County Council.

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# Southend Health & Wellbeing Board

Agenda  
Item No.

9

Report of the Director of Public Health

To  
**Health & Wellbeing Board**

on  
**8<sup>th</sup> June 2022**

Report prepared by: Krishna Ramkhelawon,  
Director of Public Health

For information only	X	For discussion		Approval required	
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## Health Protection Update

### Updates from the Health Protection Board and the Oversight and Engagement Board

#### Part 1 (Public Agenda Item)

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#### Purpose

This is to provide an update on-going management of the COVID-19 pandemic and to advise the Board on the wider remit of the two sub-committees. Their revised Terms of Reference are included with this report.

We are also advising the Board that we are currently refreshing our Local Outbreak Management Plan which will go before the Health Protection Board on the 27<sup>th</sup> May 2022.

#### Background

In February 2022, the Government announced that the restrictions introduced to help manage the pandemic, under the Coronavirus Act (2020), will cease to be active. The UK Health Security Agency (UKHSA) have been working closely with the Association of Directors of Public Health to ensure that we can continue to manage the challenges posed by COVID-19 in a more measured way as well as ensuring we have a robust health protection governance system across Southend.

Collectively, we will continue to play an important ongoing role in the management of local outbreaks and in continuing to bring the infection rates down. It is a core element of our shared ambition to ensure that we can continue to live safely with COVID-19. Other areas of concern for health protection is now our renewed focus, including the emerging challenge pose by the Monkeypox cases across the country.

Local authorities and their local system partners are an integral part of the response to health protection, working closely with regional UKHSA health protection teams (HPTs).

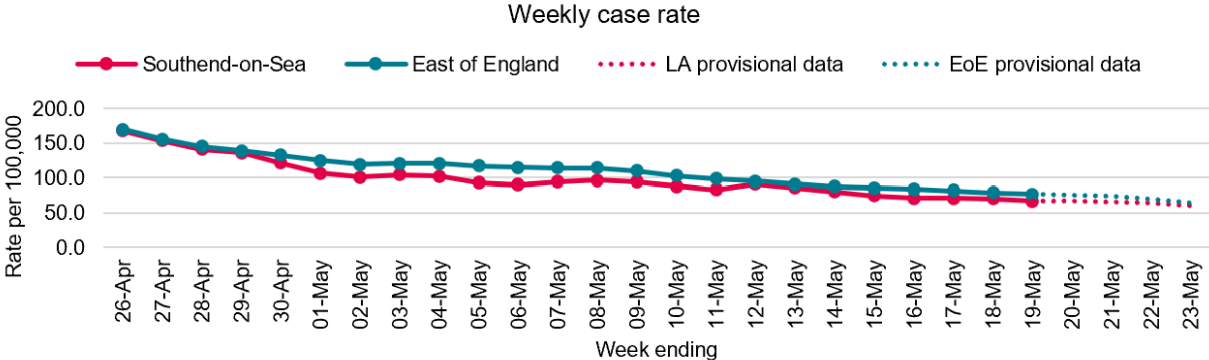
**Local Outbreak Management Plan (LOMP)**

Local planning and response are enshrined in the Southend LOMP (attached) which has been revised and will be adopted by the Health Protection Board on the 27<sup>th</sup> May 2022. This document will remain active, whilst we await the final publication of the national agreement between UKHSA and Local Authorities, on how we will collective work across health protection matters. The document has been refreshed as required to ensure a safe transition to more local determination and will ensure we remain vigilant in dealing with any potential newly identified ‘Variant of Concern’, in dealing with any significant surge in infection rates and in sustaining our resilience in dealing with other health protection risks.

**Local Boards & Pandemic Management**

**The Health Protection Board (HPB)** is now meeting monthly and will continue to receive the local Health Protection Surveillance Report and necessary actions. With the ending of the Coronavirus legislation, we have now stood down Essex Police form the Board, with the agreement that we can bring them back into the fold, as and when required. The Terms of Reference have been revised.

The infection rate has gradually decreased. Our overall rate was 76/100,000 (24<sup>th</sup> May), and we are expecting a continued gradual decrease in infection. This national reporting will remain the best gauge for the level of infection in our communities, although fewer people are testing currently.



The Council and UKHSA continue to work closely with care homes which are the higher risk settings for transmissions and consequential impact on health and wellbeing.

A skeleton Health Protection Operations team has been redeployed to support the delivery of the vaccine hesitancy plan, which has been successful in bringing our vaccination rates up in the four wards with lowest uptake. Further opportunities will be explored.

The dedicated COVID Helpline will be discontinued at the end of May 2022 and will be integrated into our contact centre daily business.

**The Health Protection Oversight and Engagement Board** continues to lead on a number of communication and engagement activities, including refreshing our messaging to the public and local businesses. The Board's remit has moved to cover the wider remit of health protection matters, with the Terms of Reference revised . In line with the decision to stand-down Essex Police's representation at the HPB, the same principle to recall their support onto this Board will apply.

The Board will continue to support the NHS in addressing local hesitancy with the COVID-19 vaccination programme.

### **Recommendation**

1. For the HWB Board to note the proposed changes to the operations of the pandemic team and that the refreshed Southend's Local Outbreak Management Plan will be adopted by the Local Health Protection Board on the 27<sup>th</sup> May 2022.
2. For the HWB Board to note the amendments to the Terms of Reference for both the Health Protection Board and the Health Protection Oversight and Engagement Board, as they continue to provide the relevant governance and assurance framework for all Health Protection matters, as sub-Committees of the Health and Wellbeing Board.

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# **Southend-on-Sea Health Protection Oversight & Engagement Board**

## **Terms of Reference**

### **Purpose**

The Board shall exist to

1. Provide oversight, assurance and scrutiny of:
  - a. Wider health protection issues including local immunisation rates and screening programmes
  - b. Plans to prevent and manage local outbreaks of communicable and infectious diseases in Southend;
  - c. Actions taken to prevent, contain and manage outbreaks and their outcomes.
2. Engage and communicate with citizens and stakeholders.
3. Monitor levels of infection and assure the Council that the local response is proportionate and optimally deployed.

The Board will be one of two sub-groups, reporting into the Southend Health and Wellbeing Board. The second sub-group, the Health Protection Board will report into this Board.

### **Chair**

The Board shall be chaired by the Chair of the Health and Wellbeing Board for Southend City Council and a representative from the NHS, shall be Vice-Chair.

### **Membership**

In addition to the Chair and Vice-Chair, the Board shall comprise of the Leader of the Council, the Cabinet Member for Community Safety, the Cabinet Member for Adults Social Care and Integration (Chair of the Health and Wellbeing Board), the Chair of the People Scrutiny Committee, thus ensuring cross-party engagement at a strategic level.

If any legislative powers are enacted to support the local response to health protection concerns, a senior representative of the Essex Police and Crime Commissioner, will be nominated as a core member of this Board.

### **Substitutes**

Each Member may nominate a substitute (who must be an elected member on HWB or in the case of the NHS and/or Police and Crime Commissioner representatives, their Deputy, if they are unable to attend a meeting). The Vice-Chair will be a standing substitute for the Chair when unable to attend.

### **In Attendance**

The Chief Executive, the Executive Director of Children and Public Health and the Director of Public Health of the City Council as key members of the Officer-led Health

Protection Board, the Head of Communications and such others as the Board shall determine.

### **Secretariat**

Members' Services of the City Council will provide the secretariat.

### **Quorum**

The Board shall be Quorate if any three persons are present including the Chair and/or Vice-Chair.

### **Meetings**

Meetings may be held with such frequency as are required. Currently, this will be every two months.

**Date approved and for review:** 26 May 2022. Review in 3 months



# Southend Health Protection Board

## Terms of Reference

### Background

Since 1<sup>st</sup> April 2013, the City Council, through the Director of Public Health (DPH), has statutory responsibilities to advise on and promote local health protection plans across agencies, which complements the statutory responsibilities of UK Health Security Agency (UKHSA), NHS England/Improvement (NHSE&I) and the local NHS – (from the 1<sup>st</sup> July 2022 this will be the Mid and South Essex's Integrated Care Board – **MSE ICB**).

The services that fall within Health Protection include :-

- Communicable disease and environmental hazards
- Public health emergency planning
- Immunisation
- Screening
- Sexual health
- Health in the Justice System

The Health Protection Board (HPB) for Southend was established in March 2020, in response to the COVID-19 pandemic outbreak. It was set up as a multi-agency Board to facilitate information sharing, planning and emergency response across the system. Whilst responding to the need to suppress increase infection rates from COVID-19, it also assumed responsibility to support the system in tackling significant pockets of COVID vaccine hesitancy and consider the risks associated with the reduced staff resources overall in the system, due to both excess demand on health and care services and staff illness, and therefore ensuring that maximum efficiency is achieved.

In March 2022, at the bequest of the DPH, the HPB and the Outbreak Management Oversight and Engagement Board (now renamed the Heath Protection Oversight and Engagement Board) unanimously approved that the two Boards will continue to operate as an established governance for all Health Protection matters in Southend.

The HPB will also have a direct link into the Local Health Resilience Partnership (LHRP) which is a forum across Essex chaired by one of the three DsPH across Southend, Essex and Thurrock. Member agencies share responsibility for oversight of health emergency planning in this forum. The Council's Public Health Consultant will liaise with the LHRP, TB Network and the NHS Immunisation and Screening team to update the HPB - whilst we await the finalisation of the local NHS restructure and the creation of the MSE ICB. The Environmental and Food Safety issues will be covered by the Director of Public Protection.

## **Purpose**

The Board shall exist to:

1. Provide a forum for information sharing and planning between public agencies that have responsibilities for health protection in Southend;
2. Review, engage and seek assurance that appropriate mechanisms are in place to protect public health and agree what collective support is required;
3. Lead on the development and implementation of the Local Outbreak Management Plan;
4. Active surveillance of all communicable and infectious diseases' outbreaks and likely risks;
5. Identify public health action required and identify key supporting agencies to ensure action is taken and collective support is agreed;
6. Responsible for scientific, ethical and technical oversight;
7. Co-ordinate contract tracing service responsibilities, linking into both the national and regional system architecture – as and when required;
8. Monitor and recalibrate local actions and responses;
9. Provide assurance and lead on the exit strategy for winding down the local response as necessary;
10. Agree on collective approach, where necessary, and deployment of resources to ensure the effective local service delivery and response.

The Board will be one of two sub-groups under the Southend Health and Wellbeing Board. This Board will report into the second sub-group, the Outbreak Control Oversight and Engagement Board.

## **Chair**

The Board shall be chaired by the Director of Public Health for Southend Borough Council and the Council's Chief Executive and local NHS Alliance Director shall be co-Vice Chair.

## **Representation**

The Board shall comprise of:

- Krishna Ramkhelawon – Director of Public Health (Chair)
- Andrew Lewis – Chief Executive (Vice-chair)
- Tricia D'Orsi – NHS Alliance Director, NHS representative
- Michael Marks - Executive Director of Children and Public Health (DCS rep)
- Smita Kapadia - UKHAS Consultant in Communicable Disease Control
- Tandra Forster – Executive Director of Adults & Communities (DASS rep)
- Joanne Stowell – Public Protection Director
- Gary Cullen – Resilience & Emergency Planning Manager
- Margaret Eni-Olotu – Public Health Consultant (LHRP rep)

The Vice-Chair will be a standing substitute for the Chair when unable to attend, but another nominated qualified senior Public Health professional must be in attendance.

## **In Attendance**

It may be necessary from time to time to co-opt other members for specific areas of interest such as representatives of the Environment Agency.

The Public Health lead for the Pandemic Outbreak Management and the Head of Communications, will be co-opted members.

### **Secretariat**

The Council will provide this support through the Graduate who supports the Chief Executive's Office.

### **Quorum**

The Board shall be Quorate if any 4 persons are present including the Chair and Vice-Chair and a nominated senior Public Health professional, in the absence of the Director of Public Health and a representative from the NHS.

### **Meetings**

Meetings may be held with such frequency as are required. This is likely to be monthly currently, due to the ongoing COVID-19 pandemic.

**Date approved and for review:** 22 April 2022 - Review in 2 months

*Last reviewed - 17 November 2020*

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# Southend Health Protection Board

## Terms of Reference

### Background

Since 1<sup>st</sup> April 2013, the City Council, through the Director of Public Health (DPH), has statutory responsibilities to advise on and promote local health protection plans across agencies, which complements the statutory responsibilities of UK Health Security Agency (UKHSA), NHS England/Improvement (NHSE&I) and the local NHS – (from the 1<sup>st</sup> July 2022 this will be the Mid and South Essex’s Integrated Care Board – **MSE ICB**).

The services that fall within Health Protection include :-

- Communicable disease and environmental hazards
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- Health in the Justice System

The Health Protection Board (HPB) for Southend was established in March 2020, in response to the COVID-19 pandemic outbreak. It was set up as a multi-agency Board to facilitate information sharing, planning and emergency response across the system. Whilst responding to the need to suppress increase infection rates from COVID-19, it also assumed responsibility to support the system in tackling significant pockets of COVID vaccine hesitancy and consider the risks associated with the reduced staff resources overall in the system, due to both excess demand on health and care services and staff illness, and therefore ensuring that maximum efficiency is achieved.

In March 2022, at the bequest of the DPH, the HPB and the Outbreak Management Oversight and Engagement Board (now renamed the Heath Protection Oversight and Engagement Board) unanimously approved that the two Boards will continue to operate as an established governance for all Health Protection matters in Southend.

The HPB will also have a direct link into the Local Health Resilience Partnership (LHRP) which is a forum across Essex chaired by one of the three DsPH across Southend, Essex and Thurrock. Member agencies share responsibility for oversight of health emergency planning in this forum. The Council’s Public Health Consultant will liaise with the LHRP, TB Network and the NHS Immunisation and Screening team to update the HPB - whilst we await the finalisation of the local NHS restructure and the creation of the MSE ICB. The Environmental and Food Safety issues will be covered by the Director of Public Protection.

## **Purpose**

The Board shall exist to:

1. Provide a strong leadership forum for information sharing and planning between public agencies that have responsibilities for health protection across Southend;
2. Review, engage and seek assurance that appropriate mechanisms are in place to protect public health and agree what collective support is required;
3. Lead on the development and implementation of the Local Outbreak Management Plan;
4. Actively partnering with UKHSA for local surveillance of all communicable and infectious diseases' outbreaks and provide robust mitigation against risks;
5. Identify public health action required and identify key supporting agencies to ensure action is taken and collective support is agreed;
6. Identify gaps and issues which need resolution by the one or more of the member agencies and procedures/processes which need to be developed or improved;
7. Provide a clear steer on key items for communication out to stakeholders including citizens and visitors to Southend and the engagement with media;
8. Responsible for scientific, ethical and technical oversight;
9. Co-ordinate contract tracing service responsibilities, linking into both the national and regional system architecture – as and when required;
10. Monitor and recalibrate local actions and responses;
11. Provide assurance and lead on the exit strategy for winding down the local response as necessary;
12. Agree on collective approach, where necessary, and deployment of resources to ensure the effective local service delivery and response

The Board will be one of two sub-groups under the Southend Health and Wellbeing Board. This Board will report into the second sub-group, the Outbreak Control Oversight and Engagement Board.

## **Chair**

The Board shall be chaired by the Director of Public Health for Southend City Council and the Council's Chief Executive and local NHS Alliance Director shall be co-Vice Chair.

## **Representation**

The Board shall comprise of:

- Krishna Ramkhelawon – Director of Public Health (Chair)
- Andrew Lewis – Chief Executive (Vice-chair)
- Ruth Hallett – NHS Alliance Director, NHS representative
- Michael Marks - Executive Director of Children and Public Health (DCS rep)
- Smita Kapadia - UKHAS Consultant in Communicable Disease Control
- Tandra Forster – Executive Director of Adults & Communities (DASS rep)
- Joanne Stowell – Public Protection Director
- Gary Cullen – Resilience & Emergency Planning Manager (Southend CC)
- Margaret Eni-Olotu – Public Health Consultant (LHRP rep)

- Adam Keating - Strategic Communications Manager (Southend CC)

The Vice-Chair will be a standing substitute for the Chair when unable to attend, but another nominated qualified senior Public Health professional must be in attendance.

### **In Attendance**

It may be necessary from time to time to co-opt other members for specific areas of interest such as representatives of the Environment Agency.

The Public Health lead for the Pandemic Outbreak Management will be a co-opted member.

### **Secretariat**

The Council will provide this support through the Graduate who supports the Chief Executive's Office.

### **Quorum**

The Board shall be Quorate if any 4 persons are present including the Chair and Vice-Chair and a nominated senior Public Health professional, in the absence of the Director of Public Health and a representative from the NHS.

### **Meetings**

Meetings may be held with such frequency as are required. This is likely to be monthly currently, due to the ongoing COVID-19 pandemic.

**Date approved and for review:** (*tba on the 27 May 2022*) - Review in 3 months

*Last reviewed - 22 April 2022*

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# Southend-on-Sea Local Outbreak Management Plan

**How we will manage Coronavirus outbreaks, and improve vaccination uptake.**

**May 2022**

## Document History

Version	Date	Author	Commentary
V1.1	11-05-2022	KG, KR	First draft
V 1.2	24-05-2022	KG, KR	Revised

## Document Approval

Name	Project Role / Title	STATUS*	Approver**
Andy Lewis	Chief Executive	A	Yes
Cllr Kay Mitchell	Cabinet Member	A	Yes
Krishna Ramkhelawon	Director of Public Health	AR	Yes
Bharat Pankhania	Public Health Lead	R	
Katie Gardner	Operations Manager	R	

\* Key: R - Responsible for delivery, A - Accountable

\*\* Denotes formal approvers of this document.

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## 1. Introduction

The future path and severity of the virus is uncertain, and it may take several years before the virus becomes more predictable. As a result, Southend City Council and partner agencies will continue to work closely together in taking steps to ensure there are plans in place to maintain resilience against significant resurgences or future variants and remain ready to act if a dangerous variant emerges.

The Government's latest strategy, as documented in the ['Living with Covid'](#) plan, has moved us away from a focus on reducing prevalence, to prioritising measures which reduce the risk of serious harms to vulnerable people, reduce the burden on the NHS and protect the economy. The Government's goal is to move towards managing COVID-19 in line with other respiratory viral illnesses and promote behaviours that can reduce the transmission of such viruses.

We are awaiting further guidance from UKHSA and the latest Contain Framework in order to clarify responsibilities and expectations of Local Authorities going forwards as a result of the end of the Contain Outbreak Management Fund (COMF) which allowed Local Authorities to resource the local response. So the following Local Outbreak Management Plan outlines our current functions and contingency plans. This document will be updated as and when the national guidance changes. Unless otherwise stated, the below outlines the actions that the Local Authority will take in each of the areas listed.

This plan is intended to help us to continue to live with Covid-19 and should we need to respond to a similar disease we have a plan that will give us the ability to upscale as required, using the learning we have gained throughout the pandemic.

## 2. Outbreak Management

Outbreak management in high-risk settings (eg. Care homes) remains the first priority of the Council's Covid response work and regular communication with care settings will continue as there have been limited changes to the guidance in this area. Overall, settings now have much more responsibility for outbreak management compared with earlier in the pandemic. The Southend Public Health team will provide Infection, Prevention & Control (IPC) and outbreak management advice.

The LA may be notified of potential outbreaks via the UKHSA HPT, or through local intelligence from businesses and/or residents. The public health team will inform the HPT as necessary and carry out investigation and provide advice and information to support management of the outbreak and reduce onward transmission.

This may include but is not limited to provision of IPC advice and information, investigation and review of the circumstances of the outbreak and its route cause, facilitation of testing, contact tracing, on site visits, IMTs. Any investigation and action required in relation to the outbreak will be based on assessment of the risk and directed by the HPT, Director of Public Health or clinical lead as appropriate, in accordance with current government guidelines and the MOU.

NOTE: If there is a new VOC (Variant Of Concern) then our response will be directed by UKHSA.

## Care settings

Given the nature of these settings, in the Government’s ‘Living with Covid’ plan there have been less significant changes in the advised mitigations for health and social care staff identified as cases or as contacts of COVID-19.

<p>Baseline measures</p>	<ul style="list-style-type: none"> <li>• Routine testing continues in health and social care settings</li> <li>• Care settings and positive cases linked to, or residents of care settings are monitored daily through the positive case line list. In addition, care homes are proactively encouraged to report positive cases in staff or residents to the Covid Support Team. UKHSA will undertake an initial risk assessment, advise the care home on infection control measures and hand over the follow-up of the outbreak to the LA.</li> <li>• Outbreaks need to be actively managed by the setting manager to mitigate any risk. This is done with the support of the Covid support and Quality team. This includes the monitoring of outbreak testing and recovery testing as required.</li> <li>• Care settings are contacted regularly, and outbreak status is reviewed on a weekly basis. Those settings which are cause for concern are escalated in accordance with the IMT prioritisation matrix and IMTs are conducted as informed by the matrix and in consultation with the clinical lead.</li> <li>• Care homes in outbreak wishing to take new admissions are required to provide formal risk assessment to the Covid team to support the admission. These are reviewed by the clinical lead and the outcome decision in relation to the admission documented. If it is considered necessary, an IMT will be conducted to review the details on a case-by-case basis.</li> <li>• All activities are carried out in accordance with the current MOU, care setting SOP, and government guidelines.</li> <li>• Care providers received PPE free of charge until March 2023 from the national PPE portal. Infection control guidance and training is available via the national scheme.</li> </ul>
<p>How we will upscale</p>	<ul style="list-style-type: none"> <li>• New measures to increase resilience across the whole care sector (care homes, domiciliary care, and supported living) are being built into provider’s contingency plans, including financial resilience measures.</li> <li>• Staffing capacity is being regularly reviewed alongside the trends in cases and outbreaks in order to pre-empt significant rises in demand. As care setting outbreak management is the first priority of our response, other members of the team will be tasked with supporting this work in the first instance. Business support in the team will undertake more of the administrative tasks associated with outbreak management to make best use of skills in the team.</li> <li>• Other staff in the Public Health and Environmental Health teams who have returned to substantive roles will be recalled to support this work</li> <li>• Recruiting agency staff will be a last resort</li> <li>• Communication issued to all schools and settings or any guidance changes or need to upscale our actions</li> </ul>

## Adult Social Care

In response to Covid-19, Southend City Council and our neighbouring councils worked closely to develop a framework called the Local Authority Pressures Escalation Level (LAPEL) to respond to escalating pressures from Covid-19 across social care delivery in Essex. The LAPEL framework is a way of presenting the current level of challenge for adult social care. It mirrors OPEL (Operational Pressures Escalation Level) which is the system used by hospitals and the ambulance service. The framework provides a structure around which the emergency response can be delivered. However, any response will be dynamic. The levels are:

Level	Description
LAPEL 1	Business as usual
LAPEL 2	Ordinary business continuity actions
LAPEL 3	Major pressures
LAPEL 4	Unable to meet care needs

Both LAPEL 3 and LAPEL 4 are expected to be very unusual and represent a very concerning situation. The LAPEL system is used to share information about the current position, and to create a set of agreed actions to mitigate pressure that can be put in place quickly.

A set of trigger points for LAPEL declaration have been agreed and these are set out below (see the [Appendices](#) for more information).

Level	Description	Community No Formal Care		People waiting in short term Residential Care		People waiting in Short term Domiciliary Care		People waiting in hospital
		Number	LoS	Number	LoS	Number	LoS	Number
LAPEL 1	Business as usual	up to 5	1-3 days- stable	up to 30	less than 28 days - stable	up to 15	less than 7 days - stable	up to 5
LAPEL 2	Ordinary business continuity actions	5 - 10	1-5 days - increasing	up to 30	increasing	15 - 20	increasing	5 - 10
LAPEL 3	Major pressures	10 - 15	increasing	more than 30	increasing	20 - 30	increasing	10 - 20
LAPEL 4	Unable to meet care needs	more than 15	increasing	more than 40	increasing	more than 30	increasing	more than 20

## Education

Baseline measures	Staff and pupils in mainstream secondary schools are not expected to continue taking part in regular asymptomatic testing. Schools will no longer alert us of every case and only seek guidance from the Local Authority when the agreed threshold has been reached: <ul style="list-style-type: none"><li>• Hospital admission for Covid-19 linked to attendance at an education setting</li><li>• There is severe operational disruption to face-to-face education</li><li>• The setting has requested to bring in special measures to deal with an outbreak eg. Face coverings, bubbles, closing the school/certain year groups.</li></ul> Educational settings will only be considered for public health intervention and outbreak management in these circumstances.
How we will upscale	<ul style="list-style-type: none"><li>• Communication issued to all schools and settings or any guidance changes or need to upscale our actions</li><li>• Signposting given to all national and regional guidance</li><li>• Regular webinars for school leaders with Director of Learning and DPH</li><li>• Offer advice and guidance in the updating of Local Outbreak Management Plans for each school</li></ul>

## Other High Risk Settings and Communities

There are a range of high risk settings and communities which may require specific actions and tailored communications, such as: Healthcare settings, HMOs, Sheltered housing/Hostels, Rough Sleepers, BAME and faith groups, Taxi drivers, Businesses and retail, and Food businesses.

In these situations, we will work with the relevant team in order to send out communications and liaise with the setting/individual.

Broadly speaking, there are a variety of measures which could be brought in if we needed to scale up our response:

- Review the settings' risk assessment and safety measures in place to ascertain if it's line with Government guidelines. SCC to advise on areas of risk that may be better mitigated.
- Support the setting with communicating the outbreak/supporting contact tracing in relevant way.
- Communicate with stakeholders any need for increased IPC measures eg. Wearing of face masks, use of anti-bacterial wipes, increased cleaning schedule, installation of protective screens, carrying out regular risk assessments etc.

Healthcare settings still encouraging face coverings and following measures in the Government guidance.

### 3. Testing

All test sites in the city are now closed. We will maintain this small supply of PCR and LFD stock if required to respond to an outbreak / variant / if there are supply issues through the normal ordering channels. We will prepare and maintain the capabilities to ramp up testing by maintaining our contacts at DHSC and Commisceo in the case where test kits need to be delivered, or a Mobile Testing Unit needs to be deployed to be used as a line of defence against a new variant.

Baseline measures	<ul style="list-style-type: none"> <li>• Encourage testing available for high-risk individuals and those working in high-risk settings.</li> <li>• Support given to health and care settings where they have issues ordering tests through the DHSC test ordering portal.</li> <li>• Small stock of LFD and PCR test kits kept at Civic Centre as a contingency.</li> <li>• Registered care homes can apply for test kits for their staff and residents</li> <li>• Adult social care staff and healthcare staff can apply for test kits for themselves</li> </ul>
How we will upscale	<ul style="list-style-type: none"> <li>• Stand up the Testing Cell which formed part of the Southend Pandemic Management Programme and managed and coordinated the logistics and comms associated with local testing</li> <li>• Work with Commisceo to deploy nurses to carry out doorstep testing/to staff testing sites</li> <li>• Request Mobile Testing Units if there is an immediate need to test a section of the community</li> <li>• Reopen local testing sites if there is a more long-term need for testing or more capacity is required - Short street and Southend airport test sites were longstanding sites previously</li> </ul>



## 4. Data & Intelligence

<p>Baseline measures</p>	<ul style="list-style-type: none"> <li>• Monitoring variants and prevalence at a local level using testing data.</li> <li>• The wide-scale reduction in testing in the population limits our ability to closely monitor the virus locally. Wastewater data is no longer being collected/published.</li> <li>• COPI regulations due to expire at the end of June 2022 which currently allows sharing and collection of Coronavirus data within its guidelines.</li> </ul>
<p>How we will upscale</p> <p>87</p>	<p>Restart some/all of the following actions:</p> <ul style="list-style-type: none"> <li>• Operation Performance and Intelligence team to assist with data download &amp; dissemination processes (subject to availability).</li> <li>• Download DfE School helpline data and enrich education cases data / update education master list</li> <li>• Identify care home cases and add to Care Tracker</li> <li>• Identify health cases and email to relevant colleagues (eg: Sccg.ttcehealth)</li> <li>• Identify cases related to HMOs and email to private sector housing team</li> <li>• Identify cases for Southend City Council staff and email local contact tracing team</li> <li>• Download mortality data and distribute analysis</li> <li>• Refresh COVID shiny app – dashboard displaying data trends for cases, vaccinates and mortality</li> <li>• Refresh care home dashboard summarising data on care home cases, outbreaks, vaccinations and mortality</li> <li>• Distribute daily sit rep email of key metrics</li> <li>• Download and distribute reports: common exposures, venue alerts and postcode coincidences</li> <li>• Download, analyse and distribute data on any new vaccine booster take-up</li> <li>• Summarise surveillance data as requested by DPH for Health Protection Board or equivalent governance group</li> </ul> <p>May need to bring back full use of our Case Management System (CMS) if there is a need to pick up wide-scale contact tracing again at a local level. Data &amp; Intelligence team may be needed to support with coding/extracting data and compiling reports associated with this. A new IT support &amp; maintenance contract with Agilisys will need to be put in place if the CMS is brought back into use.</p>

## 5. Vaccination

Vaccinations will continue to be the main tool for maintaining our resilience against Covid-19 and therefore we will continue our work on reducing vaccine hesitancy across the city with local partners.

<p>Baseline measures</p>	<ul style="list-style-type: none"> <li>• Continue to support the NHS Vaccination programme available to residents in Southend through local Pharmacies, GP led clinics and a Local Vaccination Site based at the Southend City Council Civic Centre. SCC support with on-the-ground logistics, coordination, sourcing venues, comms, risk assessments etc.</li> <li>• The Civic Centre will be available for continual use until end of 2022 as the main local vaccine site.</li> <li>• Maintain a SCC member of staff in post as the Southend City Council Vaccination Lead – who has a key role in coordinating events and working with partners to deliver the Vaccination programme</li> <li>• Continue great partnership working with CCG, PCN, EPUT and Public Health Colleagues and weekly meetings to ensure we are delivering what is needed of the programme and meeting residents’ needs.</li> <li>• EPUT Health Promotion Leads are clinically trained staff brought on board in January 2022 to carry out myth-busting and have conversations with the public/communities where vaccine hesitancy is high.</li> </ul>
<p>How we will upscale</p>	<p>We predict that vaccination will remain high on our agenda for at least the next 12 months in order to maintain immunity in the population. A further programme of vaccination is predicted for September 2022 which will require one/several months of intense planning and implementation working with partners. Workforce capacity may be a challenge however we’re looking at agile ways to maximize staff available eg. clinical teams fulfilling some community outreach and supporting care home setting and housebound visits.</p> <p>A range of other tasks may be required:</p> <ul style="list-style-type: none"> <li>• Make outbound calls to unvaccinated residents to offer any support needed. A pilot was previously completed with Valkyrie Surgery in spring 2022.</li> <li>• Run pop-up clinics offering vaccinations to a range of ages and also Flu vaccine where possible. These have been run at various Community Assets across the City including local Churches where food banks run, Libraries and Community Halls. All have been really successful and well-received by the community.</li> <li>• Initiate a roving bus model throughout the City where community assets aren’t available</li> <li>• Increased communication to eligible residents through a range of methods</li> </ul>

## 6. Events and Summer Planning

### Hosting Events

Baseline measures	<ul style="list-style-type: none"> <li>• Keeping event organisers updated of any changes to Government guidance via email, Media releases, and website</li> <li>• Work with Southend Safety Advisory Group (SAG) and other Local Authority SAGs to share best practice and guidance</li> </ul>
How we will upscale	<ul style="list-style-type: none"> <li>• Work with Southend Safety Advisory Group (SAG) to review risk assessments and types of event to align with any changes in government guidance on event capacity and social mixing</li> <li>• Enhanced risk assessments will be required – but need to be flexible and proportionate</li> <li>• Guidance and advice given to organisers to disseminate to participants &amp; 3<sup>rd</sup> party contractors to include advice on enhanced hygiene, wearing of face coverings, social distance measures etc.</li> <li>• Reduced numbers allowed at a time. Staggered starts</li> <li>• Encourage event organisers to promote Enhanced cleansing regimes, Contactless payments.</li> <li>• Encourage event holders to maintain records of all guests at events to assist contact tracing</li> <li>• Review Council position on large events once Government guidance is published and Regulations are amended.</li> <li>• Hold Evening Seminar Session for Event Organisers</li> <li>• Event Management Plan (EMP) &amp; risk assessment form includes a section for event organisers to explain their Covid 19 plans and procedures</li> <li>• Reviewing Government guidance regularly.</li> </ul>

### Seafront Overcrowding and IPC measures

Baseline measures	Work with CCTV, Community Safety/foreshore and Highways to monitor visitor numbers, flows and behaviours
How we will upscale	<ul style="list-style-type: none"> <li>• Additional cleansing and toilet provision</li> <li>• Signage and stewarding – including sharing public health messaging eg. Hands, face, space, vaccinate</li> <li>• Closure of businesses and venues</li> <li>• Closure of car parks</li> <li>• Road closures</li> </ul>

## 7. Supporting self-isolation and Coronavirus Helpline

Coronavirus Action Helpline proposed to be stood down from 1<sup>st</sup> June 2022 based on low demand at this stage in the pandemic.

Baseline measures	<p>There is currently no demand for Self isolation support following the Government's removal of. the legal mandate to self isolate.</p> <p>The Coronavirus Action Helpline was set up at the beginning of the pandemic to support self-isolating vulnerable people and shielded groups requiring support over and above government support. After there had been sufficient communication and signposting to volunteers via the Good Sams, SAVS, South Essex Community Hubs (SECH) and other community groups, many residents had made connections and were able to support each other without the need for the helpline.</p>
How we will upscale	<ul style="list-style-type: none"> <li>• Reinstatement of the Coronavirus Action Helpline</li> <li>• Maintain strong links with voluntary / community / faith sectors which collectively met much of the food (delivery, help with shopping)/ medication collection &amp; delivery / ancillary support needs early on in the pandemic</li> <li>• Make outbound welfare calls to shielded groups and identify any needs. Social care support activated where required.</li> </ul>

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## 8. Communications

The Covid-19 Community Engagement and Communications Cell, as one of the Southend Pandemic Management Cells, was established to deliver operational management and response to the Covid-19 pandemic up until March 2022. The Cell's primary purpose was to ensure that accurate Covid-19 information is communicated to Southend residents and to community organisations. Residents and partners were encouraged to provide feedback and were mobilised to support efforts to keep everyone safe. This cell can be reinstated if required.

The Cell included representation from: Southend Association of Voluntary Services; NHS Clinical Commissioning Group; Southend-on-Sea City Council (including Communications representation; Public Health representation; economic development for communication with businesses, and Engagement and Participation representation); and other invited organisations such as Everyone Health; housing services; and the police as required.

<p>Baseline measures</p>	<ul style="list-style-type: none"> <li>• Keep the public and relevant stakeholders informed of any guidance changes requiring their action</li> <li>• Encourage the public, through communications, to access the vaccination offer</li> <li>• Communications reflect local risk and ensure the safety and health of the public, under our Duty of Care</li> <li>• Use a range of communication methods to communicate the required public health message eg. testing, vaccination, IPC measures. We have previously used press releases, billboards, Ad-vans, printed adverts, websites, radio and TV coverage, social media, and working with social influencers.</li> <li>• Continue to share messaging from UKHSA and localise the message as required</li> <li>• All communication will be updated in line with any guidance changes implemented by central government and the Council's Health Protection Board.</li> </ul>
<p>How we will upscale</p>	<ul style="list-style-type: none"> <li>• Restart the Comms and Engagement cell</li> <li>• Restarting 'Community Conversation' events - provide those attending with an opportunity to hear from the Director of Public Health, Council Officers and NHS leaders on the current national and local Covid-19 information (including data; testing and vaccination information). The 'conversations' provide an opportunity for attendees to ask questions and provide feedback to the Council and the NHS.</li> <li>• Reactive outreach to community groups with public health/regulatory services officers if required. To deliver a high support/high challenge approach and support groups to interpret and follow the guidance correctly</li> <li>• Community Connectors/Community Builders programme (previously had over 100 connectors involved) - hosted by SAVS enables community members, leaders, influencers, volunteers, and staff to sign up to receive up to date, localised, reliable, and timely information. It can be used to keep themselves, their family and community safe, disseminate it wider in their networks, and provide us with regular feedback on the local situation. The connectors received a weekly newsletter prepared by SAVS</li> <li>• Engage via Patient participation groups in the PCNs, and the interfaith working group.</li> <li>• Target communications to specific communities, settings, or areas to improve understanding, increase vaccine uptake and provide timely information</li> <li>• On occasion, a specific communications approach may be required to respond to a variant of concern, or contentious outbreak – in which case a steer will be sought from UKHSA and internal SCC comms team. Wider communications may be required such as communicating what residents or businesses need to do such as testing or isolating. Public/media interest and scrutiny around local outbreaks needs to be managed carefully. May need to identify local spokespeople such as Councillors, headteachers or community leaders.</li> </ul>

## 9. Governance

### 9.1. Strategic Structures & Decision-making

Baseline measures	<ul style="list-style-type: none"> <li>• Maintain regular Health Protection Board meetings</li> <li>• Maintain regular Health Protection Oversight and Engagement Councillor meetings</li> <li>• Follow Local Outbreak Management Plan and approve any changes to approach</li> <li>• Make decisions regarding local containment measures (beyond BAU)</li> <li>• Provide assurance re. implementation of proactive measures</li> <li>• Refine early warning systems</li> <li>• Review/monitor indicators of system stress</li> </ul>
How we will upscale	<ul style="list-style-type: none"> <li>• Increase frequency of meetings in order to maintain more oversight of high-risk situations and resolve urgent issues arising</li> <li>• Review legal powers</li> <li>• As required set up Incident Management Team meetings</li> <li>• Stand up Joint Consultant (CCDC) rota with Essex to cover weekends and evenings to reduce any delays in response</li> <li>• Stand up Southend Covid-Gold Command group – senior managers at SCC to resolve resourcing/staffing issues</li> <li>• Escalate any capacity issues to the Essex Resilience Forum and stand up the Essex LRF Strategic Co-ordinating Group – draw down mutual aid</li> </ul>

National decision-making will take place through the government's Local Action Committee command structure, which can escalate concerns and issues to the COVID Operations Committee to engage ministers across government.

The decision-making model follows the approach to civil emergencies, based on the concept of subsidiarity, which is where decisions should be taken at the lowest appropriate level, with co-ordination at the highest necessary level. At regional level, this is delegated to the Regional Partnership Team (RPT – this function is currently under review and may be subsumed into the UK Health Security Agency) whose role is to:

- provide a crucial link between local and national government,
- represent Whitehall working within local structures and provide a report back to ministers,
- offer advice about escalating critical issues,
- rapidly scale up responses.

Local authorities should alert RPT in instances where they are considering that the closure of a premises is necessary to manage local outbreaks. RPT will provide advice as to whether that premise is of national significance and therefore whether the relevant government department needs to be consulted before action is taken.

The LOMP has been developed and is implemented with support from the wider system and under the overall leadership of the Southend Health and Wellbeing Board.

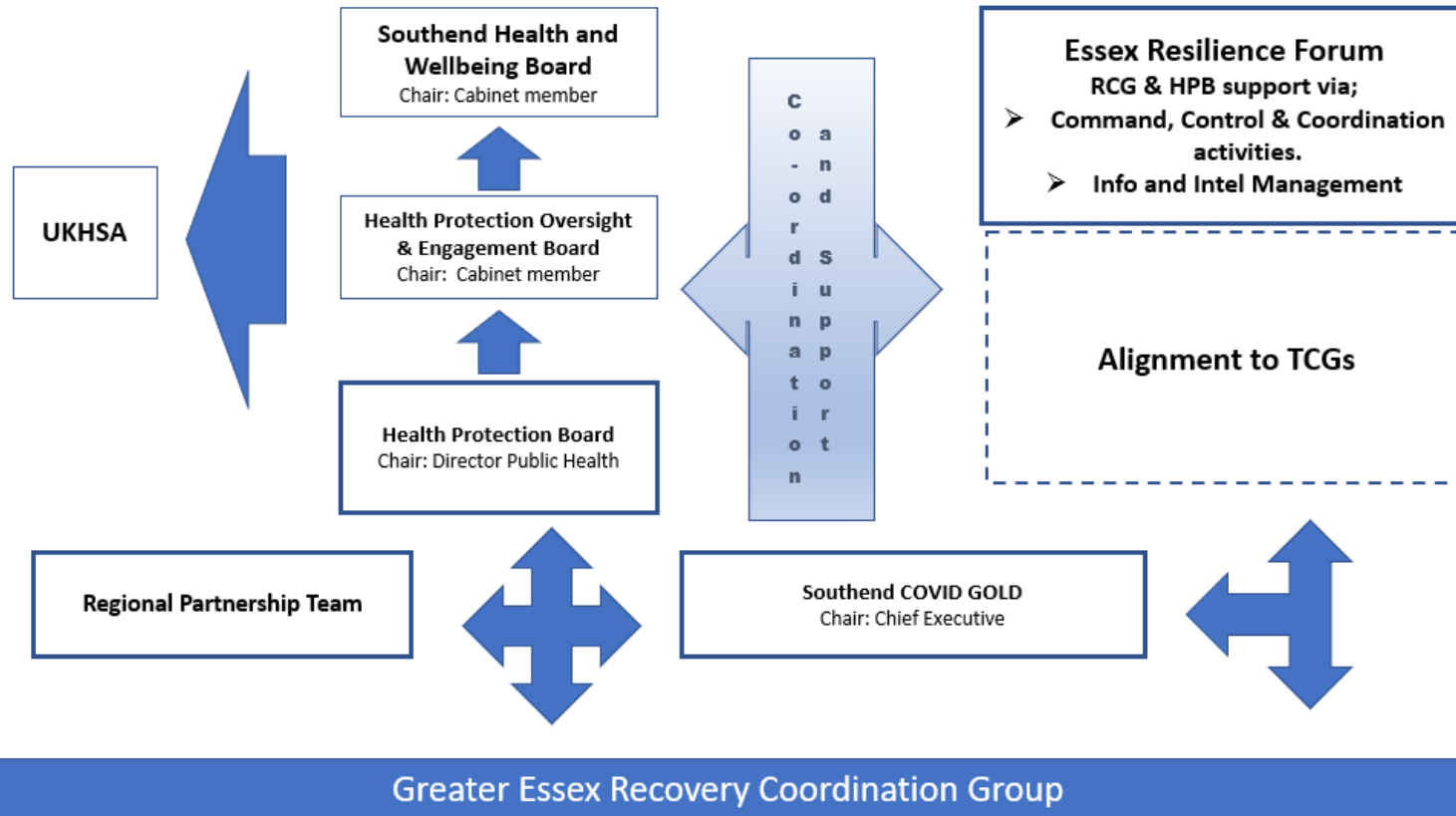
Two Southend-centric Boards were formed at the start of the Covid-19 pandemic in 2020 and will continue to operate with distinct roles and responsibilities:

- **Southend Health Protection Board** - Responsible for the development and implementation of the local outbreak control plan and will be led by the Director of Public Health. The core membership includes the Chief Executive of the Council, Public Health England, the local NHS body (Southend CCG and the MSE Health & Care Partnership), The Director of Adult Social Care (DASS) and Director of Children Services (DCS).
- **Health Protection Oversight and Engagement Board**- Provides political ownership and public-facing engagement and communication for outbreak response and responsible for scrutiny and assurance. The core membership includes cross-party Councillors, including the Chair of the Health and Wellbeing Board, the Leader of the Council and the Chair of the People's Scrutiny Committee; the Cabinet Member for Community Safety; the Chief Executive; Director of Public Health; and representatives from Southend CCG and the Essex Police and Crime Commissioner.

**UKHSA CCDC and the Health Protection Team** will continue to provide expertise in communicable disease control, epidemiology and outbreak management, while also acting as the conduit with the regional and national advice and support teams.

**Essex LRF Strategic Co-ordinating Group** - Gold emergency planning group across Southend, Essex and Thurrock, to support, co-ordinate and partner with broad local groups to aid with the delivery of outbreak management plans. This will be stood up when further support is required from neighbouring Local Authorities.

The Southend Health Protection Board will also work with the **Essex Resilience Forum** to support with co-ordination across Greater Essex and for a direct link into national government.



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The two new Boards will be subgroups of the Health and Wellbeing Board and have signed off the Local Outbreak Management Plan. The Terms of Reference of these Boards are included in the [Appendices](#).

The Chief Executive is central to the coordination and decision-making process as vice-chair of the Health Protection Board, joint chair of LRF’s Recovery Coordination Group, chair of the Southend COVID-Gold Command and a core member of the Oversight and Engagement Councillors Board. Southend COVID-Gold Command focuses on both pandemic management and recovery. Southend COVID-GOLD command group have been stood down since the management of the pandemic has moved into business as usual, but will be reinstated as the need arises.



## 9.2. Delivery and Operations

A small core pandemic management team is being retained to ensure that the Director of Public Health can continue to monitor risks, retain appropriate surveillance in conjunction with UKHSA, contain localised outbreaks and support the on-going vaccination programme. Where demand is lower than anticipated, the staff will support the recovery work of the public health team and continue to support the wider community engagement.

We are working closely with UKHSA to ensure the training needs of such teams are optimised and that we have built enough resilience to upscale our activities should the need arise.

DHSC has advised local authorities that they can carry forward the remainder of any unspent control outbreak funds (COMF). For smaller organisations, we have less resources but have been able to plan for up to 6 months from April 2022 – UKHSA has advised us that any shortfall will be reviewed by DHSC and mitigation in place if additional funding is required as we move into winter 2022.

The figure below shows what we have established to support the planning and operational management of this outbreak plan. This is reflective of the settings we are required to proactively review using both local and national data and intelligence, support with advising on infection prevention and control and in responding to any suspected and actual localised outbreak. This has been revised with a reduced number of cells allowing us to adopt a more sustainable model of delivery based on the national [Living with Covid](#) strategy.

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# Southend Covid-19 Pandemic Management

## Health Protection Board

Chair: Director of Public Health

**Pandemic Operations Team** – Katie Gardner, Bharat Pankhania, Smita Kapadia, Juliette Gilbert, Kelly Clarke, Richard Warren, Comms, Julie Attridge, Gary Cullen

**Responsibilities:** 1. Strategic & Operational planning  
2. Data & intelligence, monitoring prevalence and variants  
3. Comms and engagement & Oversight of Cells  
4. Escalating health protection and operational issues

### Delivery & Operations (including Responsibilities)

96	Main Functions	<b>Outbreak Management Cell</b> Juliette Gilbert Lead Bharat Pankhania	<b>Care Settings Cell</b> Benedict Leigh Lead Erin Brennan-Douglas, Frances O'Donnell	<b>Testing and Vaccination cell</b> Kelly Clarke Lead Jo Judge
		Responsibilities	<ol style="list-style-type: none"> <li>1. Information advice &amp; guidance in infection prevention and control to settings and public</li> <li>2. Overall outbreak management including IMTs</li> <li>3. Covid Support contact centre</li> </ol>	<ol style="list-style-type: none"> <li>1. Outbreak management in care settings</li> <li>2. Communications with care settings</li> <li>3. Wider responsibilities for management of the care sector, as well as other infectious disease</li> </ol>
<b>Delivery Support</b>				
Workforce : Sue Putt Lead				
IT: Ian McLernon IT Lead				
Communications and Media : Adam Keating Lead				
Programme Management : Katie Gardner				
Finance & Legal: Leads – Paul Grout and Giles Gilbert				
Governance and Secretariat : CEO's Management Trainee				

A number of key operating cells have been merged as a reflection of the current level of demand and the 'Living with Covid' plan. This structure allows us to streamline our response. The cells have dedicated capacity, as part of redeployment, reprioritisation and partly funded by the national pandemic funds (COMF - Contain Outbreak Management Fund), and are crucial in the ongoing support to the Health Protection Board. Mid & South Essex CCGs IPC team lead the Southend Social Care IPC service provision in close collaboration with the Public Health team. Southend CCG lead on vaccination planning across the Mid & South Essex system.

## 10. Resourcing and Resilience Planning

We are retaining a few members of the team who have been dedicated to the pandemic management. This will enable us to reintroduce key capabilities such as small-scale contact tracing for high-risk outbreaks, and set up mass vaccination and testing in an emergency. The few remaining staff members in the Pandemic Response Team have flexible skillsets to enable them to support our response to Covid-19 in whichever direction is required.

However, if there is another dangerous variant the team will not have enough capacity to face the demand alone and additional resource will be required. A Public Health Emergency Responders programme is being set up in order to equip a pool of SCC employees with the basic skills and knowledge to assist with the response.

The staff members will undertake some basic training in health protection, and be part of annual table-top emergency planning exercises so they can keep their skills and knowledge upto date. This will ensure that we have a small pool of staff who are ready to respond to future outbreaks/pandemics, not only Covid-19. We are requesting to maintain this approach for the next 2-5 years as the World Health Organisation have advised we keep our skills and capacity available for this time.

The UKHSA Health Protection Sharepoint and E-Learning for Health are two information platforms that have a large amount of training courses and materials available to staff in the Local Authority and this will be signposted to as well.

There will be another table-top exercise planned for November 2022, following the last exercise in July 2021.

Furthermore, there was a large volunteering effort from Southend residents at the beginning of the pandemic. So there is opportunity to call on this support once again if demand requires. The Good Neighbours scheme was setup in spring 2020 in response to the demand for self isolation support from the community, so this could be reinvigorated as well.

### **Potential Redeployment Roles:**

Below is a selection of potential roles that that may be required to respond to a future variant of concern/another pandemic. In order to maintain our readiness to respond we have proposed that a number of staff are moved to a reserve list in order to fill these roles and assist a wide-scale response.

#### **1. Call handler/contact tracer**

Skills required:

- Customer service
- Good telephone manner
- Able to handle challenging conversations and confrontation from the public

#### **2. Site coordinator / manager (testing and vaccination sites)**

Skills required:

- Project management
- Able to conduct risk assessments
- Knowledge of physical assets/buildings/venues that could potentially be used as sites

### **3. Community outreach officer**

This role has a generic title but these officers could be used as marshals, test site operatives, or generally deployed into the community as part of outreach work to signpost the public, answer questions and share key messages depending on the campaign/emergency in question.

Skills required:

- Strong interpersonal skills
- Ability to move around the city to different locations
- Able to work outdoors
- Able to handle challenging conversations and confrontation from the public






## 11. Glossary

ASC	Adult Social Care
ADPH	Association of Directors of Public Health
BAME	Black, Asian & Minority Ethnic
CCA	Civil Contingencies Act
CCDC	Consultant Communicable Disease Control
CCG	Clinical Commissioning Group
COMF	Containment Outbreak Management Fund
CTAS	Contact Tracing Advisory Service
CEV	Clinically Extremely Vulnerable
CMO	Chief Medical Officer
DASS	Director of Adult Social Care
DCS	Director of Children Services
DfE	Department for Education
DHSC	Department for Health and Social Care
DPH	Department Public Health
DPIA	Data Protection Impact Assessment
EDM	Excess Death Management
EHO	Environmental Health Officer
EFL	English Football League
EPUT	Essex Partnership University NHS Foundation Trust
ERF	Essex Resilience Forum
ESCTS	Essex Southend Contact Tracing Service
HPB	Health Protection Board
HPT	Health Protection Team

IMT	Incident Management Team
IPC	Infection Prevention Control
ITS	Integrated Tracing Service
LA	Local Authority
LAPEL	Local Authority Pressures Escalation Levels
LFD	Lateral Flow Device
LOMP	Local Outbreak Management Plan
LRF	Local Resilience Forum
LTS	Local Testing Site
MACA	Military Aid to the Civil Authorities
MOU	Memorandum of Understanding
MTU	Mobile Testing Unit
OIRR	Outbreak Identification Rapid Response
OMRT	Outbreak Management Response Toolkit
OPEL	Operation Pressures Escalation Levels
PCR	Polymerase Chain Reaction
PHE	Public Health England
PMART	Pandemic Multi-Agency Response Team
PPE	Personal Protective Equipment
RCG	Recovery Co-ordination Group
RPT	Regional Partnership Team
SCG	Strategic Co-ordination Group
SOA	Super Output Area
SOP	Standard Operating Procedure
SPOC	Single Point of Contact

TCG	Tactical Co-ordination Group
T&T	Track and Trace
TTS	Test and Trace Service
TTTS&V	Track, Trace, Test, Support and Vaccinate
UTLA	Upper Tier Local Authority
VAM	Variants and Mutations
VOC	Variant of Concern
VUI	Variant Under Investigation

## 12. Appendices

Title	Last updated	Document
Terms of Reference for Health Protection Oversight and Engagement Board	16 May 2022	 Terms of Reference for Health Protection Oversight and Engagement Board
Terms of Reference for Health Protection Board	16 May 2022	 Terms of Reference for HPB - 16May22.doc
PHE/UKHSA Memorandum of Understanding/ Standard Operating Procedure (SOP)	19 May 2021	 Southend Borough Council PHE Generic Memorandum of Understanding
UKHSA –LA Care Home SOP v16	15 February 2022	 01. UKHSA-LA Care Home SOP v16 15.02.22
Local Authority Pressures Escalation (LAPEL) framework	26 January 2021	 LAPEL.docx



# Southend Health & Wellbeing Board

Krishna Ramkhelawon, Director of Public Health,  
Southend City Council

to  
**Health & Wellbeing Board**  
on  
**8 June 2022**

Report prepared by:  
Kevin Read, Leisure Contracts and Development Manager  
(Physical Activity and Wellbeing Lead),  
Southend-on-Sea City Council

Agenda  
Item No.

10

For discussion		For information only	X	Approval required	
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## Schools Wellbeing Programme Report

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### 1 Purpose of Report

The purpose of this report is as follows:

- 1.1 This report provide a final update to the Board on the recent progress made through working with the School Sports Partnerships on the Schools Wellbeing Programme, including successes, challenges and future opportunities. All looking to promote physical and emotional wellbeing, following the consequential impact of the pandemic.

### 2 Recommendations

- 2.1 The Health and Wellbeing Board is asked to note the updates provided, including successes, challenges and future opportunities as we have now integrated some of these within the planned activities.
- 2.2 The Board is asked to consider the details and suggest additional actions if required or opportunities for further work across the partnership to increase physical activity and improve emotional wellbeing.

### **3 Background & Context**

- 3.1 Physical inactivity is the fourth largest cause of disease and disability and is directly responsible for 1 in 6 deaths in the UK. The latest data from Public Health England highlights that 24% of adults in Southend are inactive, undertaking less than 30 minutes of physical activity a week. This puts them at a greater risk of developing a number of conditions including heart disease, cancer, obesity, diabetes, depression and dementia.
- 3.2 Inequalities are widening in obesity, excess weight and severe obesity across all ages and genders. Action across the child life course is essential to impact childhood obesity and enable positive behaviour change around exercise and other aspects of health. Children living with obesity are more likely to be obese in adulthood and thus increase the risk of obesity for their own children later in life.
- 3.3 22.7% of children in reception year within the borough are obese or severely obese. 33.2% of children in year 6 within the borough are obese or severely obese.
- 3.4 The Southend Health and Wellbeing Strategy (2021-2024) provides a framework and action plan to support the long term vision for Southend to be a healthier, more active borough. Part of this will be achieved through making the participation in an active healthy lifestyle a social norm for people who live or work in Southend.
- 3.4 The coordinated work of the Council links with strategic and operational need, along with Southend 2050, to address some of the consequential impact on physical and mental wellbeing of our young people.

### **4 Schools Wellbeing Programme Update**

- 4.1 Through consultation with our schools in Southend, the Schools Wellbeing Programme was established during the early part of 2021. The programme provided additional physical activity and emotional support, which was valued in helping to cope during the pandemic. The Council in partnership with both School Sports Partnerships offered the following wellbeing projects, which schools receive free of charge:

- 4.2 Embers the Dragon

An integrated home and school approach to developing literacy, wellbeing and resilience for children in key stage 1. This consists of 18 x 30 minute lesson plans directly linked to early years outcomes. This promotes emotional health and wellbeing, to help develop children emotional and physically.

In total, 23 infant, junior and primary schools within the city registered and are taking part in this project. 5,400 pupils have taken part. Schools have given positive comments about the project, as it has helped engage with their youngest pupils in the early stage of their learning and development.

#### 4.3 The Childrens Health Project

This project provides 4 main sections, which include, nutrition, lifestyle, mindset and movement / physical activity. There are ten topics within each of the 4 sections. Aimed at key stages 1 and 2. This meets the new expectations of relationships and health curriculum and the personal development criteria for Ofsted.

Every junior and primary school within the city registered and are taking part in this project. 16,890 pupils have taken part. This continues to be a success, as each section of the project stimulates pupils and links with different aspects of school life.

#### 4.4 Yoga 4 All

Yoga sessions are delivered to target mindfulness, relaxation and also breathing techniques, as a gentle form of physical activity. This is for all ages. There are also 2 x 90 minute sessions for school staff to access, to give them the basic knowledge on basic shapes and postures. Therefore, as well as the regular yoga sessions, the teacher training will allow teachers to provide additional yoga incorporated into the school day.

15 schools have taken part. The feedback from schools is that children enjoy taking part, as it helps with their mindfulness and gives them a break from the school day. It has also been put to use, if children have felt agitated over something, as it has helped to control their emotions.

#### 4.5 Milife Primary Champions

Teaching staff work with selected year 5 pupils, who become health and wellbeing advocates within their school. A ten week challenge follows for 2 year groups, which focuses on physical activity and emotional wellbeing. Each child has a passport, to log their activities.

13 schools have taken part. The project has helped increase physical activity levels in the primary and junior schools.

#### 4.6 Bootcamp

Bootcamp style sessions delivered to those in key stages 2 and above. A variety of fun physical activity sessions are provided, with each session adapted to the age group and ability in question. Pupils develop in the following ways:

- ✓ Collaboration and communication.
- ✓ Perseverance and resilience.
- ✓ Initiative and motivation.
- ✓ Self-belief and confidence.

Through the benefits listed above, this has proved extremely popular. 34 schools have taken part, consisting of 4110 pupils experiencing bootcamp sessions.

#### 4.7 Sport and Physical Activity Courses

With lockdown and restrictions having a negative impact on physical activity, all key stages had the opportunity to access additional sport and physical activity courses. The exact offer was determined by the age group and space available, so schools decided what was best suited.

15 schools have taken part, consisting of 1020 pupils taking part in additional sport and physical activity courses.

#### 4.8 Emotional Support for Secondary School Pupils

Evolve Intervention to provide help for secondary school pupils who may be experiencing difficulties in managing the impact of the pandemic and the return to school. These difficulties could include anxiety, lack of motivation, low mood, friendship issues, amongst many others. There are different interventions available to each school, which include:

- One to one mentoring / coaching sessions
- Group work (focusing on building resilience)
- Remote one to one support (for pupils who are struggling to get back into school)

Due to the limited funding put towards this particular project, it was only successful in the short time it was delivered. Nevertheless, 12 secondary schools took part, with each school seeing 12 of their pupils receive the support from the project. So in total, 144 pupils took part. The feedback is that there are so many more young people in need of this type of support, who would benefit from this intervention.

### 5 **Reasons for Recommendation**

- 5.1 Increasing levels of physical activity in the city and reducing levels of inactivity, will lead to improved health and wellbeing and help to reduce health inequalities.
- 5.2 Continue to collaborate in improving levels of emotional wellbeing in the city, to help reduce health inequalities.
- 5.3 To advise of recent, current and future delivery in schools.

### 6 **Financial / Resource Implications**

- 6.1 The wellbeing programme, was funded by the Council (Public Health Grant – 2020-21) £50k and a contribution of £5k from ActiveSouthend.
- 6.2 There was an in kind cost for use of school facilities, as well as school teachers to be present and actively involved, where appropriate. The approximate cost came to £92,400.

### 7 **Legal Implications**

- 7.1 None at this stage.

### 8 **Equality & Diversity**

- 8.1 All key stages, in all schools, were provided for.

**Southend Health and Wellbeing Board**

Report by

**Alex Khaldi, Independent Chair, A Better Start Southend**

to

**Health & Wellbeing Board on 8<sup>th</sup> June 2022**

Report prepared by:

**Jeff Banks, Director, A Better Start Southend**

	For discussion	X	For information only		Approval required
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A Better Start Southend - update

Part 1 (Public Agenda Item)

**1 Purpose of Report**

The purpose of this report is to provide an update from the Chair of A Better Start Southend (ABSS) on key developments since the last meeting.

**2 Recommendations**

HWB are asked to:

1. Note the contents of the report and raise issues and opportunities with Jeff Banks, ABSS Director, who will be presenting on behalf of Alex Khaldi, Independent Chair of A Better Start Southend (ABSS).
2. Note the ABSS Legacy and Sustainability Strategy as agreed by the Partnership Board on 16<sup>th</sup> May 2022 and identify opportunities for collaboration and joint working, to secure a legacy for the Lottery investment beyond 2025.

**3 Governance**

The ABSS Programme continues to benefit from strong Partnership engagement, with positive participation at a range of levels for all core Partners, including:

- Early Years Alliance
- Southend City Council
- Essex Police
- Mid and South Essex Hospital Trust
- Essex Partnership University NHS Foundation Trust (EPUT)
- NHS Southend CCG (soon to be Mid and South Essex Integrated Care Board)
- University of Essex
- Family Action
- SAVS
- Catherine Rushforth and Associates
- Kate Cairns Associates

## *Clinical Commissioning Group / Integrated Care System*

As Board Members will know, the new Integrated Care System will go live from 1<sup>st</sup> July 2022, and as such, as with all legal agreements, the obligations under the formal Partnership Agreement previously held by NHS Southend CCG, will be taken on by the Mid and South Essex Integrated Care Board (ICB). Discussions are currently under way to appoint a representative from the ICB to the ABSS Partnership Board.

### *Membership*

As a reminder, the ABSS Programme Governance structure comprises the following Groups:

- Partnership Board - Chair, Alex Khaldi
- Executive Consultative Board - Chair, Alex Khaldi
- Programme Group - Chair, Krishna Ramkhelawon, SCC
- Insight and Analysis Group - Chair, Michael Freeston, EYA
- Finance and Risk Group - Chair, Paul Grout, SCC
- Parents' Group - Rolling Parent Champion Chairs
- YourFamily Partnership Group - Chair, Lucy Jeffreys, Parent Champion

All ABSS governance meetings continue to take place regularly and aligned to the governance schedule, to aid with oversight of the ABSS Programme activity. The Governance Officer is in the process of testing the 'Meeting Owl Pro360<sup>o</sup>' call conference technology on internal ABSS meetings, which it is hoped will enable a more effective and accessible hybrid meeting experience for all users, regardless of location. It is anticipated that governance meetings will be fully hybrid in June 2022. Parents will still be able to attend governance meetings with SAVS and ABSS Creche supporting this.

### *ABSS Legacy and Sustainability Strategy*

The ABSS Legacy and Sustainability Strategy development work continues to feature heavily within governance forums, with the ABSS Executive Consultative Board maintaining regular strategic oversight for this area of work being developed by Social Minds. A presentation was delivered at the ABSS Partners Away Day on 21<sup>st</sup> April 2022 which outlined the proposals and implementation plans for the ABSS Legacy Strategy. This provided partners and parents with some valuable time to reflect on the proposals in advance of the 16<sup>th</sup> May 2022 Partnership Board, at which the ABSS Legacy and Sustainability Strategy was approved by Partnership Board Members.

The ABSS Legacy and Sustainability Strategy approved on 16<sup>th</sup> May 2022 is included as

#### **Appendix One.**

Additionally, a summary of the work undertaken in Phase 1 is attached within **Appendix Two**, as stated within appendices one document.

The proposals will offer a powerful opportunity to sustain the improvements achieved for disadvantaged families, through a sustainable legacy vehicle, provisionally titled City Family CIC, which will develop new business and generate new revenue into the City to support children and families. Alongside this will be investment in a Centre for Excellence for Early Childhood Development based in Southend.

Members of the Health and Wellbeing Board are asked to review the ABSS Legacy and Sustainability Strategy and identify opportunities for collaboration and joint working, to secure a legacy for the Lottery investment beyond 2025.

#### *Engagement of Parent Champions within ABSS (Governance) Meetings*

All committees and groups include the active participation of engaged parents, with Terms of Reference stating that no meeting is quorate unless there is parent and Partner presence at each forum.

#### *ABSS Action Against Racial Inequality Steering Group*

The contract with the consultancy practice, Equinox, who were supporting with this area of work for the Programme has now ended and scoping work is being carried out to further develop a local Southend approach to take this work forwards. This will include an inwards look on progress within this space, as well as the potential to ring fence part of the Community Ideas and Development (CID) Fund for organisations who predominantly work with minoritised groups in Southend. Work is continuing to engage with prominent local figures to explore approaches ABSS can take in addressing racial inequality. Furthermore, ABSS staff are part of the EYA's Anti Racism Charter of which two-way learning will be undertaken in tackling structural inequalities in early years.

#### *The National Lottery Community Fund (TNLCF)*

The next meeting between ABSS and The National Lottery Community Fund (TNLCF) will be a combined Quarterly Review and Annual Review meeting, taking place on 13<sup>th</sup> June 2022. The Annual Review will place an emphasis on the ABSS Legacy and Sustainability Strategy and how the Fund can support ABSS with transition into new forms of operation. There will also be discussion on how the Partnership has influenced policy both locally and nationally and upcoming key strategic priorities and milestones for both ABSS and TNLCF.

ABSS continues to send updates to TNLCF aligned to the revised 2022 Reporting Schedule, which for March 2022 included the ABSS Communications Plan, the Risk and Issues Register and the ABSS Implementation Plan.

#### *Coronavirus/COVID-19 Pandemic Recovery and Renewal*

Aligned to the Early Years Alliance (EYA) policy, ABSS staff returned to the ABSS Thamesgate House office on 1<sup>st</sup> April 2022. ABSS staff have adopted the EYA hybrid working model, with an office working schedule in place for staff who will work at least 2 days per week in the office, which is working successfully. Risk assessments for COVID safe access are in place and regularly reviewed by the Business Support Team.

Contingency planning remains in place for commissioned and direct delivery programmes, in the event that the position regarding Coronavirus/COVID-19 changes.

## **4 Evidence Project**

#### *Programme Evaluation Partnership*

The University of Essex Research team delivered their fourth round of evaluation reports at the end of January 2022. These covered the Q2 and Q3 period with data collected over a six-month period.

The team is currently engaged in writing up a meta-thematic analysis of findings from semi-structured qualitative interviews held with more than 140 beneficiaries between October 2020 and December 2021. One parent (peer) researcher is actively involved in the development of a qualitative coding scheme (first phase of analysis), with the support of the Research team. Findings from the meta-analysis will be presented to the IAG meeting in June.

The team has successfully recruited two Senior Research Officers to the programme.

The first published research paper arising from ABSS work: *“Challenge and opportunity: Making sense of the ‘first lockdown’ experience of families with young children and health and social care practitioners in Southend-on-Sea”* was presented in the International Journal of Social Work in April 2022. The open access journal can be found [here](#). Paper two: *“Making sense of organisational challenges and community resilience during Covid-19; A case study of a multi-agency intervention tackling child poverty in England”* is co-authored with ABSS colleagues and in the final stages of review. An appropriate journal will be sourced in collaboration with ABSS authors.

The membership of the Independent Advisory Committee (IAC) requires review in light of personnel changes in the original membership of the group. Discussions with ABSS are planned to review the purpose and objectives of the group.

#### *Independent Programme-wide Summative Evaluation*

The first round of fieldwork for the Summative Evaluation was completed in February, and since then the team have focused on developing the analysis and reporting of the findings. This work is still underway, with initial signs suggesting some positive and interesting findings will be drawn from the data collected. The first report will be available in June 2022.

Discussions continue about how to take the baseline analysis of data forward in the absence of project monitoring data for previous years. An alternative explored in recent weeks looks promising for future years but does not yet provide the evidence we are looking for. Further options are being considered by the team.

#### *Outcomes Framework*

Following the review of data used to measure ABSS Outcomes, the Outcomes Framework document is in the process of being updated. The Research and Evaluation team are exploring the best ways of presenting the information alongside the redevelopment of the website content. This should be completed by the end of May 2022.

#### *Outcomes Reporting*

The SCC OPI Data Team continue with regular work refreshing the data dashboards, including Maternity and FNP project outcomes, and completing the Q4 Lottery return.

#### *Workforce Development*

Following meetings with ABSS Programme Managers and members of the Partnership Board, the Research and Evaluation Manager has drafted out an initial outline plan for the Workforce Development Strategy. This is being developed further ready to be discussed with the ABSS partnership.

#### *ABSS Research Methodology*



The Research and Evaluation team are redeveloping the research sections of the ABSS website to better reflect the work of ABSS and to provide access to underpinning information such as the Programme Theory of Change. As part of this, the Research Bulletin is being turned into an online resource that will be useful and engaging for parents, Delivery Partners and other professionals. The new content should be live on the website in May, with further content such as research or evaluation findings added over time.

An extract of the ABSS Data Dashboard titled '**Partnership Board Programme Activity Summary**' is shown in **Appendix Three**

## **5 Programme Activity**

### *YourFamily*

The YourFamily programme is the substantial new cross-cutting community-led programme, bringing together all of the elements of the ABSS service portfolio.

The volunteer element of the programme will start in May 2022. Volunteers can access the opportunities via the YourFamily website and can apply online. Following induction training, the YourFamily Volunteer Co-ordinator will meet with volunteers to understand their aspirations and offer training suitable to meet the programme and individual needs.

The Family Partnership Model Train the Trainer course is planned for the summer. This will enable the multi-agency group of people trained to train others in their organisation and as a result, have a Southend wide asset-based way of working with families.

The YourFamily baby bag has been given out to expectant parents and the team have found that face-to-face contact has been the most effective way of sharing information about the baby bag. The team have also found that a face-to-face contact at a time and place most convenient to the family to receive the bag is more beneficial.

The case management element of the CRM system is working and will be a valuable resource in understanding family needs and integrated working with Family Centres. The reporting element of the system is still being created and the SCC Data team are supporting the developments. The outstanding issues are being worked on quickly and it is envisaged that by the end of May 2022, reporting from the system will be possible.

The YourFamily Programme Manager is working with the ABSS Research and Evaluation Manager to consider how YourFamily will be measured in the short and long term. The programme contributes to all ABSS outcomes and aims to support Community Resilience and System Change, and therefore outcomes in these areas will be agreed. The University of Essex will evaluate YourFamily through interviews with families who have joined the YourFamily community and will follow parent's journeys over time.

### *Parent, Family and Community Hub*

ABSS Delivery Partners and community groups are running extensive sessions from the Parent, Family and Community Hub, resulting in an offer to families every day of the week.

A part time Parent, Family and Community Hub Assistant has been recruited to support the Hub's work along with the existing Hub Co-ordinator, Sarah Richer and will start to meet and build relationships with the many groups using the space.

## *Commissioned Services*

Delivery Partners continue to offer mixed approaches to how projects can be accessed by families. This includes digital offers and in person events and activities. Extensive work is being undertaken to support Delivery Partners to reach more families, with a renewed effort of place-based activities in Shoebury. The recent Delivery Partner Network Event focused on referral pathways between projects. A session was held on 26<sup>th</sup> May at Tickfield Centre and saw projects and services come together to talk about their work through open networking, whilst sharing leaflets and information about the work they do. The session was very successful and a huge thanks to the ABSS project team for organising.

A review of individual project and programme performance is being undertaken, this will in turn improve the efficacy of monitoring and financial management of projects. Furthermore, ABSS teams are working together to continue to identify gaps in provision against ABSS outcomes.

Examples of some key Programme highlights are included below:

### *121 Breastfeeding*

The project continues to support new mothers (up to 6 weeks post-partum) and expectant mothers in three ABSS wards. In 2021/2022 they supported 435 women. The delivery team underwent further training in quarter 4 to increase and improve their response to complex scenarios including very premature babies, safeguarding concerns and barriers to infant feeding. The project continues to work with the community group breast feeding project. The current contract is due to end in August 2022 and work is underway to present options for the future of this project.

### *Family Support Workers for Social Communication Needs*

The project supported 36 families in 2021/2022, with enhanced support lasting an average of 26 weeks. The team have been responding to the needs of families and have explored different approaches to how support is offered, the last quarter has seen this focus on removing barriers faced by families with SEND in accessing community activities such as swimming and group play. The service is in high demand and a review of the budget has enabled the recruitment of a third part time worker who is now in post. There has been a positive increase in the diversity of referral sources into the project, this is attributable to the high levels of outreach and awareness work conducted by the team which will only improve the response given to families to improve outcomes. Please see Appendix Two for an insightful case study into one families experience with the Family Support Workers.

### *FOOD Club*

ABSS and SCC have recently commissioned the Southend FOOD Club, delivered by Family Action. This project sees a community-based membership club, delivered from three of Southend's Family Centres to support families in accessing sustainable, healthier food whilst holistic support is offered including budgeting, food preparation and links to other services including housing support, benefits and information around childcare provision. The project is required to develop a framework for self-sustainability beyond January 2023.

### *Engagement Services*

With the extension of the Engagement Service contract, a review of deliverable activity has taken place. This will see a revamped offer that focuses on empowering and supporting more parents to take active roles in governance and co-production. PC recognition and development will be the focus of the first part of 2022/2023, which will see greater opportunities for parents to access

relevant training whilst individual development pathways will be explored, to ensure parents skills and experiences are not lost from the early years space when their youngest child turns 4.

17 Engagement Fund activities took place in 2021/2022, which brought together families from across ABSS wards. The year saw an average of 40 active PCs at any one time who took part in a variety of activities including governance, co-production, community development, communication reviews and local and national events and conferences.

### *Talking Transitions*

The ABSS Specialist Early Years Teachers have met with the schools and early years settings involved in the project this year to gather their ideas for this summer's events with their families. There are still some schools who are not yet involved in the project but are known to be taking children from early years settings who are involved, and as a result there are plans for these children to take part in the 31-day challenge along with their chatter bag of resources that all children involved will be offered. All children will share their chatter bag with their new school in September, enabling all children to take part, not just those involved in the project.

### *Early Years Independent Domestic Violence Advocate (IDVA)*

The IDVA project continues to see referrals into the service, with an increase in referrals also being made via Safe Steps into the IDVAs based at the Family Centres. The IDVAs have attended a variety of training courses to support their development, knowledge and practice within the project, including the 'Domestic Abuse & Children Law' training. Positive discussions have taken place between the IDVA service and YourFamily team, to maximise referrals between the services and to work in a more integrated way with the Family Centres

ABSS projects continue to provide a blended and adaptable model of service delivery that are responsive to the needs of local families. Projects continue to increase their face-to-face offer.

**A case study is attached for reference - see Appendix Four**

**Details of all ABSS programmes in delivery are attached for reference - see Appendix Five**

### *The Festival of Conversations*

The Festival of Conversations (FoC) 2022 is progressing well, with a 'fringe' type approach being the preferred route to enable a wider reach across Southend. Partners will be invited to run events under the FoC umbrella and will be supported by ABSS staff during this process. It is expected that the FoC will take place across a 16-day period, ending during the October school break. Co-Production will be more prominent in the 2022 iteration of the FoC, with parents taking up co-design and delivery roles with individual Partners and ABSS events.

## **6 Programme Management Office**

Following the consultation and conclusion of changes to the staff structure in early March 2022, the Programme Management Office (PMO) now comprises the following amended teams and continues to provide excellent support for the ABSS Programme:

- **Senior Programme Team** - comprising the Director and Assistant Director and all Senior Managers.

- **Operations and New Business Development Team** (led by Assistant Director, once appointed) - including, HR, Finance, physical resources, Governance, administration and the contracts and compliance functions.
- **Project Management** - including Creche Services and the Parent, Family and Community Hub Co-ordinators.
- **Communications and Marketing**
- **Research and Evaluation**

### *Finances*

Due to reporting timetables, it has not been possible to include Management Accounts in this Director's Report. A verbal update was provided at the Partnership Board on 20<sup>th</sup> June 2022.

A Review of the 2022/2023 to 2025 ABSS Programme Budget Profile also took place at the Finance and Risk Group on 28<sup>th</sup> April 2022, and further details of this will be presented at the 20<sup>th</sup> June 2022 Partnership Board meeting, for Partner review and approval.

## **7 Communications and Marketing**

### *ABSS Communications Strategy*

The purpose behind the ABSS Communications Strategy is threefold:

- To tell the ABSS story and build our legacy
- To reach every family
- To promote positive social change

The ABSS Communications Calendar includes key and 'heartbeat' moments that support the delivery of that strategy.

As a result of the YourFamily digital campaign, currently being managed by marketing agency ICG, the programme has seen almost triple the number of users visiting the ABSS website in the month of March 2022. Before campaign initiation in February 2022, a goal of 950 sign ups to YourFamily by March 2022 was set for the Communications and Marketing team. Within the first month of the campaign, 272 sign ups were achieved. The campaign is taking place across two phases; phase 1: Feb-June 2022, phase 2: November 2022-March 2023 and should this level of engagement and conversions continue, the number of new beneficiaries by campaign end in 2022 is projected at 2,176.

Alongside the early successes of this digital campaign, the programme will be testing an Out of Home campaign across the City, set to go live on 16<sup>th</sup> May 2022 for four weeks. This is an awareness-based campaign, and while the team do not expect many sign-ups directly from this, it will work to complement the rest of the activity happening and help to solidify YourFamily in the Southend landscape.

There is a community distribution arm of the YourFamily campaign happening w/c 30<sup>th</sup> May 2022 and will see the ABSS service brochure (which incorporates comprehensive information on YourFamily) dropped through 3,000 residential premises and 3,000 business premises in Southend. YourFamily posters will also be distributed in community areas such as GP surgeries, dentists, Family Centres, faith centres, community hubs and other spaces such as these across Southend. Distribution of these posters will be done by ABSS staff and Parent Champions and Ambassadors.

### *Reaching Every Family*

New leaflets and materials have been created to publicise Stay Out Play Out, Tea and Tots, Family Support Workers and YourFamily.

The Events page of the ABSS website continues to be a success and draws significant engagement. It is the most viewed page on our website aside from the YourFamily landing page.

### *Autism Acceptance Week*

The digital campaign for Autism Acceptance Week was deemed a success having been viewed by over 4,000 people across the week.

### *ABSS Website Refresh*

The website refresh project is continuing in a more agile way since team capacity reduced. This means decisions will be made quickly and a test and learn approach will be applied to any changes that do not have a firm consensus from parents, workforce and staff.

Focus groups with parents and workforce were undertaken to discuss the content, navigation, look and feel and technical functions of the ABSS website. The report has been finalised and is ready to be shared.

The navigation of the website is being updated to reflect that of the Beta site. Throughout the focus group process, no clear consensus was established about how the navigation should be laid out to make it easier for users, so the ABSS Communications and Marketing team have decided to test the new navigation in order to make progress.

The content of the site is now being agreed with “page owners” from across the organisation and changes will be made continuously to satisfy feedback.

### *Tell our Story, Build our Legacy*

Case studies are being used on a regular basis in our newsletter and across our social media channels.

The research area of the website is undergoing a significant refurbishment. Plans for this area include case studies via a multitude of mediums (video, articles, blogs), and significant data information will be displayed here and any annual reporting.

## **8 Reasons for Recommendations**

ABSS Governance have reviewed and approved activities at the appropriate level. The Health and Wellbeing Board are asked to:

1. Note the contents of the report and raise issues and opportunities with Jeff Banks, ABSS Director, who will be presenting on behalf of Alex Khaldi, Independent Chair of A Better Start Southend (ABSS).

2. Note the ABSS Legacy and Sustainability Strategy as agreed by the Partnership Board on 16<sup>th</sup> May 2022, and identify opportunities for collaboration and joint working to secure a legacy for the Lottery investment beyond 2025.

## **9 Financial / Resource Implications**

There are not financial/resource implications for this report.

## **10 Legal Implications**

None at this stage.

## **11 Equality & Diversity**

None at this stage.

## **12 Appendices**

Appendix One - ABSS Legacy and Sustainability Strategy

Appendix Two - ABSS Legacy and Sustainability Strategy Phase 1

Appendix Three – ABSS Partnership Board Programme Activity Summary

Appendix Four – Case Study

Appendix Five - ABSS Project Names and Workstreams

Jeff Banks, Director, ABSS

8<sup>th</sup> June 2022

**Appendix One - ABSS Legacy and Sustainability Strategy**



MEETING	AGENDA ITEM
<b>Partnership Board</b>	<b>4</b>
DATE	REPORT NUMBER
<b>16<sup>th</sup> May 2022</b>	<b>ABSS-93-22</b>
SUBJECT	
<b>ABSS Legacy and Sustainability Strategy</b>	
REPORT AUTHOR	
<b>Alex Khaldi, Independent Chair, ABSS Jeff Banks, Director, ABSS</b>	
PRESENTED BY	
<b>Jeff Banks, Director, ABSS</b>	

**BACKGROUND**

On 14<sup>th</sup> June 2021, The ABSS partnership approved the broad approach proposed to secure a long-lasting legacy for the ABSS Programme. This was the culmination of a range of conversations with Strategic and Delivery Partners, Staff and parents/carers, including Parent Champions.

As part of this process, it was agreed that ABSS should secure additional expert support in moving the Legacy and Sustainability Strategy forwards and a procurement exercise took place in October 2021, which resulted in the appointment of a team from the social enterprise experts, [Social Minds](#), led by [Craig Dearden Philips](#).

The selection process required bidders to identify their approach to supporting the ABSS Programme with Legacy and Sustainability, divided into two phases:

<p><b>Phase 1</b></p> <p>The consultant or consultancy practice will work with our parents and Partners to agree the core vision and principles which underpin the ABSS Legacy and Sustainability Strategy, and co-design the detailed project plan which will follow. As part of this, the organisation or team will identify the resources required to undertake the work and identify the additional specialist expertise and support required, in consultation with ABSS.</p> <p>The Phase 1 design work will take place between January and March 2022, with the full plan presented to the Partnership Board for approval in April 2022, prior to full implementation.</p>
<p><b>Phase 2</b></p> <p>It is expected the consultant or consultancy practice will then support the implementation of the plan from April 2022 onwards, drawing in a range of additional experts and building local</p>

capacity. Phase 2 will be subject to separate negotiation and there may be further competition in the selection of the team who will take the work forwards.

*\*Extract from Call for Proposals - October 2021*

The Phase 1 work has now been completed and was presented to the Partnership Board at a workshop on 21<sup>st</sup> April 2022.

## **NEXT STEPS**

ABSS Partners and parents have contributed significantly to the development of these proposals, and there is broad agreement with the planned approach. As such, it is now proposed that ABSS move forwards with Phase 2.

Detailed discussions have taken place to identify the scope of works required and these are detailed below. As a competitive process has taken place with a number of providers, including proposals for Phase 2, a further procurement process is not required. It is proposed to progress this work with Social Minds.

## **PHASE 2**

1. YourFamily: the task here is to orchestrate the move of YourFamily into the new social enterprise (referred to here as 'City Family CIC') at the right time between April 2022 and April 2024. This will involve getting the model right, costings right and a stronger idea of its efficacy and replicability.

*Outcomes by end of 2022: YourFamily has been prepared for a move into City Family CIC in April 2023, giving it two funded years in Newco.*

2. New Organisation: move from option appraisal into enterprise formation and growth. The focus here is:
  - Legal: registering the company, establishing services and transfer mechanisms/processes
  - Building a board; a plan for the business; and raising finance and investment.
  - Operationally it is about ensuring City Family CIC can take on ABBS work early and well, while also developing the Centre for Excellence and being ambitious about growth.
  - Incubate the City Family CIC in '[Social Business Builders](#)' and put its leaders into '[Social Club](#)'.
  - Social Minds coaches the CEO and develop the skills and confidence of the Board.

*Outcomes by end of 2022: City Family CIC founded, delivering projects, board kicked off, CEO and team in place, with financial plan and initial investment.*

3. Centre for Excellence: work up a model of what this could look like and work alongside the City Family CIC to get this designed, shaped and along the line for funding.

*Outcomes by end of 2022: we get the Centre for Excellence clearly placed within the plans for wider Southend development.*

4. ABSS Projects: we support ABBS to orchestrate the movement of work from its core into the Newco, working with the ABSS team and Delivery Partners to ensure a smooth transition.

*Outcomes by end of 2022: we agree a 3-year choreography and move the first services out, planning for move of YourFamily by either January or April 2023.*



The Social Minds team from Phase 1 of Craig Dearden-Phillips, Neil Woodbridge and Mark Goodchild, would continue through Phase 2. Local parents will continue to be engaged by Social Minds as independent advisors.

**TIMELINE**

The headline timetable will be as follows:

		Phase II									
Workstream	Key Activities	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
Programme Governance	Programme meetings	█		█		█		█			
	Programme planning	█		█		█		█			
	Project comms and change mgmt	█		█		█		█			
Parents First	Parent workshops and events			█		█		█		█	
Project/ Programme Reviews	Engage Delivery Partners	█		█		█		█			
	Identify and appraise legacy options	█		█		█		█			
	Develop implementation plans	█		█		█		█			
	Implement plans	█		█		█		█			
Your Family	Conduct programme review	█		█		█		█			
	Design new model	█		█		█		█			
	Pilot changes to the model	█		█		█		█			
	Plan transfer to new organisation	█		█		█		█			
New Organisation	Secure alignment around new entity	█		█		█		█			
	Build the board	█		█		█		█			
	Appoint CEO	█		█		█		█			
	Develop business plan	█		█		█		█			
	Raise finance and investment	█		█		█		█			
	CEO and team leadership development	█		█		█		█			
Centre for Excellence	Scope and purpose of the Centre	█		█		█		█			
	Engage partners and design model	█		█		█		█			
	Plan and commission initial activity	█		█		█		█			
	Initiate review	█		█		█		█			

If agreed, a detailed specification will be developed, and the existing Contract will be extended.

**BUDGET**

It is proposed that an operational budget of **£75,000** be allocated, as a fixed price with any risk of over-run incumbent on Social Minds. An additional **£15,000** is proposed for professional support to the ABSS Director and Senior Programme Team.

**DECISION**

The Partnership Board are asked for comments on the proposed headline work plan and to agree to taking the work forwards.



# ABSS Legacy and Sustainability Strategy

120

Produced in conjunction with Social Minds





## Executive Summary: Sustaining our Impact

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ABSS has made a huge difference. Children in our most deprived wards now have similar or better outcomes **across a range of measures**.

Our challenge is to make sure the end of Lottery funding **isn't the end of the story**.

We therefore propose a **new social enterprise**, provisionally titled **City Family Community Interest Company (CIC)**, to take forward our work.

Its flagship programme will be a new initiative **YourFamily**, alongside a host of community-led initiatives. The CIC to be a **Centre for Excellence** for early years which inspires local, national and international interest in what we do.

We will secure a **range of new funders and investors**, with remaining Lottery resources getting us started. This will be a self-sustaining social enterprise.

This is our hope and our vision. We hope you are as **excited as we are**.

# Our Challenge

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The ABSS partnership has made a huge difference,  
with real, **measurable impact**.

Children in more deprived wards now have the  
**same or better outcomes** across a range of measures.  
We now need to make these gains **sustainable**.

Our **Lottery funding** is coming to an end in 2025.  
We need to make sure the end of Lottery funding  
**isn't the end** of the story.

Introducing  
123 City Family  
CIC





## **Welcome to City Family CIC**

A community-led social enterprise, based in Southend-on-Sea, that works to ensure every child has the best start in life.

We bring together parents and professionals to create evidence-based projects and programmes in inspirational places and spaces.

# City Family CIC

## Our Vision: *what we see*

A city where families & professionals lead together so that every child can have the best start in life.

## Our Mission: *how we will achieve this*

- We are **family-orientated** and **community-led**, learning from experiences that each person brings
- We are led by, and responsive to, what our **families** need in a culture of 'equal value partner'
- We recognise, develop and evaluate good practice through our **Centre for Excellence**
- We provide mutual **spaces** in the community for conversations that build confidence and capability

## Our Model: *what we will do*

### Community-led

Upskilling and empowering families to lead alongside professionals in governance, programme design and decisions for their communities

### Centre for Excellence

An inspiring place where parents, partners and professionals engage in research, evaluation and excellent practice

### YourFamily

Friendly and responsive peer-led support and signposting, integrated with partners and rooted in the community

### Brave Spaces

Safe, honest and open community hubs that bring together parents, peers and professionals to share, learn, support and build confidence

**New Funding and Organisation Infrastructure**

# Community-led

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By '**community-led**' we mean an organisation that:

- Treats parents and professionals as **equal value partners**.
- Has parents in **substantive governance roles**, including as Chair.
- Is **majority parents** on its board (there will be other non-parent Directors).
- Employs some people with **lived experience** of being a parent in need of support.
- Is driven by the values of **self-help**, **peer support** and **rooted in evidence**.
- Runs the **Parent Champions** work and uses this to **invest in the talents** and gifts of parents involved, so that they can play a role in the life of the organisation.
- Is a credible **parent and community voice** in discussions on the City's future.
- Welcomes board membership from the **City Council, NHS and other partners**.
- Can 'host' and support **grass-roots community-led initiatives** across the City.



# Centre for Excellence

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This will be created with an **academic partner** to continue the applied research into Early Childhood Development.

It will use the vast **legacy data** of ABSS to inform and model **'test and learn'** projects, including programmes for children, families and the workforce.

It will also be a **physical setting and a virtual offer** that provides both the base for the new social venture and an **exemplar** of the best work.

It will be inspiring and visionary, and a **great place to visit**, that attracts people from the City and those visiting, offering valuable **resources for families**.

This will ideally be in close collaboration with one or more major contributors to the physical and cultural **regeneration of Southend**.



# YourFamily

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YourFamily is to be the **flagship test and learn project** of City Family CIC. It will move into the CIC by April 2023.

YourFamily will be the **friendly community** in which families meet each other for support; have free access to help from experts on having and raising a child; and learn to make the most of all that Southend has to offer.

Through **partnerships** with statutory services and voluntary organisations it will strengthen the existing system of support.

It will have Parent Champions to provide **voice and advocacy** for parents in Southend.

We will develop sustainable **funding** based on its successes during the test and learn funded period.



# Brave Spaces

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There is a deep value to parents and carers in **coming together**, sharing stories and vulnerabilities and receiving support, advice and fellowship in an authentic and organic way.

We call these '**brave spaces**' because you need courage to come and also the courage to offer your gifts to others.

City Family CIC will **create many** spaces in Southend - where families can come together, to support each other, build friendships and take action in a way that produces **self-sustained** solutions.

This will involve exceptional levels of outreach and presence across the City. We will seek out and make **creative use of physical spaces** in local communities.

Working closely with **people who are out of easy reach** and need their voices amplified, in order to support them to help themselves and each other is our guiding idea.



# New Funding and Organisational Infrastructure

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Following an options appraisal, we propose a **Community Interest Company (CIC)**.

We recommend that City Family CIC is **incubated** within ABSS.

ABSS, the Lottery contract, and the Partnership Board would all remain in place until 2025, and so ensure secure **scaffolding around City Family CIC** as it starts.

ABSS can use **existing frameworks to commission** City Family CIC to run projects, including YourFamily.

City Family CIC will develop the Centre for Excellence and work to **attract new investment** from trusts, foundations, corporate and social investors.

New governance will be established which allows the entity to move quickly and **involve parents in substantive governance roles**.

ABSS can then **focus on wider legacy activity**: moving work into new funders; re-engineering projects; and investing in new business development capacity for Delivery Partners.



# Why a Community Interest Company (CIC)?

We drew up a set of Design Principles for the new entity and considered the extent to which different legal forms make achieving each principle easier or harder; with a CIC as the clear preference.

Design principles for the new entity	Charity	Company	CIC (CLG)	B Corp	Co-op
The <b>social mission and purpose</b> can be hard-wired into the company	Much easier	Harder	Much easier	Much easier	Easier
Allows <b>parents</b> to take a formal role in decision-making processes	Harder	Easier	Much easier	Easier	Much easier
Fit for <b>trading and commercial</b> activity quickly and easily	Harder	Much easier	Much easier	Much easier	Much easier
<b>Easily managed and administered</b> with low reporting requirements	Harder	Much easier	Easier	Harder	Harder
Structure easily <b>understood by the general public</b>	Much easier	Much easier	Harder	Harder	Harder
Can attract <b>social investment</b> to support the mission	Easier	Easier	Much easier	Much easier	Easier
Allows <b>agility</b> and fast paced decision making	Harder	Much easier	Much easier	Much easier	Harder
<b>Assets</b> (e.g. buildings) can be locked clearly to the community & mission	Easier	Harder	Much easier	Easier	Harder
<b>Earned income as the mainstay</b> whilst supporting donation-based fundraising	Harder	Harder	Much easier	Harder	Harder

Key:  Much easier  Easier  Harder

# A Review of ABSS Activity



# Our Approach for this Review

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- We partnered with social enterprise experts Social Minds to understand perspectives on ABSS **current projects and future possibilities**.
- Social Minds interviewed **over 20 ABSS partners**, from Health, the City Council, Essex University, the local charity sector and the Lottery.
- It engaged with **parents** through our Parent Champions.
- It worked closely with the **ABSS Senior Programme Team** to review project impact data and financials.
- It facilitated **two workshops** with parents and the ABSS team.
- It conducted an **options appraisal** based on clear design principles to determine the most appropriate legal form of the new organisation.



# The Review

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**ABSS funds 29 projects**, working with a dozen Delivery Partners - as well as an Engagement Fund for parent-led ideas. In three years' time, ABSS (as funded in its current form) will come to an end, and each partner organisation will play an important role in continuing the legacy in order to make Southend a great place to raise a child.

These slides summarise a review of current ABSS projects to identify **those making the biggest difference** to families and **how ABSS should work with partners** to ensure they can carry on once the funding ends. The review is indicative based on available evidence, and will be **updated after June** to reflect the outcomes of the summative evaluation by RSM Consulting and the University of Essex.





# Legacy Destinations

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The futures of existing ABSS projects broadly fall into three categories:

- 1) **Transition to new funding partners:** projects that have demonstrated impact and for which there are natural sponsors from a) Health b) Southend City Council and/or c) Community Funds. ABSS should work closely with Delivery Partners to make the case for future funding.
- 2) **Build into ABSS successor, City Family CIC:** projects that have demonstrated impact, align with the legacy organisation's new mission and which ABSS is well suited to run, should form part of the new entity's core activities.
- 3) **Phase out or re-engineer:** projects that have not demonstrated significant positive impact on outcomes for families to warrant specific focus in the legacy planning or need significant reengineering.



## What we have learned (what went well)

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Looking at impact and value for money, there are some clear stand-out projects. And across all projects, we identified trends for why some projects worked better than others.

- **Local organisations** that know Southend have been more effective than national organisations.
- **Family-centred** approaches, such as peer-led models have been successful (this is different from volunteer model, which were sometimes no cheaper than paid workers).
- Projects/organisations that are more **specific and focused** in their intervention with a clear theory of change (and where the specifications and measures are **simple**) perform better.
- Interventions that are clearly **evidence informed**, and adapted to the local context (avoiding rigid application of IP).
- On top of this is the **collective and combined value** of the initiatives. Projects that are able to work effectively within a wider system, supporting and reinforcing each other, generate a collective impact that is important and hugely valuable for the legacy.

## What we have learned (even better if)

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Recognising the successes of ABSS funded projects, we have gained greater clarity on the missing pieces of the puzzle to fully achieve our mission.

- **Community connection:** Projects have hugely benefited parents, but have not caused them to feel more connected to their community. Clear approaches to Community Resilience and System Change will be important for this.
- **Participation and engagement:** In the early stages of the programme, participation was low, which impacts the efficacy of the data and ultimately decision making. Effective engagement strategies and community and parent ownership should be at the heart of any legacy.
- **Co-production:** This is a new concept for some Delivery Partners, and therefore is applied inconsistently, as a result there is potential for more of it.

Each of these will need to be carefully considered in the design of the legacy.



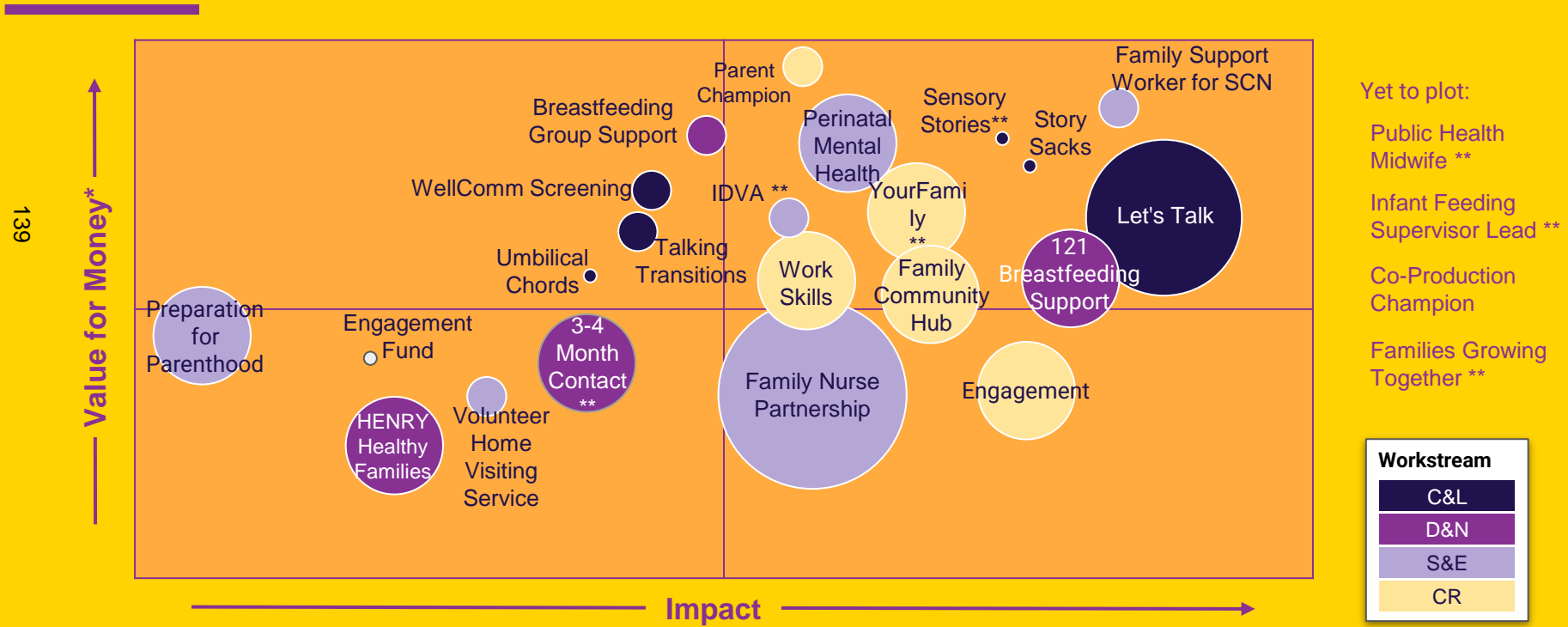
Securing the  
Legacy of  
existing  
projects

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NOTE: Indicative impact based on current evidence. To be updated in June to reflect the summative evaluation by RSM Consulting and the University of Essex

# Each project has been plotted on a scale for its indicative impact and value for money, based on scores from the ABSS Project team



\* Value for money is estimated based on cost per participant given the nature of the intervention

\*\* projects not long out of mobilisations but early signs indicate this to be their most likely impact and value for money

Size of circle indicates ABSS annual budget

NOTE: Indicative impact based on current evidence. To be updated in June to reflect the summative evaluation by RSM Consulting and the University of Essex

## Using this, we have identified where we see each project within the legacy to inform conversations with future funding partners

	Potential Future Funder			
	Health	City Council	Community Funds or Other	City Family CIC
<b>High priority (MUST DO)</b> <small>140</small>	<ul style="list-style-type: none"> <li>121 Breastfeeding Support</li> <li>Perinatal Mental Health</li> <li>Let's Talk</li> </ul>	<ul style="list-style-type: none"> <li>Perinatal Mental Health</li> <li>Let's Talk</li> </ul>	<ul style="list-style-type: none"> <li>Breastfeeding Group Support</li> <li>Family Support Worker</li> <li>IDVA</li> </ul>	<ul style="list-style-type: none"> <li>YourFamily</li> <li>Engagement</li> <li>Parent Champion</li> <li>Family Community Hub</li> </ul>
<b>Medium priority (SHOULD DO)</b>	<ul style="list-style-type: none"> <li>Family Nurse Partnership</li> </ul>	<ul style="list-style-type: none"> <li>3-4 Month Contact</li> <li>Infant Feeding Supervisor Lead</li> <li>Family Nurse Partnership</li> <li>Independent Domestic Violence Advisor (IDVA)</li> <li>Work Skills</li> </ul>	<ul style="list-style-type: none"> <li>Story Sacks</li> <li>Families Growing Together</li> <li>Work Skills</li> <li>Umbilical Chords</li> <li>Sensory Stories</li> </ul>	<ul style="list-style-type: none"> <li>WellComm Screening</li> <li>Talking Transitions</li> </ul>
<b>Phase out, re-engineer or redistribute</b>	<ul style="list-style-type: none"> <li>HENRY Healthy Families</li> <li>Preparation for Parenthood</li> </ul>		<ul style="list-style-type: none"> <li>Volunteer Home Visiting Service</li> <li>Engagement Fund</li> </ul>	

### Workstream

C&L

D&N

S&E

CR

Note: some projects are aligned to more than one potential funding partner as opportunity with both

## Further considerations as this work develops

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The review presented here provides an initial hypothesis (and snapshot in time) to enable conversation and should be further iterated over the coming months. Including consideration of:

- **Defining impact and VfM** - as we incorporate the summative evaluation it will be important to clearly define impact, recognising the difference between current and potential impact as well as the temporary impact of Covid on any programme activity and/or measurable outcomes.
- **Interdependencies** - many of the projects rely on other projects to be successful (e.g. WellComm Screening <> Let's Talk). To separate them out entirely or de-prioritise certain projects risks missing factors critical to ABSS' success.
- **Continuing test and learn** - where some projects are perceived as less successful than others, consideration should be given to what other solutions (including re-engineering existing projects) might be needed to better meet families' needs (e.g. alternative to Preparation for Parenthood, and Diet & Nutrition projects beyond breastfeeding) and what role the legacy organisation could/should play in this.

## Why support this?

- The ABSS partnership has already made a huge difference, with real, measurable impact.
- We need to make sure the end of Lottery funding in 2025 isn't the end of the story.
- Parents want to see this happen and be a part of it.
- This will be a sustainable, and self-sustaining enterprise.
- Through it we can help give every child the very best start in life, right across our City.





21 April  
Partnership  
Away Day

# Group Discussion Questions

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1. In what ways can City Family CIC be **Community-Led**? And how can we engage parents and professionals as 'equal value partners'?
2. Where could the '**Centre for Excellence**' add most value? What areas should it focus on? How can we make it a visitor attraction?
- 144 3. What is your experience of **YourFamily**? What do you think makes it special and how can we make more of this?
4. What physical or online **Brave Spaces** could we create to provide engaging, accessible and empowering spaces for families in Southend?
5. What **investors and other partners** might be attracted to City Family CIC? What could they contribute to make it sustainable?
6. What do you think of the idea of **City Family CIC**? Is it a good idea?

# 10 Key Points from the 21<sup>st</sup> April Partners Event

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1. There was an **enthusiastic response** to the proposal for a successor body to ABBS to carry forward a renewed mission and purpose.
2. There is recognition that with more wards to cover and less immediate resource, City Family CIC will need to **diversify resources and draw in revenue** from social investment, trading, grants and commercial sponsorship.
3. To succeed, City Family CIC needs to be able to **work across all of the major agendas** in the area, including **health, education and social care** and the **cultural and physical regeneration of the City**.
4. The concept of **'brave spaces' was welcomed** and we need to consider how City Family CIC can play a purposeful role in the nine local Family Centres throughout the City.
5. The 'Centre for Excellence' should be **a catalyst for innovation, a repository of research, learning and practice**. It may or may not seek to become a visitor attraction in its own right, depending on available partnership opportunities.

## 10 Key Points from the 21<sup>st</sup> April Partners Event

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6. It was agreed **YourFamily is still a work-in-progress** that needs its own evidence base – and understanding of Your Family is still mixed among many people.
7. Community Leadership means ‘equal partnership’ with **parents taking leading governance and staffing roles** in the CIC.
8. The scope of the CIC needs to **extend beyond 0-5 years and beyond the current boundaries of ABSS** – which is a fundamental challenge in the context of a shrinking budget.
9. There is a question of the correct **organisational structure** to revisit and validate – some people felt that the pre-determination of a CIC might be too early, given that not enough is yet known of the projected income mix.
10. There is now a need to work at pace to scope each delivery element of the successor organisation so that it can make rapid progress and **be delivering services by the end of 2022**.

## Next Steps



# Immediate

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- Validate this set of proposals.
- Refine the Legacy and Sustainability Strategy, soundings with key stakeholders - including NHS, Council, Lottery, EYA.
- Formal conversations with the project lead at key Delivery Partners to discuss the legacy options for their project including:
  - Identifying potential and preferred funders.
  - Any changes / adaptations that may be required to the model.
  - Support needed to strengthen the case with potential funders (especially impact data).
- Formal conversations with funding partners (initially in Health and Southend City Council) to assess appetite to fund projects.

# We have a plan to mobilise City Family CIC, with a Board, CEO, team and initial investment in place by the end of the year

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Workstream	Key Activities	Phase II									
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
Programme Governance	Programme meetings	■	■	■	■	■	■	■	■	■	■
	Programme planning	■	■	■	■	■	■	■	■	■	■
	Project comms and change mgmt	■	■	■	■	■	■	■	■	■	■
Parents First	Parent workshops and events			■		■		■	■	■	
Project/ Programme Reviews	Engage Delivery Partners	■	■	■							
	Identify and appraise legacy options			■	■	■	■	■	■	■	■
	Develop implementation plans			■	■	■	■	■	■	■	■
	Implement plans			■	■	■	■	■	■	■	■
Your Family	Conduct programme review	■	■	■							
	Design new model	■	■	■	■	■	■	■	■	■	■
	Pilot changes to the model				■	■	■	■	■	■	■
	Plan transfer to new organisation							■	■	■	■
New Organisation	Secure alignment around new entity	■	■	■	■	■	■	■	■	■	■
	Build the board	■	■	■	■	■	■	■	■	■	■
	Appoint CEO		■	■	■	■	■	■	■	■	■
	Develop business plan			■	■	■	■	■	■	■	■
	Raise finance and investment			■	■	■	■	■	■	■	■
	CEO and team leadership development			■	■	■	■	■	■	■	■
Centre for Excellence	Scope and purpose of the Centre	■	■	■							
	Engage partners and design model	■	■	■	■	■	■	■	■	■	■
	Plan and commission initial activity				■	■	■	■	■	■	■
	Initiate review								■	■	■

## Key activities for the next phase

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- Appoint a Board and CEO for City Family CIC.
- Review the capabilities and infrastructure of ABSS to be able to deliver the CIC (including fundraising & new business development, finance, etc.) and define requirements.
- Create a business case and plan for the new CIC, and develop a five year funding, investment and development plan for the CIC.
- Develop the key elements of the model including the Centre for Excellence and Brave Spaces.
- Put in train work to transfer ABSS activity to legacy destinations.
- Deeper conversations with the project lead at each Delivery Partner to discuss the legacy options for the project, including capacity building (e.g. fundraising and new business development) to help deliver their individual sustainability agenda.
- Deeper conversations with funding partners to assess appetite to fund projects and where we need to adapt the model and/or better make the case for their impact.



# Appendix Three - Partnership Board Programme Activity Summary

Produced by the Operational Performance and Intelligence Team

28/04/2022

This short extract is based on the ABSS Programme Activity Dashboard for the period ending **31-Mar-2022**.

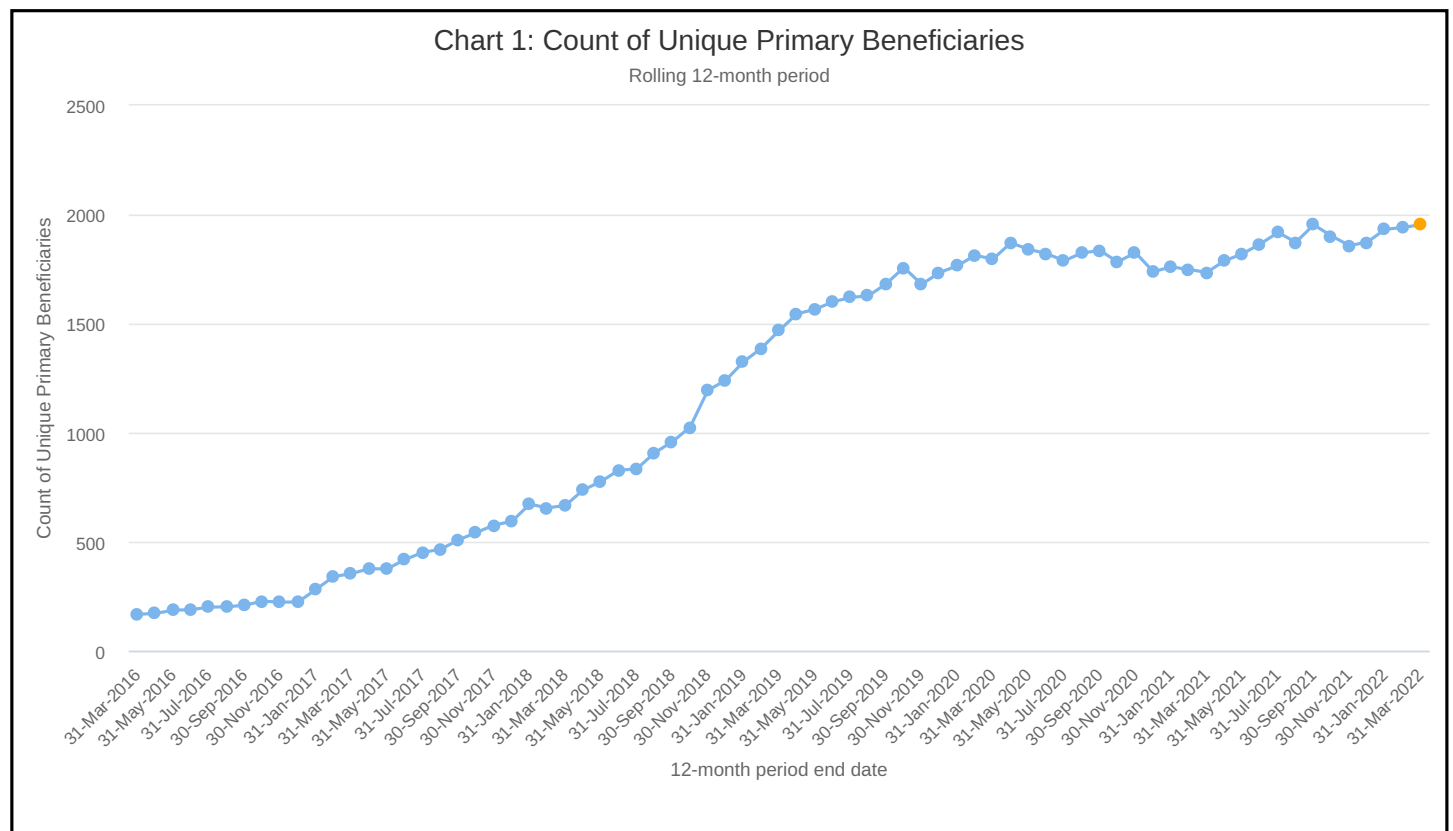
For further details please click the following link to view the full dashboard:

[https://sbcddata.shinyapps.io/ABSS\\_Programme\\_Activity/](https://sbcddata.shinyapps.io/ABSS_Programme_Activity/)  
([https://sbcddata.shinyapps.io/ABSS\\_Programme\\_Activity/](https://sbcddata.shinyapps.io/ABSS_Programme_Activity/)).

## Section 1 - Programme Reach

The total number of beneficiaries of the A Better Start Southend programme since April 2015 is now **5087**, which has risen from **5018** at the end of the previous month.

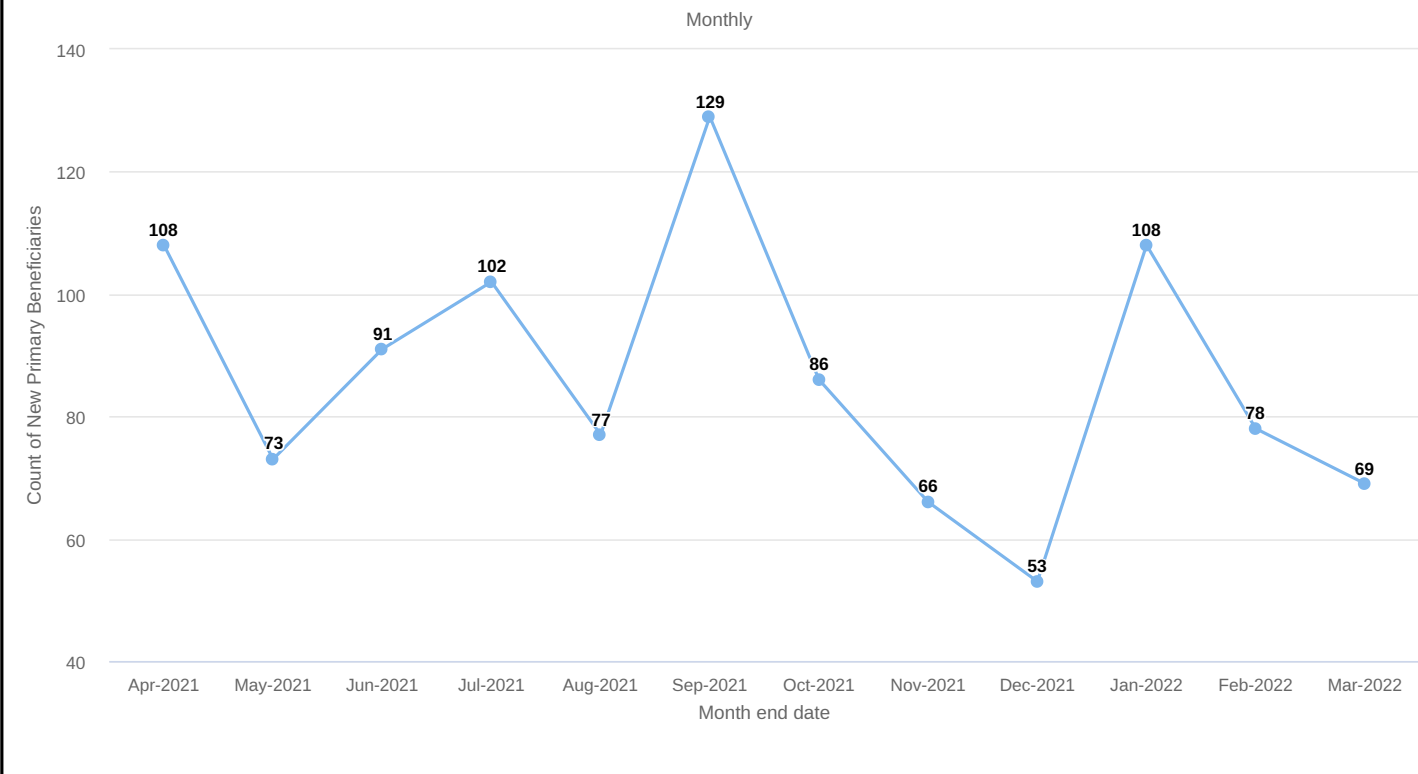
As chart 1 below shows, reach has continued to grow during the life of the programme and the total number of beneficiaries of A Better Start in the past 12 months was **1953**, which is equivalent to the numbers seen for the period ending September 2021. This represents **42.7%** of all potential beneficiaries and is the highest proportion achieved since the start of the programme.



## Section 2 - New Primary Beneficiaries

Chart 2 shows that new families continue to be introduced to the programme each month and the numbers of new beneficiaries show significant peaks at the start of the new academic and calendar year.

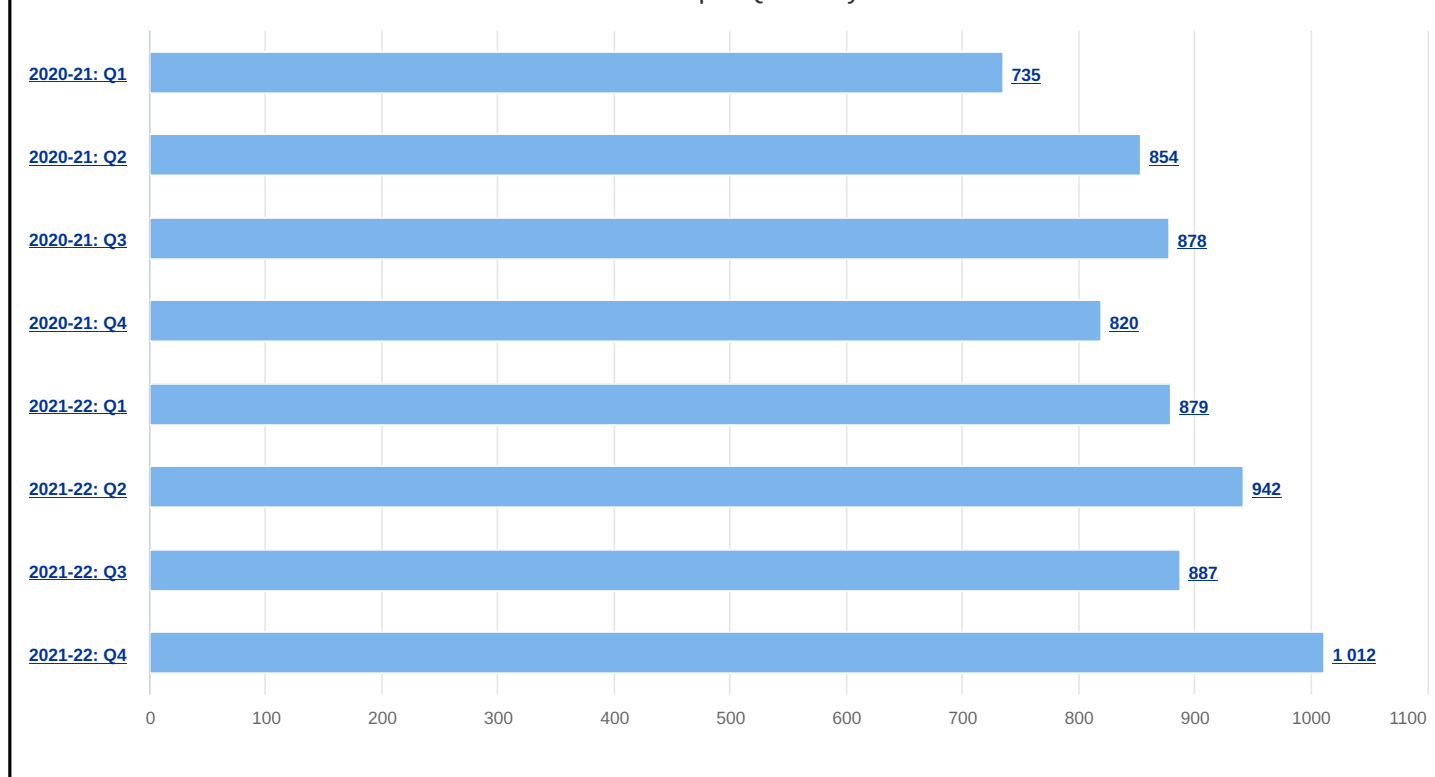
Chart 2: Monthly Uptake of New Primary Beneficiaries



### Section 3 - Project Delivery

As Chart 4 from the Programme Activity Dashboard shows below, quarter 4 of the current financial year was the busiest quarter in the past 2 years, showing growth of activity since the start of this calendar year.

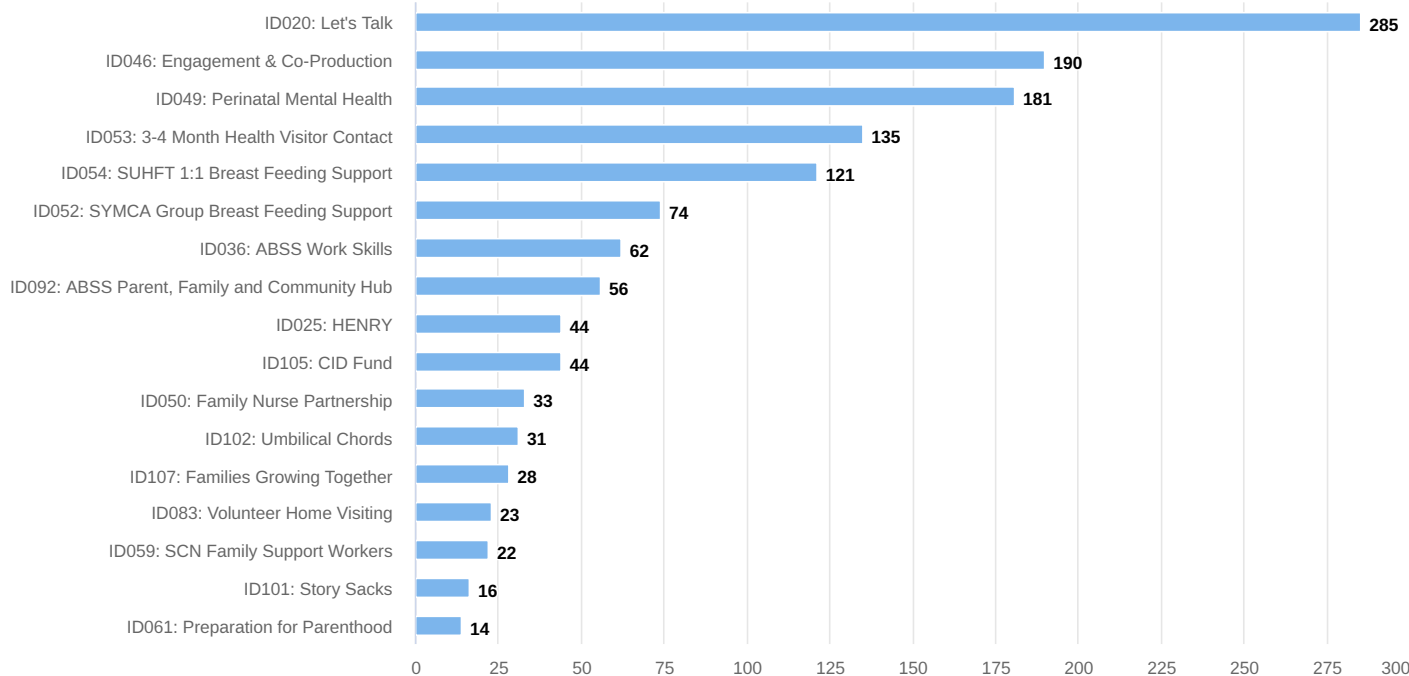
Chart 4: Count of Unique Quarterly Beneficiaries



Quarter 4 of 2021-22 is displayed in Chart 4a at project level, showing the relative reach of each project in terms of numbers of primary beneficiaries.

Chart 4a: Count of Quarterly Beneficiaries

2021-22: Q4



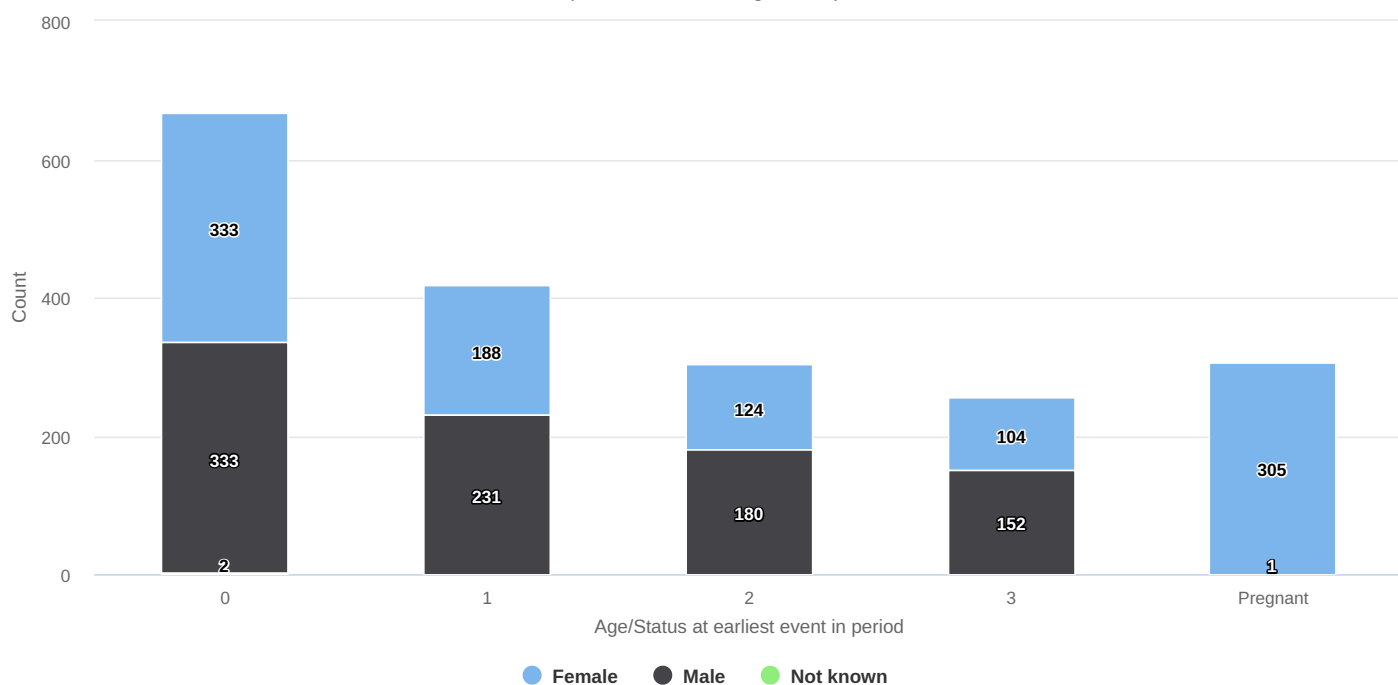
## Section 4 - Age and Gender

Chart 6 extracted from the Programme Activity Dashboard below shows that there is a fairly even distribution of male and female beneficiaries and that there is an emphasis on engaging children from the earliest stage in their lives (i.e. age 0).

The number of pregnant primary beneficiaries that participated in the past 12 months has increased from **265** for the equivalent 12-month period ending one year ago.

Chart 6: Gender and Age Distribution of Primary Beneficiaries in Period

(Where Gender and Age known)

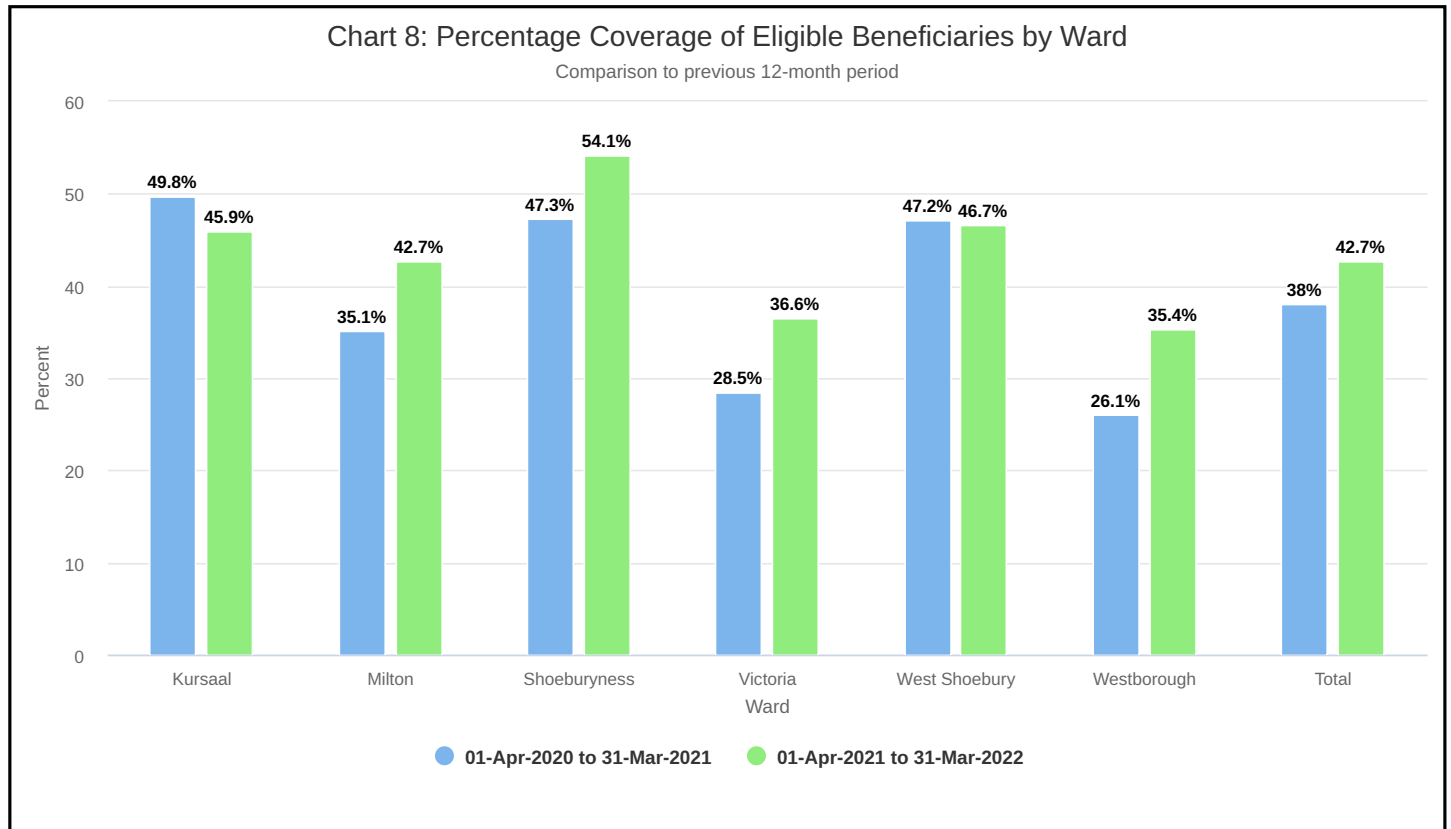


## Section 5 - Delivery by Ward

Chart 8 extracted from the Programme Activity Dashboard shows a comparison of the percentage of eligible primary beneficiaries that have participated in an ABSS project during the past 12 months compared to the previous 12-month period. Over the combined ABSS wards (see the far right-hand bars) this percentage has increased and this is also the case for each of the wards with the exception of Kursaal and West Shoebury where there has been small reductions in the percentage of potential beneficiaries engaged by the programme.

Reach within the Kursaal, Milton, Shoeburyness and West Shoebury all equal or exceed the average reach across the entire ABSS wards and reach in Victoria and Westborough is below the overall average.

The difference in reach between the wards with the highest and lowest reach is **18.7** percentage points.



## Section 6 - Delivery by Deprivation Level

The two charts below are partial extracts from the Programme Activity Dashboard and show a comparison of percentage delivery to all eligible beneficiaries for the current and previous 12-month delivery periods, by deprivation deciles. The top chart shows the most recent 12-month period and displays a higher level or reach in the most deprived areas (red bars). The percentages for all deprivation areas have increased from the previous 12 month period.

Chart 9: Percentage Coverage of Eligible Beneficiaries by Ward and Deprivation Level

01-Apr-2021 to 31-Mar-2022

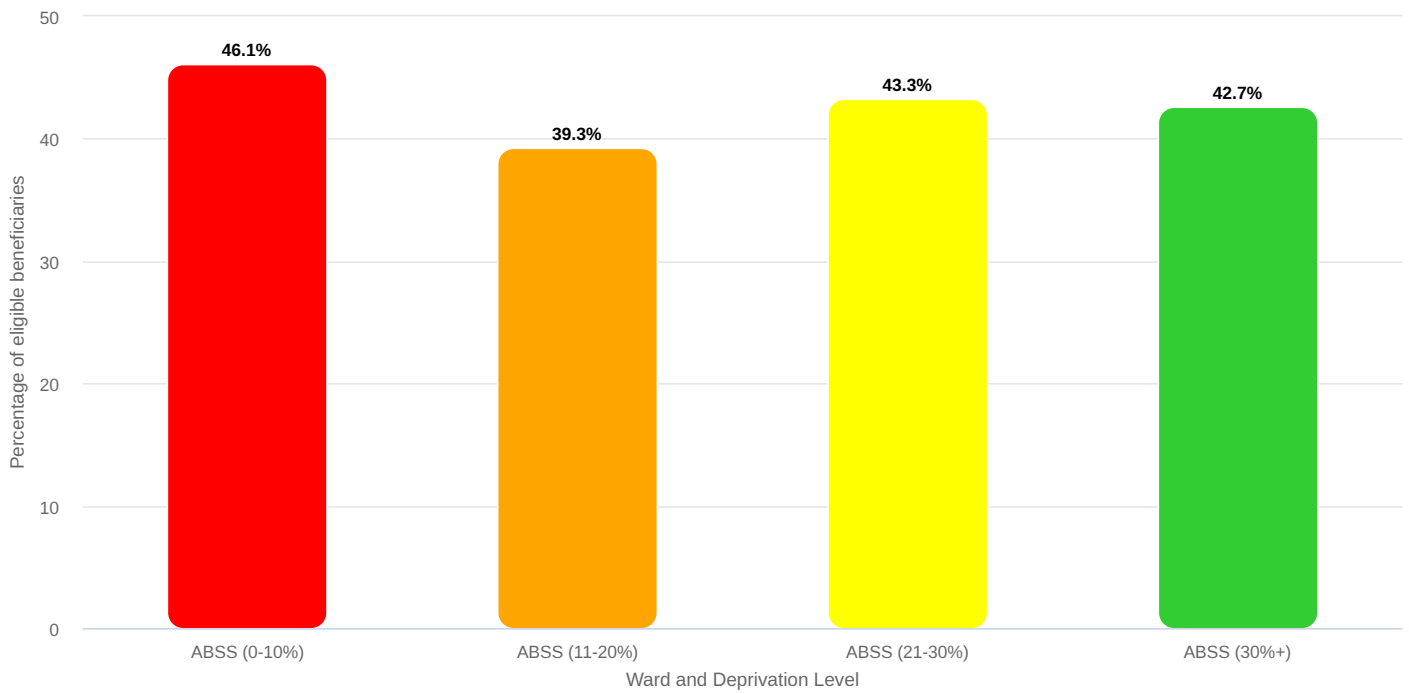
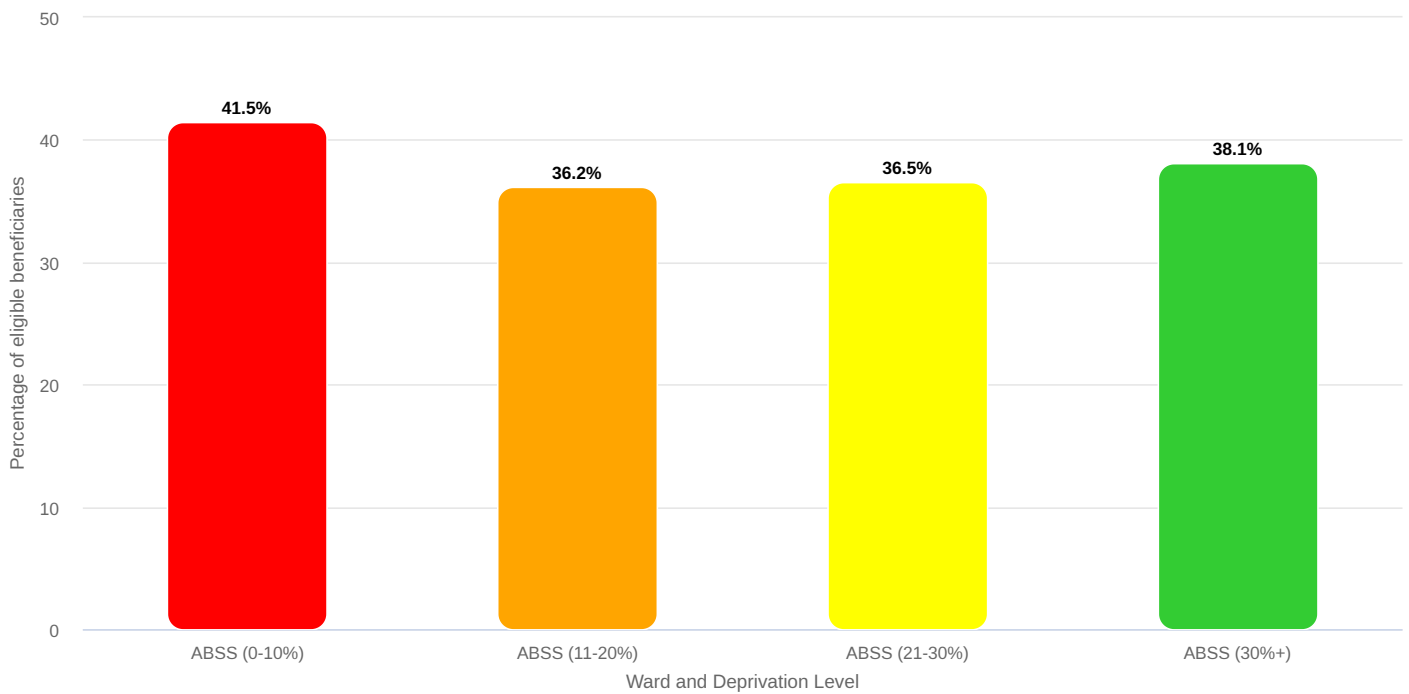


Chart 9: Percentage Coverage of Eligible Beneficiaries by Ward and Deprivation Level

01-Apr-2020 to 31-Mar-2021

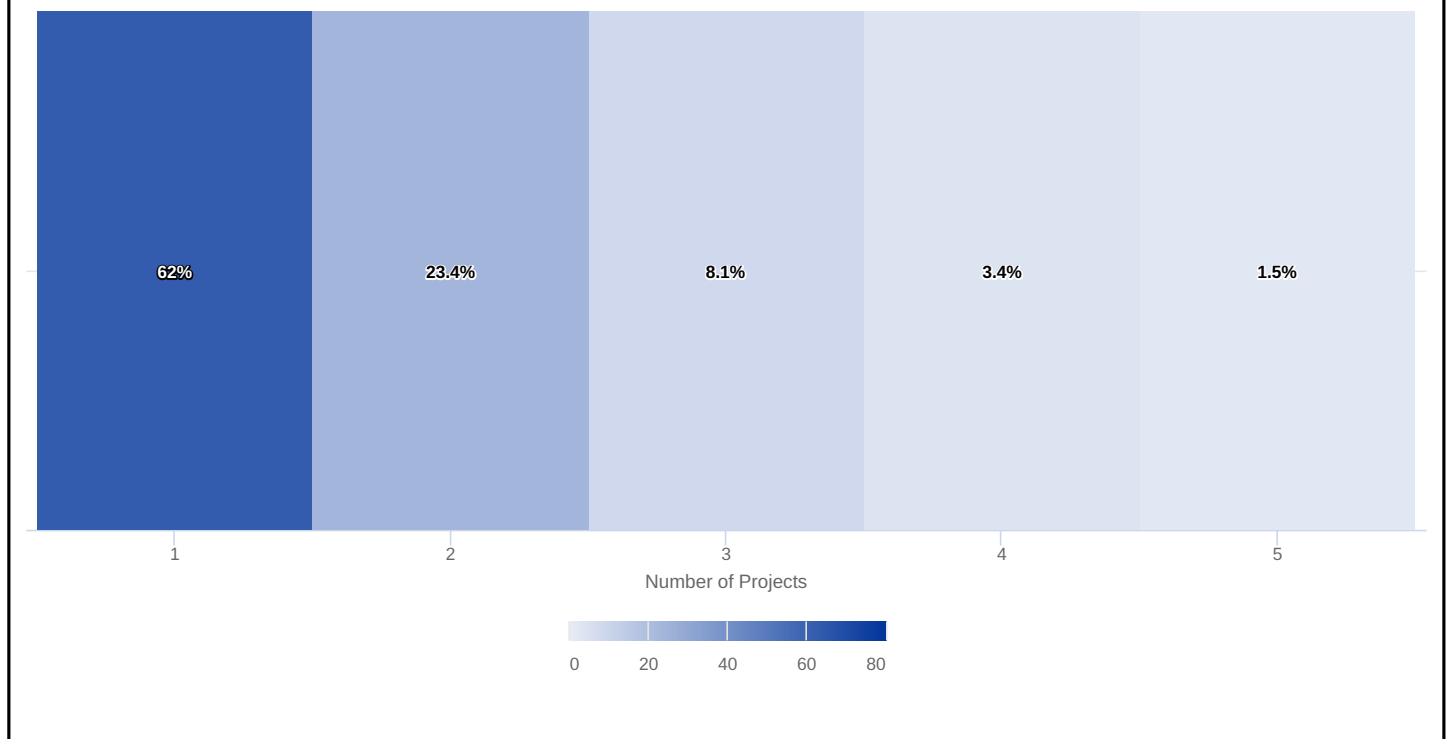


## Section 7 - Participation in Multiple Projects

This chart shows the percentage of beneficiaries that have been involved in multiple projects over the course of the programme. For example, **38%** of all beneficiaries have been involved in more than one project, which demonstrates a good linkage between projects and retention of beneficiaries.

**Chart 11: Count of Number of Projects Involvements**

From the start of the Programme to period ending 31-Mar-2022



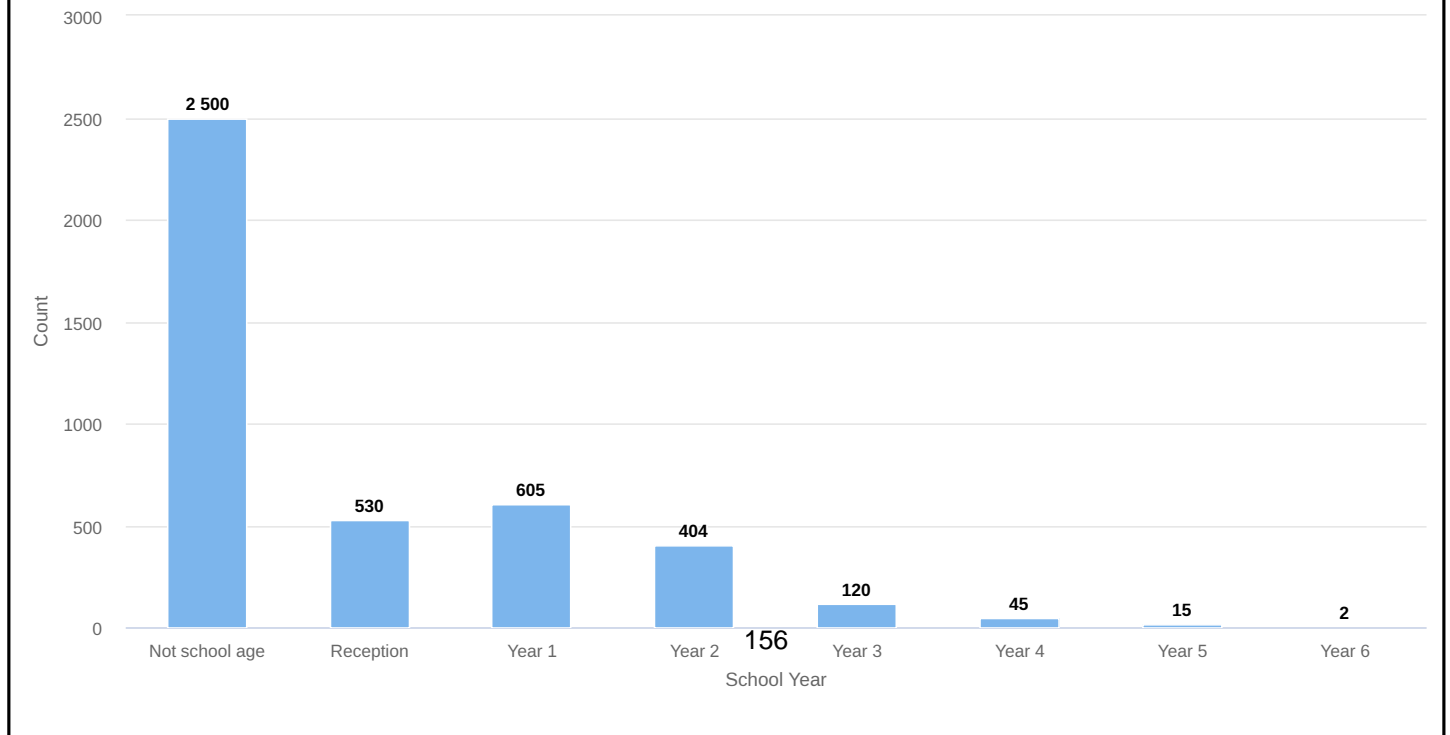
## Section 8 - Current School Year of Primary Beneficiaries

This final chart shows the current school year of all current and past primary beneficiaries. This is helpful when considering that a number of outcome measures reported to the National Lottery Community Fund are age-related. For example, the Early Years Foundation Stage Profile (EYFSP) and one of the National School Measurement Programme (NCMP) measures are taken during the reception year. The ability of A Better Start to improve these population-level outcomes is dependent on a significant proportion of those children being reached by the ABSS Programme.

For further details of outcome measures please click the following link to view the full dashboard: [https://sbcddata.shinyapps.io/ABSS\\_COF\\_Tool/](https://sbcddata.shinyapps.io/ABSS_COF_Tool/) ([https://sbcddata.shinyapps.io/ABSS\\_COF\\_Tool/](https://sbcddata.shinyapps.io/ABSS_COF_Tool/)).

**Chart 12: Current School Year of all Primary Beneficiaries**

From the start of the programme to period ending 31-Mar-2022



## **Appendix Four - Case Study**

### **ABSS Project: Family Support Workers for Social Communication Needs**

#### **Case Study Title: Awaiting Diagnosis: Femi's Story**

Our Family Support Workers have personal experience of parenting children with social and communication needs in Southend and can provide a wide range of support to other families struggling to navigate life with a child with additional needs.

#### **Background:**

Femi lives in Milton ward, Southend with his parents Abena and Hakim, and older brother Kofi. Femi is non-verbal, and his family have been working with a Paediatrician at a Child Development Centre, in order to receive an assessment for Autism Spectrum Disorder.

Abena and Hakim often find it tough to understand Femi's sensory needs, and sometimes feel overwhelmed. Feeling isolated, with little understanding of how-to best support Femi, the family realised they needed support from people who had experienced the same things they were. They decided to contact the A Better Start Southend's Family Support Workers for Social Communication Needs.

#### **Intervention:**

English is an additional language for Femi's family, and so Abena sometimes finds it difficult to take him out in the community as she doesn't feel confident with her communication skills. Upon meeting the family, the Family Support Workers felt the best immediate action would be to help Abena and Hakim build a support network, and to suggest strategies to help Femi with his sensory needs.

Every child loves toys, and the Family Support Worker researched in depth to find toys that would fit Femi's needs, in line with the family's budget. Hakim reported that Femi was enjoying his playtimes much more, and that they were beginning to understand his needs better.

Next, the Family Support Worker signposted the family to Little Heroes, the friendly local drop-in service for families of children with Autism or awaiting diagnosis. Hakim attended the session with Femi and enjoyed it immensely. Femi got to play in the new sensory and soft play area, while Hakim spoke to local parents with children with Autism about local schooling and other provisions.

#### **Outcomes and Benefits:**

Before the Family Support Workers started working with the family, Abena's mental health had really declined, and she felt depressed. Understanding the difficulty this unique situation can present, the Family Support Worker offered a listening ear, and planned for her to attend a private session at Little Heroes with the family to support her in taking such a big step.

When the Family Support Worker first arrived, Abena and Hakim differed on their preference for education, with Hakim favouring the idea of Femi receiving additional support in school, while Abena was only considering mainstream placement. The Family Support Worker worked with the family to identify specialist provisions in the community and discussed the possibility of Femi attending a SEN school. Abena, for the first time, began to understand that Femi may need additional support; a real breakthrough for the family.

Hakim, Abena, Femi and Kofi are still receiving support from the Family Support Workers and a very valuable relationship has formed. The family have spoken of the benefits of receiving the support, with Hakim saying: "it is nice to speak to someone who has been through it before, who has shared that experience."

Hakim continues to attend the Little Heroes hub with Femi and has begun to build a valuable support system with other local families like theirs. The family have also established helpful links with other local charities and services, which means the family will continue to receive consistent, specialist support for Femi.

Abena continues to engage with the process positively and works through any challenges she faces with the Family Support Worker. The continued work with their Family Support Worker will give her the confidence she needs to begin venturing out into her community with Femi.

*\*Names have been changed to protect anonymity.*



## Appendix Five - Project Names and Workstreams

Project Title	Work Stream	Delivery Status	Delivery Partner
121 Breastfeeding	D & N	In Delivery	MSE Hospital Trust (previously SUHFT)
Group Breastfeeding	D & N	In Delivery	YMCA
3 - 4 Month Contact	D & N	In Delivery	SCC
HENRY Healthy Families	D & N	In Delivery	HENRY
Southend Supports Breastfeeding	D & N	In Delivery	SCC & EYA
Infant Feeding Supervisor Lead	D & N	In Delivery	SCC
Maternal Healthy Weight	D & N	Paused	TBD
UNICEF Accreditation	D & N	Paused	TBD
Public Health Midwife	D & N	Mobilisation	TBD
FOOD Club	D & N	Mobilisation	Family Action
Family Nurse Partnership	S & E	In Delivery	EPUT
Perinatal Mental Health	S & E	In Delivery	EPUT
FSW SCN	S & E	In Delivery	SCC & EYA
Your Family	S & E	In Delivery	EYA/ABSS
Preparation for Parenthood	S & E	In Delivery	HENRY
Volunteer Home Visiting Service	S & E	In Delivery	Home Start
Families Growing Together	S & E	In Delivery	Trustlinks
IDVA	S & E	In Delivery	Safe Steps
Let's Talk	C & L	In Delivery	EPUT
WellComm Screening	C & L	In Delivery	EYA
Talking Transitions	C & L	In Delivery	EYA
Sensory Story Time	C & L	In Delivery	Chaos and Calm
Story Sacks	C & L	In Delivery	SAVS/Southend Library/EPUT
Umbilical Chords	C & L	In Delivery	YMCA
Engagement	CR	In Delivery	SAVS
Engagement Fund	CR	In Delivery	SAVS
CID Fund (Process and applications)	CR	In Delivery	N/A
Coproduction Champion	CR	In Delivery	SAVS, EYA, SBC
ABSS Parent, Family and Community Hub	CR	In Delivery	ABSS/SAVS
Work Skills	CR	In Delivery	SCC
Engagement Fund COVID-19	CR	Closed	SAVS
Hamlet Court Road in Harmony	CR	Service Design	

<b>Festival of Conversation</b>	CR	Service Design	
<b>Welcome to the UK</b>	SC	In Delivery	Welcome to the UK
<b>Data Input - ESTART</b>	SC	In Delivery	FAMILY ACTION
<b>First and Foremost</b>	SC	Closed	EYA
<b>The Dartington Service Design (0-19 mapping)</b>	SC	In Delivery	Dartington
<b>SCC Data Analysis</b>	SC	In Delivery	SCC
<b>Joint Paediatric Clinic</b>	SC	Paused	Southend CCG
<b>Programme Evaluation Partnership</b>	SC	In Delivery	UofE
<b>RSM Summative Evaluation</b>	SC	In Delivery	RSM
<b>Information Governance Specialist Consultant</b>	SC	In Delivery	K8 Data Protection Consultant
<b>AARI</b>	SC	Paused	Equinox (ended) new TBC
<b>Digital Strategy (Inform)</b>	SC	In Delivery	
<b>Reception at Centre Place</b>	SC	Service Design	

**HEALTH AND WELLBEING BOARD FORWARD PLAN 2022/23**

<b>HWB DATE</b>	<b>DEADLINE FOR PAPERS FOR REVIEW / SENSE-CHECK/SIGN-OFF)</b>	<b>DEADLINE FOR PAPERS FOR BOARD MEETING</b>	<b>Agenda Items (The agenda to be structured/grouped under the following headings: • For Decision; • For Strategic Discussion; • For Noting</b>	<b>Lead / Report author</b>	<b>For Decision / Strategic Discussion / Noting</b>	<b>ACTIONS FOR FOLLOW-UP AFTER MEETING</b>
8 <sup>th</sup> June	23 <sup>rd</sup> May	27 <sup>th</sup> May	<b>BCF 2020/21 End of Year Submission</b>  <b>LeDeR Annual Report</b>  <b>Pandemic Updates</b>  <b>HWB Strategy Implementation Plan – Mid-Year Report</b>  <b>HWB Schools Wellbeing Programme Report/Update</b>  <b>National Drug Strategy ‘From harm to Hope’ Progress Report/Update (Governance arrangements, etc)</b>  <b>Adult Joint Strategic Needs Assessment</b>	Taslima Qureshi  Krishna Ramkhelawon  Krishna Ramkhelawon  Krishna Ramkhelawon / Kevin Read  Krishna Ramkhelawon / Kevin Read  Jamie Pennycott / Benedict Leigh  Benedict Leigh/Krishna Ramkhelawon	<b>Noting</b>  <b>Decision</b>  <b>Noting</b>  <b>Discussion</b>  <b>Noting</b>  <b>Noting</b>  <b>Decision</b>	

<b>HWB DATE</b>	<b>DEADLINE FOR PAPERS FOR REVIEW / SENSE-CHECK/ SIGN-OFF)</b>	<b>DEADLINE FOR PAPERS FOR BOARD MEETING</b>	<b>Agenda Items (The agenda to be structured/grouped under the following headings: • For Decision; • For Strategic Discussion; • For Noting</b>	<b>Lead / Report author</b>	<b>For Decision / Strategic Discussion / Noting</b>	<b>ACTIONS FOR FOLLOW-UP AFTER MEETING</b>
<b>7<sup>th</sup> September</b>	<b>24<sup>th</sup> August</b>	<b>30<sup>th</sup> August</b>	<b>Annual Public Health Report</b>  <b>HWB Strategy Implementation Plan: Year 2 Plan</b>  <b>Teenage Pregnancy Implementation Plan: Annual Update</b>  <b>JSNA Timeline – Refreshing suite of products</b>  <b>Pharmacy Needs Assessment</b>  <b>Health Protection Updates</b>  <b>Population Health Management</b>  <b>Alliance Plan</b>  <b>Health Inequalities Work Update</b>	<b>Krishna Ramkhelawon</b>  <b>Krishna Ramkhelawon</b>  <b>Krishna Ramkhelawon</b>  <b>Krishna Ramkhelawon</b>  <b>Krishna Ramkhelawon</b>  <b>Krishna Ramkhelawon</b>  <b>Krishna Ramkhelawon</b>  <b>Ruth Hallett</b>  <b>Ruth Hallett</b>	<b>Discussion/Noting</b>  <b>Decision</b>  <b>Discussion</b>  <b>Noting</b>  <b>Decision</b>  <b>Noting</b>  <b>Noting</b>  <b>Discussion/Noting</b>  <b>Noting</b>	

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8 <sup>th</sup> December	23 <sup>rd</sup> November	30 <sup>th</sup> November				

HWB DATE	DEADLINE FOR PAPERS FOR REVIEW / SENSE-CHECK/ SIGN-OFF)	DEADLINE FOR PAPERS FOR BOARD MEETING	Agenda Items (The agenda to be structured/grouped under the following headings: <ul style="list-style-type: none"> <li>• For Decision;</li> <li>• For Strategic Discussion;</li> <li>• For Noting</li> </ul>	Lead / Report author	For Decision / Strategic Discussion / Noting	ACTIONS FOR FOLLOW-UP AFTER MEETING
6 <sup>th</sup> March 2023	20 <sup>th</sup> February	24 <sup>th</sup> February				