

# Southend-on-Sea Borough Council

Department of the Chief Executive

John Williams - Director of Democratic & Legal Services

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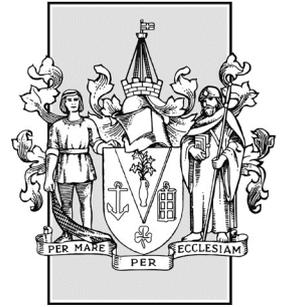
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Date: 20<sup>th</sup> March 2018

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## HEALTH & WELLBEING BOARD - WEDNESDAY, 21ST MARCH, 2018: SUPPLEMENTARY REPORTS PACK

Please find enclosed, for consideration at the next meeting of the Health & Wellbeing Board taking place on Wednesday, 21st March, 2018, at 5.00pm the following reports that were unavailable when the agenda was printed.

Agenda No	Item
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7	<b><u>Physical Activity</u></b> (Pages 1 - 8)
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Report attached

9	<b><u>Localities</u></b> (Pages 9 - 12)
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Report attached

Robert Harris  
Principal Democratic Services Officer  
Legal & Democratic Services



# Southend Health & Wellbeing Board

Agenda  
Item No.

7

## Report of the Deputy Chief Executive (People)

To  
Health & Wellbeing Board

on  
21<sup>st</sup> March 2018

Report prepared by: Lee Watson, Health Improvement  
Practitioner Advanced

For information only	X	For discussion		Approval required	
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## Southend Physical Activity Strategy 2016-2021- Progress Update

### Part 1 (Public Agenda Item)

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#### 1. Purpose of Report

- 1.1 To review and update the board on the progress to date with the implementation of the Southend-on-Sea Physical Activity Strategy 2016-2021 refreshed action plan, including successes, challenges and future opportunities.

#### 2. Recommendations

- 2.1. The Health and Wellbeing Board is asked to note the update provided, including successes, challenges and future opportunities. The board are also asked to note the infographics in the appendix as requested at the previous meeting.

#### 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 23% 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. The Southend-on-Sea Physical Activity Strategy (which is the delivery mechanism for the refreshed Health and Wellbeing Strategy 2017-2021) provides a framework and action plan to support the long term vision for Southend to be a healthier, more active borough. This will be achieved through making the participation in an active healthy lifestyle a social norm for people who live or work in Southend.

The strategy has 4 key aims:

- To reduce inactivity and increase participation in physical activity for everyone, giving priority to our more inactive populations.
- To improve our marketing and communications about physical activity.
- To promote the built and natural environment and its contribution to supporting people to be more active in their daily lives.
- For Southend-on-Sea Borough Council to work collaboratively with a wide range of partners, including statutory organisations, businesses, the third sector and community groups, to help people to be more active.

There is an action plan to ensure delivery of the strategy's aims. The action plan was updated in January 2018 and highlights the key actions, responsibilities for delivery and associated outcomes. The Physical Activity Strategy Implementation Group (PASIG) is tasked with overseeing the delivery of the strategy, working in close partnership with Active Southend and the Active Southend Executive Group which has broader external stakeholder engagement across the Borough.

#### **4. Strategy Progress**

4.1 In December 2017, the PASIG took advantage of an offer from Sport England, in partnership with the Chief Leisure Officers Association, to pilot an external review visit to help understand progress with delivery of the strategy. The review followed a similar format to the Local Government Association peer review process, but on a smaller scale. The review is designed to help areas understand what is working well, what could be better and to identify new opportunities to improve outcomes in relation to physical activity.

4.2 The strategy action plan was refreshed in 2018 in light of this review. Some of the key progress made during 2018 includes;

- Southend Borough Council commissioning Enventure Research to deliver a piece of work gathering insights of the Southend community, the research includes a resident survey, focus groups and 1-1 interviews. There will be a stakeholder workshop in May for stakeholders to disseminate the findings and inform further workstreams.
- Active Essex, the County Sports Partnership for Greater Essex have joined the PASIG, they will assist the group with further insight from their work, learning from the Sport England Local Delivery Pilot being delivered in Basildon, Colchester and Tendring and provision of additional resource to Active Southend.
- Reviewing Southend Borough Council service plans which have included actions around physical activity and offering support to departments to develop these actions further.

4.3 Short term future priority actions for the strategy include;

- Using learning from the insight gathering to develop a communications strategy targeting the most inactive in the Borough.

- Developing Active Southend multi-agency workplans for 2018/19 including developing grass roots funding opportunities focusing on locality based approaches to increase physical activity in inactive populations.
- Roll out of physical activity training to early years practitioners including childrens centres.
- Assessing the impact of existing investment including Wet Wednesdays which provides free swimming for over 65's at SBC Leisure Centres
- Delivery of Public Health England Physical Activity Clinical Champion Training to GP's within South East Essex

## **5. Health & Wellbeing Board Priorities / Added Value**

5.1 The Southend-on-Sea Physical Activity Strategy is the primary delivery mechanism for the Southend-on-Sea Health and Wellbeing Board Strategy Refresh 2017-2021.

## **6.0 Reasons for Recommendations**

6.1 Increasing levels of physical activity in the borough and reducing levels of inactivity will lead to improved health and wellbeing and help to reduce health inequalities. A healthy population will reduce demands on services and provide a healthier workforce to contribute to the economic prosperity of the borough. Increasing physical activity through active travel can reduce traffic congestion and improve air quality.

## **7. Financial / Resource Implications**

7.1 Increasing levels of physical activity in the borough and reducing levels of inactivity will lead to improved health and wellbeing and help to reduce health inequalities. A healthy population will reduce demands on services and provide a healthier workforce to contribute to the economic prosperity of the borough. The strategy and associated action plan will be delivered within existing resources. There is an element of the action plan that includes workforce development; therefore there is a resource implication to enable staff to undertake continuing professional development in relation to physical activity promotion.

## **8. Legal Implications**

8.1 None currently identified.

## **9. Equality & Diversity**

9.1 The strategy is a population wide strategy and aims to ensure that everyone who either lives or works in the borough has the opportunity to be more physically active.

# Appendix 1 – Active Essex Physical Activity Infographics

## CHILD OBESITY <sup>(1)</sup>

Children's data NCMP 2015/2016:

reception

**21.5%**



year 6

**31.3%**

## ADULT OBESITY <sup>(1)</sup>

Adults data (2013-2015) APS:

adults aged 16+

**67.0%**

## DIABETES <sup>(2)</sup>

(QOF register) prevalence of diabetes:

**6.3%**

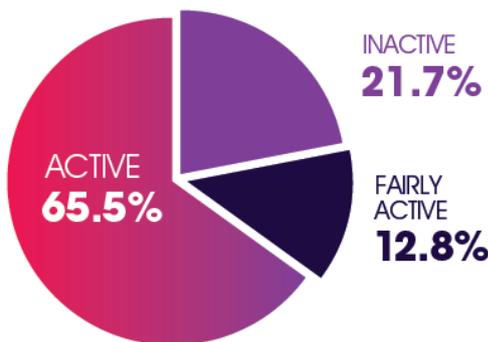
## COST OF INACTIVITY

**£21,472,753** <sup>(4)</sup>

Data Sources: (1) Public Health England, (2) QOF Register, (3) PANSI - Projecting Adult Needs and Service Information

## ACTIVE LIVES SURVEY

Active Lives Survey replaces the Sport England's Active People Survey, it will measure the number of people aged 16 and over who take part in physical activity and sport by demographics group, activity type and where they live. The latest findings were published in January 2017 and the next lot of results are to be released in September 2017.



**78.7%**

have taken part in sport and physical activity at least twice in the last 28 days

**37.4%**

are active once a week



**41.8%**

of males are active once a week



**33.2%**

of females are active once a week

**21.5%**

are active 3x30 mins a week



**19.8%**



have a Sport Club Membership

# 354 FACILITIES IN SOUTHEND

## FACILITY BREAKDOWN



ARTIFICIAL PITCHES  
**18**



SWIMMING POOLS  
**16**



TENNIS COURTS  
**46**

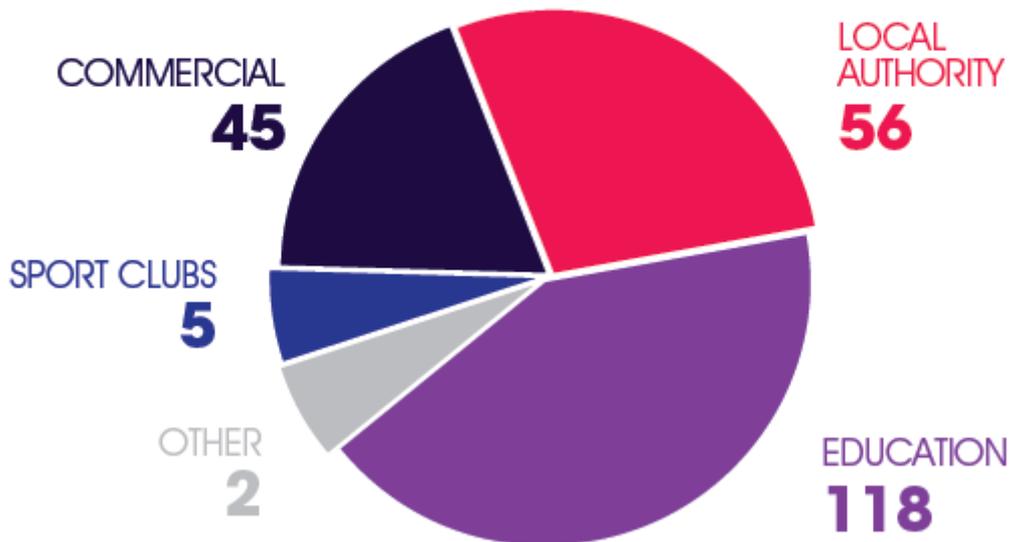


GRASS PITCHES  
**185**



SPORTS HALLS  
**30**

## FACILITY OWNERSHIP





## PARKS & OPEN SPACES

Data Source: Active Places Power

Total direct economic value of sport

**£52.5m** <sup>(1)</sup>

Evidence shows that increasing physical activity can spur economic growth, employment opportunities, and strengthen local communities.

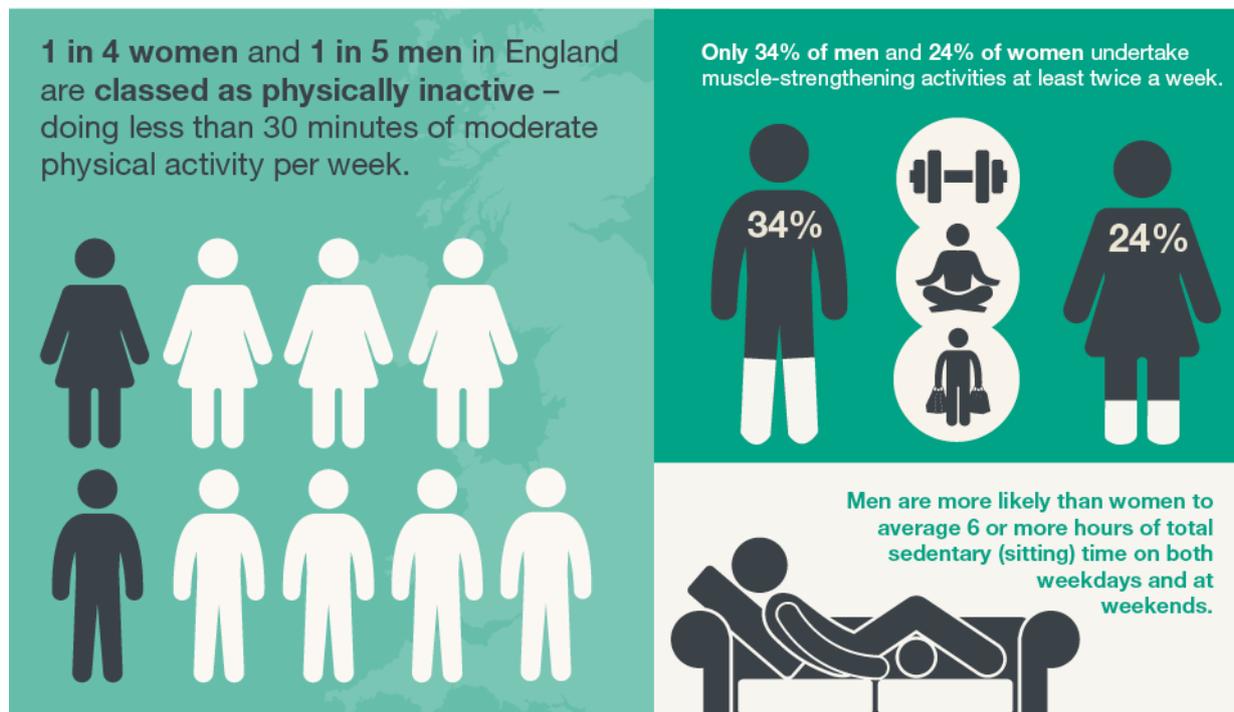
**£21.9m** <sup>(1)</sup>

Volunteering (economic value)

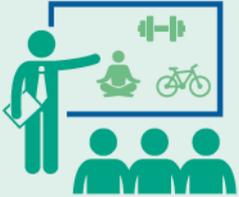
**£63.4m** <sup>(1)</sup>

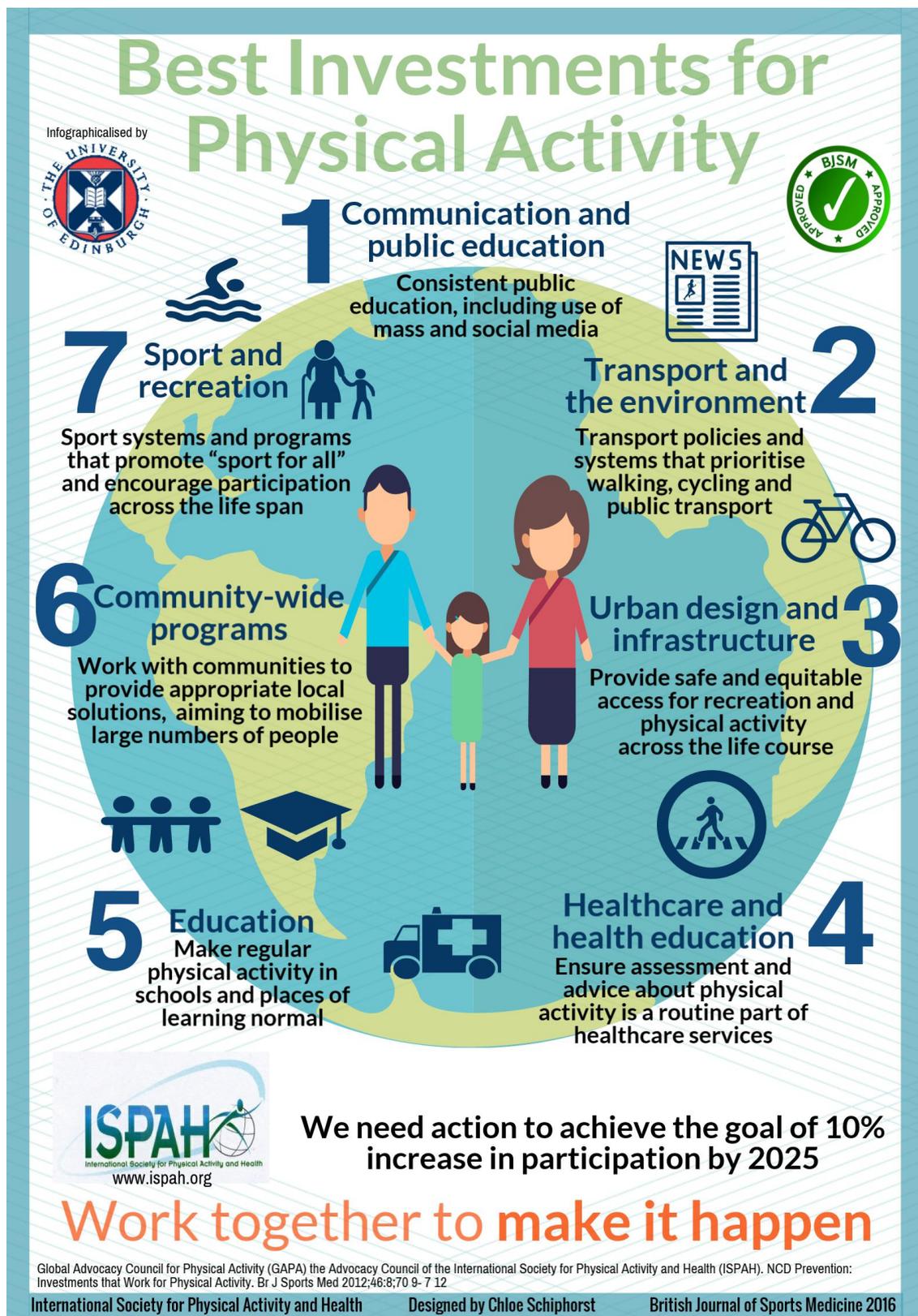
Health (wider economic value)

## How active are we?



### Call to action

 <p><b>Health and social care commissioners</b> to integrate physical activity into clinical and social care pathways and services.</p>	 <p><b>County Sports Partnerships</b> to work with private and public sector organisations to promote workplace physical activity opportunities.</p>	 <p><b>NHS and other public sector organisations</b> to support active travel for staff and the public through active travel planning and local activation events.</p>	 <p><b>Local Enterprise Partnerships</b> and local authorities planners to invest in cycling and walking infrastructure to support local businesses with active travel and active retail.</p>
 <p><b>Health and social care providers</b> and sports and leisure providers to upskill staff to better support inactive people to become active every day.</p>	 <p><b>Local authorities</b> to work with leisure, fitness and sport providers to maximise the potential of local physical activity assets.</p>	 <p><b>Employers</b> to support staff to be physically active and break up sedentary activity in the workplace.</p>	 <p>Work with <b>community groups</b> to activate and maximise the potential of parks and green spaces.</p>



# Southend Health & Wellbeing Board

9

Agenda

Item N

## Joint Report of

Simon Leftley, Corporate Director for People, SBC  
Margaret Hathaway, Interim Accountable Officer, Southend and Castle Point  
& Rochford CCGs

to

## Health & Wellbeing Board

on

21 March 2018

### Report prepared by:

Nick Faint, Integration Programme Manager, SBC  
Ashley King, Interim Programme Director, Southend and Castle Point & Rochford  
CCGs

X	For discussion		For information only		Approval required
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## The Development of Localities

Part 1 (Public Agenda Item)

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### 1 Purpose of Report

The purpose of this report is to;

- 1.1 Provide Health & Wellbeing Board (HWB) with a briefing and update regarding the formation of Localities for health & social care in Southend on Sea (Southend).

### 2 Recommendations

HWB are asked to;

- 2.1 Discuss and note the progress made towards developing Localities in Southend.

### 3 Background

- 3.1 The vision for the Locality approach is that a Locality is the central place where integrated health and social care interventions are delivered and co-ordinated, this represents a shift away from the hospital and into the community.
- 3.2 Each Locality will utilise existing (or new) NHS / Council estate to provide primary, community and social care services working in a multi-disciplinary team environment and a complex care service for a risk stratified cohort of patients and carers.

- 3.3 The Mid and South Essex Sustainability and Transformation Partnership (STP) are currently consulting on plans to reconfigure the acute health service provision across the footprint. The reconfiguration of the acute services assumes that the community infrastructure (Localities) is in place to accommodate the realignment of health and care services within the STP.
- 3.4 The development of Localities and integrated services are aligned to other transformational activities within both Southend, South East Essex and the wider Essex systems. For example; the commissioning of an integrated care co-ordination service and a dementia navigator service; the children's community paediatrics service and an Essex wide mental health service.

### **Progress made**

- 3.5 In May 2016 the HWB agreed the formation of four Localities in Southend, namely; West, West Central, East Central; and East. Each of these would incorporate the vision outlined above in para 3.1 – 3.4. Throughout the course of 16/17 operational teams were set up across the four agreed localities. Integrated health and care services were commissioned, for example care co-ordination. A dementia navigator service was recommissioned with in-house resource and locality based multi-disciplinary teams (MDTs) were commenced.

Alongside Southend Borough Council (SBC) and Southend CCG resource Essex Partnership NHS Foundation Trust (EPUT) committed resource to moving the process forward and galvanising the operational element of the system.

Community assets to support the Locality culture development were (and continue to be) mapped, Social care workers were aligned to Localities and assigned to GP practices. The challenge for community nurses is slightly different but EPUT have taken great steps towards aligning both community and specialist nurses to each Locality.

Domiciliary Care provision was re-tendered by SBC (May 2017) with new providers of care being appointed according to Localities.

Primary Care provision was reviewed with the Locality agenda at the centre and additional services are shortly to be commissioned which includes extended access and triaging.

Planned activity for the remainder of 17/18 and quarter 1 of 18/19 includes a Health and Wellbeing day on 27<sup>th</sup> April 2018 for East Locality with the event being based at Asda's shopping precinct.

- 3.6 In March 2017 the HWB commissioned a report by Better Care Fund (BCF) Support to review activity, progress and to identify areas where the Southend system were most challenged. The report was presented to HWB in June 2017 with the following areas identified as challenges for the Southend system; (1) understanding the opportunity available in terms of financial positions; (2) jointly agreed understanding of what an integrated care model might look like; (3) organisational form; and (4) having a clear governance structure to lead and determine the direction for Localities.

- 3.7 In January 2018 a workshop with HWB was convened through which the challenges highlighted in 3.6 were discussed. During this meeting it was agreed; that system partners would seek to work together more closely on a geography that covered the South East Essex (SEE) footprint; that a business planning process would be developed to deliver a business plan for each of the eight Localities in SEE; and that our timeline for developing the plans would be aligned to the STP timeline for decision making.
- 3.8 As noted in 3.7 it was agreed that system partners would work more closely together on a geography aligned to a SEE system. It was agreed by all system partners that the development of our Localities would benefit from this approach for reasons that the health providers for Southend work across the SEE footprint as do the CCGs and there would be initiatives led by partners that would benefit system partners that could be done on a 'do once' basis.

It was agreed by HWB that whilst there would be similarities across each Locality the development of Localities should be driven by the needs of each.

It was recognised by system partners that the Local Authority contribution to the Locality development could, potentially, be different. Each Local Authority had diverse ranges of populations with differing needs. Each Local Authority had different resource available that could contribute to the development of Localities. It was agreed that the plan needed to reflect this aspect.

### **Addressing the key challenges**

- 3.9 In February 2018 a workshop was held for system leaders across SEE to focus on the development of a suite of outcomes that would direct the development of each Locality. A consensus was reached regarding the definition of an outcome and an outcomes framework which was 'all age' related, used a common language and was relatable to the 'person'.

A three tier approach was developed for the outcomes framework; (1) Domains; (2) Outcomes; and (3) Indicators.

Domains were agreed as an area or theme which brings together issues that are important across SEE. Outcomes were agreed as a way through which a more friendly narrative could be used and indicators were agreed as being locally specific and the way through which outcomes will be measured.

The following 4 domains were agreed; (1) Health and Wellbeing, linked to population health outcomes, prevention, independence and lifestyle factors; (2) Care Quality and Experience, linked to positive personal experience, safe and effective care, and partnership development between people and community assets; (3) Sustainability, focusing on the impact of the integrated and collaborative working on financial and clinical sustainability of the community and the system; and (4) Transformation Drivers, measures that will help to drive improvements and change in the other outcome areas, in particular changing clinical and people culture.

- 3.10 On 15<sup>th</sup> March a workshop was held with system leaders to help define the core elements of an integrated health and care model. The workshop was externally

facilitated and at time of drafting this report the workshop had not taken place. A verbal brief will be provided

3.11 A significant amount of work has been undertaken to progress the development of Southend Localities. At an operational level staff have begun to work more closely together and to jointly identify areas within which they could work more closely. At a senior leadership level system partners have jointly agreed to progress and support the development of the Locality approach.

3.12 The next steps that need to be taken to develop the Locality approach are crucial to ensure Localities continue to evolve robustly and at pace. The timeline for next steps is outlined below;

- March 2018
  - ✓ Single articulation of the Outcome Framework;
  - ✓ Consensus and agreement to core elements of an integrated health and care model;
- April 2018
  - ✓ Continued iterations of Locality diagnostics;
  - ✓ Estates and service model alignment;
  - ✓ Initial oversight partnership discussions;
- May 2018
  - ✓ Estate and service model workshops;
  - ✓ Oversight arrangements launched;
- June 2018
  - ✓ Wider engagement on model;
  - ✓ Locality implementation plans designed;
  - ✓ HWB agreement and sign off to the Locality plan.
- July 2018
  - ✓ Wider governance discussions aligned to STP decision making process

## **4 Reasons for Recommendations**

4.1 As part of its governance role, HWB has oversight of the Locality approach.

## **5 Financial / Resource Implications**

5.1 None at this stage

## **6 Legal Implications**

6.1 None at this stage

## **7 Equality & Diversity**

7.1 The Locality approach should result in more efficient and effective provision for vulnerable people of all ages.

## **8 Appendices**

8.1 Nil.