Public Document Pack

SOUTHEND-ON-SEA BOROUGH COUNCIL

Health & Wellbeing Board

Date: Wednesday, 21st June, 2017
Time: 5.00 pm
Place:
Contact:

Email: committeesection@southend.gov.uk

AGENDA

1 **Apologies for Absence**

2 **Declarations of Interest**

3 **Minutes of the Meeting held on Wednesday 22nd March 2017** (Pages 1 - 4)
Minutes attached.

******** **For Discussion/Decision**

4 **A greater focus - Refreshing Southend's Health and Wellbeing Strategy** (Pages 5 - 52)
Joint Report of the Deputy Chief Executive (People) and the Interim Accountable Officer (Southend CCG) attached.

5 **Better Care Fund (BCF)**
Report from the BCF Programme Manager to follow

6 **Suicide Prevention Strategy** (Pages 53 - 102)
Report of the Director of Public Health attached.

******** **For Information**

7 **STP Pre-Consultation Business Case Briefing**
Report of the Interim Communications Lead, Mid and South Essex Success Regime, to follow

8 **Integrated Children's Services** (Pages 103 - 132)
Report of the BCF Programme Manager attached.

******** **A Better Start Governance Board**

9 **Southend, A Better Start Briefing** (Pages 133 - 150)
Report from A Better Start Programme Manager attached.

Members:

Cllr L Salter (Chair), Garcia-Lobera (Deputy Chair), Cllr M Davidson, Cllr J Lamb, Cllr J Moyies, Cllr C Willis, Cllr R Woodley, A Semmence, Pike, S Leftley, A Atherton, Morris, Chaturvedi, Leitch, McIntyre and M Freeston

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SOUTHEND-ON-SEA BOROUGH COUNCIL

Meeting of Health & Wellbeing Board

Date: Wednesday, 22nd March, 2017
Place: Committee Room 1 - Civic Suite

3

Present: Councillor L Salter (Chair)
Dr J Lobera (Deputy Chair),
Councillors Evans, Willis, Callaghan
Ms C Panniker, Ms A Semmence, Ms S Leftley, Ms A Atherton, *Ms P Sabine, *Mr G May, *Ms L Crabb, *Mr R Shaw and Ms Y Blucher

*Substitute in accordance with Council Procedure Rule 31.

In Attendance: Mr T MacGregor, Mr R Walters, Mr R Harris and Mr N Faint

Start/End Time: 17.00-18.15

878 Apologies for Absence

Apologies for absence were received from Councillors Lamb (no substitute), Ayling (no substitute). Apologies were also received from MS S Morris (substitute: Ms P Sabine), Ms E Chidgey (no substitute), Mr N Leitch (no substitute), Mr I Stidston (substitute: Mr R Shaw), Ms M O'Callaghan (substitute: Ms L Crabb), Ms A Clare (substitute: Mr G May).

879 Declarations of Interest

Councillor Salter – Minute 882 (Health Indicators) and Minute 886 (Health & Social Care Integration Next Steps) – Non-pecuniary interest – husband is Consultant Surgeon at Southend Hospital and holds senior posts at the Hospital; son-in-law is GP; daughter is a doctor at Broomfield Hospital.

880 Questions from Members of the Public

There were no public questions at this meeting.

881 Minutes of the Meeting held on Wednesday 1st February 2017

Resolved:-

That the Minutes of the Meeting held on Wednesday 1st February 2017 be confirmed as a correct record and signed.

882 Health Indicators

The Board considered a report from the Council's Team Leader, Policy and Information Management Team, which sought consideration of appropriate health related performance measures for inclusion in the Council's Corporate Monthly Performance Report (MPR) from April 2017.

The Board noted that the proposed performance measures set out in paragraph 3.4 of the report had been produced following further discussions with the Southend CCG, as recommended by the Board at its meeting held on 1st February 2017.

The Board discussed the proposed seven performance indicators and commented on the appropriateness of including some of the suggested basket of indicators and the added value they provide.

In response to comments and questions the Board was informed that further work to explore potential locality based performance measures/information would be undertaken and a further report would be brought back to the Board at a later stage. The Board noted that the additional performance measures suggested for inclusion in the Council's MPR aim to provide a wider understanding and a broader sense/context of how the health and social care system was working.

Resolved:

That the performance indicators in 2, 3, 4, 5 and 6 of paragraph 3.4 of the report be included in the Council's MPR and that an additional indicator covering end of life care be added to the basket of indicators.

883 Annual Public Health Report

The Board considered the 2016 Annual Report of the Director of Public Health.

The Board asked a number of questions where were responded to by the Director.

Resolved:

1. That the 2016 Annual Report of the Director of Public Health, be noted.

2. That a multiagency sub-group of the Southend Health & Wellbeing Board to oversee the development of an action plan to ensure the implementation of the recommendations of the Annual Report, be agreed.

884 Pharmaceutical Needs Assessment (PNA)

The Board considered a report of the Director of Public Health which provided a progress update on the refresh of the Southend-on-Sea Pharmaceutical Needs Assessment (PNA).

Resolved:

1. That the timeline for the refresh of the Southend-on-Sea PNA, be noted.

2. That the Terms of Reference for the Southend Pharmaceutical Needs Assessment Steering Group, be approved.

3. That the authority to review and advise the Health & Wellbeing Board on any responses they need to make in relation to 'Consolidated Applications' received by the Board from NHS England, be delegated to the Pharmaceutical Needs Assessment Steering Group.

885 Better Care Fund 2017-2019 Plan

The Board considered a report of the BCF Programme Lead which provided an update regarding the Better Care Fund (BCF) planning process for 2017/19.

Resolved:

1. That the update on BCF 2017/19, be noted.

2. That authority to agree the BCF Plan and enable a submission to be made to NHS England in accordance with the planning guidance (once published) be delegated to the Deputy Chief Executive (People) and Interim Accountable Officer (Southend CCG) in conjunction with the Chair and Vice-Chair of the Health & Wellbeing Board.

886 Health & Social Care Integration - The Next Steps

The Board considered a report of the BCF Programme Lead which provided a progress update on the work towards health and social integration which follows on from the report considered by the Board at its meeting on 1st February 2017. The report provided further details on what the opportunities might be in preparation for the options appraisal approved by the Board at its meeting held on 1st February 2017.

Resolved:

That the report be noted.

887 A Better Start Governance

The Board considered two reports which provided updates on the ABSS Strategic Proposition 2017/18 and the ABSS Governance and co-production principles and approach. The Board also received a PowerPoint presentation in conjunction with the co-production report.

The Board commented on the principles for co-production and training on the principles and approach to co-production should be carried out with Board members and parents. There was also a need to manage expectations, particularly in respect of partners' statutory requirements.

Resolved:

1. That the ABSS Strategic Proposition 2017/18 update, be noted.

2. That the progress on the ABSS Governance and co-production update, be noted.

Chairman: _____

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Southend Health & Wellbeing Board

Agenda Item No.

4

(Joint) Report of

Simon Leftley, Deputy Chief Executive (People), Southend-on-Sea Borough Council.

Ian Stidston, Interim Accountable Officer, NHS Southend Clinical Commissioning Group (CCG).

……

to

Health & Wellbeing Board

on

21st June 2017

Report prepared by:
Rob Walters, Partnership Advisor Health and Wellbeing

For information only		For discussion	x	Approval required	x

A greater focus - Refreshing Southend's Health and Wellbeing Strategy

Part 1 (Public Agenda Item)

1. Purpose of Report

1.1. To present the proposals for developing the refresh of Southend's Health and Wellbeing Strategy.

2. Recommendations

2.1. That, subject to any amendments, the key proposals (shown in 3.7 and 3.10) be supported for development and progress be reviewed at the next Health and Wellbeing Board (HWB) meeting in September 2017.

3. Background & Context

HWB Strategy ambitions and Broad Impact Goals

3.1. Southend's first Health and Wellbeing Strategy launched in 2013 and included nine ambitions for the improved wellbeing of Southend's population.

3.2. In 2015, it was clear that the original ambitions were broadly being addressed through a range of strategic plans and initiatives across the partnership and the Board wanted a way to add value to the core activity that was already being delivered.

3.3. With this in mind, three new cross cutting "Broad Impact Goals" were introduced in 2015's HWB Strategy refresh (see Appendix 1 and 1.1) to support the original

ambitions. These focussed on the prevention of ill health; addressing inequality and developing sustainability through increased personal responsibility and participation.

A range of indicators helped to support the progress of these goals and;

- Raise the profile of strategic HWB priorities and stimulate a more central focus for operational teams
- Increase incentive and accountability for strong performance
- Promote partnership working, providing opportunities to collaborate
- Bring a greater awareness of the diverse operational activity across the partnership
- Provide a baseline for consideration of future priority areas and effective use of resources

3.4 Building the picture

As we look forward to developing a refreshed Health and Wellbeing Strategy, there have been a number of key messages to consider since the inception of the original strategy in 2013 (see below, plus short summary on Appendix 2)

Key messages to consider:

A. Peer challenge recommendations 2014-2015

A "Peer Challenge" review of the HWB was performed in January 2014 by the Local Government Association (LGA), with a subsequent follow up review taking place in July 2015.

Lasting themes within the recommendations were;

A1) Less is more: Reduce the number of issues that the Board is focusing on so that it can attend more proactively to the main issues facing the Borough.
-*This is in line with a wider national trend towards concentrating on delivering significant improvements in fewer key areas, vs. lots of activity to produce smaller outcomes.*

A2) Address inequality: Develop a common understanding of health inequalities and where health outcomes are poor, agree what needs to be addressed and ensure partners are addressing them collectively.

A3) Strengthen community engagement and resilience

Other important messages to inform our thinking:

B. Public and stakeholder engagement event, May 2015:

120+ service users and stakeholders were asked what matters to them:

B1) Mental health: Holistic view of health as both physical and mental

B2) Healthy food: Importance of good nutrition and accessibility of healthy, affordable food

B3) Importance of social connection to address isolation/loneliness

B4) Housing: Appropriate, affordable housing

B5) Value of prevention and early intervention

B6) Empower people to make positive choices

B7) Listen to and involve service users in decision making

B8) Be open and realistic with people about what can be delivered

B9) Centralise services: Promote easy/comprehensive access to information

B10) Recognise and support carers

C. Strategy development session May16 (HWB Board & colleagues)

Main points from discussions:

C1. Outcomes: Focus on outcomes rather than services

C2. Language and branding: think about our wording and make things more real for people i.e. 'be more active!' instead of 'increased physical activity'

C3. Data & intelligence: availability and accessibility of quality data across the system and using data intelligently to make a real difference i.e. deep dives/ analyses/ longitudinal studies.

C4. Be open with people about what is possible

C5. Consistency of message across the partnership: How does the HWB Strategy and vision influence the visions and plans of system partners?

C6. Workforce challenges – how do we address ongoing workforce needs?

D. Joint Strategic Needs Assessment (JSNA) headlines (Appendix 3)
(Key issues which affect our population's health and wellbeing)

- Lifestyle related health challenges: excess weight; nutrition; smoking; long term conditions (LTCs)
- Life expectancy related to cancers, circulatory, respiratory and chronic diseases.
- Mental health: anxiety & depression; dementia.
- Deprivation: comparatively higher levels of deprivation and child poverty; levels of employment and skills

3.5 Wider context

Locally, the refresh of the strategy comes at a time of transition and opportunity, with increasing collaborative integration between health and social care, NHS proposals for hospital reconfiguration and a move towards four Integrated Health and Social Care "Localities" across the borough.

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 is represented by a shift away from hospital centric care into community

based delivery through all system partners working in a collaborative and integrated way. Following the showcase of the East Central locality in the Sustainability and Transformation Plan (STP) pre-consultation business case, the natural next step was to pilot Locality working within East Central and develop a multi-disciplinary integrated team approach, which would undergo a period of 'testing and learning'. This was supported by the STP and East Central has been identified as a pilot area for the programme. Achievements include:

- Moderate needs Multi-Disciplinary Team (MDT) created to identify and work with people who have moderate health and care needs, i.e. those who sit between the 'adaptive' and 'dependant' elements of the transitional pathway.

- Through the Electronic Frailty Index (EFI) – a risk stratification tool – patients who would benefit from an integrated MDT approach will be identified.

Engaging Primary Care: Locality working is designed to build relationships and trust amongst professionals in order to share both the burden and joy of care and to ensure the best outcomes for the population. The integrated team is planning to provide a variety of support for Primary Care, including GPs.

It is recognised that the Localities approach can play a key part in increasing levels of physical activity, addressing inequality and developing meaningful engagement and community resilience.

Aligned to the development of the Locality approach is the integration of children's services. This work complements and supports a 'family' approach to integration. The integration of children's service journey has begun with Success for All consulting and agreeing an integration strategy for children's services. The challenge is to now develop a mobilisation plan for the strategy and align the governance structures to ensure integration opportunities are identified and realised.

3.6 The high cost of physical inactivity

"The potential benefits of physical activity to health are huge. If a medication existed which had a similar effect, it would be regarded as a 'wonder drug' or 'miracle cure'." – Sir Liam Donaldson

The case for the health and wellbeing benefits of physical activity is compelling, not only for long term improvements to physical health but also for a person's improved mental health and wellbeing (see Appendix 7 "23½ Hours" video clip: http://bit.ly/1fSDL5E)

Cost to Health Economy:

The estimated impact of physical inactivity to Southend's health economy is £21,472,753 per 100,000 population per year. (Reference; UK Active, Turning the Tide of Physical Inactivity)

Human Cost:

Modelling suggests that if 75% of the Southend adult population met the Chief Medical Officer's physical activity guidelines, 6 premature deaths per month would be prevented (40-79 years old). If 100% met the guidelines, 2 premature deaths per week could be prevented.

OR

Every 5 days someone under the age of 79 from the Southend population dies a death that could have been prevented if the whole population met the Chief Medical Officer's physical activity guidelines.

Appendix 6 demonstrates the associated social, economic, environmental and wellbeing impacts of investing in measures that support physical activity.

These challenges cannot be addressed by health and care alone. This requires a much broader partnership with colleagues from culture and planning as well as local businesses, voluntary sector partners and communities in order to shape Southend as a place which develops being physically active as a normal way of life.

In addition to a holistic organisational approach, the priority of fostering a culture of self-care and personal responsibility is of central importance, in order to see a positive shift in quality of life and sustained improvements in health and wellbeing.

It has been notable from the developing localities work how the lack of social capital such as friends and family was often a reason why people could become stuck in damaging behavioural patterns and become dependent on professionals. To avoid this, professionals need to be looking for opportunities to build people's capacity.

This is an opportunity for everyone to get behind a single approach and evaluate and learn as a whole, rather than in fragments.

3.7 Key proposals:

Having considered a broad range of key messages and following on from 2015's Broad Impact Goals, it is proposed that we develop a more focussed Health and Wellbeing Strategy refresh which primarily:

A. Increases the number of people in Southend being active at the levels that will promote their health and wellbeing

And in doing so;

B. Develops a model of meaningful engagement with local people.

C. Addresses issues of inequality and increases community resilience.

It is recognised that, as with the original strategy and its broad ambitions, there are many other areas of local importance and interest. Rather than duplicate existing work, the refreshed HWB Strategy will comprehensively map and signpost to strategic activity across the system, which addresses key areas of

importance i.e. Mental Health Strategy. This will enable the HWB Board to monitor developments and progress across a broad range of important topics.

The current Southend Physical Activity Strategy 2016-2021 (Appendix 4) will be fundamental in supporting the refreshed HWB Strategy's primary aims of improving physical activity.

Appendix 5 shows the vision of the Physical Activity Strategy.

3.8 Driving progress

The proposal is to work with the current Physical Activity Strategy Implementation Group and other relevant partnership governance and engagement routes, to develop effective system-wide commitment to drive improvements and monitor progress.

The refreshed Health and Wellbeing Strategy will align with the indicators and actions identified in the Physical Activity Strategy, (see Appendix 4, page 19) as well as supporting the ongoing development of other relevant key performance indicators (KPIs). KPI progress will be reviewed annually.

Progress, challenges and opportunities in relation to the Action Plan (Appendix 4, pages 20-23) will be reviewed with the HWB Board on a regular basis.

3.9 Consultation

Rather than being a departure from the previous priorities of the Health and Wellbeing Strategy, these refreshed proposals offer a renewed focus, to drive significant improvements by intensifying our focus on a key area, which is proved to produce significant positive outcomes in people's lives.

Engagement will continue through established and new channels, to help inform the ongoing effective development and implementation of priorities which make a difference to our local communities.

3.10 Duration

To maximise impact, it is proposed that the refreshed HWB Strategy works in line with the current Physical Activity Strategy 2016-2021, with a mid-term review of effectiveness and relevance in 2019.

4. Health & Wellbeing Board Priorities / Added Value

How does this item contribute to delivering the;

- Nine HWB Strategy Ambitions (see Appendix 1)
- Three HWB "Broad Impact Goals" which add value;
    a) Increased physical activity (prevention of ill health)
    b) Increased aspiration & opportunity (addressing inequality)
    c) Increased personal responsibility/participation (developing sustainability)

4.1 This proposed approach inherently addresses core themes within the current HWB Strategy, while bringing greater focus to achieving significant health and wellbeing improvements for the population of Southend through increased levels of physical activity.

5. Reasons for Recommendations

5.1. To refine the focus of the current HWB Strategy in order to drive significant improvement in the health and wellbeing of local people.

6. Financial / Resource Implications

6.1 Cost to Health Economy:

The estimated impact of physical inactivity to Southend's health economy is £21,472,753 per 100,000 population per year. (Reference; UK Active, Turning the Tide of Physical Inactivity)

7. Legal Implications

7.1 None currently identified

8. Equality & Diversity

8.1. The proposals aim to address inequality as a key priority

9. Background Papers

9.1. None

10. Appendices

Appendix 1.0 Summary on a page of HWB Strategy Refresh 2015-2016

Appendix 1.1 HWB Strategy Refresh 2015-2016

Appendix 2.0 Key messages to inform our thinking

Appendix 3.0 Southend Joint Strategic Needs Assessment (JSNA) summary

Appendix 4.0 Southend Physical Activity Strategy 2016-2021

Appendix 5.0 Vision from Physical Activity Strategy 2016-21

Appendix 6.0 Info-graphic: Investing in Cycling: in numbers

Appendix 7.0 *(video clip)* "23½ hours": http://bit.ly/1fSDL5E

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Southend Health and Wellbeing Strategy refresh 2015-16 on a page

Appendix 1

Broad Impact Goals – adding value

a) Increased Physical Activity (prevention of ill health)
b) Increased Aspiration and Opportunity (addressing inequality)
c) Increased Personal Responsibility and Participation (developing sustainability)

1. A positive start in life

- Reduce need for children to be in care
- Narrow the education achievement gap
- Improve education provision for 16-19s
- Better support more young carers
- Promote children's mental wellbeing
- Reduce under-18 conception rates
- Support families with significant social challenges

2. Promoting healthy lifestyles

- Reduce the use of tobacco
- Encourage use of green spaces and seafront
- Promote healthy weight
- Prevention and support for substance & alcohol misuse

3. Improving mental wellbeing

- A holistic approach to mental and physical wellbeing
- Provide the right support and care at an early stage
- Reduce stigma of mental illness
- Work to prevent suicide and self-harm
- Support parents postnatal

4. A safer population

- Safeguard children and vulnerable adults against neglect and abuse
- Support the Domestic Abuse Strategy Group in their work
- Work to prevent unintentional injuries among under 15s

5. Living independently

- Promote personalised budgets
- Enable supported community living
- People feel informed and empowered in their own care
- Reablement where possible
- People feel supported to live independently for longer

6. Active and healthy ageing

- Join up health & social care services
- Reduce isolation of older people
- Physical & mental wellbeing Support those with long term conditions
- Empower people to be more in control of their care

7. Protecting health

- Increase access to health screening
- Increase offer of immunisations
- Infection control to remain a priority for all care providers
- Severe weather plans in place
- Improve food hygiene in the Borough

8. Housing

- Work together to;
  - Tackle homelessness
  - Deliver health, care & housing in a more joined up way
- Adequate affordable housing
- Adequate specialist housing
- Understand condition and distribution of private sector housing stock, to better focus resources

9. Maximising opportunities

- Have a joined up view of Southend's health and care needs
- Work together to commission services more effectively
- Tackle health inequality (including improved access to services)
- Promote opportunities to thrive; Education, Employment

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HWB Strategy Refresh

KEY MESSAGES TO INFORM OUR THINKING...

Peer Challenge recommendations, Jan14/Jul 15...

- -Less is more: focus on a few key issues
- -Address inequality
- -Strengthen community engagement

HWB strategic development session May16...

- -Focus on outcomes, vs services
- -Be accessible - Use simpler language
- -Use data intelligently across partnership
- -Be open about what's possible
- -Consistency of message across partnership
- -How do we address workforce challenges?

Public engagement event: 120+ people, May15...

- -View health holistically as physical and mental
- -Importance of Good nutrition • Social connection
- -Prevention & early intervention are valuable • Centralise services
- -Empower people to make positive choices • Appropriate affordable housing
- -Listen to and involve service users in decision making
- -Be open and realistic about what is deliverable
- -Recognise and support carers

JSNA headlines...

CHALLENGES: Excess weight • Nutrition

Smoking • Long-term conditions • Life expectancy

Anxiety & depression • Dementia • Deprivation

HWB Strategy refresh

Key messages to inform our thinking...

Appendix 2

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HEALTH AND WELLBEING IN SOUTHEND

The Joint Strategic Needs Assessment (JSNA) for Southend-on-Sea reports on the health and wellbeing needs of local people today and for the future. It contains a wealth of data on the life experiences of people living in Southend. It compares our communities with others across the country on measures of education, income, and lifestyle that affect our ability to lead a long and healthy life.

This document is only a summary of the JSNA. It picks out key facts and figures and highlights some of the areas where health and wellbeing in Southend is markedly different from the UK as a whole. These differences, and the imbalances within Southend itself, will help us explore what actions can be taken to improve people's lives.

The changing face of Southend-on-Sea

With a **population** close to **178,000**, Southend is one of the largest conurbations in the East of England. Our town is changing. **We are gradually becoming more ethnically diverse** and the **number of older people is increasing**.

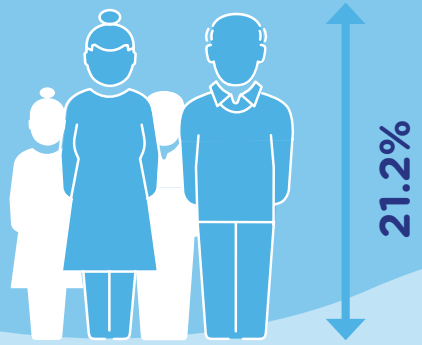
Comparative Percentage of BAME population 2001 and 2011:

4.2% in 2001

8.9% in 2011

8.9% came from a Black, Asian and minority ethnic (BAME) group in 2011 compared to 4.2% in 2001. The pupil annual census for 2013 highlights an **even greater diversity in school aged children**, with **20.5%** coming from a BAME group

Population aged 65+ projected to increase:



Proportion of 65+s is 18.9% (33,600 People); national average **17.5%**; **65+ age group is set to increase to 21.2% (40,700 people)** by 2025

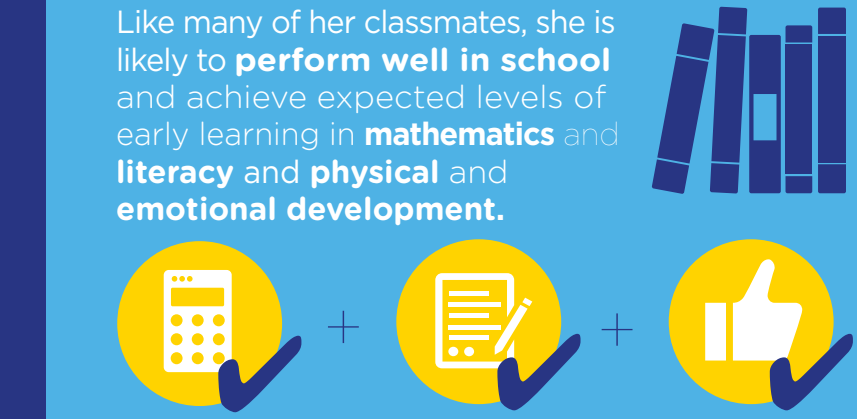
How Southend Compares

Let's meet a family in Southend, and look at one household member in each of three generations: **a child** in school, **an adult** of working age and **an older person** in retirement. We will consider the challenges they may encounter, and compare their chances against the average experience of people their age in England.

Early life

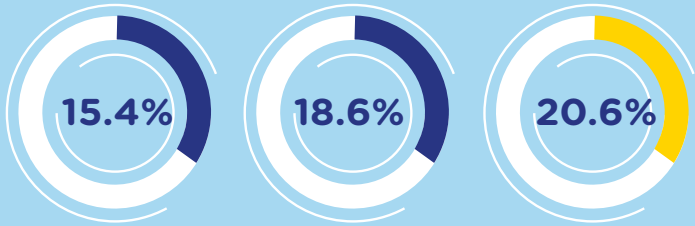
Chloe is the youngest member of the Southend household, and of school age.

Like many of her classmates, she is likely to **perform well in school** and achieve expected levels of early learning in **mathematics** and **literacy** and **physical** and **emotional development.**



In Southend 68.5% of children achieved a good level of development across all early learning goals at the end of Reception in 2013-14,compared to **66.3% for England.**

Levels of child poverty:



The majority (79.4%) of Southend's children have a good standard of living that promotes their long term wellbeing, **but more needs to be done** to improve the life chances of those living in poverty. **The level of child poverty in Southend-on-Sea (20.6%) is worse than the England average (18.6%)** and the regional average **(15.4%)**

People aged 20 and below make up...

23.8%

of the population in Southend, which is similar to the East of England and to England as a whole

But unlike her average peer in England, Chloe is more likely to come from a poor family**. Although most families are comfortable, poverty in childhood is comparatively high in Southend on Sea and has a profound impact on health and wellbeing** throughout the lives of those it affects. And if Chloe has a parent who suffers from a mental health condition, she is likely to face a mental health challenge too.

Deprivation in Southend is higher than the England average and the regional average. In 2015, **25.8% (45,840 people) of Southend residents** lived within areas classified as being in the **20% most deprived in England.**

Working Age

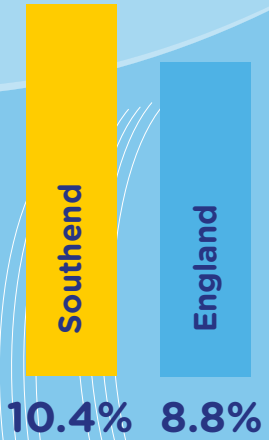
The father in the Southend household, James, is of working age. Although work is readily available for most people, he is more likely to struggle to find employment and rely on out of work benefits than an adult in the average family in England.

13.7% of working age adults in Southend **claim out of work benefits; higher than the England average** of **11.7%**

Percentage of benefit claimants:

13.7%
in Southend

11.7%
in England

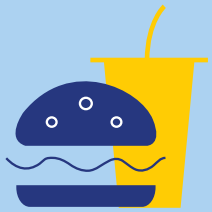


10.4% have no qualifications – **higher than the England** average of **8.8%**.

29% in Southend have attained an NVQ 4, the England average is **35.7%**.

Most people in Southend, **89.6%, have at least a basic educational qualification** to carry them into employment, but **there is room for improvement**. **James is more likely than the England average to have no formal qualifications, which could hold back his prospects and his health.**

If Southend catches up with the England average and more people reach NVQ level 4, **they will be better equipped to find professional occupations** and an **improved level of income security.** This will **allow them to take on a healthier lifestyle** of more regular exercise and a balanced diet.



James is **slightly more likely to smoke and to eat a poor diet** than the average person of working age in England.

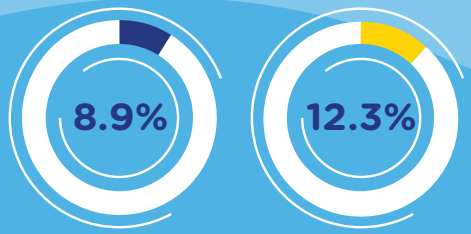
Convenience foods often have **lower nutritional value** than healthier options**.**

Smoking is more prevalent in Southend than the England average:

18% in England

20.1% in Southend

The estimated **prevalence of mixed anxiety and depressive disorder** among the adult population in **Southend-on-Sea (12.3%) is higher** than the England average. **(8.9%)**



James is more likely to suffer from **anxiety and depression** than the England average. This is likely to have an impact on his daughter, as the **children of sufferers of mental health conditions are more vulnerable to facing mental health conditions.**

The **proportion of people of excess weight** is **higher in Southend:** (**66.8%** against **64.6%**), while **levels of physical activity** (**52.1%** against **57%**) are **lower than the England average**.

Older people

Tony is more likely to have struggled with employment than is average in England. He is also more likely to smoke, and to have had a poor diet, meaning he is more likely to suffer from multiple long-term health conditions (LTCs). As Tony gets older, he is also more likely to have been diagnosed with dementia.

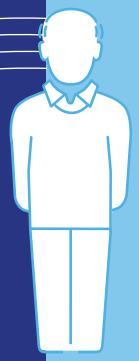
Southend has a **higher share of people with 3 or more LTCs** than the England average:

12.9% Southend

10.5% England

The prevalence of **people over 65 diagnosed with dementia in Southend is 4.7%, slightly higher** than the England average of **4.3%**

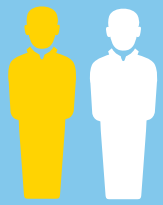
Later Life



In Southend-on-Sea, the average life expectancy is close to the England average.

Southend life expectancy compared to England:

Men	Women
79.5 years in England	**83.2** years in England
79.6 years in Southend	**83.1** years in Southend



But the cumulative effect of lifestyle behaviours and socioeconomic background are apparent at the end of life. The **difference** in longevity is **marked between those living in the most and least deprived areas** in Southend.

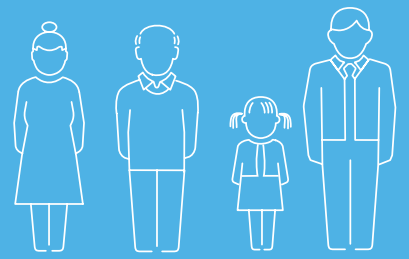
In the **most deprived areas of Southend**, **life expectancy drops** by:

11.1 years for men

10 years for women

For **men**, over **70% of the deaths which account for the difference in life expectancy** between most and least deprived wards in Southend **are lifestyle related deaths caused by cancers, and circulatory and respiratory diseases**.

For **women**, over **60% of the deaths which account for the difference in life expectancy** between most and least deprived wards in Southend **are also lifestyle related deaths caused by cancers, circulatory and chronic diseases.**



While the outlook for most families in Southend is good, the health and wellbeing of families from relatively deprived parts of Southend lags behind those from more affluent areas. The gap emerges for those in their school years, widens for those dealing with the realities of adult life, and is keenly felt by those in old age.

What does the future hold?

- Do the messages within this summary resonate with you? Is there anything missing that you would expect to see included?
- What is the single most important thing to tackle for the health and wellbeing of Southend?
- Are you taking the best care of yourself? Visit **www.nhs.uk/oneyou**

Share your responses by emailing: Health&Wellbeing@southend.gov.uk

For more information about the Joint Strategic Needs Assessment, visit www.southend.gov.uk/jsna

Published February 2017

Physical Activity Strategy

2016 - 2021

Southend *a healthy active borough*

southend onsea BOROUGH COUNCIL

Contents

"The potential benefits of physical activity to health are huge. If a medication existed which had a similar effect, it would be regarded as a 'wonder drug' or 'miracle cure'."

Sir Liam Donaldson

Foreword

I am delighted to introduce the Physical Activity Strategy for Southend-on-Sea 2016-2021, which sets out our vision to improve the health and wellbeing of everyone in Southend by encouraging active lifestyles.

Last year I was involved in an indepth scrutiny project which looked at how we support people in the borough to achieve healthier lifestyles, with a particular focus on getting people to be more active. I was particularly struck by the amazing opportunities we have in the borough to support people to be more active in their everyday lives. I was also concerned to learn that almost a third of adults in Southend are classed as 'physically inactive'. This will be putting these individuals at a greater risk of a number of diseases, including coronary heart disease, cancer, stroke, type 2 diabetes and obesity. In addition to the impact on health and wellbeing of individuals, it is estimated that every year the health related costs associated with the low levels of physical activity in the borough are in the region of £5 million. This puts pressure on all of our budgets at a time when finances are tight and set to reduce even further over the coming years.

This strategy builds on the extensive work that was undertaken as part of the scrutiny project. We were also fortunate to have had dedicated input from the Chief Culture and Leisure Officers Association to assist us with our thinking about broader partnership working. This work enabled us to further understand our communities and how to influence people's attitudes and behaviours towards becoming more physically active.

We have used this broad range of information to inform the four key strategic aims of this strategy. These focus on: increasing levels of participation in physical activity and reducing inactivity; improving our marketing and communications about physical activity; promoting the contribution of the built and natural environment in supporting people to be active in their daily lives; and supporting the collaborative working of the Council with a wide range of partners to help people to be more active.

There is a wealth of evidence that increasing participation in physical activity can make a huge difference to people's lives. I recommend this Physical Activity Strategy to you as our first step on a journey and look forward to collaborating with you to achieve our vision to make Southend a healthy active borough.

Councillor Lesley Salter
Portfolio Holder for Adults, Health and Social Care, and
Chair of Southend Health and Wellbeing Board

1.0 Our Vision

For Southend to be a healthy active borough.

Mission

We will make participation in an active healthy lifestyle a social norm for people who live and work in Southend, and particularly for under-represented and inactive groups.

Strategic aims

To help us achieve our vision, we plan to use our influence and resources within the following key strategic aims:

- To reduce inactivity and increase participation in physical activity for everyone, giving priority to our more inactive populations. We will look at more ways for people in Southend to be more active more often at work, at home and during leisure time.
- To improve our marketing and communications about physical activity. We will increase the knowledge, awareness and understanding of people of all ages in Southend about the health benefits of physical activity, and where and how to be active.
- To promote the built and natural environment and its contribution to supporting people to be more active in their daily lives. We will promote our world class facilities and active travel network that enhance the opportunities for people to get active and stay active.
- Southend-on-Sea Borough Council will 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. We will strengthen partnership working and make effective use of our combined resources.

In Southend we want to increase the number of people being active at the levels that will promote their health and wellbeing. We want to make physical activity a priority in people's everyday lives and that Southend is one of the most active areas in England.

2.0 Introduction

We are failing to stem the rising tide of physical inactivity across the population. We are already around 20% less active than in the 1960's and this is anticipated to increase to 35% less active by 2030, with the associated health, social and economic costs to individuals, families, communities and the country as a whole (1).

Physical inactivity is the fourth largest cause of disease and disability in the UK, with those of us who are not physically active enough being at risk of developing a number of conditions including heart disease, cancer, obesity, diabetes, depression and dementia (2).

Physical inactivity is also directly responsible for 1 in 6 deaths in the UK (3). Yet around one in four people in the UK do less than 30 minutes of activity a week and so are classified as 'inactive'(4).

Despite knowing the importance of exercise, we have not created an active society. Social, cultural and economic trends have removed physical activity out of people's daily lives. Car ownership continues to increase, we have less active jobs, and more screen based technology at home and at work. Even many features of cities and towns work against physical activity (5,6). The result is that we walk less, sit down more and allow gadgets to do the work for us.

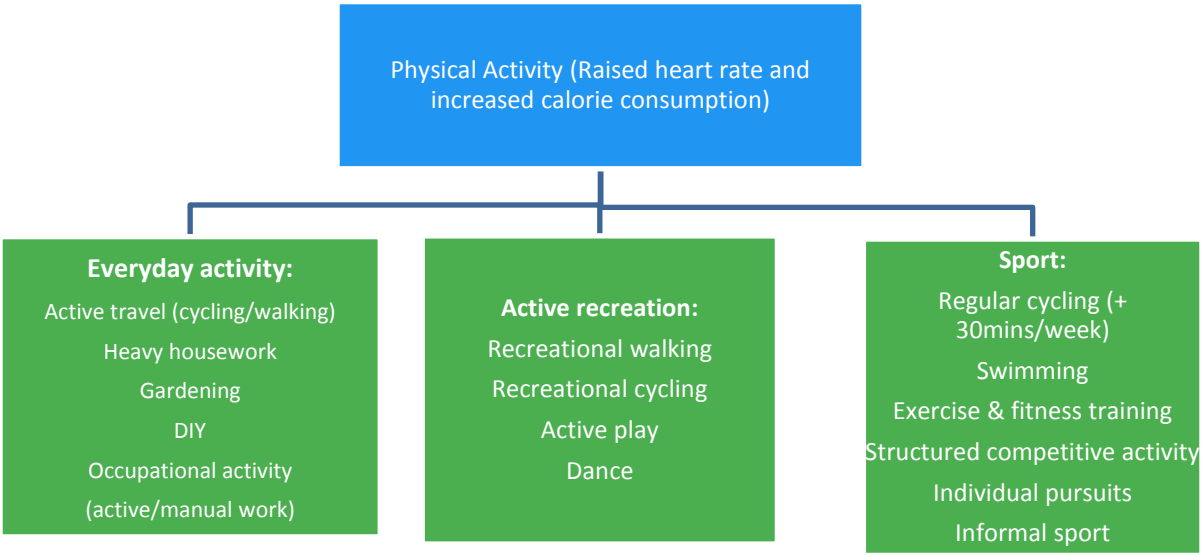
With time and commitment in short supply, helping people to be active every day is about weaving activity into our daily lives. We need to maximize our use of the many assets we already have – our parks, leisure facilities, community halls, and workspaces – as well as doing whatever exercise, dance, leisure or sport we enjoy.

2.1 Definition of Physical Activity:

Physical activity has many different definitions, but for the purposes of this strategy it includes "all forms of activity, such as everyday walking or cycling to get from A to B, active play, work-related activity, active recreation (such as working out in a gym), dancing, gardening or playing active games, as well as organised and competitive sport" (7).

Figure 1 sets out the structure of physical activity, showing how the different types of activity and their different elements all contribute towards the strategic aims set out in this strategy.

Figure 1. What constitutes physical activity



Source: Adapted from Start Active, Stay Active (2011) (Ref 7)

2.2 The case for physical activity

There is a wealth of evidence which demonstrates that an active life is essential for physical and mental health and wellbeing. Being active at every age increases quality of life and everyone's chances of remaining healthy and independent (6).

In particular, for adults undertaking at least 30 minutes of moderate intensity physical activity on at least five days a week helps to prevent and manage over 20 common serious medical conditions (7). Table 1 shows the effect of increasing physical activity on the risk of common conditions.

Table1. Effect of physical activity on the risk of common conditions

Disease	Effect of physical activity
Cardiovascular disease	20-35% lower risk of cardiovascular disease, coronary heart disease and stroke
Type 2 diabetes	30-40% lower risk of type 2 diabetes (and metabolic syndrome) in those who are moderately active compared to sedentary
Breast cancer	20% lower risk of breast cancer for adults participating in daily physical activity
Colon cancer	30% lower risk of colon cancer for adults participating in daily physical activity
Depression	20% -30% lower risk of depression for adults participating in daily physical activity
Dementia	20% -30% lower risk of dementia for adults participating in daily physical activity
Hip Fracture	36% to 68% risk reduction of hip fracture at the highest level of physical activity
Falls	30% lower risk of falls for older adults who participate in regular physical activity

Source: Adapted from Start Active, Stay Active (2011) (Ref 7)

The health improvements with physical activity are often greater than many drugs, and exercise has been called a 'wonder drug' or a 'miracle cure' (8). Table 2 provides a summary of the evidence of improvement in health with physical activity for those with chronic conditions (9).

Table 2. Evidence of improvement in health with physical activity for those with chronic conditions

Condition	Evidence for improvement
Chronic obstructive pulmonary disease	Physical activity improves cardiorespiratory health. In COPD, exercise training reduces dyspnoea symptoms and increases ability for exertion.

Heart disease and/ or Heart failure and/or Angina	Studies show clear improvements in cardiovascular health with moderate exercise. There are similar beneficial effects for sufferers of angina. Overall, exercise reduces cardiac mortality by 31%.
Hypertension (high blood pressure	Randomised controlled trials show a clear lowering of blood pressure with aerobic training. 31% of patients on average experience a drop of at least 10 mmHg with regular physical activity.
Obesity	Exercise only has a moderate effect in reducing obesity. Aerobic physical activity has a consistent effect on achieving weight maintenance. Exercise also changes the distribution of fat, by reducing the less healthy visceral [abdominal] fat.
Depression	A Cochrane review evaluated 30 trials of physical activity as a treatment for depression, showing overall 'moderate' improvement.
Peripheral vascular disease	Exercise leads to a moderate improvement in peripheral vascular disease. Improvements are seen in both pain-free walking time and distance in several studies.
Diabetes	Exercise has a statistically and clinically significant beneficial effect on glycaemic control and the metabolic state. Exercise works as a treatment modality in both type 1 and type 2 diabetes
Osteoarthritis	Physical activity improves symptoms of osteoarthritis by 22-83% and does not lead to worsening of this condition. It has benefits in reducing pain (by 25-52%), improving function, improving quality of life and mental health. Others have commented on exercise being weakly effective in osteoarthritis and leading to moderate improvement in low back pain. Exercise increases muscle strength and coordination.

Source: Exercise: The miracle cure and the role of the doctor in promoting it (2015).(Ref 9)

There are many other social, individual and emotional reasons to promote more physical activity. Being active plays a key role in brain development in early childhood (10,11) and is also good for longer-term educational attainment (12). Increased energy levels boost workplace productivity and reduce sickness absence. An active population can even reduce levels of crime and antisocial behaviour (13).

2.3 The cost of physical inactivity

It is estimated that the health costs related to physical inactivity in Southend amount to approximately £5m each year, excluding the cost of obesity (14). This equates to £3,054,673 per 100,000 population.

Table 3. Health costs of physical inactivity by disease category in Southend

Disease	Cost
Cancer lower GI	£62,231
Cancer breast	£93,462
Diabetes	£423,671
Coronary heart disease	£4,205,691
Cerebrovascular disease	£208,863
Total	**£4,993,917**

Source: Sport England Local Sport Profile 2016 (14)

2.4 Case studies and quotes from service users

Case Study:
Bob wants to stay healthy so he can play with his grandchildren into his old age – and he is praising Southend-on-Sea Borough Council for helping him to do so. The retired builder, was shocked when a health check at his local GP surgery revealed that his Body Mass Index was "through the roof". His weight was exacerbating a chronic breathing problem and he realised he needed to take some action.

On the advice of the surgery Bob had an informal meeting in The Forum with a one-to-one coach from the Council's Get Healthy Hub and he jumped at the chance to join the exercise referral and weight management programme. He was offered 12 weeks of subsidised sessions at Southend Leisure and Tennis Centre and 12 weeks of public health-funded weight management sessions.

"It was fantastic to be given this opportunity," said Bob. "Overeating is a vicious circle and I needed a push to change my lifestyle. I found the discussion groups at the weight management sessions very useful and I have also benefited at the gym from the advice of a

personal trainer for whom I paid." Bob has kept up his gym sessions beyond the initial 12 weeks, easing himself into physical activity using the recumbent exercise bikes and a cross trainer.
"The help from the Council has been a lifeline to me," he added. "I have four grandchildren, all girls aged nine, seven, six and two, and I want them to know I will be around to play with them for many years to come."

Quotes:

"I love the drumming and dancing, I can express myself and it helps to calm me" Disability Capoeira participant

"As I have long term depression, this has been wonderful for my health" Active 50+ Festival on the Pier participant

"My young person has had the best time during this course. It has been wonderful to see his self-esteem and confidence grow. These sessions have certainly helped to break down barriers with some of our young people and have demonstrated that we listen to them and what they enjoy doing. " Case Worker for an individual who attended Parkour physical activity programme.

3.0 The Context for Physical Activity

3.1 National physical activity policy

Physical activity is firmly in the national spotlight, showing an increasing drive to improve the health of the nation and tackle health inequalities. Recognition of the need to invest in preventative health is growing, focusing on staying healthy and promoting wellbeing.

Over recent years there have been numerous national reports and strategies published which provide detailed background information and evidence on the importance and impact of physical activity. These include:

Start Active, Stay Active: Department of Health, 2011 (7)
Otherwise known as the UK's Chief Medical Officers' guidelines, this report was aimed at the NHS, local authorities and a range of other organisations that develop services and advocates a partnership approach to increasing physical activity levels across the country. It lists the volume, duration, frequency and type of physical activity required for the UK population to achieve the range of benefits of being active. Its key recommendations are that:
Physical activity should be encouraged from birth, particularly through floor-based play and water-based activities in safe environments. Children of pre-school age who are capable of walking unaided should be physically active daily for at least 180 minutes, spread throughout the day.

All children and young people should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day.

Adults do at least 150 minutes per week of moderate physical activity in bouts of 10 minutes.

Public Health Outcomes Framework: Department of Health 2012 (15)
This introduces the overall vision for public health as 'to improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest', and includes two key outcomes in which physical activity can play a role in increasing healthy life expectancy and reducing differences in life expectancy.
The indicators that will measure this ambition are:
2.13i Proportion of adults achieving at least 150 minutes of physical activity per week in accordance with UK CMO recommended guidelines on physical activity

2.13ii Proportion of adults classified as 'inactive'

Turning the Tide on Physical Inactivity. UK Active. 2013 (16)
This report provides the first detailed analysis of physical activity both at a national and local level and examines the rate of physical inactivity and impact on premature mortality. The report makes a number of recommendations, including that local authorities should prioritise and resource physical activity programmes to the same level as other top tier public health risks; deliver a local ambition of a 1% reduction in inactivity year-on-year for the next five years; and ensure that their green spaces are developed to make them safe, accessible and integrated into their leisure and physical inactivity strategies.

Moving More, Living More: the physical activity Olympic and Paralympic legacy for the nation. Cabinet Office 2014 (17)
In recognition of the significant opportunities that physical activity offers individuals and society, the aim of this strand of the Olympic and Paralympic legacy is to have a much more physically active nation. It presents three key areas for action:

- Active people – children, young people & families, older people, disabled people and people playing sport
- Active places – workplaces, public health settings within the NHS and travel by walking and cycling
- Active communities

Everybody Active Every Day, Public Health England 2014 (6)
This framework identifies that being active every day needs to be embedded across every community in every aspect of life, which requires creating cultural change.

To deliver this vision requires action at national and local level across four areas**:**

- Active society: creating a social movement
- Moving professionals: activating networks of expertise
- Active environments: creating the right spaces
- Moving at scale: scaling up interventions that make us active

Sporting Future: A New Strategy for an Active Nation. Cabinet Office. 2015 (18)
This latest strategy looks to redefine nationally what success looks like in sport by concentrating on five key outcomes**:**

- physical wellbeing
- mental wellbeing
- individual development
- social and community development
- economic development.

This new approach includes a new system of measurement, replacing the current Active People Survey with Active Lives. It will measure how active people are overall rather than how often they take part in any particular sport and a new set of key performance indicators will be used to test progress towards the five key outcomes.

Sport England: Towards an Active Nation Strategy 2016-2021 (19)
In response to 'Sporting Future', thus document provides the strategic direction and guidance for future investment. There is a new focus on tackling inactivity through direct investment and improving the knowledge and practice of behaviour change of the physical activity sector. The document outlines seven key areas for future investment:

- Tackling inactivity
- Children and young people
- Volunteering
- Taking sport and activity to the mass market
- Supporting sports core market
- Local delivery
- Facilities

3.2 National picture: the extent of the problem

Physical activity behaviour should be an integral habit within our daily lives.
However, national statistics from the Health Survey for England (20) identify that:
33% of men and 45% of women are not active enough for good health

19% of men and 26% of women are 'physically inactive'

21% of boys and 16% of girls aged 5-15 achieve recommended levels of physical activity

23% of girls aged 5-7 meet the recommended levels of daily physical activity, by ages 13-15 only 8% do

47% of boys and 49% of girls in the lowest economic group are 'inactive' compared to 26% and 35% in the highest

In addtion:
Only 18% of disabled adults regularly take part in sport compared to 39% of non-disabled adults (21)

Walking trips decreased by 30% between 1995 and 2013 (22)

64% of trips are made by car, 22% are made on foot and 2% are made by bike (22)

3.3 What works to increase physical activity

The evidence shows that inactivity is an entrenched problem. Positive change needs to happen at every level and should be measurable, permanent and consistent. NICE have issued evidence-based guidance to inform practice, but to achieve the desired impact it needs to be implemented on a major scale and with long-term planning.

Existing NICE guidelines include:

PH6 2007	Behaviour change: the principles for effective interventions
PH8 2008	Physical activity and the environment
PH13 2008	Promoting physical activity in the workplace
PH17 2009	Promoting physical activity for children and young people
PH41 2012	Walking and cycling: local measures to promote walking and cycling as forms of travel or recreation
PH42 2012	Obesity: working with local communities
PH44 2013	Physical activity: brief advice for adults in primary care
PH49 2014	Behaviour change; individual approaches
PH54 2014	Exercise referral schemes to promote physical activity

Much of this guidance is about maximising the potential of the many assets we already have and using streets, parks, leisure facilities, community halls, and workspaces, and thinking differently about how we commission and plan public services.

Many aspects of this guidance have also helped to inform the key areas of the vision for 'Everybody Active, Every Day' (6), but interventions need to be based on local community needs.

4.0 Physical activity profile of Southend

4.1 Southend - the place

Southend is 16 square miles in size and is one of the largest conurbations in the East of England. Excluding the London boroughs, Southend is the eighth most densely populated area in the United Kingdom, with 42.10 people per hectare compared to a national average of 16.84 per hectare (2013 mid-year population estimates).

The population of Southend is currently 177,900 (mid 2014, population estimate). Southend has an ageing population with 18.7% of people aged 65 and over, which is higher than the national average of 17.3%. The proportion aged 17 and under is 21.5%. The population is predicted to increase, the greatest increase will be in the over 65 year age group.

Deprivation in Southend is higher than average, and overall Southend is ranked as the 190th most deprived out of 363 local authorities in England, and about 21.7% (7,200) children live in poverty.

Southend has a predominantly white British population 87.03%, with a small but increasing BAME population.

Life expectancy for both men and women is similar to the England average. However, there are signficant health inequalities in the borough, with an 11.1 year gap in life expectancy for men and 10.0 years for women in the most deprived areas of Southend than in the least deprived areas.

In Southend, the adult excess weight prevalence (overweight and obese) is 66.8%, which is 2.2% higher than the national average of 64.6% and 1.2% higher than the regional average of 65.6%.

The childhood excess weight prevalence (overweight and obese) in 4-5 year olds is 21.9%, which is the same as the national average, but higher than the regional average (20.7%). For children aged 10-11 in Southend, excess weight prevalence is 32.2%, which is slightly below the national average (33.2%), but 1.5% higher than the regional average (30.7%).

Levels of physical activity in Southend

Southend currently falls below the national (57%) and regional average (57.8%) with the latest figures suggesting that just 52.1% of adults achieve at least 150 minutes of moderate activity per week in accordance with the CMO guidelines.

The latest figures also highlight that 29.2% of adults in Southend are classed as 'physically inactive' and undertake less than 30 minutes of at least moderate intensity physical activity per week (compared to 27.7% nationally and 25.9% regionally).

4.2 Southend: assets and opportunities for physical actvity

Southend has a wealth of assets that present opportunities to support everyone in the borough to be more physically active. These include:

Southend Pier – a local icon, the longest pleasure pier in the world which stretches 1.33 miles out into the Estuary providing perfect conditions for walking.

Seafront – Southend has 7 miles of seafront, with eight beaches. 4 of the beaches have been ranked 'excellent' in the prestigious Blue Flag awards.

Three Shells Lagoon – a planned seafront development to construct an artificial lagoon to provide a safe swimming area.

4 Local Authority owned leisure centres including 3 public swimming pools – Chase Sports and Fitness Centre, Belfairs Swim Centre, Shoeburyness Leisure Centre and Southend Leisure and Tennis Centre including Southend Swimming and Diving Centre at Garon's Park. The centre is a World Class diving facility and was used by the British Olympic Diving Team as their pre-games training site for the 2012 London Olympics. The leisure operator is required to deliver sports development across the Borough, increasing physical activity opportunities for a range of target groups. Exercise referral is delivered at Southend Leisure and Tennis Centre and currently provides tailored exercise programmes for those referred from their GP with long term conditions or at high risk of long term conditions .

Cycling Town - 3 years as a Cycle Town has left a legacy of improved cycling infrastructure and additions to the national cycling network such as the Prittlebrook Cycle Path and the seafront cycle route. There is also improved cycle parking at all schools, colleges and the university, many workplaces, the town centre, parks and sports centres and local shopping areas.

Ideas in Motion – a distinct brand and website to promote sustainable transport options including walking and cycling.

Shared space infrastructure for traffic calming and to encourage walking and cycling. This includes the award-winning City Beach and Victoria Gateway Plaza.

Water sports - seven miles of seafront provide ideal conditions for water sports including sailing, wind surfing, kite surfing, jet skiing, kayaking as well as swimming and the seaside favourite –paddling.

Parks and Green Spaces – over 1,000 acres of parkland and green space which includes 5 Green Flag Award winning parks and offers various physical activity opportunities including multi-use game areas, children's play areas and outdoor gym equipment.

18 hole 'pay and play' public golf course at Belfairs Park. There is also a 9-hole Pitch 'n' Putt course.

283 acres of public pitches, courts and greens: bowling greens, cricket squares, football and rugby pitches, croquet lawns, pitch and putt, basketball courts, cricket nets, tennis court and a synthetic turf pitch, as well as a variety of school sports facilities.

Private and community provision including: 75 acres of private sport and leisure facilities, there are number of private leisure providers across the town which include private gyms and fitness centres, sports clubs, dance schools, martial arts clubs.

Effective volunteer workforce supporting delivery of many physically active sport and leisure activities.

A Better Start National Lottery funded programme supporting system transformation to shift focus towards prevention in children 0-3 years. Increasing physical activity can support focused outcomes for social and emotional development in the targeted wards.

Two School Sports Partnerships provide a range of sport and physical activities in school settings across the borough, the partnership also provides continuing professional development oportunities for teachers in sports and physical activity.

Active Southend is a community network of physical activity and sport providers. The organisation funded solely by external funding grants delivers a range of projects to increase physical activity levels in the borough. Examples of these programmes include: walking football for older people, dodgeball for young adults and a disability focused multi-sport/activity project.

External Funding the Council is proactive in identifying funding opportunities to support sporting and physical activity initiatives – these include the Active Women project funded by Sport England over three years to provide sporting and physical activity opportunities for women in six wards across the town in community locations. The Council has also worked in partnership with other organisations to draw in funding for a range of activities such as disability cycling and dodgeball.

4.3 Links with other local strategies

The main local drivers for change are:

In-depth Scrutiny 2014-15. How the Council assists and excites individuals and community groups to achieve healthier lifestyles – envisages a town:

- where people engage with each other through activity
- whose people live longer more active lives
- with reduced inequalities in life expectancy and improved quality of life

Southend Health and Wellbeing Strategy – has nine ambitions for the Southend populations health and wellbeing, including:

- a positive start in life
- promoting healthy lifestyles
- improving mental wellbeing
- living independently
- active and healthy ageing

Southend-on-Sea Health & Wellbeing Strategy 2015 - 2016 Refresh
Introduction of three broad impact goals, including: 'increased physical activity'

Southend-on-Sea Health System Strategic Plan 2014-19 - has a focus on prevention and introduces five system objectives including:

- our children to have the best start in life
- encourage and support local people to make healthier choices
- reduce the health gap between the most and least wealthy

Southend Children and Young People's Plan 2015/16 – has six priority areas including: 'supporting young people and families to live healthy lifestyles'

Southend Local Transport Plan 3 Strategy Document 2011 – 2026 – aims to tackle health inequalities by increasing the number of adults and children who walk and cycle for work, education and leisure

Southend Parks and Green Spaces 2015 – 2020 – recently published and aims to provide recreation and sports facilities to encourage active, healthy lifestyle and increase participation in sport and leisure

Southend Sport & Leisure Strategy 2013 – 2020 - aims to provide a framework for sports and leisure provision; in particular focusing on increasing participation in sport and leisure as well as promoting the health and social inclusion benefits of sport and leisure to encourage lifelong participation.

5.0 Delivering the strategy

5.1 Implementation, monitoring and evaluation

This five year strategy highlights the importance of increasing physical activity levels for the health and wellbeing of the population and identifies the key measures that will be needed within Southend to achieve increased levels of activity.

Whilst all agencies, working in partnership, have a role to play, effective leadership and coordination of effort is needed. The action plan will be led and monitored by a Southend Physical Activity Strategic Partnership consisting of officers from appropriate teams across the Council and the organisations that have been involved in developing the strategy. The Strategic Partnership will report its progress to the Active Southend Network, which consists of a much wider range of organisations and individuals that have a role to play in delivering activity across the borough.

The Strategic Partnership will report its progress on an annual basis to the Southend Health and Wellbeing Board which will have oversight of the implementation of the plan.

It is proposed that the two physical activity indicators in the Public Health Outcomes Framework, are used as the headline key performance indicators to monitor the overall outcome of the physical activity strategy. These two indicators will be updated on an annual basis through the Active Lives Survey.

KP1: By 2021, achieve at least a 2.5% increase in adults being active for 150 mins per week
Baseline (2014): 52.1% Target: 54.6%
(Baseline 2014: England 57%, East of England 57.8%)

KPI 2: By 2021, achieve at least a 2.5% decrease in adults not being active for at least 30 mins/week
Baseline (2014): 29.2% Target: 26.7%
(Baseline 2014: England 27.2%, East of England 25.9%)

A number of other KPIs will be developed as part of further detailed action planning work. This strategy will also contribute to a number of other Public Health Outcomes Framework indicators including:

PH0F 0.1 Life Expectancy/Healthy Life Expectancy
PHOF 0.2 Inequalities in Life Expectancy/Healthy Life Expectancy
PHOF 1.09 Sickness absence
PHOF 2.12 Excess weight in adults
PHOF 2.24 Injuries due to falls in people aged 65 and over

5.2 Southend Physical Activity Strategy Action Plan

Action	Description	Timescale/ issues/ requirements	Lead	Outcome/Output	Impact of Action / What does success look like	Progress
1	Complete physical activity / physical inactivity needs assessment to identify at risk populations	On-going	Public Health / Planning	Completed needs assessment A detailed understanding of the main groups at risk from physical inactivity	Improved intelligence of most inactive populations in Southend and how we access them. This will be used to inform future commissioning and marketing approaches	
2	Set up a multi-agency Southend Physical Activity Strategic Partnership to deliver this strategy to complement the operational work of Active Southend	June 2016	Public Health/ Culture	An effective mechanism for engaging key strategic partners	Multi-agency group to deliver the action plan. System-wide responsibility for increasing physical activity	
3	Develop guidance for providers to utilise physical activity as a method of delivering social value within new and existing contracts	October 2016	Public Health and other commissioning and Procurement teams	Guidance document produced Providers delivering activities which enhance social value	Improved social value of SBC procurements and spend. More physical activity related social value commitments by providers	
4	Include a Physical Activity related action in each service plan across SBC	March 2017	All SBC Departments	Further develop SBC as a Public Health organisation	All relevant SBC services supporting increased physical activity levels in a variety of ways	
5	Include a “Public Health Impact” subheading for consideration within all board papers (Southend on Sea Borough Council)	March 2017	All SBC Departments	Consider the public health implications of all policy and strategic decisions	Public Health impact considered within all decision making	

6	Continue the implementation of the Parks and Open Spaces Strategy and Sports & Leisure Strategy	On-going	Culture / Public Health	Increased opportunities to be physically active	Ensure that the strategies have maximum impact to increase physical activity	
7	Work with partners to develop a marketing plan for physical activity to maximise impact This will include existing websites and campaigns e.g. - Active Southend, SHIP - Leisure Provider Marketing Plan - Public Health England campaigns such as Change4Life (children and families) and One You (adults 18+ - Rio Olympics and other national and international events	On-going	Public Health/ Culture/ Communications	Increased awareness & accessibility of local Physical Activity opportunities	Increased awareness of existing and new opportunities (both privately and public funded), to be physically active amongst the Southend-on-Sea population	
8	Develop and implement Active Southend work plans to increase community based physical activity opportunities	On-going - Annual	Culture / Public Health	Improve the offer of physical activity opportunities across the Borough	Increased number of externally funded physical activity programmes in Southend	
9	Mobilisation of the new Lifestyle Hub contract including the health trainer service that can support access to physical activity opportunities. The service will support physical activity programmes including; Exercise Referral, Postural Stability, Dance for Health and Social Prescribing	October 2016	Public Health	Improve pathways to physical activity opportunities, delivery of good quality motivational interviewing and support to increase physical activity.	Increased number of inactive people entering physical activity interventions	

10	Increase active and sustainable travel through the Ideas in Motion campaign	On-going	Sustainable Transport	Creation of an environment that supports active travel	Increased number of people travelling in an active and sustainable way	
11	Work in partnership to review & Implement new guidance from • "Building the foundations: Tackling obesity through planning and development" re: physical activity elements of designing physical activity into towns as part of tackling obesity • Sport England's "10 Principles of Active Design"	March 2017	Planning/ Public Health	Creation of environments that support physically active lives	Improved consideration of the impact of planning and development design on population physical activity levels	
12	Develop locally relevant 'Southend Active' Design Guidance based on National Guidance including maximising section 106 impact	March 2017	Planning/ Public Health	Creation of environments that support physically active lives	Improved consideration of the impact of planning and development design on population physical activity levels	
13	Use 'Southend Active' guidance to influence other regeneration and new build projects to reduce barriers to physical activity, including improving perceived safety of areas.	On-going	Planning/ Public Health	Creation of environments that support physically active lives	Improved consideration of the impact of planning and development design on population physical activity levels	
14	Optimise the Queensway development to be an exemplar site "designing for people and physical activity"	March 2017	Planning/ Public Health	Creation of environments that support physically active lives	Best practice examples for other developments (both in and out of the borough) to follow, improving physical activity levels of tenants	
15	Deliver Continuing Professional Development for relevant health,	On-going	Public Health	Increased knowledge of the benefits of physical activity	Increased number of brief interventions and	

	education, and social care professionals re: benefits and importance of physical activity, adjustments for special populations (diabetes, asthma) and local services and facilities			& dangers of sedentary behaviour and opportunities available for service users.	signpost/referral into physical activity opportunities	
16	Delivery of Making Every Contact Count to deliver physical activity brief interventions across all appropriate public facing organisations including NHS (incoming standard NHS contract for brief interventions?)	On-going	Public Health / Lifestyle Hub Provider	Increased number of good quality brief interventions for physical activity. Increased referral into physical activity services	Increased number of brief interventions and signpost/referral into physical activity opportunities	
17	Engage with businesses to explore innovative physical activity opportunities and increase sign up to physical activity pledges for the Public Health Responsibility Deal amongst Southend-on-Sea Organisations	On-going	Public Health	Improved staff health and wellbeing in Southend-on-Sea businesses.	Increased number of employees in Southend-on-Sea supported to be physically active in the workplace	
18	Social Marketing for new lifestyle hub including Physical Activity	On-going	Public Health/ Lifestyle Hub Provider	Increased awareness & accessibility of the lifestyle hub & associated services	Increased awareness of physical activity opportunities	
19	Further develop settings based approaches to increase physical activity and reduce sedentary behaviours e.g. Public Health Responsibility Deal, Healthy Schools, Healthy Early Years, School Sports Partnerships	On-going	Public Health	Opportunities for physical activity are increased	Increased opportunities to be physically active in early years settings, schools and workplaces	
20	Develop a network of physical activity champions in primary care	On-going	Public Health/Southend CCG	Each Southend practice has a physical activity champion	Increased knowledge of benefits of physical activity and pathways to support increased physical activity levels	

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Appendix 1 Chief Medical Officer (CMO) Physical Activity Guidelines 2011

In July 2011, The Chief Medical Officers (CMOs) of England, Scotland, Wales and Northern Ireland published new guidelines for physical activity. The report emphasised the importance of physical activity for people of all ages and also highlights the risks of sedentary behaviour. The recommendations for different age groups are as follows:

EARLY YEARS (under 5s)

Physical development involves providing opportunities for babies and young children to be active and interactive and to improve their skills of coordination, control, manipulation and movement. Children should be supported in developing an understanding of the importance of physical activity.

Physical activity should be encouraged from birth, particularly through floor-based play and water-based activities in safe environments.

Children of pre-school age who are capable of walking unaided should be physically active daily for at least 180 minutes (3 ours), spread throughout the day.

All under 5s should minimise the amount of time spent being sedentary (being restrained or sitting) for extended periods (except time spent sleeping).

CHILDREN AND YOUNG PEOPLE (5–18 years)

All children and young people should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day.

Vigorous intensity activities, including those that strengthen muscle and bone, should be incorporated at least three days a week.

All children and young people should minimise the amount of time spent being sedentary (sitting) for extended periods.

ADULTS (19–64 years)

Adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more – one way to approach this is to do 30 minutes on at least 5 days a week.

Alternatively, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or a combination of moderate and vigorous intensity activity.

Adults should also undertake physical activity to improve muscle strength on at least two days a week.

All adults should minimise the amount of time spent being sedentary (sitting) for extended periods.

OLDER ADULTS (65+ years)

Older adults who participate in any amount of physical activity gain some health benefits, including maintenance of good physical and cognitive function. Some physical activity is better than none, and more physical activity provides greater health benefits.

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Older adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more – one way to approach this is to do 30 minutes on at least 5 days a week.

For those who are already regularly active at moderate intensity, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or a combination of moderate and vigorous activity.

Older adults should also undertake physical activity to improve muscle strength on at least two days a week.

Older adults at risk of falls should incorporate physical activity to improve balance and co-ordination on at least two days a week.

All older adults should minimise the amount of time spent being sedentary (sitting) for extended period.

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Appendix 5

Vision from (page 4 of) Southend Physical Activity Strategy 2016- 2021

Our Vision

For Southend to be a healthy active borough.

Mission

We will make participation in an active healthy lifestyle a social norm for people who live and work in Southend, and particularly for under-represented and inactive groups.

Strategic aims

To help us achieve our vision, we plan to use our influence and resources within the following key strategic aims:

- To reduce inactivity and increase participation in physical activity for everyone, giving priority to our more inactive populations. We will look at more ways for people in Southend to be more active more often at work, at home and during leisure time.

- To improve our marketing and communications about physical activity. We will increase the knowledge, awareness and understanding of people of all ages in Southend about the health benefits of physical activity, and where and how to be active.

- To promote the built and natural environment and its contribution to supporting people to be more active in their daily lives. We will promote our world class facilities and active travel network that enhance the opportunities for people to get active and stay active.

- Southend-on-Sea Borough Council will 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. We will strengthen partnership working and make effective use of our combined resources.

In Southend we want to increase the number of people being active at the levels that will promote their health and wellbeing. We want to make physical activity a priority in people's everyday lives and that Southend is one of the most active areas in England.

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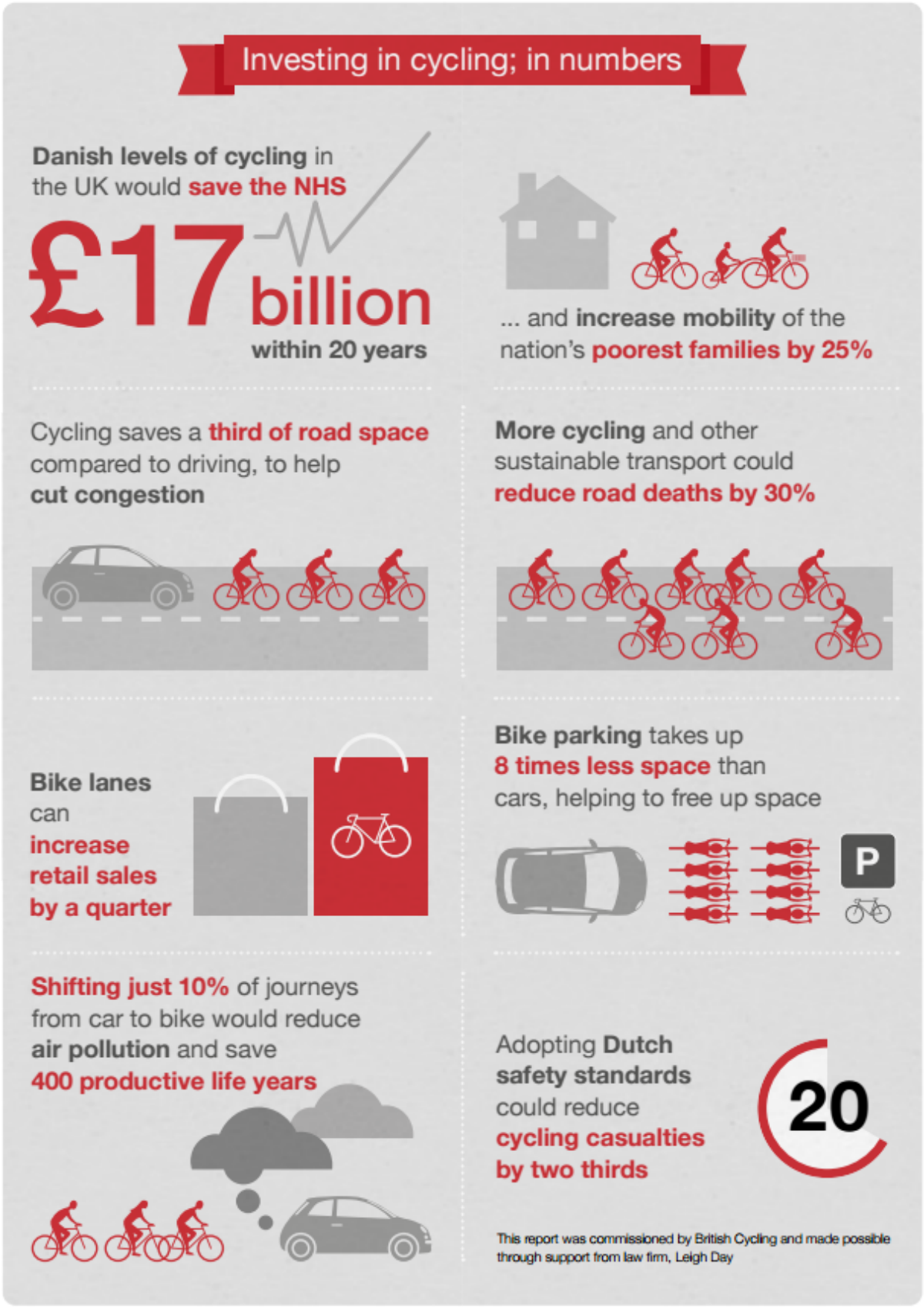
Appendix 6 Infographic from "Benefits of investing in cycling": http://bit.ly/1w8TyGt



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Southend Health & Wellbeing Board

Agenda Item No.

6

Report of
Deputy Chief Executive (People)

to
Health & Wellbeing Board
on
21st June 2017

Report prepared by: Liesel Park
Public Health & Health Intelligence

For information only		For discussion	X	Approval required	X

Suicide Prevention Strategy for Southend, Essex and Thurrock "Let's Talk About Suicide"

Part 1 (Public Agenda Item)

1. Purpose of Report

1.1. To present the draft Suicide Prevention Strategy for Southend, Essex and Thurrock "Let's Talk About Suicide".

2. Recommendations

2.1. That the draft suicide prevention strategy and associated actions are agreed.

3. Background & Context

3.1. The impact of any death is profound, affecting loved ones, friends, work colleagues and entire communities. The impact of a death from suicide can be more complex due to often unexpected nature of the death as well as the delays in investigation and conclusion.

3.2. Mental health is a key factor in suicide, yet the majority of those who take their own life were not in contact with mental health services. In the main, the causes are the everyday pressures of health, relationships, and finances that we may all struggle with. As such, there is no one solution to preventing suicide. By having a thriving and prosperous local economy, safe communities, a focus on health and wellbeing, and a strong start in life, we can reduce some of those risks.

3.3. In 2012, the government of the day published a report entitled Preventing Suicide in England, which set a welcome blueprint for local authorities and others. This has since been supplemented with further guidance from Public Health England. The All-Party Parliamentary Group (APPG) on Suicide and

Self-Harm Prevention Inquiry into Local Suicide Prevention Plans in England 2015 recommended that all local authorities have in place suicide audit work, a suicide prevention plan and a multi-agency group to implement the plan. This is now seen as a political imperative, with all areas recommended to have multi-agency suicide prevention plans in place by the end of 2017.

3.4. Preventing Suicide in England identified six key areas for action to deliver the objectives:

- Reduce the risk of suicide in key high-risk groups
- Tailor approaches to improve mental health in specific groups
- Reduce access to the means of suicide
- Provide better information to those bereaved or affected by suicide
- Support the media in delivering sensitive approaches to suicide and suicidal behaviour
- Support research, data collection and monitoring

3.5. Our actions are set out to mirror those of the national strategy. The action plan set out by the strategy reflects the on-going and intended work of a multitude of organisations and partnerships articulated in a range of documents. These include the SET Mental Health and Wellbeing Strategy, Crisis Care Concordats, safeguarding plans and SET Local Transformation Plan for children and young people's mental health.

3.6. The intention of this suicide prevention strategy, in this first year, is to collate and cross reference the strategic intent and action plans of various local groups and organisations that have a role to play in suicide prevention.

3.7. In addition to the actions already intended by the relevant organisations and partnerships, the strategy makes some additional recommendations that will be taken forward by task and finish groups and report into the Suicide Prevention Implementation Programme Working Group for the Mental Health and Wellbeing Strategy.

3.8. Its approach is to recommend that the actions are owned by the responsible organisations and partnerships, with annual oversight by the Health and Wellbeing Boards and an annual summit focused solely on suicide prevention. This approach still allows for local flexibility whilst maintaining a pan-Essex overview, especially for those partners that cross boundaries.

4. Health & Wellbeing Board Priorities / Added Value

4.1. Part 5 of the strategy signposts the key partnerships, agencies, strategies and actions which have relevance for suicide prevention. These contribute to the following ambitions of the Southend Health and Wellbeing Strategy:

- Ambition 1: Promoting children's mental wellbeing

- Ambition 3: Improving mental wellbeing
- Ambition 4: A safer population
- Ambition 9: Maximising opportunities and promoting opportunities to thrive

5. Reasons for Recommendations

5.1. This approach recognises the complex geography of Southend, Essex and Thurrock with overlapping boundaries and jurisdictions which require both local and shared approach to suicide prevention. It still allows for local flexibility whilst maintaining a broader overview for those partners who cross local boundaries.

5.2. The three upper-tier local authorities in greater Essex have agreed to work in partnership as a pragmatic measure to working more effectively, reducing duplication and creating better outcomes for our populations. Southend, Essex and Thurrock (SET) have used a common tool for the suicide audits, and have jointly analysed the results in order to gain a richer understanding of the causal factors, means and circumstances of deaths; and also to identify any 'hotspots' in our wider geography.

5.3. The Southend, Essex and Thurrock Mental Health and Wellbeing Strategy 2017-21 identifies suicide prevention as a priority. There is a Strategy Implementation Work stream for this priority that will oversee the delivery of the Suicide Prevention strategy, thus linking the objectives and delivery of the two strategies together (see Appendix 2).

5.4. The strategic approach to suicide prevention follows the six areas for action in the national "Preventing Suicide in England" (HM Government, 2012) strategy.

5.5. The Mid and South Essex Sustainability and Transformation Plan identified reducing suicide and self harm as one of three key priorities for mental health. This has also provided a better link to clinical leadership for the partnership.

6. Financial / Resource Implications

6.1 The strategy will be delivered within existing resources.

7. Legal Implications

7.1. None

8. Equality & Diversity

8.1. The strategy was informed in its development by an audit of all suicides in Southend, with data collected on a suite of characteristics, in order to identify any specific actions for common factors or groups with specific characteristics.

9. Background Papers

9.1. N/A

10. Appendices

1. **SET Draft Suicide Prevention Strategy**
2. **SET Mental Health and Wellbeing Strategy Implementation Work-stream Brief**

SET_Strategy_Implementation_workstrea

HWB Strategy Priorities

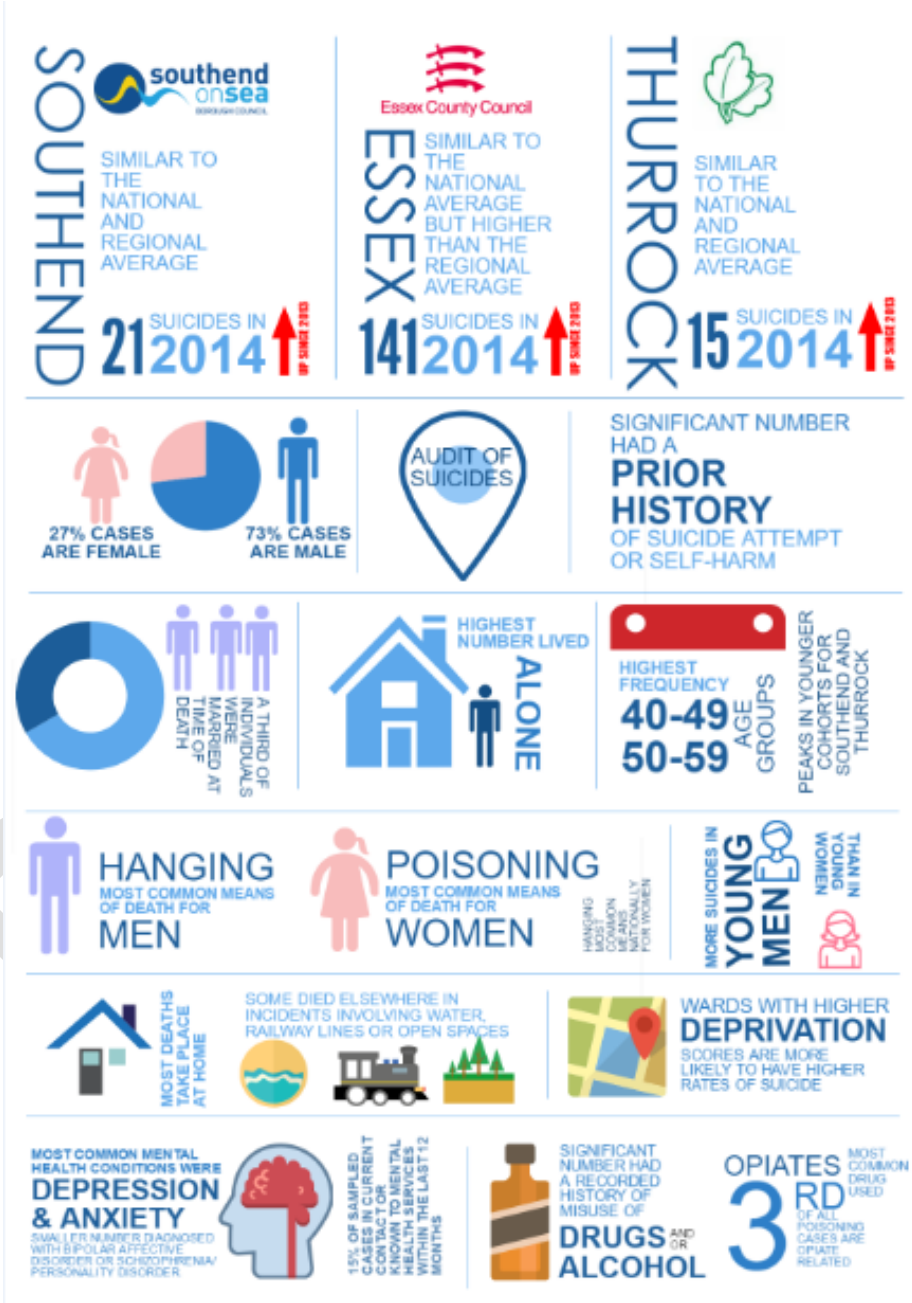
Broad Impact Goals – adding value

a) Increased Physical Activity (prevention)
b) Increased Aspiration and Opportunity (addressing inequality)
c) Increased Personal Responsibility and Participation (sustainability)

Ambition 1. A positive start in life A. Children in care | B. Education- Narrow the gap | C. Young carers | D. Children's mental wellbeing | E. Teen pregnancy | F. Troubled families	**Ambition 2. Promoting healthy lifestyles** A. Tobacco – reducing use | B. Healthy weight | C. Substance & Alcohol misuse	**Ambition 3. Improving mental wellbeing** A. Holistic: Mental/physical | B. Early intervention | C. Suicide prevention/self-harm | D. Support parents/postnatal
Ambition 4. A safer population A. Safeguarding children and vulnerable adults | B. Domestic abuse | C. Tackling Unintentional injuries among under 15s	**Ambition 5. Living independently** A. Personalised budgets | B. Enabling community living |C. Appropriate accommodation | D. Personal involvement in care | E. Reablement | F. Supported to live independently for longer	**Ambition 6. Active and healthy ageing** A. Integrated health & social care services | B. Reducing isolation | C. Physical & mental wellbeing | D. Long Term conditions– support | E. Personalisation/ Empowerment
Ambition 7. Protecting health A. Increased screening | B. Increased immunisations | C. Infection control | D. Severe weather plans in place | E. Improving food hygiene	**Ambition 8. Housing** A. Partnership approach to; Tackle homelessness | B. Deliver health, care & housing in a more joined up way | C. Adequate affordable housing | D. Adequate specialist housing | E. Strategic understanding of stock and distribution	**Ambition 9. Maximising opportunity** A. Population vs. Organisational based provision | B. Joint commissioning and Integration | C. Tackling health inequality (improved access to services) | D. Opportunities to thrive; Education, Employment

LETS TALK ABOUT SUICIDE

Preventing suicides in Southend, Essex and Thurrock 2017



Version Control Sheet

Title	Suicide Prevention Strategy
Owner	Southend, Essex and Thurrock Public Health Teams
Date	June 2017
Version number	1
status	Draft
Next review date	June 2018

Foreword

The impact of any death is profound, affecting loved ones, friends, work colleagues and entire communities. The impact of a death from suicide can be more complex due to often unexpected nature of the death as well as the delays in investigation and conclusion.

The causes of suicide are many. Mental health is a key factor yet the majority of those who take their own life were not in contact with mental health services. In the main, the causes are the everyday pressures of health, relationships, and finances that we may all struggle with. As such, there is no one solution to preventing suicide. Everything we do – as councils and health services, in partnership with many others such as schools and employers – can promote the wellbeing of the population and reduce the risks of suicide. By having a thriving and prosperous local economy, safe communities, a focus on health and wellbeing, and a strong start in life, we can reduce some of those risks.

In 2012, the government of the day published a report entitled *Preventing Suicide in England*, which set a welcome blueprint for local authorities and others. This has since been supplemented with further guidance from Public Health England. The Select Committee has produced its views and recommendations, and it is now seen as a political imperative.

No single organisation can do this alone. We will work through existing agencies and partnerships to build upon and strengthen those actions that we know have an impact.

There are around 175 deaths through suicide each year across Southend, Essex and Thurrock.

We are proud to present this strategy as our first step in tackling this agenda. We hear from those affected by suicidal thoughts and from families and carers that a key part of improving care is to reduce stigma. We are building on some ground-breaking work in other parts of the UK and abroad, where conversations are had about depression, anxiety and suicide. The title "*Lets Talk About Suicide*" reflects the importance of having the conversation whether that is with professionals or simply tackling the stigma of mental health and suicide in particular. The title "*Lets Talk About*" is also used for our Mental Health and Dementia strategies for the same reason.

Andrea Atherton	Mike Gogarty	Ian Wake
Director of Public Health	Director of Public Health	Director of Public Health
Southend	Essex	Thurrock

Acknowledgements

With thanks to all those who have helped us with the strategy through interviews, signposting, and attending our stakeholder events. We particularly thank Maggie Pacini, Liesel Parks, Funmi Worrell, Gemma Andrews and Marcus Roberts for their hard work in pulling together this strategy.

Contents

Executive summary

Introduction

Suicides are not inevitable. The Southend, Essex and Thurrock partners have agreed to take the ambition of 'Zero Suicide' as the drive for transformational change with optimistic and ambitious expectations. We will build this approach through the branding of ***'Let's Talk About Suicide'***.

National context

In 2012 the Government published its suicide strategy, *Preventing Suicide in England* (DH, 2012). This was in response to rising rates of suicide since 2008. The national rate of suicide is 10.1 per 100,000 persons. We know that men are more likely than women to commit suicide with national rates of 15.8 and 4.7 per 100,000 for males and females respectively. Those known to mental health services are at higher risk, yet more suicides occur in people not under the care of mental health services. The Five Year Forward View for Mental Health (2016) recommends that the Department of Health, Public Health England and NHS England support all areas to have multi-agency suicide prevention plans in place by 2017, and the Secretary of State for Health committed to action to achieve this in his foreword to the Third Progress Report on the national suicide prevention strategy.

Local context

Concerns about suicide rates in Essex were highlighted in the 2016 Joint Strategic Needs Assessment. Locally, suicide rates are similar to the national figures at 10.4, 11.3 and 11.3 per 100,000 persons for Essex, Southend and Thurrock respectively. The trends for person suicide rate are similar to national, although Essex rates are above regional. However, the Essex suicide rate for females tracked as statistically significantly greater than the national average between 2010 and 2014 and should be closely monitored.

The *Southend, Essex and Thurrock Mental Health and Wellbeing Strategy 2017-2021* identifies suicide prevention as a priority for Greater Essex and is intended to drive a range of improvements in mental health services that would be expected to have a positive impact on suicide rates, including improved access to treatment for depression and anxiety, better crisis care and a focus on recovery support following discharge from specialist mental health services.

The Mid and South Essex Sustainability and Transformation Plan (STP) has identified reducing suicide and self-harm as one of three key priorities for mental health. The West Essex and Hertfordshire STP plan identifies taking forward a multi-agency approach to suicide as a priority for

promoting improved mental health. The Suffolk and North East Essex STP plan indicates a whole system approach to the delivery of specific services such as crisis mental health care and suicide prevention.

The Southend, Essex and Thurrock Local Transformation Plan for children and young people's mental health *Open Up, Reach Out* recognises that 'the risk of suicide and self-harm is one of the major concerns of children and young people, families, carers and school staff'.

The Mid-Essex Suicide Prevention Project is one of a group of four pilots led by the East of England Strategic Clinical Network under the 'zero suicide' approach; learning from these pilots should inform local action. These pilots were positively and independently evaluated by the Centre for Mental Health.

A separate report is available on the audit of suicides in 2014/15. Those who died in Southend, Essex and Thurrock were more likely to be male and young to middle aged. Risk factors included drug and/or alcohol problem, previous suicide attempt and/or episodes of self-harm, mental or physical health problems, relationship stress, financial difficulties, involvement in criminal justice system, and recent bereavement. Two thirds died in their own home; rail and coastline are small but significant locations with scope for intervention. Hanging and poisoning were the most common means of death; opiates being the most common cause of poisoning. About one third of people were known to be in contact with or had previous contact with mental health services.

A separate review of suicide in young people found:-

- More likely to occur in boys than in girls
- Most of the young people were not previously known to mental health services.
- Hanging was the means of death for 10 of the 11 young people (poisoning accounting for the other).
- It was not always clear whether death was the intention, or whether accidental or a fatal self-harm episode.

Actions

The action plan set out by the strategy reflects the ongoing and intended work of a multitude of organisations and partnerships, articulated in a range of documents including the SET Mental Health and Wellbeing Strategy, Crisis Care Concordats, safeguarding plans, and the SET Local Transformation Plan for children and young people's mental health.

Preventing Suicide in England identified six key areas for action to support delivery of the objectives

1. Reduce the risk of suicide in key high-risk groups

The majority of action is addressed in the Southend, Essex and Thurrock Mental Health and Wellbeing Strategy 2017-2021 which outlines ambitions and identifies a wide range of outcomes for mental health, supported by implementation plans.

Of the key high risk groups there is little specific mention of targeted action for young and middle aged men, nor specific occupational groups. Current action addresses the key groups of those known to mental health services, people with a history of self-harm, and people in the criminal justice system.

2. Tailor approaches to improve mental health in specific groups

As well as the specific focus on suicide, a broader approach should be taken, looking more at general mental health well-being across the whole population, and recognising the particular needs of specific, often marginalised, groups.

There is a significant amount of work on children and young people as a specific group in Southend, Essex and Thurrock. There is ongoing work addressing veterans, survivors of abuse, people with long term conditions, undiagnosed depression, and dual diagnosis. There is less evidence of targeted work for those vulnerable to social and economic circumstances, LGBT and BME groups.

3. Reduce access to the means of suicide

Hanging is the main means of death and efforts to address this has, as its focus, inpatient and criminal justice custodial settings both of which have been the subject of recent inspections. But within broader community settings some action can be taken to reduce suicide in frequently used locations and managing clusters. There is some mention locally of what may be done re safe prescribing and other methods of minimising self-poisoning. The audit did not show any particular frequently used locations and locally there is continued engagement with National Rail. There was little mention of other action relating to the built environment as a means of suicide eg high rise structures.

4. Provide better information and support to those bereaved or affected by suicide

Those left behind face the often intolerable aftermath of a suicide. There is structured support available for some but not all; for example there is support to pupils in schools or occupational

support for staff such as mental health staff, police and prison staff who have dealt with suicide in their job but for others it is more ad hoc with the voluntary sector as the significant source of support.

5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour

As well as supporting the media to report suicides responsibly, attention must be directed to informal social media, and how suicide is portrayed. Key action is implementation of Editors' code of conduct relating to suicide reporting.

6. Support research, data collection and monitoring

Local, as well as national data and research must be used. Reliable and timely suicide statistics are the cornerstone of any local suicide prevention strategy and ongoing audit is vital.

The key source of information is the proposed mental health strategy for wider Essex. Further work is needed to understand efforts to address the wider social determinants, especially for the majority of people who are not under the care of mental health services.

Prevention group

The geography and organisational structure across wider Essex is complex. Forums are variously organised on local government boundaries and/or pan CCG boundaries. Certain partner agencies, eg the police, probation and community rehabilitation, rail etc, cover wider Essex. As such, there is no one forum that encompasses the entirety of the suicide prevention agenda across Greater Essex. Setting up a suicide prevention group – whilst focusing on the specific agenda – would not necessarily have robust governance and would have duplication of membership of existing partnerships.

The approach taken in the strategy is to recommend that the actions are owned by the responsible organisations and partnerships, with regular agenda items on suicide and a nominated champion on each group, with annual oversight by the Health & Wellbeing Boards and an annual summit focused solely on suicide prevention. This approach still allows for local flexibility whilst maintaining a pan Essex overview especially for those partners who cross local boundaries, whether NHS or other.

Recommendations

The full list of recommendations can be found in section 7**.** In short, further work is needed in key areas 3 (addressing the means of suicide), 4 (support for the bereaved), and 5 (working with the media). Key area 6 (information and monitoring) has recommendations about the content and timing of further audits. Much work is in place or intended for key areas 1 and 2 (higher risk groups) but there is a gap around interventions for men, certain occupational groups, LGBT, BME and generally addressing the wider social determinants.

1. Aims

'We need to encourage professionals and communities to be so much more open about mental health and suicidal thoughts. People worry that if you mention "suicide" you could be putting ideas in their head – in fact, the opposite is true'.

Director of Development, Mental Health Provider from *Hope for Better Mental Health*

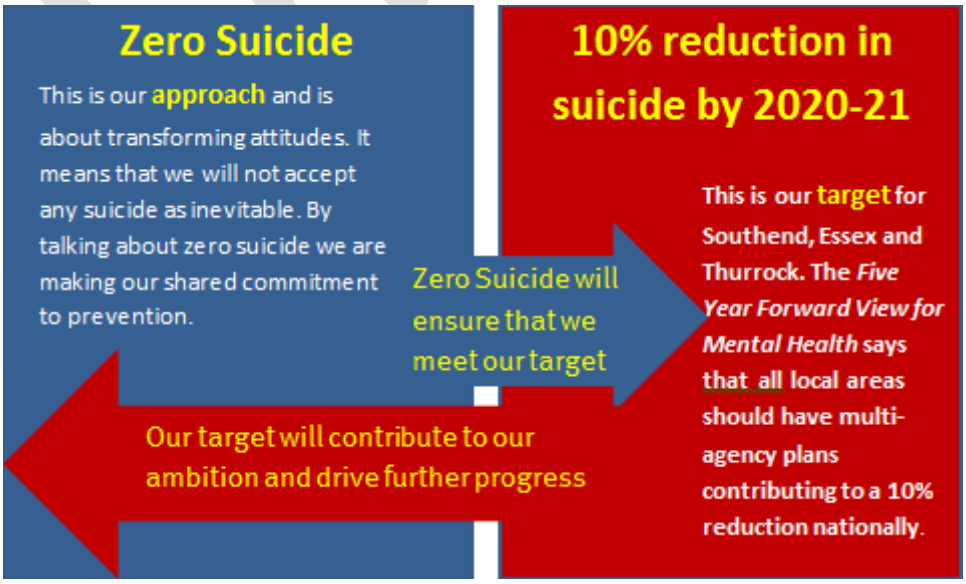
"*For Diane, one of the hardest things to come to terms with was how difficult it is to openly discuss the reasons behind suicide. Being able to meet with others who held similar views and experiences had begun to ease the impact these questions were having on Diane's well-being. Attending her local carers group and forging a network of bereaved Mums were the two outlets she valued most in her own recovery*."

From ECC/Public Office, *Hope for Better Mental Health*

This strategy adapts the Zero Suicide approach that was pioneered in Detroit in the USA and has recently been developed in Mid Essex as one of four pathfinder sites in the East of England.

What does this mean? For us, it means that the starting point for this strategy is our belief that it is not inevitable that anyone in Southend, Essex or Thurrock will take their own life. While we may not be able to prevent every suicide, by making Zero Suicide our ambition we will transform the way that we think about suicide, and prevent more people taking their own lives.

It is not helpful therefore to think of Zero Suicide as a short-term performance measure – it is more a philosophy or mind set. Adopting this approach will enable us to meet (and we hope to exceed) the national requirement for a 10% reduction in suicide rates, by aspiring to prevent every suicide. It will also remind us that we should not accept any level of suicide as inevitable or unavoidable.



Suicide prevention is a useful barometer or vital sign of the success of the local economy as it encompasses health, care and the wider determinants of health. It is important that we view this as a whole society issue not just health care as only about a quarter of suicides occur in people under the care of mental health services.

Taking an outcomes-based approach, we propose that reducing suicide rates is a high level indicator demonstrating success across each of the local authority's key objectives:

- ECC's key strategic aims – inclusive economic growth, help people live healthily & independently and create great places to live & work;
- Southend's key objectives - safe, health and prosperous;
- Thurrock's objectives – learning & opportunity, economic prosperity, respect & responsibility, health & wellbeing;

As well as the CCGs stated objectives about improving the health & wellbeing of their populations.

As we 'turn the curve' of suicide rates, we will know that collectively we are delivering to our full potential. It takes a partnership approach to deliver zero suicide whilst also allowing individual organisations to deliver against specific key performance indicators.

We will build this approach through the branding of '***Lets Talk About Suicide***'. This approach recognises the importance of conversations and safety planning between professional and person at risk, but also notes the need to address the stigma of mental health with the general population. Everybody should have an openness, willingness and the confidence to explicitly talk about suicidal thoughts.

2. National Context

Introduction

1.1. In 2012 the Government published its suicide strategy, *Preventing Suicide in England* (DH, 2012). There have been updates; the most recent being *Preventing Suicide in England: third progress report of the cross government outcomes strategy to save lives* (DH, 2017). Both documents provide useful overviews and information to guide local prevention strategies.

1.2. Suicides are not inevitable. An inclusive society that avoids the marginalisation of individuals and which supports people at times of personal crisis will help to prevent suicides. Government and statutory services [and communities] have a role to play (DH, 2012; p9).

1.3. In 2013 the All Party Parliamentary Group on Suicide and Self-Harm Prevention published its initial deliberations. This was followed by The All-Party Parliamentary Group (APPG) on Suicide and Self-Harm Prevention Inquiry into Local Suicide Prevention *Plans in England 2015*. The main recommendations from the latter were that all local authorities must have in place:

a) Suicide audit work to in order to understand local suicide risk.

b) A suicide prevention plan in order to identify the initiatives required to address local suicide risk.

c) A multi-agency suicide prevention group to involve all relevant statutory agencies and voluntary organisations in implementing the local plan.

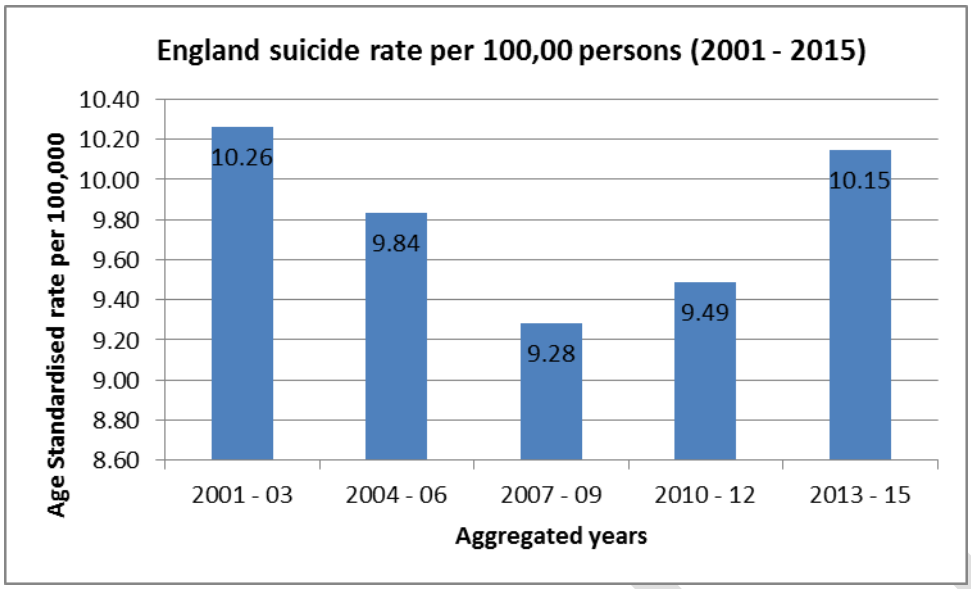
1.4. Definitions of suicide vary and caution is needed when comparing data. Appendix 1: **Suicide definitions** includes more detail of the various definitions used.

Suicide in the general population

Time trends

1.5. In England, there were 14,429 suicides in 2013-15 compared with 13,233 in 2010-12. The trend in the suicide rate dipped between 2005 and 2012 but has since been rising slightly. The three-year average rate for 2013-15 was 10.1 suicides per 100,000 for the general population (PHE, Suicide Prevention Profiles; accessed 20/3/17).

Figure 1: Suicides (Death rates from Intentional Self-harm and Injury of Undetermined Intent), England, 3 year averages, 2001 - 2015

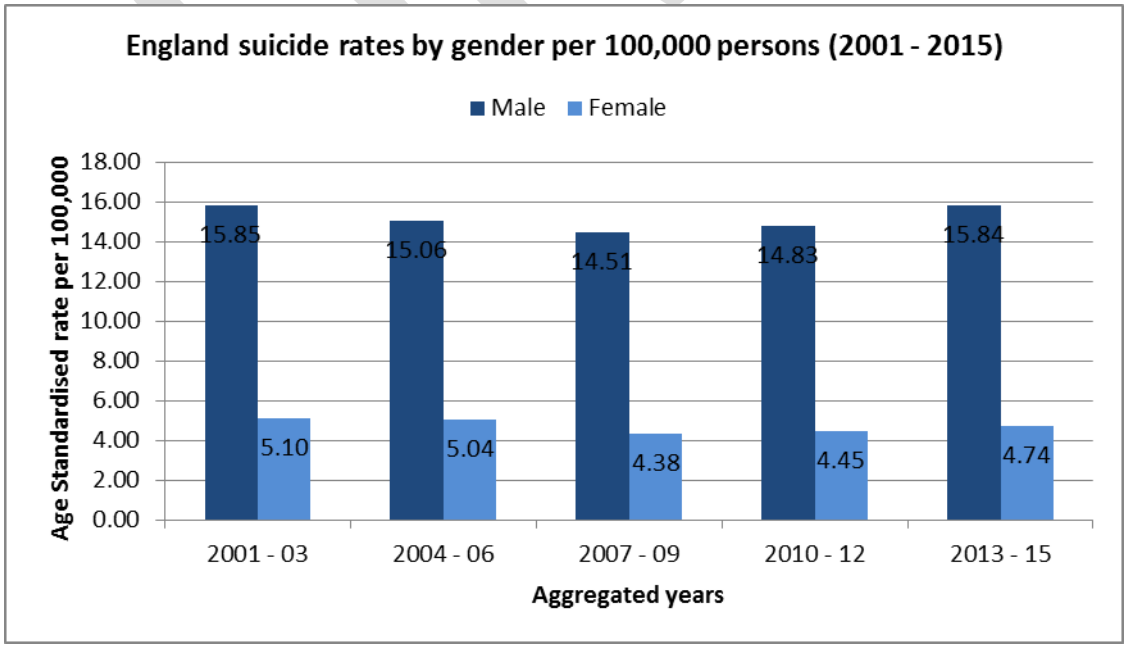


Gender

1.6. In comparison to women, men are more likely to take their own lives, with adult males typically accounting for about three quarters of all suicides. For 2013-15, the three-year average rate for males was 15.8 per 100,000 population; compared with 4.7 females per 100,000 population.

1.7.

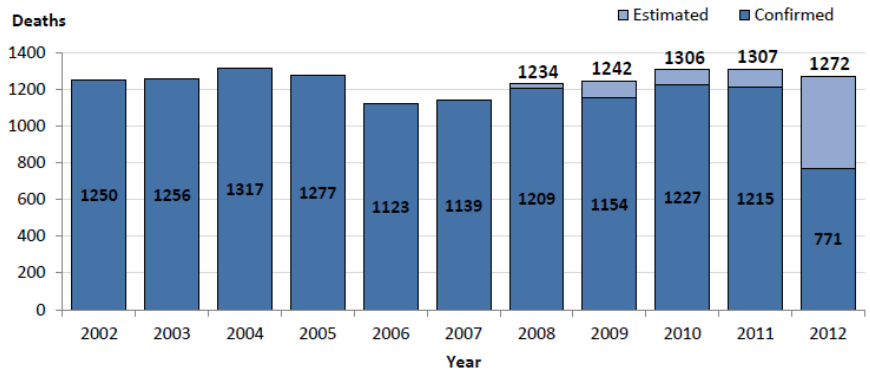
Figure 2: Suicides (Death rates from Intentional Self-harm and Injury of Undetermined Intent by gender, England, 2015



People in contact with mental health services

1.8. The Statistical Update on Suicide records that in 2012 there were 1,272 estimated suicides by people in contact with mental health services in the year prior to death (fig. 3)(DH, 2015; p7). Although for those in receipt of mental health services the actual rates of suicide appear to be falling they are still high. Overall the suicide rate for mental health service users is 87 per 100,000, compared to 8.8 per 100,000 in the general population (National Confidential Inquiry into Suicide and suicide in people with mental illness, 2015, p20). Although people in contact with mental health services are at particularly high risk of committing suicide, most suicides actually occur in people who have not been in contact with mental health services in the previous 12 months.

Figure 3: Suicides by people in contact with mental health services (in 12 months prior to death), England 2002 - 2012*



* The estimated figures provide the most accurate estimate of the number of cases expected. The projected figure may change as data becomes more complete.

Source: National Confidential Inquiry into Suicide and Homicide by people with mental illness

Methods of suicide

1.9. Hanging (including strangulation and suffocation) is the most common method of suicide for both sexes, (57 per cent for males; 41 per cent for females).[1] The second most common method for both groups is drug poisoning.

National strategic context

1.10. The Government's *Preventing Suicide in England* strategy sets out six priorities for action:

1. Reduce the risk of suicide in key high-risk groups;
2. Tailor approaches to improve mental health in specific groups;
3. Reduce access to the means of suicide;

[1] It has been considered that the gender differences in suicide may have been attributable to the different choice of methods between males and females. With males choosing hanging, this method was more likely to result in death than drug poisoning. With hanging now being the most frequent method of suicide for females (although still less frequent than males), it is unlikely that this fully explains the difference.

4. Provide better information and support to those bereaved or affected by suicide;
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour;
6. Support research, data collection and monitoring.

The Government produces an annual report to review progress against the strategy, most recently *Preventing suicide in England: Third progress report* (2017).

1.11. The Department of Health and NHS England published *Future in Mind – Promoting, protecting and improving our children and young people's mental health and wellbeing* in March 2015. This identified five themes for the creation of a system that properly supports the emotional wellbeing and mental health of children and young people:
- Promoting resilience, prevention and early intervention;
- Improving access to effective support – a system without tiers;
- Care for the most vulnerable;
- Accountability and transparency;
- Developing the work force.

Future in Mind makes limited direct reference to suicide, but does note the rising numbers of young people presenting with self harm.

1.12. In February 2016, NHS England published the *Five Year Forward View for Mental Health*, following a review by an Independent Mental Health Task Force; this was followed in July 2016 by *Implementing the Five Year Forward View for Mental Health*.

1.13. The *Five Year Forward View for Mental Health* highlights a range of actions that should be taken to reduce suicide:
- Improving the seven day crisis response service across the NHS will help save lives as a major part of a drive to reduce suicide by 10% by 2020/21.
- The Department of Health, PHE and NHS England should support all local areas to have multi-agency suicide prevention plans in place by 2017, reviewed thereafter and supported by new investment (Recommendation 2).
- NHS Improvement and NHS England with PHE should identify what steps services should take to ensure that all deaths by suicide across NHS-funded mental health settings, including out-of-area placements, are learned from, and to prevent repeat events. This should build on insights through learning from never events, serious incident investigations and human factor approaches. The CQC should then embed this information into its inspection regime (Recommendation 57).

1.14. The implementation plan explains that, nationally, a further £25 million will be made available over the period to 2020-21 to support suicide prevention directly (£5 million in 2018-19, £10 million in 2019-20 and £10 million in 2020-21). It also expects the wider investment in mental health to have a positive impact on suicide rates.

1.15. The National Confidential Inquiry published *Making Mental Health Care Safer – Annual Report and 20 Year Review* (2016). It concludes that the number of suicides by mental health patients in the UK has increased in recent years. Suicide by mental health inpatients continues to fall, and there are now around three times as many suicides among patients in contact with Crisis Resolution and Home Treatment Teams (CRHTs). A third of CRHT patients who died of suicide had been under the service for less than one week, a third had been discharged from hospital in the previous two weeks and 43% lived alone.

1.16. The National Inquiry also found that over half of patients who died by suicide in the UK had a history of drug and alcohol problems, 13% had experienced serious financial difficulties in the previous three months, and 5% had been living in the UK for less than five years. Certain risk factors had become more common as antecedents for suicide in the last twenty years, including isolation, economic adversity, alcohol and drug misuse and recent self-harm. Non-adherence to medication is becoming less common as an issue.

1.17. In December 2016, the Health Select Committee published an interim support on suicide prevention to inform government thinking on a refresh of the national suicide prevention strategy. It highlighted five key areas for consideration:

- *Implementation*, arguing that the Government's 2012 strategy had been characterised by inadequate leadership, poor accountability and insufficient action;
- *Services to support people who are vulnerable to suicide,* including wider support for public mental health and wellbeing and targeted support for at risk groups;
- *Adoption of consensus statement on sharing information with families* with better training for professionals;
- *Timely and consistent data,* to enable swift and appropriate responses (e.g., to suicide clusters or new methods of suicide);
- *Media,* including working more effectively with media breaches of reporting guidelines and looking at changes to restrict access to potentially harmful internet sites and content.

1.18. The interim report helpfully distinguishes three groups of people at risk of suicide:

- *Those not in contact with services*, who would benefit from greater emphasis on public mental health and wellbeing, and with a significant role for 'non-traditional' settings and the voluntary sector;
- *People in contact with primary care*, with a need for training and support for GPs;
- *Patients discharged from inpatient mental health care*, who should receive follow up support within three days, and not the current ten.

National guidance and best practice

1.19. Public Health England has recently published a number of resources to support evidence-based practice; see section 8 Resources:

1.20. The National Confidential Inquiry *Annual Report and 20 Year Review* (2016) identifies ten key elements of safer care in mental health services and a further four for safer care in the wider health system.

1.21. The National Institute for Health and Care Excellence (NICE) is currently developing guidance on *Preventing Suicide in Community and Custodial Settings*, with an expected publication date of May 2018.

1.22. The Centre for Mental Health's *Aiming for Zero Suicide* report (2015) provides a review of research evidence on suicide prevention. It concludes: 'there is clear evidence that there are medical and psychological interventions which can be very helpful to individuals who have considered or attempted to end their own lives. However, the evidence of effective interventions designed to reduce the overall suicide rate across a whole population is sparse and largely inconclusive'.

3. Local Context

"A young woman has alcohol dependency, anxiety and depression, and has accessed many services. These included the Cedar ward in Rochford, various rehabs, detox centres, Alcohol & Drug Addiction Service (ADAS) in Harlow, Accident & Emergency departments (A&E), Crisis teams, GPs, medication and various therapies. She has used these therapies fairly recently and has now been sober for several months. She said that she relapses fairly regularly and has previously been sectioned. She feels support is lacking. She says that due to her eye contact and friendly nature she isn't believed and her condition and thoughts of suicide are overlooked."

Case Study from Healthwatch 666 Report

3.12 The geography and organisational structure across wider Essex is complex. There are three local authorities, seven CCGs, two mental health trusts that are in the process of merging into a single trust, three adult safeguarding boards, three children's safeguarding boards, and one police authority, one Police and Crime Commissioner, a category B prison and three Healthwatches. To further complicate the picture, Essex is covered by three NHS Sustainability and Transformation footprints (including two with other county councils).

Sustainability and Transformation Plans

3.13 NHS England now requires every health and care system in England to produce a multi-year Sustainability and Transformation Plan (STP) showing how local services will develop and ensure their sustainability over the next five years. To deliver these plans local health and care systems are divided into 44 STP 'footprints'. The three 'footprints' for Essex are: Mid and South Essex, North Essex and Suffolk, and West Essex and Hertfordshire. STP plans have been produced for each of these areas with more detailed operational plans to follow.

The Mid and South Essex Success Regime STP plan has identified reducing suicide and self-harm as one of three key priorities for mental health given higher than average rates of suicide in the county. The West Essex and Hertfordshire STP plan identifies taking forward a multi-agency approach to suicide as a priority for promoting improved mental health. The Suffolk and North East Essex STP plan indicates a whole system approach to the delivery of specific services such as crisis mental health care and suicide prevention.

Adult Mental Health and Wellbeing

The *Southend, Essex and Thurrock Mental Health and Wellbeing Strategy 2017-2021* was launched in 2017. The strategy includes a chapter on suicide prevention and has included a commitment to reduce suicide rates by 10% against the 2016-17 baselines by 2020-21 in line with the national ambition set out in NHS England's *Five Year Forward View for Mental Health*. It also considers the

particular challenges and opportunities for suicide prevention interventions within particular areas of practice, including perinatal mental health and working with people with personality disorders.

Children & young People's Mental Health and Wellbeing

A new Emotional Wellbeing and Mental Health Service (EWMHS) was launched in November 2015. The new service has brought together the seven Clinical Commissioning Groups (CCGs) and the three local authorities in a single 'collaborative commissioning forum' with responsibility for all targeted and specialist support including a unified crisis response across Southend, Essex and Thurrock, with delivery led by a single provider (NELFT).

The same partners have developed a Local Transformation Plan – *Open up, Reach out* - as part of the national *Future in Mind* initiative to improve the mental health and emotional wellbeing of children and young people. *Open Up, Reach Out* recognises that 'the risk of suicide and self-harm is one of the major concerns of children and young people, families, carers and school staff'.

Priorities for self-harm and suicide reductions includes support with dedicated people in locality teams who have particular skills in suicide prevention and managing self-harm;

Crisis Care Concordat

The 2014 Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis.

The Concordat focuses on four main areas:

- Access to support before crisis point – making sure people with mental health problems can get help 24 hours a day and that when they ask for help, they are taken seriously.
- Urgent and emergency access to crisis care – making sure that a mental health crisis is treated with the same urgency as a physical health emergency.
- Quality of treatment and care when in crisis – making sure that people are treated with dignity and respect, in a therapeutic environment.
- Recovery and staying well – preventing future crises by making sure people are referred to appropriate services.

Although the Crisis Care Concordat focuses on the responses to acute mental health crises, it also includes a section on prevention and intervention. Rather than replacing existing guidance, it was designed to provide a framework on which to build further action. The full document can be viewed here: http://16878-presscdn-0-18.pagely.netdna-cdn.com/wp-content/uploads/2014/04/36353_Mental_Health_Crisis_accessible.pdf

Locally, the Crisis Care Concordat agreement is actioned through separate Crisis Concordat Groups across the different health, i.e. CCG geographies.

The North Essex Crisis Care Concordat Action Plan includes a comprehensive set of actions to deliver suicide prevention to primary care, secondary care and the emergency services. It highlights the importance of working with the British Transport Police regarding suicide prevention, including 'daily updates of suspicious activity of identified persons on the railways or near to'.

The SW Essex Crisis Care Concordat Action Plan (2014) highlights the need to involve British Transport Police in suicide prevention projects, and this work has since been taken forward.

The South East Essex Crisis Care Concordat Action Plan (2014) includes a number of actions and outcomes on suicide prevention, including:

- Developing a 'commissioning for prevention' approach with public health;
- Improving early intervention in psychosis services;
- Working with British Transport Police and other relevant agencies to reduce risk.

A Pan Essex System Preparedness Plan has been developed collaboratively by representatives of the 7 Essex CCGs, 3 Local Authorities, 5 Acute Trusts, 2 Mental Health Trusts, Ambulance Service Trust and Essex Police in response to the proposed amendments of the Mental Health Act (1983) by the Policing and Crime Bill (2016).

Safeguarding

Children's Safeguarding

Children's' safeguarding is a mandatory duty for local authorities, covered across Essex by three separate Children's' Safeguarding Boards for Southend, Essex and Thurrock residents. Despite boards being arranged by local authority/ resident geography, SET safeguarding procedures are agreed to provide continuity of systematic process across the greater Essex patch.

A Strategic Child Death Overview Panel for Southend, Essex and Thurrock supported by five local Child Death Review Panels is responsible for reviewing the deaths of any children - including deaths as a result of suicide - normally resident in the Greater Essex area, with a responsibility for: reducing the numbers of deaths; identifying matters of concern affecting the safety and welfare of children; identifying wider public health or safety concerns; and undertaking a co-ordinated agency response to all unexpected deaths of children.

The Essex Safeguarding Children Board has produced a Prevention of Youth Suicide Guidance Toolkit for Schools for use by professionals working with children and young people, which is being

reviewed.[2] As part of the development and roll out of the Toolkit, the ESCB supported workshops with 'Stay Safe' groups on teenage suicide, and quadrant based Case Review Learning Events on suicide among young people. Supplementary self-harm guidance is also currently in development.

Adults Safeguarding

The Care Act 2014 requires that all local authorities establish a Safeguarding Adults Board to oversee the work of agencies within its area to ensure that they are working effectively to prevent abuse and neglect of adults at risk. The aim of the SABs is to ensure the effective co-ordination and delivery of services to safeguard and promote the welfare of at risk adults in accordance with the Care Act 2014 and the accompanying Statutory Guidance.

Adults safeguarding is less formally regulated, since only specific groups of adults are deemed vulnerable. Across Southend, Essex and Thurrock the SABs mirror the functionality of the Children's Boards to optimise safeguarding procedures and share lessons learned around incident review. The SABs has a broad membership including statutory, voluntary and independent organisations.

The SABs meet regularly and receives leadership and support from an Executive Group and Operational Group that have different roles to ensure that abuse and neglect are prevented.

Board members work together to ensure that all organisations that buy services for, or provide services to adults at risk have effective policies and procedures in place to prevent abuse and neglect, and to respond appropriately and quickly when things do go wrong.

All of the Board's decisions and actions are carried out with the Six Safeguarding Principles in mind: Empowerment, Prevention, Proportionality, Protection, Partnership and Accountability.

Mid Essex Suicide Prevention Pilot

The Mid-Essex Suicide Prevention Project is one of a group of four pilots led by the East of England Strategic Clinical Network. It was set up in 2013 and is based on a 'Zero Suicide' approach pioneered by Dr Ed Coffey in Detroit.

The Zero Suicide initiative is one of six programmes of work explored in the ECC/Public Office report, *Hope for Better Mental Health – Exploring Co-Production and Recovery*, which considers initiatives 'in which recovery and co-production are combined with powerful results in the form of radically improved outcomes for service users'.[3]

[2] ESCB (2015), Prevention of Youth Suicide Guidance Toolkit for Schools.
[3] ECC/The Public Office (2015), Hope for Better Mental Health – Exploring Co-Production and Recovery.

Role of the voluntary and community sector

A range of voluntary and community sector organisations provide services to people known to have mental health problems, including those who may be at risk of suicide, as well as individuals and families experiencing other problems that may heighten risk (e.g. drug and alcohol problems or debt). These organisations include the Citizens Advice Bureau (CAB), Depression Alliance, MIND, Open Door, Open Road, Phoenix Futures, and the Samaritans.

The Recovery College http://inclusionthurrock.org/recovery-college/ is a partnership between Inclusion Thurrock (part of the NHS), Thurrock Mind (a charity with a proud tradition of helping those experiencing difficulties with their mental health), and the students of the college. The Recovery College is about providing educational courses to promote mental wellbeing.

Thurrock have a pilot project in conjunction with St Mungo's called Housing First which will look to prevent homelessness in a small referred group of residents who are referred. Prior history of self-harm/suicide attempts form part of the risk criteria to determine whether they are eligible for inclusion onto the pilot.

Local response to *Preventing Suicide in England*

In 2013 the All Party Parliamentary Group on Suicide and Self-Harm Prevention published its initial deliberations. This was followed by The All-Party Parliamentary Group (APPG) on Suicide and Self-Harm Prevention Inquiry into Local Suicide Prevention Plans in England 2015. The main recommendations from the latter were that all local authorities must have in place:

a) Suicide audit work to in order to understand local suicide risk.

b) A suicide prevention plan in order to identify the initiatives required to address local suicide risk.

c) A multi-agency suicide prevention group to involve all relevant statutory agencies and voluntary organisations in implementing the local plan.

In response to these recommendations this document contains:

a) The 2014/15 Southend, Essex and Thurrock Suicide Audit – summary in Section 4: Suicide audit and the full report published alongside this strategy.

b) This report references key actions that have been identified as tackling suicide prevention – see section 5: Actions

c) Recommendations around the governance for actions on suicide prevention – see section 7 of Recommendations.

4. Suicide audit

The full data report can be found in the SET suicide audit 2014/15 report that will be published alongside this strategy. Key findings are presented here.

Demographics

Approximately 73% of suicide cases were male, with approximately 27% being female. Most deaths occur in the age range 40-49 and 50-59 although Southend has a peak in 30-39 and Thurrock in the 20-29year age groups. It is difficult to extrapolate on ethnicity as this was frequently not recorded.

Means of Death

Hanging and poisoning were the most common means of death for men and women respectively; this is slightly contrary to the national picture where hanging is usually most common for both sexes, and locally may reflect the high incidence of poisoning seen in Southend.

Suicide Locations

Place of death is defined by the location where the person was officially pronounced dead. Most deaths take place at home; however, of the audited deaths, a number died elsewhere in incidents involving open water, railway lines, or open spaces such as farm or field, and a few died in hospital after being conveyed there after an episode of injury elsewhere.

We did not explore death by suicide related to deprivation mapping postcode to ward and deprivation score; wards with higher deprivation scores are more likely to have higher rates of death by suicide.

Suicide and access to healthcare

Data completeness in the coroner's report meant that it was not always possible to be sure whether someone had or had not been seen recently by healthcare services such as mental health, GP or A&E.

Where records where available, the local picture is similar to the national in that a significant number are in current contact or known to mental health services within the last 12 months. The most common mental health conditions were depression and anxiety, with a smaller number of people diagnosed with Bipolar affective disorder or schizophrenia/ personality disorder.

In general practice, this contact may have been for reasons of mental health, physical health or simply a routine appointment, and represents an opportunity to recognise and offer support.

Very few had a record of contact with A&E but that may reflect data completeness.

Clinical and social factors

Where available in the record we were able to note factors such as bereavement, financial issues, forensic history, physical illness and disability, and relationship issues. All were prevalent in the deaths reviewed with illness and financial issues the most common. A small but significant number had a recorded history of misuse of drugs and/or alcohol. The highest number lived alone and a number had a shared living situation (living with friends, living in a hostel or another form of house-share).

Suicide in young people

The Southend Essex & Thurrock Strategic Child Death Overview Panel commissioned a review to explore what further actions SCDOP can take to reduce the risk of youth suicide in SET areas. Membership of the Group was made up from representatives of the Child Death Overview Panel and representatives of partner agencies

A summary of each of the 11 cases over the last 3 years was reviewed with a focus on the last 6 cases which occurred over the last 12 months.

Key findings and conclusions:

- Most of the young people were not previously known to services. In some cases the young people had been noted by their family as appearing happy and behaving normally on the day of the suicide. The time between making the decision and carrying out the attempt may be very short, 10 minutes to one hour. Boys, especially, are liable to act impulsively.
- Hanging was the means of death for 10 of the 11 young people (poisoning accounting for the other).
- It was not always clear whether death was the intention, or whether accidental or a fatal self-harm episode.
- Need to build resilience and problem solving strategies for young people
- Online support is key for children and young people. Appropriate support needs to be easy to find but it is difficult to ensure that the right pages appear at the top of the list when using online search facilities.
- Youth champions within schools could be used as young people will often talk about their concerns to peers first, before teachers or professionals.
- The involvement in suicide prevention work by schools who have had experience of supporting staff, children and families following the suicide of a child would be useful. It is felt that the schools involved would be keen to engage.

5. Tackling Suicide prevention in Southend, Essex and Thurrock

'There is a certain attitude amongst professionals that "you can't stop people killing themselves". It's pervasive. There is also a feeling that you shouldn't involve families and carers and that you shouldn't talk openly about suicide because it gives people ideas and makes them more likely to attempt suicide. This just isn't the reality. Doing something is better than doing nothing'.

Strategic Lead, Zero Suicide from ECC/Public Office *Hope for Better Mental Health*

Preventing Suicide in England identified six key areas for action to support delivery of the objectives:

1 Reduce the risk of suicide in key high-risk groups
2 Tailor approaches to improve mental health in specific groups
3 Reduce access to the means of suicide
4 Provide better information and support to those bereaved or affected by suicide
5 Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6 Support research, data collection and monitoring

This section signposts the key partnerships, agencies, strategies and actions which have relevance for suicide prevention across wider Essex. This summary of local action should be read in conjunction with the full strategies and action plans; these include both generic and suicide prevention specific actions from the most relevant strategies and action plans.

There are other actions not noted here that reflect the responsibilities of various agencies on social determinants of suicide risk such as debt, employment & the economy, housing; these actions primarily focus on achieving other outcomes but which have the additional benefit of reducing the risk of suicide.

Southend Essex and Thurrock Mental Health Strategy 2017 – 2021

This strategy has been developed collaboratively by the three local authorities (Southend, Essex and Thurrock) and seven clinical commissioning groups across Greater Essex. The implementation plan is currently in development across key areas of children & young people, perinatal mental health, adults common mental health problems, adults community mental health, adults acute and crisis, health and justice, adult secure pathways, and suicide prevention; there is a supportive piece on communications and engagement. The plans are being overseen by an implementation group.

In addition, the CCGs have quality and performance oversight of Essex Partnership University Trust; this will include their oversight of any CQC inspections including any remedial plans to address suicide risks in inpatient settings.

Under the Crisis Concordat, a Pan Essex System Preparedness Plan has been developed collaboratively by representatives of the 7 Essex CCGs, 3 Local Authorities, 5 Acute Trusts, 2 Mental Health Trusts, Ambulance Service Trust and Essex Police in response to the proposed amendments of the Mental Health Act (1983) by the Policing and Crime Bill (2016).

Collaborative Commissioning Forum for the Emotional Wellbeing and Mental Health of Children and Young People in Southend, Essex and Thurrock *Open Up Reach Out – transformational plan for emotional wellbeing and mental health of children and young people in Southend Essex and Thurrock 2015 - 2010*
https://www.essex.gov.uk/Documents/Full_version_Open_up_Reach_out_v17.pdf
This strategy has been developed collaboratively by the three local authorities (Southend, Essex and Thurrock) and seven clinical commissioning groups across Greater Essex.

NHSE and Chelmsford Prison Health and Social Care Partnership Board is accountable for delivery of care in Chelmsford Prison including response and actions relating to investigations of suicide in Chelmsford Prison.

Southend Essex and Thurrock Domestic Abuse Strategic Board has produced its strategy which aims to assist partnerships and agencies across Greater Essex in delivering appropriate joined up responses to those affected by domestic abuse.
http://dnn.essex.gov.uk/Portals/68/Professionals/Domestic%20Abuse/2015%2009%2024%20Essex%20DA%20Strategy%20(1).pdf

The three local authorities have different discrete treatment systems for the management of drugs and alcohol services; the quality of substance misuse services are governed by PHE.
In Essex, the system operates a 'no wrong door' approach. The key point of contact for all individuals, professional and or public, is the Choices service, provided by Open Road and the Childrens Society. Contact details are: 0844 499 1323 and Choices sites are located in all of the key urban centres across Essex.

Network Rail will notify and work with the local authorities where three or more suicidal incidents have occurred at any local stations within 12 months (suicides or injurious attempts). Network Rail has key partnerships with British Transport Police and the Samaritans.
https://www.networkrail.co.uk/communities/safety-in-the-community/suicide-prevention-railway/

The Essex Civilian Military Partnership Board, established as part of the commitment to the Essex Armed Forces Community Covenant, is organised around 5 key pillars -– Health and Wellbeing, Economy and Skills, Safer and Stronger Communities, Education, Children and Young People, and Environment and Infrastructure - each of which addresses key suicide risk factors.

Thurrock has set up a Suicide Prevention Multi-Agency Group (SPMAG). The group will play an active role in developing a local strategy and action plan. The group is comprised of key partner organisations and stakeholders and reports to The Thurrock Health and Wellbeing Board. Emotional health and wellbeing is included in Thurrock Council's Health and Wellbeing Strategy (2016-21).

1. Reduce the risk of suicide in key high-risk groups

The key high risk groups include:

- Young and middle aged men
- People in the care of mental health services, including inpatients
- People with a history of self-harm
- People in contact with the criminal justice system
- Specific occupational groups, such as doctors, nurses, veterinary workers, farmers and agricultural workers

The audit data (see section 4 above for summary, full report published alongside this strategy) shows a higher than expected risk for young and middle age men with Thurrock and Southend and in older age groups in Essex. The audit showed the expected pattern of in care of mental health services, history of self-harm and contact with the criminal justice system. Data on occupation is available for suicide deaths in Southend, Essex and Thurrock but has not yet been analysed for this report as the focus was predominantly on employment status rather than specific occupations per se; the specific at risk occupations did not present within the audit although this may simply be due to small numbers (unreported data).

The Community Resilience Fund was used to launch the Essex Shed Network facilitated by Maldon CVS https://essexshednetwork.wordpress.com/. Active Essex including, Active Thurrock and Active Southend, are supporting local organisations to bid for funding for young people and disadvantaged communities. Initiatives such as these aim to reach out to men who do not typically engage with health and care services.

The Southend, Essex and Thurrock Mental Health strategy outline the actions and intentions to improve mental health and wellbeing locally. Various chapters of that strategy describe the efforts of the health and care system and wider partners to improve mental health services and outcomes across Greater Essex; these actions will have a positive impact on suicide prevention as a key outcome of success. These chapters outline action to target specific at risk groups as well as general improvements in health and wellbeing across the population. The chapters specifically highlight people in the criminal justice system in addition to the general population. What is less clear is how interventions may need to be further tailored for different groups.

Essex Partnership University Trust (NEP and SEPT trust merger from 1st April 2017) have produced actions in response to CQC inspection recommendations as to environment and safety eg addressing ligature risks.

The criminal justice system has a responsibility for risk assessment for those it comes into contact with. The prison, police and the probation / community rehabilitation services have risk assessment processes in place to inform custodial, sentencing and release plans with repeat assessment for significant changes in circumstances. Staff are not specifically trained in mental health although they do have training in safeguarding and core competence in risk assessment and management. There are recommendations in place on safe environments to minimise risk; The Pan Essex

Preparedness Plan addresses place of safety and Chelmsford prison has an action plan in place following recent inspections.

The Essex Rural Partnership is an opportunity to raise the profile of suicide risks in specific occupational groups such as farmers and agricultural workers.

Within the health care system, there are targets and incentives around staff mental health and wellbeing. Local Public Health teams are developing initiatives around healthy workplaces and workforce.

2. **Tailor approaches to improve mental health in specific groups:**

The additional specifically identified groups are:

- Children and young people, including those who are vulnerable such as looked after children, care leavers and children and young people in the Youth Justice System
- Survivors of abuse or violence, including sexual abuse
- Veterans
- People living with long-term physical health conditions
- People with untreated depression including perinatal depression
- People who are especially vulnerable due to social and economic circumstances
- People who misuse drugs or alcohol
- Lesbian, gay, bisexual and transgender people
- Black, Asian and minority ethnic groups and asylum seekers

A new emotional wellbeing and mental health service for children and young people was launched locally in 2015. All targeted and specialist services across wider Essex are now delivered by one organisation with locality-based teams managing local services, as well as working with schools, children centres and the voluntary, community and social enterprise sector (VCSE) on universal support and NHS England on acute services. Risk avert - which is being delivered in 30 Essex schools - supports young people to build resilience, learn skills to manage risk and become more connected at school.

Open up, reach out – Transformation plan for the emotional wellbeing and mental health of children and young people in Southend, Essex and Thurrock includes a specific commitment to work together with the local safeguarding children boards, local authorities and local schools.

The Children and Young People's Plan for Essex launched in 2016 includes a range of further actions to address risk and build resilience, with a particular focus on the most vulnerable http://www.escb.co.uk/Portals/67/Documents/C%20and%20YP/ECC%20Children%20Young%20People%20Plan.pdf

The ECC Children's' Mental Health Commissioner leads the strategic integration of mental health across children's settings on behalf of 7 CCGs and 3 local authorities. Prevention of Youth Suicide Guidance Toolkit for Schools was recently developed which now sits with the Essex Children's'' Safeguarding Board to drive consistent countywide implementation. A supplementary self-harm guidance is also currently in development. New digital resources are being explored to complement the delivery of this agenda across all children's settings, including education.

The Essex Civilian Military Partnership Board, established as part of the commitment to the Essex Armed Forces Community Covenant, is organised around 5 key pillars -– Health and Wellbeing, Economy and Skills, Safer and Stronger Communities, Education, Children and Young People, and Environment and Infrastructure - each of which addresses key suicide risk factors. There is a North Essex Veterans Mental health Network and the existing Veterans First service has been replaced by the newly launched national Veterans' Mental Health Transition, Intervention and Liaison Service.

CCGs are increasingly targeting the provision of IAPT (improving access to psychological therapies) to those with long term physical illness.

The development of a new, integrated 0-19 service provides an opportunity to review and develop the role of health visitors and other key professionals in identifying mothers who may be experiencing perinatal mental health issues. New funding has been secured for mental health midwives.

Ongoing monitoring of drug related deaths/ serious untoward incidents and the associated learning outcomes inform service development to address effective identification and support as part of the suicide prevention agenda. ECC operates a confidential enquiry process into drug related deaths and on a quarterly basis reviews possible trends and root causes to ensure that system-wide learning is disseminated and implemented where required.

The suicide audit showed the expected national trends of the majority of suicides occurring in people not known to mental health services but experiencing everyday pressures of social, personal and financial vulnerability. Agencies such as job centres/ DWP, Citizens advice bureaus, faith groups etc are all key points for a making every contact count approach. Further work may be needed to develop the role of these agencies in the suicide prevention agenda.

There were some noticeable gaps. The suicide audit noted poor recording on some characteristics including ethnicity & sexual orientation, and it is unclear how services account for equality and diversity and the specific needs of those with protected characteristics. It has been noted nationally about immigrants as an emerging risk group; we were unable to determine any local patterns within the audit as the data was insufficient to analyse this characteristic.

In 2013, the East of England Strategic Clinical Network established the 'zero suicide' programme in our region, with Mid-Essex CCG selected to lead the pilot in Essex, one of four across the region. These pathfinder initiatives have had a particular focus on reaching out beyond the 'usual suspects' to engage the widest range of partners in suicide prevention, including coroners, librarians, gym staff, housing association staff, publicans, social care assistants, paramedics, faith groups, Football Association Staff, CCG employees, private security staff and the British Transport Policy. The Mid-Essex pilot had a particular focus on:

- Developing training programmes for third sector and voluntary organisations; and
- Training community nurses, primary care staff, GPs, police, British Transport Police, drug and alcohol staff and paramedics.

3. **Reduce access to the means of suicide:**

The majority of suicides reviewed in the audit were by means of hanging, usually in the home but sometimes in more public places. Jumping, firearms and asphyxiation were rarer means of suicide locally.

Secured placements - including criminal justice custody and mental health inpatient settings – have clear guidance about environmental safety planning. There is a role for environmental planning for the local authorities, and Community Safety Partnerships produce community safety plans which are an opportunity to explore further opportunities to address physical locations as means of suicide.

Network Rail will notify and work with local authorities where three or more suicidal incidents have occurred at any local stations within 12 months (suicides or injurious attempts). Each station will be assessed and physical and psychological barriers to be considered as part of a layered approach to mitigations. Network Rail will increase the opportunity and capacity for interventions eg continue to provide 'Managing Suicidal Contacts' training to all staff; increase opportunities for help seeking by suicidal individuals; ensure Samaritans signs are in stations particularly at specific access points with additional posters and cases made available and displayed at stations and Samaritans material displayed within waiting rooms; and seek other opportunities such as digital media. Network Rail are particularly keen to change the public image of such sites and work with local media to ensure they are aware and work within the Samaritans media guidelines (see area action 5 below).

The audit also identified waterways as a chosen location; there is a noticeable lack - nationally and locally - about the role of the Maritime and Coastguard Agency and RNLI, similar to that of Network Rail. The RNLI are keen to explore their community safety role further.

Prescribing for substance misuse is via EPUT or GPs who have to work to national and local guidance; this ensures that new or unstable patients are prescribed the medication as supervised consumption. Whilst most patients would come off supervised consumption after a few months those with more complex needs or lack of housing are kept on supervision to ensure they see a healthcare professional almost daily. All clients coming out of prison are given appointments in the community and put on a supervised consumption prescription. The Take Home Naloxone program has trained those who use drugs and their friends and family in using the injection so that if they see someone overdose they can administer Naloxone which reverses the overdose until a paramedic arrives.

4. **Provide better information and support to those bereaved or affected by suicide:**
It was recognized in the 2012 *Preventing Suicide in England strategy* that bereavement through suicide was an area poorly covered by previous suicide prevention strategies. Bereavement is also itself a risk factor for suicide. In addition, those affected by the loss of a loved one through suicide will have specific needs.

There are several bereavement charities and organisations, some of which specialize in helping those affected by suicide.

The agencies whose staff are most likely in contact with those deaths by suicide offer support to staff through debriefing, professional supervision and occupational health; these may not be comprehensive across all relevant agencies and uptake can be affected by a reluctance to seek help.

5. **Support the media in delivering sensitive approaches to suicide and suicidal behaviour.**
It is known that the reporting of suicides by the media can promote other suicides – particularly using the same method or at the same location and that responsible reporting of suicide or reduced reporting can decrease suicides at frequently locations.

There are media guidelines on the reporting of suicide that set out clear instructions and recommendations on what an article should contain when it reports a death by suicide (see resources section 8).

6. Support research, data collection and monitoring.
The three local authority public health teams have completed an audit of 2014/15 deaths which is summarised in section 3 and full audit report appended to this strategy. Further work is needed locally to schedule more regular audit and surveillance.

Various agencies eg Network Rail & BTP, mental health trusts, prison, substance misuse services, undertake regular reviews of deaths within their services to understand root cause.

6. Suicide Prevention Group

In 2013 the *All Party Parliamentary Group on Suicide and Self-Harm Prevention* published its initial deliberations. This was followed by *The All-Party Parliamentary Group (APPG) on Suicide and Self-Harm Prevention Inquiry into Local Suicide Prevention Plans in England 2015*. The main recommendations from the latter were that all local authorities must have in place:
a) Suicide audit work to in order to understand local suicide risk.
b) A suicide prevention plan in order to identify the initiatives required to address local suicide risk.
c**) A multi-agency suicide prevention group to involve all relevant statutory agencies and voluntary organisations in implementing the local plan**.

The intent of this Suicide Prevention Strategy - in this first year iteration – is to collate and cross reference the strategic intent and action plans of the various organisations and partnerships – many mentioned throughout this strategy – that have a role to play in suicide prevention across Essex.

The geography and organisational structure across wider Essex is complex. There are 3 local authorities, 7 CCGs, 2 mental health trusts, 3 adult safeguarding boards, 3 children's safeguarding boards, one police authority, one Police Crimes Commissioner, three Healthwatches, etc. Essex is covered by 3 Sustainability & Transformation footprints (including two with other county councils) which may have implications for how organisations collaborate in the future.

Forums are variously organised on local government boundaries and/or pan CCG boundaries. Certain partner agencies, eg the police, cover wider Essex. As such, there is no one forum that encompasses the entirety of the suicide prevention agenda across wider Essex. Setting up a suicide prevention group – whilst focusing on the specific agenda - will not necessarily have robust governance and will have duplication of membership.

The approach taken in the strategy is to recommend that the actions are owned by the responsible organisations and partnerships, with annual oversight by the Health & Wellbeing Boards and an annual summit focused solely on suicide prevention. This recognises the complex geography of Southend, Essex and Thurrock with overlapping boundaries and jurisdictions which require both local and shared approach to suicide prevention.

This approach still allows for local flexibility whilst maintaining a pan Essex overview especially for those partners who cross local boundaries whether NHS or other.

7. Recommendations

In addition to the actions already intended by the relevant organisations and partnership forums, we have identified the following additional recommendations for action.

1: Reduce the risk of suicide in key high-risk groups

1.1 That organisations and forums undertake an impact assessment (similar to equality impact assessment) using the characteristics identified as high risk and apply to their current and intended interventions to ensure that each group has the best evidenced based targeted interventions

1.2 Explore feasibility of equipping people who are most likely to encounter people with mental health issues or suicidal thoughts with the skills and confidence to support them and to enable them to seek professional help (as per Zero Suicide initiative)

2: Tailor approaches to improve mental health in specific groups

2.1 As per recommendations 1.1, 1.2,

3: Reduce access to the means of suicide

3.1 That the intelligence task & finish group (see 6.1) check for possible frequently used locations

3.2Explore further with the Maritime and Coastguard Agency and RNLI about deaths associated with our local waterways.

3.3 Explore further with Community Safety Partnerships actions to address any other frequently used locations.

3.4 Be prepared to convene task and finish group if a cluster of suicide deaths is identified.

4: Provide better information and support to those bereaved or affected by suicide

4.1 Information for those bereaved as a result of suicide should be made available through professionals and other organisations in first & follow up contact with bereaved people (Police Officers, prison staff, ambulance staff, coroners, GPs, death registration professionals and funeral directors etc).

5: Support the media in delivering sensitive approaches to suicide and suicidal behaviour

5.1 Design and delivery a comprehensive communications plan as part of the existing “Lets Talk About It” branding, with an intelligently mapped timeline (targeting known risk groups at times of high risk such as the start of school/ college terms, linking to national and local partnership campaigns).

5.2.a Ensure all professionals in contact with the media are aware of guidelines for reporting suicide.

5.2.b Liaise with local media to encourage reference to and use of guidelines for the reporting of suicide.

6: Support research, data collection and monitoring

6.1 A Task and Finish Group should be set up to design the audit schedule including the potential value of 'real time' surveillance and analysis of location/means to ascertain if any frequently used locations or emerging clusters.

6.2 Partners should be encouraged to respond to requests from the Office of the Coroner to provide the required data for inquests. In particular, capturing data on ethnicity is gaining importance as some other areas are observing trends in suicides in immigrants/white other categories which may indicate particular risks.

6.3 Organisations that experience deaths directly eg prisons, mental health services, rail, should share their thematic analysis of deaths for wider lessons learnt. We would also encourage GPs to review suicides as part of unexpected deaths audit to understand any lessons to be shared.

7: Planning and governance

7.1 That suicide prevention remains the business of the noted partnerships, with regular standing item (at a minimum annually) on suicide prevention

7.2 That each forum with a responsibility for suicide prevention nominates a member of that forum to be a suicide prevention champion

7.3 That we convene an annual summit of all partner agencies to review progress, which will report to the HWBs

7.4 That the Health & Wellbeing Boards hold the accountability for this multi- agency agenda and that they review progress on an annual basis

8. Resources

1. **Reduce the risk of suicide in key high-risk groups**
   - Mental health of adults in contact with the criminal justice system (in development, due march 2017) https://www.nice.org.uk/guidance/indevelopment/gid-cgwave0726
   - Preventing suicide in communities and custodial settings (in development, due 2018) https://www.nice.org.uk/guidance/indevelopment/gid-phg95

2. **Tailor approaches to improve mental health in specific groups:**
   - The Risk Avert website is at http://www.risk-avert.org/
   - The Essex Lifestyle Service website is at http://www.essexlifestyleservice.org.uk/The App can be downloaded at https://itunes.apple.com/gb/app/lifestyle-essex/id967932040?mt=8
   - NICE guidelines (CG16) Self-harm in over 8s: short-term management and prevention of recurrence https://www.nice.org.uk/guidance/CG16
   - NICE guidelines (CG133) Self-harm in over 8s: long- term management , https://www.nice.org.uk/guidance/cg133
   - Department of Health and NHS England Future in mind: promoting, protecting and improving our children and young people's mental health and wellbeing
   - NICE guidelines (CG90) Depression in adults: recognition and management
   - North Essex Veterans Mental Health Network http://www.nevmhn.org.uk/
   - Preventing suicide among lesbian, gay and bi sexual young people: a toolkit for nurses; and Preventing suicide among trans young people https://www.gov.uk/government/publications/preventing-suicide-lesbian-gay-and-bisexual-young-people
   - Sources of information and support for families, friends and colleagues who are concerned about someone who may be at risk of suicide https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/137640/Sources-of-information-and-support-for-families.pdf

3. **Reduce access to the means of suicide:**
   - Preventing suicides in public places https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/481224/Preventing_suicides_in_public_places.pdf
   - Identifying and responding to suicide clusters and contagion: a practice resource https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/459303/Identifying_and_responding_to_suicide_clusters_and_contagion.pdf

4. **Provide better information and support to those bereaved or affected by suicide:**
   - Support after suicide: a guide to providing local services https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/582095/Support_after_a_suicide.pdf
   - Support after suicide: developing and delivering local bereavement support services http://www.nspa.org.uk/wp-content/uploads/2017/01/NSPA-postvention-framework-20.10.16.pdf
   - Help is at hand: support after someone may have died by suicide http://supportaftersuicide.org.uk/help-is-at-hand/

- http://supportaftersuicide.org.uk/
- Guide to Coroners and Inquests and Charter for Coroner Services
- The Inquest Handbook: A guide for bereaved families, friends and their advisors.
- The Road Ahead… A guide to dealing with the impact of suicide, published by Mental Health Matters. www.mentalhealthmatters.com
- Health talk online, a website where people can share experiences of ill health and bereavement, including bereavement by suicide. www.healthtalkonline.org
- If U Care Share, a website and campaign organisation with links to sources of support. www.ifucareshare.co.uk
- Winston's Wish, bereavement support for children and young people. www.winstonswish.org.uk/
- Cruse Bereavement Care http://www.cruse.org.uk/
- Survivors of Bereavement by Suicide, a self-help organisation to meet the needs and break the isolation of those bereaved by the suicide of a close relative or friend. www.uk-sobs.org.uk/
- The Compassionate Friends, support for bereaved parents and their families after a child dies. www.tcf.org.uk/

5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour.

- Samaritans media guidelines for the reporting of suicide and related resource materials http://www.samaritans.org/media-centre/media-guidelines-reporting-suicide

6. Support research, data collection and monitoring.

- Suicide profile https://healthierlives.phe.org.uk/topic/suicide-prevention or http://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide

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Appendices

Appendix 1: Suicide definitions

A1.1 Most recent reports[4] draw particular attention to the definition of suicide as currently used by the Office of National Statistics (ONS), which reflects the coding used by the WHO (ICD-10). Thus, the UK definition of suicide now includes death from: (a) intentional self-harm; (b) injury/poisoning of undetermined intent; and (c) as a secondary consequence ('sequelae') of intentional self-harm/event of undetermined intent.

A1.2 This definition will differ from a Coroner's verdict of suicide. Coroners record a verdict of suicide only when there is evidence beyond reasonable doubt that the injury was self-inflicted, and the deceased intended to take their own life (DH, 2015). Research studies tend to show that the majority of open verdicts are most likely suicides, although they do not meet the high legal standard of evidence required for a coroner to record a suicide verdict.

A1.3 In this paper we use the term suicide to refer to deaths from both intentional self-harm and injury or poisoning of undetermined intent (as adopted by the ONS).[5]

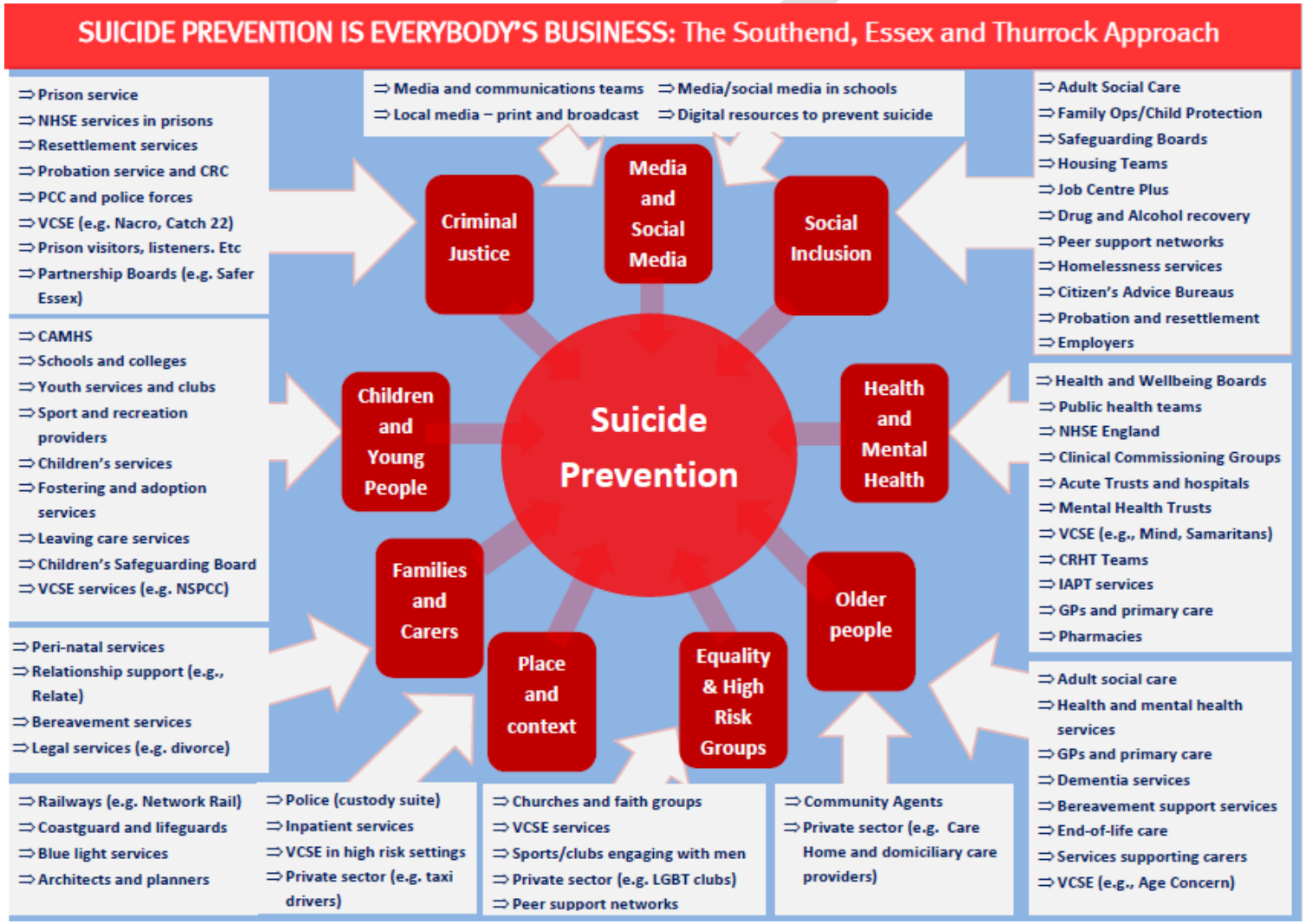
A1.4 It should be noted that suicides are recorded following inquest, and that inquests may not be conducted in the year of death. This will have an inevitable impact on the accuracy of statistical returns for any one year but is considered unlikely to have a great impact on the usability of UK suicide statistics.

A1.5 Note: The suicide rates presented by *The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness* (2015) (also used in this report) differ slightly from the ONS data.

[4] Samaritans 2015; DH 2015

[5] Some graphs, from sources other than ONS adopt different criteria (this is specified, where relevant).

Appendix 2: Suicide prevention is everybody's business



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SET Strategy Implementation Workstreams

Summary

The scale of avoidable loss of life from suicide is unacceptable . In 2015, 4820 people were recorded as having died by suicide in England with a suggestion that the true figure is likely to be even higher.

Suicide disproportionately affects men, accounting for around three quarters of all suicides, but rates are rising in women. It remains the biggest killer of men under 49 and the leading cause of death in people aged 15-24.

SET are committed to reduce suicide rates by 10% against the 2016-17 baseline by 2020-21 in line with the national ambition set out in NHS England's Five Year Forward View for Mental Health

Suicide Prevention

Programme Working Group:
Alfie Bandakpara-Taylor ***BBCCG***
Olabisi Williams ***Mid Essex CCG***
Maggie Pacini Public Health ***ECC***

Suicide Prevention

Outcomes

- *Reduce the risk of suicide in high risk groups*
- *Tailor approaches to improve mental health in specific groups.*
- *Reduce access to the means of suicide*
- *Provide better information and support to those bereaved or affected by suicide*
- *Support the media in delivering sensitive approaches to suicide and suicidal behaviours*
- *Support research, data collection and monitoring*

Strategic Approach to Suicide Prevention

Outcomes

- *SET strategic approach to suicide prevention follows the six areas for action in the national "Preventing Suicide in England " (HM Government, 2012) strategy.*

Engagement:

CCGs
Essex County Council
Providers
Clinicians
GPs
British Transport Police
Voluntary Sector
MH Ambassadors
Service users

P'ship working between services for data collection /mapping exercise

Focus on services to support people who are vulnerable to suicide

Models of care with prevention strategies

SET Strategy Implementation Workstreams

Suicide Prevention

Confirmed Projects

Suicide Prevention
Generic:

- **Each of the workstreams to undertake impact assessment of their projects for impact on suicide specific risk groups**
- **Communications and social marketing – to include suicide prevention**
- **FU of CQC re ligature risk management – ongoing performance not project? Could be part of the adult acute / crisis or secure group agenda.**

Suicide prevention specific

- **Intelligence TFG**
  - **Audit – Funmi Worrel**
  - **Explore real time surveillance and performance metrics – Funmi Worrel**
- **Bereavement TFG**
  - **Explore support for professionals – Liesel Parks**
  - **Explore support for family & friends – Leisel Parks**
- **Media – main partner organisations communications leads to be contacted re guidance – Maggie Pacini**
- **Training TFG – explore suicide prevention training options - within general risk assessment/safeguarding but ideally to wider, non health workforce also – Maggie Pacini with Safeguarding leads**

Barriers or support required

Other generic MH workstreams to consider impact assessment for higher risk characteristics within their proposed projects.

Commissioning delivery support from Gemma Andrews to above actions and leads.

Immediate Priorities & Enablers

Suicide Prevention

Clinical champion for suicide prevention in each workstream supported by the Suicide Prevention working group

Milestones

Generic

- Each workstream to complete SP impact assessments for each project (as per project milestones)
- Communications and social marketing – as per their milestones

Suicide prevention specific

- Audit – completed by end o f July 2017
- Intelligence TFG – exploratory meeting by end of June 2017; further milestones tbd as agreed by that group
- Bereavement – exploratory meeting by end of June 2017; further milestones tbd as agreed by that group
- Media – main partner communications leads contacted by June 2017
- Training TFG – exploratory meeting with safeguarding leads May; further actions tbd as agreed at that meeting

Southend Health & Wellbeing Board

Agenda Item No.

8

Report of
Simon Leftley, Deputy Chief Executive (People), Southend Borough Council;

to

Health & Wellbeing Board

on

21 June 2017

Report prepared by:
Nick Faint, Integration Lead

For discussion		For information only	X	Approval required	

Children's and Young Peoples 2016 / 17 Annual Report and Children's Integration Plan

Part 1 (Public Agenda Item)

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1 Purpose of Report

1.1 To provide Health and Wellbeing Board (HWB) with an update of the successes and achievements delivered through the Success for All Partnership Board (Success for All);

1.2 To note the agreed Integrated Children's Strategy as recommended by Success for All;

1.3 To provide HWB with a high level plan for the Integrated Children's Strategy;

2 Recommendations

2.1 That HWB agrees to;

2.1.1 Note both the high level mobilisation plan and the success and achievements as delivered by Success for All; and

2.1.2 Note the Integrated Children's Strategy.

3 Background

Successes and achievements

Improving Children's health and wellbeing – Where are we now?

Key:

New priorities for 2016/2017	Continuation of existing work streams

3.1 **Key partnership action during 2016/17 has included:**

3.1.1 the developmental work in preparation for the Community Paediatric Review as part of the Integrated Children's Strategy;

3.1.2 the Emotional Health and Mental Wellbeing Contract has been fully embedded and the partnership has strong oversight of the performance management and issue resolution of the implementation of the contract;

3.1.3 following the inspection of Children's Services in May 2016 the Neglect Strategy has been subsumed into a wider improvement project. The Children's Service Improvement Plan sits alongside the developing key elements of the strategy for integration of children's services, with the Early Help phase 2 and the restructuring of social work fieldwork teams key strands on the approach to neglect;

3.1.4 the Better Start Southend programme has undergone a review of all of its activity and its governance structure to make sure the programme is focused on the core outcomes set out by its funding partners. The review has enabled us to see very clearly those areas where we have been successful in delivery and where we need to make changes;

3.1.5 the Teenage Pregnancy strategy 2015–2018 has been reviewed and a new action plan has been established to ensure continued progress, these actions will ensure that Teenage Pregnancy is Everyone's Business and there is continual momentum in the work to reduce

teenage pregnancy in Southend Borough Council. Targeted interventions for vulnerable young people and young parents are being accessed through single front door process of Early Help, Family Support & YOS Service. Improved awareness of risk taking behaviour and sexual health matters for Relationship and Sex Education (RSE) leads in schools has been rolled out including parents and foster carers; and for all professionals working with young people so that children and young people get the education, knowledge and skills they need to experience positive relationship and sexual health;

3.1.6 Ofsted inspection; following the children's Ofsted inspection a Children's Improvement Board has been created to ensure that the issues raised by Ofsted are being addressed. The detail has been the subject of a separate cabinet report.

Keeping children and young people safe and protected from harm – where are we now?

3.2 **Key partnership action during 2016/17 has included:**

3.2.1 Young Carers Strategy - Professional referrers are now asked to send an Early Help Family Support Assessment (EHFSA) to the Single Front Door which ensures all young people are considered as either Primary or Secondary Young Carers and receive appropriate assessment and support. All referrals are responded to within 48 working hours, and home visits and/or visits to the young person at school are undertaken within 5 working days;

3.2.2 Social Care and Early Help are now located alongside each other in Civic 2 with EWMHS (for half a day every day) allowing for effective communication and case discussion. This ensures that children and families are given help as soon as needs present themselves, regardless of age, to prevent those needs from escalating and requiring more intensive help and support later on. Furthermore the new Children Centre's Service intends to co-locate their front door with us from January. A suite of 'one minute guides' to all the teams within the Service has been produced;

3.2.3 Domestic Abuse – MARAT is now fully operational; Prince Charming Theatre play delivered in Secondary Schools; commissioning of services. Perpetrator intervention programme being delivered;

3.2.4 The CSE Action Plan is a clear commitment to protect and support children and young people and identify and inhibit the behaviours of Perpetrators by developing and implementing a wide range of activities that supports families and local communities. Although a specific programme, the CSE Action Plan is integrated into the Children's Services plan and is intrinsically linked to Children and Young People Missing from Home, Care and Education. In the past year, great progress has been made in addressing the core components identified in the Action Plan which reflects the commitment and dedication of the frontline staff as well as senior management to tackle CSE and ensure that vulnerable children and young people living and visiting Southend, are protected from the predatory behaviour of perpetrators;

Supporting vulnerable children and families – Where are we now?

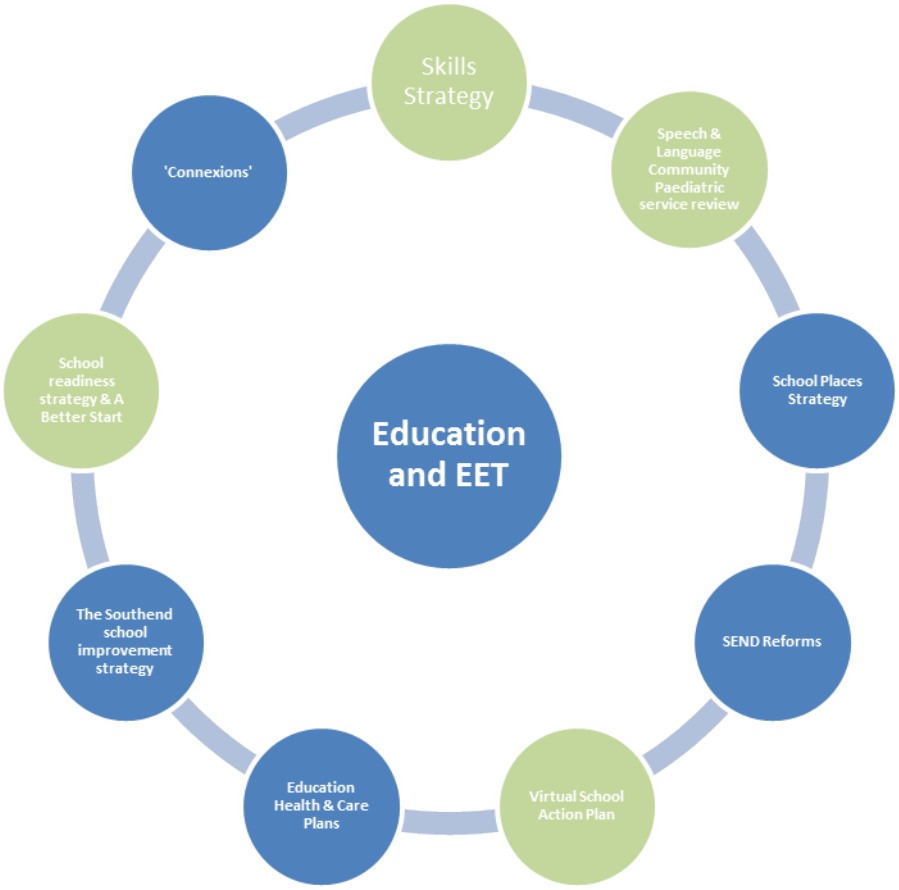
3.3 **Key partnership action during 2016/17 has included:**

3.3.1 The Marigold Assessment Plus Service has changed the structure of contact services, bringing all of the facilitated contact services for looked after children in-house with staff employed by Southend Borough Council instead of using private contractors. In doing so, the service aims to increase the quality and consistency of contact services and build on the already existing integration of family assessments and contact services, reducing time scales for children spending time in local authority care.

3.3.2 The MARAT team had its official launch on the 1st November 2016.

3.3.3 SHIP is the Council's information advice and guidance website (www.southendinfopoint.org). It provides IAG on a range of issues for children, young people and families, including meeting our statutory requirements for Local Offer for children with special educational needs. Over the last six months the website has had 107,285 unique sessions in total, 73,415 for the children's side and 33,870 for the adult's side.

Improving children's educational attainment and future prospects – Where are we now?



3.4 Key partnership action during 2016/17 has included:

3.4.1 A group consisting of the Council and post sixteen providers within the town has previously been established to coordinate pathways between statutory school age, college and employers. This group have defined a small number of activities, one of which is the establishment of a Virtual Skills Academy. As it states, this is a virtual board, bringing together schools, sixth forms and colleges to ensure that there are sufficient training places and opportunities for students in the growth ideas identified, in particular to service the needs of the Better Queensway project and the Airport Business Park. Other initiatives of the strategy include ensuring joined up dialogue from any groups representing skills within and beyond Southend, and coordinating "careers" advice from the several groups who are existing or have emerged in this area of work.

3.4.2 Following on from the successful initiatives to ensure sufficient good primary school places for Southend residents, there are now sufficient places to meet needs across the Borough. However, pressure remains in one or two wards where demand exceeds the number of places available. Officers are working with members and schools to consider solutions in these areas.

3.4.3 The primary "bulge" will work its way through to the secondary sector around 2019-20. Officers are currently working with school leaders to consider solutions to this matter. In all we are seeking around ten additional forms of entry by 2022. Currently we are looking at options

including expansion at particular schools following consultation, but at some stage may need to consider an additional free school or academy.

3.4.4 The Virtual School has focussed on delivering key actions within the Children's Service Improvement Plan.

3.4.5 The formation of the Education Board in Southend, and the associated School Performance Sub Group are the start of the new and innovative process of redrafting a strategy to accommodate the world of academies and maintained schools. We will continue to work in partnership with schools and the Regional Schools Commissioner to ensure that the emerging strategy supports the achievement of the Councils priorities.

3.4.6 To ensure that young people succeed in the transition from statutory education to post 16 options such as employment, education or training, the connexions team consists of highly qualified Personal Advisers that work in a variety of ways to meet the needs of young people. The service also has a duty to ensure that they have knowledge of the destinations of young people up until their 19th birthday which is performance linked to the NEET Target (Not in Employment, education or training). Target set for NEET is 7% and Unknowns set at 10%.

3.4.7 The Connexions Service is currently trading the impartial Careers advice and guidance to 11 Southend schools including Seabrook College and St Nicholas School, Southend Adult Community College and 17 Essex Schools which equates to £228K income. The traded part of the service is also piloting a Primary school inspiration program to support pupils in Yr5 and Yr6, in raising their aspirations and looking into the world of work, 3 schools have been identified to Pilot this.

Integrated Children's Strategy

3.5 During September 2016 the Success for All Children Group's 'Integrated Children's Services' workshop was held and was attended by commissioners and provider organisations ranging from across the Southend health, social care and wellbeing system. These agencies included Police, Public Health, Southend Borough Council (SBC), Southend CCG, Southend University Hospital NHS Trust (SUHFT), South Essex NHS Partnership Trust (EPUT formerly SEPT), Southend Voluntary Sector and a number of other organisations.

3.6 The workshop facilitated a discussion around a number of key issues and helped partners to align their thinking and ambition. The key issues included; values and philosophy; the voice of the child and their family; ambition for integration; where to start; prevention; cohort stratification; education; adult services; access points and pathways; commissioning and data sharing; and how multi agency relationships could be improved.

3.7 The workshop agreed to create and agree a strategy and action plan for an integrated childrens service across Southend and also a broad timeline for the development of the strategy.

The strategy

3.8 Following the workshop a small working group drafted and developed the strategy on behalf of the Success for All Group. Underpinned by a set of

principles which focused on better communication, an improved service experience, reducing duplication and defining clearer pathways the strategy was agreed by all system partners represented at Success for All during Q4 2016 / 17.

3.9 The system wide agreed vision for an integrated children's strategy is defined as follows;

… 'We have a collective passion for providing safe, effective and high quality services. We want to be more family centred in our approach, so every contact with us makes a positive difference. We want to make things to be less complex for families as a result of us providing seamless services that are productive and cost effective' …

3.10 The agreed strategy (at Appendix A) identified eight areas of work that would support and help achieve the vision for an integrated children's service in Southend. The eight areas of work included;

3.10.1 The creation of a sustainable mix of integration across the partnership (to include the community paediatric service review, Children's social service redesign and Early Help Phase 1 & 2.

3.10.2 The development of a culture and capacity for change.

3.10.3 An integrated assessment process.

3.10.4 The introduction of the co-location of services and reduced waiting times.

3.10.5 Multi-disciplinary teams.

3.10.6 Improvement of communication between professionals.

3.10.7 Using innovative customer contact technology.

3.10.8 Improving information sharing, signposting and synergy between services.

Mobilisation of the integrated children's strategy

3.11 In May 2017 it was reported to Success for All that the planning to deliver the integrated children's strategy was developing and that a number of key risks had been identified. Success for All were asked to note the contents of the paper (see Appendix B) and also approved the recommendations which would support and mitigate the risks.

3.12 The recommendations focused on initiating a delivery group with the responsibility for the management and implementation of the integration strategy; and assurance to Success for All that all the transformation activity is aligned and opportunities are identified and developed. Specifically, the delivery group are tasked with;

3.12.1 Developing a programme plan;

3.12.2 Identifying any additional resource that might be required to deliver the strategy;

3.12.3 A process through which integration opportunities could be realised and additional influencing factors could be rationalised. This would ensure that programmes such as A Better Start (ABS) and the Sustainability and Transformation Plan (STP) would be accounted for and included in the mobilisation of the Integrated Children's service strategy.

3.12.4 As the transformation of adult social care develops it is important that any changes to children's services are aligned. The existing close working relationships will be used to ensure this is the case.

3.13 It was also agreed by Success for All that each partner would take the presented paper (Appendix B) to their respective governance board for info and noting.

4 Health & Wellbeing Board Priorities / Added Value

4.1 The Integrated Children's Strategy contributes to delivering HWB Strategy Ambitions in the following ways

4.2 Ambition 1 – Positive start in life; through the promotion of integrated services the integrated children's strategy will actively support a positive start in life;

4.3 Ambition 4 – Safer Population; integrated services will safeguard children more effectively; and

4.4 Ambition 9 – Maximising opportunity; Overarching BCF; Southend is the drive to improve and integrate health and social services. Through initiatives within the BCF we will empower staff to personalize the integrated care individuals receive and residents to have a say in the care they receive.

5 Reasons for Recommendations

5.1 As part of its governance role, HWB has oversight of the Southend integrated children's strategy.

6 Financial / Resource Implications

6.1 None at this stage

7 Legal Implications

7.1 None at this stage

8 Equality & Diversity

8.1 The integrated children's strategy should result in more efficient and effective provision for vulnerable children.

9 Appendices

Appendix A – Integrated Children's Strategy	
Appendix B – Success for All Update report on integrating services for Children in Southend	

HWB Strategy Ambitions

Ambition 1. A positive start in life A. Children in care | B. Education- Narrow the gap | C. Young carers | D. Children's mental wellbeing | E. Teen pregnancy | F. Troubled families	**Ambition 2. Promoting healthy lifestyles** A. Tobacco – reducing use | B. Healthy weight | C. Substance & Alcohol misuse	**Ambition 3. Improving mental wellbeing** A. Holistic: Mental/physical | B. Early intervention | C. Suicide prevention/self-harm | D. Support parents/postnatal
Ambition 4. A safer population A. Safeguarding children and vulnerable adults | B. Domestic abuse | C. Tackling Unintentional injuries among under 15s	**Ambition 5. Living independently** A. Personalised budgets | B. Enabling community living |C. Appropriate accommodation | D. Personal involvement in care | E. Reablement | F. Supported to live independently for longer	**Ambition 6. Active and healthy ageing** A. Integrated health & social care services | B. Reducing isolation | C. Physical & mental wellbeing | D. Long Term conditions– support | E. Personalisation/ Empowerment
Ambition 7. Protecting health A. Increased screening | B. Increased immunisations | C. Infection control | D. Severe weather plans in place | E. Improving food hygiene	**Ambition 8. Housing** A. Partnership approach to; Tackle homelessness | B. Deliver health, care & housing in a more joined up way | C. Adequate affordable housing | D. Adequate specialist housing | E. Strategic understanding of stock and distribution	**Ambition 9. Maximising opportunity** A. Population vs. Organisational based provision | B. Joint commissioning and Integration | C. Tackling health inequality (improved access to services) | D. Opportunities to thrive; Education, Employment

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Integrating services for children in Southend

What is this about?

This vision and strategy has been prepared by the Southend Success for All Children Group. It sets out our vision for a *more integrated* model of service delivery for all of our users and provides an overview of how we will work towards delivering these better integrated services.

Why is this important to us?

We understand that the needs of a child, particularly when they are complex, do not fit with our individual organisations' boundaries. We know that there are many professionals supporting children at any given time and that those professionals don't necessarily know who else from across the partnership is in the picture. We do not intend for systems to be complicated or for access to services to place a strain or burden on families, however that can be the unintended consequence. There are times when as professionals we can sense that there may be another service that could provide support, but we can't pass on a families details without permission. Often knowing the wider context of a family, knowing what services they are receiving, would help us to understand what our own service can do to better meet the child and family's needs. We do not like to see families being passed from place to place in order to get the service that they need, and we want to prevent this from happening.

Who are we?

We are the Southend Success for All Children Group and we are a body of professionals that either commission or deliver a wide range of services for children in Southend. We come together to work in partnership to improve the way we deliver services, the performance results of our services and ultimately the impact of the services on the residents of Southend. The range of services that we collectively commission or provide is vast and includes:

Children's Social Care
Children's Centres
Children with Disabilities Services
Colleges
Community Paediatric Services
Doctors & Dentists
Drug and Alcohol Treatment Services
Early Help and Family Support
Education services
Education Psychology
Emotional Wellbeing and Mental Health Services
Health visiting services
Hospital services for children
Nurseries
Midwifery
Police
Schools & Free Schools
School nurses
Integrated Youth Support Services

Our Vision

As professionals in our respective fields we are passionate about supporting the children that we work with to achieve the very best educational, health and social outcomes. As a partnership we have signed up to some key principles that will make services for children *more integrated* and easier for our service users to navigate.

We have a collective passion for providing safe, effective and high quality services. We want to be more family centred in our approach, so every contact with us makes a positive difference. We want to make things to be less complex for families as a result of us providing seamless services that are productive and cost effective.

The **principles** underpinning this vision are:

- better communication between services;
- an improved experience for the child and family;
- reducing duplication and overlapping services;
- clearer pathways and referral processes.

We will conscientiously make co-production of the new way of working a key underpinning principle as we deliver this strategy.

Our strategic approach

In order to achieve this vision the partnership has agreed to develop a change plan that:

1. Creates a sustainable mix of integration across the partnership
2. Develops capacity for change
3. Creates an integrated assessment process
4. Introduces co-location of services and reduces waiting times
5. Introduces multi-disciplinary teams
6. Removes communication barriers between professionals
7. Uses innovative customer contact technology
8. Improves information sharing, signposting and synergy between services

1. Creating a sustainable mix of integrations

Phase 1 of the integration strategy in 2017/18 will prioritise three areas of integration:

- Community Paediatric Services Review –will focus on reviewing the service specifications for existing paediatric and community paediatric services and examining how these fit into the system of wider services for children. The outcome will be more clearly defined service specifications; a clearer understanding of how the community paediatrics contributes to wider outcomes such as education.

- Children's Services (social work) redesign –will oversee the restructure and co-location of the First Contact services within the locality model of working in Southend.

- Early Help – Phase 1 & 2 – building on existing collaborative early help structures will enable Children's Centres services to co-locate to a single front door with Early Help and Family Support.

All newly commissioned services in the future will have specifications that require integration to the system, culture and practice that we are creating.

2. Developing the culture and capacity for change

We will define the changes that will be needed to our existing structures, plans and policies. We will identify the systems and collaborative working processes that enable the different stakeholders to work together effectively. We will develop a workforce approach across all professions and specialties that provides the knowledge, skills and attitudes our staff will need to take advantage of the opportunities afforded by integration.

3. An integrated assessment process

Multiple assessments are part of the co-ordination problem. Each professional group attempts to do its best for the child and the family by conducting its own assessment. This undermines the service users who have to answer the same questions many times. Having been told that many of these assessments are 'holistic', they are amazed to find that communication between the professions is only partial. So it is the users themselves who often end up having to make sure effective co-ordination occurs.

It is for this reason that there is much interest in establishing multidisciplinary teams and developing forms of integrated assessment.

4. Introducing co-located teams and reducing waiting times

For all children, delay means disruption of development and loss of opportunity. Multiple assessments require separate appointments to be booked with different professionals, each taking time to arrange. Co-locating services and integrating the assessment process will make getting the right service at the right time simpler, slicker and swifter.

5. Multi-disciplinary teams

Building on existing Early Help structures:

Our collaborative Early Help approach aims to effectively reduce children's needs through:

- A simple streamlined process
- A multi-disciplinary approach that brings a range of professional skills and expertise to support children and families
- A relationship with a trusted worker (Lead Professional) who can engage the child and their family and coordinate the support needed from other agencies
- Practice that empowers families and helps them to develop the capacity to resolve their own problems
- A holistic approach that addresses children's needs in the wider family context.

We have an integrated approach for children and families using the four staged model of intervention, aimed at identifying and dealing with problems early, in order to prevent difficulties becoming acute and demanding action by more specialist services. This approach supports the development of capacity, independence and resilience of families, children and young people by engaging them in a way that builds on their strengths and allows them to identify their own solutions and to take ownership and responsibility for the future.

As of April 1st 2016, the service has been refreshed with the aim being to enable all Southend's contributors to Early Help to: act before the needs of children and families escalate; focus on achieving priority outcomes for those children, young people and families who need it the most; give every child the opportunity to reach their full potential; and to have flexible services that provide the right support, at the right time and at the right level.

Building on existing best practice and processes, the new service provides: A single, integrated system and 'front door' for the identification, referral, assessment, and monitoring of Early Help.

- A core offer to schools, early years settings and GPs to support them to fulfil their statutory duties with regard to Early Help.
- A traded service to provide additional Early Help support to individual schools, particularly with regard to improving school attendance.
- A specialist whole family support service to meet complex needs.
- An offer of support and guidance to all providers of Early Help services to children and young people.

6. Communication between professionals

The difficulties in navigating the maze of services, the frustrations over duplicated effort and the ineffective co-ordination that service users experience also affect organisations. Life becomes difficult for front-line staff and scarce resources that could be used more productively are wasted. Therefore a focus of integration should be:

- Reducing staff confusion. Making it easy for front-line staff to find out who does what in each sector/service, and the processes they use and the response times, if any, to which they work.

- Tackling communication problems. Contacting people when you need them, for example, teachers in the classroom or community nurses when they are out visiting patients, can be a major problem. We also need to agree a common language for describing the requirements of children and their families that both professionals and service users can readily understand.

7. Making best use of innovations in customer contact – channel shift

Many children and their carers require advice, guidance or reassurance. They need it when they can make most use of it and preferably without having to book an appointment. Here there is a role for customer contact innovations, such as the SHIP website (southendinfopoint.org) or similar, that can provide information, guide users to available services and help integrate first contact and continuing responses across sectors. This will support build resilience and the ability to find solutions from within the community.

8. Information sharing, signposting and co-ordination

We need to understand and address the barriers (perceived or otherwise) with regards to sharing information about our service users to ensure that professionals are aware of who else is supporting the child or family. We also need to ensure that across all of our services that each service is aware of what other services do and are able to signpost them effectively to service users.

What are the next steps?

Our intention is to have the first integrated services on stream in the first quarter of the 2018/19 financial year. Following agreement of this strategic approach in January 2017, the following actions will take place:

- Members of the partnership will propose and agree on which areas to integrate and in which the proposals will come out of a series of workshop looking in more detail at synergies and pathways
- Consultation and co-production with staff, partners and service users
- Detailed implementation planning phase
- Mobilisation
- Launch
- Review

Action Plan

Creating a sustainable mix of integrations		
What will we do?	Who will lead?	By When?
Overarching action: Define the key pathways that the partnership wants to integrate – agree the desired outcomes of integration – how will we know that we have succeeded?	John O'Loughlin & Jacqui Lansley	Q3 2017
Milestones: • **Pathways integration mapping project** • **Develop 'common pathway and arc' model** • **Conduct a needs analysis** • **Consult on proposals with professionals across the partnership** • **Consult with children, young people and families on pathways to integrate**	Dr Mark Lim	

Developing capacity for change – structure and system review		
What will we do?	Who will lead?	By When?
Overarching action: We will define the changes that will be needed to our existing structures, plans and policies.	John O'Loughlin & Jacqui Lansley	Q3 2017
Milestones: • **Common pathway and arc model**		

• Stakeholder workshops for each strand/pathway of integration • Early Help phase 2 • Social work model of practice • Contracting/commissioning practice		

Developing capacity for change – workforce

What will we do?	Who will lead?	By When?
Overarching action: We will develop a workforce approach across all professions and specialties that provides the knowledge, skills and attitudes our staff will need to take advantage of the opportunities afforded by integration.	John O'Loughlin & Jacqui Lansley	Q3 2017
Milestones: • Developing a common language • Workforce development opportunities (trading company/income generation?) • Induction programme for Southend on the similar lines to mandatory PREVENT training • Secure website – team directories – who to contact in what team – similar to SHIP		

Developing capacity for change – Information sharing between professionals

What will we do?	Who will lead?	By When?
Overarching action: We need to understand and address the barriers (perceived or otherwise) with regards to sharing information about our service users to ensure that professionals are aware of who else is supporting the child or family	John O'Loughlin & Jacqui Lansley	Q3 2017
Milestones: • **Information sharing protocol** • **Information sharing training** • **Carecentric** • **Consent issues**		

Developing capacity for change – Information sharing between professionals

What will we do?	Who will lead?	By When?
Overarching action: We need to ensure that across all of our services that each service is aware of what other services do and are able to signpost them effectively to service users.	John O'Loughlin & Jacqui Lansley	Q3 2017
Milestones: • **Links to channel shift**		

An integrated assessment process

What will we do?	Who will lead?	By When?
Overarching action	John O'Loughlin & Jacqui Lansley	Q3 2017
Milestones: • **To be determined**		

Introducing co-located teams and reducing waiting times

What will we do?	Who will lead?	By When?
Overarching action	John O'Loughlin & Jacqui Lansley	Q3 2017
Milestones: • **To be determined**		

Multi-disciplinary Teams

What will we do?	Who will lead?	By When?
Overarching action	John O'Loughlin & Jacqui Lansley	Q3 2017
Milestones: • **To be determined**		

Communication between professionals

What will we do?	Who will lead?	By When?
Overarching action	John O'Loughlin & Jacqui Lansley	Q3 2017
Milestones: • **To be determined**		

Making best use of innovations in customer contact – channel shift

What will we do?	Who will lead?	By When?
Overarching action: SHIP website – invest in the website (resource, infrastructure and marketing) to ensure that it is well known, well-regarded by public and professionals alike.	John O'Loughlin & Jacqui Lansley	Q3 2017
Milestones: • **To be determined**		

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Success for all

Success for all Children's Group

13 June 2017

Report title: Update report on integrating services for children in Southend.

1 Purpose of Report

The purpose of this report is to provide the Success for All Group with an update on the following;

1.1 Progress regarding the development of a mobilisation / implementation plan for the integrated children's strategy;

1.2 Risks associated with the development and delivery of the mobilisation / implementation plan; and

1.3 The mitigations to address the identified risks.

2 Recommendations

The Success for All Group are asked to;

2.1 Note and discuss the update regarding the development of a mobilisation / implementation plan for the integrated children's strategy;

2.2 Note and discuss the identified risks; and

2.3 Discuss and agree the recommendations outlined in this report

3 Background and context

3.1 During September 2016 the Success for All Children Group's 'Integrated Children's Services' workshop was held and was attended by commissioners and provider organisations ranging from across the Southend health, social care and wellbeing system. These agencies included Police, Public Health, Southend Borough Council (SBC), Southend CCG, Southend University Hospital NHS Trust (SUHFT), South Essex NHS Partnership Trust (EPUT formerly SEPT), Southend Voluntary Sector and a number of other organisations.

3.2 The workshop facilitated a discussion around a number of key issues and helped partners to align their thinking and ambition. The key issues included; values and philosophy; the voice of the child and their family; ambition for integration; where to start; prevention; cohort stratification; education; adult services; access points and pathways; commissioning and data sharing; and how multi agency relationships could be improved.

3.3 The workshop agreed to create and agree a strategy and action plan for an integrated childrens service across Southend and also a broad timeline for the development of the strategy.

The strategy

3.4 Following the workshop a small working group drafted and developed the strategy on behalf of the Success for All Group. Underpinned by a set of principles which focused on better communication, an improved service experience, reducing duplication and defining clearer pathways the strategy was agreed by Success for All during Q4 2016 / 17.

3.5 The vision for an integrated children's strategy is defined as follows;

… 'We have a collective passion for providing safe, effective and high quality services. We want to be more family centred in our approach, so every contact with us makes a positive difference. We want to make things to be less complex for families as a result of us providing seamless services that are productive and cost effective' …

3.6 The agreed strategy (at Appendix A) identified eight areas of work that would support and help achieve the vision for an integrated children's service in Southend. The eight areas of work included;

3.6.1 The creation of a sustainable mix of integration across the partnership (to include the community paediatric service review, Children's social service redesign and Early Help Phase 1 & 2.

3.6.2 The development of a culture and capacity for change.

3.6.3 An integrated assessment process.

3.6.4 The introduction of the co-location of services and reduced waiting times.

3.6.5 Multi-disciplinary teams.

3.6.6 Improvement of communication between professionals.

3.6.7 Using innovative customer contact technology.

3.6.8 Improving information sharing, signposting and synergy between services.

The timeline

3.7 The workshop agreed that;

3.7.1 Attendees to the workshop would reconvene in January 2017 and possibly March to check progress;

3.7.2 The strategy and action plan would be implemented from March 2017

3.8 A detailed action plan was included in the strategy for an integrated children's service and is also included at Appendix A.

Update on mobilisation

3.9 Since agreement of the strategy and action plan progress has been made to develop the sustainable mix of integration workstream, for example;

3.9.1 *Early Help*; resource has been allocated by the service to lead the gap analysis required. Workshops are planned for June 2017 which will work with multi agencies and lead a process to identify the gaps and a programme of work to transform services from the baseline to the required model.

3.9.2 *Children's service redesign*; work is underway to consult and engage with partners regarding the development and implementation of the 'child in need' work. There are overlaps with the Early Help Service, 0-5yrs service commissioned by Public Health, Children Centres and the Community Paediatric Service.

3.9.3 Community Paediatric Service; the dynamics between health and social care continue to be explored to ensure the re-commissioning of the community paediatrics service is aligned across multi agencies.

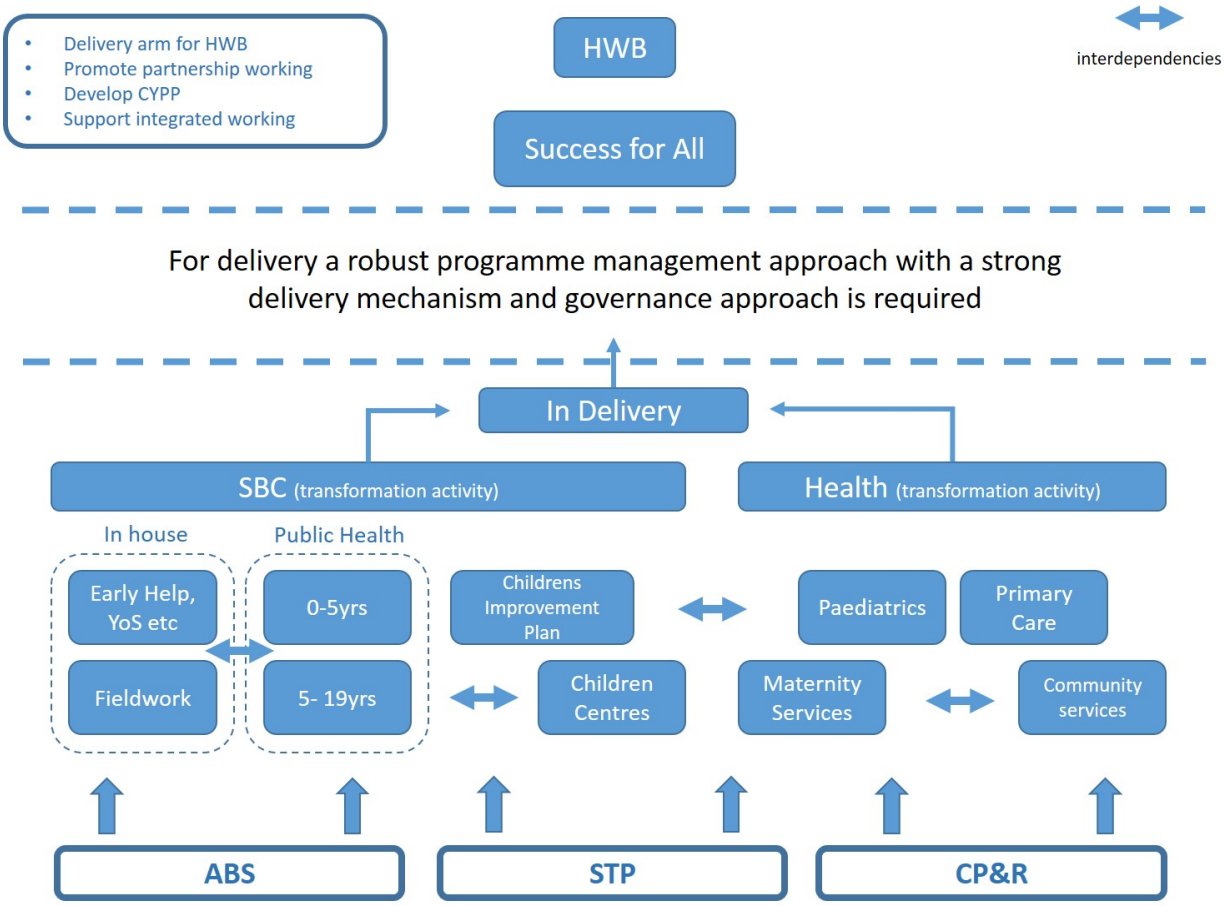
3.10 Very little progress has been made in developing the remaining seven work streams in support of the implementation of the integrated children's strategy.

4 Risks

Governance

4.1 There is a risk that the Success for All governance structure is not able to provide the appropriate assurance to Health and Wellbeing Board (HWB) regarding the implementation of the integrated children's strategy. Diagram 1 (below) demonstrates the current governance structure that exists to manage the development of children's integrated working.

Diagram 1 – Governance



4.2 To manage the delivery of the eight work streams and assure HWB that delivery is aligned and on track a robust governance structure is required. The governance structure should take responsibility for delivery, interdependencies, risk management and programme management. The current terms of reference (ToR) for Success for All does not account for this increased requirement to sufficiently mitigate this risk.

Resource

4.3 Represented in diagram 1 are the various different transformation activities that are underway and in development. 'In service' resource are largely being used to evaluate and develop action plans. There is a risk that insufficient resource is available to comprehensively manage the implementation of the integrated children's strategy. There is also the risk that there is no resource to co-ordinate transformation activity both within organisations and across the system.

Pace of work stream development

4.4 There is a risk that pace of development and progress is not aligned across all the transformation activities. The pace of development for Early Help is moving much quicker than the recommissioning of the community paediatrics service, for a number of reasons. The risk, however, remains that the identification of integration opportunities might be missed.

Influencing transformation programmes

4.5 There are two influencing transformation activities that exist in Southend and unless managed appropriately will have an impact on the implementation of the integrated children's strategy. These are 'A Better Start (ABS)' and 'the Mid and South Essex Sustainability and Transformation Programme (STP)'. The opportunity to engage and realise the benefits from these influencing factors needs to be further explored and accommodated in the Integrated Children's Strategy.

5 Recommendations

5.1 To mitigate the risks outlined above the following actions are recommended for discussion and agreement;

5.1.1 The introduction of a Delivery of the Integrated Strategy for Childrens (DISCO) Group which would report directly to Success for All and is sponsored by all members of the Success for All Group. DISCO would be responsible for the management of the implementation of the integration strategy, assurance to Success for All and the assurance that all activity is aligned and opportunities are identified and developed, where appropriate.

5.1.2 It is recommended that Success for All approve the incorporation of DISCO and that each member nominates a representative to attend the first meeting through which a ToR is developed for Success for All approval.

5.1.3 Initial tasks of the DISCO would include;

- The development of a programme plan that aligns to the integrated childrens strategy;
- The identification of any additional resource required to supported the transformation work across Southend;
- The identification of leads for each of the eight work streams;
- A process through which integration opportunities and interdependencies are identified; and
- A process to identify the anticipated benefits of aligning activity with ABS and STP.

6 Appendices

Appendix 1 – Integrated Children's Strategy

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9

MEETING	AGENDA ITEM
Health & Wellbeing Board	
MEETING DATE	REPORT NUMBER
21 June 2017	**ABS/004/17**
SUBJECT	
ABSS Programme update	
REPORT AUTHOR	
Michael Freeston, acting Programme Director	
PRESENTED BY	
Michael Freeston	

SUMMARY

Since the last H&WB it is has been confirmed by the Big Lottery Fund that the strategic direction and priorities for the programme have been agreed and that the programme is to continue for the next 8 years. The Partnership Board has agreed a range of new programmes for the 17-18 year and the development of a coproduction space in the SAVs building to support further the development of parental engagement with the programme.

RECOMMENDATIONS

Board members are asked to note progress and the current position.

1) GOVERNANCE

The Big Lottery Fund has approved formally the strategic direction and priorities for the programme 2017/18. They have also agreed, subject to continued successful delivery, the remaining 8 years of the programme. This is excellent news and testimony to the hard work and commitment of the Programme's partners and the ABSS staff team.

Big Lottery Fund have agreed the proposal to appoint a Non-Executive Chair for the programme. The Chair will provide strategic support to the ABSS Director and entrepreneurial leadership to the Partnership Board. S/he will share responsibility with the other members for the decisions made by the Board, for the success of the ABSS programme and be the public face of the programme across Southend, nationally and internationally. The role will be advertised on an 'expenses only' basis. The role will be advertised immediately on approval of the job description and person specification from BLF with appointment expected by September.

On request from Big Lottery Fund a Strategic Operations Group (SOG) has been established.

The Group comprises:

Andrea Atherton, Director of Public Health (Chair), SBC
Michael Freeston, Director of Quality Improvement, acting ABSS Programme Director, PSLA
Brin Martin, Director for Learning and Early Years, SBC
James Boxer, ABSS Interim Project Manager
Deborah Payne, ABSS subject matter expert Enhanced Health Child, EPUT
Barbara Goldberg, ABSS subject matter expert Diet & Nutrition
ABSS Programme Director (on appointment)
Active engagement from Neil Leitch & Simon Leftley
Chris Cuthbert, Director of Learning & Development, BLF – by invitation

The Group's draft remit (to be considered and agreed at its meeting on 22 June 2017) is to:

- Ensure the work of ABSS remains aligned with partnership provision in Southend, including the work of the Council
- Serve as a conduit between the Partnership Board and the operational programme teams for implementation of agreed Partnership Board strategy
- Offer assurance of alignment, implementation and impact of strategic development
- Ensure that PSLA and SBC fulfil their role as key accountable partners to BLF
- Ensure the actions of programme teams align with the overall ABSS and BLF strategy
- To offer evidence/assurance to BLF
- To monitor the outputs agreed with programme teams, focussing incrementally on those areas requiring additional attention and support
- To ensure delivery and implementation of Partnership Board commissions, and to propose activity to the Board where appropriate for their decision.

ABSS partners are reassured that the Group works on its behalf and is not a decision making body in itself.

2) FINANCE

Within the agreed budget is an approved amount to develop a coproduction space within the SAVS offices in Alexandra Street. This will provide a parent-friendly environment as a centre for meetings and also as a space to aid innovation and co-produced service design. As a central venue, located in the heart of one of the ABSS target wards it will support SAVS to encourage further parent engagement and coproduction across all our ABSS locations. Subject to the signing of necessary leases it is anticipated that the centre will be open for business in September. The ABSS programme team will also be moving to the SAVS offices. This will locate the project in the heart of the community. The lead in time and work on refurbishment of the ABSS team space is 6 weeks.

Recruitment of a full time Director will begin immediately on final approval of the job description and person specification by BLF. It is anticipated they will be in position by the autumn. A request has been made to BLF for various temporary roles to be secured to ensure the smooth running of the programme and its projects until the permanent roles are filled.

3) CO-PRODUCTION

Further to the presentation made to the H&WB in December 2016, SAVS have recruited and trained 11 Parent Champions to take active roles in engaging local parents and communities with ABSS. They have contributed actively and confidently to Partnership Board meetings and already influenced the direction of activities in some areas.

Parent and Ward forums are now established in central Southend (Victoria, Westborough, Milton wards) and Kursaal. Attention now focuses on setting up Ward and Parent panels in Shoeburyness and West Shoebury.

Parental input in now mandated as part of service design for new projects and there is a clear process to ensure that feedback from parents is at the heart of the design. All public-facing publications are required to achieve a 'parent approved' stamp.

The ABSS team will be attending ward forums and parent champion meetings over the next 3 weeks to get parental input into the design of 3 projects planned for delivery in 17-18:

- Peer led breastfeeding support
- Family focused GP services
- 3-4 month check (Introducing nutritious foods)

4) PROJECTS

Current Projects

The Programme Management Team (PMT) has designed and populated a 'Project on a Page' document for each project, to enable staff and partners to understand the current status of each project, at a glance. It sets out the what, where and how of each project, plus key contacts, cost and current delivery milestones.

Given the immediate resourcing situation in the PMT, lead responsibility for projects has been shared across the wider team and the role of the sole Project Manager has been refocused to have a greater enabler / support function to these colleagues. Partners are requested to note this arrangement and to ensure that project leads from their respective organisations have sufficient capacity to carry out this responsibility over the next few months and until a permanent team is recruited.

There are 14 projects in the current portfolio: 9 direct delivery and 5 enablers.

Direct Delivery:	**Enabler:**
Baby Buddy & Small Wonders (paused)	Infant Feeding Programme
Family Nurse Partnership (ADAPT)	Workforce Development
Crèche Services	Enhanced Healthy Child Programme (eHCP)
C & L Development - Let's Talk	The Bank (Preventomics)
Family Focused GPs	Perinatal Mental Health
Southend Early Autism Support (SEAS)	
ABSS Work Skills Project	
HENRY	
FRED Fathers Reading Every Day	

Details and status of these are included in the attached 'Project on a Page' document.

New projects

There are 6 Diet and Nutrition projects proposed for 2017/18. These were presented to the Big Lottery Fund (BLF) for approval in February 2017.

Feedback was received on 3rd April giving approval or requesting that projects are paused. This feedback is presented on the next page.

The new Diet and Nutrition projects for 2017/18 are:

- Breastfeeding Peer Support
- Introducing Nutritious Foods
- Breast feeding and diet and nutrition integrated advice
- Co-production
- Parenting Programme (currently paused by BLF)
- Midwifery Outreach (currently paused by BLF)

New project for 2017/18	BLF Comments 030417
Breastfeeding Peer Support Recent research indicates that breastfeeding initiation rates in Southend are approximately 61%, but that by 6 weeks, breastfeeding prevalence reduces to 24%. This implies that mothers may be lacking the support to continue breastfeeding, in the context of WHO and UNICEF guidance suggesting exclusive breastfeeding until 6 months is the preferred target. Supporting mothers to initiate and sustain breastfeeding aligns with one of the key outcomes of the ABSS concept and the peer support element of this speaks to the aims of engaging hard-to-reach populations.	This is **approved** to proceed to service design pending strengthening of the service design approach.
Introducing Nutritious Food Groups in deprived areas may require more support than the general population to provide infants with appropriate nutrition. Parents may benefit from specific advice regarding timing of the introduction of complementary foods and fluids, discouragement from adding food or sugar to bottle feeds, the value of continued breastfeeding and baby-led weaning. The provision of evidence-based advice through universal channels plus contacts by health visitors, and signposting to on-line material should ensure that first-time mothers receive advice in accordance with the most current scientific guidance, overcoming the negative effects of ill-informed advice often supplied by family and friends.	Has the potential to be a valuable innovation to help reduce the risk of early weaning. This is **approved** to proceed to service design pending strengthening of the service design approach.
Breastfeeding & Diet and Nutrition Integrated Advice First-time mothers will benefit from consistent information and guidance to support the development and sustainability of healthy lifestyle behaviours. Individuals may also engage with guidance and support through a range of delivery methods. This project offers the benefit of an electronic signposting system to resources accessible not only to parents but to other carers, early year's practitioners and health professionals, compounding the benefit of consistency. It also fills a gap in delivery methods which are currently predominantly delivered by discussion or written material. Adopting a life-course approach, benefits may be seen in infant and maternal nutrition as well as general guidance on healthy eating habits offering the promise of long-term benefits.	This has potential. Pre-service design further work to be done to test the concept including what has been learnt from Start4Life and the Sugar app and how this will fit with their existing work with Baby Buddy. This is **approved** to proceed to concept testing.

Co-production The provision of a parent focussed agile environment as part of a central Co-production centre designed with parents and a number of satellites in the wards. Each satellite to provide a meeting space and access to Diet and Nutrition ABSS branded information. Parents' Co-production Centre and ABSS ward satellites with the culture and environment conducive to enabling parents to deliver to their fullest potential. ABSS Central Information Hub supporting a range of satellite information points to promote Parents volunteering, Parent Champions and Diet and Nutrition information. An established community ABSS focused place to run the Innovations Grant process to be run by parents from the Hub and satellites. A place to provide integrated training for the ABSS workforce.	Co-production Centre and Satellites - this is a positive innovation and key to parental engagement in the programme. This is **approved** to proceed to service design pending strengthening of the service design approach. Innovation Grant - **paused** until BLF have assurance that current activity is being delivered well and decisions made by the partnership for the programme are eligible and represent value for money. To be revisited once SAVs activity and the new partnership approach is embedded and working well.
Parenting Programme Provides an opportunity to educate parents-to-be in aspects of diet and nutrition with a focus on preparation for parenthood, rather than the birthing experience. This aligns with UNICEF guidance that the provision of information and support in pregnancy can impact positively on children's lives and that the engagement of fathers-to-be may provide support for mothers when deciding about breastfeeding. In addition, this is an area for which empirical evidence is lacking therefore providing an opportunity to test and learn.	It is unclear if this is a parenting programme to be developed from scratch or an evidence based programme to be implemented. This service to be **paused** until the overall strategy has been reviewed.
Midwifery Outreach Proposal A co-ordinated approach by health professionals, delivering healthy lifestyle behaviour programmes and advice. Will be integrated with antenatal breastfeeding advice, resulting in an intervention providing benefits from the perinatal period through to toddler age groups. The universal approach, rather than a tier 2 intervention, enhances the preventive aspect of the activity.	Has the potential to be an effective service however we know that midwifery services are stretched and will need evidence that there is capacity for this work to be done by midwives before proceeding. To be revisited once evidence that midwifery can deliver what is being proposed is received by BLF (**paused**).

Red	There are significant issues with the project. The project requires corrective action to meet business objectives. The issue cannot be handled solely by the project manager or project team. One or more aspects of project viability — time, cost (> £20K), scope — exceed tolerances set by the project board.
Amber	A problem has a negative effect on project performance but can be dealt with by the project manager or project delivery team. Action is taken to resolve the problem or a decision made to watch the situation. One or more aspect of project viability — time, cost(>£5-£20K<), scope — is at risk. However, the deviation from plan is within tolerances assigned to the project manager.
Green	The project is performing to plan. All aspects of project viability are within tolerance. However, the project may be late or forecast to overspend.

ID	Service name	Project Manager	Current RAG	Previous RAG	Brief summary of service	Contract value	Provider name	Status	Started	End date	Scope	Timeline	Budget
ID011	Baby Buddy & Small Wonders	Paused			Best Beginnings App focuses on the period from pre-conception to a child's third birthday, to maximise the health and wellbeing of children and the economic savings of an early intervention	£ 96,859.00	Best Beginnings	Pending delivery	01/01/2016	31/03/2018			
ID019	Southend Early Autism Support (SEAS)	James Boxer/ Isobel Wratislaw			To support families with a child(ren) with Autism to provide them with coping strategies to better understand and respond to their child's day-to-day behaviours in a supportive and appropriate way.	£ 87,421.00	SEAS	Pending delivery	01/04/2016	31/03/2019			
ID020	C & L Development - Let's Talk	Isobel Wratislaw			ELKAN 'Let's Talk to Your Baby' is an interactive communication and language programme for parents and carers of babies and 0-4 years olds.	£ 1,215,689.00	ELKAN	In delivery	01/10/2015	30/06/2019			
ID022	Fathers Reading Every Day (FRED)	Isobel Wratislaw			Support fathers to understand the importance of reading with their children; how to read to their child; how to bring the stories alive; and how to support their child's learning.	£ 179,431.00	Fatherhood Institute	In delivery	01/09/2016	29/03/2019			
ID025	HENRY - Parenting Programme	Barbara Golding			Parenting programme to support parents / carers tackle obesity in children by following guidance from the Health Child Programme of children.	£ 86,592.00	HENRY	In delivery	01/01/2016	31/03/2018			
ID028	Infant Feeding Programme	Barbara Golding			The programme of work delivering on the PACEC recommendations, focusing initially on supporting the UNICEF Baby-Friendly accreditation and Breastfeeding support in the ABS wards	£ 102,457.00	EPUT	Enabler	06/06/2016	31/10/2017			
ID036	ABSS Work Skills Project	James Boxer			Work focusing on activities related to: skills, enterprise, employment and wider economic development that can actively contribute to the realisation of ABS objectives for Southend.	£ 126,500.00	SBC	In delivery	02/04/2016	17/10/2019			
ID040	Crèche Services	Jane Youdale			For the purpose of enabling suitably qualified members of staff of the Professional Association for Childcare and Early Years (PACEY) to deliver Creche Development Services on behalf of the Pre-School Learning Alliance (PSLA) / A Better Start Southend (ABS).	£ 181,014.00	PSLA	In delivery	31/08/2016	31/07/2018			
ID043	The Bank (Preventonomics)	Paused			The preventonomics model allows us to predict financial savings across public sector organisations, as a result of the individual projects commissioned through a better start Southend. The "bank" will be a pooled budget across those organisations. The idea is that it will provide ongoing funding for projects	£ 130.00	ABSS	Enabler	Ongoing	Ongoing			
ID044	Workforce Development	Dawn Harvey			A system-wide review and development programme to identify and develop common CPD programmes based on shared competencies to deliver a consistent, seemless service in line with the	£ 260,211.00	ABSS	Enabler	01/04/2017	27/02/2019			
ID048	Family Focused GP Practice	James Boxer			A primary care offer which focuses on 0-4's and their families. Specifically, looking at prevention, nutrition, health and taking a global view of the child and its family. There are three potential delivery options for the family focused GP model; an independent practice, well child clinics, LES for FFP	£ 182,324.00	PH/CCG's	Pending Delivery	30/09/2016	31/03/2019			
ID049	Perinatal Mental Health	James Boxer/ Deborah Payne			This three-year project aims to improve mental health outcomes for mothers during pregnancy and the first year after birth.	£ 427.00	Mental Health Alliance	Enabler	31/10/2015	30/09/2019			
ID050	Family Nurse Partnership (ADAPT)	Deborah Payne			Improve pregnancy outcomes, improve child health and development and improve parents' economic self-sufficiency.	£ 940,869.00	EPUT	In delivery	01/07/2016	11/09/2018			
ID051	Enhanced Healthy Child Programme (eHCP)	Deborah Payne			Is the early intervention and prevention Public Health Programme that lies at the heart of all universal services for children and families. This updated version has been produced to strengthen delivery in pregnancy and for the first five years of life.	£ 108,537.00	eHCP is an enabler	Enabler	Ongoing	Ongoing			

ID011 Baby Buddy & Small Wonders	Start Date: 01/01/2016	End Date: 31/03/2018	Total Cost: £96,869.00

Outcome:
Target Group: children 0-4 years

Provider : Best Beginnings **Contact: Helen Hunter - 07715 905 585**

Where is this being delivered:
Who is delivering the approach :
How is it delivered?:

Description: Best Beginnings is a UK Charity which acts as a catalyst for change in reducing child health inequalities. The charity creates and distributes innovative, engaging evidence-based resources to improve knowledge and confidence among parents and health professionals. Best Beginnings focus on the period from pre-conception to a child's third birthday, to maximise the health and wellbeing of children and the economic savings of an early intervention approach.

Aim: This project aims to provide specific messages direct to parents in a timely and easily accessible manner; providing a medium that enables health professionals to engage with hard-to-reach parents. The proposal is that Best Beginnings deliver an embedding package via workforce development e.g. midwifery. This includes a delivery to senior managers, appreciative enquiry and a follow up (RAW).

Project Status RAG

	Previous RAG	Current RAG	Comments
Timeline	AMBER	AMBER	
Scope	AMBER	AMBER	
Budget	RED	RED	

Deliverables & Activities Completed This Period (Date)

ID	Activity	Status	Owner
1	THIS PROJECT IS CURENTLY PAUSED		
2			
3			

To be completed in next period (Date)

ID	Activity	Owner
1		
2		
3		

Critical Risks & Issues

Risks			
ID	Description	Action Required	Owner
Issues			
ID	Description	Action Required	Owner

ID019 Southend Early Autism Support SEAS	Start Date: 01/04/2016	End Date: 31/03/2019	Total Cost: £87, 421.00

Outcome: An improvement among parents of children among the key cohort, in their knowledge of and ability to cope with issues relating to: **- Behaviour** **- Feeding and toileting** **- Communication** **- Sleep** **- Play and sensory**
Target Group: Children 0-4 years

Provider : SEAS **Contact: Brin Martin - 01702 215 916**

Where is this being delivered: Children's centres
Who is delivering the approach : SEN Specialist
How is it delivered?:

Description: Children are not supported between referral to diagnosis (currently a two-year waiting list). The Southend Early Autism Support (SEAS) programme was adapted from a programme delivered across Essex called "Good Beginnings", which offered support to parents who had a child going through a diagnosis, or recently diagnosed with, Autism. To meet the needs of parents in Southend, Good Beginnings was adapted with the support of professionals and parents; creating the SEAS programme which has been delivered in Southend since 2004

Aim: The aim of the Southend Early Autism Support Program to support and or / signpost to other agencies families with a child / children with Autism to provide them with coping strategies to better understand and respond to their child's day-to-day behaviours in a supportive and appropriate way

Project Status RAG

	Previous RAG	Current RAG	Comments
Timeline	AMBER	AMBER	Project has fallen behind slightly but is due to deliver as planned in 17/18
Scope	GREEN	GREEN	
Budget	GREEN	GREEN	

Deliverables & Activities Completed This Period (Date)

ID	Activity	Status	Owner
1	Agreed SLA and draft outcomes for service	Complete	JB
2			
3			

To be completed in next period (Date)

ID	Activity	Owner
1	Complete outcomes framework and measurement mechanism with provider	JB
2	Agree test and learn for first half of 17/18	
3		

Critical Risks & Issues

Risks			
ID	Description	Action Required	Owner
Issues			
ID	Description	Action Required	Owner

ID020 Let's Talk	Start Date: 01/10/2015	End Date: 30/06/2019	Total Cost: £1215689.00

Outcome: More children in our ABSS wards will have improved levels of verbal and non-verbal communication skills.

Target Group: children experiencing Poor Communication and Language Development – Conception - 3 years 11 months

Provider : EPUT **Contact: Isobel Wratislaw - 01702 534549**

Where is this being delivered: Children's centres

Who is delivering the approach : Speech and language therapists

How is it delivered?:

Let's Talk with Your Baby is a 6 week course designed for new parents and their babies aged 6 – 9 mths. Each session is one hour long and focuses on the parent/carers interaction/attachment skills through multi-sensory activities. A WellComm screen is offered for the children at the last session.

Talking Tiddlers and Talking Toddlers are 5 week courses designed for parents/carers and their babies aged 12-18mths and 18 – 24ths respectively. These courses focus on the relevant developmental communication skills (non-verbal and verbal) and ways for adults to encourage their child's understanding and talking in a fun way. Each session lasts for one hour.

A 23 month WellComm screening of children's communication and language is offered to all children of this age living within the ABSS wards. This is to facilitate early identification of potential communication and language difficulties and staged interventions by means of relevant communication and language groups.

Chatting Children and Super Sounds are two courses that have evolved as a result of parental feedback from the Let's Talk with Under 5s course. Chatting Children is another 5 week course of one hour sessions and is designed for children aged 2 yrs +. Super Sounds focuses solely on phonology and has 3 x 1 hour long sessions which are designed to enable parents to support their children at home.

Let's Talk with Under 5s is a 6 week course of 2 hour sessions. This is a more formal classroom-based course which ultimately enables parents to achieve an accreditation if they wish to do so. The children are looked after in a crèche whilst the parents have the training.

All the above courses are currently running in Children's Centres although the locations may be changed to identify whether uptake and engagement is improved in alternative venues. The main focus of these courses, apart from the primary prevention approach is to identify 'What Works' in terms of engagement. Parents who drop-out or who struggle to attend are offered alternative 1:1 sessions in order to keep them involved.

Description: The ELKLAN 'Help Me to Talk' project (also known as 'Let's Talk with Under 5s') will contribute to the overall ABSS programme by providing an accredited communication and language programme for parents and carers of children aged 1-4 years.

Aim: The aim of the "Let's talk" project is:
To reduce the demand for statutory speech and language services by providing a universal preventative speech and language pathway / offer for children aged between 0 and 4, by:
• Delivering a model of best practice whereby all agencies work together to help resolve the underlying issues causing language delay, early opportunities for development through play, Quality language - promoting environments and quality support.
• Establishing links with other agencies, through the Communication & Language Working Group, a model of best practice and training portfolio.
• Delivering an agreed level of 'Elklan' courses.

Project Status RAG

	Previous RAG	Current RAG	Comments
Timeline	GREEN	GREEN	The project is delivering in line with expected timescales
Scope	GREEN	GREEN	There have been some recent additions to the "lets talk" programme in the form of - Chatting Children - Super Sounds The changes in scope come as a result of parent feedback and in response to the referrals coming from the statutory SLT service.
Budget	GREEN	GREEN	Project is in line with agreed budget currently

Deliverables & Activities Completed This Period 29/03/2017 – 19/05/2017

ID	Activity	Status	Owner
1	2 year screening checks have begun	Ongoing	Isobel Wratislaw
2	Separate report sent to Partnership Board for consideration re. support from ABSS schools for 4yr old Baseline screening	Ongoing	Isobel Wratislaw
3	New courses (room bookings / content) made for the Summer Term	Complete	Isobel Wratislaw
4	Need for continuation of certain courses to be considered e.g. Talking Tiddlers	Ongoing	Isobel Wratislaw
5	Discussions taking place with Elklan re. new Pilot Project	Ongoing	James Boxer & Isobel Wratislaw

To be completed in next period 20/5/17 - 5/6/17

ID	Activity	Owner
1	Agree scope and reporting mechanism for Project Dashboard	James Boxer
2	Follow up on all actions from Project Dashboard meeting	James Boxer
3	Completion & Submission of data for most recent courses ending 26/5/17	Isobel Wratislaw

Critical Risks & Issues

Risks			
ID	Description	Action Required	Owner
1	Potential difficulty getting 4 year old checks done in reception	Raised to Partnership Board for consideration re. support from ABSS schools for 4yr old Baseline screening	Isobel Wratislaw
2	Potential risk around changes to SLA / contract when SEPT changes to EPUT	To be decided at meeting	James Boxer
Issues			
ID	Description	Action Required	Owner
1	Data on e-start does not match the reality of what is being delivered	Resolved. Data received from Childrens Centre	James Boxer

ID022 Father Reading Every Day FRED	Start Date: 01/09/2016	End Date: 29/03/2019	Total Cost: £179,431.00

Outcome: Empowerment and skills to assist their children to attain improved educational qualifications and to have higher educational expectations
Target Group: children 0-4 years

Provider : Fatherhood Institute **Contact: Katherine Jones - 07867 761251**

Where is this being delivered: Barons Court & Milton Hall
Who is delivering the approach : Fatherhood Institute Training Team:
How is it delivered?: FRED is delivered in settings to dads by staff trained and given ongoing support by FI

Description: Fathers are provided with information, support and resources to enable them to read to their child every day, supported for the first four weeks by the setting. During the first two weeks, father would read for 30 minutes each day and in the second 2 week period this is increased to 45minutes each day. A reading record is maintained by the fathers to record the reading sessions and progress..

Aim: The aim of the Fathers Reading Every Day (FRED) project is:
• To facilitate the delivery of projects aimed at increasing the beneficial contact between fathers and their children with a view to improving outcomes around Language and Communication and Social and Emotional Development;
• To provide support with FRED service design and establishment to deliver to targeted fathers in Southend.
• To ensure that the inclusion of men, fathers and partners is central to the manner in which ABS services are commissioned, tested, reviewed, delivered and monitored;

Project Status RAG

	Previous RAG	Current RAG	Comments
Timeline	GREEN	GREEN	The project is delivering in line with expected timescales
Scope	GREEN	GREEN	FI has been developing new evaluation measures for a further phase of test and learn. FI has developed new iteration of FRED with content in line with the Diet and Nutrition theme.
Budget	GREEN	GREEN	Project is in line with agreed budget currently

Deliverables & Activities Completed 29/03/17 - 19/05/17

ID	Activity	Status	Owner
1	Agreed new test and learn goals and plan.	Complete	
2	Collation of data from first FRED iteration	Complete	
3	Engagement with ward board	Ongoing	

To be completed in next period (Date)

ID	Activity	Owner
1	Storehouse foodbank and day nursery settings to be offered FRED training for Sept roll out.	JB
2	Read Said FRED anthologies will be distributed to children and dads in to current (and future) settings.	JB
3	Parent Champions training to be planned with SAVS.	JB

Critical Risks & Issues

Risks			
ID	Description	Action Required	Owner
	CC restructure is delaying FRED roll out in	High level discussion with Family Action	
Issues			
ID	Description	Action Required	Owner

ID025 HENRY	Start Date: 01/01/2016	End Date: 31/03/2018	Total Cost: £86,592.00

Outcome: "Practitioners will:
• have a clear understanding of the importance of early years for preventing later child obesity
• be able to better recognise babies and young children at greatest risk of child obesity
• be able to raise the issue of healthy weight and lifestyle with families sensitively and effectively
• have a clear understanding of the local HENRY programme available to parents
• be able to build parental motivation to make lifestyle changes and take up the offered place on the service
• be clear on how to refer in to the local HENRY service
• be able to provide clear messaging around healthy nutrition and physical activity for babies and young children consistent with national guidance and the messaging within the HENRY service
• be able to use the HENRY approach to supporting behaviour change which draws together the helping process, solution-focused support, strength-based approaches and motivational interviewing into a unique and highly successful approach to improving early years nutrition.

Target Group: Children 0-4 years

Provider: HENRY **Contact: Edwina Pateman - 01865 302973**

Where is this being delivered: Children's centres

Who is delivering the approach : HENRY practioners and trainers, with organisational support

How is it delivered?: Through 2-day core training and 2-day group facilitation training

Description: To deliver a programme of training and support in accordance with the principles of 'Healthy Families: Right from the Start' with HENRY to ensure the development of a skilled and knowledgeable workforce able to provide secure, consistent and clear messages around healthier lifestyles to babies, toddlers, young children and their families across Southend

Aim: The aim of the HENRY Project is to ensure the development of a skilled and knowledgeable workforce able to provide secure, consistent and clear messages around healthier lifestyles to babies, toddlers, young children and their families across Southend

Project Status RAG

	Previous RAG	Current RAG	Comments
Timeline	AMBER	AMBER	This project was delayed but is now back on track to deliver in 17/18
Scope	AMBER	AMBER	The number of sessions and content has changed since first commissioned. This is in collaboration
Budget	GREEN	GREEN	

Deliverables & Activities Completed This Period (Date)

ID	Activity	Status	Owner
1	Met with provider to agree new scope of the project and timescales for delivery	complete	BG
2	Sourced and discussed 2016 evaluation report to inform next phase fo delivery	complete	BG
3	Provisionallly agreed dates for first training sessions	complete	BG

To be completed in next period (Date)

ID	Activity	Owner
1	Agree list of staff to go on first training sessions	BG / DP
2	Agree list of champions to attend 2 day train the trainer course	BG / DP
3	Book venues / times etc. for training sessions	JB

Critical Risks & Issues

Risks			
ID	Description	Action Required	Owner
Issues			
ID	Description	Action Required	Owner

ID036 ABS Work Skill Project	Start Date: 02/04/2016	End Date: 17/10/2019	Total Cost: £126,500.00

Outcome: Increased confidence in parental skills needed to be ready for work. Increase in numbers of parents getting a job
Target Group: Parents of children pregnancy to 4th birthday

Provider : Southend Borough Council **Contact: Amir Girnary - 01702 212743**

Where is this being delivered:
Who is delivering the approach :
How is it delivered?:

Description: The ABSS WorkSkills activities will seek to improve the lives of 0-3 year olds by supporting parents and carers to improve their career and earning potential. The activities will initially target two specific groups of individuals that are determined to have a significant impact on the early years development of children in Southend, namely: 'Existing Parents' and 'Future parents'.

Aim: The aim of the ABSS Work Skills Project is to undertake work that focuses on those activities related to: skills, enterprise, employment and wider economic development that can actively contribute to the realisation of ABS objectives for Southend

Project Status RAG

	Previous RAG	Current RAG	Comments
Timeline	Green	Green	The project is delivering to the expected timescales
Scope	Green	Green	
Budget	Green	Green	

Deliverables & Activities Completed This Period (Date)

ID	Activity	Status	Owner
1	Met with Amir to take handover of project	Complete	James Boxer
2	Worked through SLA and agreed schedule for completion	Complete	James Boxer
3	Held meeting with DRE team to agree scope and reporting mechanisms	Complete	James Boxer

To be completed in next period (Date)

ID	Activity	Owner
1	PMO to agree outcomes section of SLA	PMO
2	Follow up on all actions from DRE meeting	James Boxer
3		

Critical Risks & Issues

Risks			
ID	Description	Action Required	Owner
Issues			
ID	Description	Action Required	Owner

ID040 Creche Services	Start Date: 31/08/2016	End Date:31/07/2018	Total Cost: £181,014.00

Outcome: To help embed learning parents/carers undertake
Target Group: Families with children in the ABSS wards attending sessions/workshops

Provider : PSLA

Where is this being delivered: In venues based in the six ABSS wards as determined by the programme deliverer
Who is delivering the approach : The ABSS mobile crèche team employed by Pre-sachool Learning Alliance
How is it delivered?: Through undertaking risk assessments and a booking system

Description: By providing quality crèches with well qualified staff, parents will be confident in leaving their children and therefore more able to focus on programme messages. This also reduces a significant barrier to attend
The Crèche staff will be upskilled by being trained in the programmes they are providing the crèche services for.
Resources and activities will be age and stage appropriate whilst also aiming to reflect subjects being covered by the programmes

Aim: To provide high quality crèche services that support and reflect the content of programmes being delivered

Project Status RAG

	Previous RAG	Current RAG	Comments
Timeline	AMBER	AMBER	Crèche team recruited inducted and delivering, resources bought and paperwork developed. Training dates tbc
Scope	GREEN	GREEN	
Budget	GREEN	GREEN	

Deliverables & Activities Completed This Period (Date)

ID	Activity	Status	Owner
1	Crèches requested by Workskills team	Booked	PSLA County Manager
2	Crèches requested by Language and Communication Workstream Lead	Booked	PSLA County Manager
3	Crèches requested by SEAS	Booked	PSLA County Manager

To be completed in next period (Date)

ID	Activity	Owner
1	Talk to Your Baby Training, date tbc	Isobel Wraitislaw
2	HENRY training, date Sept 2017	HENRY/BG
3	Attend PSLA Annual Conference	PSLA County Manager

Critical Risks & Issues

Risks			
ID	Description	Action Required	Owner
	Increase in crèche requests	Recruitment of flexible workers	PSLA County Manager
Issues			
ID	Description	Action Required	Owner
	Autism training required	PSLA County Manager to discuss with Eileen Sardi	PSLA County Manager

ID048 Family Focused GPs	Start Date: 30/09/2016	End date: 31/03/2019	Total Cost: £182,324.00

Outcome: More children in our ABSS wards are safe, and at less risk of hospital admissions.
Target Group: Children under 5

Provider : Public Health/CCG **Contact: Sadie Parker - 01702 314 299**

Where is this being delivered: GP Practices within the ABSS Wards
Who is delivering the approach : CCG
How is it delivered?:

Description: A primary care offer which focuses on 0-4's and their families. Specifically, looking at prevention, nutrition, health and taking a global view of the child and its family. There are three potential delivery options for the family focused GP model; an independent practice, well child clinics, LES for FFP approach.

Aim: The aim of the Family Focused GP Service is to provide a Test and Learn approach to enhancing the role Primary Care and allied Health, Social Care and Early Years Professionals can play in order to provide a model of care and support, and system change which places the family at the centre of service delivery, via three workstreams:

- *An independent GP practice with specialist skills in providing services for pregnant women, young children and babies and their families.*
- *A local enhanced service (LES) to encourage all GP practices to provide family-centric services.*
- *Roving well child clinics delivered by a multi-disciplinary team through children's centres to reach out to local people in their communities.*

Project Status RAG

	Previous RAG	Current RAG	Comments
Timeline	AMBER	AMBER	The project is slightly behind timeline. The CCG have been delayed in going to market for implementation of the local enhanced model.
Scope	GREEN	GREEN	The scope of the project remains the same
Budget	GREEN	GREEN	There has been no spend to date

Deliverables & Activities Completed This Period (Date)

ID	Activity	Status	Owner
1	SLA completed including agreed outcomes	In Progress	James Boxer
2	Meeting with Ross Gerrie and Sadie Parker to agree short-term timeline for expression of interest / implementation of LES model	In Progress	James Boxer

To be completed in next period (Date)

ID	Activity	Owner
1	Follow up - Meeting with Ross Gerrie and Sadie Parker to agree short-term timeline for expression of interest / implementation of LES model	James Boxer
2		
3		

Critical Risks & Issues

Risks			
ID	Description	Action Required	Owner
1	The project is behind timescales now and there is a risk that the first phase of the project will not be implemented until after the new financial year	As above – JB to meet with CCG to agree the short term timeline for implementation of the LES model	James Boxer
Issues			
ID	Description	Action Required	Owner

ID049 Perinatal Mental Health	Start Date: 31/10/2015	End Date: 30/09/19	Total cost:£427

Outcome: Improved perinatal health for mothers during pregnancy
Target Group:

Provider : MABIM **Contact: Hugh Johnston**

Where is this being delivered: There is no direct delivery. The project is currently focussing on system readiness and strategic direction
Who is delivering the approach : MABIM is supporting the wider stakeholder group to focus on key priorities going forwards
How is it delivered?:

Description: The Maternal Mental Health Alliance (MMHA) and the Mental Health Foundation (MHF) received funding of more than £400k from the Big Lottery Fund for a 'Mums and Babies in Mind' (MABIM) project in Blackpool, Haringey, Southend and Gloucestershire.

Aim: This three-year project aims to improve mental health outcomes for mothers during pregnancy and the first year after birth. The ABSS is one of the sites chosen by the MMHA and MHF to work in partnership to deliver the MABIM project.

Project Status RAG

	Previous RAG	Current RAG	Comments
Timeline	AMBER	AMBER	Slightly behind timescale
Scope	GREEN	GREEN	
Budget	GREEN	GREEN	

Deliverables & Activities Completed This Period (Date)

ID	Activity	Status	Owner
1	Mapping workshop complete	Complete	ABSS
2	Folluw up MABIM pathway mapping workshop complete	Complete	MABIM
3	Key strategic priorities agreed	Complete	ALL

To be completed in next period (Date)

ID	Activity	Owner
1	Follow up cross-system meeting to revisit priorities	All
2	Draft action plan to meet agreed strategic priorities	All
3		

Critical Risks & Issues

Risks			
ID	Description	Action Required	Owner
Issues			
ID	Description	Action Required	Owner

ID036 Family Nurse Partnership (ADAPT)	Start date: 01/07/2016	End Date: 11/09/2018	Total cost: £940,869.00

Outcome: Healthy pregnance; improve child's health and development; parents plan their own futures and achieve their aspirations
Target Group: Teenage parents (currently under 19)

Provider : EPUT **Contact: Stephanie Farr -**

Where is this being delivered:
Who is delivering the approach :
How is it delivered?:

Description: The Project is for young, pregnant mothers (under 19) expecting their first child. Fathers can participate in the programme as well, with the consent of the mother. To improve pregnancy outcomes, improve child health and development and improve parents' economic self-sufficiency.

Aim: The aim of the Family Nurse Partnership (ADAPT) is an intensive, structured, home visiting programme, which is currently offered to first time parents under a defined age. A family nurse, trained by the FNP National Unit to the standards set out in the FNP Management Manual works with first time vulnerable young mothers and fathers, from early pregnancy until the baby is 2 years old, building a therapeutic, close, supportive relationship with the family. The visits cover the six domains of personal health, environmental health, life course development, maternal role, family and friends, health and human services. The nurses use licensed programme guidelines, materials, methods and practical activities to work with the mother as well as the father and wider family, on understanding their baby, making changes to their behaviour, increasing their parenting capacity, developing emotionally and building positive relationships. FNP is based on the theories of human ecology, attachment and self-efficacy.

The overall Project aim is to provide additional FNP capacity to that currently commissioned by SBC Public Health and to ensure that the additional resources deliver the following:

- *A reflection in service delivery of the outcomes of the 'Next Steps' and 'ADAPT' national FNP workstreams. SEPT and Commissioners are working towards this, and with the National Unit as one of the 11 pilot sites.*
- *Full integration with the aims and objectives of ABS Programme.*

Project Status RAG

	Previous RAG	Current RAG	Comments
Timeline	RED	RED	The Project is behind Schedule
Scope	RED	RED	
Budget	RED	RED	The project is forecast over budget

Deliverables & Activities Completed This Period (Date)

ID	Activity	Status	Owner
1	FNP Advisory Board Governance Structure has been set up	Complete	Cheri Kennedy
2	FNP Advisory Board initial meeting has been arranged for the 26th April	Complete	Cheri Kennedy
3			

To be completed in next period 29/03/2017 - 12/03/2017

ID	Activity	Owner
1	Meeting being arrange for AC, GM and Alison Semmence to discuss parent champions for FNp Advisory Board	Cheri Kennedy
2	FNP Advisory Board agenda to be completed by Margaret Gray	Margaret Gray
3		

Critical Risks & Issues

Risks			
ID	Description	Action Required	Owner
Issues			
ID	Description	Action Required	Owner

ID044 Workforce Development	Start date: 01/04/2017	End Date: 27/02/2019	Total cost: £260,211.00

Outcome: The workforce have skills based on the latest knowledge available so that their actions ensure optimum brain function leading to successful, attached and attuned families. This includes the paid and voluntary workforce.
Target Group: All those whose primary role is to work with children 0-4 and their families; those who come into contact as part of their job.

Provider : **Contact:**

Where is this being delivered: Across the partner workforce including volunteers
Who is delivering the approach: NatCen - census, report and action planning support; TBC re creation of CPD and input into qualifications
How is it delivered?:

Description: Census of skills and knowledge of the primary and secondary workforce; action plan created with partner workforce leads; creation of training packages; delivery and evaluation of training.

Aim: *Anyone working with families and young children in Southend – paid or as volunteers – will commit to following an agreed model of engaging with people whether parents, children, colleagues and the wider community. This model will be a set of standards developed through co-production by parents as service users, the children's and relevant wider workforce, local universities and colleges and specialist partners. It will use the latest knowledge available on what needs to happen to ensure optimum brain function leading to successful, attached and attuned families, and to keep children safe. The model will be relational as well as operational, incorporating fundamental core values such as having and showing inherent respect of service users and fellow service deliverers. An audit tool will be developed that all services can use. Once the model has been further developed and adopted by the Partnership and the Health and Wellbeing Board, it will be shared with the workforce through continuous professional development courses and there will be an expectation that all services will attend and commit to auditing their practice and forming training plans for any gaps identified. 'The workforce' includes both the direct and indirect workforce including receptionists, passenger transport deliverers, housing officers, indeed anyone who comes into contact with young children and their families and can have an opportunity to have a positive impact on a child's experience and therefore outcomes. Services will develop and improve as a result of learning from reflective practice and parents will be involved throughout, giving feedback and testing new or enhanced work practices. Any programmes, initiatives or resources delivered will need to include this model of working.*

Project Status RAG

	Previous RAG	Current RAG	Comments
Timeline	RED	RED	The Project is behind Schedule
Scope	RED	RED	
Budget	RED	RED	

Deliverables & Activities Completed This Period (Date)

ID	Activity	Status	Owner
1	NatCen engaged with key stakeholders in preparation for census		
2			
3			

To be completed in next period 01/05/2017 - 31/12/17

ID	Activity	Owner
1	Gathering contacts for entire workforce	
2	Workforce census	
3	Strategy creation and action planning based on identified gaps	

Critical Risks & Issues

Risks			
ID	Description	Action Required	Owner
1	No workforce strategy		
2			
Issues			
ID	Description	Action Required	Owner
1	Information sharing agreements	NatCen to present evidence that it is legal for information to be shared to partners at meeting 140617	