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SOUTHEND-ON-SEA BOROUGH COUNCIL

Health & Wellbeing Board

Date: Tuesday, 9th February, 2016
Time: 5.00 pm
Place: Darwin Room - Tickfield
Contact: Robert Harris

Email: committeesection@southend.gov.uk

A G E N D A

1 **Apologies for Absence**

2 **Declarations of Interest**

3 **Public Questions**

4 **Minutes of the Meeting held on 2nd December 2015** (Pages 1 - 4)

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

5 **Preparation of Plan for Better Care Fund (BCF) 2016/17, Status Update** (Pages 5 - 30)

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

6 **Success Regime Verbal Briefing**

7 **Annual Reports of the Local Safeguarding Children Board and Adults Board** (Pages 31 - 168)

8 **Public Health Annual Report** (Pages 169 - 238)

9 **Transforming Care Partnership Draft Plan** (Pages 239 - 244)

10 **Mental Health Discussion Summary December 2015** (Pages 245 - 248)

11 **Broad Impact Goals Performance Indicators Report** (Pages 249 - 254)

12 **HWB Forward Plan** (Pages 255 - 256)

Members:
Councillor Moyies (Chairman), Dr JG Lobera (co-opted member – Vice-Chairman) Councillors Willis, Evans, Lamb, Betson, and Velmurugan, Mr R Tinlin (co-opted member), Mr S Leftley (Co-opted member), Dr A Atherton (co-opted member), Mr A Pike (co-opted member), Mr J Cooke (co-opted member), Ms A Semmence (Co-opted member), Ms M Craig (co-opted member), Dr K Chaturvedi (co-opted member), Ms S Morris (coopted non-voting member), Ms S Hardy (co-opted non-voting member), Mr N Leitch (Co-opted non-voting member), Ms C Doorly (co-opted non-voting member), Mr C Cormack (observer – non-voting) and Councillor Salter (observer – Chairman of People Scrutiny Committee – non-voting)

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SOUTHEND-ON-SEA BOROUGH COUNCIL

Meeting of Health & Wellbeing Board

Date: Wednesday, 2nd December, 2015
Place: Darwin Room - Tickfield

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Present: Councillor Moyies (Chair)
Councillors
*Substitute in accordance with Council Procedure Rule 31.

In Attendance: Walters, R Harris, J Williams and Wilson

Start/End Time: 5.00 - 6.00 pm

451 Apologies for Absence

Apologies for absence were received from Councillors Lamb (substitute: Cllr Walker), Longley (substitute: Cllr Crystall) and Velmurugan (no substitute).

Apologies were also received from S Hardy (substitute: J Findlay), M Craig, A McIntyre and Dr Chaturvedi.

452 Declarations of Interest

There were no declarations of interest at this meeting.

453 Questions from Members of the Public

There were no questions from members of the public.

454 Minutes of the Meeting held on Monday 29th June 2015

Resolved:-

That the Minutes of the Meeting held on 29th June 2015 be confirmed as a correct record and signed.

455 HWB Peer Challenge Feedback Letter

The Board received a letter from the Peer Review Team which provided feedback from their two day visit on 21st and 22nd July 2015 which was a follow up to the January 2014 health and wellbeing peer challenge visit as part of the Local Government Association (LGA) Health & Wellbeing System Improvement Programme.

Resolved:

That the letter from the Peer Review Team be noted.

456 Better Care Fund Quarter 2 2015/16 Return

The Board received a report which provided details of the Better Care Fund Quarter 2 2015/16 return.

Resolved:

That the report be noted.

457 Transforming Care Partnerships Update

The Board received a report which provided an update on the developments in implementing Transforming Care.

Resolved:

That the report be noted.

458 Essex Wide Mental Health Strategic Review

The Board considered a report which provided details of the outcomes and recommendations arising from the Essex Mental Health Review.

Resolved:

That the report be noted.

459 Joint Prevention Strategy

The Board considered a report from the Head of Health Development which proposed a draft framework and timeline to create a Joint Adult Prevention Strategy for Southend-on-Sea to promote wellbeing and independence.

The Board asked a number of questions which were responded to by officers. In response to a specific question regarding young carers the Corporate Director for People agreed to circulate a report on the matter.

Resolved:

That the proposed scope of the Southend Adult Prevention Strategy, as set out in the submitted report, be agreed.

460 Health & Wellbeing Strategy Refresh 2015-16, Broad Impact Goal Performance Indicators

The Board considered a report from the Health & Wellbeing Partnership Advisor which provided the first progress report for the HWB Strategy “Broad Impact Goals” and highlighted the opportunities where Board members could support improved outcomes in specific areas of work. The report also highlighted the next steps to identify longer term strategic ambitions for the HWB Strategy from 2016 onwards.

The Board asked a number of questions which were responded to by officers.

The Board suggested that previous performance information should be included in future reports so that progress can be measured more effectively.

Resolved:

1. That, subject to the inclusion of previous performance information, the format of the indicator progress report be approved.

2. That, where relevant, the Board members consider engaging in opportunities to support progress in specific areas, as shown in Appendix 1 to the submitted report, and feedback to the Health & Wellbeing Partnership Advisor.

3. That Board members consider any other potential opportunities and contributions that might not currently be highlighted and feedback to the Health & Wellbeing Partnership Advisor.

4. That the proposal to organise an additional informal session to examine the relevant data and considerations, in order to inform the longer term priorities of the HWB Strategy from 2016 onwards, be agreed.

461 Safeguarding and the Role of the Health & Wellbeing Board

The Board received a PowerPoint presentation from Ms Doorly, LSCB Independent Chair, which covered the role and governance arrangements of the LSCB, the key issues in safeguarding and the safeguarding arrangements locally.

The Board emphasised the need for strong links and a clear understanding between the LSCB, Adult Safeguarding Board, Community Safety Partnership and the Health & Wellbeing Board, particularly in terms of safeguarding. It was suggested that the Independent Chair of the LSCB & Adult Safeguarding Board should be appointed to the Health & Wellbeing Board to advise on safeguarding matters.

It was also suggested that the Chairs' of the various Boards' have regular meetings.

Resolved:

That the Independent Chair of the LSCB and Adult Safeguarding Board be appointed to the Health & Wellbeing Board.

462 HWB Forward Plan

The Board considered the Forward Plan of Board activity for the period June 2015 to March 2016.

Resolved:

That the Forward Plan of Board activity be noted.

463 Date and time of next meeting

The next meeting will take place on Tuesday 9th February 2016 at 5pm at the Tickfield Centre in the Johnson Room.

Chairman: _____

Southend Health & Wellbeing Board

Agenda Item No.

5

Joint Report of
Simon Leftley, Corporate Director for People, SBC
Melanie Craig, Chief Officer, Southend CCG

to

Health & Wellbeing Board

on

9 February 2016

Report prepared by:
Nick Faint BCF Project Manager

For discussion		For information only	X	Approval required	

Better Care Fund

Planning for 2016/17

Part 1 (Public Agenda Item)

1 Purpose of Report

To bring to the attention of members of the Health and Wellbeing Board the Better Care Fund requirements and planning process for 2016/17

2 Recommendations

To note the contents of this report.

3 Background & Context

3.1 The Better Care Fund for 2015/16 was established between Southend CCG and Southend on Sea Borough Council from 1 April 2015. It is underpinned by a legal Section 75 Agreement between the two organisations that sets out the proposed schemes to be funded, the required flows of income into the pooled budget and the distribution back to the scheme leads.

3.2 Throughout the course of 2015/16 Southend Health and Wellbeing Board has reported quarterly BCF activity to NHS England. A return was submitted for Q4 2014/15, Q1 & Q2 2015/16. A quarterly return for Q3 2015/16 is due to be submitted to NHS England on 26 February 2016.

3.3 In January 2016 a Policy Framework (at Appendix 1) was published by the Department of Health (DoH) and the Department for Communities and Local

Government (DCLG) which provides direction for HWBs in formulating BCF plans for 2016/17.

4 Southend BCF 2016/17

4.1 The technical planning guidance and detailed direction to enable local areas to draft the BCF plans for 2016/17 is yet to be published. This report summarises the high level guidance that has been published and informs the HWB of the timeline required by NHS England to ensure BCF plans are drafted and assured prior to 1 April 2016.

National conditions

4.2 For 2016/17 HWBs are required to meet the following conditions to access the BCF ring fenced funding;

- that the Better Care Fund is transferred into one or more pooled funds established under section 75 of the NHS Act 2006;
- Health and Wellbeing Boards jointly agree plans for how the money will be spent, with plans signed-off by the relevant local authority and Clinical Commissioning Group(s);
- that plans are approved by NHS England in consultation with DoH and DCLG; and
- that a proportion of the areas allocation will be subject to a new condition around NHS commissioned out of hospital services, which may include a wide range of services including social care.

4.3 Further, NHS England will also require that BCF plans demonstrate how the following conditions will be met;

- plans to be jointly agreed; the BCF plan is to be signed off by the Health and Wellbeing Board, the Local Authority and the CCG.
- maintain provision of social care services; social care services are to be supported consistent with 2015/16. As a minimum, it should maintain the level of protection provided through BCF 2015/16.
- agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective (physical and mental health) admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate.
- better data sharing between health and social care, based on the NHS number; confirm that the NHS number is being used, confirm Application Programming Interfaces (APIs) – systems that speak to each other – are being used, confirm appropriate Information Governance is in place, ensure local residents are informed that data is being shared.

- ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional;

- agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans;

- agreement to invest in NHS commissioned out-of-hospital services, which may include a wide range of services including social care; local areas are to agree how their share of the £1bn (for Southend circa £1m) that had previously been used to create the pay for performance will be allocated. This is to fund NHS commissioned out of hospital services, which may include a range of services including social care.

- agreement on local action plan to reduce delayed transfers of care (DToC). Each area is to agree a local action plan to address DToC with a locally agreed target.

Performance Metrics

4.4 Under the BCF for 2015/16 HWBs were asked to set agreed targets against national metrics. For 2016/17 these metrics will continue and focus on the following;

- admissions to residential and care homes;

- effectiveness of reablement;

- delayed transfers of care;

- patient / service user experience; and

- a locally proposed metric

Finance

4.5 The full detail regarding the financial arrangements of the BCF fund have yet to be published. However NHS England recently published Southend CCGs minimum contribution to the BCF as £11.938M which represents an increase of £338K from 2015/16. The LA contribution will be published in Feb 2016.

Timeline

4.6 Subject to the publication of the technical guidance an indicative timeline is proposed below;

- Early Feb 2016 – development of Southends' plan;

- Mid Feb 2016 (TBC) – initial plan submitted to NHS England;

- Mar 2016 – further development of Southends' plan;

- Mar 2016 (TBC) – NHS assurance process;

- End Mar 2016 (TBC) – HWB sign off BCF plan;
- By 31 Mar 2016 – Section75 agreed and signed.

5 Health & Wellbeing Board Priorities / Added Value

5.1 The Better Care Fund contributes to delivering HWB Strategy Ambitions in the following ways

5.2 Ambition 5 – Living Independently; through the promotion of prevention and engagement with residents, patients and staff the BCF will actively support individuals living independently.

5.3 Ambition 6 – Active and healthy ageing; through engaging and integrating health and social services within the community the services will be aligned to assisting individuals to age healthily and actively; and

5.4 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.

6 Reasons for Recommendations

6.1 As part of its governance role, Health and Wellbeing Board will have oversight of the Southend BCF 2016/17.

7 Financial / Resource Implications

7.1 Subject to NHS England issuing technical guidance

8 Legal Implications

8.1 None at this stage

9 Equality & Diversity

9.1 The BCF plan should result in more efficient and effective provision for vulnerable people of all ages.

10 Background Papers

11 Appendices

Appendix 1 – 2016/17 BCF Policy Framework

BCF_Policy_Framework_2016-17.pdf

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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Department of Health

Department for Communities and Local Government

2016/17 Better Care Fund

Policy Framework

January 2016

Title: Better Care Fund, Policy Framework 2016/17
Author: SCLGCP/ SCP/ Integrated Care Policy / 11120
Document Purpose: Policy
Publication date: **01/2016**
Target audience: This document is intended for use by NHS England and those responsible for delivering the Better Care Fund at a local level (such as, clinical commissioning groups, local authorities and health and wellbeing boards).
Contact details: Edward Scully Richmond House Whitehall London SW1A 2NS Edward.scully@dh.gsi.gov.uk

Published to gov.uk, in PDF format only.

www.gov.uk/dh

2016/17 Better Care Fund

Policy Framework

Prepared by the Department of Health and the Department for Communities and Local Government

Contents

Background

The Better Care Fund 2016/17 Policy Framework

The Better Care Fund is the biggest ever financial incentive for the integration of health and social care. It requires Clinical Commissioning Groups and local authorities in every single area to pool budgets and to agree an integrated spending plan for how they will use their Better Care Fund allocation. In 2015-16, the Government committed £3.8 billion to the Better Care Fund with many local areas contributing an additional £1.5 billion, taking the total spending power of the Better Care Fund to £5.3 billion.

Current health and care approaches have evolved to respond reactively to changes in an individual's health or ability to look after themselves, and they often do not meet people's expectations for person-centred co-ordinated care. Greater integration is seen as a potential way to use resources more efficiently, in particular by reducing avoidable hospital admissions and facilitating early discharge.

We recognise that local areas are at different points in their integration journey and in supporting them to achieve their ambitions for integrated care, we will need to prioritise progress on known barriers to change to ensure the key factors associated with successful integration are embedded and shared across the system. The Better Care Fund and other drivers of integrated care such as New Care Models pave the way for greater integration of health and social care services.

In 2016-17, the Better Care Fund will be increased to a mandated minimum of £3.9 billion to be deployed locally on health and social care through pooled budget arrangements between local authorities and Clinical Commissioning Groups. The local flexibility to pool more than the mandatory amount will remain. From 2017-18, the government will make funding available to local authorities, worth £1.5 billion by 2019-20, to be included in the Better Care Fund. In looking ahead to 2016-17, it is important that Better Care Fund plans are aligned to other programmes of work including the new models of care as set out in the NHS Five Year Forward View and delivery of 7-day services.

This document sets out the policy framework for the implementation of the fund in 2016-17, as agreed across the Department of Health, Department for Communities and Local Government, Local Government Association, Association of Directors of Adult Social Services, and NHS England. In developing this policy framework, the strong feedback from local areas of the need to reduce the burden and bureaucracy in the operation of the Better Care Fund has been taken on board, and we have streamlined and simplified the planning and assurance of the Better Care Fund in 2016-17, including removing the £1 billion payment for performance framework.

In place of the performance fund are two new national conditions, requiring local areas to fund NHS commissioned out-of-hospital services and to develop a clear, focused action plan for managing delayed transfers of care (DTOC), including locally agreed targets. The conditions are designed to tackle the high levels of DTOC across the health and care system, and to

ensure continued investment in NHS commissioned out-of-hospital services, which may include a wide range of services including social care.

Further detailed guidance will be issued by NHS England, working with the partners above, on developing Better Care Fund plans for 2016-17. The guidance will form the Better Care Fund section of the NHS technical planning guidance, which will be available on NHS England's website. Local areas are asked to refer to and follow this guidance.

Beyond the 2016-17 Better Care Fund

The Spending Review sets out an ambitious plan so that by 2020 health and social care are integrated across the country. Every part of the country must have a plan for this in 2017, implemented by 2020. Areas will be able to graduate from the existing Better Care Fund programme management once they can demonstrate that they have moved beyond its requirements. Further details will be set out shortly in guidance.

1. The Statutory and Financial Basis of the Better Care Fund

The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for the Better Care Fund. It allows for the mandate to NHS England to include specific requirements relating to the establishment and use of an integration fund.

Under the mandate to NHS England for 2016-17, NHS England is required to ring-fence £3.519 billion within its overall allocation to Clinical Commissioning Groups to establish the Better Care Fund. The remainder of the £3.9 billion fund will be made up of the £394 million Disabled Facilities Grant, which is paid directly from the Government to local authorities.

Of the £3.519 billion Better Care Fund allocation to Clinical Commissioning Groups, £2.519 billion of that allocation will be available upfront to Health and Wellbeing Boards to be spent in accordance with the local Better Care Fund plan. The remaining £1 billion of Clinical Commissioning Group Better Care Fund allocation will be subject to a new national condition.

NHS England and the Government will allocate the Better Care Fund to local areas based on a framework agreed with Ministers. For 2016-17, the allocation will be based on a mixture of the existing Clinical Commissioning Group allocations formula, the social care formula, and a specific distribution formula for the Disabled Facilities Grant element of the Better Care Fund.

Within the Better Care Fund allocation to Clinical Commissioning Groups is £138m to support the implementation of the Care Act 2014 and other policies (£135m in 2015-16). Funding previously earmarked for reablement (over £300m) and for the provision of carers' breaks (over £130m) also remains in the allocation. Further information on this can be found in the Better Care Fund Planning Requirements.

Individual allocations of the Better Care Fund for 2016-17 to local areas and the detailed formulae used will be published on NHS England's website in early January.

2. Conditions of Access to the Better Care Fund

The amended NHS Act 2006 gives NHS England the powers to attach conditions to the payment of the Better Care Fund. In 2016-17, NHS England will set the following conditions, which local areas will need to meet to access the funding:

- A requirement that the Better Care Fund is transferred into one or more pooled funds established under section 75 of the NHS Act 2006
- A requirement that Health and Wellbeing Boards jointly agree plans for how the money will be spent, with plans signed-off by the relevant local authority and Clinical Commissioning Group(s)
- A requirement that plans are approved by NHS England in consultation with DH and DCLG (as set out in section 3 below)
- A requirement that a proportion of the areas allocation will be subject to a new condition around NHS commissioned out of hospital services, which may include a wide range of services including social care.

NHS England will also require that Better Care Fund plans demonstrate how the area will meet the following national conditions:

- Plans to be jointly agreed;
- Maintain provision of social care services;
- Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective (physical and mental health) admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate;
- Better data sharing between health and social care, based on the NHS number;
- Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional;
- Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans;
- Agreement to invest in NHS commissioned out-of-hospital services, which may include a wide range of services including social care;
- Agreement on local action plan to reduce delayed transfers of care.

Detailed definitions of these national conditions are set out at Annex A.

Conditions of Access to the Better Care Fund

Under the amended NHS Act 2006, NHS England has the ability to withhold, recover or direct the use of funding where conditions attached to the Better Care Fund are not met. The Act makes provision at section 223GA(7) for the mandate to NHS England to include a requirement that NHS England consult Ministers before exercising these powers. The 2016-17 mandate to NHS England confirms that NHS England will be required to consult Ministers before using these powers.

NHS England's power to set conditions on the Better Care Fund applies to the £3.519bn that is part of Clinical Commissioning Group allocations. For the £394m paid directly to local government, the Government will attach appropriate conditions to the funding to ensure it is included in the Better Care Fund at local level. As set out in Better Care Fund technical guidance, for 2016-17 authorities in two-tier areas will have to allocate Disabled Facilities Grant funding to their respective housing authorities from the pooled budget to enable them to continue to meet their statutory duty to provide adaptations to the homes of disabled people.

3. The Assurance and Approval of the Local Better Care Fund Plans

Local Better Care Fund plans will be developed in line with the agreed guidance, templates and support materials issued by NHS England and the Local Government Association. For 2016-17, we have set out a more streamlined process that is better integrated into the business-as-usual planning processes for Health and Wellbeing Boards, Clinical Commissioning Groups and local authorities.

The first stage of the overall assurance of plans will be local sign-off by the relevant Health and Wellbeing Board, local authority and Clinical Commissioning Group(s). In line with the NHS operational planning assurance process, plans will then be subject to regional moderation and assurance. The key aspects of the process for the planning, assurance and approval of Better Care Fund plans are:

- Brief narrative plans will be developed locally and submitted to regional teams through a short high level template, setting out the overall aims of the plan and how it will meet the national conditions
- A reduced amount of finance and activity information relating to local Better Care Fund plans will be collected alongside Clinical Commissioning Group operational planning returns to submitted to NHS England, to ensure consistency and alignment
- Better Care Managers will work with NHS England Directors of Commissioning Operations teams to ensure they have the knowledge and capacity required to review and assure Better Care Fund plans. To support this local government regional leads for the Better Care Fund (LGA lead CEOs and ADASS chairs) or their representatives will be part of the moderation process at a regional level (supported with additional resource to contribute to both assurance and moderation)
- There may be flexibility permitted for devolution sites to submit plans over a larger footprint if appropriate
- An assessment will then be made of the risk to delivery of the plan due to local context and challenges, using information from NHS England, the Trust Development Agency, Monitor and local government
- These judgements on ‘plan quality’ and ‘risks to delivery’ will contribute to the placing of plans into three categories – ‘Approved’, ‘Approved with support’, ‘Not approved’.

A diagram of the above assurance and approval process is included in Annex B. The full details will be set out in the Better Care Fund section of the NHS technical planning guidance, which will be available on NHS England’s website.

The Assurance and Approval of the Local Better Care Fund Plans

Assurance and judgements on potential support needs through the planning process will be 'risk-based' (based on a planning readiness self-assessment pooled with other system level intelligence) with the level of assurance of an area's plan being proportionate to the perceived level of risk in a system. Recommendations of approval for Better Care Fund plans for high risk areas will be made by the regional moderation process but those decisions will be quality assured by the Integration Partnership Board (which is a senior programme leadership board comprising DH, DCLG, NHS England, Local Government Association and the Association of Directors of Adult Social Services). Final decisions on approval will be made by NHS England, based on the advice of the moderation and assurance process, in accordance with the legal framework set out in section 223 GA of the NHS Act 2006.

Where plans are not initially approved, or are approved with support, NHS England will implement a programme of support to help areas to achieve approval (and / or meet relevant conditions) ahead of April 2016.

NHS England has the ability to direct use of the fund where an area fails to meet one of the Better Care Fund conditions. This includes the requirement to develop a plan approved by NHS England and Ministers. If a local plan cannot be agreed, any proposal to direct use of the fund will be subject to consultation with DH and DCLG (as required under the 2016-17 mandate to NHS England).

4. National Performance Metrics

Under the 2015-16 Better Care Fund policy framework, local areas were asked to set targets against the following five key metrics:

- Admissions to residential and care homes
- Effectiveness of reablement
- Delayed transfers of care
- Patient / service user experience
- A locally-proposed metric

In the interests of stability and consistency, areas will be expected to maintain the progress made in 2015-16. The detailed definitions of these metrics are set out in the Better Care Fund section of the NHS technical planning guidance.

5. Implementation 2016-17

The implementation of local Better Care Fund plans will formally begin from 1 April 2016. As part of its wider planning process, NHS England will require local areas to produce a multi-year strategic plan, showing how local services will get from where they are now to where the Five Year Forward View requires them to be by 2020. This will set out the actions and specific deliverables that NHS England will take forward to deliver the objectives set out in the multi-year mandate to NHS England – including those relating to the integration of health and social care and the continuation of the Better Care Fund.

In implementing the Better Care Fund in 2016-17, NHS England will continue to:

- Provide support to local areas to ensure effective implementation of agreed plans;
- Work with partners to identify and remove barriers to service integration;
- Promote and communicate the benefits of health and social care integration;
- Monitor the ongoing success of the Better Care Fund – including delivery against key national performance metrics;
- Prepare as necessary for the continuation of the Better Care Fund over the next Parliament.

Annex A: Detailed Definitions of National Conditions

CONDITION	DEFINITION
Plans to be jointly agreed	The Better Care Fund Plan, covering a minimum of the pooled fund specified in the Spending Review, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Wellbeing Board itself, and by the constituent Councils and Clinical Commissioning Groups. In agreeing the plan, Clinical Commissioning Groups and local authorities should engage with health and social care providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. Furthermore, there should be joint agreement across commissioners and providers as to how the Better Care Fund will contribute to a longer term strategic plan. This should include an assessment of future capacity and workforce requirements across the system. The implications for local providers should be set out clearly for Health and Wellbeing Boards so that their agreement for the deployment of the fund includes recognition of the service change consequences. The Disabled Facilities Grant (DFG) will again be allocated through the Better Care Fund. Local housing authority representatives should therefore be involved in developing and agreeing the plan, in order to ensure a joined-up approach to improving outcomes across health, social care and housing.
Maintain provision of social care services	Local areas must include an explanation of how local adult social care services will continue to be supported within their plans in a manner consistent with 2015-16. The definition of support should be agreed locally. As a minimum, it should maintain in real terms the level of protection as provided through the mandated minimum element of local Better Care Fund agreements of 2015-16. This reflects the real terms increase in the Better Care Fund. In setting the level of protection for social care localities should be mindful to ensure that any change does not destabilise the local social and health care system as a whole. This will be assessed compared to 2015-16 figures through the regional assurance process. It should also be consistent with 2012 Department of Health guidance to NHS England on the funding transfer from the NHS to social care in 2013-14: https://www.gov.uk/government/uploads/system/uploads/attac

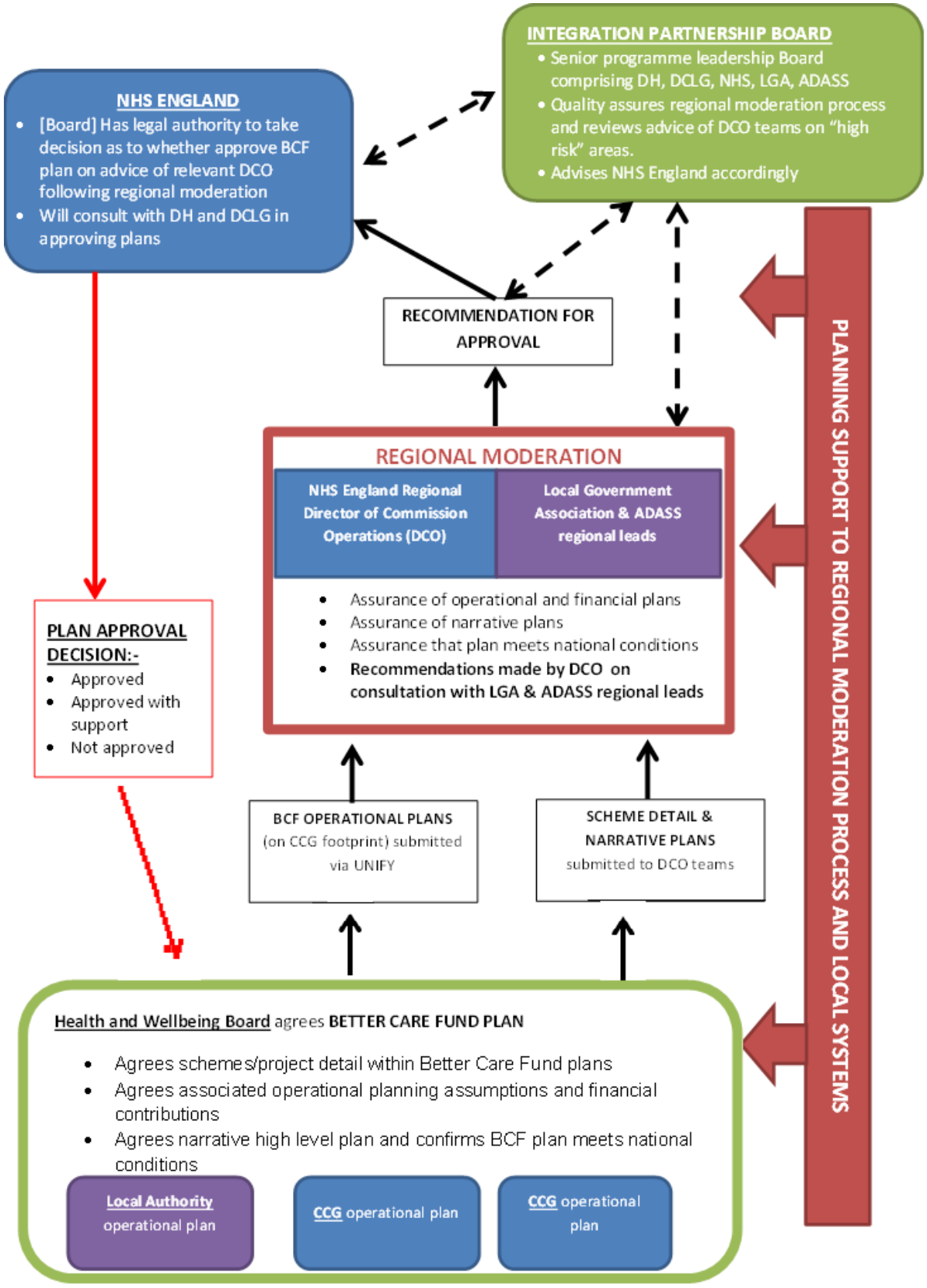
	hment_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf"
Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective (physical and mental health) admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate.	Local areas are asked to confirm how their plans will provide 7-day services (throughout the week, including weekends) across community, primary, mental health, and social care in order: • To prevent unnecessary non-elective admissions (physical and mental health) through provision of an agreed level of infrastructure across out of hospital services 7 days a week; • To support the timely discharge of patients, from acute physical and mental health settings, on every day of the week, where it is clinically appropriate to do so, avoiding unnecessary delayed discharges of care. If they are not able to provide such plans, they must explain why. The 10 clinical standards developed by the NHS Services, Seven Days a Week Forum represent, as a whole, best practice for quality care on every day of the week and provide a useful reference for commissioners (https://www.england.nhs.uk/wp-content/uploads/2013/12/clinical-standards1.pdf). By 2020 all hospital in-patients admitted through urgent and emergency routes in England will have access to services which comply with at least 4 of these standards on every day of the week, namely Standards 2, 5, 6 and 8. For the Better Care Fund, particular consideration should be given to whether progress is being made against Standard 9. This standard highlights the role of support services in the provision of the next steps in a person's care pathway following admission to hospital, as determined by the daily consultant-led review, and the importance of effective relationships between medical and other health and social care teams.
Better data sharing between health and social care, based on the NHS number	The appropriate and lawful sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS number as a consistent identifier is an important element of this, as is progress towards systems and processes that allow the safe and timely sharing of information. It is also vital that the right cultures, behaviours and leadership are demonstrated locally, fostering a culture of secure, lawful and appropriate sharing of data to support better care. Local areas should: • confirm that they are using the NHS Number as the consistent identifier for health and care services, and if they are not, when they plan to; • confirm that they are pursuing interoperable Application Programming Interfaces (APIs) (i.e. systems that speak to each other) with the necessary

	security and controls (https://www.england.nhs.uk/wp-content/uploads/2014/05/open-api-policy.pdf; and • ensure they have the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott principles and guidance made available by the Information Governance Alliance (IGA), and if not, when they plan for it to be in place. • ensure that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights. In line with the recommendations from the National Data Guardian review. The Information Governance Alliance (IGA) is a group of national health and care organisations (including the Department of Health, NHS England, Public Health England and the Health and Social Care Information Centre) working together to provide a joined up and consistent approach to information governance and provide access to a central repository guidance on data access issues for the health and care system. See - http://systems.hscic.gov.uk/infogov/iga
Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional	Local areas should identify which proportion of their population will be receiving case management and named care coordinator, and which proportions will be receiving self-management help - following the principles of person-centred care planning. Dementia services will be a particularly important priority for better integrated health and social care services, supported by care coordinators, for example dementia advisors.
Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans	The impact of local plans should be agreed with relevant health and social care providers. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. This should complement the planning guidance issued to NHS organisations There is agreement that there is much more to be done to ensure mental and physical health are considered equal and better integrated with one another, as well as with other services such as social care. Plans should therefore give due regard to this.
Agreement to invest in NHS commissioned out of hospital services, which may include a wide range of services including social care	Local areas should agree how they will use their share of the £1 billion that had previously been used to create the payment for performance fund. This should be achieved in one of the following ways: • To fund NHS commissioned out-of-hospital services, which may include a wide range of services including social care, as part of their agreed Better

	Care Fund plan; or • Local areas can choose to put an appropriate proportion of their share of the £1bn into a local risk-sharing agreement as part of contingency planning in the event of excess activity, with the balance spent on NHS commissioned out-of-hospital services, which may include a wide range of services including social care (local areas should seek, as a minimum, to maintain provision of NHS commissioned out of hospital services in a manner consistent with 15-16); This condition replaces the Payment for Performance scheme included in the 2015-16 Better Care Fund framework.
Agreement on local action plan to reduce delayed transfers of care (DTOC)	Given the unacceptable high levels of DTOC currently, the Government is exploring what further action should be taken to address the issue. As part of this work, under the Better Care Fund, each local area is to develop a local action plan for managing DTOC, including a locally agreed target. All local areas need to establish their own stretching local DTOC target - agreed between the CCG, Local Authority and relevant acute and community trusts. This target should be reflected in CCG operational plans. The metric for the target should be the same as the national performance metric (average delayed transfers of care (delayed days) per 100,000 population (attributable to either NHS, social care or both) per month. As part of this plan, we want local areas to consider the use of local risk sharing agreements with respect to DTOC, with clear reference to existing guidance and flexibilities. This will be particularly relevant in areas where levels of DTOC are high and rising. In agreeing the plan, Clinical Commissioning Groups and local authorities should engage with the relevant acute and community trusts and be able to demonstrate that the plan has been agreed with the providers given the need for close joint working on the DTOC issue. We would expect plans to: • Set out clear lines of responsibility, accountabilities, and measures of assurance and monitoring; • Take account of national guidance, particularly the NHS High Impact Interventions for Urgent and Emergency Care, the NHS England Monthly Delayed Transfers of Care Situation Reports Definition and Guidance, and

	best practice with regards to reducing DTOC from LGA and ADASS; • Demonstrate how activities across the whole patient pathway can support improved patient flow and DTOC performance, specifically around admissions avoidance; • Demonstrate consideration to how all available community capacity within local geographies can be effectively utilised to support safe and effective discharge, with a shared approach to monitoring this capacity; • Demonstrate how CCGs and Local Authorities are working collaboratively to support sustainable local provider markets, build the right capacity for the needs of the local population, and support the health and care workforce - ideally through joint commissioning and workforce strategies; • Demonstrate engagement with the independent and voluntary sector providers.

Annex B: Assurance and Approval of Better Care Fund Plans



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Southend Health & Wellbeing Board

Agenda Item No.

7

Report of Christine Doorly, LSCB & SAB Independent Chair

to

Health & Wellbeing Board

on

Date Tuesday 9th February 2016

Report prepared by: Helen Wilson, LSCB & SAB Business Manager

For information only		For discussion	x	Approval required	

Title of Report: LSCB & SAB Annual Reports on the Effectiveness of Safeguarding in Southend 2014-15

Part 1 (Public Agenda Item) / Part 2

1. Purpose of Report

To provide an annual assessment for the Health and Wellbeing Board in respect of safeguarding children and adults in Southend. This report contributes to the requirements of statutory guidance in Working Together to Safeguard Children 2015 and the Care Act 2014.

2. Recommendations

2.1. That the report is noted and the Board identifies any relevant emerging safeguarding children and adults priorities for inclusion in its strategic planning for 2016-17

3. Background & Context

3.1 For the period 2014 -15 the Local Safeguarding Children Board (LSCB) and Safeguarding Adults Board (SAB), have coordinated their annual reporting cycles in order to provide an overview of the activity and effectiveness of safeguarding children and adults service in Southend.

3.2 Safeguarding and promoting the welfare of children is defined as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;

- ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes. (*Working Together 2015*)

3.3 The Local Safeguarding Children Board (LSCB) is a statutory partnership responsible for co-ordinating and monitoring the effectiveness of safeguarding children arrangements in all agencies. The LSCB works alongside the Success for All Children Group, which is responsible for leading and coordinating improvements in services for all outcomes for children, including their safety. Both the LSCB and the Success For All Children Group work with the Health and Wellbeing Board which provides strategic leadership across all services.

3.4 Effective safeguarding children systems are those where:

- the child's needs are paramount, and the needs and wishes of each child, be they a baby or infant, or an older child, should be put first, so that every child receives the support they need before a problem escalates;
- all professionals who come into contact with children and families are alert to their needs and any risks of harm that individual abusers, or potential abusers, may pose to children;
- all professionals share appropriate information in a timely way and can discuss any concerns about an individual child with colleagues and local authority children's social care;
- high quality professionals are able to use their expert judgement to put the child's needs at the heart of the safeguarding system so that the right solution can be found for each individual child;
- all professionals contribute to whatever actions are needed to safeguard and promote a child's welfare and take part in regularly reviewing the outcomes for the child against specific plans and outcomes;
- LSCBs coordinate the work to safeguard children locally and monitor and challenge the effectiveness of local arrangements;
- when things go wrong Serious Case Reviews (SCRs) are published and transparent about any mistakes which were made so that lessons can be learnt; and
- local areas innovate and changes are informed by evidence and examination of the data.

3.5 The Safeguarding Adults Board (SAB) became a statutory partnership from April 2015, responsible for co-ordinating and monitoring the effectiveness of safeguarding adults arrangements in all agencies. The SAB works in Partnership with the LSCB and Health and Wellbeing Board to provide strategic leadership across all services. Safeguarding Adults Boards should:

- identify the role, responsibility, authority and accountability with regard to the action each agency and professional group should take to ensure the protection of adults;
- establish ways of analysing and interrogating data on safeguarding notifications that increase the SAB's understanding of prevalence of abuse and neglect locally that builds up a picture over time;

- establish how it will hold partners to account and gain assurance of the effectiveness of its arrangements;
- determine its arrangements for peer review and self-audit;
- establish mechanisms for developing policies and strategies for protecting adults which should be formulated, not only in collaboration and consultation with all relevant agencies but also take account of the views of adults who have needs for care and support, their families, advocates and carer representatives;
- develop preventative strategies that aim to reduce instances of abuse and neglect in its area;
- identify types of circumstances giving grounds for concern and when they should be considered as a referral to the local authority as an enquiry;
- formulate guidance about the arrangements for managing adult safeguarding, and dealing with complaints, grievances and professional and administrative malpractice in relation to safeguarding adults;
- develop strategies to deal with the impact of issues of race, ethnicity, religion, gender and gender orientation, sexual orientation, age, disadvantage and disability on abuse and neglect;
- identify mechanisms for monitoring and reviewing the implementation and impact of policy and training;
- carry out safeguarding adult reviews;
- produce a Strategic/Business Plan and an Annual Report;
- evidence how SAB members have challenged one another and held other boards to account;
- promote multi-agency training and consider any specialist training that may be required.
- consider any scope to jointly commission some training with other partnerships, such as the Community Safety Partnership.

3.6 This report provides an annual assessment by the LSCB and SAB regarding the effectiveness of safeguarding services in Southend. The report contains two elements:

- The annual report from the independent chair of the LSCB covering the effectiveness of safeguarding of children, and identifying key priorities locally to improve that effectiveness. (Appendix 1).
- The annual report from the independent chair of the SAB covering the effectiveness of safeguarding adults and identifying key priorities locally to improve that effectiveness. (Appendix 2).

3.7 Working Together 2015 states that the LSCB Chair must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area. The annual report should be published in relation to the preceding financial year and should fit with local agencies' planning, commissioning and budget cycles. The report should be submitted to the Chief Executive, Leader of the Council, the local police and crime commissioner and the Chair of the Health and Wellbeing Board.

The report should provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should identify areas of

weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action.

The Care Act Guidance 2014 states that the SAB must publish an annual report that must clearly identify what both the SAB and its members have done to carry out and deliver the objectives and other content of its strategic/business plan.

4. Health & Wellbeing Board Priorities / Added Value

How does this item contribute to delivering the;

- Nine HWB Strategy Ambitions (listed on final page)
- Three HWB "Broad Impact Goals" which add value;
    a) Increased physical activity (prevention)
    b) Increased aspiration & opportunity (addressing inequality)
    c) Increased personal responsibility/participation (sustainability)

4.1 This report supports the following HWB ambitions:

Ambition 1. A positive start in life

Reduce need for children to be in care
Promote children's mental wellbeing
Support families with significant social challenges

Ambition 2. Promoting healthy lifestyles

Prevention and support for substance & alcohol misuse

Ambition 3. Improving mental wellbeing

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

Ambition 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

Ambition 5. Living independently

People feel informed and empowered in their own care
People feel supported to live independently for longer

Ambition 6. Active and healthy ageing

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

Ambition 8. Housing

Work together to;

- Tackle homelessness

- Deliver health, care & housing in a more joined up way

Adequate specialist housing

Ambition 9. Maximising opportunity

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)

5. Reasons for Recommendations

5.1. Supports the HWB to review its strategic priorities regarding the safeguarding of children and adults

6. Financial / Resource Implications

6.1 None identified

7. Legal Implications

7.1. Complies with requirements of the Care Act 2014 and Working together to safeguard children 2015

8. Equality & Diversity

8.1. Addresses the safeguarding of the most vulnerable people in Southend

9. Background Papers

9.1. None

10. Appendices

10.1. Appendix 1 - LSCB annual report on the effectiveness of safeguarding children in Southend 2014-15

10.2. Appendix 2 – SAB annual report on the effectiveness of safeguarding adults in Southend 2014-15

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	Ambition 2. Promoting healthy lifestyles	Ambition 3. Improving mental wellbeing
a) Reduce need for children to be in care b) Narrow the education achievement gap	a) Reduce the use of tobacco b) Encourage use of green spaces and seafront c) Promote healthy weight	a) A holistic approach to mental and physical wellbeing b) Provide the right support

c) Improve education provision for 16-19s d) Better support more young carers e) Promote children's mental wellbeing f) Reduce under-18 conception rates g) Support families with significant social challenges	d) Prevention and support for substance & alcohol misuse	and care at an early stage c) Reduce stigma of mental illness d) Work to prevent suicide and self-harm e) Support parents postnatal
Ambition 4. A safer population a) Safeguard children and vulnerable adults against neglect and abuse b) Support the Domestic Abuse Strategy Group in their work c) Work to prevent unintentional injuries among under 15s	**Ambition 5. Living independently** a) Promote personalised budgets b) Enable supported community living c) People feel informed and empowered in their own care d) Reablement where possible e) People feel supported to live independently for longer	**Ambition 6. Active and healthy ageing** a) Join up health & social care services b) Reduce isolation of older people c) Physical & mental wellbeing d) Support those with long term conditions e) Empower people to be more in control of their care
Ambition 7. Protecting health a) Increase access to health screening b) Increase offer of immunisations c) Infection control to remain a priority for all care providers d) Severe weather plans in place e) Improve food hygiene in the Borough	**Ambition 8. Housing** b) Work together to; ○ Tackle homelessness ○ Deliver health, care & housing in a more joined up way c) Adequate affordable housing d) Adequate specialist housing e) Understand condition and distribution of private sector housing stock, to better focus resources	**Ambition 9. Maximising opportunity** a) Have a joined up view of Southend's health and care needs b) Work together to commission services more effectively c) Tackle health inequality (including improved access to services) d) Promote opportunities to thrive; Education, Employment

2014-15

October 2014 to September 20 15

Contents

Key

Evidence of impact of LSCB activity in highlighted in GREEN

Areas of Challenge or for development are highlighted in YELLOW

SECTION 1 – INTRODUCTION

Introduction from the LSCB Chair

I am very pleased to introduce the 2014-15 annual report for Southend on Sea LSCB.

The Board has continued to develop its breadth of understanding of safeguarding across the partnership, with a specific theme this year of looking at how well partners listen to the voice of the child and embed this in their operational activities. The Board's performance management arrangements and learning and improvement framework have matured to enable a broad overview of safeguarding in Southend to be taken, as well as delivering detailed investigations of specific areas of practice.

During the year the Board has been assured in many areas of activity that practice quality continues to improve, partnerships are strong, and progress has been made in many aspects of safeguarding. There have been strong preventive strands of work in CSE and Domestic Abuse (using the "Prince Charming" workshops) and E-Safety (using "Walk on Line") ensuring that young people are aware of risks and are able to protect themselves, and each other, using this knowledge.

The partnership can be seen to continue using the Early Help and Early Intervention models to address risk and potential neglect, supporting young people through their families and using the team around the child model. This has been bolstered by Southend's successful Big Lottery bid which has brought to the Borough additional capacity for family support and intervention through the Better Start initiative.

At the statutory end of safeguarding the service continues to perform well and a recent Peer Review has confirmed this and indicated areas for further development and improvement. Strengthening the input of children into their own conferences and plans and more strongly hearing the voice of the child in safeguarding are key aspirations in this area of practice.

In terms of areas of future development, the interface with Essex Police remains a key challenge, especially around Domestic Abuse. The revised MARAC arrangements introduced during the year, which include a triage process, have reduced but not eliminated delays for

conferencing high risk cases, and this area of work remains a concern. A Southend solution will now be sought and implemented by the end of the 2015-16 financial year should this matter not be otherwise resolved. The provision of information by Essex Police on Domestic Abuse incidents involving children, which should be part of the Southend JDAAT function, has also been difficult due to problems retrieving data from the new police data management system, Athena. Going forward, the Southend Partnership, led by the Local Authority, will be seeking an urgent solution to redress this issue.

In terms of work on CSE, the SET Strategic CSE Group was reviewed and its governance clarified and refined to fit the wider pan -Essex system. There is a clear CSE strategy in place and very good working arrangements in Southend, which includes a vibrant and well supported CSE Champions group.

With the governance of such areas of work becoming more complex, due the cross cutting nature of the work in terms of relationships to both Safeguarding Boards, the Health and Wellbeing Board, and the Community Safety Partnership, I am grateful for the support of Rob Tinlin the Chief Executive of Southend Borough Council, in setting up an internal co-ordination process to ensure that each of these bodies has clear and compatible plans in any cross cutting area of work.

Finally in terms of further areas of service development, there remains the challenge of ensuring services for victims of CSE, including counselling and specialist support, are provided. Also this year, data provided to the LSCB has identified a concerning trend of increase in self harm amongst young people. Whilst the data requires more investigation, this apparent trend is supported anecdotally, by the views of head teachers for example, and the LSCB will be further investigating and responding to this issue during the coming year.

In conclusion, I would like to thank all partners for their continuing support and input to the LSCB, including those colleagues who attend or chair sub groups. Attendance at, and contribution to, both the Board itself and its sub groups continues to be of an excellent quality and commitment, without which the LSCB could not achieve its comprehensive work programme.

Role of the Board

The LSCB is a statutory body created under the Children Act 2004. It is responsible for challenging all relevant organisations on their performance in ensuring that children and young people are kept safe and are free from abuse in Southend. Section 14 of the Children Act 2004 sets out the objectives of LSCBs, which are:

(a) to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and

(b) to ensure the effectiveness of what is done by each such person or body for those purposes.

Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 sets out that the functions of the LSCB, in relation to the above objectives under section 14 of the Children Act 2004, are as follows:

1(a) developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to:

(i) the action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention;

(ii) training of persons who work with children or in services affecting the safety and welfare of children;

(iii) recruitment and supervision of persons who work with children;

(iv) investigation of allegations concerning persons who work with children;

(v) safety and welfare of children who are privately fostered;

(vi) cooperation with neighbouring children's services authorities and their Board partners;

(b) communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so;

(c) monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve;

(d) participating in the planning of services for children in the area of the authority; and

(e) undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned.

Regulation 5(3) provides that an LSCB may also engage in any other activity that facilitates, or is conducive to, the achievement of its objectives.

In order to fulfil its statutory functions under regulation 5 a LSCB should:

- assess the effectiveness of the help being provided to children and families, including early help;
- assess whether LSCB partners are fulfilling their statutory obligations
- quality assure practice, including through joint audits of case files involving practitioners and identifying lessons to be learned; and
- monitor and evaluate the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children.

To evidence its fulfilment of its statutory responsibilities the LSCB produces an annual report covering its reporting year of October to September. The LSCB has agreed this reporting cycle in order that the findings of the annual report and the identified priorities for the coming year can be considered and built into the development of the strategies and delivery plans of other partnership boards and commissioners, including the Chief Executive and Leader of Southend Borough Council; Health and Wellbeing Board; Children's Partnership Board (Success For All Children Group in Southend); and Essex Police and Crime Commissioner.

<u>Governance and Accountability</u>

Although the LSCB is an independent statutory body the Chief Executive and the Lead of Southend Borough Council hold the Chair to account for the effective working of the LSCB. The Chair of the LSCB meets with the Chief Executive and Leader of Southend Borough

Council to present the LSCB Annual Report on the effectiveness of safeguarding children in Southend following its approval by the LSCB's Board in November annually.

Strategic Links to Other Boards and Partnerships

The Chair of the LSCB is invited to attend the Health and Wellbeing Board (HWB) annually to present the LSCB's annual report on the effectiveness of safeguarding children in Southend. The HWB ensure that the Police and Crime Commissioner is present at this meeting.

The LSCB seeks to gain assurance that the HWB is effectively considering children's safeguarding in the decisions it makes. The HWB in turn uses the LSCB as a 'critical friend' in safeguarding children considerations and decisions, including the development of the Health and Wellbeing Strategy; the Joint Strategic Needs Assessment; key Commissioning Strategies; and service re-design.

The LSCB has a direct relationship with the Success for all Children Group (SACG) and the Corporate Parenting Group (CPG). The SACG and CPG report to the HWB and have responsibility for shaping and delivering children and young people's and looked after children's health and wellbeing agenda. The LSCB holds the SACG and CPG to account for ensuring the safeguarding of children and looked after children are considered in the decisions they make and their strategic priorities. The LSCB will consider the annual reports from the SACG and CPG and their safeguarding children and looked after children priorities.

The LSCB also has a direct relationship with the Community Safety Partnership (CSP). The LSCB seeks assurance that the CSP is appropriately considering children's safeguarding in the decisions is makes. The LSCB specifically seeks assurance regarding the development and implementation of the Domestic Abuse Strategy and the implementation of lessons learned from domestic homicide reviews.

For a number of years an LSCB Scrutiny Panel, consisting of elected members of Southend Borough Council, has scrutinized and contributed to the work of the LSCB. The Panel has been recognized by Ofsted as a model of good practice.

The Chief Executive of Southend Borough Council has, over the last year, been further developing the strategic oversight and coordination of safeguarding and community safety priorities through quarterly meetings attended by the chairs and business managers of the strategic boards, and commissioners from statutory agencies, including the local authority's children and adult services, Essex Police and Southend CCG.

SECTION 2 – EXECUTIVE SUMMARY

Overview

The Southend Partnership has continued to work in a co-ordinated and affective way to improve the quality of services and the effectiveness of Safeguarding during 2014-15. There has been good progress made on most of the LSCB's objectives for the year.

The level of safeguarding training of professionals in Southend remains very high across the partnership. During this year significant improvements have been made in terms identifying children who are missing from education (and who therefore may be at risk, including from CSE).

Areas of challenge continue to be the provision of data about Domestic Abuse where the Police data requires improvement, and the operation of the MARAC, where there continue to be delays despite a strategic review which introduced a triage process designed to avoid backlogs. These two areas remain a concern as they mean that information about children who might be affected by domestic abuse, and the formulation of plans to reduce risk in such families, are not securely in place at the present time. These therefore continue to be priority areas for the LSCB, which have continued to be taken forward in discussion with Essex Police and others, with the active support and intervention of the Southend Council, including its Chief Executive. A deadline of March 2016 has been set for a Southend specific resolution of the MARAC process concerns

Other areas of work include reduction of co-sleeping risks. There were no deaths this year in Southend involving co-sleeping. The overall number of deaths of children has also fallen.

In terms of Early Help (Stages 1 to 3 of the tiered approach) there were more children supported at levels 1 and 2 this year than the previous year, which indicates a more preventive approach. The LSCB has concluded from this picture that the Early Help offer continues to be generally working well. Southend received a very substantial Big Lottery grant which is being targeted in areas of higher deprivation to support families and improve patenting capacity.

Looked After Children are kept under strong review by the LSCB and this year there continued to be improvements in the stability of placements for Looked After Children, with 78% of placements being stable. It was an LSCB objective to ensure that Looked After Children report feeling safe, and this is detailed in the Voice for All report. There was a further increase in the number of Private Fostering cases identified, which allows the Local Authority to make checks to ensure the placements are suitable and of a good standard.

Child Sexual Exploitation (CSE) remains a very high priority for the LSCB and its partners, and during this year further improvements in identifying young people at risk were made, with a total of 45 high risk individuals being identified as at September 2015. At present it is regarded as good to see such an increase due to the high levels of presumed under reporting in this area of work. Once young people are identified as being at risk, it is possible to begin to commence working with them and their families to understand and reduce risk, and prevent CSE taking place. A substantial number of CSE "Champions" have been trained and are supported across the partnership, making sure that all agencies have the capacity and skills to know how to approach work in the challenging are. **There continue to be number of challenges in taking this work forward, including improving the mapping of intelligence about where CSE threats are focussed in Southend , and also in terms of the Police triage process which is meant to assess and co-ordinate strands of information about perpetrators and victims, but which is not fully in place at present . There are also gaps in services for victims of CSE in terms of counselling services and support for past and current victims and this has been flagged up to the Health and Wellbeing Board as a service development need. The Police and Crime Commissioner has recently commissioned specialist support services for victims of sexual assault of all genders and ages from March 2016**

In terms of statutory safeguarding (Stage 4 of the tiered approach) there has been an increase in the number of children and young people on a child protection plan (186 in June 2015 as opposed to 161 the previous year). Nevertheless the child protection system has continued to operate to good timescales, secured high levels of attendance of professionals, and good feedback from participants, as 90% of those attending felt the conference was of a good quality**. Improvements have been identified, including the better preparation of families before conference and more timely distribution of reports allowing participants to be better prepared**.

In terms of the prevention of safeguarding risk, and the building of resilience in young people in Southend, there have been a number of strong areas of activity this year. These include a very comprehensive programme of CSE awareness, a Diversity and Equality initiative which includes a strong anti-bullying aspect, and a programme of E- safety which assists young people to be safe in online activity. In addition there continues to be a reduction in serious road traffic accidents, and there have been no preventable deaths in Southend this year from fire.

One area of increased concern is the rate of self-harm admissions of children and young people to the Southend University Hospital. Over the last three years these have risen significantly, from 49 in 2012-13 to 98 this year. The LSCB is concerned that there appear to be significant pressures on young people which may be leading to this increase, and this is flagged up as an area for priority attention in the coming year. More analysis will be

needed to establish the drivers for this trend, and what actions can be put in place to mitigate their effect.

In conclusion, there are some priority areas for joint work, especially with Essex Police, which focus largely on Public Protection, and which are cross cutting in terms of the Southend governance, including for example work undertaken under the Community Safety Partnership. To promote the effectiveness of plans in Southend, and to ensure they are seamless, the work of the various strategic groups is being better co-ordinated with the support of the Chief Executive, which will enable both the internal relationships between groups, and the external interface, especially with the Police, to be supported and areas of concern to be addressed.

Progress Against LSCB's 2014-15 Business Plan Priorities

The Board identified the following priorities and projected outcomes and impact measurements in its Business Plan for 2015-18. Quantitative and qualitative measures were identified, against which the Board was able to monitor progress

	Priority	**Projected Outcome/Impact Measurement**	**Quantitative Data**	**Qualitative Data**
A	**Developing a culture of communication between all stakeholders to safeguard children**	LSCB Learning and Improvement Framework evidences that information is shared appropriately to safeguard children	Percentage attendance and/or information sharing at case conferences for each partner agency School Nurse 72%; Health Visitor 66%; Hospital 38%; School 78%; Police 90%; Probation 17%	An LSCB audit evidences an appropriate level of information sharing to safeguard children
B	**Reduce the number of children and young people who have experienced bullying including**	Baseline data established evidencing children's experience of bullying with on-going data collection	Percentage of children reporting they have experienced bullying is 32%	On the whole questionnaire and other feedback provided by children, including those who are looked after, evidences that if

	Priority	Projected Outcome/Impact Measurement	Quantitative Data	Qualitative Data
	face to face, text or internet	evidencing that children's experience improves		they are bullied that this is dealt with appropriately by the relevant agency
C	**Ensure that the Domestic Abuse Strategy is effectively implemented to reduce the impact of Domestic Abuse on children and young peoples' life chances**	Reduction in the number of children recorded by Essex Police as present during domestic abuse incidents.	Number of children witnessing domestic abuse incidents – data is currently not available from Essex Police due to change in data system	The LSCB will be monitoring qualitative data in the future from prevention and perpetrator schemes to evidence any improvement in perception of impact of domestic abuse on victims
D	**Support families at the earliest opportunity to prevent their needs escalating**	Qualitative data from children and families receiving an early help offer evidences an improvement in their perception of the presenting issues at time of referral. Quantitative data evidences a reduction in children supported at stage 4.	Percentage of children and their families supported at each level of intervention indicates increase in those supported at stages 1 and 2. July 2015: Acute/Stage 4 = 10.9% (8% previous quarter); Complex/Stage 3 = 32.8% (45.8% previous quarter); Vulnerable/Stage 2 = 41.3% (35.3% previous quarter); Universal/Stage 1 = 15% (10.8% previous quarter).	Qualitative data from children and families receiving an early help offer which was scrutinized by the LSCB evidences an improvement in their perception of the presenting issues at time of referral LSCB audits completed evidence that children and families are supported appropriately

	Priority	Projected Outcome/Impact Measurement	Quantitative Data	Qualitative Data
			Number of children with a child protection plan. 186 at end of June 2015 compared to 161 at end of June 2014	
E	**Reduce the number of children killed, seriously and slightly injured in road traffic collisions**	Quantitative data evidences a decrease in the number of children killed, seriously and slightly injured in road traffic collisions	Number of children killed and seriously or slightly injured in road traffic accidents has remained static at 6. Overall trend is downwards since 2011	None
F	**Identify and provide early support to children at risk of sexual exploitation, to prevent harm and reduce the impact on their life chances**	Qualitative and quantitative data evidences that children identified as being at risk of sexual exploitation are provided with support that is appropriate to their needs	Number of child sexual exploitation (CSE) information reports received by Essex Police regarding potential CSE in Southend or involving children from Southend. Data not currently available Number of children identified as at high risk of CSE by the CSE & Missing Group as at end of September 2015 was 45	LSCB CSE & Missing Group identified children at high risk of CSE and ensured they are appropriately supported
G	**Ensure that looked after children are safeguarded effectively**	Qualitative and quantitative data evidences that looked after	Number of looked after children who report feeling safe in the Voice for All	Completed LSCB multi agency audits and feedback from children evidences

	Priority	Projected Outcome/Impact Measurement	Quantitative Data	Qualitative Data
		children are safeguarded effectively	report – data not currently available	that looked after children are being safeguarded effectively
H	**Identify and provide support to vulnerable adolescents to ensure they are safeguarded effectively**	Qualitative and quantitative data evidences that vulnerable adolescents are supported and safeguarded effectively	Number of adolescents admitted to hospital as a result of intentional self-injury/harm has increased Reduction in number of young people known to IYSS who re-offend	Audit of support to young people known to Children's Services completed by the LSCB evidences that they are supported appropriately

Key Successes

- Identification of children and young people at high risk of CSE
- Over 800 children and young people participated in the Prince Charming Project *(an interactive play providing an opportunity for young people to explore domestic abuse within teenage relationships*) and had an impact on their understanding and perception of healthy relationships
- Over a thousand primary and secondary school children and young people participated in an Equality and Diversity programme partly focusing on anti-bullying.
- Over 4000 children and young people attended the Walk On Line roadshow in summer 2015 *(providing advice on E Safety)*. Those who attended were more conscious of basic protection strategies such as checking privacy settings in social media profiles and editing lists of contacts to exclude individuals not known off-line; and were aware of reporting mechanisms for handling nuisance contact requests and abusive posting in public forums.
- Child Death Reviews completed in the period identified that there were no deaths of babies as a result of co-sleeping

- Coroner reports are now shared with paediatricians in order that they can support bereaved parents to understand the findings
- High levels of safeguarding children training of professionals and volunteers
- Core Groups are being held on time and effectively monitoring the Child Protection Plan in more than 90% of cases monitored.
- Over 90% of Child Protection Conference participants who responded said that they felt able to express their views; that clear decisions were made, and the chairing of the meeting was good or very good; and that the length of the meeting was OK.
- Improvement in the general stability of placements for looked after children (long term stability 74%)
- Increase in number of private fostering arrangements known to the local authority
- Effective systems are in place to monitor, identify and locate children that are either at risk of, or have become missing from education

SECTION 3 – CONTEXT

Demographics

The Office for National Statistics (ONS) estimates the total population for Southend on Sea as at mid-2014 is 177,900. Southend's population is projected to grow to 185,000 by 2020. (Source: ONS - 2013 Mid-Year Estimates).

29.9% of Lower Super Output Areas (LSOA) in Southend are classified as falling within the 30% most deprived areas in the country, using ONS population figures this equates to just over 56,000 residents. Southend also has 8.4% of LSOA's (just over 16,200 residents) that fall within the 10% most deprived in the country. (Source: Communities and Local Government - 2010 Indices Multiple Deprivation).

Children and young people under the age of 20 years make up 23.8% of the population of Southend-on-Sea. 21.7% of school children are from a minority ethnic group. The health and wellbeing of children in Southend-on-Sea is mixed compared with the England average. Infant and child mortality rates are similar to the England average. The level of child poverty is worse than the England average with 21.7% of children under 16 years of age living in poverty. The rate of family homelessness is better than the England average.

In 2013/14 there were 37869 young people under the age of 18 in Southend. This is estimated to rise to 38452 in 2014/15 and to 39511 in 2017. Of the 2013/14 figures;

- 11391 were under the age of 5, a rise of 12 from 2012/13;
- 12240 were aged 5-10 years a rise of 436;
- 9848 were aged 11-15 years a decrease of 334, with
- 4390 aged 16+ a decrease of 138.

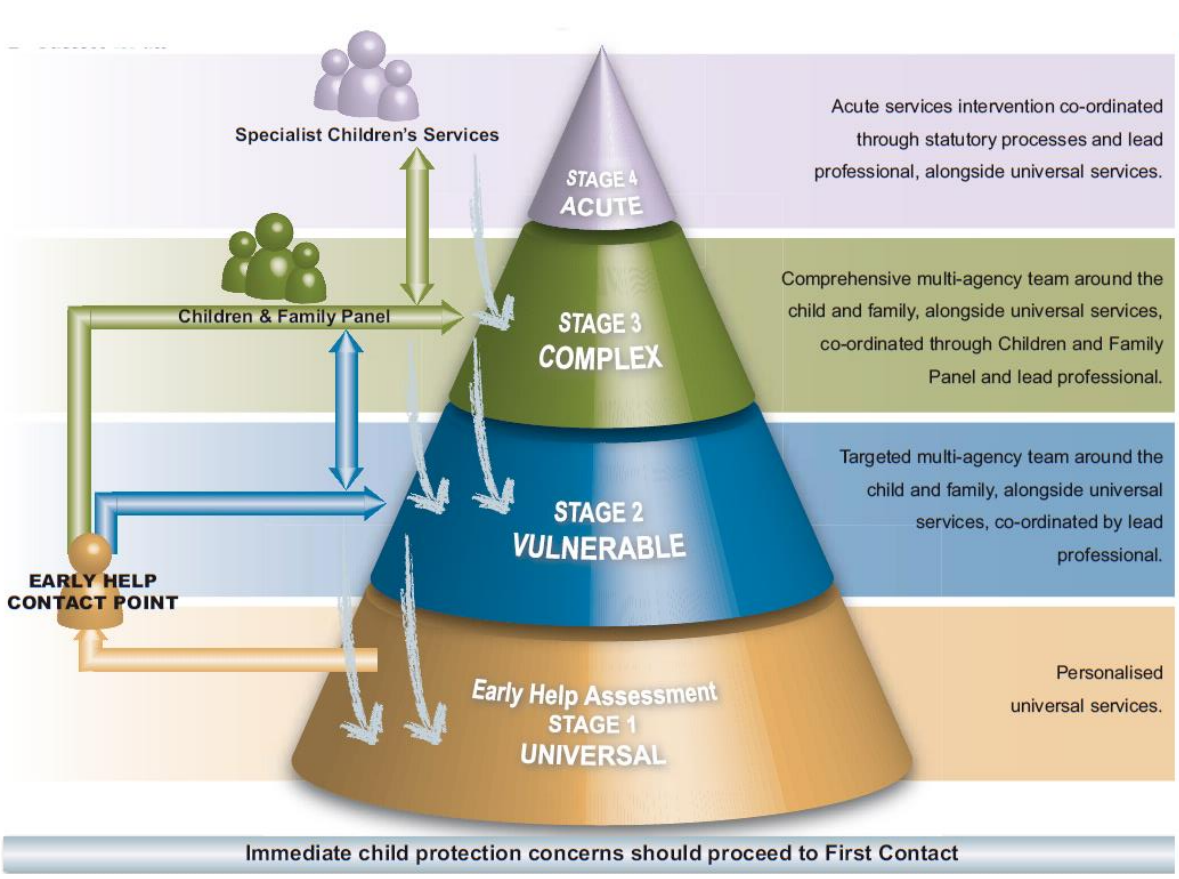
It is estimated that by 2017;

- 12864 will be aged under 5 years;
- 13516 will be aged 5-10 years;
- 9317 will be aged 11-15 years and

- 3814 will be aged 16+.

Integrated Approach to Safeguarding Children

Southend's integrated staged approach to intervention ensures a partnership approach to identifying and meeting children's needs as soon as possible (see diagram below). Southend has developed and implemented an Early Help Assessment, replacing the Common Assessment Framework (CAF), and uses a well embedded Team Around the Child/Family approach to improve outcomes for children and young people and provide them and their families with early support to prevent escalation of risk to children.



The LSCB's Learning and Improvement Framework

The LSCB has a well established Learning and Improvement Framework. Working Together to Safeguard Children (HM Government 2015) requires all LSCBs to establish and maintain a Learning and Improvement Framework which "enables organizations to be clear about their responsibilities, to learn from experience, and improve services as a result". The focus in Working Together is on the use of reviews and audits to inform the learning and improvement framework. Southend LSCB has identified additional areas for obtaining learning to improve practice, to develop an integrated framework which builds on its culture of learning and improvement. The following elements form the basis of the LSCB's Learning and Improvement Framework:

Element	**Activity**	**Expected Outcome/Impact of the Activity**
Serious Case Reviews	Identification and implementation of learning	Learning from SCRs and improvement actions will be informed by the views of families and practitioners. The LSCB expects to see a measurable impact on the level of confidence and satisfaction expressed by families and practitioners on the current arrangements and processes in terms of improving children's welfare and safety
Child Death Reviews	Identification and implementation of learning	The LSCB expects to see that actions taken in response to findings from CDRs reduce the number of child deaths with modifiable factors

Element	Activity	Expected Outcome/Impact of the Activity
Other Case Reviews	Identification and implementation of learning	The LSCB expects to see that learning from reviews and improvement actions are informed by the views of families and practitioners. The LSCB Expects to see a measurable impact on the level of confidence and satisfaction expressed by families and practitioners on the current arrangements and processes in terms of improving children's welfare and safety
Single & Multi Agency Audits and Audits of Board Effectiveness	Reporting of single agency audits	The LSCB expects to see that partner agencies evidence effectiveness of safeguarding practice and identify areas for improvement
	Programme of LSCB audits	The LSCB expects to see that the audit programme evidences the effectiveness of safeguarding services throughout the journey of the child
	Audit of Board effectiveness conducted by identified LSCB team.	The LSCB expects to be able to evidence its effectiveness in monitoring and coordinating

Element	Activity	Expected Outcome/Impact of the Activity
		the safeguarding of children and promoting their welfare
Qualitative Information from Children, Young People and their Families (including compliments and complaints)	Analysis of information obtained to quality assure the effectiveness of safeguarding across the tiers of intervention	The LSCB expects to see that the development and improvement of safeguarding services is informed by the views and experience of children, young people and families
Qualitative Information from Practitioners	Analysis of information to identify risks to safeguarding practice and learning	The LSCB expects to see that risks to the effectiveness of safeguarding children services are identified early and addressed in a timely way and that practitioners report in follow up evaluations that they are aware of key development areas and good practice, with a positive impact on their safeguarding children practice and increase in confidence
Single Agency Performance Information	Analysis of quantitative data from partner organizations	The LSCB expects to see evidence of improvement in identified key areas of safeguarding practice.

Element	Activity	Expected Outcome/Impact of the Activity
Section 11 Audits	Reporting of qualitative and quantitative data by LSCB partner agencies	The LSCB expects to see that partner agency self-assessments of safeguarding efficacy are robust
Annual Reports from Strategic Partners (e.g. Corporate Parenting) and LSCB Members	Needs analysis and monitoring of safeguarding effectiveness	The LSCB expects to see that evidence of the effectiveness of safeguarding practice throughout the journey of the child
Strategic & Themed Work (e.g. domestic abuse, child sexual exploitation)	Mapping of issues and development of overarching strategies	The LSCB expects to see that it and its strategic partners identify any risk and/or need and implement improvements to address these

SECTION 4 – THE JOURNEY OF THE CHILD

Prevention and Early Help – Stage 1

Prevention and Early Help is undertaken at stage 1 of the integrated staged approach to intervention in Southend. There is a strong and developing prevention and early help offer in Southend which reduces the escalation of risk to children and young people. Support to children and families, at stage 1, is provided by personalised universal services. At the end of June 2015 10.8% of children with an Early Help Assessment were supported by personalised universal services.

In July 2014 the Local Authority, Pre-school Learning Alliance, and its partners were awarded £40m from the Big Lottery Fund's 'Fulfilling Lives: A Better Start' initiative. The award supports partners to work with the local community in six key wards over the next ten years (Kursaal, Milton, Westborough, Victoria, Shoeburyness and West Shoebury) to shape and redesign services during pregnancy and early childhood and help parents to give their children a better start in life. The plan which underpins this; 'Our Children, Our Community, Our Future', has been developed with local parents, the community and professionals, to put prevention at the heart of the way services are delivered.

The Integrated Locality Toolkit reflects the 'Early Help' offer and includes the new early help assessment; single social work assessment, and education health care plan.

Southend Information Point (SHIP) encourages service users and practitioners to access the earliest help independently through a universal website, with an average of 18,000 unique page requests per month, with peak months usually around school holiday periods rising to 21,760. Service users can access information, advice and guidance on childcare, activities, clubs and community events, voluntary and targeted services, health needs, education and finances, and a comprehensive Local Offer for Special Educational Needs and Disability

The most popular search terms are childcare followed by parenting, children's activities and child and family counselling

A restructuring of Early Help and Early Intervention is currently being undertaken within the integrated staged approach.

Activities and Impact

Approximately 800 young people from Southend schools, including one based in a children's home, participated in the 'Prince Charming' project, an interactive play providing an opportunity for young people to explore domestic abuse within teenage relationships. The Soroptomists supported the project by providing additional information for young people about domestic abuse.

Feedback from young people about the project has been very positive and evidences an impact on their understanding and perception of healthy relationships

> Prince Charming is an interactive drama performance where children and young people in the audience can intervene and stop the performance to discuss the events and choices the characters are making in their relationships.

Additionally, Public Health are providing sex and relationship education (SRE) programmes for all primary and secondary schools in Southend with implementation support. This will ensure a consistent content and approach to SRE across all Southend schools.

Over a thousand primary and secondary school children and young people participated in an Equality and Diversity programme partly funded by the LSCB, focusing on anti-bullying. Submissions from participating schools evidence the positive impact of the programme

Throughout June and July of 2015 the LSCB commissioned and organised a series of 20 Walk On Line Roadshow events at several schools in the borough and a local Theatre. 44 schools within the borough were invited to attend the roadshow, including comprehensive, selective, faith, and special primary and secondary schools. A total of 4,024 individual pupils participated.

Walk On Line presents advice and guidance on how children and young people can better protect themselves whilst engaging in online activities, particularly social media services such as Facebook, Twitter, Instagram, Tumblr, etc.

Essex University provided grant funding to undertake follow up research measuring the impact of the roadshow. The research indicates that Walk On Line was experienced as valuable by the children and young people, who were more conscious of basic protection strategies such as checking privacy settings in social media profiles and editing lists of contacts to exclude individuals not known off-line. There was also evidence that the programme raised awareness of reporting mechanisms for handling nuisance contact requests and abusive posting in public forums.

The LSCB has prioritised a reduction in the number of children who are killed or seriously in road traffic collisions for the last 4 years. Death and serious injury to children caused by road traffic collisions presents the biggest risk to the safety of children. There were 6 children killed or serious injured in road traffic collisions between October 2014 and September 2015, consistent with the number for the previous year. The trend overall continues to be downwards

All secondary schools, statutory agencies, GPs, children's homes, fostering agencies as well as a number of private and community organisations, some primary schools, have trained Child Sexual Exploitation (CSE) Champions. CSE Champions raise awareness of indicators of CSE within their organisations to support the early identification and support of children and young people at risk of CSE. Children and young people identified as being at risk of CSE are supported within the integrated staged approach to prevent escalation of risk. A CSE Champions Forum has been established to provide on-going support and professional development for Champions. 385 CSE Champions and key practitioners have been identified and successfully completed training. A further 555 have undertaken online training

Essex County Fire and Rescue Service (ECFRS) undertake Home Fire Safety Checks and educational visits to schools. In the financial year 2014-15 there were no preventable fire deaths in Southend.

Southend LSCB, Health Visitors and other partners have been promoting the Safer Sleeping for Babies message since 2010. On their first visit to new parents Health Visitors use an LSCB Safe Asleep leaflet to explain the risks of co-sleeping, and the baby's sleeping environment. The LSCB's Child Death Review process has found that there were no deaths as a result of co-sleeping in 2014-15.

In partnership with the Maritime and Coastguard Agency the LSCB has produced and distributed a leaflet about the Safe Use of Mudflats locally as well as regionally to schools in response to safety issues identified by the LSCB.

Child Death Reviews from the wider Essex area and the LSCB Scrutiny Panel have identified risks associated with Water Safety around private pools. A water safety awareness campaign was undertaken by Southend LSCB in summer 2015.

An awareness raising campaign was undertaken with schools to help identify and support children at risk of forced marriage or female genital mutilation (FGM).

Child and Adolescent Mental Health Services (CAMHS) have been re-commissioned during the period, with a new provider offering a restructured Emotional Wellbeing and Mental Health Service (EWMHS) from November 2015 There continues to be an increase in the number of children and young people admitted to hospital as a result of unintentional or deliberate injuries to 98 from Oct 2014 to Sept 2015, *(compared to 49 in 2012/13 and 78 in 2013/1)*. 54 admissions had a diagnosis of intentional self-harm, an increase from 37 in 2013-

14. Anecdotal evidence links the increase to possible exam pressure and stress experienced by young people and online bullying

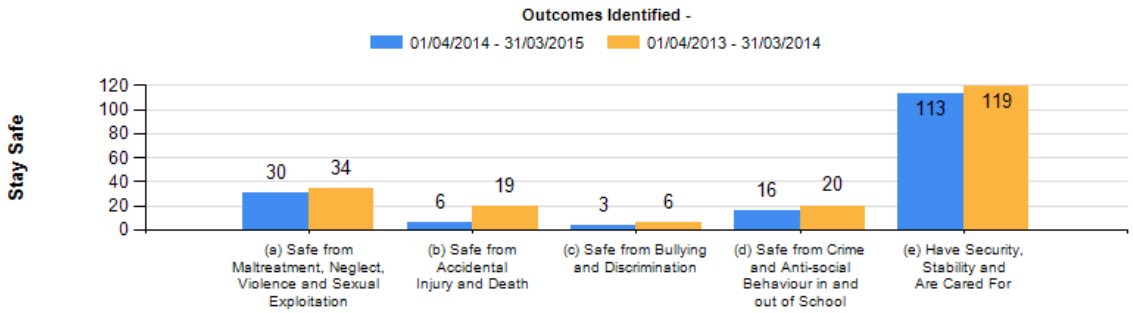
The LSCB is currently undertaking further investigation of data and other information to identify the causes of self-harm among young people; target activity; and monitor the impact of preventative programmes delivered through the new EWMHS on reducing self-harm among young people

Early Intervention and Children in Need – Stage 2 & 3

Early Intervention takes place at stages 2 and 3 of the integrated staged approach, where children and their families require additional, coordinated support to that provided by universal services alone. A single point of contact for early intervention has been established in each of the three localities across the Borough. This contact point is serviced by early intervention screening officers, supported by a multi-agency team

At Stage 2, a Team Around the Child, coordinated by a lead professional and working with universal services, provides targeted support to vulnerable children and their families. At Stage 3 support to children and their families with complex needs is coordinated by Child and Family Panels with a comprehensive Team Around the Child and a lead professional. The Streets Ahead Team now forms part of the Stage 3 services as well as working at stage 4.

At the end of June 2015 81.1% of children and young people with an Early Help Assessment were supported at Stage 2 (Early Intervention) or Stage 3 (Child in Need). Over 40% of Early Help Assessments are undertaken by schools. There has been a significant rise in assessments completed by the Southend Borough Council Integrated Youth Support Service due to the work by Streets Ahead, Southend's Troubled Families service, who work within stages 3 and 4 of the integrated model. The table below shows the 'Stay Safe' outcomes of Early Help Assessments completed between April 2014 and March 2015:



The implementation of the Counter-Terrorism and Security Act 2015 on 1 July placed a duty on local authorities and other public bodies to have "due regard to the need to prevent people from being drawn into terrorism", as part of the Prevent Duty. To support partner agencies the LSCB, in partnership with the Safeguarding Adults Board and Community Safety Partnership, with Essex Police, have provided a number of Home Office accredited training sessions. All educational establishments now have a trained Prevent lead to cascade training to other practitioners. A Channel Panel, to coordinate support for those identified as being vulnerable to radicalisation, has also been established

There were 10 private fostering arrangements known to the local authority in September 2015. There was one private fostering arrangement in the period which was prohibited following assessment by Southend Borough Council Children's Services. In this case the private fostering arrangement was assessed as being unsuitable

<u>Child Protection and Acute Services – Stage 4</u>

Child protection concerns requiring a statutory response are dealt with at stage 4 of the staged model of intervention by Southend Borough Council Children's Services in partnership with Essex Police and other agencies.

There are high levels of safeguarding children training of professionals and volunteers:

Southend Hospital – 72.7% (Feb 15); Essex Community Rehabilitation Company – 100% (Sept 15); SEPT – 99% (April 15); ECFRS – 80% (April 15); GPs– 100% at level 3 (Sept 15); Southend CCG – 94.3% (Sept 15); Essex Police – 66.9% levels 1&2 (April 15); South Essex Homes – 99% (March 215); Early Years 96% (Sept 15)

High levels of training means that professionals and volunteers have a good understanding of thresholds for making safeguarding children referrals and identify children at risk of significant harm, resulting in a good conversion rate from referral to Single Social Work Assessment of 94.9% in May.

The number of children with a child protection plan continues to increase, with 186 in June 2015 compared to 161 in June 2014. Whilst the number of new Child Protection Plans for first quarter of 2015/16 were lower than the average for the previous two years, so was the rate of discontinuation of Plans. The LSCB is assured through its learning and improvement framework activity and comprehensive review by Southend Borough Children's Services that the increased numbers of children with a Child Protection Plan are largely as result of changes in practice following the most recent revision of the Public Law Outline in April 2014, which continues to provide good outcomes for children.

The LSCB is assured that Core Groups are being held on time and effectively monitoring the Child Protection Plan in more than 90% of cases monitored. Over 90% of Child Protection Conference participants who responded said that they felt able to express their views; that clear decisions were made, and the chairing of the meeting was good or very good; and that the length of the meeting was OK.

The LSCB has identified as a priority the provision of reports for Child Protection Conferences in advance of meetings to enable families and professionals to participate fully in the process. In the period around 20 % of participants said they did not have time to consider reports. The LSCB has received action plans from all partner agencies detailing the actions to be taken to improve practice in this area, and will continue to monitor performance

Safeguarding of Looked After Children and Young People Leaving Care

Looked After Children are made up of several distinct groups, although they have overlapping as well as specific needs. They include:

- Babies and younger children particularly 0-4yrs (45.8%)
- 16-18yr olds (10.3%)
- Disabled children - Eight looked after children have severe and complex disabilities.
- Young People who are parents
- Young people preparing to leave care
- Care leavers from 18-25 yrs - There are a total of 87 care leavers 18-25. They are supported by the Southend Borough Council Care Management 16+Team

The Pledge for Looked After Children includes the following safeguarding assurances:

- We know that we are all different in terms of where we grew up and we know that we all need different things to feel happy and safe. We want you to feel safe with other people, at school and where you live. If you ever feel unsafe we will make sure you know where to go for help.
- We will make sure your foster carers know how to keep you happy and healthy.
- If you are happy where you are living we won't move you, unless there is a problem. We will also try and keep you with the same social worker for as long as possible,
- If you do have to move, we will give you all the information we can about your new home and your new carers.

The LSCB has noted the following outcomes for Looked After Children and young people leaving care as reported by the Corporate Parenting Group:

- Improvements in the general stability of placements (long term stability 74%)
- Placing children with relatives and friends
- The proportion of looked after children placed locally with Southend foster carers (57.2%)

- An increase in the numbers of children with permanent placements through Special Guardianship Orders or Adoption
- A improvement in timescales for children between entering care and being placed with an adoptive family
- An increase in the number of young people with a permanency plan in place by the second review
- More children with up to date health assessments and dental checks
- Improvements in school attendance and a reduction in permanent exclusions Improvements in attainment at Key Stages 2 & 4
- An increase in the proportion of carer leavers who are in suitable accommodation
- An increase in the proportion of care leavers in education, training employment and at University.

The Voice of Children and Young People
Southend Borough Council Children's Services held workshops for social workers in November 2014 and February 2015, to share the findings from questionnaires sent to children; the 'Are we Keeping our Pledge' survey sent to Looked After Children; outcomes from audits relating to the voice of the child; and learning from complaints and comments

The Children's Plans & Reviews Team arranges and provides independent chairs for all Child Protection Conferences and Review Meetings for Looked after Children in Southend. As part of their statutory responsibilities under the Care Planning, Placement and Review Regulations (Section 25B, CA 1989), Independent Reviewing Officers (IROs) have a duty to monitor performance and to identify any patterns of poor practice and alert senior local authority managers to these concerns, as well as identify good practice by social workers.

IROs identified that although fewer children are choosing to attend review meetings, children are consistently consulted prior to their review.

Care Plans presented to Reviews were of good quality with 97% of care plans covering all key elements required in 2014/15, and written care plans are being presented to Review meetings more consistently.

The quality of social work reports presented to reviews is of good quality and continues to improve.

There has been some improvement in sharing reports with parents prior to review meetings, however this remains an area of challenge and has been identified as a priority for the coming year

Parental attendance at LAC reviews varies, and on average parents attended 48% of LAC Reviews, which is a slight fall from last year. Approximately 42% fathers and 58% of mothers attended LAC reviews for their children, which are both increased from last year

99% of children (aged 4 and over) participated in their reviews during 2014/15. An average of 55% attended their reviews in person, which is a slight increase on last year. The remaining 44% contributed to their meeting either by completing a consultation form or by giving their views to the IRO, their advocate, or other person they identify to speak on their behalf.

80% of children said they get to speak to their IRO alone.

Child Sexual Exploitation (CSE)

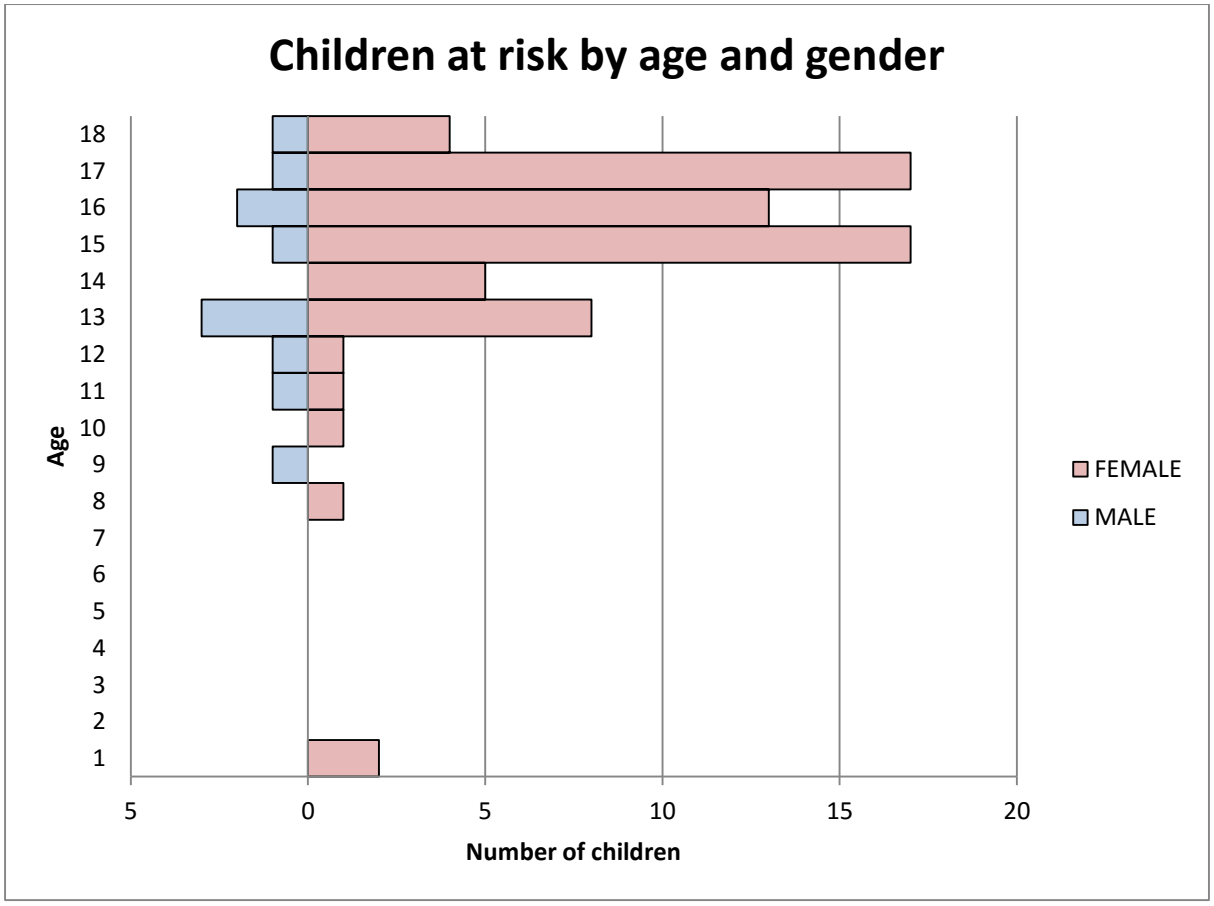
Tackling Child Sexual Exploitation (CSE) and its impact on children and young people, is a priority of the LSCB and its partner agencies. A peer review conducted in September 2015 found a strong commitment by Southend Borough Council to collectively tackling CSE and the Council has committed resources to tackling CSE in the borough, including the creation of Service Manager CSE and CSE data analyst posts. "Strategic leadership across children services is informed and thoughtful", with an "ambitious, admirable, and intense CSE strategic and operational focus", reflected in the revised CSE Action Plan 2015 – 2016. The plan is based on four key borough wide priorities; prevention, protection, prosecution, overcome and support. The implementation of the CSE action plan, strategically owned by the LSCB and its members and Southend Borough Council, together with the Community Safety Partnership and the Health and Wellbeing Board, provides an opportunity to move forward and improve the approach to CSE. The LSCB, working together with the Community Safety Partnership and

Health and Wellbeing Board will ensure that sexual, mental and public health provision and crime prevention and prosecution are all able to respond to or incorporate the requirements of the child sexual exploitation action plan.

Much of the initial focus of the LSCB and its partners has been the 'prevention' and 'protection' priorities. 385 CSE Champions and key practitioners have been trained, and a further 555 practitioners and volunteers have completed an E learning course. Awareness raising sessions have also been undertaken with key groups, and CSE has been integrated into the training programmes of all partner agencies. The Prince Charming project delivered to over 800 school pupils regarding teenage relationships, and the provision of sex and relationship education resources reinforces 'prevention' activities.

'Protection' activity is monitored by the LSCB's CSE and Missing Children Group, which ensures that all children and young people identified as being a high risk of CSE are being appropriately protected and supported within the Integrated Staged approach to intervention. The Group has been supported in its analysis of CSE by Southend Borough Council Children's Services. Since December 2014, 84 young people have been identified and discussed by the CSE & Missing Children Group. In September 2015 36 cases were classified currently at risk and 43 were classified as historic. Below is a chart showing the age and gender breakdown of children who have been identified as at high risk of CSE. It is clear that significantly more young women were identified as at risk of CSE. Young men account for only 14% of the dataset.

Recent research by UCL in partnership with Barnado's (2014) suggests up to a third of CSE victims are male, in contrast to previous research (OCC 2012) that suggested 9% of victims are male (with 72% female and 19% not recorded). This implies young men at risk could be underreported in Southend.



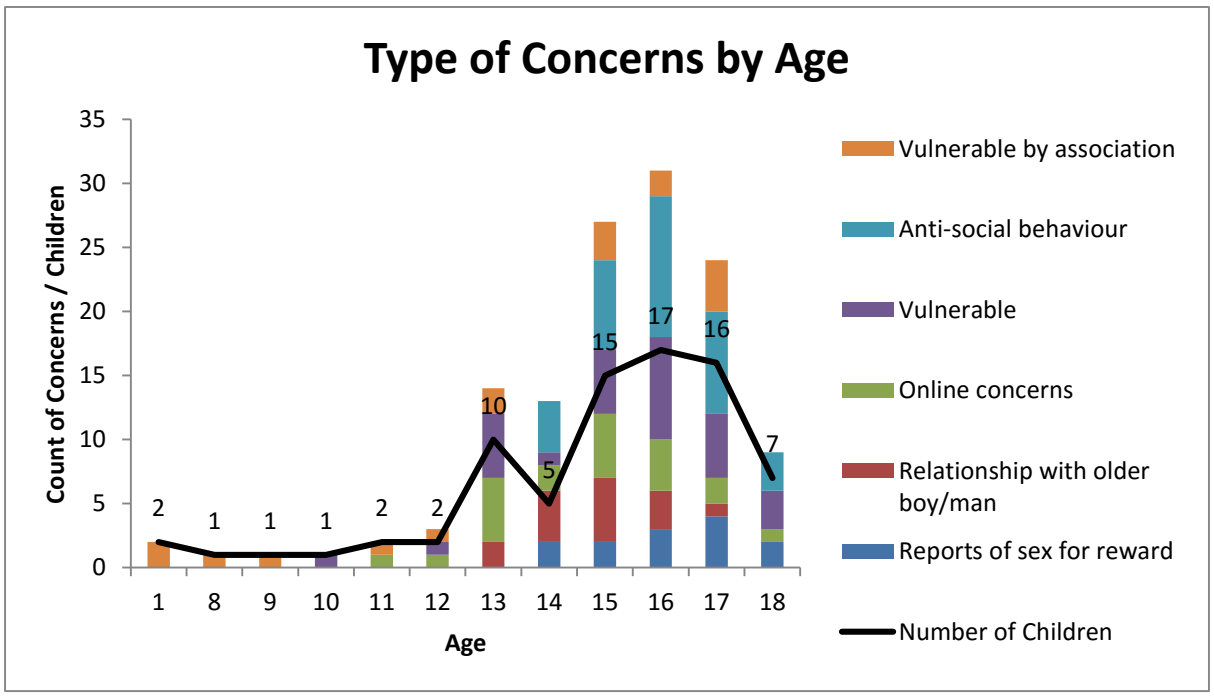
41% of identified children had either statement of Special Educational Needs (SEN) or a lower level of SEN support, supporting the view that vulnerable children are more likely to be targeted and fall victim to CSE. Looked after children are significantly overrepresented; 39% of all children identified as at risk of CSE are looked after. This is consistent with the view that this group of children are more vulnerable and as a result they may be targeted by perpetrators.

6.4% of all current looked after children to Southend have a CSE risk identified. This compares to 1.8% of children on a child protection plan

33% of all young people identified as at risk of CSE had one or more missing episode in the last 12 months (01/10/2014-30/09/2015). When historic cases are removed, this rises to 50%. This would suggest historic cases are ceasing to go missing.

Combinations of identified concerns are shown in the table below. Where the corresponding concerns for a single cell match, the cell number refers to the amount of cases where the specified factor was the only concern.

CSE concern	Reports of sex for a reward	Relationship with older boy/man	Online concerns	Anti-social behaviour	Vulnerable	Vulnerable by association
Reports of sex for a reward	0					
Relationship with older boy/man	4	1				
Online concerns	4	2	7			
Anti-social Behaviour	8	9	3	12		
Vulnerable	3	5	10	4	10	
Vulnerable by association	0	1	0	5	3	10



The analysis of intelligence by Essex Police and mapping of the prevalence of CSE in the area continues to be an area of challenge for the LSCB

Prosecution activity - In November 2014 two men were successfully prosecuted for sexually exploiting girls in Southend. Partner agencies worked well together to support the girls involved in the case, particularly following a due to administrative difficulties with the Court proceedings. The LSCB is working with Her Majesty's Courts and Tribunal Service to ensure there are no similar delays in any future prosecutions.

'Overcome and Support' activity - Commissioning of young people centred support services in respect of CSE is underdeveloped across the partnership. There is a recognised need for a more coherent approach to commissioning CSE victim support services, particularly in statutory services. The Police and Crime Commissioner has recently commissioned specialist support services in Southend for victims of sexual assault for all genders and ages from March 2016

Missing Children

When a child is reported missing to the Police, the local authority is notified and an investigation starts to find out where the child is located. When a child is found and returned home the Police conduct a 'Safe and Well check' which just establishes that the child is home and unharmed. When the local authority is notified that the child has returned an independent 'Return Home Interview' is undertaken to explore with the young person why they went missing and if there are any outstanding issues such as CSE or related problems that need addressing.

For the year April 2014 to March 2015 the tables, graphs, and diagrams below provide an insight into children who are going missing, why, for how long, as well as the demographics of the missing population.

Found Children	Missing Episodes	Return Visits	Episodes with Visit	% Return visits	Completed in 2 working days
101	186	143	173	93.0%	36.60%

Reason for Episode	Age		
	Under 12	12 to 15	16+
Contact with peers	3	41	33
Issues at home (not evidence of harm)	1	19	3
Contact with friends	1	8	7
Unknown - no visit	2	7	4
Other	1	7	4
Contact with family	1	7	3
Contact with other adults	0	6	4
Issues in placement (not evidence of harm)	1	4	4
Issues at home	0	4	0
Evidence of harm at home	0	3	0
Substance Misuse	0	1	2
Unknown - Visit unable to take place	0	2	0
Bullying	0	1	0
Not recorded	0	0	1
Offending Behaviour	0	1	0
Total	**10**	**111**	**65**

The majority of children (70) only went missing once which suggests that the intervention process and Return to Home Interviews are on the whole successful in that they identify causes for running away and support is provided

Children Missing Education

The term 'children missing education' (CME) it is generally used to mean those children who are not receiving a suitable full time education. 'Suitable' is defined as full-time education suitable to the child's age, ability and aptitude and to any special educational needs the child may have. A child missing education may be enrolled at school and not attending well enough; not enrolled at school or alternative provision; or occasionally receiving home education that does not meet their needs. They may also be receiving education, but only for a few hours.

What do we know about children missing education?

- ‘Identifying children not receiving education is a key part of discharging the responsibility to safeguard and promote the welfare of children.’ (Roger Singleton 2009)
- ‘Children and young people who are not being educated quickly become at risk of failing academically and socially’ (Ofsted survey report 2010)
- ‘Children who are missing from home, school or care are at greater risk of sexual exploitation.’ (Ofsted survey report 2014)
- ‘A similar correlation has been found between a child missing education and becoming a victim of forced marriage’ (NCB, referring to a House of Commons Home Affairs Committee report, 2011)

A review of Southend’s children missing education (or at risk of) was undertaken for the LSCB CSE and Missing Group, which crossed over six different key service areas:

- Looked after Children (Virtual School HT),
- Persistent Absence (CFEIT),
- Alternative Education (Learning and Skills Advisor & HT Seabrook College)
- Exclusion (HT Seabrook College),
- Elective Home Education (Virtual School HT),
- Teenage Expectant mothers/Teen Parents (Teenage Pregnancy PA)
- Children Not on a School Roll/Missing from School (School Admissions Service).

From the information provided it was apparent that there are areas of strength, where Southend had very tight systems to monitor, identify and locate children that were either at risk of, or had become missing from education with good examples of children being found and returned to education. However, there were other areas where systems needed tighter, evidence based, monitoring to ensure children didn’t fall under the radar and their absence from education didn’t go unnoticed.

The priority areas identified for further development were:

- Ensuring urgent and effective action is taken to protect children when they go missing from school

- The Local Authority monitoring all in-year and transition point admissions through an agreed protocol with schools.
- Ensuring there are clear processes with set timescales to place children on a school roll
- Evidence of impact/improving picture regarding children that are hard to place in school and fit the Fair Access Protocol.
- Evidence of impact/improving picture regarding children receiving education otherwise than at school (elective home education)
- Children and young people who do not attend school have access to good quality registered alternative provision, receiving at least 25 hours per week.
- Evidence of impact/improving picture regarding children receiving alternative provision
- Evidence of impact/improving picture regarding children receiving alternative provision through the Local Authorities alternative pupil referral unit provision
- Reducing numbers of fixed term and permanent exclusions with evidence identifying the impact upon the child/young person (including LAC) and arrangements to support their return to school or suitable alternative provision
- Urgent and effective action is taken to protect children where their attendance noticeably reduces
- All those involved in the care of children – for example schools, the virtual head, social workers and services – are effective in working together to help children and young people return to or remain in suitable education
- A review of the use of reduced school timetables for statutory school aged children that exceed a half term in length and to promote schools' responsibilities and raise awareness of the potential vulnerabilities for children that are regularly missing from education

SECTION 5 – MANAGEMENT OF ALLEGATIONS AGAINST ADULTS WORKING WITH CHILDREN

The Southend, Essex and Thurrock (SET) Safeguarding and Child Protection Procedures (2015) detail the process that is required to be followed when there is an allegation that a person who works with children, in any connection with her/his employment, voluntary activity or in any personal capacity has:

- behaved in a way that has harmed a child, or may have harmed a child;
- possibly committed a criminal offence against or related to a child; or
- behaved towards a child, or children, in a way that indicates they may pose a risk of harm to children (amended by *Working Together*, 2013)

In *Working Together* (2015) it is identified that Local Authorities should have designated a particular Officer, or team of Officers, to be involved in the management and oversight of allegations against people who work with children. Local Authorities are required to:

- provide advice and guidance to employers and voluntary organisations;
- liaise with the Police and other agencies;
- monitor the progress of cases to ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process.

In Southend, the Local Authority Designated Officer (LADO), and the person who undertakes the above role, is the Child Protection and Safeguarding Co-ordinator

In the period 1st April 2014 to 31st March 2015 there were a total of 29 allegations in respect of adults working with children in a variety of capacities in Southend, which is broadly consistent with, the figures for the previous year. In the main, referrals/allegations are received from the Police, Social Care and Education, however, they relate to a range of employment sectors including education, early years, fostering and the private and voluntary sector

The LADO also gives advice in relation to allegations against staff that did not meet the threshold for LADO involvement. During the period 1st April 2014 to 31st March 2015 advice

of this nature was given in 152 cases, which is an increase of approximately 50% on the previous year, when advice was given in 105 cases**.** This increase is consistent with that reported by LADOs nationally and is thought to be related to the heightened awareness of abuse by adults working with children, as well as the profile of the LADO being raised. In particular there has been a significant increase in historic allegations reported to the Police which are brought to the attention of the LADO.

28 cases were resolved during the period with 50% (14 cases) substantiated and 46% (13 cases) unsubstantiated. A further case was unfounded; there was evidence to disprove the allegation. These figures are broadly comparable with the data from 2013/14; unsubstantiated 51%, substantiated 49%.

A range of actions were taken in relation to substantiated cases from support and training through to dismissal and referral to the Disclosure and Barring Service. The LADO identified that the vast majority of employers understood their roles and responsibilities in managing allegations and any areas of difficulties were addressed.

An evaluation questionnaire is sent to participants following the concluding meeting for each allegation case. In the period 1st April 2014 to 31st March 2015, 10 questionnaires were been returned. In relation to the impact of the process, 100% of respondents identified this as positive. In relation to satisfaction regarding the outcome of the process, 98% of respondents graded this as 5 (1 being poor and 5 being outstanding); one case was graded as 4.

SECTION 6 - LSCB CHALLENGE TO PARTNER AGENCIES AND STRATEGIC BODIES

The LSCB monitors its challenges to partner agencies and strategic bodies and progress in resolving these. The following challenges were made by the LSCB in the period October 2014 to September 2015 and outcomes or resolutions recorded:

Details of Challenge	**Action Required** *(inc. any interim arrangements)*	**Agency Responsible**	**Outcome**
Commissioning process and structure of counselling pathways for the Sexual Abuse Resource Centre (SARC)	Further update to report required detailing: • Priorities for Essex Area Team • Clarity on the on-going commissioning intentions by NHS England; • Whether the pathways mentioned cover all ages; • NHS England LAT to recognise the challenges re out of hours provision (& continuing challenge for young people accessing services);	NHS England LAT	The counselling pathway for the SARC was defined by Southend CCG which has assured the LSCB that all stages are now resourced and commissioned effectively

Details of Challenge	Action Required *(inc. any interim arrangements)*	Agency Responsible	Outcome
	• Accountability of the SASP Strategic Board; • Clarity on governance, i.e. with South Essex Strategic Commissioning Group • Equity of access to pathways; • Clarity on responsibility for pathways (need ideal pathway); • A patient journey as an Appendix to the document.		
Essex Safeguarding Children Board (ESCB) lack of consultation on implementation of joint adult and children safeguarding efficacy returns to	• Liaison with ESCB to ensure Southend and Thurrock are consulted in the development of an enhanced online version of the joint	LSCB	Consultation was completed and separate children and adults safeguarding standards developed and implemented.

Details of Challenge	**Action Required** *(inc. any interim arrangements)*	**Agency Responsible**	**Outcome**
the LSCB from partners, replacing the section 11 audit used previously by all the SET LSCBs	safeguarding efficacy tool • SBC Corporate Director for People to raise and re-state the principle of cooperation and consultation between the SET areas at senior level	SBC Department for People	
Timeliness of completion of initial and core assessments by Southend Borough Council (SBC) Children's Services	SBC to report on actions taken to improve performance	SBC Department for People	Report received. Performance improved for completion of initial and core assessments
Vitamin D deficiency in pregnancy as a modifiable factor in deaths of babies as identified in the Child Death Review Annual Report	Public Health to implement distribution of Vitamin D supplements at Children's Centres	SBC Public Health	Vitamin D supplements now distributed via children's centres and other venues

Details of Challenge	**Action Required** *(inc. any interim arrangements)*	**Agency Responsible**	**Outcome**
Development and implementation of the Domestic Abuse Strategy	Southend Community Safety Partnership to present the new Domestic Abuse Strategy to the Board and local implementation action plan	Southend Community Safety Partnership	New Domestic Abuse Strategy presented to Board with local implementation plan. Board will continue to monitor implementation of the strategy
Delays in the consideration of high risk domestic abuse cases at MARAC	SET Domestic Abuse Strategic Group to address the effectiveness of the functioning of MARAC as part of its review of the Domestic Abuse Strategy	Southend Community Safety Partnership	Review of MARAC undertaken by SET Domestic Abuse Strategic Group. Revised arrangements in place to triage high risk cases has reduced number going to MARAC meetings and reduced delays. Some delays still experienced by Southend MARAC so additional meetings being held while alternative solutions are explored,

Details of Challenge	**Action Required** *(inc. any interim arrangements)*	**Agency Responsible**	**Outcome**
			including further development of the scope of the Joint Domestic Abuse Triage Team. A Southend specific resolution to delays in the MARAC process will be in place by March 2016
Lack of police attendance at initial child protection conferences	Essex Police to ensure attendance at initial child protection conferences and review conferences where appropriate	Essex Police	Attendance by Essex Police at initial child protection conferences is now good
Lack of suitable Achieving Best Evidence (ABE) Suites	Essex Police to procure suitable equipment for the refurbishment of ABE Suites	Essex Police	ABE suites have been refurbished
Variable quality of Child in Need Plans and their implementation identified through	SBC Children's Services to identify actions to improve quality of Child in Need Plans	SBC Children's Services	Post identified by SBC Children's Services to coordinate improvement in Child in Need plans and core group processes.

Details of Challenge	**Action Required** *(inc. any interim arrangements)*	**Agency Responsible**	**Outcome**
LSCB audit programme			Quality of Child In Need Plans has improved
Reduction in School Nursing Provision	Public Health to report on provision of school nursing	SBC Public Health	Board assured that safeguarding is being prioritised by school nursing above other duties and that recruitment has taken place to fill vacancies
Increase in number of children with a Child Protection Plan	Children's Services to raise at regional level and to report to be considered at next Board meeting	SBC Children's Services	Board is assured that the increase in number of children with a Child Protection Plan is largely as a result of changes in process regarding Public Law Outline
Timescale and resourcing of implementation of ACPO Missing Children Guidance by Essex Police	LSCB Executive has formally requested clarification from Essex Police regarding the timescales and resourcing of the implementation of the	Essex Police	ACPO Missing Children Guidance now being implemented by Essex Police

Details of Challenge	**Action Required** *(inc. any interim arrangements)*	**Agency Responsible**	**Outcome**
	Missing Children Guidance		
Engagement of strategic partners in discussions regarding a potential MASH model	SBC Children's Services to arrange a meeting of strategic partners to discuss	SBC Children's Services	Agreement reached to extend current Joint Domestic Abuse Triage Team arrangements
Provision of performance information regarding the impact of domestic abuse on children	LSCB Business Manager to send request to Essex Police to provide performance information	Essex Police	Due to issues with Essex Police's new data recording system, Athena, Southend specific performance information regarding domestic abuse remains unavailable. Issue escalated to chief officers
A number of procedural issues have been identified regarding the implementation of the CSE Strategy by Essex Police	Essex Police to address the recommended actions detailed in the CSE Review Report	Essex Police	A restructuring of the Essex Police dedicated team for CSE has improved some procedural issues, however, analysis of intelligence provided

Details of Challenge	**Action Required** *(inc. any interim arrangements)*	**Agency Responsible**	**Outcome**
			to Essex Police by practitioners across the partnership regarding CSE has not yet been completed
Sharing and explanation of coroner reports on child deaths with parents and relevant partners	Meeting with the coroner to be arranged to agree a process for supporting parents to understand coroner reports and for findings relevant to child protection processes to be shared with relevant partners	SBC Head of Children's Services	Coroner has agreed that reports will be shared with paediatricians in order that they can support bereaved parents to understand the findings. Findings relevant to child protection processes will be shared with relevant partners
Concerns regarding the future sustainability around the provision of support to victims and specialist support services. The	Funding and sustainability of specialist support services and victim needs be raised with relevant agencies and partnership groups including Health and Wellbeing Board and	LSCB Chair	Issue to be raised with Health and Wellbeing Board to ensure mainstreaming of funding for essential specialist support services for victims of domestic abuse and

Details of Challenge	**Action Required** *(inc. any interim arrangements)*	**Agency Responsible**	**Outcome**
concerns related to the ad-hoc nature of the funding, e.g. comes from a variety of sources and was not secured funding	Community Safety Partnership		sexual abuse and exploitation Police and Crime Commissioner has commissioned specialist support services for all victims of sexual assault from March 2016
NHS England advised that they would not be able to regularly attend meetings of the LSCB and SAB due to organisational change and reduced resources. Board AGREED that the proposed arrangement was not acceptable	Response to NHS England setting out the Board's concerns about NHS England attendance at the LSCB	LSCB Chair	Board has raised the issue with the chief executive of NHS England. National Association of LSCB Chairs and Association of Directors of Children's Services also raising issue of NHS England non-compliance with statutory responsibilities. NHS England have now committed to attendance at the LSCB Executive

SECTION 7 – PARTNER AGENCY ANNUAL STATEMENTS

The following are LSCB partner agency self-reports on the effectiveness of their safeguarding children practice over the year

Southend Borough Council

Southend Borough Council (SBC) Children's Services, which delivers the statutory safeguarding children activity, produces an annual safeguarding children report which is presented to the chief executive and leader of the council in November 2015 and Council Cabinet in January 2016, at which time it will be appended to this report.

In addition to the discharge of its statutory role there is a wider corporate commitment to safeguarding children. SBC Adult Services ensures that its front line staff working with adults with additional care and support needs receive safeguarding children training and Housing Services are in the process of ensuring that all their staff undertake safeguarding children awareness training.

Public Health supports the Council and LSCB's strategic approach to safeguarding through initiatives such as the Prince Charming drama productions which promote healthy relationships and prevention of domestic abuse and sexual exploitation; a successful Equality and Diversity Programme for schools; road safety awareness activity; and establishing a consistent approach to sex and relationships education.

The Department for Place has also worked to ensure its public protection strategy is linked to the safeguarding children priorities and to support the implementation of the PREVENT strategy locally and establishment of a Channel Panel to support those at risk of radicalization, together with the Department for People

SBC has identified additional resource to secure the appointment of a CSE Strategic Lead and a Data Analyst to assist the work of the local authority and the LSCB in identifying and supporting victims of CSE and disrupting perpetrators. Council departments have identified and trained CSE Champions and an awareness raising campaign and 'call to action' is in the final stages of development for roll out to all staff. Regulatory Services have raised

awareness of CSE with their own staff and are supporting the LSCB to raise awareness of CSE and human trafficking with taxi drivers and licensed premises in the town.

Essex Police

Essex Police is committed to improving Child Abuse Investigation and the wider safeguarding agenda. Child Abuse and Child Sexual Exploitation feature in the National Strategic Policing Requirement for the first time as national threats and are the top priorities in the Essex Police control strategy.

The demand within the Police Child Abuse Investigation Teams has been steadily increasing over the last two years. Child abuse offences across the force have increased by 18.0% (121 more offences) between April and August 2015 versus the same period April to August 2014. This increase has been mainly in neglect and sexual offences. Offences dealt with by the Child Abuse Investigation Teams have increased by 28.5% (156 more offences) to September 2015. Rape offences have increased by 29.9% (23 more offences) overall. The South hub, which covers Southend, has dealt with 179 offences between April and September 2015.

The Child Sexual Exploitation Triage Team (CSETT) services the whole county and receives concerns regarding children at risk of CSE from internal and external partners. The team have increased threefold in size since its inception in 2013 which is indicative of the rise in incidents of CSE. The link between CSE and missing is well known and missing person coordinators are firmly embedded in this team. Over the last year the CSETT has been reviewed and its processes adjusted to provide robust gate-keeping to ensure those at risk are properly identified and prioritised. Operation Dartford led to the first successful prosecution for offences linked to Child Sexual Exploitation and has provided valuable lessons to improve the outcomes for these young people. This work continues to be coordinated through the Southend, Essex and Thurrock (SET) Strategic CSE group chaired by the Police.

The police on line investigation team are responsible for dealing with offenders who commit offences against children in the digital world through use of the internet, social media sites and other mediums. This team currently have 248 live investigations County wide.

In November 2014 Operation Maple was launched and is led by the Deputy Chief Constable to look at Essex Police response to allegations of child abuse. This followed proactive internal scrutiny of investigative quality and timeliness which uncovered some issues, mainly in the North of the county. As a result Her Majesty's Inspectors of Constabulary and the College of Policing visited the force early in 2015 to understand the scope of the issue and provide oversight and peer review support to Operation Maple. This attracted media interest and shows the commitment and openness of senior leaders to deliver a service that is robust and provides the best outcomes for children and young people. A change of leadership, improved training and a robust performance framework evidence areas of the improvement plan that have already been embedded. Other areas of work include the development of a tasking process whereby threat, risk and harm is considered and priorities set for the command's resources.

The Strategic Change Management Team is tasked with finding financial savings across the force in line with the Governments Current Spending Review under the "Evolve" Programme. The Public Protection project aims to design and deliver a Public Protection function fit for the future which is lean, efficient and provides the resources necessary to deliver what is recognised as a priority for the force. It is anticipated that this may be an area which sees growth rather than savings.

The new IT system "Athena" went live on 1st April 2015 and Essex Police are the first of seven forces to implement this new system which brings together investigation, intelligence, custody, and case management. With the advent of such a large project, teething issues have been identified and are being worked through to ensure the quality of this information sharing remains high. The extraction of management data has proved challenging and is a priority for the force as this has mainly affected the sharing of domestic abuse incidents involving children with partners.

Over the last year the Crime and Public Protection Command has developed a three day Public Protection Course to ensure front line officers and staff have an awareness of the thirteen strands of public protection to sufficiently enable them to recognise and tackle hidden harms. This programme began in August 2015 and will be rolled out over the next two years.

Essex Police have officers firmly embedded in the Southend Joint Domestic Abuse Triage Team and are participating in discussions to support a wider partnership hub. Essex Police have continued their commitment to the LSCB and supported the new CSE structures providing a solid basis to drive and improve better outcomes for Southend's children.

Essex Community Rehabilitation Company

In June 2014, Essex Community Rehabilitation Company (CRC) was established following the Government's Transforming Rehabilitation programme. CRCs are providers of probation services, comprising the offender management of low and medium risk of serious harm offenders, and the provision of interventions to both offenders allocated to the CRC and those retained by the National Probation Service. Essex CRC remained in public ownership until February 2015, when the contract was awarded to Sodexo. The CRC is currently moving to a new organizational structure, estates profile and operating model, which will not be fully complete until Spring 2016. Stakeholder events to update partners about these changes were held in September 2014 and September 2015.

Essex CRC's commitment to safeguarding and public protection remains and is evidenced for October 2014 - September 2015 in the following ways:

- Participation in the safeguarding children and adults boards.
- Completion of Section 11 audits.
- Referrals to local authorities where children or adults are considered at risk or abuse and neglect, or in need of care and support.
- Participation in case conferences, core groups and reviews, where we have a relevant case.
- Deployment to all staff of the 2015 children and adult SET procedures, and the 2015 revised working together
- Provision of child protection training - level 1 for all staff; level 1&2 for all practitioners.

In addition, the following extract from Essex CRC's Safeguarding Policy Statement highlights the principles of our safeguarding work:

"*Essex CRC will safeguard children and adults at risk of abuse or neglect by being vigilant, through contact with adults, where children may be at risk or have unmet need, and will make the appropriate referral for early help, children in need services or child protection services. We will contribute to multi-agency work to address this need or risk; engage with a 'whole family' approach; deliver sentence plans and interventions to address harmful behaviours; work with others to ensure that victims of abuse are protected and supported so that risk factors can be identified and safety plans put in place; and we will identify adult social care needs and make appropriate referrals for mainstream provision as well as referring for specialist services where applicable*."

NHS England

NHS England has dual safeguarding responsibilities with regards to both our directly commissioned health services (such as GPs, dentists, opticians, prison health care, secure mental health treatment, sexual assault referral centres, screening and immunisation services) and safeguarding responsibilities across the wider health economy. NHS England's safeguarding roles and responsibilities have been formally set out in the "Accountability and Assurance Framework" which was published in June 2015 and supports the existing close working relationships with the designated teams of the CCGs in our area. NHS England attends all the Health Executive groups within our area, which ensures we are sighted on all aspects of the safeguarding agenda and areas of LSCB work relevant to health and the local economy.

NHS England host the Safeguarding Children Forums which bring together safeguarding leads from health organisations and commissioning parties across both East Anglia and Essex. As part of the group formal continuous professional development occurs and the forum also shares learning from Serious Case Reviews and Serious Incidents (extending beyond the Essex locality). The forum provides a means of clinical supervision and support

and has a work plan which ensures clear outcomes and maximises the benefit of bringing together this group of professionals. Current areas of work include improving health professionals' contributions to case conferences, and production of specific resource packs for health professionals.

In terms of the challenges we face, it is difficult to apply local initiatives and recommendations when we are part of a national organisation. This is a particular issue when, for example, a serious case review highlights recommendations for General Practices. A further challenge is within the complexity of commissioning for certain areas of health provision such as Sexual Assault Referral Centres, and for areas that are in transition from health to local authority commissioning (such as health visiting). Raising concerns through multi-agency platforms such as the LSCB and Quality Surveillance Meetings is a way we work to ensure that ownership is taken over quality concerns.

South Essex Partnership Trust (SEPT)

Highlight report of key issues arising during 2014/15 addressing the priorities

1. Prevention / raising awareness

A series of awareness raising initiatives have taken place within SEPT and in partnership with Southend LSCB. These have included

- Briefing sessions on the outcomes of Serious Case reviews and Domestic Homicide reviews
- Reviewing the Trust response for Domestic Abuse
- Signing up to the National FGM data set for the NHS
- Updating policies and training programmes in line with LSCB and national directives

- Ensuring smooth transition of services (school nursing provision) whilst maintaining robust partnership working.

2. Workforce development and Training

The Trust compliance for safeguarding remains consistently good as demonstrated below**.**

The Trust has introduced an enhanced programme on Domestic abuse which is mandatory for all clinicians

Core Practice Courses **Red <90% Green >=90%**	**South East Essex**		
	Total Target	Trained	
		No	%
Safeguarding Level 1	734	667	**91%**
Safeguarding Level 2	555	498	**90%**
Safeguarding Children Level 3	140	126	**90%**
Safeguarding Adults Level 3	21	21	**100%**
Safeguarding Children Levels 4/5/6	6	6	**100%**

3. Quality Assurance

3.1 The outcome of the section 11 audit was presented to the LSCB in March 2015 and provided substantial assurance that the Trust has robust safeguarding processes. This

included that service user feedback was positive and many, particularly Looked After Children valued the support, health advice and expertise given**.**

3.2 The Trust Safeguarding group includes the LSCB minutes as a standard agenda item together with the strategic priorities the LSCB sets. The action log of this group includes recommendations from SCR, DHR and any LSCB initiatives. This is monitored monthly for compliance and to ensure any progress is maintained

3.3 The Trust Learning Lessons Oversight Committee meets monthly and regularly includes safeguarding children cases. Learning is cascaded throughout the Trust and discussed at team meetings etc.

4. Partnership Working

The Trust is represented at Board, Executive and all relevant sub groups by experienced specialist staff who have been able to support and develop the LSCB agenda.

<u>Southend Hospital</u>

The past year has seen a 50% increase in contacts with the safeguarding team. The development of electronic patient records across the Trust has allowed for all safeguarding records to be stored electronically and viewed by Clinicians instantly.
The safeguarding team has been enhanced by the appointment of a Clinical Midwifery Specialist who works closely with the Maternity service.

CSE and FGM Champions have been appointed to increase awareness of services within the Trust. Policies have been embedded and training sessions provided to ensure staff are aware of patient pathways and processes relating to these key areas of practice. To support this work further Link Nurses are being developed within the Paediatric, Maternity and A&E departments.

Level 1 & 2 training are now delivered via E learning to all staff, comprehensive face to face Level 3 training is delivered to all relevant staff groups.

The Named Doctor provides supervision and peer review for all medical staff within the Trust. Medical support to the SARC has continued and is now provided seven days per week

East of England Ambulance Service

How the East of England Ambulance Service Trust has ensured an effective safeguarding response for Children during the period October 2014 to September 2015

To have in place policies, procedures and guidelines for safeguarding across the organisation. This is to include the training for staff in what to do in the event of a child death.

To communicate information relating to safeguarding to all relevant parties within the Trust. To include any relevant legislation relating to children and young people.

To ensure that training in safeguarding is accurate and appropriate to the relevant staff groups. We have added Female Genital Mutilation, Child Sexual Exploitation, Honour Based Violence, forced marriage and Spirit possession to our training slides.

To work with other clinicians to improve referrals and to strengthen safeguarding in the Trust. We are actively seeking feedback from referrals to pass back down to our crews. This reinforces the excellent work that is taking place.

To provide appropriate safeguarding advice, taking into account national guidance, to key Trust committees. This is reported to our Bi monthly meeting internally.

To carry out and quality assure safeguarding audits within the Trust.

To ensure all statutory requirements are met and partnership working remains effective both regionally and nationally.

Monitoring of the safeguarding referral line has remained consistent over the last year; this work ensures the quality of data leaving the Trust and the pathway choices regarding a GP referral and/or Local Authority concern. These referrals are evaluated by the safeguarding

team no more than 3 days after the referral is made. This is to ensure patient concerns are received and managed by the correct agency.

East of England Ambulance Service Trust Safeguarding team has completed a re structure. On 01st September 2015 the new Named Professional for Safeguarding was appointed and on 01st October 2015 the new Head of Safeguarding was appointed.

Southend Association of Voluntary Services (SAVS)

Southend Association of Voluntary Services (SAVS) is a Council for Voluntary Service (CVS), a local infrastructure organisation for voluntary and community sector (VCS) organisations, and carries out five core functions which are; Services and Support, Liaison, Representation, Development Work and Strategic Partnerships. SAVS also have a sixth strand of volunteering and hosts the Turning Tides projects.

The main work carried out at SAVS is to support voluntary and community sector organisations in Southend and as such SAVS has no direct contact with children and young people, however when giving advice to groups this will include safeguarding and child protection when relevant. The Turning Tides project does work with children and young people so will be considered separately in this report. All roles within SAVS are risk assessed and those involving work with children and young people are subject to a DBS check in line with SAVS Child Protection Policy. SAVS Child Protection Policy was last reviewed by the Board in February 2015 (all Policies are reviewed bi-annually).

SAVS is a membership organisation and since April 2010 prospective members are asked if they have the correct safeguarding policies in place. They are then signposted to the LSCB and Safe Network websites or to SAVS for further information and support if required.

SAVS Funding Development Officer gives advice to organisations to enable the organisation to apply for funding. This support can be for organisations setting up, for those wishing to

expand and those reviewing good practice. Training programmes are run by SAVS through SACC and the LSCB; this training is open to volunteers and paid staff working for VCS groups.

In addition a Children & Young People's Thematic Group is held quarterly to bring together organisations working in this field. The Group encourages partnership development to enable collaborative working and share good practice amongst peers. A speaker is invited to each of the four Thematic Group meetings to share information about relevant topics of interest.

The Volunteer Centre brokers and markets volunteering, promotes good practice, develops volunteering opportunities and strategic development of volunteering. On registration an organisation is given good practice advice and when a volunteer is referred assurances are required that the organisation will comply with current good practice.

SAVS also has a database of VCS organisations in Southend and can put partners in touch using a number of routes. We have a Newsletter which is sent out at least 4 times a year, regular emails to members and mail can be targeted to a particular area such as organisations working with children or young people. Special events could also be arranged in partnership to get a particular message across.

The Turning Tides project runs youth activities through the Triple T initiative. These are held through two youth clubs for children aged 8 upwards in two of the most deprived areas of Southend. Volunteers are recruited and trained to run the clubs alongside the two paid members of staff. The project was funded by Children in Need until March 2014 who have stringent Child Protection guidelines that must be followed. We continue to work to these guidelines

<u>CAFCASS</u>

- *Introduction*

Cafcass (the Children and Family Court Advisory and Support Service) is a non-departmental public body sponsored by the Ministry of Justice. The role of Cafcass within the family courts is: to safeguard and promote the welfare of children; provide advice to the court; make

provision for children to be represented; and provide information and support to children and their families.

Cafcass' statutory function, as set out in the Criminal Justice and Court Services Act 2000, is to "safeguard and promote the welfare of children". Safeguarding is therefore a priority in all of the work we undertake within the family courts and the training and guidance we provide to staff reflects this.

- *Effectiveness of Safeguarding Arrangements*

A key focus during 2014/15 was continued improvement following our "good" Ofsted judgement in April 2014. Ofsted summarised that Cafcass consistently worked well with families to ensure children are safe and that the court makes decisions that are in the children's best interests. The report also highlighted areas where Cafcass should make improvements, and these areas formed a dedicated action plan which we implemented throughout the remainder of the year. An audit in November 2014 assessed that all of the following actions had been met:

- To improve the minority of safeguarding letters which are not yet fit for purpose: this has been met;
- Improve effectiveness of efforts to contact parties. Where sufficient efforts have been made these should be better recorded: this has been met;
- Ensure that in all private law work casework begins as early as possible once a Family Court Adviser (FCA) has been allocated: this has been met;
- Improve the percentage of "good" work in private law work after first hearing (WAFH) in London: this has been met;
- Improve further the analysis in the report to the court and ensure that all relevant information is pulled through in to the report based on research: this has been met.

We are continuing efforts with one further action, to eliminate poor grammar and typographical errors; the percentage of "good" and "met" work in this respect has improved considerably, and we aim to increase this.

Cafcass has a robust programme of internal audits to assure the effectiveness of safeguarding in both public and private law. We provide tools for practitioners to use in self-assessment in order to benchmark the quality of their own work, and these tools are also used by managers

and auditors as an evidence base for assessment. Throughout all the tools there is a consistent focus on assessing risk and whether appropriate actions have been taken after the assessment of risk.

Practitioners are supported extensively and scrutinised routinely to ensure the effectiveness of their safeguarding practices. FCAs are encouraged to take responsibility for their own performance, and are provided with the resources to do so via MyWork, an online platform containing performance and workload data. Learning and assessments are consolidated in quarterly Performance Learning Reviews (PLRs), allowing FCAs, with their line managers, to formally assess safeguarding practice and evidence whether service objectives have been met along with effective adherence to policies.

Reports to court are routinely quality assured and practice observations are undertaken, as set out in our Quality Improvement and Assurance Framework. Managers are further assisted by the Performance Management System by strengthening their ability to identify areas requiring improvement, as well as helping to meet the development needs of staff. Actions by practitioners and managers are further scrutinised by senior operational managers via a monthly sample of closed files and the observation of one PLR per manager, per annum.

Further assurance is provided through yearly national audits and our Key Performance Indicators (KPIs). A national audit of practice was undertaken in November 2014 with the objective of providing a snapshot assessment of the standard of casework. The audit measured the progress of work since the audit in September 2013 and the Ofsted inspection of April 2014. The conclusions were positive, reporting the percentage of work graded as "good" at 65%. This represents a significant improvement of 16% from the previous year's audit.

Our KPIs, set by our sponsor department the Ministry of Justice, measure the proportion of open public law care cases allocated to an appointed children's guardian, and private law cases allocated to an FCA. Other KPIs measure the timeliness of allocation in care applications and the proportion of private law Section 7 reports that meet their agreed filing times. All of our KPIs are consistently met.

We will undertake three thematic audits in 2015/16, focusing on further improvements required. These will look at the extent of the improvement in the joint working between the Independent Reviewing Officer (IRO) and the Guardian; the Guardian's involvement and agreement to any position statement filed in proceedings; and evidence in WAFH of the improvement in analysis of assessment and increased use of research and tools.

Alongside our internal methods of quality assurance, we record and disseminate learning identified within service user correspondence, including correspondence received from children and young people. The learning points are fed back to the National Improvement Service (NIS) which maintains a national learning log, updated and disseminated throughout the organisation on a quarterly basis. The learning log sets out clear action plans designed to improve safeguarding practice and systems across the organisation.

Further scrutiny is given to our safeguarding practice and processes by the Family Justice Young People's Board (FJYPB) comprising young people with direct experience of the family court. The FJYPB contribute to our publications, review our resources for direct work with children, and are involved in the recruitment of frontline staff. Board members also review the complaints we receive from children and young people.

<u>Number of serious incidents involving children and young people and outcomes from reviewing them</u>

Cafcass has contributed to 26 Individual Management Reviews (IMRs), requiring a variety of methodological approaches. Of all the child deaths Cafcass has been made aware of from April 2014 – March 2015, in 52% of cases, maltreatment was suspected. This information is collated and managed nationally.

The learning from IMRs is collated and reported in an annual paper, which is disseminated nationally within Cafcass. We also publish externally a redacted version of the report, with a focus on wider learning points within the family justice system.

- *Responding to emerging issues*

We continue to respond to, and facilitate, developments within the family justice system and in particular the move, in private law towards supporting parents, where possible, to make safe decisions outside of court proceedings. We are currently piloting a programme

announced by the MoJ, to provide advice and to encourage out of court pathways for separating parents, where it is safe to do so. The 'supporting separating parents in dispute' (SSPID) helpline was launched in November 2014. Callers are put through to a Cafcass practitioner who can talk through the difficulties of separation, offering support, guidance, and information. We also ran a six month pilot of a safeguarding advisory support service for mediators, aimed at providing support in cases featuring child protection concerns.

Cafcass is also working on the Parents in Dispute pilot, in partnership with the Tavistock Centre for Couple Counselling. The chief aim of the project is to support separating parents involved in high conflict disputes in the family courts. FCAs in London have been able to recommend that separating parents attend the course in order to help parents to reconsider their behaviour in order to better focus on their children and create positive outcomes for them.

A significant emerging issue in recent years has been child sexual exploitation (CSE), We are implementing a CSE strategy which involves consolidating systems to capture data on CSE in cases known to us; providing mandatory training on CSE to our staff, running workshops to increase awareness; reviewing policy guidance to staff; creating dedicated management time to support the delivery of the strategy at a national level; and creating CSE ambassadors within each service area.

- *Partnership working*

Cafcass is committed to joint working, as demonstrated in some of our work recorded above. We continue to work with partners such as the Association of Directors Children's Services (ADCS), the FYJPB and the National Family Justice Board. With ADCS in particular we will continue to work in partnership to identify and share good practice.

Cafcass also plays a strong leadership role at a local level, actively participating in Local Family Justice Boards. Cafcass chairs 10 out of 42 local Family Justice Boards and has a strong leadership role on all others.

- *Workforce Development*

The work of our FCAs in family proceedings is challenging, and the family justice system rightly has a high expectation of our staff. This is supported by a robust recruitment process. All FCAs

have a minimum of three years post qualifying experience, although most of our staff have many more. FCAs must also maintain their HCPC registration as a condition of employment. When recruiting staff we look for social workers with proven experience in safeguarding, child engagement, inter-agency working, case analysis, planning and recording.

To ensure that our staff are able to safeguard children as best as possible, Cafcass has an extensive workforce development strategy. To begin with, new practitioners attend a core training induction programme comprising four separate days that require completion prior to confirmation in post. This four modules are: the legal basis of Cafcass' work and court skills; casework skills such as planning, recording, assessing and reporting, interview skills when working with conflict and talking to children; and risk and harm in Cafcass.

Thereafter training is delivered by NIS, which is also responsible for supporting operational services through audits and commissioned activities such as 1:1 coaching and mentoring. The national training programme is approved annually by the Corporate Management Team, and senior operational managers can commission from NIS specific training or coaching to meet local need in their service areas.

All staff have access to an online learning environment (MySkills) which hosts information and skills-based courses (core and optional) as appropriate to their roles and identified needs. MySkills is both a source of all training materials and a database for monitoring the take up of training across Cafcass.

Workforce development is also assisted by several other mechanisms. Cafcass commissions at least four pieces of research a year as part of its research programme, as well as subscribing to Research in Practice. The findings from this are disseminated throughout the organisation and incorporated into training. Staff also make extensive use of our in-house Library, with 5722 items provided to staff in 2014/15, and all operational staff can access the professional network as part of our corporate membership of the College of Social Work.

South Essex College

The key strengths of the College are identified as:

1. A robust review of Safeguarding via the annual Section 11 Audit was received favourably by the LSCB as being honest and rigorous with a clear action plan written and is monitored regularly.

2. The development of the Safeguarding sections on the new College Intranet have allowed for the policies and procedures related to safeguarding to be more widely shared.

3. Proactive approach to the Prevent Duty by implementing strategies, procedure (Notice, Check, Share), external liaison, action plans and risk assessments including key staff being WRAP trained. All staff are currently working on an E-Learning package around the Channel Support Process as are members of the College's Corporation Board. A meeting with the FE/HE Regional Prevent Coordinator and Essex Police evidenced that as a College we are making excellent progress and engaging well with the Duty. Our strategies and action plan clearly show our direction, what we are doing, by when and who is responsible as well as providing the opportunity to ensure evidence collection.

4. Through the coaching and mentoring of Senior Leadership, Management Teams, Academic staff there has been an improvement of safeguarding management across the College. Staff are confident to raise any concerns regarding peers and Managers feel confident to deal with these concerns with a strong awareness of when to escalate.

5. A strong internal training package is available to staff which is continually developing based on changes in legislation and regulations along with staff needs.

6. Safeguarding concerns raised in relation to students are dealt with in a prompt and timely manner to minimize risk to the individual concerned, other students and staff. Where appropriate referrals are made to external agencies same day with acknowledgement and referral pick-up on average within 2-3 days.

7. The Safeguarding Team has a strong working relationship with LSCBs, LADOs, Essex Police and external agencies. These relationships have led to the College being part of a national pilot for the Young Carers Standard and being the only FE institution to feed into this project. Relationships with external agencies allow for students to access regular drop in services for support with sexual health, crime and safety, pastoral support and health services on a weekly basis at all campuses as well as regular events. These links also enable the team to access to a range of CPD sessions so members are up to date on services and referral mechanisms.

The following are areas identified as priorities for the College over the next 12-18 months:

1. To continue to provide training and educate staff and students on a range of safeguarding related topics with the priority subjects being:
    a. CSE
    b. Prevent
    c. Bullying & Harassment
    d. E-Safety
2. Strengthen the Ready, Respectful and Safe ethos with all students during induction and through events during the academic year.
3. Embedding of the Prevent Agenda within safeguarding practices across the College including the delivery of WRAP training and the process for the booking of Guest Speakers.
4. Improvement of communication with Heads of Department re. 'At Risk' students and appropriate planning to support most vulnerable students to achieve.
5. Education of all staff in identifying the differences in child protection, safeguarding and pastoral needs within students and their roles in providing support.
6. Collection of feedback and outcomes for students known to the Safeguarding Team to influence future service provision.
7. Continual building of strong links with appropriate external agencies.

8. Recruitment methods are undergoing a full review as each post arises to ensure we are appropriately vetting and assessing applicants' suitability to work within an Education environment.

SECTION 8 – IMPLEMENTING LEARNING FROM REVIEWS

Serious Case Reviews

Serious case reviews are undertaken by LSCBs where a child dies or is seriously injured and abuse or neglect are known or suspected to be a factor in the death. Their purpose is to identify and implement learning to improve how services work together to safeguard children.

Southend LSCB completed one serious case review during the period October 2014 to September 2015. The LSCB Board and Chair agreed with the recommendation of the LSCB Case Review Panel that the review should not be published. The LSCB Chair consulted the independent National Serious Case Review Panel, set up by the government, which agreed that to protect the wellbeing of surviving family members, and in light of the fact that there was limited learning from the review regarding how agencies could have worked better together, the review, its findings, and recommendations should not be published.

The LSCB is assured that all of the recommendations identified in the independent overview report for this review have been implemented, and recommendations from agencies' individual management reviews of the case are being implemented appropriately or have already been implemented.

Child Death Reviews

Seven notifications of deaths of children resident in the Southend area were received during the year April 2014 to March 2015 compared to 9 deaths in 2013-14. This is the lowest number since 2010/11 (13 deaths) and continues a decrease in numbers over the past five years. Six of these deaths were in children under one year of age. Deaths of children under the age of one in the Asian or Asian British group are overrepresented. There were three unexpected deaths during the period in the Southend area. Unexpected deaths usually require a Rapid Response. There has been a change in the way that Rapid Response process is undertaken with a new county wide Health Rapid Response Service becoming operational from March 2015. The new service works with the Designated

Doctors, paediatricians and health professionals and in partnership with the Police, Social Care and other partners. The service provides support to families, including bereavement counselling; and is a single point of contact for the Rapid Response process across the county. The LSCB has liaised with the Coroner in order that bereaved parents are now able to meet with a paediatrician who will go through and explain the Coroner's report or post mortem with them.

Nine child death reviews were completed for Southend cases in the period. Not all reviews are completed in the year of the notification received, especially when there was an Inquest or criminal proceedings. Five reviewed deaths were found to have modifiable factors, including one due to deliberate injury, abuse or neglect (serious case review undertaken); one due to a chronic medical condition; and three due to infection. Four were found to be not preventable, including two due to chromosomal, genetic and congenital abnormalities; and two due to infection. No reviews identified co-sleeping as a modifiable factor.

Other Reviews

No other reviews were completed during the period October 2014 to September 2015. The Case Review Panel did undertake a thematic review of Neglect cases, learning from which has been identified earlier in this report.

The Panel is undertaking one review which did not meet the criteria for undertaking a serious case review, and this is due to be completed in 2016. Learning from this review is being implemented as it emerges

SECTION 9 – FINANCIAL REPORT APRIL 2014 TO MARCH 2015

The LSCB uses the funding formula below to ensure it has adequate resources to undertake its business effectively

Agency	% Contribution	Actual Contributions in 2014/15
Southend Borough Council	49.5%	£42672
Essex Police and Crime Commissioner	16.5%	£14224
CCG/Local Commissioning Board	26.0%	£22414
National Probation Service	7.2%	£6207
CAFCASS (+ reserves)	0.7% 0.1%	£550 /£140
Total	100%	£86207

The Board received additional income from a grant of £10,000 from the Schools Forum; training and other charges, and interest. The Board carried forward £77,435 for 2014-15

Funding and staffing of the Southend LSCB is relatively low level, compared to other Boards regionally and nationally. The LSCB shares a business manager and administrative assistant with the Safeguarding Adults Board (0.5fte for each role and Board). There is also a considerable 'in kind' contribution of partners to both the Board and sub groups, a major resource which is difficult to quantify, but is critical to the effective functioning of the LSCB.

For the year 2014-15 the LSCB's expenditure was as follows:

Description	Expenditure (£)
Total Employees	**58,016**
Total Supplies And Services (includes chair remuneration and meeting/training costs)	**37,562**
Total Contribution To Equality & Diversity in Schools Programme	**5,000**
Total Transport	**150**
Total	**100,728**

For the financial year 2014/15 the LSCB carried forward £79,334.96 in reserves.

SECTION 10 – BOARD MEMBERSHIP AND ATTENDANCE

Representative	November 2014	March 2015	June 2015	September 2015
Independent Chair	√	√	√	√
Vice Chair - Corporate Director for People	√	√	√	√
Councillor Anne Jones, lead Member	√	√	√	√
Essex Community Rehabilitation Company	√	√	Apologies Substitute attended	√
South Essex College	√	√	√	√
Essex Police – Southend District	√	√	Apologies	√
Youth Lay Member	√	√	√	
Independent Schools Rep	√	Apologies	Apologies	-
Department for People, Chair LSCB Executive	√	√	√	√
Southend CCG	√	Apologies Substitute attended	√	Apologies Substitute attended
Essex Police	√	√	√	√
Community Lay Member		√	Apologies	√
Public Health	Apologies	√	√	Apologies

Representative	November 2014	March 2015	June 2015	September 2015
Department for People – Children's Services	√	√	√	√
Special Schools Heads Rep	√	Apologies	√	Apologies
CAFCASS	-	Apologies	√	√
Primary Heads Rep	Apologies	√	√	Apologies
National Probation Service , South & South Eastern Division (from June 2014)	Apologies Substitute attended	Apologies Substitute attended	Apologies Substitute attended	Apologies
Southend Hospital	√	√	√	√
Secondary Schools Rep	√	√	√	√
Voluntary Sector - SAVS	√	√	√	√
NHS England LAT	√	Apologies	-	-
Designated Doctor	√	Apologies	Apologies	Apologies
LSCB Legal Advisor	√	√	√	√
SEPT	√	√	Apologies Substitute attended	√
East of England Ambulance Service	-	Apologies	√	√

SECTION 11 – CONCLUSIONS AND AREAS FOR DEVELOPMENT

Key Areas for Development and Challenge 2015-16

Monitoring this year has shown the following areas of development need to be addressed in the coming year:

- An increase in the number of children and young people admitted to hospital as a result of unintentional or deliberate injuries to 98 *(compared to 49 in 2012/13 and 78 in 2013/1)*. 54 admissions had a diagnosis of intentional self-harm, an increase from 37 in 2013-14. Work is required to address the issues of self-harm and mental health, including more exploration and triangulation of the relevant data, and a better understanding of the prevalence and the underlying causes.
- The provision of reports for Child Protection Conferences in advance of meetings to enable families and professionals to participate fully in the process. There need to be improvements in the timeliness and of the reports being provided to the family.
- The analysis of intelligence by Essex Police and mapping of the prevalence of CSE in Southend needs attention in order to build up a richer picture of where the risks are to be found and hence what type of prevention/disruption/investigative activity is required to address these.
- Commissioning of young people centred support services in respect of CSE is underdeveloped across the partnership. If this was addressed the LSCB view is that there would be a greater capacity to both respond to historic CSE with suitable counselling services, and it may encourage more victims, both current and past, to come forward particularly if there was a third sector ”front door”. The reason for this is firstly that some CSE victims do not initially see themselves as victims of CSE, and secondly some may be wary of approaching a statutory service in the first instance.
- Mainstreaming of funding for specialist support services for victims of domestic abuse and sexual abuse and exploitation is needed, in order to ensure a secure on-going contract for these services.

- The quality of information shared by Essex Police regarding domestic abuse incidents requires considerable improvement. Children and unborn babies are not always identified by the Police and the flow of information into Children's Social Care has not been reliable. This forms part of the Essex Police improvement plan
- Delays in the consideration of high risk domestic abuse cases at the Multi Agency Risk Assessment Conference (MARAC). These have continued despite the new pan Essex arrangements for triage and as a matter of urgency Southend will now seek a local solution to these on-going delays, to be put in place by the end of March 2016 at the latest.

In addition, the LSCB has identified the following areas as a priority:

- To continue to develop a comprehensive range of services in response to Child Sexual Exploitation, in line with the developing local strategy
- To continue to exercise oversight of the child protection process ensuring its on-going effectiveness and improvement
- To ensure that the early help model is fully integrated with the multi-agency sharing of information and child protection processes, making one unified and comprehensive system to ensure all children and safeguarded and professionals know how and where to get the right help.
- To ensure that the Voice of the Child is increasingly embedded in the way that services are delivered, and that achieving specific outcomes for children are increasingly driving the work of professionals.
- To continue to address and improve the governance of the LSCB in terms of its relationships with other boards and processes in Southend , especially to ensure that cross cutting areas of work such as CSE do get looked at holistically across the partnership, and that potential gaps and overlaps are identified addressed effectively.
- To respond to the Violence and Against Women and girls agenda, including FGM EFM etc. Providing a comprehensive programme of work

- To hold the corporate parent to account in its work with Looked After Children and Care Leavers.

2014-15

Annual Report on the Effectiveness of Safeguarding Adults in Southend

Southend SAB

October 2014 to September 20 15

Contents

Key

Evidence of impact of SAB activity in highlighted in GREEN

Areas of Challenge or for development are highlighted in YELLOW

SECTION 1 – INTRODUCTION

Introduction from the SAB Chair

As Chair of the Safeguarding Adults Board (SAB) I am pleased to introduce this year's Annual Report, outlining how the SAB has developed its remit to meet the requirements of the Care Act. I believe good progress has been made this year, following a very helpful workshop facilitated by Colm Lehane of Clara Learning, which enabled all partners to grasp the impact of these significant changes on their respective organisations, and to put in place the foundations of the new approaches which are required. The SAB in Southend is, I believe, well placed to take forward the work of making safeguarding everyone's business, and in ensuring that a wide range of services are co-ordinated to reduce risk and improve the safety and well-being of those adults who are vulnerable to abuse or neglect. There is evidence from the partners that they have embedded these new requirements within their governance arrangements and are working to bring about improvements. Whilst this remains a work in progress, I do believe that Southend has made a good start and there is ample evidence in the report of the progress made and I look forward to working through the SAB to further this initiative, ensuring at all times that the principles of Making Safeguarding Personal permeate throughout all the activity, ensuring that the wishes of vulnerable adults are at the heart of the decision making process.

Chris Doorly - Independent Chair

Role of the Board

The Safeguarding Adults Board (SAB) is a statutory body created under the Care Act 2014. The main objective of an SAB is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who:

- have needs for care and support, and;
- are experiencing, or at risk of, abuse or neglect; and

- as a result of those care and support needs are unable to protect them from either the risk of, or the experience of abuse or neglect.

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

SABs have three core duties. They must:

- develop and publish a Strategic Plan setting out how they will meet their objectives and how their member and partner agencies will contribute
- publish an Annual Report detailing how effective their work has been
- commission Safeguarding Adults Reviews for any cases which meet the criteria for these

Governance and Accountability

Although the SAB is an independent statutory body the Chief Executive and the Lead of Southend Borough Council hold the Chair to account for the effective working of the SAB. The Chair of the SAB meets with the Chief Executive and Leader of Southend Borough Council to present the SAB Annual Report on the effectiveness of safeguarding adults in Southend following its approval by the SAB's Board in November annually.

Strategic Links to Other Boards and Partnerships

The Chair of the SAB is invited to attend the Health and Wellbeing Board (HWB) annually to present the SAB's annual report on the effectiveness of safeguarding adults in Southend. The HWB will ensure that the Police and Crime Commissioner is present at this meeting.

The SAB seeks to gain assurance that the HWB is effectively considering adult's safeguarding in the decisions it makes. The HWB in turn uses the LSAB as a 'critical friend' in safeguarding

adults considerations and decisions, including the development of the Health and Wellbeing Strategy; the Joint Strategic Needs Assessment; key Commissioning Strategies; and service re-design.

The SAB also has a direct relationship with the Community Safety Partnership (CSP). The SAB seeks assurance that the CSP is appropriately considering adult's safeguarding in the decisions is makes. The SAB specifically seeks assurance regarding the development and implementation of the Domestic Abuse Strategy and the implementation of lessons learned from domestic homicide reviews.

SECTION 2 – EXECUTIVE SUMMARY

Overview

The Board has made good progress over the year to implement the Care Act 2014 requirements and continue developing its structure and processes.

The continued development and implementation of its Learning and Improvement Framework has enabled the Board to build on its monitoring of the effectiveness of safeguarding adult services, and evidencing the impact of its activity. Further work is required over the next year to continue this progress, building a robust performance management framework which will inform the areas of challenge for the Board and evidence its impact on improving the safeguarding and wellbeing of adults with additional care and support needs in Southend.

The partnership response to domestic abuse remains a significant challenge, and in particular the functioning of the Multi Agency Risk Assessment Conference (MARAC) process. Despite a review of MARACs across wider Essex and the introduction of a revised process, which included the triage of some cases, there continues to be a backlog of cases waiting to be heard at the multi-agency conference. Southend partners are taking action to mitigate the risks to domestic abuse victims and ensure they are effectively safeguarded, however a local resolution will need to be sought to ensure the MARAC process is effective in safeguarding adults with additional care and support needs.

The SAB is assured that on the whole adults involved in the safeguarding process, where they have capacity to do so, are consulted appropriately about the actions taken and report feeling safer at the end of the process.

The SAB Learning and Improvement Framework identifies that practitioner awareness and understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Standards (DoLS) requires further development

Progress Against the SAB's 2014-15 Strategic Plan Priorities

Priority	Ob	Objective	Projected Outcome	Performance Indicators	Progress Reported Sept 2015
A	1	To ensure that the guiding principles and business plan of the Southend Safeguarding Adults Board upholds the safeguarding principles in the Care Act 2014	Improvement in safeguarding adults practice by all partners.	Outcome of multi-agency audits	Audit programme completed and evidences that safeguarding practice is on the whole effective and sensitive to the needs of adults requiring protection
			Implementation of the safeguarding elements of the Care Act 2014 A gap analysis of requirements for implementation of the Care Act 2014 identifies actions to ensure compliance	SAB Annual Report Gap analysis action plan monitoring by the SAB	The Board is fully compliant with the Care Act
			Improved attendance at Board and sub group meetings	Attendance Report	Attendance at the Board and its sub groups is good overall however that of the Quality, Monitoring and Audit Group is inconsistent

Priority	Ob	Objective	Projected Outcome	Performance Indicators	Progress Reported Sept 2015
					and impacts on the effectiveness of the implementation of the Board's Learning & Improvement Framework. Non-attendance at the SAB by NHS England has been resolved
			Funding for SAB business support team is secured	SAB Budget	Funding secured for 2015-16. Proposal re enhanced resourcing of business support team under consideration
			Engagement of elected members and non-executive members of partnership boards, who are provided with appropriate training to fulfil their scrutiny role	SAB Scrutiny Panel established	SAB Scrutiny Panel to be in place by March 2016

Priority	Ob	Objective	Projected Outcome	Performance Indicators	Progress Reported Sept 2015
A	2	Develop and review SET (Southend, Essex and Thurrock) Safeguarding Adults policies, protocols and procedures across the adult services economy in Southend and ensure they are reflective and reflexive with regards to changes in government guidance, legislation and lessons learned.	Policies, protocols and procedures support the effective safeguarding of adults	Survey of practitioner awareness and understanding of new SET Safeguarding Adults Procedures 2015	To be completed
			Modify the existing re-accreditation approval protocol to ensure all qualified Best Interest Assessors are uniformly recertified in line with all Eastern Region Authorities.	Percentage of recertified Best Interest Assessors	100% of practicing Best Interest Assessors are certified
			Development of a large scale investigation procedure	Procedures signed off by SAB	Procedure developed and in process of ratification by the wider Essex Boards
			Develop and implement policy and procedures to support victims of so called 'Honour Based Abuse', Forced Marriage, Female Genital Mutilation (FGM), Human	Policies and procedures approved by SAB for implementation by partners	Work being led by the Office for the PCC. PREVENT strategy and Channel Panel in place Awareness raising activity re HBA, Forced Marriage, FGM and Human

Priority	Ob	Objective	Projected Outcome	Performance Indicators	Progress Reported Sept 2015
			Trafficking and Radicalization.		Trafficking being undertaken
A	3	Ensure the effective implementation of the Mental Capacity Act (MCA) and Deprivation of Liberty Standards (DoLS) by all partners	The MCA and DoLS are applied appropriately with adults able to make decisions where appropriate regarding their personal life choices.	Report to SAB on an audit of the effectiveness of MCA and DoLS assessments, authorisations and reviews	Audit identified that appropriate advocacy by next of kin or IMCA not always identified by practitioners. Action plan in place to implement learning across partner agencies
			Training for practitioners on the application of MCA and DoLS which promoted professional curiosity is developed and implemented	Percentage of appropriate practitioners completing MCA and DoLS training	Data in development
A	4	Identify and monitor significant practice or resource matters and identify ways to resolve issues with partnership support.	Risks to effective safeguarding adults practice are identified and mitigated by the Board	Risk register evidences impact of partnership's impact on mitigating identified risks	Record of identified risks in SAB Executive minutes with progress to mitigate these
A & B	5	Coordinate the work of the Safeguarding Adults Board with	Practitioners from adult focused services have an	SAB Annual Report evidences impact of	During 2014/15 Children's Social Care received 23 referrals for 38

Priority	Ob	Objective	Projected Outcome	Performance Indicators	Progress Reported Sept 2015
		that of the Local Safeguarding Children Board and the wider crime and disorder reduction agenda.	increased awareness of safeguarding children issues, and practitioners from child focused services have an increased awareness of safeguarding adult issues	integrated approach by adult and children's services and boards and other strategic partnerships to identified key cross cutting issues, including domestic violence, exploitation, transition from child to adult services, and implementation of the Family Focus Protocol	children from an Adults based service compared to 43 referrals for 72 children in 2013/14 Reduction in referrals from Community Mental Health (8 compared to 13); Probation (3 compared to 17); Adult Social Care (1 compared to 3); Substance Misuse Services (5 compared to 10) Increase in referrals from Prison Service (4 compared to 2)
			The Domestic Abuse Strategy is implemented effectively and within timescales to reduce the impact on victims	Domestic Abuse Strategy progress reports from the Community Safety Partnership	Revised SET Domestic Abuse Strategy implementation being monitored by the Board. Functioning of MARAC process has been challenged and a revised process implemented which has improved delays, however timeliness of the

Priority	Ob	Objective	Projected Outcome	Performance Indicators	Progress Reported Sept 2015
					process remains a concern and a Southend specific solution will be finalised by end of March 2016
			Increased safeguarding adults referrals from child focused services and safeguarding children referrals from adult focused services	Number of safeguarding adults referrals from child focused services and safeguarding children referrals from adult focused services	Data in development
			Reduction in domestic abuse incidents involving adults from vulnerable groups or children	Number of children reported present in domestic abuse incidents Number of adults from vulnerable groups who are victims of domestic abuse	672 Oct-Dec 2014 Data to be provided – issues with Essex Police Athena system preventing data reporting currently
			Increased reporting of sexual or other exploitation of children or adults	Number of children or adults identified as at high risk of sexual exploitation	45 children identified as at high risk of sexual exploitation as of September 2015. CSE and Missing Group ensures all children at

Priority	Ob	Objective	Projected Outcome	Performance Indicators	Progress Reported Sept 2015
					high risk are being supported appropriately Reporting for adults in development
			Young people and their families transitioning to adult services are supported appropriately through the process	Percentage of young people and their families transitioning to adult services report that they were supported appropriately through the process	Data to be developed. Transition Protocol reviewed
			Increase in safeguarding referrals regarding domestic abuse from agencies other than the police, and the public.	Number of DASH completed and referred by other organisations	Significant increase in high risk DASH referrals from Essex Police. Number of DASH referrals overall is approximately the same
A & C	6	Have a mechanism to carry out safeguarding adults reviews or other reviews, and where necessary to make recommendations regarding practice, policy, and protocols. To examine other serious case reviews nationally to implement learning and recommendations.	The Board has a range of methodologies identified for undertaking reviews and monitoring the implementation of learning. The Board receives an annual summary of learning from national reviews	Board's Learning and Improvement Framework evidences the impact of implementation of learning from reviews	Process in place and currently being implemented. Positive feedback regarding introduction of practitioner learning event as part of the process

Priority	Ob	Objective	Projected Outcome	Performance Indicators	Progress Reported Sept 2015
A	7	To develop effective multi-agency partnership arrangements to meet the needs of adults who are experiencing abuse, including information sharing processes	The SET Safeguarding Adults Procedures provide clear guidance on the arrangements for meeting the needs of adults who are experiencing abuse All agencies have robust arrangements to meet the needs of adults experiencing abuse Information sharing processes are resourced and implemented appropriately by partner agencies to safeguard vulnerable adults	Learning and Improvement Framework evidences that arrangements are being implemented effectively and have a positive impact on adults experiencing abuse	Information from audits and other elements of the learning and improvement framework indicate that the impact of safeguarding arrangements on adults who experienced abuse is largely positive
				All partners have an identified designated adults safeguarding manager (DASM)	All partner agencies have identified a DASM
				Board retains record of all DASMs	SAB Business manager has record of identified DASMs for all agencies
				SAB audit of the quality of information sharing to safeguard vulnerable adults evidences that information is shared appropriately and in a timely way	Audit evidences that quality of information sharing to safeguard adults is on the whole good

Priority	Ob	Objective	Projected Outcome	Performance Indicators	Progress Reported Sept 2015
B	8	To raise awareness and promote the prevention agenda	Public and professionals are more aware of and report safeguarding adults issues, including Abuse and Neglect; Exploitation; FGM, Honour Based Abuse (HBA), Forced Marriage and Human Trafficking; Radicalization; Fraud and Online Safety; Road Safety; Hoarding; pressure ulcers Identification and signposting is in place to support adults, including via an enhanced Board web presence	Number of safeguarding referrals from professionals, and the public including those regarding FGM, HBA, Forced Marriage, Human Trafficking and Radicalization.	192 safeguarding referrals Oct-Dec 2014
				Number of reported fraud cases	107 reported fraud cases in 2014. Data for 2015 not yet available
				Number of people over 65yrs killed, seriously or slightly injured in road traffic collisions	Data not currently available
				Number of SET SAFs as a result of pressure ulcers	Data in development
C	9	Ensure that training carried out across Southend meets the SET Training Strategy and that appropriate training needs are identified and training is resourced to meet those needs.	All training delivered by the SAB and its partner agencies and training facilitators are quality assured and approved by the SVAB. All partner agencies have	Report to Board on number of courses and trainers quality assured	SBC and SEPT courses approved
				Percentage of practitioners appropriately trained	SEPT – 100%; Essex CRC – 10.6% (actions in pace to improve performance);

Priority	Ob	Objective	Projected Outcome	Performance Indicators	Progress Reported Sept 2015
			as a minimum 70% of their staff trained in safeguarding adults to an appropriate level as defined in the Training Strategy. Evaluations of training evidence that service delivery and practitioner confidence is improved		Southend Adult & Community College – 83%; South Essex Homes – 99.5%; GPs – 100%. Data from SBC, Southend Hospital, and Essex Police outstanding.
				Analysis of training evaluations	Evaluation now being undertaken with analysis from September 2015
C	10	Involve, consult and engage with vulnerable adults and their carers to ensure that the safeguarding process is free from oppression, increases choice and control and fosters independence for the service user, and in turn increases competence in support services.	Methods of facilitating participation and feedback from service users and the community is fair, transparent, and understood and results in the improvement of safeguarding services	All partner agencies report on the outcome of service user engagement to the SAB and evidence how this has informed the delivery of effective safeguarding services in the SAB Annual Report	All agencies represented at Quality, Monitoring and Audit Group have reported on service user engagement. SBC data evidences that 96% of people requiring safeguarding support were aware of the process and had it explained to them
C	11	Develop and implement a Learning and Improvement Framework to inform	SAB Annual Report evidences a positive impact on the effectiveness	Register of SAB challenge to partnership agencies and	Register established and evidences impact of the Board's challenge to

Priority	Ob	Objective	Projected Outcome	Performance Indicators	Progress Reported Sept 2015
		improvements and commissioning of services across statutory and third sector services for vulnerable adults	of safeguarding of adults as a result of the SAB's challenge of partner agencies and other strategic partners, based on the findings from its learning and improvement framework Assessments, authorisations and reviews of referrals under the Deprivation of Liberty Safeguards are effective Recommendations from domestic homicides relevant to safeguarding adults are implemented effectively	strategic partners.	partner agencies
				Percentage of recommendations from serious case reviews implemented	100% of recommendations from completed SCR implemented. SCR 'Anne' overview report completed Nov 2015
				Percentage of partner agencies providing performance information	80% of partner agencies are providing performance information
				Learning from multi agency audit reports	Audit programme evidences that on the whole the safeguarding process is implemented effectively
				Percentage of recommendations from multi agency audits implemented	Action plan in place and being monitored
				Report to SAB on the effectiveness of assessments,	Audit identified learning regarding identification of next of kin or

Priority	Ob	Objective	Projected Outcome	Performance Indicators	Progress Reported Sept 2015
				authorisations and reviews of referrals under the Deprivation of Liberty Safeguards	suitable advocate by practitioners. Action plan in place and implementation monitored by the SAB
				Reports to SAB on implementation of Domestic Homicide Review recommendations by Domestic Abuse Forum	A number of Domestic Homicide Reviews are due for publication following quality assurance by the Home Office

Key Successes

- The SAB is fully compliant with the requirements of the Care Act 2014
- 'Buddy' scheme for residential care homes to provide support and information on a wide range of tissue viability issues
- The Turning Tides Team from SAVS has been visiting 800 people over the age of 65 who have been identified as being particularly vulnerable to scams.
- There were no preventable fire deaths in Southend in 2014-15.
- With SBC Children's Services and the Safeguarding Children's Board the SAB has funded preparations for the launch of Keep Safe in early 2016.
- Safeguarding of adults is largely effective in Southend, with high levels of satisfaction from those who have been the supported through the process.
- The SAB worked with the Boards in Essex and Thurrock to successfully develop and implement new Safeguarding Adults Guidance in 2015, which is compliant with the Care Act 2014.

- In 87% of all concluded safeguarding cases, the risk to the indivual had been removed or reduced

Key Areas for Development and Challenge 2015-16

- Ensuring arrangements to implement the Domestic Abuse Strategy are robust and that information sharing and assessment of risk is undertaken in a timely way, particularly as part of the MARAC process

- Improve practitioner awareness and understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Standards (DOLS)

- Development of the SAB's Learning and Improvement Framework

SECTION 3 – CONTEXT

Demographics

The Office for National Statistics (ONS) estimates the total population for Southend on Sea as at mid-2014 is 177,900.

29.9% of Lower Super Output Areas (LSOA) in Southend are classified as falling within the 30% most deprived areas in the country. Using ONS population figures this equates to just over 56,000 residents. Southend also has 8.4% of LSOA's (just over 16,200 residents) that fall within the 10% most deprived in the country. (Source: Communities and Local Government - 2010 Indices Multiple Deprivation).

The number of older people (65+) in Southend living alone is estimated to increase from 11,757 in 2011 to 12,627 in 2015, an increase of 7.4%, compared to 9.7% for England. The number of older people (65+) in Southend living in a care home is expected to increase from 1,586 in 2011 to 1,701 in 2015, an increase of 7.3%, compared to 10.7% for England. The number of people (65+) helped to live independently in Southend is estimated to increase from 2,668 in 2011 to 2,921 in 2015, an increase of 9.5%, compared to 11% for England.

The number of older people aged 65+ predicted to have a learning disability in Southend is estimated to increase from 630 in 2011 to 693 in 2015, an increase of 10%, compared to 11.3% for England.

The Care Act

The Care Act 2014 aims to:

- Promote people's wellbeing
- Enable people to prevent and postpone the need for care and support
- Put people in control of their lives so they can pursue opportunities to realise their potential

Central to the Care Act is the idea of 'wellbeing'. This starts from the assumption that an individual is best placed to judge their own wellbeing. Wellbeing relates to the following areas:

- Personal dignity and respect
- Physical and mental health and emotional wellbeing
- Protection from abuse and neglect
- Individual control over everyday life
- Participation in work, education and training
- Social and economic wellbeing
- Positive family and personal relationships
- Suitability of living accommodation

The Act introduces the first statutory framework for protecting adults from abuse and neglect and includes:

- A new duty for a local authority to carry out enquiries (or cause others to) where it suspects an adult is at risk of abuse or neglect
- A requirement for all areas to establish a Safeguarding Adults Board (SAB) to bring together Local Authority, NHS and the police to coordinate activity to protect adults from abuse and neglect
- A requirement for safeguarding adults boards to carry out safeguarding adults reviews into cases where someone who is experiencing abuse or neglect dies or is seriously injured or there is concern about how agencies worked together, to ensure lessons are learned
- Safeguarding Adults Boards can require information sharing from other partners to support reviews or other functions

The SAB is fully compliant with the Care Act

The SAB's Learning and Improvement Framework

The SAB's Learning and Improvement Framework enables partner agencies to be clear about their responsibilities, to learn from experience, and improve services as a result. This is an integrated framework which builds on the SAB's culture of learning and improvement. The following elements form the basis of the SAB's Learning and Improvement Framework:

Element	**Activity**	**Expected Outcome/Impact**
Safeguarding Adults Reviews (SARs)	Identification and implementation of learning	Learning from SARs and improvement actions are informed by the views of families and practitioners. A measurable impact on the level of confidence and satisfaction expressed by families and practitioners on the current arrangements and processes in terms of improving adults' welfare and safety
Other Case Reviews	Identification and implementation of learning	Learning from reviews and improvement actions are informed by the views of families and practitioners. A measurable impact on the level of confidence and satisfaction expressed by

Element	Activity	Expected Outcome/Impact
		families and practitioners on the current arrangements and processes in terms of improving adults' welfare and safety
Learning from complaints and other enquiries	Identification and implementation of learning	Learning from complaints is informed by the views of adults and their families A measurable impact on the level of confidence and satisfaction expressed by families and practitioners on the current arrangements and processes in terms of improving adults' welfare and safety
Single & Multi Agency Audits and Audits of Board Effectiveness	Reporting of single agency audits	SAB partner agencies evidence effectiveness of safeguarding practice and identify areas for improvement
	Programme of SAB audits	SAB evidences the effectiveness of safeguarding services for adults

Element	Activity	Expected Outcome/Impact
Qualitative Information from Adults with care and support needs and their Families	Analysis of information obtained to quality assure the effectiveness of safeguarding of adults	The development and improvement of safeguarding services is informed by the views and experience of adults and their families
Qualitative Information from Practitioners	Analysis of information to identify risks to safeguarding practice and learning	Risks to the effectiveness of safeguarding adult's services are identified early and addressed in a timely way. Practitioners report in follow up evaluations that they are aware of key development areas and good practice, with a positive impact on their safeguarding vulnerable adults practice and increase in confidence
Single Agency Performance Information	Analysis of quantitative data from partner organizations	Evidence of improvement in identified key areas of safeguarding practice.
Partner Agency Safeguarding Standards Self Assessments	Reporting of qualitative and quantitative data by SAB partner agencies	Partner agency self-assessments of safeguarding efficacy are robust

Element	Activity	Expected Outcome/Impact
Annual Reports from Strategic Partners and SAB Members	Needs analysis and monitoring of safeguarding effectiveness	The SAB evidences the effectiveness of safeguarding practice
Strategic & Themed Work	Mapping of issues and development of overarching strategies	The SAB and its strategic partners identify any risk and/or need and implement improvements to address these

SECTION 4 – MAKING SAFEGUARDING PERSONAL

Prevention and Early Help

The SAB coordinates and monitors prevention and early help activity and its outcomes. The Board and its partners are committed to preventing abuse or neglect and providing early help through universal services where risk is identified early.

The SAB has monitored work of partner agencies to prevent pressure ulcers in adults who are frail or disabled, including a 'buddy' scheme for residential care homes to provide support and information on a wide range of tissue viability issues. The scheme enables staff to feel empowered in the care they give. Initial feedback from the homes involved in the scheme has been very positive.

Southend Association of Voluntary Services (SAVS) and SBC Public Health worked together to undertake 'Warm and Well' checks on older people and those with additional care and support needs during the winter months.

The SAB has been working with Crimestoppers and the Police and Crime Commissioner to pilot an 'Elder Abuse Helpline' in Southend and across wider Essex, raising awareness with the public of the signs of abuse and neglect and providing a confidential reporting line. Crimestoppers, SAVS, and the Post Office in Southend are also working together to tackle post, phone and online scams. The Turning Tides Team from SAVS has been visiting 800 people over the age of 65 who have been identified as being particularly vulnerable to scams. The Turning Times Team works with the victim to shut down the scam, and then provides ongoing support to ensure people don't become victims again.

The SAB has also worked with Essex Police to provide information about different types of scams and frauds for domiciliary and care workers so that they are more able to identify when vulnerable clients may have been victims of scams or fraud and to help them raise awareness with their clients.

The SAB also works in partnership with the Boards in Essex and Thurrock to provide the AskSAL helpline for reporting abuse and neglect of any adult with care and support needs.

The SAB has identified the reduction of numbers of people over the age of 65 who are killed or seriously injured in road traffic collisions as a priority objective. Working with SBC Public Health and other partner agencies the Board is taking a strategic approach to reducing the number of collisions involving cars, including raising awareness of the effects of some prescription drugs with GPs and pharmacists so that they can provide appropriate advice to drivers. Public Health is also promoting travel alternatives to car use.

Essex County Fire and Rescue Services, the SAB, and Southend Borough Council launched the new service, 'Preventable Fire Safety Deaths' in 2013 to increase awareness of fire risks among social workers, domiciliary and community support providers, care home providers and voluntary agencies. The service enables practitioners to identify 'at risk' adults, for example, people who smoke and have mobility problems. Practitioners were then encouraged to make referrals to the Fire and Rescue service for free home fire safety checks to put in practical solutions to minimise their risk of being harmed in a fire, including fitting smoke alarms free of charge. The scheme has been rolled out throughout Essex and is available to cover adults aged 18 and over. Awareness raising has also been undertaken with GP safeguarding leads to cascade within their surgeries, and with other health professionals, regarding the risks of using petroleum based ointments with non-mobile patients, especially when there is an added risk of fire from smoking. There were no preventable fire deaths in Southend in 2014-15.

With SBC Children's Services and the Safeguarding Children's Board the SAB has funded preparations for the launch of Keep Safe in early 2016. Keep Safe supports people aged 16+ who have a learning disability and access the community independently. The scheme is facilitated by SHIELDs Parliament, a self-advocacy group supported by BATIAS. Local businesses are identified and sign up to the scheme by agreeing to provide use of a telephone in a public area for a person who may be experiencing an emergency or who is in distress. Participants in the scheme would look for the logo in the shop window. Using the emergency number card or fob provided, the person themselves would call their carer or

parent. If required, the shop would assist or call the police if needed. The scheme aims to support people to reduce the feelings of fear or agitation in accessing the community alone.

Adult Protection

The SAB worked with the Boards in Essex and Thurrock to successfully develop and implement new Safeguarding Adults Guidance in 2015, which is compliant with the Care Act 2014.

The SAB audit programme evidences that the safeguarding of adults is largely effective in Southend, with professionals dealing sensitively with cases in a learning culture, and with high levels of satisfaction from those who have been the supported through the process.

For the period April 2014 – March 2015 there was a decrease in the number of safeguarding referrals for the first time since 2008. The decrease in referrals may be attributed to the Alerts versus Referrals pathway introduced in April 2014. Allegations that do not meet the criteria for a safeguarding investigation are recorded as 'Alerts' and those do meet the threshold are recorded as 'Referrals'. The SAB will scrutinize performance in this area to ensure adults who need to be safeguarded are being appropriately identified and referred.

Older people continue to represent the highest percentage of safeguarding referrals (they are also the highest demographic service user group in receipt of services). The highest number of referrals was for people living in their own home, however, this has decreased by 19% compared to the previous year. Neglect continues to be the highest reported category of abuse.

Residential care staff (28.5%) domiciliary care staff (11.4%) and other professionals (16.8%) make up 56.7% of alleged perpetrators.

26.7% of all safeguarding referrals meet the definition of domestic abuse, reflecting the significant impact this issue has on the Southend community.

The CQC is the regulator of social care services. In September 2015 the outcome of their visits to care homes based on their published reports was as follows:

Older People (In Borough)	%		LD (In Borough)	%
Excellent	0.00%		**Excellent**	0.00%
Good	24.62%		**Good**	13.64%
Requires Improvement	10.77%		**Requires Improvement**	4.55%
Inadequate	0.00%		**Inadequate**	4.55%
Not Yet Inspected	64.62%		**Not Yet Inspected**	77.27%
	100.00%			**100.00%**
MH (In Borough)	**%**		**PSI (In Borough)**	**%**
Excellent	0.00%		**Excellent**	0.00%
Good	18.18%		**Good**	0.00%
Requires Improvement	9.09%		**Requires Improvement**	0.00%
Inadequate	0.00%		**Inadequate**	0.00%
Not Yet Inspected	72.73%		**Not Yet Inspected**	100.00%
	100.00%			**100.00%**

Where significant shortfalls in compliance are identified, contact is then made by Southend Borough Council with the provider to ensure that there is an action plan in place and provide support to the provider to ensure the required improvements are made.

Where care homes close, either as part of planned reductions in services or as a consequence of continued shortfalls in compliance, the local authority and CQC work together to support the transition of residents to alternative provision. This reduces the mortality rate usually associated with unsupported transitions

In 87% of all concluded safeguarding cases, the risk to the individual had been removed or reduced (consistent with performance for the previous year). Some people with capacity to make informed decisions choose to remain in contact with the alleged perpetrator and so performance of 100% is not possible.

70% of all Adult Services assessment practitioner staff are aware of and working in line with the Family Focus Protocol

The SAB has agreed an Essex wide protocol to support people, with hoarding behaviours, which is due to launch in late 2015. SBC Public Health is scoping the commissioning of a specialist service to support people who hoard.

Southend Borough Council seeks the views of people who have received support in relation to safeguarding adults' investigations via an Outcome Questionnaire. 96% of people who had received support regarding a safeguarding investigation said that they were aware of the investigation and had had the process explained to them. 95% said they felt involved in the decisions made about their wellbeing and safety, and 77% felt safer as a result of the intervention

Mental Capacity Act and Deprivation of Liberty Standards

The Mental Capacity Act Deprivation of Liberty Standards (MCA DoLS) provide a legal framework around the deprivation of liberty to protect the interests of an extremely vulnerable group of people and

- Ensure people can be given the care they need in the least restrictive regimes
- Prevent arbitrary decisions that deprive vulnerable people of their liberty
- Provide them with rights of challenge against unlawful detention
- Avoid unnecessary bureaucracy.

The MCA DOLS apply to anyone:

- Aged 18 and over
- Who has a mental disorder
- Who lacks capacity to consent to the arrangements made for their care or treatment in either a hospital or a care home (registered under the Care Standards Act 2000)
- For whom a deprivation of liberty may be necessary in their best interests to protect them from harm
- Where detention under the Mental Health Act 1983 is not appropriate at that time

When a hospital or care home identifies that a person who lacks capacity is being, or risks being, deprived of their liberty, they must apply to the local authority for an authorisation of deprivation of liberty.

Authorisation should be obtained in advance except in urgent circumstances. The supervisory body must obtain six assessments:

- Age assessment
- No refusals assessment
- Mental capacity assessment
- Mental health assessment
- Eligibility assessment
- Best interests assessment

In addition the Supreme Court ruled on 19 March 2014 in that there is a new 'acid test' for deprivation of liberty safeguards:

- Is the person subject to continuous supervision and control
- Is the person free to leave

There has been more than a 568% increase in the number of DoLS referrals for the past year financial year, however, SCB Adult Services have continued to complete all assessments within timescales.

The SAB has been supporting partner agencies to improve the application of the Mental Capacity Act by professionals, including provision of training and quality assurance of training provided by partner agencies.

An audit completed by the SAB evidenced that professionals are not always appropriately identifying Next Of Kin or suitable Independent Mental Capacity Assessors (IMCAs) where a person does not have capacity to make decisions about their care or treatment. A multi-agency action plan has been developed to take forward and implement the learning

SECTION 5 – CHALLENGE TO PARTNER AGENCIES

	Challenge	Action	Progress	RAG
1	To reduce delays in the MARAC process	Review current process and identify process change to expedite partnership information sharing and risk assessment of high risk domestic abuse cases	Following challenge from the Board regarding process backlogs MARAC was reviewed and triage process put in place. There has been an improvement in the timeliness of the MARAC process however backlogs in cases to Southend MARAC continue to be an issue. Further review and action required by partners to identify a Southend solution by March 2016.	Red
2	Clarify support pathways for users of the SARC	Pathways for accessing counselling and other specialist support services to be identified	Pathways have been mapped by Southend CCG and assurance given regarding its resourcing	Green
3	Provide specialist support services	Public Health and SBC Adult Services to scope and	Office of the Police and Crime Commissioner	Green

	Challenge	Action	Progress	RAG
	for adult male victims of sexual abuse	commission suitable provision	has included adult males in specialist support service commissioning across wider Essex	
4	NHS England have stated they will not be attending safeguarding boards, which is contrary to statutory guidance	SAB Chair and Director of Adult Services to make representations at national bodies regarding NHS England policy	Agreement reached with NHS England regarding attendance at Southend SAB Executive. The SAB continues to pursue attendance of NHS England at the Board	Green
5	Provision of performance information regarding the impact of domestic abuse	SAB Business Manager to send request to Essex Police to provide performance information	Introduction of Athena has impacted on performance information provision. No timescale currently given for provision of Southend specific information	Red

SECTION 6 - PARTNER AGENCY ANNUAL STATEMENTS

All partner agencies completed a safeguarding adults standards self-assessment during the period, identifying areas of compliance and also areas for development. These will be updated in 2015-16 to identify progress in the areas identified for development. Partner agencies have also provided the following statements regarding the effectiveness of their services in safeguarding adults:

Southend Borough Council

Southend Borough Council Adult Services produces an annual report on the effectiveness of their statutory activity to safeguard adults for Cabinet in January 2016, which will be appended to this report at that time.

Corporately SBC is committed across all departments to the safeguarding of adults. Children's Services have undertaken work to ensure support to young carers is Care Act 2014 compliant. Social workers are also receiving training regarding the application of the Mental Capacity Act and Deprivation of Liberty Standards. Adult and Children's Services have also worked in partnership to review and implement the Family Focus Protocol and Transition Protocol. Children's Services have also worked together with Adults Services to support information sharing in relation to Domestic Abuse to safeguard children and adults with additional care and support needs

Public Health has supported the safeguarding priorities and activity of the SAB in relation to areas such as reduction of deaths and serious injury as a result of road traffic collisions; undertaking 'warm and well' visits for adults identified as particularly vulnerable; and work to identify specialist support services for adult male victims of sexual abuse

The Department for Place has ensured that the safeguarding adults priorities of the SAB are reflected in the public protection priorities. Public Protection, Children's Services and Adult's Services have also worked together to establish support the implementation of the PREVENT strategy locally and the establishment of a Channel Panel to support children and adults at risk of radicalization. Regulatory Services have supported the development and

implementation of the SAB's strategic approach to supporting adults with hoarding behaviours.

Essex Police

Domestic abuse

Over the past year Essex Police has continued to work with our partners to share information and improve the all-round support we give to domestic abuse victims. Special operations have been set up to monitor offenders and target those considered to be a danger while improved support has been put in place to make it easier for survivors to leave abusive relationships and start afresh. We are speaking to victims and survivors of domestic abuse to help shape the way we deal with this abhorrent crime and make sure that their needs are at the heart of what we do.

In early 2014 we conducted a Domestic Abuse Crime Unit pilot in the South of Essex. The DACU introduced improvements in the investigation of domestic abuse incidents and consisted of experienced officers dedicated to protecting the most vulnerable in our community. The pilot occurred simultaneously with the introduction of body worn video equipment for officers responding to domestic abuse incidents. These cameras proved immediately beneficial in the prosecution of offenders and in supporting victims though the court process. In September the DACU pilot was extended force wide and was renamed Operation JUNO.

National developments in the past year have led to the introduction of new tools for police forces in tackling domestic abuse. These include Domestic Violence Protection Orders and the Domestic Violence Disclosure Scheme.

Domestic Violence Protection Notices (DVPN) and Orders (DVPO) were introduced on 1st June 2014. These are civil orders introduced by the Crime and Security Act 2010, which have been introduced to help provide immediate safeguarding to victims of domestic abuse, and can be used when a perpetrator has been violent or threatened violence against a

victim during an incident. Orders can last for 28 days and provide victims with space to consider what to do next. Perpetrators who breach orders are liable for arrest.

The Domestic Violence Disclosure Scheme is also known as "Clare's Law" and was introduced on 7th March 2014. The aim of this scheme is to give members of the public a formal mechanism to make enquires about an individual who they are in a relationship with or who is in a relationship with someone they know, and there is a concern that the individual may be abusive towards their partner. In addition if police checks show that a domestic abuse perpetrator has a record of abusive offences, or there is other information to indicate a risk of harm towards an individual, the police will consider sharing this information with the person. The scheme aims to enable potential victims to make an informed choice on whether to continue the relationship, and provides help and support to assist the potential victim when making that informed choice

Mental ill health

Essex Police together with NEP and SEPT piloted a Street Triage project across Essex from 01/12/2014 – 31/03/2015. During this period, triage cars operated on Friday, Saturday and Sunday nights (supported by a telephone advice line outside of operating hours). From the 1/4/2015 – the street triage scheme will operate 7 days per week between 1800 and 0200 (2 cars).

Different models of Street Triage have been implemented across the UK, with some police forces having a street triage car available 7 days a week, and others using a mix of street triage and telephone helplines. In Essex we adopted a mixed model – this has provided the opportunity to compare different models of intervention, however initial results strongly indicate that the helpline was not utilised by Police Officers and has limited impact on diverting individuals to appropriate mental health resources.

During the Street Triage pilot project, the street triage cars saw 269 individuals, appropriately assessing and diverting 110 individuals to appropriate mental health services, with 20 individuals (7.4%) accepting an offer of informal admission. As a result of direct feedback from those police officers involved in the Street Triage pilot, 46 individuals

assessed by the Street Triage car would have been detained by Police Officer using their powers under s136 MHA (1983) (but for the availability of the Street Triage service) and a further 17 would have required intervention using s135 Mental Health Act.

Street Triage has already produced a number of significant benefits – these include:

- Significantly improved relationships between police and mental health professionals
- A small decrease in waiting times for Mental Health assessments
- An emerging shift in police culture from being risk adverse to positive risk management
- Improved police confidence in talking about mental illness from those officers directly involved in the project who have provided very positive feedback on their experience.
- Greater understanding within both Police and Mental Health professionals of each agencies respective powers and authority Experiential learning due to multi-agency teamwork, leading to greater understanding of the roles of other professionals within the Mental health Service and a greater understanding of mental illness and pathways to support such clients.
- Significant multi agency financial savings. During the pilot project, Street Triage directly prevented 63 individuals from requiring detention under s136/s135 resulting in efficiency savings of £18,900 during the pilot project (Police & Mental Health Professionals) – or potential annual efficiency savings of £56,700.

Evaluation of the Street Triage Pilot suggests that further savings will be achieved if Street Triage is operational seven nights a week between 18:00 and 02:00. From 01/04/2015 Street Triage has been operational seven nights per week (excluding bank holidays), operating with two cars working pan Essex.

Safeguarding of Vulnerable Adults

In the past year Essex Police have reviewed and increased the resources within the Safeguarding of Vulnerable Adults (SOVA) team which now includes a Detective Sergeant and Detective Inspector. This team is responsible for triage of all safeguarding referrals received by Essex Police to determine the necessary investigative and safeguarding actions required in order to protect individuals from harm. The SOVA team have close working

relationships with Social Care professionals which they utilise to ensure that information is shared and plans are implemented to protect vulnerable people within our communities.

Essex Police continue to work closely with partners across Essex and will continue to do so to safeguard those who are vulnerable and at risk of harm or neglect. We have been working with the Office of Police and Crime Commissioner, our colleagues from Southend, Thurrock and Essex Safeguarding Adults Boards and Crime stoppers in the development of an Elder Abuse Helpline. The helpline, launched in February 2015 as a pilot campaign, is managed by Crime stoppers who then refer concerns regarding elder abuse to the local authority and Essex Police.

Community Rehabilitation Company

In June 2014, Essex Community Rehabilitation Company (CRC) was established following the Government's Transforming Rehabilitation programme. CRCs are providers of probation services, comprising the offender management of low and medium risk of serious harm offenders, and the provision of interventions to both offenders allocated to the CRC and those retained by the National Probation Service. Essex CRC remained in public ownership until February 2015, when the contract was awarded to Sodexo. The CRC is currently moving to a new organisational structure, estates profile and operating model, which will not be fully complete until Spring 2016. Stakeholder events to update partners about these changes were held in September 2014 and September 2015.

Essex CRC's commitment to safeguarding and public protection remains and is evidenced for October 2014 - September 2015 in the following ways:

- ☐ Participation in the safeguarding children and adults boards.
- ☐ Completion of Section 11 audits.
- ☐ Referrals to local authorities where children or adults are considered at risk or abuse and neglect, or in need of care and support.

- ☐ Participation in case conferences, core groups and reviews, where we have a relevant case.

- ☐ Deployment to all staff of the 2015 children and adult SET procedures, and the 2015 revised working together

- ☐ Provision of child protection training - level 1 for all staff; level 1&2 for all practitioners.

In addition, the following extract from Essex CRC's Safeguarding Policy Statement highlights the principles of our safeguarding work:

"*Essex CRC will safeguard children and adults at risk of abuse or neglect by being vigilant, through contact with adults, where children may be at risk or have unmet need, and will make the appropriate referral for early help, children in need services or child protection services. We will contribute to multi-agency work to address this need or risk; engage with a 'whole family' approach; deliver sentence plans and interventions to address harmful behaviours; work with others to ensure that victims of abuse are protected and supported so that risk factors can be identified and safety plans put in place; and we will identify adult social care needs and make appropriate referrals for mainstream provision as well as referring for specialist services where applicable*."

<u>NHS England</u>

NHS England has dual safeguarding responsibilities with regards to both our directly commissioned health services (such as GPs, dentists, opticians, prison health care, secure mental health treatment, and sexual assault referral centres) and across the wider health economy.

NHS England's safeguarding roles and responsibilities are formally set out in the "Accountability and Assurance Framework" (June 2015) which supports the existing close

working relationships with the adult safeguarding leads in the Clinical Commissioning Groups (CCGs) in our area.

A major success of the NHS England local office is the hosting and facilitating of the Adult Safeguarding Forums, which bring together safeguarding leads from health providers and commissioners across East Anglia and Essex. As part of the group, formal continuous professional development occurs, and the forum also shares learning from Serious Case Reviews, Domestic Homicide Reviews and Serious Incidents (extending beyond the Essex locality). Finally, the forum provides a means of supervision and support for commissioning leads.

In terms of training and development, during 2014/15 NHS England commissioned an extensive programme of Mental Capacity Act (MCA) and Deprivation of Liberty (DoLs) training for primary care. The training was open to all primary care across Essex and was facilitated by experts in the field. The sessions were attended by 230 delegates, with representatives from Primary Care in Southend, including GPs, Practice Managers, and dental staff. Additionally, a bespoke 6 day Supervision training package was commissioned for adult safeguarding leads working in commissioning and provider organisations, 15 staff across Essex attended and the feedback was extremely positive and further training is being commissioned.

We are involved in the Transforming Care agenda to ensure people with learning disabilities and Autistic Spectrum Disorders are appropriately placed as close to home as possible. We have been ensuring the right care is being delivered in the right places by working with our partners to complete Care and Treatment Reviews (CTRs) as required.

In terms of challenges we face, it can sometimes be difficult to apply local initiatives and recommendations when we are part of a national organisation. However, we continue to work with national, regional and local colleagues to address this challenge. A further challenge is within the complexity of commissioning for certain areas of health provision such as Sexual Assault Referral Centres. Raising concerns through multi-agency platforms such as the LSCB and Quality Surveillance Meetings is a way we work to ensure that ownership is taken over quality concerns.

Southend CCG

Southend Clinical Commissioning Group (CCG) actively supports and embraces partnership working for the Adult Safeguarding agenda across the locality. It is committed to following the SET (Southend Essex & Thurrock) Safeguarding Adults Guidelines and provides support to staff within the CCG, commissioned services and Primary Care. The CCG has Linda Dowse, Chief Nurse as the Executive lead, Dr Barusya as GP lead for safeguarding and Andrea Metcalfe as the Designated Adult Safeguarding Manager (DASM) for the CCG.

The CCG is committed to ensuring that the services it commissions have in place all the requirements to ensure that the services are of a high quality, are safe, that they have a good understanding of the safeguarding agenda and are operating within the law with regard to the Mental Capacity Act 2005 and the Care Act 2014. An action plan is in place with regard to the Accountability and Assurance Framework which is monitored through the Quality, Finance and Performance Committee at the CCG.

In line with mandatory CCG training requirements, all staff are required to undertake safeguarding adults training and Prevent training. An update is planned for Governing Body and Clinical Lead members in December.

The CCG hosts Time to Learn sessions which are attended by General Practitioners (GP), Practice managers and Nurses from member practices across the locality. Training has been provided in Time to learn sessions on Safeguarding Adults, MCA and Prevent on several occasions this year. The Quality Team members have also been provided with WRAP (Workshop to Raise Awareness of Prevent) training.

The CCG is fully committed to meet their statutory obligations to work in collaboration with other external agencies to support and embed learning from Domestic Homicide and Safeguarding Adults reviews. There is active involvement in the work of the Safeguarding Adults Board and it's subgroups by the CCG representatives.

The CCG is taking forward the changes brought about by the Supreme Court Ruling with regard to the P v Cheshire West and Chester Council ruling. An application has been made to the Court of Protection for authorisation of a deprivation of liberty where the person is residing outside the hospital or care home environment and is funded by the CCG.

South Essex Partnership Trust (SEPT)

Highlight report of key issues arising during 2014/15 addressing the priorities

1. Prevention / raising awareness

A series of preventative and awareness raising initiatives have been implemented this year within the Trust and audits have evidenced that staff awareness and response to Safeguarding issues has improved in the timeframe process and quality of investigations. Analysis of all SEPT safeguarding cases are analysed for any trends and reported to the Trust Safeguarding Group

2. Safeguarding activity

The number of alerts raised has increased since the previous year however the number of subsequent enquiries has remained stable. All cases requiring an investigations were responded to with the set timeframes

Alerts raised Oct 14- Sept 15	**209**
Alerts leading to Enquiry	**177**

3. Workforce development

The Trust compliance for safeguarding remains consistently good as demonstrated below**.**

Core Practice Courses	**South Essex MH**		
	Total Target	Trained	
		No	%

Red 0 - 94% **Green 95%+**

Safeguarding Level 1	1876	2052	**100%**
Safeguarding Level 2	1089	1162	**100%**
Safeguarding Children Level 3	228	201	**88%**
Safeguarding Adults Level 3	203	215	**100%**
Safeguarding Children Levels 4/5/6	2	2	**100%**

4. Quality Assurance

A weekly report to the Trust Executive Team gives assurance of Safeguarding activity and compliance to timescales. The Trust Safeguarding Group monitors the Safeguarding action plan for assurance.

The outcomes of audits and Service User feedback demonstrates an improved service has been delivered and experienced by Service users.

Improvements made in adult safeguarding during 2014/15, addressing the priorities

Prevention / raising awareness

The numbers of alerts raised this year continues to rise and reflects the training programmes delivered which aim to raise awareness of safeguarding issues.

Partnership working

The Trust continues to be active members of the Southend Safeguarding Board and sub groups.

Quality Assurance

The Trust has reported consistent improvements in the safeguarding process and outcomes of investigations

Southend Hospital

Southend University Hospital has continued to work together with partner agencies to safeguard vulnerable adults that access our services. We deliver Safeguarding Adults training to all of our patient facing staff so that they are more able to identify and respond to all types of abuse. We consistently aim to empower all our patients to ensure that, where able, they are at the heart of and involved with decisions around their care.

The Hospital has a dedicated Safeguarding Adults team that oversee all safeguarding cases and guide and support staff when they have concerns relating to a patient's safety. This team has worked in partnership with other signed up members of the Safeguarding Board, regularly attending meetings and contributing to the development of safeguarding responses and services

The Trust hosts a quarterly Adult Safeguarding Committee that reviews cases, identifies themes, shares learning and develops action plans for practice improvement. Senior internal staff attend, as well as external agencies. The meeting provides a forum for discussion, challenge and support to agree actions. There are mechanisms in place for this group to provide assurance to the Trust Board of compliance and quality.

This past year has seen us strengthen our role in working with patients who are victims of Domestic Abuse where we host and chair a quarterly multi-agency Domestic Abuse committee. The aim of the committee is to develop the way the Trust works with patients who are victims of this type of abuse, providing key staff with the knowledge and understanding of how to safely identify and respond to this particularly sensitive problem. Both the Adult and Children's Safeguarding teams provide support for staff and victims.

Our Learning Disabilities (LD) Nurse is part of the Safeguarding Adults team. She has responsibility for leading on a number of initiatives to continually improve the care we offer to our patients with a Learning Disability who access our services or who are admitted to our wards. The emphasis is ensuring that all needs are understood and met through developing an appropriate care plan with reasonable adjustments. A staff resource portal has been set up on our internal website for staff to be able to access information, and this is

updated each month. The first of a planned series of DVDs was launched which focused on a patient journey through Outpatients. The Trust holds monthly multi-agency meetings to further develop the services we provide for patients with a Learning Disability, this includes service user attendance. One of the benefits of the LD Nurse being part of the Safeguarding team is that it enables sharing of good practice and a collaborative and multi-professional approach to meeting the needs and improving the care of vulnerable people and patients with enhanced needs.

The Trust is committed to continually work towards safeguarding the local population through partnership working, full participation and by keeping up to date with national and local initiatives.

East of England Ambulance Service

How the East of England Ambulance Service Trust has ensured an effective safeguarding response for adults with additional care and support needs during the period October 2014 to September 2015:

To have in place policies, procedures and guidelines for safeguarding across the organisation.

To communicate information relating to safeguarding to all relevant parties within the Trust.

To ensure that training in safeguarding is accurate and appropriate to the relevant staff groups.

To work with other clinicians to improve referrals and to strengthen safeguarding in the Trust.

To provide appropriate safeguarding advice, taking into account national guidance, to key Trust committees.

To carry out and quality assure safeguarding audits within the Trust.

To ensure all statutory requirements are met and partnership working remains effective both regionally and nationally.

Monitoring of the safeguarding referral line has remained consistent over the last year; this work ensures the quality of data leaving the Trust and the pathway choices regarding a GP referral and/or Local Authority concern. These referrals are evaluated by the safeguarding team no more than 3 days after the referral is made. This is to ensure patient concerns are received and managed by the correct agency.

East of England Ambulance Service Trust Safeguarding team has completed a re structure. On 01st September 2015 the new Named Professional for Safeguarding was appointed and on 01st October 2015 the new Head of Safeguarding was appointed.

South Essex Homes

In order that South Essex Homes continues to provide an effective safeguarding response for adults with additional care and support needs during October 2014 to September 2015 they have provided a senior manager as the designated safeguarding lead and appropriate representation at the Safeguarding Adults Board, the Housing sub-group and at the MARAC.

The safeguarding adult policy and procedure complies with the Southend, Essex and Thurrock Guidelines for Safeguarding adults. The safeguarding policy and procedure is updated every three years (last updated May 2015).

All front line staff are trained regularly in safeguarding adult awareness, mental health awareness, mental capacity awareness, domestic abuse awareness and Dementia and Alzheimer awareness. A safeguarding presentation is included in the Staff Induction day. Safeguarding awareness sessions include contractors operating on behalf of South Essex Homes/Southend on Sea Borough Council. Awareness sessions on safeguarding are delivered to residents living in Council owned sheltered schemes. Articles on domestic abuse and safeguarding are regularly featured in residents' newsletters and staff newsletters.

A safeguarding page on the South Essex Homes website is updated regularly as well as the safeguarding page dedicated to staff on the intranet. Guidance sheets on reporting

concerns are provided to all contractors operating on behalf of South Essex Homes/Southend on Sea Borough Council. Business size cards are issued to all staff with identifying potential concerns and the relevant numbers to contact.

An update on safeguarding is provided at each Board meeting. Safeguarding is a regular agenda item at the Operational Management Team meetings and safeguarding action plans are monitored at the Operational Management Team meetings. Referrals are monitored and reflect the training programmes and awareness sessions delivered.

There are dedicated officers to identify and respond to victims of domestic abuse and a dedicated Sanctuary Scheme budget is set aside annually, to cover the cost of additional safety and security measures for victims of domestic abuse and hate crime.

Essex County Fire and Rescue Service (ECFRS)

Essex County Fire and Rescue Service (ECFRS) is committed to ensuring all policies treat their employees and members of the public equally, regardless of their age, race, religion or belief, gender, disability or sexual orientation. The Service is also committed to adhering to the contents of the Care Act and to ensuring an individual's wellbeing is always in mind when making decisions about them or planning services.

ECFRS completed the Essex, Southend & Thurrock Safeguarding Adults Boards 2014-15 Audit to check the strength of their arrangements to safeguard and promote the welfare of vulnerable adults.

ECFRS evidenced that it fully met or partly met 34 of the 36 areas of concern with only two requiring attention.

Essex County Fire & Rescue Service remains committed to maintaining its high standards in all aspects of Safeguarding.

SECTION 7 – IMPLEMENTING LEARNING FROM REVIEWS

Safeguarding Adults Reviews (SARs)

The SAB commissioned one SAR in 2014, identified as SAR 'Anne', which is due to be completed and approved by the Board in November 2015. Learning identified during the SAR process is already being implemented by partner agencies to improve safeguarding adults services

Other Reviews

The SAB conducted an alternative review of a case during the period involving a patient, with alcohol dependency, discharged to a residential care home, who sustained fatal injuries when he climbed out of an upstairs window in order to obtain alcohol.

Learning from the review included:

- Ensuring substance dependency issues were included in any information provided to residential care homes on discharge from hospital
- That residential care homes have arrangements in place for residents with mental capacity to obtain alcohol if they wish
- For substance dependency training to be made available for residential care home staff
- Ensuring all opening windows in residential homes above ground floor level are fitted with secure opening restrictors

Learning from the review is being implemented and monitored by the SAB

SECTION 8 – FINANCIAL REPORT APRIL 2014 to MARCH 2015

The SAB uses the funding formula below to ensure it has adequate resources to undertake its business effectively

Agency	**Percentage Contribution**	**Contribution for 2014-15**
Southend Borough Council	48%	20407.68
Southend CCG	26%	11054.16
Essex Police	26%	11054.16
Total Contribution		**42516.00**

The SAB shares a business manager and administrative assistant with the Safeguarding Children Board (0.5fte for each role and Board). There is also a considerable 'in kind' contribution of partners to both the Board and sub groups, a major resource which is difficult to quantify, but is critical to the effective functioning of the SAB.

For the year 2014-15 the SAB's expenditure was as follows:

Description	**Expenditure (£)**
Total Employees	**36200**
Total Supplies And Services (includes chair remuneration and meeting/training costs)	**18450**
Total	**54650**

For the financial year 2015/16 the SAB carried forward £14000 in reserves.

SECTION 9 – BOARD MEMBERSHIP AND ATTENDANCE

Representative	25th November 2014	24th March 2015	30th June 2015	29th September 2015
Independent Chair	√	√	√	√
Vice Chair - Corporate Director for People, SBC	Apologies	√	-	-
Lead Member, Southend Borough Council	Apologies	√	√	Apologies
DIAL Southend	√	√	√	√
East of England Ambulance Trust	-	Apologies	Apologies	-
Essex Community Rehabilitation Company	Apologies Substitute attended	√	√	√
SBC Business Regulation	√	√	√	Apologies
Quality, Monitoring & Audit Group Chair – SBC Adult Services	√	Apologies	√	√
South East Essex Advocacy for Older People	√	√	Apologies	√
South Essex Homes	√	√	Apologies	√
Southend CCG	√	√	√	√

Representative	25th November 2014	24th March 2015	30th June 2015	29th September 2015
Essex Fire & Rescue Service	-	-	Apologies	√
Healthwatch Southend	√	-	Apologies	√
SBC Head of Adult Services	√	-	√	√
Essex Police	Substitute attended	Substitute attended	√	√
CQC	Apologies	-	√	Apologies
Safeguarding Adults Manager - SBC	√	√	√	√
SAVS	√	√	√	√
NHS England	Apologies Substitute attended	-	-	-
Elaine Taylor - SEPT	Apologies Substitute attended	√	Apologies Substitute attended	√
Southend Hospital	√	√	√	√
SBC Public Health (chair of Domestic Abuse Group)			√	√

SECTION 10 – KEY PRIORITIES FOR 2016-17

The SAB has identified the following key priorities for 2016-17 for the Board, its partner agencies, and other strategic boards to improve the safeguarding of adults in Southend:

- **Assure itself that local safeguarding arrangements are in place, as defined by the Care Act 2014 and other legislation, and that they are effective, person-centred and outcome-focused**
- **Prevent abuse and neglect where possible and ensure timely and proportionate responses when abuse or neglect have occurred**
- **Assure itself that arrangements to implement the Domestic Abuse Strategy are robust and that information sharing and assessment of risk is undertaken in a timely way**
- **Assure itself that safeguarding adults services are informed and improved by the views of adults with additional care and support needs and their family or carers**
- **Assure itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in Southend**
- **Improve practitioner awareness and understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Standards (DoLS)**
- **Respond to the Violence Against Women and Girls agenda, so called Honour Based Abuse and Modern Slavery, providing a comprehensive programme of work**
- **Assure itself that adults who are vulnerable to exploitation or radicalization are identified and supported appropriately**

Southend Health & Wellbeing Board

Agenda Item No.

8

Report of
Director of Public Health
to
Health & Wellbeing Board
on
9th February 2016

Report prepared by: Andrea Atherton,
Director of Public Health

For information only		For discussion	X	Approval required	

The 2015 Annual Report of the Director of Public Health

Part 1 (Public Agenda Item)

1. Purpose of Report

1.1. To present the 2015 Annual Report of the Director of Public Health.

2. Recommendations

2.1. To consider and note the content and recommendations of the 2015 Annual Report of the Director of Public Health.

3. Background & Context

3.1. The Health and Social Care Act 2012 requires the Director of Public Health to prepare an annual report on the health of the local population. This is an independent report which the local authority is required to publish. The report is an opportunity to focus attention on particular issues that impact on the health and wellbeing of the local population, highlight any concerns and make recommendations for further action.

4. The 2015 Annual Report of the Director of Public Health

4.1 The 2015 Annual Report of the Director of Public Health builds on aspects of the theme of the wider determinants of health and particularly focuses on healthy settings.

4.2 The foundations for good health, well-being and life chances are laid in early childhood, starting even before birth. The first chapter explores how early education and childcare settings play an important role in improving outcomes for young children and their families, helping to ensure that every child has the best start in life.

4.3 Education is a key determinant of health and there is a strong correlation between educational attainment, life expectancy and self-reported health.

4.4 The second chapter explores how schools are potentially one of the most important assets within local communities, and provide an important setting for promoting and supporting healthy behaviours. They can have a beneficial impact on the health and wellbeing of pupils, parents and the wider community.

4.5 Secure, affordable, accessible housing is a fundamental human need and an important determinant of health. Inadequate housing can contribute to injuries and have a negative impact on a wide range of physical and mental health problems. The third chapter highlights local actions being taken to enhance the positive impact of housing on health, with a particular focus on warm and safe homes.

4.6 Being in employment is good for health and wellbeing and being a healthy employee is good for productivity. The workplace can have a direct influence on the physical, mental, economic and social well-being of workers and in turn the health of their families and communities. It also offers an ideal setting and infrastructure to support the promotion of health of a large audience. The fourth chapter considers the local initiatives to support health and wellbeing in the workplace.

4.7 The built and natural environment, including air quality and green spaces, are major determinants of health. In addition to good housing, other elements of local places impact on our opportunities to stay healthy. These include connectivity and transport to reach work, services and healthy food. The particular focus of chapter five is on air quality, access to green spaces and access to fast foods.

5. Health & Wellbeing Board Priorities / Added Value

5.1 The theme of the 2015 Annual Public Health Report is on aspects of the wider determinants of health with a particular focus on healthy settings. The report highlights a broad range of initiatives being delivered locally that contribute to the delivery of all the Health and Wellbeing Board strategic priorities. The report also makes recommendations where additional activities would add value and improve health and wellbeing outcomes for local people.

6. Reasons for Recommendations

6.1 The Health and Social Care Act 2012 requires Directors of Public Health to prepare an annual report on the health of the local population.

6. Financial / Resource Implications

7.1 Whilst there are no financial implications arising directly from the contents of this report, the Annual Public Health Report should influence future prioritisation and allocation of resources.

7. Legal Implications

8.1 There are no legal implications arising directly from this report.

8. Equality & Diversity

9.1 The Annual Public Health Report provides evidence that population health needs are assessed and considered.

9. Background Papers

10.1 Background papers are listed in the Annual Public Health Report.

10. Appendices

11.1 The 2015 Annual Report of the Director of Public Health for Southend.

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) Reduce need for children to be in care b) Narrow the education achievement gap c) Improve education provision for 16-19s d) Better support more young carers e) Promote children's mental wellbeing f) Reduce under-18 conception rates g) Support families with significant social challenges	**Ambition 2. Promoting healthy lifestyles** a) Reduce the use of tobacco b) Encourage use of green spaces and seafront c) Promote healthy weight d) Prevention and support for substance & alcohol misuse	**Ambition 3. Improving mental wellbeing** a) A holistic approach to mental and physical wellbeing b) Provide the right support and care at an early stage c) Reduce stigma of mental illness d) Work to prevent suicide and self-harm e) Support parents postnatal
Ambition 4. A safer population a) Safeguard children and vulnerable adults against neglect and abuse b) Support the Domestic Abuse Strategy Group in their work c) Work to prevent unintentional injuries among under 15s	**Ambition 5. Living independently** a) Promote personalised budgets b) Enable supported community living c) People feel informed and empowered in their own care d) Reablement where possible e) People feel supported to live independently for longer	**Ambition 6. Active and healthy ageing** a) Join up health & social care services b) Reduce isolation of older people c) Physical & mental wellbeing d) Support those with long term conditions e) Empower people to be more in control of their care
Ambition 7. Protecting health a) Increase access to health	**Ambition 8. Housing** a) Work together to; ○ Tackle homelessness ○ Deliver health, care &	**Ambition 9. Maximising opportunity** a) Have a joined up view of

screening b) Increase offer of immunisations c) Infection control to remain a priority for all care providers d) Severe weather plans in place e) Improve food hygiene in the Borough	housing in a more joined up way b) Adequate affordable housing c) Adequate specialist housing d) Understand condition and distribution of private sector housing stock, to better focus resources	Southend's health and care needs b) Work together to commission services more effectively c) Tackle health inequality (including improved access to services) d) Promote opportunities to thrive; Education, Employment

ANNUAL REPORT

OF THE

DIRECTOR OF PUBLIC HEALTH

2015

southend onsea BOROUGH COUNCIL

Contents

Introduction

The transfer of public health back into local government has given local authorities a renewed role in improving the health of the local population. Indeed, this has been one of the most significant opportunities for local authorities in many years.

Preventing illness and helping people to look after their health is not just about access to health services. For people to enjoy healthier lives they need to live, work and play in places that promote health and wellbeing – in schools, the workplace and at home, as well as on streets and in parks. Local authorities are uniquely placed to positively influence and shape all of these environments.

This Annual Public Health Report highlights examples of local work currently being undertaken in the various everyday settings in Southend to promote health and wellbeing. Many of the initiatives are delivered by other departments from across the Council as well as by working in partnership with other organisations.

It is recognised that our new responsibility for improving the public's health has arrived at a time when our budgets are tight and set to reduce even further over the coming years. Whilst the Council has a track record of doing more with less, I believe that the time has arrived to consider how we should prioritise our funding to ensure that we are delivering the most cost effective and efficient services that will have the greatest impact on health.

Going forward we need to promote a culture in which all aspects of the Council are aware of how they can contribute to achieving better public health outcomes. We need to understand the health impact of every policy we make and every service we commission. I am confident that if we embrace this ambition we will succeed in making Southend a healthier place to live, work and age well.

Councillor James Moyies
Portfolio Holder for Adults, Health and Social Care, and
Chair of Southend Health and Wellbeing Board

Foreword

The Director of Public Health has a statutory duty to produce an independent report on the health of the local population. The aim is to highlight the key issues facing local people, looking at patterns of poor health and wellbeing, and providing recommendations on how opportunities to improve health should be achieved.

We know much of what improves health is not about what the NHS does, but instead health is influenced and shaped by the “wider determinants of health”. These include good housing, a good education, whether you are in work or not, and the environment - including access to green spaces and the quality of the air we breathe. These are all issues where local council services can exert some influence and present an opportunity for health and wellbeing to be at the centre of how we plan and deliver services.

This year my annual report builds on aspects of the theme of the wider determinants of health and particularly focuses on ‘healthy settings’. Each chapter explores the opportunities for improving health and wellbeing provided by early education and childcare settings, schools, homes, the workplace as well as the physical environment of the Borough.

In the past the Annual Public Health Report was a place where health data was brought together and published. This year I have changed the style of my report, which now only presents headline data. More detailed information about the health and wellbeing of the population of Southend can be found in the Health and Wellbeing and Joint Strategic Needs Assessment sections of the Southend-on-Sea Borough Council’s website (available at http://southend.gov.uk).

I hope you find my report of interest. As in previous years I would welcome your feedback, comments and suggestions.

Dr Andrea Atherton, Director of Public Health

Acknowledgements

I am indebted to many people who have supported and contributed to my report. These include: Stuart Burrell, Nick Harris, Nevada Shaw, Lee Watson, Simon Ford, Lisa Holloway, Sally Watkins, Anthony Fiore, Dawn Harvey, Jane Carroll, Angela Squires and James Williams. I would particularly like to thank Margaret Gray and Liesel Park for their help in editing the report.
I also want to thank all my Public Health staff for their hard work and support.

Executive Summary

The 2015 Annual Public Health Report for Southend focuses on 'healthy settings' and explores the opportunities for improving health and wellbeing provided by early education and childcare settings, schools, homes, the workplace as well as the physical environment of the Borough.

In 2014 there were 11,400 children aged 0-4 years in Southend, and under 5's made up 6.5% of the general population. Each year there are around 2,200 live births to women resident in the Borough.

The foundations for good health, wellbeing and life chances are laid in early childhood, starting even before birth. Early education and childcare settings play an important role in improving outcomes for young children and their families, helping to ensure that every child has the best start in life.

Children's Centres provide a vehicle for integrated delivery of services for children and their families. They support all children to develop well and assist with school readiness, offer advice and support to parents to improve aspirations, self-esteem and parenting skills. In addition they offer antenatal education, advice and support for breast feeding mothers, with a number acting as a distribution point for Healthy Start vouchers and vitamin supplements.

From the 1st October 2015, the responsibility for commissioning the Healthy Child Programme for 0-5 year olds, and the Family Nurse Partnership, transferred from NHS England to the Council, offering opportunities to link more closely with services such as housing, early years education providers and social care, to provide a more joined up effective service. The Healthy Child Programme (0-5) is led and coordinated by Health Visitors and provides screening, immunisation, health and development reviews from early pregnancy, through the early weeks of life up to 5 years. The Family Nurse Partnership is an intensive preventive home visiting programme for first time young parents, which is currently supporting 64 teenage parents in Southend.

Children who have had the opportunity of early education have better cognitive development, greater concentration and better social skills when they start primary school. All 3 and 4 year olds are entitled to a funded early education place, up to a total of 570 hours in a school year. In 2015, 96% of 3 and 4 year old children benefited from funded early education places.

There is evidence that a child's development score at 22 months is an accurate predictor of educational outcomes at the age of 26 years, which in turn is related to long term health outcomes. Both the Healthy Child Programme and the Early Years Foundation Stage Programme require assessments at this time. Children identified at the 2 to 2½ year old review with possible additional need are offered targeted support, which may include the opportunity to take up funded early education. Currently 622 local two year olds are accessing this free provision, which equates to 70% of those eligible.

The Early Years Foundation Stage (EYFS) sets standards for learning, development and care of children from birth to 5 years old. All schools and Ofsted registered early years providers must follow the EYFS, including childminders, preschools, nurseries and school reception classes.

Ofsted inspections of early years settings indicate the quality of early years education locally is very good and improving. In summer 2015, 68.5% of children in Southend-on-Sea achieved a Good Level of Development (as a measure of 'school readiness') at the end of reception compared to 66.3% nationally.

Children growing up in Southend experience greater disadvantage than the England average, with 21.7% of children living in poverty compared to 19.2% in England and 15.9% in East of England.

The Council has prioritised actions to tackle and reduce the impact of childhood disadvantage and Southend is one of five sites in the country for Big Lottery Fund programme: Fulfilling Lives-A Better Start. This is a funded ten-year 'test and learn' initiative to see what methods are best for creating conditions for 0-3 year olds to improve their future health, social and educational outcomes and put prevention and early intervention at the centre of service delivery and practice. A Better Start Southend is focused on six specific wards but the learning and interventions will benefit all families with young children across the Borough.

Education is a key determinant of health, and there is a strong correlation between educational attainment, life expectancy and self-reported health. Children and young people who are healthy and have a sense of wellbeing, have an increased capacity to learn, and are more likely benefit from their education and to fulfil their academic potential.

Schools are potentially one of the most important assets within local communities, providing an important setting for promoting and supporting healthy behaviours. They can have a beneficial impact on the health and wellbeing of pupils, parents and the wider community.

The Southend Healthy Schools Programme is a voluntary awards programme in which schools undertake a needs assessment, develop and implement an action plan and then evidence achievement across four areas of focus, including healthy eating; physical activity; personal, social, and health education (PSHE); and emotional health and wellbeing.

A total of 54 schools in Southend have achieved Healthy Schools status and 25 schools have gone on to achieve Enhanced Healthy Schools status through participating in a wide range of additional initiatives including DrugAware or the Equality and Diversity Champions programme.

Southend schools are being supported with their delivery of personal, social, and health education (PSHE) through a series of regular PSHE and Healthy Schools network events. A common curriculum and scheme of lesson plans for relationships and sex education has been developed and is being delivered in primary, secondary and special schools in Southend.

The Southend School Nursing Service plays a key role in the co-ordination and delivery of the Healthy Child Programme for 5-19 year olds, which includes a schedule of health and development reviews, screening tests, immunisations, health promotion guidance and tailored support for children and families. This service is also responsible for weighing and measuring children in Reception and Year 6 as part of the National Child Measurement Programme.

The latest figures, for 2013/14, show that 19.1% of children in Year 6 (aged 10-11) were obese and 14.4% were overweight. Of children in Reception (aged 4-5), 9.5% were obese and 13.1% were overweight. A number of initiatives are available to help tackle overweight and childhood obesity, including the More Life child weight management service which helps children and their families adopt healthier lifestyles, by becoming more active and eating a healthier diet.

Secure, affordable, accessible housing is a fundamental human need and an important determinant of health. Inadequate housing can contribute to injuries and have a negative impact on a wide range of physical and mental health problems,

Fuel poverty relates to a household's ability to pay for adequate heating, due to a range of factors including poor home insulation, inefficient or inadequate heating, high fuel prices and low income. An estimated 9.8% of households in Southend-on-Sea are in fuel poverty.

Tackling fuel poverty is a key element of the national strategy to reduce deaths and illnesses related to cold weather and cold homes. Local action to tackle fuel poverty includes help with energy bills through “Southend Energy”, a partnership between Southend-on-Sea Borough Council and OVO Energy which offers cheaper energy to local residents. The Private Sector Housing Team in the Council provides services, support and advice for improving energy efficiency to privately renting tenants, homeowners and private landlords. There is also help available for local residents to access a range of grants and benefits.

Children under the age of five years and people over 65 are most likely to have an accident at home. Falls from heights, poisoning from medicinal and household cleaning products, and scalds and burns are the most common type of accident in children. Hospital admissions related to unintentional and deliberate injuries in children under the age of 15 years are significantly lower in Southend than the national average.

Older people, particularly the frail elderly, are one of the groups most vulnerable to accidents in and around the home. The bedroom and the living room are the most common locations for accidents in general, with the most serious accidents involving older people usually happening on the stairs or in the kitchen.

Slips trips and falls and associated injuries are a particularly common and serious problem for older people. About one in three people over the age of 65 will fall each year, increasing to one in two of those over 80, with 10% of falls resulting in serious injuries such as head injury and hip fractures. The local falls prevention programme

includes a community falls service, a postural stability instructor programme, re-ablement services and a fracture liaison service.

The workplace can have a direct influence on the physical, mental, economic and social wellbeing of workers and in turn the health of their families and communities. It also offers an ideal setting and infrastructure to support the promotion of health of a large audience.

There are 110,400 people of working age in Southend, of which 81,900 are in employment.

Being in employment is good for health and wellbeing and being a healthy employee is good for productivity. In the UK there are 131 million working days per year lost to sickness absence, equivalent to 4.4 days per worker. The biggest cause of sickness absence is back, neck and muscle pain (25%); followed by stress, anxiety and depression (12%).

In the UK the annual economic costs of sickness absence to the taxpayer are estimated to be over £60 billion in benefit costs, additional health costs and foregone taxes. There is evidence that as well as reduced sickness absence, the benefits of workplace wellness programmes include a reduction in staff turnover and accidents and injuries and an increase in employee satisfaction, productivity, staff health and welfare and company profile.

One of the local initiatives to improve wellness at work includes the offer of NHS Health Checks in various workplaces, including industrial estates. The national NHS Health Check Programme is offered to adults aged 40-74 years with the aim of preventing vascular disease, including heart disease, stroke, chronic kidney disease, type 2 diabetes, and some types of dementia.

Prolonged sitting poses significant health risks including an increased risk of cancer, heart disease, type 2 diabetes and early death. Many of these risks remain even if exercise is performed regularly. Encouraging employees to be more active at work and adopt standing behaviours will help to reduce these health risks.

Initiatives such as Walking for Health and cycle2work are promoted by the Council to help increase levels of physical activity, and advice and support is available to employees who wish to stop smoking or lose weight.

Organisations signing up to the National or Southend Public Health Responsibility Deal commit to taking action to improve the public's health through their responsibilities as employers, as well as through their commercial actions and community activities. To date 81 small and medium sized businesses in Southend have signed up to the local Public Health Responsibility Deal.

The built and natural environment, including air quality and green spaces, are major determinants of health. Clean air is vital for people's health and the environment. Today the main air pollutants of concern are nitrogen oxides, volatile organic compounds, particulate matter and carbon monoxide. All of these are mainly emitted from motor vehicles, and also emitted from fossil fuel power generation, domestic

and industrial sources. Short term exposure to high levels of air pollutants can cause a range of adverse health effects including exacerbation of asthma and increases in hospital admissions for respiratory and cardiovascular conditions. Over the longer term exposure to particulate matter increases mortality risk.

A number of initiatives within the Council promote the use of sustainable transport with the added benefits of supporting healthier lifestyles and a reduction in air pollution. These include increasing availability of cycle parking spaces across the Borough, the provision of electric charging points for vehicles, and the 'Ideas in Motion' programme which has delivered personalised travel advice and planning, as well as social marketing to promote cycling, walking and greater use of public transport.

Access to good quality green spaces is associated with a range of positive health outcomes including better self-rated health, improved circulatory health, lower levels of overweight and obesity, improved mental health and wellbeing and increased longevity. Environmental benefits of green spaces also include improved air and water quality, noise absorption, and improved absorption of excessive rainwater, reducing likelihood of flooding.

Southend is a densely populated urban area with 577 hectares of green space, including 80 parks and 14 conservation areas. Open spaces are not evenly distributed across Southend, with the wards of Westborough, Victoria and Kursaal having the most limited provision of open space in the Borough.

The Southend Parks and Green Spaces Strategy 2015-2020 sets out the key actions that will be undertaken to ensure parks and open space continue to play an important role for the health, wellbeing and the economy of the Borough and its neighbourhoods. In addition the strategy outlines proposals to introduce new open spaces where possible, improving the "green" street scene, and improving signage and routes to open spaces with priority given to those space deprived areas.

Meals eaten outside of the home account for a quarter of the calorie intake of men and a fifth of the calorie intake of women respectively and account for 30% of household expenditure on food. Fast food takeaways provide just over a quarter of the food in the eating out market and are a particular concern as they tend to sell food that is high in fat and salt and low in fibre and vegetables. A number of research studies have found a direct link between a fast food rich-environment and poorer health, and some have demonstrated an association with obesity.

In 2010, Southend was ranked 11 out of 324 local authorities in England for fast food outlets. Many areas are developing strategies to tackle the impact of fast food takeaways in their local communities. However, local strategies for working with fast food outlets should be based on a detailed appraisal of the role fast food outlets play not just in contributing to obesity but also in providing employment and leisure opportunities for different sections of the community.

A number of the national fast food chains which are represented in Southend have signed up to the National Public Health Responsibility Deal, with commitments to

deliver various pledges such as food labelling, use of trans fats, reduction of salt, and physical activity pledges.

The Southend Public Health Responsibility Deal is aimed at local small to medium sized businesses and includes a number of pledges to support food businesses to provide healthier options.

Summary of Recommendations

- Develop a methodology to inform the prioritisation of resources to meet public health need in the local population.

- Support early education and child care settings to become early adopters of the emerging evidence based findings of Southend A Better Start.

- That early education and child care settings play a leading role in the delivery of integrated early years services in Southend.

- That the Healthy Start Scheme is available in all Children's Centres.

- That all Children's Centres are encouraged to be accredited as Healthy Early Years Settings.

- The Public Health Team should continue to encourage schools in Southend continue to participate in the Healthy Schools Programme and achieve enhanced healthy schools status by achieving meaningful outcomes in a public health priority area.

- Schools should be encouraged to identify opportunities to incorporate more physical activity throughout the school day, for both staff and pupils.

- Schools should support teachers and other relevant staff to access training to identify and assess the early signs of anxiety, emotional distress and behavioural problems and refer appropriately to school nursing, early help or the emotional health and mental health service.

- Provide targeted information to vulnerable members of the public that will ensure people know how to protect themselves from the cold e.g. dressing and eating appropriately for the cold, staying physically active, having a flu jab and ensuring householders are accessing all benefits and grants to which they are entitled.

- Continue to promote the use of home insulation and energy efficiency.

- To provide support to employers to take appropriate action to help their staff to be more active and less sedentary at work.

- To promote the provision of healthier and more sustainable catering.

- To encourage local workplaces and businesses to sign up to the National and /or Southend Public Health Responsibility Deal and put into place effective actions to support employees and customers to make healthier choices.

- Review the current air quality strategy for Southend and ensure there is a full range of actions to improve air quality.

- Ensure all major developments and significant developments in areas of elevated air pollution are required to produce an air quality assessment.

- Further develop the public health role of green spaces, parks and park staff by co-ordinating involvement and input from local agencies such as the local Walking to Health programmes, GP referrals and social prescribing and referrals from the Southend Health and Wellbeing Service.

- Undertake social marketing to develop a clear understanding of what motivates local residents to use green spaces and help further increase their use

- Develop additional pledges in the Southend Public Health Responsibility Deal to cover specific actions to support local fast food takeaways to produce healthier food.

- Promote the Southend Public Health Responsibility Deal with local schools as part of the Enhanced Healthy School status.

Chapter 1 Healthy Early Education and Childcare Settings

Introduction

There is overwhelming evidence that what happens in childhood has a huge impact on health in later life. The foundations for good health, wellbeing and life chances are laid in early childhood, starting even before birth. Early education and childcare settings can play an important role in helping to ensure that every child has the best start in life.

The Early Years

Key facts

In 2014, there were approximately 11,400 children aged 0-4 years in Southend, and under 5s made up 6.5% of the population; a small but very important group.

Each year there are around 2,200 live births to women resident in the Borough. The infant mortality rate (3.9 per 1000 live births) and child mortality rate (10.3 per 100,000 children aged 1-17 years) are both similar to the England average.

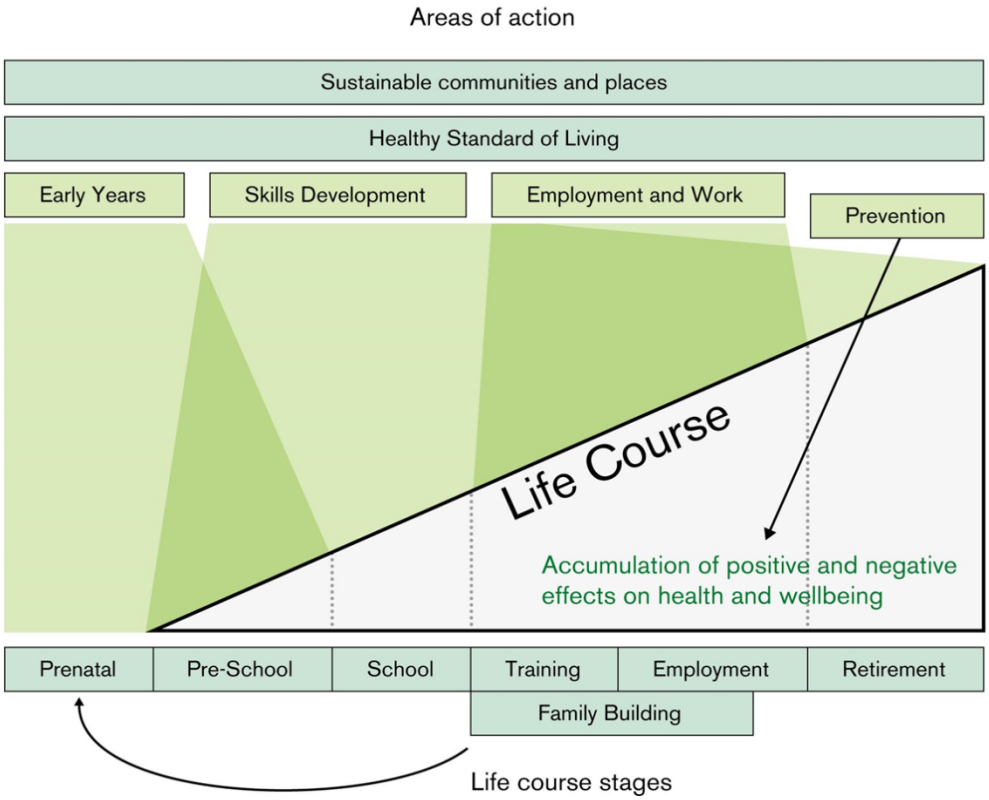
The level of child poverty in Southend is worse than the England average, with 21.7% of children aged under 16 living in poverty.

In recent years, a considerable body of evidence has highlighted the enormous influence that the earliest experiences in a child's life can have on later life chances. In particular there is emphasis on the time between conception and age 2 which is a period of rapid brain development, with the child's brain forming and changing with experience. The Marmot review highlighted how the foundations for every aspect of development - physical, intellectual and emotional are laid in early childhood (1). This developmental period is considered so important, that is has been referred to as the 'age of opportunity' (2).

The factors which influence early development can be positive (protective) or negative (risk). Risk factors such as exposure to alcohol and cigarette smoke during the prenatal period or neglect during childhood have been shown to lead to poor developmental and health outcomes (3, 4). Breastfeeding and good parent child attachment are protective factors which lead to improved developmental and health outcomes (5).

Disadvantage starts before birth and accumulates throughout life, as shown in Figure 1. It follows, that action to reduce health inequalities must start before birth and continue through the life of the child.

Figure 1. Action across the life-course

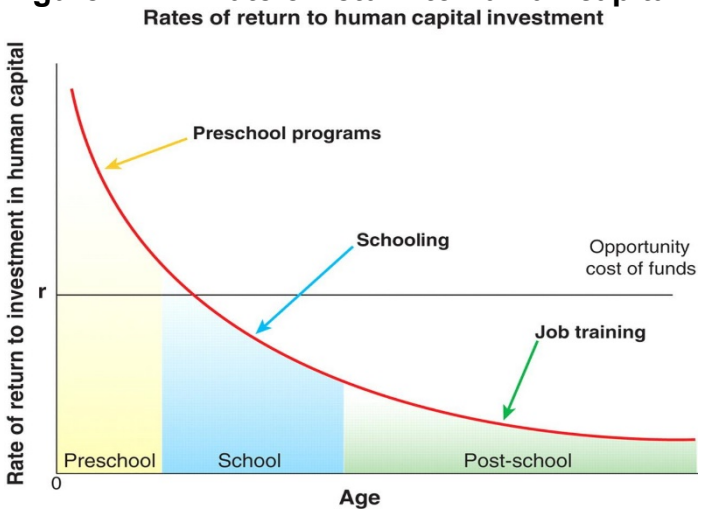


Source: Marmot 2010 (1)

Why invest in Early Years?

Prevention and early help for disadvantaged children in this early part of life can reduce health and social inequalities and save money for the public sector by avoiding later more costly interventions (6). Figure 2 illustrates the evidence for this. There is a higher rate of return for investment at younger ages. This is partly as the costs to society of not preventing or intervening early with a health or social issue can be very high.

Figure 2. Rate of return to human capital investment



In this context, Sure Start Children's Centres (and other early years settings such as nurseries and registered child minders) have a vital role to play in supporting babies, children and families.

What is being done locally:

Sure Start Children's Centres – Integrated Services

The core purpose of Sure Start Children's Centres is to improve outcomes for young children and their families; with a particular focus on those in greatest need. The centres provide a vehicle for integrated delivery of services for children and their families. They work to make sure all children are supported to develop well and are properly prepared for school, regardless of background or family circumstances. They also offer support to parents to improve aspirations, self-esteem and parenting skills.

Southend has 9 Children's Centres across the Borough: in Blenheim, Milton, Kursaal, Eastwood, Shoebury, Southchurch, St Laurence, Victoria, and St Luke's wards.

Preparation for Birth and Beyond: Pregnancy and the transition to parenthood

Parent education, both before and after birth, has an important contribution to improving maternal and infant health outcomes and to reducing health, social and educational inequalities. There is good evidence those who are at the greatest risk of poor pregnancy outcomes are the least likely to access and/or benefit from the care that they need (the inverse care law).

There is a significant body of evidence that demonstrates the importance of sensitive attuned parenting on the development of the baby's brain and in promoting secure attachment and bonding. Preventing and intervening early to address attachment issues will have an impact on resilience and physical, mental and socio-economic outcomes in later life.

Work is currently underway in partnership with NHS Southend Clinical Commissioning Group to review and strengthen antenatal education, particularly in Children's Centres.

Healthy Start

A healthy diet both during pregnancy and in childhood is a key component of giving every child the best possible start. Healthy Start is a voucher scheme for women who are pregnant or who have young children and are receiving benefits and tax credits.

In addition to a healthy and varied diet, pregnant women are advised to take appropriately formulated vitamin and iron supplements during pregnancy. These include folic acid and vitamin D, as well as iron supplements if required.

Under the national Healthy Start scheme, vouchers are provided to low income mothers and pregnant women under the age of 18, to spend on fresh milk, fresh and frozen fruit and vegetables. They also get free vitamin supplements.

Currently work is underway in Southend to widen community access to Healthy Start vouchers and vitamin supplements through Children's Centres.

Breastfeeding

Breastfeeding is the healthiest way to feed a baby. It has been shown to have benefits for mother and baby including promoting strong emotional attachment between them. Breastfed babies have a reduced risk of respiratory infections, gastroenteritis, ear infections, allergic disease and Sudden Infant Death Syndrome.

Women who breastfeed are at lower risk of breast cancer, ovarian cancer and hip fractures/reduced bone density. Breastfeeding is a key element of the Healthy Child Programme 0-5 years, as it reduces the risk of excess weight and weight associated health problems late in life (7).

The UK has one of the lowest breastfeeding rates in Europe, with particularly low rates among White British families living in disadvantaged communities. Southend has also had low breastfeeding rates over the last few years. However, recent data has shown an upward trend in both initiation and continuation of breastfeeding.

The National Institute for Health and Care Excellence (NICE) recommends the implementation of a structured, externally evaluated programme, such as the UNICEF Baby Friendly Initiative, to increase local breastfeeding rates (8,9). In Southend, the Public Health team has adopted a whole system approach to promoting breastfeeding by implementing the UNICEF Baby Friendly Standards in Maternity and Community Services, and the new neonatal unit.

Children's Centres are well placed to work alongside health professionals to improve breastfeeding rates. The Centres in Southend are also working to become 'baby friendly'; offering a welcoming environment for breastfeeding mothers. The staff have strong and trusting relationships with parents, and with training will be able to offer simple advice and support for breastfeeding mothers. In addition, as part of A Better Start Southend we are recruiting women who have successfully breastfed to be trained as peer supporters.

The Healthy Child Programme 0-5 years

The Healthy Child Programme is a universal, evidence based public health programme to ensure that children have the best start in life. The programme consists of a schedule of assessments, reviews, immunisations, health promotion, parenting support and screening tests to promote and protect the health and wellbeing of children from pregnancy through to age 5.

The Healthy Child Programme is coordinated by health visitors, who are specialist community public health practitioners who work collaboratively with other professionals to address identified needs.

The delivery of the programme is based on an approach termed ‘proportionate universalism’ that involves adapting interventions according to the needs of the child, family, and local community, with the aim of achieving equity of outcomes for all children.

In recognition of the importance and contribution of the Healthy Child Programme to improving outcomes for 0-5 year olds, there has been additional national investment in health visiting services over the last two years.

Children’s public health commissioning responsibilities for 0-5 year olds were transferred from NHS England to Local Authorities on 1st October 2015.This offers opportunities to link more closely with other council systems, such as housing, early years education providers and social care, to provide a more joined up, effective service to meet individual needs. In Southend we are currently reviewing how this programme links with other children’s services.

The Family Nurse Partnership Programme

The Family Nurse Partnership Programme (FNP) is a preventative programme which aims to improve health outcomes in pregnancy and early years for vulnerable first-time young mothers and their babies. Structured home visits are delivered by specially trained family nurses who offer the programme from early pregnancy until the child is two years of age. The nurses build a close supportive relationship with the young family.

Family nurses work with the mother, father and the wider family to help them to build self-efficacy, make changes to their behaviour, and increase their parenting capacity. They also encourage the young parents to access education, training and employment opportunities.

Research evidence developed over 30 years in the USA consistently identifies FNP as the most effective preventative early childhood programme for improving the health and development of vulnerable young parents and their children. A recent randomised control trial conducted in England showed disappointing results in some key short-term health outcomes e.g. smoking in pregnancy and breastfeeding, but promising results in areas such as better cognitive development, language development, and the quality of parent-child relationship.

At present the FNP programme is being delivered to 64 teenage parents, but as part of the A Better Start Southend, this will be piloted as a universal entitlement for all young parents in the target wards.

Supported Access to Early Education – Two, Three, and Four-year old funding

Early education provides children with the opportunity to play and learn together; developing the physical, cognitive, social and emotional skills they need to do well in school. There is strong evidence that children who have had the opportunity of early education have better cognitive development, greater concentration, are more sociable and are better behaved when they start primary school (10).

All 4 year olds have been entitled to a funded early education place since 1998 and in 2004 this was extended to all 3 year olds. Each child is entitled to 570 hours of free early learning, usually as 15 hours for up to 38 weeks in a school year.

In Southend, the free entitlement can be taken up at a nursery class in a maintained school or academy, or at a private, voluntary or independent setting (known collectively as PVI), or, with a registered childminder.

Table 1. Percentage of 3 and 4 year old children benefiting from funded early education places (2011 to 2015)

Area	2011	2012	2013	2014	2015
England	94	95	96	96	96
East of England	96	96	97	97	97
Southend	93	94	94	97	96

In addition, some younger children are eligible for 570 hours of free childcare and early education from the term after their 2nd birthday. To qualify the family must be in receipt of certain benefits.

Two year old children are also entitled to a place if:
- they are looked after by a local authority
- they have a current statement of special educational needs (SEN) or an education, health and care (EHC) plan
- receive Disability Living Allowance (DLA) (11)

Currently 622 local two year olds are accessing this free provision, which equates to 70% of those eligible.

The Government has prioritised support to working families and intends to double the free childcare entitlement for all three and four year olds from 15 to 30 hours per week by 2017 for working parents. The universal entitlement for all parents of three and four year olds to 15 hours will remain in place

Integrated two year old review and readiness for school

Experiences in the early years and a child's early development are strongly linked to health and social outcomes in later life. Universal services include assessment of a child's development at regular points to identify problems and provide early help.

Age 2 to 2½ years is a crucial stage; and an important time for children and their families.

It is:
- a key time of learning, growth and development, especially speech and language, cognitive and emotional development

- the point where children are gaining independence and learning new skills and behaviours
- when many children are moving into early years provision
- an ideal time for assessment, as problems such as speech and language delay or behavioural issues start to become visible, and it is important for these to be detected and addressed before the child starts school

There is evidence that a child's development score at 22 months is an accurate predictor of educational outcomes at age 26 which in turn is related to long term health outcomes (12). This reinforces the view of this early period of development as the 'age of opportunity' and the importance of optimising the child's experiences in the 1001 critical days between conception and age 2, reducing risk factors, promoting protective factors, and protecting from harm.

Both the Healthy Child Programme (HCP) and Early Years Foundation Stage (EYFS) Programme require assessments at this time. The HCP assessment checking health status, appropriate development for the age and stage of the child; the EYFS requiring a written summary of children's progress in the EYFS prime areas of learning i.e. physical, personal social and emotional, and language and communication areas of development.

Children identified at the 2 to 2½ year old review with possible additional need are offered targeted support, which may include the opportunity to take up funded early education.

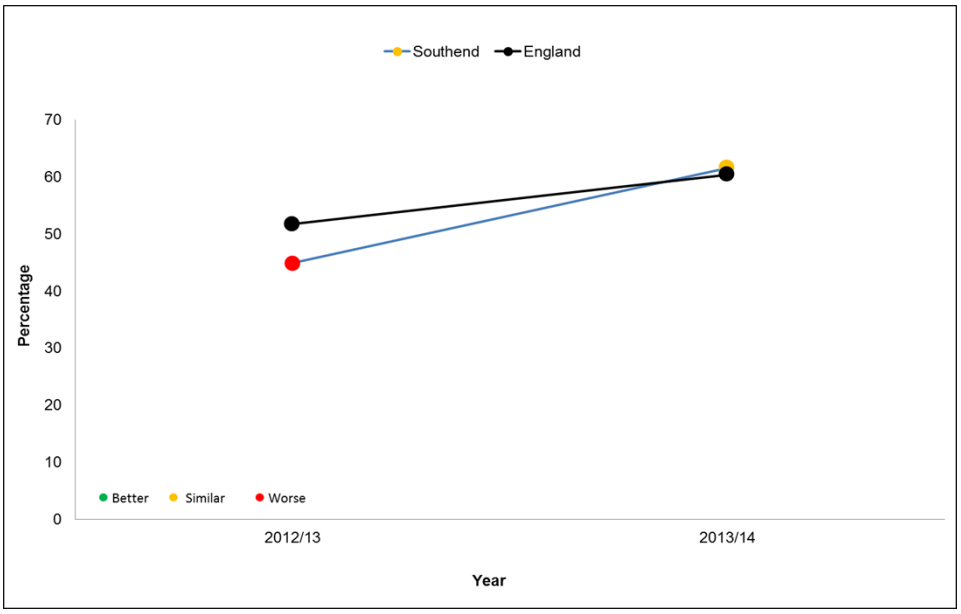
In Southend we are piloting an integrated review, covering both the Healthy Child Programme and Early Years Foundation Stage Programme assessment requirements. We believe this will provide a more effective use of resources and a better experience for the child and parent.

Early Years Foundation Stage

The Early Years Foundation Stage (EYFS) sets standards for learning, development and care of children from birth to 5 years old. All schools and Ofsted registered early years providers must follow the EYFS, including childminders, preschools, nurseries and school reception classes.

Children's development is measured through the Early Years Foundation Stage Profile (EYFSP) in the summer term in reception classes. This indicator gives a validated and comparable measure of 'school readiness'. The EYFS assessment changed in 2012, so we are unable to compare recent years with those before 2012/13, and only have 3 years of data. Ofsted inspections of early years settings indicate that the quality of early years education in Southend is very good and improving (Figure 3).

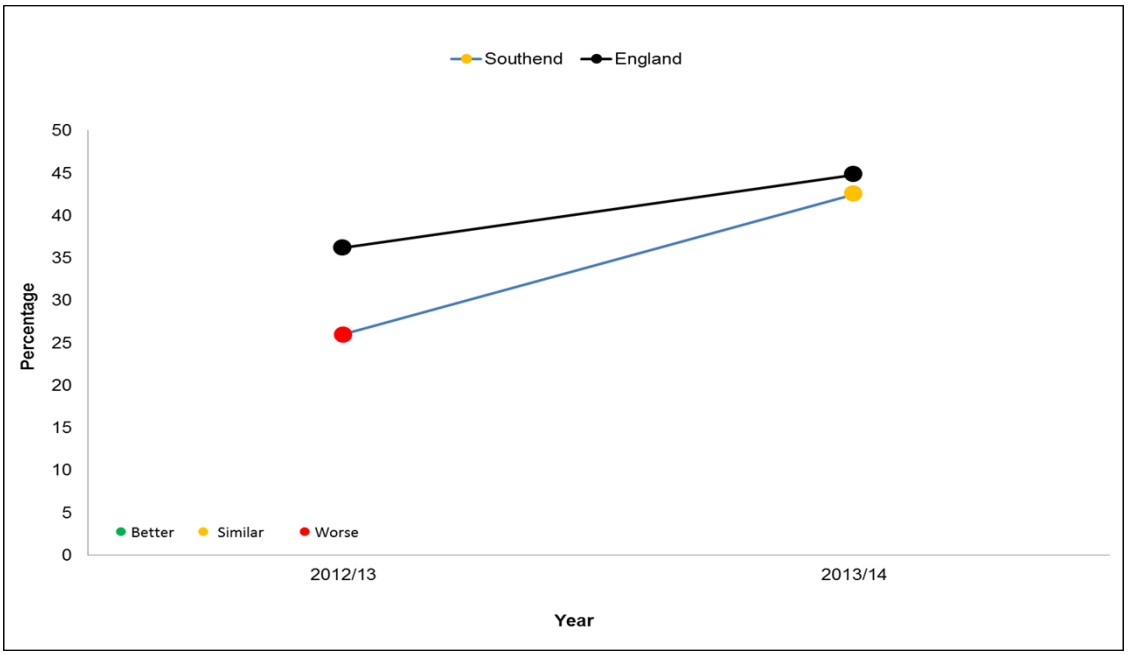
Figure 3. School Readiness: The percentage of children achieving a good level of development at the end of reception as a percentage of all eligible children in Southend- on-Sea



Source: PHE

A second indicator (Figure 4) is used to help local authorities see if their early years support is targeted to the needs of the most disadvantaged children and their families.

Figure 4. School readiness: The percentage of children with free school meal status achieving a good level of development at the end of Reception in Southend on Sea



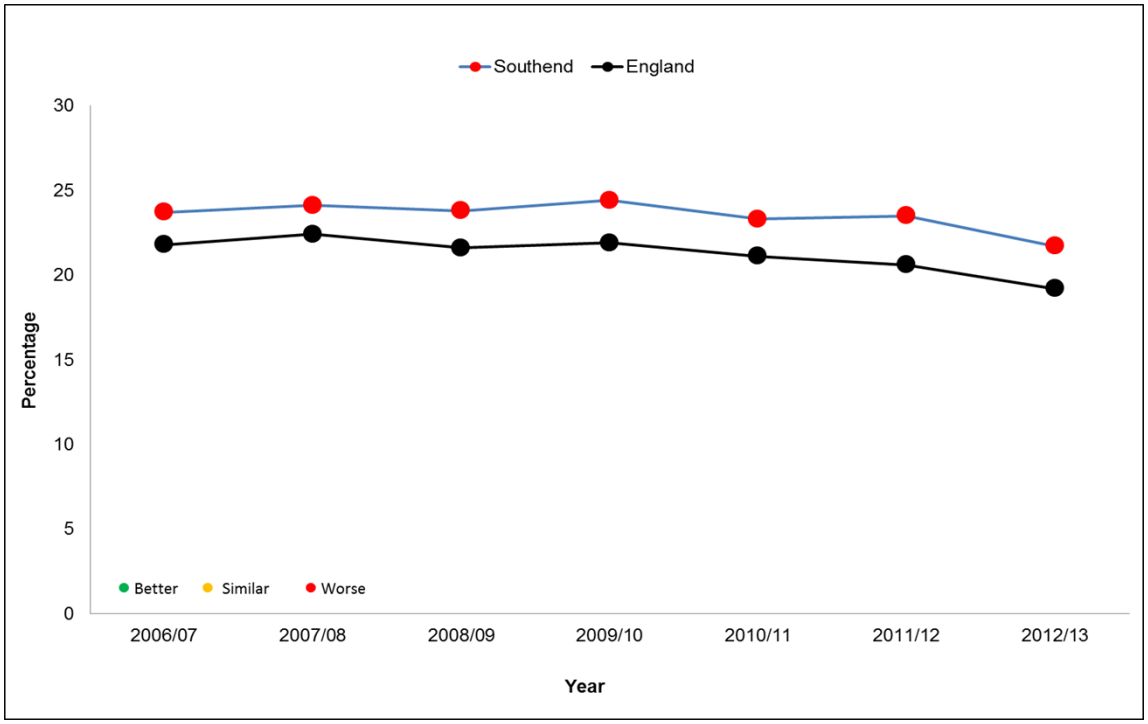
Source: PHE

In summer 2015, 68.5% of children in Southend achieved a Good Level of Development at the end of reception compared to 66.3% nationally (13).

Child Poverty

The threshold for 'being in poverty' changes annually, as it is defined as having a household income less than 60% of the average British household income that year. In Southend, the level of child poverty has been worse than the England average for several years (see Figure 5). The latest reported data highlights that 7,205 children aged under 16 years are growing up in relative poverty (21.7%), compared to 19.2% in England and 15.9% in the East of England (14).

Figure 5. The percentage of children living in poverty (under 16s) in Southend compared to England (2006-7 to 2012-13)



Source: PHE

This is of great concern as there is a growing body of evidence that shows that, without intervention, early disadvantage tracks forward i.e. 'children who start behind tend to stay behind'.

Children living in poverty and experiencing disadvantage in the UK are more likely to:

- die in their first year
- be born small
- be bottle fed
- breathe second-hand smoke
- become overweight
- perform poorly at school
- die in an accident
- become a young parent.

As adults, they are more likely to:

- die earlier
- be out of work
- live in poor housing
- receive inadequate wages
- report poor health (15)

These outcomes are not inevitable. Preventative measures and early intervention for parents and children in the first years of life can improve their life chances and reduce inequalities.

Local Children's Centres are providing access to a wide range of support services which can mitigate the effects of poverty. These include access to education and employment, benefits advice and help with housing and financial problems.

The Big Lottery Fund (BIG) Fulfilling Lives - A Better Start

The Big Lottery Fund is investing £215 million over 10 years in five areas: Blackpool, Bradford, Lambeth, Nottingham, and Southend. Local partnerships of voluntary and community organisations, health services, academic institutions, businesses and local authorities will provide programmes and initiatives designed to improve the outcomes for children in three key areas of development:

- social and emotional development
- communication and language development
- diet and nutrition

A Better Start (ABS) is a ground-breaking ten year 'test and learn' initiative to see what methods are the best for creating the conditions for 0-3 year olds to improve their future health, social and educational outcomes and to put science-based and evidence-based prevention and early intervention and at the centre of service delivery and practice.

The approach will use the latest research findings on the key risks and protective factors affecting the development of young people in the town to ABS, will also ensure that the views and opinions of local people as service users will be at the heart of the development, design and delivery of any programmes and services for children 0-3 and their families.

The Southend ABS programme is focused on 6 wards: Kursaal, Milton, Victoria, Westborough Shoebury, and West Shoebury. In 2014, 44% of all our children aged 0-3 years lived in these wards.

A Better Start workstreams will include measures to:

- **Strengthen protective factors and empower local parents and communities**:
  This involves improving antenatal and postnatal care and education, promoting good parenting, a focus on attachment and healthy parent-child relationships,

improving language and communication, creating resilient, cohesive and self-sufficient communities.

- **Tackle key risks factors**:
  This involves work on poverty, social isolation, drugs and alcohol, smoking, mental ill-health, relationship problems and domestic abuse.

Recommendations

- Support early education and child care settings to become early adopters of the emerging evidence based findings of A Better Start Southend.

- That early education and child care settings play a leading role in the delivery of integrated early years services in Southend.

- That the Healthy Start Scheme is available in all Children's Centres.

- That all Children's Centres are encouraged to be accredited as Healthy Early Years Settings.

Chapter 2 Healthy Schools

Introduction

Schools are potentially one of the most important assets within local communities, providing an important setting for promoting and supporting healthy behaviours. They can have a beneficial impact on the health and wellbeing of pupils, parents and the wider community.

Education is a key determinant of health, and there is a strong correlation between educational attainment, life expectancy and self-reported health (1). Children and young people who are healthy and have a sense of wellbeing, have an increased capacity to learn, and are more likely benefit from their education and to fulfil their academic potential. A good education improves their chances of getting a good job and securing adequate income.

The National Healthy Schools Programme

The World Health Organisation (WHO) first promoted the concept of 'healthy schools (2). In 1999, the UK Government introduced National Healthy Schools Programme (NHSP) to promote the link between good health and achievement through four key themes:

- healthy eating – including availability of healthy and nutritious foods in school canteens and enabling young people to make informed decisions about healthy food

- physical activity - including encouraging young people to do physical activity, being given opportunities to be physically active and developing an understanding on how physical activity can make people healthier and improve well being

- personal, social and health education (PSHE) – including sex and relationships and drugs education, empowering young people through the provision of knowledge and skills to enable them to make informed decisions about their lives

- emotional health and wellbeing - including bullying, how to express feelings build confidence and emotional strength and supporting emotional health.

What is being done locally?

Southend Healthy Schools

The Southend Healthy Schools programme is a voluntary awards programme that recognises schools achievement in:

- improving the health and wellbeing of the school community
- protecting the physical and mental health of children and young people

- providing the optimum conditions for learning

The programme is available to all schools in the Borough. The Southend programme is based on the principles of the national programme, but content has been revised and developed in consultation with local schools, health and education partners (3).

To achieve Healthy Schools Status, schools undertake a needs assessment, develop and implement an action plan and then evidence achievement across four areas of focus: healthy eating; physical activity; personal, social, health education (PSHE); and emotional health and wellbeing.

The requirements in the four areas of focus are aligned to National Institute for Health and Care Excellence guidance and to the Ofsted framework and guidance. Public Health support local schools by providing a framework for review, specialist health advice, validation and moderation, and access to high quality and relevant training.

A total of 54 schools in Southend have achieved Healthy School Status. This includes community schools, academies, faith schools, special schools and independent schools. The 'virtual school' which ensures the best possible education for children in care achieved Healthy School Status in 2013. Healthy School status is revalidated every 2 years.

Most schools in Southend have chosen to further develop their schools as a healthy setting by identifying their own health topics, and challenging the school community to achieve Enhanced Healthy School Status. To date 25 schools have been awarded Enhanced Healthy School status.

Examples of work undertaken by the schools includes: vast improvement in the provision of school meals and lunchboxes and all food consumed in the school, increasing the number of activities open to students driven through pupil voice, becoming a DrugAware school, adopting the Equality and Diversity Champions Programme and increasing how positive and safe children feel at school.

Personal, social and health education (PSHE)

Research evidence suggests that children with good levels of health and social wellbeing perform better at school. PSHE aims to equip young people with the knowledge, understanding, attitudes and practical skills to live healthily, safely, productively and responsibly.

PSHE is a non-statutory subject, but the National Curriculum framework requires that:

'All schools should make provision for PSHE, drawing on good practice' (4).

The majority of schools choose to teach PSHE because it makes a major contribution to their statutory responsibilities to promote children and young people's personal wellbeing and to provide relationships and sex education (5, 6).

A robust and well-structured PSHE curriculum also helps schools evidence that they are meeting a range of inspection criteria, as the 2015 Ofsted Common Inspections Framework places a greater emphasis on safeguarding, personal development, behaviour and welfare than the previous framework (7).

There is evidence that specialist teachers trained in PSHE deliver the most effective health-related teaching, especially in relation to the topics that children are reported to be most likely to want information about, including health exploratory behaviours (e.g. experimenting with alcohol or drugs) and sexual health.

Children and young people need to understand, respond to and calculate risk effectively in relation not only to well-known 'risky' behaviours such as smoking, drinking alcohol, substance misuse, but also to a number of threats: abusive relationships, domestic violence, child sexual exploitation, female genital mutilation, forced marriage, gang activity, radicalisation and extremism, and e-safety.

Public Health has been working with schools and national experts to ensure the PSHE that young people receive is appropriate and of a high standard. Schools are supported through regular PSHE and Healthy Schools' network events. Each meeting has a presentation or training from external providers and charities, informing schools about new information, policy, resources and services.

Relationships and Sex Education

Relationships and Sex Education (RSE) is learning about the emotional, social and physical aspects of growing up, relationships, sex, human sexuality and sexual health. It should equip children and young people with the information, skills and values to have safe, fulfilling and enjoyable relationships and to take responsibility for their sexual health and wellbeing.

Southend schools, specialist support services and public health, have worked together to implement a common curriculum and scheme of lesson plans for relationships and sex education in schools.

The programme for primary aged children, *Growing up with Yasmine and Tom*, covers: the body, feelings, relationships, family life, good health, mutual respect, trust, resilience, negotiation, online safety and preparing for puberty (8).

All primary and special schools in Southend have signed up to participate in the scheme which includes the delivery of 50 core lessons.

Public Health have also commissioned a core curriculum, scheme of work and staff training sessions for the delivery of RSE in secondary schools.

Frontline primary and secondary school staff have been supported with training on delivering the materials, policy writing, engaging parents, and other bespoke needs required by the schools.

DrugAware

DrugAware is an aspirational standard for schools and their communities, supporting them to address drug and alcohol issues through early intervention. The standards set out for schools to achieve DrugAware status helps them to build on existing work to develop a more effective, evidence based approach, with active participation of staff pupils and parents. DrugAware schools have better and more robust drug and alcohol education, policy and support for vulnerable young people.
To date 3 schools in Southend have achieved DrugAware status.

Equality and Diversity Champions

The newly developed Equality and Diversity Champions Programme has given schools the opportunity to explore difference and diversity using the expertise of outside agencies such as Stonewall and Show Racism the Red Card. The aim of the programme is to reduce bullying by promoting strong inclusive values and spelling out how pupils should treat each other.

Schools use a whole school approach to look at their anti-bullying policy. Baseline data is taken from the children at the beginning of the programme and at the end to ascertain impact. Schools are required to develop their PSHE and RSE programmes to include the input that they have received, to sustain improvements in future years. Ten schools achieved the award in 2015 and a further eleven are working on the 2016 programme.

Public Health School Nursing Service and The Healthy Child Programme 5-19 years

School nurses are key professionals in supporting children and young people in the developing years (5-19) to have the best possible health and education outcomes. Their position, working with schools and local communities, provides the opportunity to interact with children, families, education and wider community services.

School nurses are qualified nurses, some of who hold an additional specialist public health qualification, which is recordable with the Nursing and Midwifery Council. Along with their team, they co-ordinate and deliver public health interventions for school aged children; with a focus on prevention and early help. The local team consists of a range of professionals including School Nurses, Community Nurses, School Nurse assistants and School Health administrative staff.

The key intervention which they lead, co-ordinate and deliver is the Healthy Child Programme (5-19); an evidence based schedule of health and development reviews, screening tests, immunisations, health promotion guidance and tailored support for children and families, with additional support when they need it most.
The nurses undertake health promotion, advice, signposting or referral to other

services, active treatment/procedures, education, support, protection and safeguarding.

The service model aligns with that described for Health Visiting in Chapter 1 and is based on four levels of interaction with the community, families and individuals, with safeguarding as a theme through all levels. The four levels outline the support which children and young people can expect to receive through the school nursing service and multi-disciplinary working.

School nursing is a Universal Service, which intensifies its delivery offer for children and young people who have more complex and longer term needs (Universal Plus). For children and young people with multiple needs, school nurse teams are instrumental in co-ordinating services (Universal Partnership Plus).

The School Nursing Service was brought into the Public Health Department in the Council on 1st April 2015, having previously been a commissioned service. This has provided greater opportunities for working collaboratively with other services in the Council that support children and young people, particularly children's social care and education.

Social and emotional wellbeing and mental health

Mental health problems affect about one in ten children and young people and are often triggered by, or are a direct response to what is happening in their lives (9,10). The modern world is complex and ever changing, and children and young people may be exposed to many pressures and challenges such as poverty, bullying, family breakdown, abuse, crime, early sexualisation, alcohol and drugs. Looked after children, those leaving care, and children in more disadvantaged communities may be particularly vulnerable, as are those with a long-term physical illness or disability (11).

The most common problems are conduct disorders, attention deficit hyperactivity disorder (ADHD), emotional disorders (anxiety and depression) and autism spectrum disorders. Self-harm is also a major concern (9, 10).

Mental health problems not only cause considerable distress to children and young people and their families, but can also be associated with significant problems in other aspects of life, including:

- disruption to education and school absence
- poorer educational attainment
- difficulties in social relationships
- increased risk of substance misuse
- increased probability of 'not being in education, employment or training' (NEET)
- poorer employment prospects
- poorer physical health (12,13)

Schools have a key role in preventing mental ill-health by promoting the social and emotional wellbeing of children and young people: by helping them develop

protective factors such as resilience and good self-efficacy; reducing bullying behaviour; reducing risk-taking behaviours and supporting the development of social and emotional skills. This creates the foundations for healthy behaviours and good educational attainment. It also helps prevent behavioural problems, including substance misuse.

Schools also have an important role in recognising and referring children and young people who may be experiencing mental distress for intervention and support through the school nursing and early help services.

What is being done locally:

Public Health, in partnership with South Essex Partnership Trust, delivered a series of workshops for school PSHE and welfare staff on mental health topics: self-harm, anxiety, depression, general mental health and resilience and eating disorders**.**

Public Health commissioned “Prince Charming”, an effective piece of hard hitting forum theatre based on teenage relationship abuse. Interactive and thought provoking this hour long workshop looks at the effect of unhealthy teenage relationships and investigates how to help avoid violent, demoralising and abusive relationships in young people.

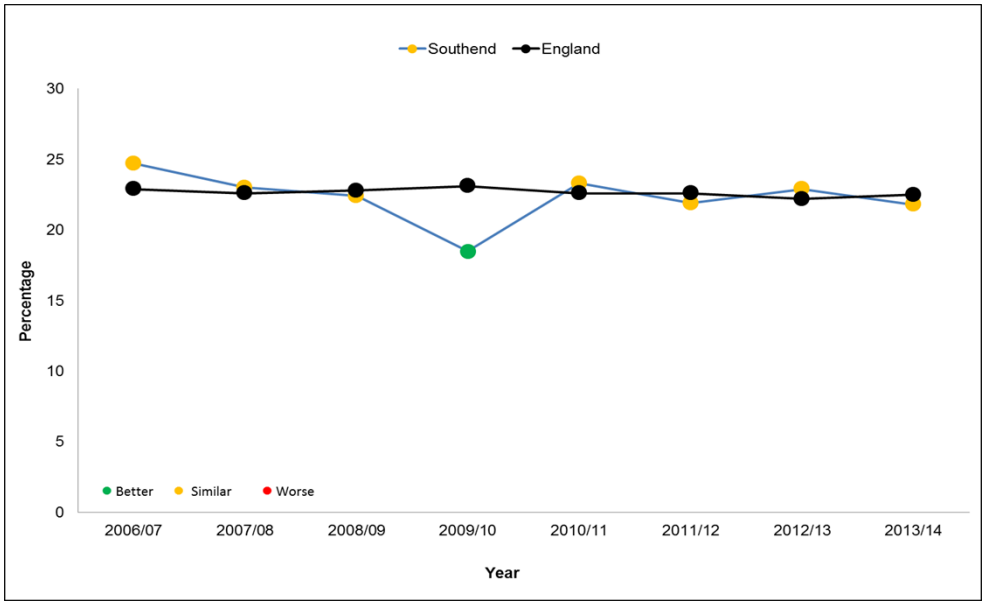
A new emotional wellbeing and mental health service (EWMHS) has been commissioned for children and young people. The new service will deliver preventative programmes in schools as well as providing a clinical service for children and young people experiencing emotional or mental distress.

Childhood Obesity

The World Health Organisation regards childhood obesity as one of the most serious global public health challenges for the 21st century. Obese children and adolescents are at an increased risk of developing various health problems, and are also more likely to become obese adults.

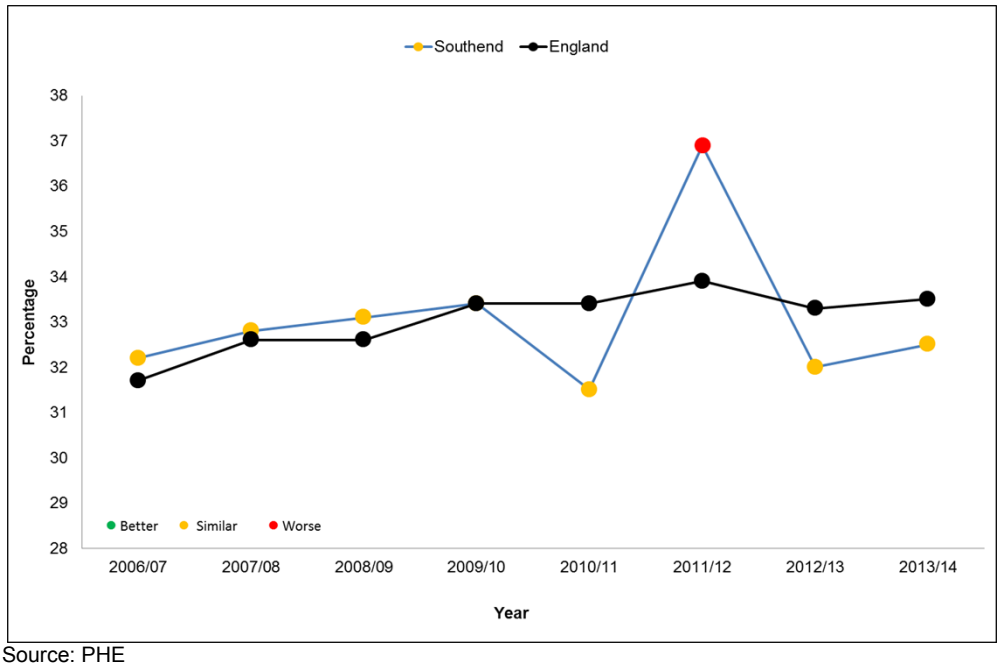
The National Child Measurement Programme (NCMP) measures the height and weight of around one million school children in England every year, providing a detailed picture of the prevalence of child obesity. Figures 1 and 2 show the percentage of children classed as overweight or obese (excess weight) in Reception and Year 6.

Figure 1. Excess weight in 4-5 year olds (Reception year) in Southend



Source: PHE

Figure 2. Excess weight in 10-11 year olds (Year 6) in Southend



Source: PHE

In Southend the School Nursing Service is responsible for weighing and measuring children as part of the National Child Measurement Programme.

The latest figures for Southend (2013/14) show that 19.1% of children in Year 6 (aged 10-11) were obese and a further 14.4% were overweight. Of children in Reception (aged 4-5), 9.5% were obese and 13.1% were overweight.

This means a third of 10-11 year olds and over a fifth of 4-5 year olds were overweight or obese. In 2013/14, 9.4% of children aged 4-5 years and 17.9% of

children aged 10-11 years in Southend were classified as obese, which is broadly similar to the England average.

What is being done locally:

Examples of some of the initiatives to tackle overweight and childhood obesity include:

- The Healthy Child Programme (0-5)**:** emphasises the importance of increased rates of breastfeeding initiation and continuation, as a contribution to maintaining weight in growing children

- Portion plates**:** the “Me Size” plates used to assist parents to judge appropriate portion size. These are distributed to parents of children who are identified as overweight or obese following assessment by School Nurses

- The More Life child weight management service helps children and their families adopt healthier lifestyles, by becoming more active and eating a healthier diet

- Local Change4Life**:** local delivery of healthy eating, physical activity and social marketing with Active Southend

- Cook4Life: a local programme providing cookery courses (over four weeks) and healthy lunchbox sessions.

Physical Activity

Regular physical activity in childhood promotes physical and emotional health and wellbeing; and children and young people who are physically active are more likely to continue the habit in adult life (14,15,16). There is also emerging evidence which suggests an association between physical activity and improved concentration, attention, and educational attainment.

Schools and colleges have an important contribution to make in encouraging and providing opportunities for children and young people to be physically active across the school day. They can do this through curricular and extracurricular activities, by promoting active travel choices, and by creating a culture and ethos that promotes activity and reduces sedentary behaviour.

The Chief Medical Officer’s guidelines for children and young people aged 5 to 18 years are:

- 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 for extended periods (17)

Data indicates that many children and young people are not active enough with only around two out of ten 5-15 year olds achieving UK Chief Medical Officers' recommendations for physical activity. There is also evidence to suggest that physical activity is decreasing in children and young people. In both boys and girls in England the proportion of children aged 5-15 years meeting physical activity recommendations fell between 2008 and 2012; the largest declines were in children aged 13-15 years.

What is being done locally:

- The Southend Health and Wellbeing Board have made physical activity a local priority and are developing a physical activity strategy and action plan with the support of the Chief Culture and Leisure Officers Association.

- Active Travel**:** Southend-on-Sea Borough Council and Partners are working together to encourage active travel by assisting schools to develop or update school travel plans. A school travel plan promotes and facilitates active healthy and sustainable travel to school as an alternative to using private cars. There is also a particular focus on increasing the number of children cycling to school.

Recommendations:

- The Public Health Team should continue to encourage schools in Southend to continue to participate in the Healthy Schools Programme and achieve Enhanced Healthy Schools status by achieving meaningful outcomes in a public health priority area.

- Schools should be encouraged to identify opportunities to incorporate more physical activity throughout the school day, for both staff and pupils.

- Schools should support teachers and other relevant staff to access training to identify and assess the early signs of anxiety, emotional distress and behavioural problems and refer appropriately to school nursing, early help or the emotional health and mental health service.

Chapter 3 Healthy Homes

Introduction

Secure, affordable, accessible housing is a fundamental human need and is an important determinant of health. Inadequate housing can contribute to injuries and to many preventable diseases such as respiratory disease, cardiovascular disease and cancer (1). Poor housing can also have a negative impact on a wider range of physical and mental health problems, such as anxiety and depression.

Local authorities have substantial statutory responsibilities for housing, including providing accommodation for the homeless, the replacement of poor quality housing stock, and ensuring the availability of affordable housing to all those who need it (2).

WARM HOMES

Fuel poverty

Fuel poverty relates to a household's ability to pay for adequate heating. It can be caused by a number of factors including:

- a poorly insulated home
- inefficient or inadequate heating
- high fuel prices
- low income
- type of residents – for example, pensioners and disabled people may spend more time at home and therefore need heating on more often.

Households are considered to be fuel poor if:

- they have required fuel costs that are above average (the national median level)
- were they to spend that amount, they would be left with a residual income below the official poverty line.

In 2013, the number of households in fuel poverty in England was estimated to be 2.35 million, representing approximately 10.4% of all English households. This is broadly unchanged from 2.36 million households in 2012 (3). In Southend there are estimated to be 9.8% of households in fuel poverty.

The picture of fuel poverty nationally is very complex, with a range of households affected. The most recent annual fuel poverty statistics identify that the typical fuel poor households are families with children (45%), single adults (25%), couples (21%) and other (8%) (4). The statistics also show that fuel poor households are usually in private sector housing: owner occupied (51%), private rented (33%), compared with social housing (16%).

In addition, of those in fuel poverty, 49% are in work compared to 39% inactive or retired and 12% unemployed. This picture will change over time as energy prices, relative incomes and energy efficiency levels all change.

Excess Winter Deaths

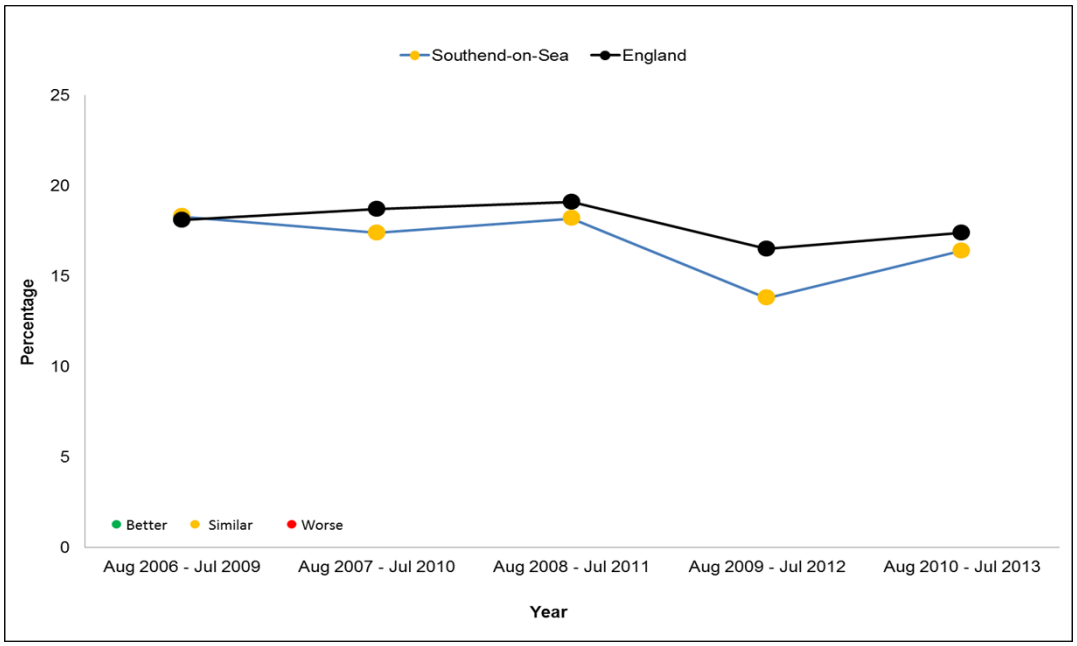
In common with other countries, in England and Wales more people die in the winter than in the summer. This seasonal increase in mortality is referred to as excess winter deaths.

On average, there are around 25,000 excess winter deaths each year in England (5), many of these are in people over the age of 65 . Much of this is a consequence of living in a cold home which brings an increased risk of cardiovascular disease, respiratory illnesses and stroke. Some groups, such as older people, very young children, pregnant women and people with serious medical conditions are particularly vulnerable to the effects of cold.

Tackling fuel poverty is a key element of the national strategy to reduce deaths and illness related to cold weather and cold homes.

The seasonal mortality is measured by the Excess Winter Deaths Index i.e. the difference between the number of extra deaths that occur in the winter months (December-March) compared to the average number of deaths in non-winter months (August-November and April-July). In Southend, the trend remains similar to the national average (Figure1).

Figure 1. Excess Winter Deaths Index (2006- 2013) Southend compared to England.



Source: PHE

Excess winter deaths are largely preventable if people are able to:

- Keep warm indoors: a combination of adequate heating, insulation and ventilation.
- Keep warm outdoors: sufficient warm clothing and physical activity, such as walking

- Ensure uptake of other preventive measures such as flu and pneumococcal vaccination where appropriate (6).

What is being done locally:

Reducing energy bills

Launched in May 2015, “Southend Energy” is a partnership between Southend-on-Sea Borough Council and OVO Energy that has been formed to offer residents of Southend Borough access to cheap energy. The money saved from the tariff can be re-invested in the local community and customers of Southend Energy are able to make decisions about how some of the income could be used to support the fuel poor at a local level.

As of the 31st of December 2015, it had acquired 2148 customers. These customers are Southend residents, saving on average £250 each per year. This equates to a saving to the local economy of just over £530,000 or just over £0.5 million.

Improving energy efficiency

The Private Sector Housing (PSH) Team in Southend-on-Sea Borough Council provides services, support and advice to privately renting tenants, homeowners and private landlords. Under the Housing Act 2004 the PSH Team has the responsibility for maintaining standards within all properties not owned or operated by Southend – on-Sea Borough Council. This is achieved by assisting with repairs or adaptations through to enforcement where the conditions represent either a high likelihood or high risk of an injury. These assessments are made using the Housing Health and Safety Rating System (HHSRS), a recognised measure for risk and harm. The PSH Team also provides licenses for houses in multiple occupation above a legally determined size, ensuring the quality of that accommodation to meet the requirements of service users with an increased level of need or dependency.

The PSH team are also able to assist with other housing issues including:

- Fire safety
- Damp and mould growth
- Trip and falling hazards
- Dangerous or defective electrics
- Overcrowding
- Structural stability
- Inadequate ventilation and lighting

Supporting residents to access grants, benefits and services

Services include:

- A Tenure Sustainment Officer to assist residents that may be at risk of losing their home.
- Targeted debt or benefit advice is available through Citizens Advice Bureau, the local Money Advice service and other partners, as well as benefit checks to

increase the personal disposable income available to households, and help reduce fuel poverty.

- A handyman service is available to undertake loft clearances and install low cost loft insulation.

- A “befriending service” is provided to maintain contact with vulnerable households and ensuring that basic needs for food, warmth and care are met during periods of cold weather.

- A supply of electric heaters and finance is available to tackle emergency boiler breakdowns or fund additional fuel in cold snaps. Temporary accommodation can be made available if required.

- Volunteers have been trained to assess need, signpost to the relevant Council departments, support services or the Fire Service for detailed advice and assistance.

SAFE HOMES

Accidents

Every year in the UK more than 6,000 people die in accidents in the home and 2.7 million seek treatment at accident and emergency departments. Children under the age of five and people over 65 (particularly those over 75) are most likely to have an accident at home.

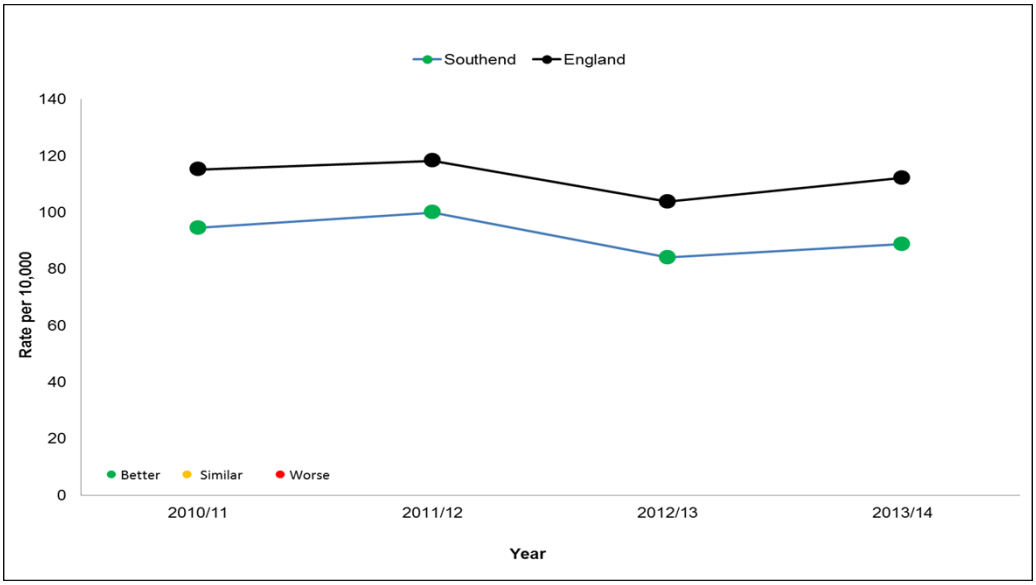
Accidents in children

Each year, it is estimated that around 2 million children under the age of 15 are taken to accident and emergency (A&E) after being injured in or around the home. Around half a million of these children are younger than five (7).

The most common types of accidents/injuries are:

- Falls from heights
- Poisoning – from medicinal and household cleaning products
- Scalds and burns

Figure 2. Hospital admissions caused by unintentional and deliberate injuries in children aged 0-14 years (2010 -2014)*



Source: PHE - * data collection also includes deliberate injuries

Hospital admissions related to unintentional and deliberate injuries for those aged 0-14 are significantly lower in Southend than the national average, but follow a similar trend (Figure 2) to that of England.

Accidents in Older People

Older people, in particular the frail elderly, are one of the groups who are most vulnerable to accidents, particularly in and around the home. The most serious accidents involving older people usually happen on the stairs or in the kitchen. The bedroom and the living room are the most common locations for accidents in general.

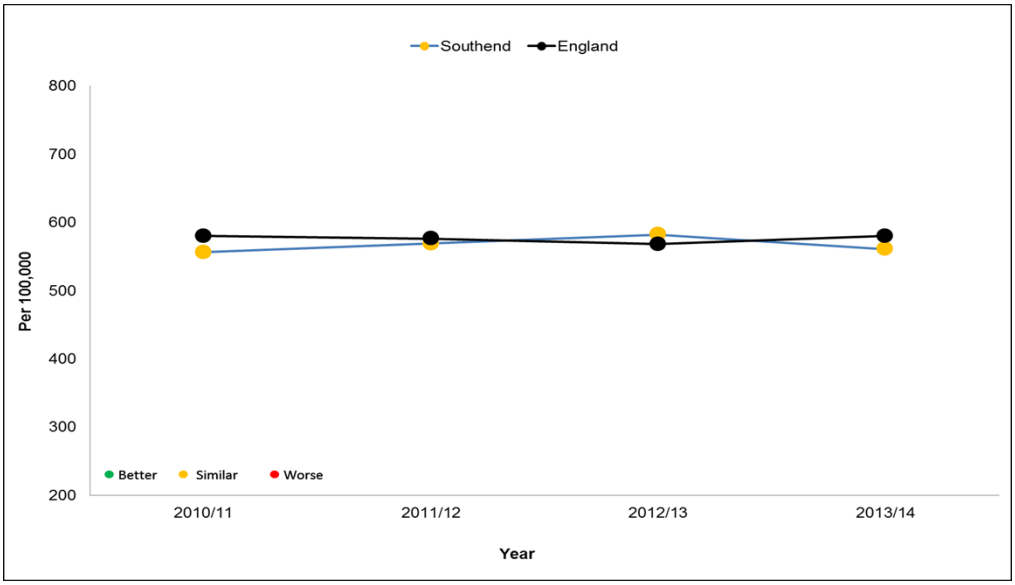
Slips, trips, falls and associated injuries are a particularly common and serious problem for older people. About one in three people over the age of 65 will fall each year, increasing to one in two of those over 80 (8).

The psychological impact of falling can be devastating, resulting in lower levels of confidence and independence, leading to increased isolation and in some cases depression.

Around 10% of falls results in serious injuries such as head injury and hip fractures, and half of those who suffer a hip fracture never regain their former level of function, with 1 in 5 dying within three months of the event (9).

The annual cost to the UK Government from falls in those aged 60+ is £1 billion with the average cost of a single hip fracture estimated at £30,000. This is five times the average cost of a major housing adaptation (£6,000) and 100 times the cost of fitting hand and grab rails to prevent falls (10).

Figure 3 Hip Fractures in People aged 65 and over in Southend and England (rate per 100,000 population)



Source: PHE

In Southend the rate of hip fracture in people aged 65 and over per 100,000 population is similar to that of the national average and also follows a broadly similar level over time as the national pattern.

What is being done locally:

With a growing proportion of our population now aged 65 and over, there has been some concentration on ensuring that the Southend falls prevention programme is able to offer preventative factors within the pathway. The pathway includes a community falls service, a postural stability instructor programme, re-ablement services and a fracture liaison service.

If a vulnerable older person is identified as at risk of fall or having fallen they can be referred to the falls service, who will assess them and triage accordingly to the service or organisation who are best placed to help. If the older person is deemed as likely to gain benefit from it, the falls service will refer for postural stability instructor exercise programme, or they may refer to the local acute hospital for further investigation, in liaison with GPs or the appropriate person facilitating the care of the older person. Housebound older adults are given a home based exercise programme with support from trained volunteers.

There is also a community geriatrician service to provide rapid support to people in the community identified as being at risk of falling. This service is in conjunction with the falls service.

Local action to reduce unintentional injury in children is delivered as part of the 0-5 Healthy Child Programme. In addition there is work focused on settings outside of the home, in particular on reducing road traffic collisions.

The case for investment in warm and safe homes

Poor quality housing is estimated to cost the NHS at least £2.5 billion a year in treating people with illnesses directly linked to living in cold, damp and dangerous homes (11).

Treating children and young people injured by accidents in the home is thought to cost Accident and Emergency departments around £146 million a year (12).

Among the over-65s, falls and fractures account for 4 million hospital bed days each year in England, costing £2 billion (13). Prevention programmes are cost effective, with NICE estimating that offering home safety assessments to families with young children and installing safety equipment in the most at risk homes would cost £42,000 for an average local authority. If this prevented 10% of injuries, this could save £80,000 in prevented hospital admissions and emergency visits, with further savings in associated GP visits and for ambulance, police and fire services.

Meeting the NICE guidelines on safety assessments and installing safety equipment in homes would cost £42,000 for an average local authority. If this prevented 10% of injuries, this would save £80,000 in prevented hospital admissions and emergency

Recommendations

- Provide targeted information to vulnerable members of the public that will ensure people know how to protect themselves from the cold e.g. dressing and eating appropriately for the cold, staying physically active, having a flu jab and ensuring householders are accessing all benefits and grants to which they are entitled.

- Continue to promote the use of home insulation and energy efficiency.

Chapter 4 Healthy Workplaces

Introduction

The workplace directly influences the physical, mental, economic and social wellbeing of workers and in turn the health of their families, communities and society. There are significant harmful effects of long term sickness absence and long term worklessness. The workplace offers an ideal setting and infrastructure to support the promotion of health of a large audience.

Key facts

There are 110,400 people of working age in Southend (1), of which 81,900 are in employment. The workplace can have a direct influence on physical, mental, economic and social wellbeing of workers. With full time UK employees working on average 42.7 hours per week, time spent in the workplace fills a substantial proportion of their time. In the working day there is scope for employers to influence employee behaviours that promote a culture of good health and support those with health problems to continue working (2).

The World Health Organisation suggests that the benefits of the workplace as a setting for improving health are widespread for both the organisation and the employee:

To the organisation	To the employee
a well- managed health and safety programme	a safe and healthy work environment
a positive and caring image	enhanced self-esteem
improved staff morale	reduced stress
reduced staff turnover	improved morale
reduced absenteeism	increased job satisfaction
increased productivity	increased skills for heath protection
reduced health care/insurance costs	improved health
reduced risk of fines and litigation	Improved sense of wellbeing

Source: World Health Organisation (3)

Why workplace health is important

Being in employment is good for health and wellbeing and being a healthy employee is good for productivity (4). In the UK there are 131 million working days per year lost to sickness absence (or 4.4 days per worker) (5).

The largest contributing factor (25%; 31 million days) is back, neck and muscle pain; followed by stress, anxiety and depression, which are large contributors (12%; 15 million days).

Manual occupations have the largest proportion of total hours of sickness (2.4 hours; 3.2%), but the next highest are office based administrative/secretarial/sales or customer service occupations (2.1–2.2%) (5).

In their latest annual survey of absence management, the Chartered Institute of Personnel and Development highlight that “minor illnesses” (including colds, flu, stomach upsets, headaches and migraines) are by far the most common cause of short-term absence for both manual and non-manual employees. Musculoskeletal injuries, back pain and stress are also common causes of short-term absence, with musculoskeletal injuries and back pain being the more common causes of absence for manual workers, while stress is more common for non-manual workers (5).

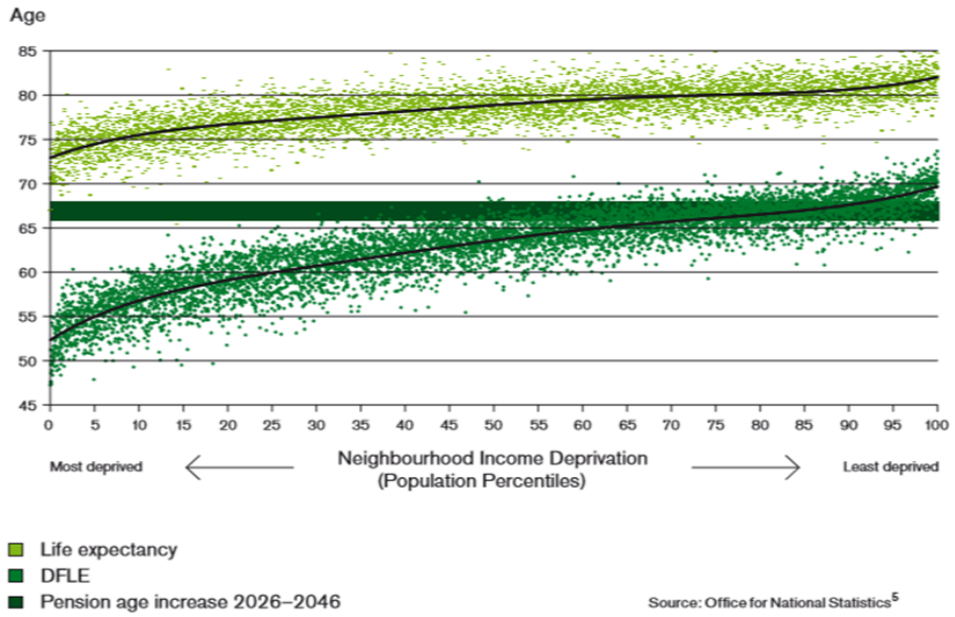
The annual economic costs of sickness absence to the taxpayer are estimated to be over £60 billion in benefit costs, additional health costs and foregone taxes (6).

There are 7,740 claimants of Employment and Support Allowance (ESA) in Southend (1). ESA provides financial support for those unable to work due to an illness or disability and also provides personalised support to allow people to work if they are able to.

As pensionable age in England increases to 68, it is more important than ever that people are able to not simply live for longer, but to live a healthy life that enables them to remain economically and socially productive members of society.

We have long been aware of the differential between the life expectancy of the wealthiest compared to the most disadvantaged in society. In his report “Fair Society, Healthy Lives” (7) Marmot highlighted how people of working age may be affected by poor health by the age of 68 - the pensionable age to which England is moving.

Figure 1. Life expectancy and disability free life expectancy (DFLE) at birth, persons by neighbourhood income level, England 1999-2003

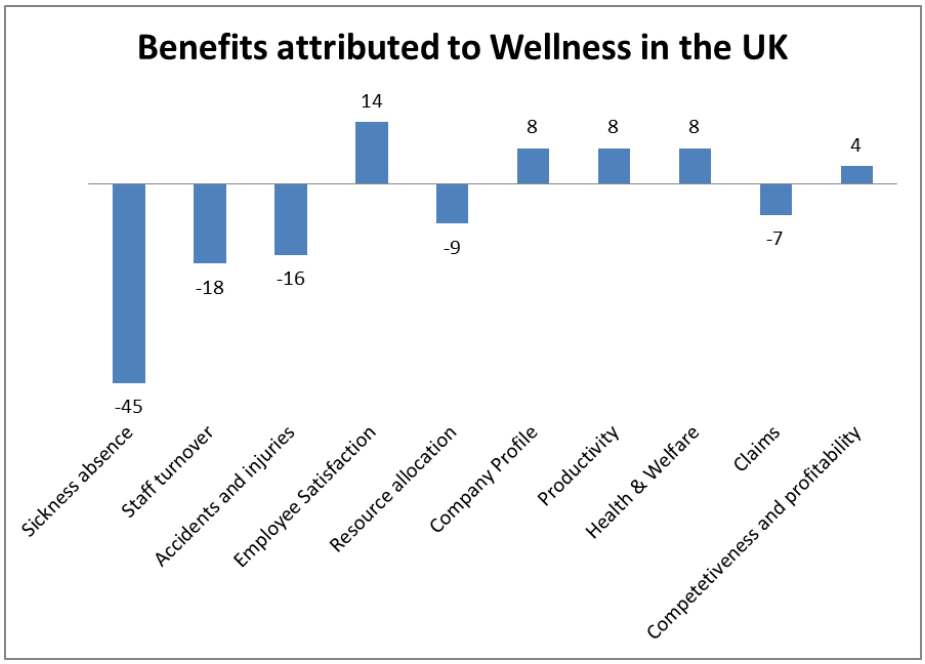


Source: Taken from Marmot Report (7).

Figure 1 shows the distribution of disability free life expectancy across the social gradient and that more than three-quarters of the population do not have disability free life expectancy as far as the age of 68. This suggests that action to improve the health of working age people could reduce the number of people that are unable to work owing to ill health prior to reaching pensionable age.

The 'Building the Case for Wellness' report produced on behalf of the Health Work Wellbeing Executive, explored the economic case for workplace health (8). As part of this work a systematic literature review of the research and case studies was undertaken to identify what benefits could be derived for employers from employee wellness. These are illustrated in Figure 2.

Figure 2. Benefits Attributed to Wellness Programmes in the UK



Source: PWC (8)

Prevention in the workplace – what is being done locally:

There are a multitude of evidence based programmes of activity that can be offered from the workplace to help improve employee health.

NHS Health Checks

The NHS Health Check programme aims to help prevent cardiovascular disease (heart disease, stroke, diabetes, kidney disease) and certain types of dementia.

Everyone between the ages of 40 and 74 years, who has not already been diagnosed with one of these conditions or have certain risk factors, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk.

NHS Healthchecks on Industrial Estates in Southend-on-Sea

Cardiovascular disease is more prevalent amongst lower socio-economic groups, who are more likely to adopt unhealthy lifestyle behaviours such as smoking, poor diet and insufficient physical activity. People of working age may also find it difficult to take time off work to visit their GP practice for an NHS Health Check, and may not prioritise this prevention programme, especially if they feel well. Uptake rates for the programme nationally are well below the expected uptake of 75%.

Southend-on-Sea Borough Council commissioned an outreach service to provide NHS Health Checks in the community. Whilst the majority of NHS Health Checks (93%) were carried out in shopping centres and other public places, a small pilot targeting local industrial estates was implemented.

Clinical data from all the NHS Health Checks was analysed to see if there were any differences between those carried out in the general population compared with those on the industrial estates. Only 7% of the data related to the industrial estate locations so general analysis and assumptions should consider this.

Whilst there was no distinguishable variation in levels of HbA1c (a marker for diabetes), slight differences were found with systolic blood pressure (BP), Body Mass Index and significant results found for cholesterol levels.

There were a higher proportion of pre-hypertensives (systolic BP of 130 – 139) on the industrial estates (23% v 18% in the other venues). There were more overweight people on the industrial estate (45% v 40%) but a lower proportion of obese (21% v 25%).

Mindful Employer for mental wellbeing

Everybody responds differently to the stresses and strains of modern life. We all need and, to a degree, thrive on pressure. It gives us energy, helps with performance, inspires confidence and drives us forward to achieve things. When pressure becomes too much for whatever reason (e.g. too much work, lack of time for social, family and personal activities, inadequate training to do the job) it can lead to stress and this can lead to other mental health issues such as anxiety and depression. Helping employees to build mental resilience is mutually beneficial for the employer and employee.

Mindful Employer is a scheme aimed at increasing awareness of mental health at work and providing support for employers in the recruitment and retention of staff. The voluntary scheme provides a Charter for Employers who are supportive of mental health. The scheme offers a set of resources for employers and managers to use to help maintain positive employee mental wellbeing and provides training designed to increase awareness of mental health among managers and staff.
In 2014, Southend-on-Sea Borough Council became a signatory to the Mindful Employer Charter as part of the on-going commitment and work programme to improve the working lives of its staff.

Sedentary Working

The campaign “On Your Feet Britain” was established following substantial research evidence that prolonged sitting poses significant health risks (9).

Sedentary behaviours involve sitting or reclining, resulting in little or no physical activity energy expenditure. As working people spend most of their adult life in the workplace, it is a key setting to implement changes to reduce sedentary behaviour.

Sedentary behaviours are a known risk factor for cancer, cardiovascular disease, type 2 diabetes, weight gain, mental health problems, osteoporosis and early death (10,11).

Recent research studies have shown that it is too much sitting - not just too little exercise - that creates risks to health. Adults can meet public health guidelines on physical activity, but if they sit for prolonged periods of time, their health is still compromised and the risk of premature mortality remains higher when more time is spent in sedentary behaviours.

Remedies for reducing sedentary work are dependent on the context and conditions, but may include:

Taking a Stand! – How we can be more active at work

- where possible, review and revise job and task design to minimise sitting time for sedentary workers
- vary work tasks throughout the day so that there is a change in posture and different types of muscles are used—or alternate between sitting and standing by finding a reading area that allows standing for example
- ensure a standing friendly culture is promoted and supported - for example, have a regular 'standing' agenda item and encourage staff to stand during meetings
- use a height adjustable desk so workers can work either standing or sitting
- encourage managers to role model standing behaviours and regular movement
- use iMails - walk over and talk instead of sending emails to colleagues

Physical Activity – Active Commuting

Active travel is another way of bringing physical activity into the working day. Active travel is all about reducing car use by walking and cycling instead, even down to helping individuals with travel planning.

Southend-on-Sea Borough Council has teamed up with Halfords to offer employees the Government initiative cycle2work. The scheme offers the use of a bicycle as part

of employees work commute and enables employees to benefit from valuable tax and National Insurance savings.

Cleaner, greener and more cost effective than any other motorised form of transport, cycling is good for the individual and the environment.

The Southend Public Health Responsibility Deal has pledges regarding sustainable transport, businesses signing up to these pledges can access personalised travel planning for their staff to support them to make changes to more sustainable commuting methods. Businesses can also access support to create a sustainable transport action plan which will focus on improving travel across the organisation.

Businesses can also be supported with free training to create lunch time walking groups or join the established “Walk this Way” Southend health walks.

Stop smoking support

Since 2007, smoking has not been allowed in any enclosed workplace or public place. The law requires that businesses must:

- display ‘no smoking’ signs in all workplaces and vehicles
- make sure people do not smoke in enclosed work premises or shared vehicles
- staff smoking rooms are not allowed - smokers must go outside.

According to the Health and Safety Executive, employers should consult their employees and their representatives on the appropriate smoking policy to suit their particular workplace, though this has to meet the requirements of the legal ban. For many organisations a smoke-free policy is the answer. This should aim to protect all staff from the harmful effects of second-hand tobacco smoke, comply with the law and support workers that wish to give up, but also make provision for those unable or unwilling to give up.

There is support available via the Public Health Stop Smoking Service in Southend-on-Sea Borough Council free of charge, to run either groups or provide individual one to one support to any staff who may wish to make a quit attempt.

Obesity

Obesity can impact on the workplace in a number of ways. Studies suggest that obese employees take more short and long term sickness absence than workers of a healthy weight (12). In addition to the impact on individual health and increased business costs due to time off work through associated illnesses, obese people frequently suffer other issues in the workplace including prejudice and discrimination. There are significant workplace costs associated with obesity. For an organisation employing 1000 people, this could equate to more than £126,000 a year in lost productivity due to a range of issues including back problems and sleep apnoea.

Southend-on-Sea Borough Council commissions a variety of weight management services which people can access through their GP, including the health trainer

service which offers motivational support to assist individuals to make healthy lifestyle choices.

Public Health Responsibility Deal for Employers

National Public Health Responsibility Deal:

The National Public Health Responsibility Deal embodies the Government's ambition for a more collaborative approach to tackling the challenges caused by our lifestyle choices. Organisations signing up to the National Public Health Responsibility Deal commit to taking action voluntarily to improve public health through their responsibilities as employers, as well as through their commercial actions and their community activities.

Many large organisations in Southend are signed up to a variety of pledges within the National Public Health Responsibility Deal including:

- H2. We will use only occupational health services which meet the new occupational health standards and which aim to be accredited in the next 12 months.

- H3. We will include a section on the health and wellbeing of employees within annual reports and/or on our website. We will record our sickness absence rate and actively manage this as an organisation.

Southend Public Health Responsibility Deal:

The Southend Public Health Responsibility Deal was designed to support local small and medium sized businesses to improve the health of their customers and employees. There is a range of support available to Southend businesses to enable them to commit to at least one of the following workplace health pledges:

- WH1: Complete a workplace health needs assessment to shape future workplace health improvement activity.

- WH2: Support Staff Attendance - e.g. monitoring sickness absence rates to understand the impact of sickness absence on your business.

- WH3: Support staff to give up smoking and support a smoke free environment

e.g. signpost to local stop smoking service, ensuring those that do choose to smoke are away from access doors, or implementing a no-smoking policy.

- WH4: Support your staff to live physically active lifestyles - e.g. introduce a lunch time walking group, promote stair use over lifts, or use the workplace challenge website.

- WH5: Sign up to be a Change4LIfe local supporter. Utilise Change4Life resources to support the national campaign.

To date 81 small and medium businesses, covering 4,500 employees, in Southend have signed up to the Southend Public Health Responsibility Deal and 55 have included workplace health pledges.

Health and Safety

The Health and Safety at Work Act was introduced in 1974 and is designed to protect the health and safety of workers by providing a set of rules for both employers and employees that will help avoid unintentional injury at work. Rates of death, injury and work-related ill health have declined for most of the past 35 years, although the rate of decline has noticeably slowed in more recent years. Nationally in 2014/15, 142 people were killed at work, 1.2 million working people suffering from a work-related illness and 27.3 million working days were lost due to work-related illness and workplace injury.

All workers have a fundamental right to work in an environment where risks to health and safety are properly controlled. The primary responsibility for this lies with the employer. However, workers have a duty to care for their own health and safety and for others who may be affected by their actions. The legislation therefore also requires that workers co-operate with employers on health and safety issues.

Since then:

- fatal injuries to employees have fallen by 86% (RIDDOR);
- reported non-fatal injuries have fallen by 77% (to 2011/12) (RIDDOR); analysis of non-fatal injuries is complicated by changes in the reporting legislation over recent years;
- self-reported non-fatal injuries have fallen (since 2000/01) (Labour Force Survey 2000/01-2014/15);
- the rate of total cases of self-reported work-related illness, and specifically musculoskeletal disorders, has fallen (since 1990) (Labour Force Survey 1990-2014/15);

Career and Personal Development

Appraisals

Having the support and development in place to help an individual do their job can be greatly beneficial for mental wellbeing at work. Ensuring that staff have a clear purpose and can have an open dialogue with their manager is one of the benefits to

carrying out permanent development review or appraisals. These can be used to help to target training needs, set goals, chart progress to build a sense of achievement, and build rapport and open communication lines between staff and manager.

Policies

Policies are written statements, developed in light of the organisation's missions and values, which communicate and document the organisation's plans, instructions, intents, and processes. Policies should guide management, staff and volunteers, clarify an organisation's values and influence its culture. Policies help give the workforce clear guidelines and a framework for action that helps them do their job. Policies can generally reflect the way the organisation has agreed to do its business, and this in turn, can support healthier lifestyles.
As part of its policies organisations can introduce specific guidelines for its workforce about some of the behaviours that can affect both health and effectiveness at work. Examples include policies on the use of alcohol, smoking and flexible working.

Organisational Culture

Stand-alone wellness programmes within organisations are helpful, however, co-ordinated programmes of wellness initiatives with regular monitoring at a board or senior level can help to create a culture of wellness and be part of how business is done.

An example is the culture change programme in Southend-on-Sea Borough Council; "The Southend Way", supports 3 large themes/projects, with each project underpinned by a range of workstreams:

1. Engaging Leadership
2. Resilience & Growth
3. Focused Performance

Each of the projects is supported by a group of staff from across the organisation as a means of ensuring ownership and communication. This helps to improve employee engagement in the programme, reduce scepticism about it, and increase participation.

Environmental

The physical environment of a workplace can also influence health and wellbeing at work. This will include good lighting, a comfortable temperature, access to healthy food choices and changing rooms/showers on site to encourage an active workforce. Properly assessed work stations that are ergonomically arranged for the user are helpful for avoiding unnecessary musculoskeletal problems.

Standing desks are an excellent example of an adjustable workstation that allows the member of staff to change position between sitting and standing during the day. These also help to mitigate against some of the risks associated with sedentary working.

Occupational Health

An occupational health service is the other element to providing support for workplace health. Occupational health services can help to deal with absence management; providing appropriate self-care advice to support the worker back to health, disability management to provide the relevant support that will allow people with disabilities or long-term conditions to continue working and to review people on their return to work following sickness and help make any necessary adjustments to facilitate their rehabilitation back in to work.

The Government has introduced a new free and confidential national service, known as Fit for Work that provides the services of occupational health professionals to employed people if they have been, or are likely to be, off work for four weeks or more.

All GPs in England are be able to offer their working patients a referral to the new service, which includes an in-depth assessment, followed by a personalised Return to Work Plan and managed support to get back to their jobs. Employers will also be able to refer their employees to the service.

The service is expected to be of particular value in small and medium sized businesses where there is no, or limited, employer occupational health support available.

Recommendations

- To provide support to employers to take appropriate action to help their staff to be more active and less sedentary at work.

- To promote the provision of healthier and more sustainable catering.

- To encourage local workplaces and businesses to sign up to the National and /or Southend Public Health Responsibility Deal and put into place effective actions to support employees and customers to make healthier choices.

Chapter 5 Healthy Southend

Introduction

The built and natural environments are major determinants of health. The impact on our health and wellbeing caused by buildings, access to green spaces and clean air is well documented. In addition to good housing, other elements of local places impact on our opportunities to stay healthy. These include connectivity and transport to reach work, services and healthy food.

The particular focus of this chapter is on air quality, access to green spaces and to healthy food environment.

Air Quality

Clean air is vital for people's health and the environment, and is an essential aspect of making sure that our towns and cities are welcoming places for people to live and work.

Concern about urban air quality is not new. Since the middle of the 19th century the atmosphere of major British cities was regularly polluted by coal smoke in winter, giving rise to the infamous smog – a mixture of smoke, sulphur dioxide emissions and fog. The Great Smog in London, which lasted for 4 days in December 1952, led to an additional 4000 deaths (1). Public concern about the health impacts of this episode subsequently led to the Clean Air Acts of 1956 and 1968, which regulated domestic sources of coal smoke.

Emissions causing air pollution have changed considerably since the 1950's. Today the emphasis has shifted from the pollution caused by coal combustion to the emissions associated with motor vehicles.

The main pollutants of concern are nitrogen oxides (NO_x), volatile organic compounds (VOCs), particles (PM_{10} and $PM_{2.5}$) and carbon monoxide. All of these are mainly emitted by motor vehicles, but are also emitted from fossil fuel power generation and domestic and industrial sources.

Other routinely monitored pollutants include lead and complex molecules such as 1, 3-butadiene, benzene and polycyclic aromatic hydrocarbons. Road vehicles are the main source of many of these substances.

There are also a number of secondary pollutants which are formed by chemical reactions from other pollutants in the atmosphere. The most significant of these is ground level ozone which is caused by a series of chemical reactions between nitrogen oxides, volatile organic compounds and oxygen in the presence of sunlight. Ozone can remain in the atmosphere for several days before breaking down and can be transported downwind thousands of kilometres (1). The yearly average concentrations of ozone are slowly increasing and this is partly due to pollutants generated outside of the UK.

Health effects of air pollutants

Short term exposure to high levels of air pollutants can cause a range of adverse health effects including exacerbation of asthma, effects on lung function and increases in hospital admissions for respiratory and cardiovascular conditions (2).

Those most at risk from the impact of air pollutants include the elderly, young people and those with respiratory diseases such as asthma and bronchitis.

Health Effects of Air Pollutants

- Sulphur dioxide (SO2) - coughing, tightening of chest, irritation of lungs
- Nitrogen dioxide (NO2) - irritation and inflammation of lungs
- Particulate matter (PM10 and PM2.5) - inflammation of lungs, worsening of symptoms of people with heart and lung conditions, linkage of long term exposure to coronary heart disease and lung cancer
- Ozone - pain on deep breathing, coughing, irritation and inflammation of lungs
- Carbon monoxide – prevention of normal transport of oxygen by blood, resulting in reduction of oxygen supply to the heart
- 1,3- butadiene – cause of cancer
- Benzene- cause of cancer
- Polycyclic aromatic hydrocarbons – toxicity and cause of cancer
- Lead – linkage of exposure to impaired mental function and neurological damage in children

Studies following people's health over the longer term have shown that exposure to particulate air pollution also increases mortality risk (3,4). Particulate matter is a complex mixture of small airborne particles and liquid droplets which may arise from a wide variety of sources, man-made or natural. The main source of particulate matter is the combustion of solid and liquid fuels, such as for power generation, domestic heating and in vehicle engines. Natural sources include soil particles, sea spray, pollens and fungal spores.

There is also a variation in size of particles, PM_{10} and $PM_{2.5}$ indicating that the diameter of the particles is 10 micrometres and 2.5 micrometres respectively. $PM_{2.5}$ is also known as fine particulate matter (2.5 micrometres is one 400th of a millimetre). In general, the smaller the particle the deeper it can be inhaled into the lung. Research has shown that there is no safe level of PM_{10}, and in particular $PM_{2.5}$ particles. Exposure to $PM_{2.5}$ particles accounts for around 29,000 premature deaths each year in the UK (3).

A recent report by Public Health England estimated that each year in Southend, there are 1022 associated life years lost attributable to long term exposure to particulate air pollution (5). The Public Health Outcomes Framework also reports that in 2012, 5.3% of all-cause adult mortality was attributable to man-made particulate air pollution, measured as fine particulate matter ($PM_{2.5}$) (6).

Monitoring air quality

Environmental legislation introduced over the past seventy years has provided a strong impetus to reduce the levels of harmful pollutants in the UK.

The Environment Act 1995 set out the requirement for a National Air Quality Strategy, which was first published in 1997. The strategy set out the UK's air quality objectives for key air pollutants and established a framework to help identify what we all can do to improve air quality.

The most recent review of the Strategy was carried out in 2007, and contains targets for reductions in the concentrations of nine major pollutants, to be achieved between 2010 and 2020 (7).

A number of air quality standards are set out in a number of European Union Directives which requires all Member States to undertake air quality assessment, and to report the findings to the European Commission on an annual basis.

Since December 1997, each local authority in the UK has been carrying out a review and assessment of air quality in their area. This involves measuring air pollution and trying to predict how it will change in the next few years. The aim of the review is to make sure that the national air quality objectives will be achieved throughout the UK by the relevant deadlines.

If a local authority finds any places where the objectives are not likely to be achieved, it must declare an Air Quality Management Area. This area could be just one or two streets, or it could be much bigger. The local authority will then put together a plan to improve the air quality - a Local Air Quality Action Plan.
There are currently no Air Quality Management Areas in Southend.

What is being done locally:

Sustainable Transport

Sustainable transport is one of six key strands of Southend-on-Sea Borough Council's Low Carbon Strategy for 2015-20.

A number of initiatives within the Council promote the use of sustainable transport with the added benefits of supporting healthier lifestyles and a reduction in air pollution. These include:

Local Sustainable Transport Fund

A major initiative supported by the Local Sustainable Transport Fund in Southend is the 'Ideas in Motion' programme. This has delivered personalised travel advice and planning to over 4,000 households in Southend. A targeted social marketing campaign to promote walking, cycling and use of public transport in the Borough has been supported by the development of a smart phone app to promote 'Ideas in Motion'. To date there has been an 11% reduction in the number of people travelling to work by car or van and a 14% increase in the number of people walking.

A joint project between the Council and Sustrans is also looking at embedding cycling in the primary and secondary school curriculum.

Park that Bike
This project has delivered 50 new cycle parking spaces in schools, voluntary sector groups, small businesses and London Southend Airport.

Evalu8
The Council's participation in the regional Evalu8 programme has helped to kick start a programme of providing electric charging points for vehicles, with 7 installed across the Borough to date.

Cycle Southend
Cycle Southend is about getting people cycling. A dedicated website provides all the details about cycle training courses on offer for all ages and for individuals or groups, as well as cycling routes and cycle events.

On a national basis, the Government has encouraged people to buy cleaner vehicles through the car scrappage scheme (2009/10) and providing incentives to buy and use electric cars

Recommendations

- Review the current air quality strategy for Southend and ensure there is a full range of actions to improve air quality.

- Ensure all major developments and significant developments in areas of elevated air pollution are required to produce an air quality assessment.

Access to Green Spaces

Access to good quality green spaces is associated with a range of positive health outcomes including better self-rated health, improved circulatory health, lower levels of overweight and obesity; improved mental health and wellbeing and increased longevity (8).

More generally, green open space provides a platform for community activities, social interaction, physical activity and recreation, as well as reducing social isolation and improving community cohesion (8,9).

There is a wide variety of open green spaces, including local parks, gardens and playing fields (see Box 1). However, access and proximity is unequally distributed across the population, people living in deprived areas generally receive a far worse provision of parks and green spaces than their affluent neighbours. In addition they often do not have gardens and so access to good quality public green space matters even more (11).

Box 1 Green Spaces

- Parks and gardens – including urban parks and country parks
- Natural and semi-natural urban green spaces – including woodlands, grasslands, wetlands,
- Green corridors – including canal and river banks, cycle ways and rights of way
- Outdoor sports facilities - including bowling greens and playing fields
- Amenity green space – including informal recreation spaces, green space in and around housing,
- Provision for children and teenagers – including play areas, adventure playgrounds,
- Allotments and community gardens,
- Civic spaces, including civic and market squares
- Landscape around buildings – including street trees

Source: Department for Communities and Local Government (10)

Green open spaces help to contribute to a healthier living environment overall, with consequential positive health benefits. Some of the environmental benefits that green spaces can provide include improved air and water quality, noise absorption, and improved absorption of excessive rainwater, reducing likelihood of flooding.

Why invest in green spaces?

People who have good perceived and/or actual access to green space are 24% more likely to be physically active. If the population of England had equitable good access to quality green space, an estimated £2.1 billion in health care costs could be saved each year (12).

There is also an economic benefit from having high quality open and green spaces. Within the retail sector, a high quality public realm can boost trade by encouraging greater footfall. Well planned improvements to public spaces in town centres can increase trade by up to 40 per cent and encourage significant private investment (13).

Even modest increases in physical activity can delay or even prevent the onset of recognised medical conditions. A brisk walk every day has the potential to reduce the risk of coronary heart disease, stroke and type 2 diabetes by up to 50%, and the risk of premature death by about 20–30%.

People living in areas with high levels of greenery are thought to be three times more likely to be physically active and 40% less likely to be overweight or obese than those living in areas with low levels of greenery.

Proximity to green space in the neighbourhood is associated with the use of green space for exercise and general moderate or vigorous physical activity during leisure time. Proximity to green space is, moreover, related to a lower risk of being obese.

What is being done locally:

Southend is a densely populated urban area with 577 hectares of green space, including 80 parks and 14 conservation areas. Such spaces are under increasing pressure from a growing population and the need for new development. These pressures mean existing facilities are less able to satisfy the increasing demands placed upon them. This underlines the need to safeguard current spaces and to incorporate new spaces and facilities in future development schemes.

The Southend Parks and Green Spaces Strategy 2015-2020
This strategy sets out the key themes, standards and actions that will be undertaken to ensure parks and open space continue to play an important role for the health, wellbeing and the economy of the Borough and its neighbourhoods.

The principle standards are to:

- Ensure that all residents have easy access to a public open space of at least 0.2 hectares
- Provide one hectare of public open space per 1,000 people
- Provide and maintain a high quality 'street scene'
- Adopt the Green Flag standards as the quality mark for parks and open spaces

Open spaces are not evenly distributed across Southend (Figure 1) and it is estimated that approximately one third of the borough does not meet the standard 'to provide one hectare of public open space per 1,000 people'. The wards of Westborough, Victoria and Kursaal have the most limited provision of open space in the Borough.

The strategy outlines proposals to improve this by introducing new open spaces where possible and where planning policy allows; improving the "green" street scene by making it attractive and well maintained; and improving signage and routes to open spaces with priority given to those space deprived areas.

Five of the parks in Southend have received the prestigious Green Flag Award for two years running. The assessment criteria used for the award includes horticultural standards, cleanliness, sustainability and community involvement.

Play areas

There are 39 publicly accessible play areas in Southend which are managed by the Council. Nearly three quarters of the play areas were fully refurbished five years ago to develop more challenging play opportunities, increase imaginative and inclusive play spaces, and include the use of natural elements as part of the play experience.

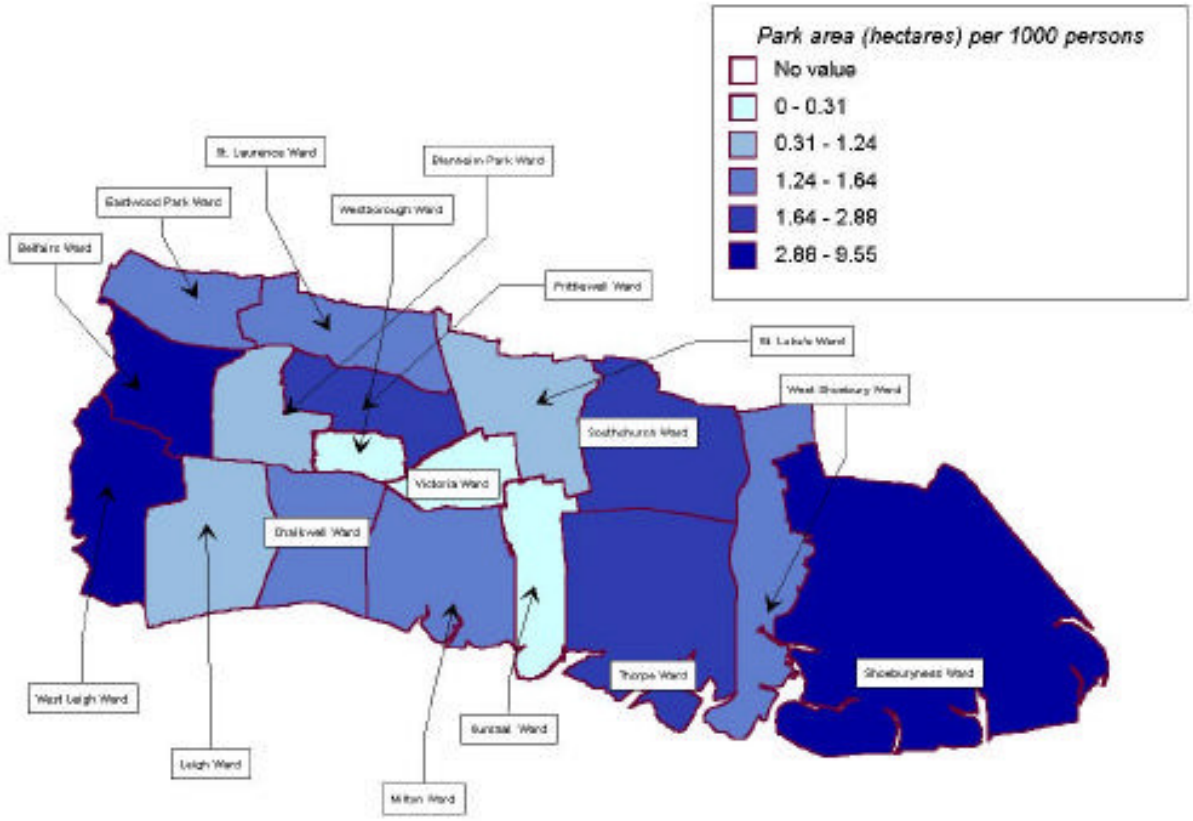
Health walks

'Walking for Health' is England's largest network of health walk schemes, helping people across the country to lead a more active lifestyle. The programme offers free health walks which are led by trained volunteer walk leaders. The walks are suitable

for everyone, particularly those who are not physically active. As well as being a great way to meet new friends, walking can reduce the risk of coronary heart disease, help control blood pressure, help control weight, increase stamina and overall fitness, reduce the risk of a stroke, and reduce stress.

Local organisations can set up their own lunchtime walking groups or join the established 'Southend Walk This Way' health walks. Details of these walks, training for volunteer walk leaders and accreditation of new schemes is available at the Walking for Health website https://www.walkingforhealth.org.uk

Figure 1: Green Space Provision in Southend-on-Sea



Recommendations

- Further develop the public health role of green spaces, parks and park staff by co-ordinating involvement and input from local agencies such as the local Walking to Health programmes, GP referrals and social prescribing and referrals from the Southend Health and Wellbeing Service.

- Undertake social marketing to develop a clear understanding of what motivates local residents to use green spaces and help further increase their use.

Obesity and the environment: Access to fast foods

What we eat and how we eat has changed a lot in recent years. We are eating bigger portions, cooking less at home with a greater demand for convenience foods and eating out more. Meals eaten outside of the home account for a quarter of the calorie intake of men and a fifth of the calorie intake of women respectively and account for 30% of household expenditure on food (14).

Fast food takeaways provide just over a quarter of the food in the eating out market (14) and are a particular concern as they tend to sell food that is high in fat and salt and low in fibre and vegetables. A number of research studies have found a direct link between a fast food rich environment and poorer health, and some have demonstrated an association with obesity (15,16).

The growth in the number of people in the population who are overweight or obese is of great concern and is considered to be a 'global epidemic' (17). Obesity impacts on health in many ways and is associated with an increased risk of heart disease and stroke, diabetes, raised blood pressure and some cancers.

In Southend two thirds of adults, one fifth of children in Reception (four to five year olds) and just under a third of children in Year 6 (ten to eleven year olds) are overweight or obese (18). Obesity tends to track into adulthood, so obese children are more likely to become obese adults (19).

There are also stark inequalities in obesity rates between different socioeconomic groups: among children in Reception and Year 6, the prevalence of obesity in the 10% most deprived groups is approximately double that in the 10% least deprived.

Obesity is a complex problem that requires action from individuals and society across multiple sectors. One important action is to modify the environment so that it does not promote sedentary behaviour or provide easy access to energy dense food (20). The aim is to help make the healthy choice the easy choice via environmental change and action at population and individual levels.

Many areas are developing strategies to tackle the impact of fast food takeaways in their local communities. Guidance issued by the Chartered Institute of Environmental Health and London Food Board has suggested a three pronged approach to tackle the impact of fast food (21). This includes:

- Working with the food industry and takeaway businesses to make food healthier
- Encouraging schools to introduce strategies aimed at reducing the amount of fast food children consume on their journey to and from school and during lunch breaks
- The use of regulatory and planning measures to address the proliferation and concentration of hot food takeaway outlets.

Other negative aspects of the presence of takeaways include:

- Many hot food takeaways may generate substantial litter in an area well beyond their immediate vicinity

- Discarded food waste and litter attracts foraging animals and pests

- Hot food takeaways may reduce the visual appeal of the local environment and generate night time noise

- Short-term car parking outside takeaways may contribute to traffic congestion

However, local strategies for working with fast food outlets should be based on a detailed appraisal of the role fast food outlets play not just in contributing to obesity but also in providing employment and leisure opportunities for different sections of the community (22). Improving access to healthier food in deprived communities may contribute to reducing health inequalities.

The case for investment

An estimated 70,000 premature deaths in the UK could be prevented each year if diets matched nutritional guidelines. The health benefits of meeting the national nutritional guidelines have been estimated to be as high as £20 billion each year (14).

In 2002, the average local authority area incurred NHS costs of around £18 - £20 million due to obesity, and a further £26 million to £30 million in lost productivity and earnings due to premature mortality (23).

What is being done locally:

Southend ranks 11 out of 324 local authorities in England for fast food outlets (crude rate of 120 per 100,000 population: the range in England is 15 to 172 per 100,000 population).

The National Public Health Responsibility Deal (24) was introduced back in 2011 as a way of harnessing the contribution of businesses and other organisations to improve the public's health through their influence over food people eat, the amount of alcohol they drink, the amount of physical activity they take, and their health in the workplace. A number of the national fast food chains which are represented in Southend have signed up to the deal, with commitments to deliver various pledges such as food labelling, use of trans fats, reduction of salt, and physical activity pledges.

The Southend Public Health Responsibility Deal is aimed at local small to medium enterprises and includes a number of pledges to support food businesses to provide healthier options.

One of the four criteria to become a 'Healthy School' is healthy eating. Schools are required to comply with nutritional standards for food in schools, deliver a broad curriculum on food and nutrition, develop extracurricular activities centred on cookery and growing food and involve parents and the wider school community in promoting healthy eating.

Recommendations

- Develop additional pledges in the Southend Public Health Responsibility Deal to cover specific actions to support local fast food takeaways to produce healthier food.

- Promote the Southend Public Health Responsibility Deal with local schools as part of the Enhanced Healthy School status.

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Southend Health & Wellbeing Board

Agenda Item No.

9

Joint Report of Simon Leftley

to

Health & Wellbeing Board

on

9th February 2016

Report prepared by: Glyn Jones, Learning Disabilities Strategy and Commissioning Manager.

For information only		For discussion	x	Approval required	

Transforming Care

Part 1 (Public Agenda Item) / Part 2

1. Purpose of Report

1.1. To present the draft plan of the Pan Essex Transforming Care Partnership and to ask the Board to give delegated authority to the Chair and Deputy Chair to sign off the final plan before its submission in early April 2016. By the time of the Health and Wellbeing Board, the draft plan will have been submitted.

(The draft plan is a 'to follow' item. It will be sent to members of the Board when it is available and which is estimated to be on 7th/8th February. This is not ideal but is because it is being completed by the Programme Team to a very tight timetable with strict criteria for approval set by NHS England.)

2. Recommendations

2.1. Following consideration of the content of the draft plan, that the Board approve delegated authority for the final plan, due in early April 2016.

3. Background & Context

3.1. The Health and Wellbeing Board received a report 'for information' at the last Board Meeting on 2nd December 2015. That report described the requirement to produce a Pan Essex Transforming Care Plan (across Southend-on-Sea, Essex, and Thurrock) for behaviour that challenges for people with Learning Disabilities and Autism.

3.2. The Transforming Care Partnership Board has developed its draft plan which will be sent to NHS England on 8th February 2016 and will be scrutinised by them. NHS England will then make suggestions and comment on the extent to

which the plan is fit for purpose and possibly give guidance. The draft plan will then be amended by the Pan Essex Transforming Care Partnership and a final one will be produced by early April 2016, for re-submission to NHS England. Anecdotal indications are that the draft plan is advanced in comparison with other Transforming Care Partnerships indicating a good level of joint working and clear thinking in writing the plan.

3.3. The draft plan describes a joined up approach across the 7 Pan Essex CCGs and 3 Local Authorities to commission specialist services together for people with behaviour that challenges. It outlines gaps in provision such as a lack of Community Forensic Services, Crisis Support and short term accommodation which are best commissioned collaboratively. At the same through better alignment it strengthens the effectiveness of local commissioning activity, improving both outcomes and value for money.

3.4. Person centred and flexible local services that respond effectively to people with learning disabilities, autism, at all ages, will be the key to effective delivery of services and prevent the escalation of behaviour that challenges to inpatient provision. The partnership considers that the scope of whole systems activity includes learning disabilities provision but also mental health service provision that could develop reasonable adjustments. It is 'whole system' in its intention.

3.5. The plan's focus is on reducing behaviour that challenges with particular reference to 5 specific risk based cohorts, 4 of these cohorts include children, young people and adults. These cohorts have been set nationally. A list of these cohorts is shown in Annex 1 of this paper. Shaping provision and pathways in relation to these cohorts should reduce behaviour that challenges and reduce the use of hospital beds.

3.6. Locally, in Southend-on-Sea we are taking steps to improve provider approaches, reduce gaps in provision, and embed outcomes, across health and social care. We are also having discussions about the alignment of children's, young people's and adult's services in relation to Transforming Care. This all adds to Southend-on-Sea's ability to work collaboratively where needed.

3.7. The extent of the requirement from NHS England to include children and young people is new and we are quickly building these relationships. As for adults, the prime importance of the locality and Health and Wellbeing Board footprint area will be maintained.

3.8. Transforming Care is a 3 year programme, and the Health and Wellbeing Board will be kept informed at each stage. The approaches to behaviour that challenges described in the plan may lead to the development of pooled budgets both locally and across the Pan Essex area. No arrangements have been made for pooling budgets but if this is later recommended to the Health and Wellbeing Board, the rationale will be about improving outcomes and reducing costs to the benefit of Southend-on-Sea residents and patients.

4. Health & Wellbeing Board Priorities / Added Value

How does this item contribute to delivering the;

- Nine HWB Strategy Ambitions (listed on final page)

The plan contributes to the achievement of many of the 'Ambitions' but in particular:

3: Improving mental wellbeing by: Enabling better access to appropriate services through effective pathways.
5: Living independently by: Promoting personal budgets, which is an aspect of the partnerships commitment.
9: Maximising Opportunity by: Contributes towards a joined up view of health and social care needs.

- Three HWB "Broad Impact Goals" which add value;

The plan contributes to all 3 of the broad outcome goals

a) Increased physical activity (prevention). This is impacted on indirectly through the promotion of personal responsibility.
b) Increased aspiration & opportunity (addressing inequality). The approach is one of addressing inequality directly.
c) Increased personal responsibility/participation (sustainability). The approach addresses this directly through enhancing local and wider engagement. It should also help us to strengthen the Learning Disability Partnership Board in Southend-on-Sea and therefore participation.

5. Reasons for Recommendations

5.1. To promote and deliver a shared approach across the Pan Essex area in Health, Social Care and broader.

6. Financial / Resource Implications

6.1 We envisage that for both health and social care, all changes will be made within the current financial envelope.

7. Legal Implications

7.1. No specific legal implications are seen at this time. As the programme develops legal implications will become clearer.

8. Equality & Diversity

8.1. Equality considerations will be embedded in the approach as the people impacted by the plan are those who now have very poor outcomes and which will be improved by actions in the plan Due regard will be given to protected characteristics as the plan develops and is implemented.

9. Background Papers

9.1. The Transforming Care Partnership Plan - To Follow.

10. Appendices

10.1. The 5 Challenging Behaviour Cohorts. (Annex A)

TO ADD

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) Reduce need for children to be in care b) Narrow the education achievement gap c) Improve education provision for 16-19s d) Better support more young carers e) Promote children's mental wellbeing f) Reduce under-18 conception rates g) Support families with significant social challenges	**Ambition 2. Promoting healthy lifestyles** a) Reduce the use of tobacco b) Encourage use of green spaces and seafront c) Promote healthy weight d) Prevention and support for substance & alcohol misuse	**Ambition 3. Improving mental wellbeing** a) A holistic approach to mental and physical wellbeing b) Provide the right support and care at an early stage c) Reduce stigma of mental illness d) Work to prevent suicide and self-harm e) Support parents postnatal
Ambition 4. A safer population a) Safeguard children and vulnerable adults against neglect and abuse b) Support the Domestic Abuse Strategy Group in their work c) Work to prevent unintentional injuries among under 15s	**Ambition 5. Living independently** a) Promote personalised budgets b) Enable supported community living c) People feel informed and empowered in their own care d) Reablement where possible e) People feel supported to live independently for longer	**Ambition 6. Active and healthy ageing** a) Join up health & social care services b) Reduce isolation of older people c) Physical & mental wellbeing d) Support those with long term conditions e) Empower people to be more in control of their care
Ambition 7. Protecting health a) Increase access to health screening b) Increase offer of immunisations c) Infection control to remain a priority for all care providers d) Severe weather plans in place e) Improve food hygiene in the Borough	**Ambition 8. Housing** a) Work together to; ○ Tackle homelessness ○ Deliver health, care & housing in a more joined up way b) Adequate affordable housing c) Adequate specialist housing d) Understand condition and distribution of private sector housing stock, to better focus resources	**Ambition 9. Maximising opportunity** a) Have a joined up view of Southend's health and care needs b) Work together to commission services more effectively c) Tackle health inequality (including improved access to services) d) Promote opportunities to thrive; Education, Employment

Annex A

5 Challenging Behaviour Cohorts.

- Children, young people or adults with a learning disability and/or autism who have a mental health condition such as severe anxiety, depression, or a psychotic illness, and those with personality disorders, which may result in them displaying behaviour that challenges.
- Children, young people or adults with an (often severe) learning disability and/or autism who display self-injurious or aggressive behaviour, not related to severe mental ill health, some of whom will have a specific neuro-developmental syndrome and where there may be an increased likelihood of developing behaviour that challenges.
- Children, young people or adults with a learning disability and/or autism who display risky behaviours which may put themselves or others at risk and which could lead to contact with the criminal justice system (this could include things like fire-setting, abusive or aggressive or sexually inappropriate behaviour).
- Children, young people or adults with a learning disability and/or autism, often with lower level support needs and who may not traditionally be known to health and social care services, from disadvantaged backgrounds (e.g. social disadvantage, substance abuse, troubled family backgrounds) who display behaviour that challenges, including behaviours which may lead to contact with the criminal justice system.
- Adults with a learning disability and/or autism who have a mental health condition or display behaviour that challenges who have been in hospital settings for a very long period of time, having not been discharged when NHS campuses or long-stay hospitals were closed.

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Southend Health & Wellbeing Board

Agenda Item No.

10

(Joint) Report of the Director of Public Health

……

to

Health & Wellbeing Board

on

Tuesday 9th February 2016

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

For information only		For discussion	x	Approval required	

Summary of Mental Health Discussion, December 2015

Part 1 (Public Agenda Item)

1. Purpose of Report

1.1. To provide a summary of the discussion that the Health and Wellbeing Board had in December 2015 regarding mental health in the Borough.

2. Recommendations

2.1. That, subject to amendments, the Board notes the summary.

2.2. That the Board considers any additional actions or next steps in relation to the issues and opportunities identified in the discussion.

2.3. That Board members consider how they might further contribute towards meeting the actions/themes identified from the discussion.

3. Background & Context

3.1. Mental health has been a recurring priority for members of the Health and Wellbeing Board over the past year. A number of reports and discussions resulted in the Board commissioning a mental health needs assessment (MHNA) for the Borough. The MHNA forms a part of the wider Joint Strategic Needs Assessment (JSNA).

3.2. Feedback from the Local Government Association (LGA) Peer Challenge in July 2015 recommended that the HWB Board focus on the key priorities or “big ticket items” for the Borough. In response, and in context of its ongoing profile and priority, mental health was identified as a “big ticket” area, for closer focus.

3.3. The Board held an informal, developmental discussion in December 2015 to;

- Consider the output of the Mental Health Needs Assessment (MHNA)
- Build a shared understanding of what is already being done and understand any significant gaps in light of the MHNA
- Develop collective ownership of the approach to mental health and wellbeing in Southend

3.4 A range of themes and suggested actions were discussed, as summarised in Appendix 1. Appropriate response and ownership of the identified themes and actions is being developed, to enable the Board to measure progress.

3.5 The Board is invited to consider and voice any additional actions/potential next steps for the theme of mental health.

3.6 Board members are also asked to consider how they might further contribute towards meeting the actions/themes identified from the discussion.

4. Health & Wellbeing Board Priorities / Added Value

How does this item contribute to delivering the;

- Nine HWB Strategy Ambitions (listed on final page)
- Three HWB "Broad Impact Goals" which add value;
    a) Increased physical activity (prevention)
    b) Increased aspiration & opportunity (addressing inequality)
    c) Increased personal responsibility/participation (sustainability)

4.1 The outcomes from this discussion are relevant to broad areas of Southend's HWB Strategy in relation to the wider-determinant nature of mental health. Specifically:

- HWB Ambition 1: A positive start in life; in relation to the group discussion on parenting and mental health.

- HWB Ambition 3: Improving mental wellbeing.

- Broad Impact Goal B: Increased Aspiration and Opportunity (addressing inequality); in relation to the group discussion regarding employment and mental health.

5. Reasons for Recommendations

5.1. To progress the priority area of mental health in the Borough and enable the board to measure progress.

6. Financial / Resource Implications

6.1 No immediate implications identified.

7. Legal Implications

7.1. No immediate implications identified.

8. Equality & Diversity

8.1. An inherent aspect of this priority area is to ensure mental wellbeing for all. There are broad "wider-determinant" considerations in achieving this such as good quality housing, addressing deprivation and inequality through education, opportunity and employment and addressing stigma, as well as appropriate access to joined up services.

9. Background Papers

9.1. None.

10. Appendices

10.1. Appendix 1: Summary of discussion themes and potential actions.

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) Reduce need for children to be in care b) Narrow the education achievement gap c) Improve education provision for 16-19s d) Better support more young carers e) Promote children's mental wellbeing f) Reduce under-18 conception rates g) Support families with significant social challenges	**Ambition 2. Promoting healthy lifestyles** a) Reduce the use of tobacco b) Encourage use of green spaces and seafront c) Promote healthy weight d) Prevention and support for substance & alcohol misuse	**Ambition 3. Improving mental wellbeing** a) A holistic approach to mental and physical wellbeing b) Provide the right support and care at an early stage c) Reduce stigma of mental illness d) Work to prevent suicide and self-harm e) Support parents postnatal
Ambition 4. A safer population a) Safeguard children and vulnerable adults against neglect and abuse b) Support the Domestic Abuse Strategy Group in their work c) Work to prevent unintentional injuries among under 15s	**Ambition 5. Living independently** a) Promote personalised budgets b) Enable supported community living c) People feel informed and empowered in their own care d) Reablement where possible e) People feel supported to live independently for longer	**Ambition 6. Active and healthy ageing** a) Join up health & social care services b) Reduce isolation of older people c) Physical & mental wellbeing d) Support those with long term conditions e) Empower people to be more in control of their care

Ambition 7. Protecting health	Ambition 8. Housing	Ambition 9. Maximising opportunity
a) Increase access to health screening b) Increase offer of immunisations c) Infection control to remain a priority for all care providers d) Severe weather plans in place e) Improve food hygiene in the Borough	a) Work together to; ○ Tackle homelessness ○ Deliver health, care & housing in a more joined up way b) Adequate affordable housing c) Adequate specialist housing d) Understand condition and distribution of private sector housing stock, to better focus resources	a) Have a joined up view of Southend's health and care needs b) Work together to commission services more effectively c) Tackle health inequality (including improved access to services) d) Promote opportunities to thrive; Education, Employment

Southend HWB Strategy Refresh 2015-16

PLEASE PRINT IN A3 COLOUR

HWB Indicators Progress Report Feb16

Name	Ref	Contact/ Source	Reporting period	Annual Target 2015-16	Previous status +1	Previous status	Current status	Current period target	Gauge format type	Latest notes/ considerations	What actions are being taken to improve this area?	Can the HWB Board help to improve performance in this area?	Previous RAG rating	Current RAG rating
A) Increased physical activity (prevention)														
Development of a Physical Activity Strategy and Implementation Action Plan/Steering Group	A1	Lee Watson	Monthly / Period (Apr to Mar)	Completed March 31st 2016	N/A	On track	**On track**	N/A	N/A	Work with Chief Leisure Officer Association progressing well. Range of stakeholders have had initial consultation around strategy. Draft strategy to be circulated for discussion during Feb 2016	Logic mapping of existing provision completed consultation with Active Southend and other stakeholders in progress.	**Engage with strategy development + consultation process - Identify representatives to sit on strategy steering group.**	●	●
Percentage of adults achieving at least 150mins of physical activity per week (Active) (2.13i- Public Health Outcomes Framework)	A2.1	Lee Watson	Bi-Annually June & December	Increase % of Southend population defined as active to become statistically similar to England average by 2019 (Southend currently significantly below England average of 57%)	N/A	52.1%. In order to be at the England Average we need to move 8624 to achieve 150mins per week.	***52.1%.** In order to be at the England Average we need to move 8624 to achieve 150mins per week.	Increase % of Southend population defined as active to become statistically similar to England average by 2019 (Southend currently significantly below England average of 57%)	Aim to maximise	*Awaiting December's data update (nationally provided). Expect to provide an update at April HWB	Development of Physical Activity Strategy. Active Southend developing external funding bids for 'at risk' populations such as those with low level Mental Health problems. ** Involvement in Chief Leisure Officer Association project provides us with a boosted sample for 2016	**Include promoting physical activity through Making Every Contact Count (MECC) in all contracts, consider impact on physical activity in future planning. All partners to promote physical activity to staff. There is free training and support funded by the Public Health Team for providers to deliver MECC**	●	●
Percentage of adults not achieving 30 mins of physical activity per week (Inactive) (2.13ii- Public Health Outcomes Framework)	A2.2	Lee Watson	Bi-Annually June & December	Reduce % of population defined as inactive to 27.7% (2014 England Average) by 2019	N/A	29.2% (Active People Survey Results released in June- we would need to move 2640 people from being inactive in order to be on the England Average)	***29.2%** (Active People Survey Results released in June- we would need to move 2640 people from being inactive in order to be on the England Average)	Reduce % of population defined as inactive to 27.7% (2014 England Average) by 2019	Aim to minimise	*Awaiting December's data update (nationally provided). Expect to provide an update at April HWB			●	●
Number of businesses with travel plans that have been reviewed in the previous 12 months featuring active and sustainable travel	A3.1	Lee Watson	Quarterly / Period (Apr to Mar)	Baseline so no target yet established	N/A	Awaiting data	**2**	Baseline so no target yet established	Aim to maximise	New business engagement officer employed for Public Health Responsibility Deal, this post engages with businesses around a range of subjects including active and sustainable travel.	Business engagement activity.	**All partners can sign up to the Active Travel pledge of the Public Health Responsibility Deal- actions including developing/updating travel plans, promoting active commuting to staff, cycle2work scheme, cycle parking, showers etc. Future infrastructure planning to promote active travel over less sustainable modes.**	Not yet established	Not yet established
Cycling Counts (There are 14 sensors on various cycle paths around the Borough which register every time a bicycle passes over them)	A3.2	Lee Watson	Bi-annually June & December	Baseline so no target yet established	129 (q4 daily average count 2014/15)	237 (q1 daily average count 2015/16)	**218** (q2 daily average count 2015/16)	Baseline so no target yet established	Aim to maximise	Quarterly data always one quarter behind	Ideas in Motion campaign (http://www.ideasinmotionsouthend.co.uk/) Business engagement through new business engagement officer.		Not yet established	Not yet established

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HWB Indicators Progress Report Feb16

Name	Ref	Contact/ Source	Reporting period	Annual Target 2015-16	Previous status +1	Previous status	Current status	Current period target	Gauge format type	Latest notes/ considerations	What actions are being taken to improve this area?	Can the HWB Board help to improve performance in this area?	Previous RAG rating	Current RAG rating
B) Increased Aspiration and Opportunity (addressing inequality)														
Number of children who have participated in extracurricular vocational skills mentoring initiatives (60 minute Mentor) (60 Minute Mentor is an initiative where local professionals/sector leaders host an hour long session with students, sharing their insights and experience and offering advice on vocational skills such as CV writing as well as answering student's questions)	B1	Rosie Powley/ Emma Crampton	Academic term: Sept-Dec15, Jan-Mar16, Apr-Jul16	90	Not prev counted	50 (Sept-Dec15)	**15** so far (Jan-Mar16)	30	Aim to maximise	On track to meet quarterly target - other events scheduled before March, including Industry Week at South Essex College (SEC) SEPT pursuing participation in 60 minute mentor, following Dec15 HWB. Scheme previously recorded number of sessions rather than participants. i.e.November 14 - July 15, sessions across 7 schools. Moving forward we will aim to target 30 students per academic term.	To expand the 60 Minute Mentor database of schools and industry mentors	**Health Sector Mentors:** **There is currently a gap in our mentor database for mentors across the Health and Social Care sectors. We have had schools, such as Westcliff High School for Girls, asking for a session in medicine or nursing. Some Grammar schools specifically ask for GP mentors for the programme. It would be appreciated if the Board could support in increasing appropriate mentors in these areas.** **All that is required for each session is a one hour presentation to up to 30 students and a 15 minute pre meet before the session to discuss practicalities.** **Opportunities for HWB:** **If the board feel there are any local skills gaps in terms of the health & care sector then we can assist in addressing this by encouraging schools to host, or by independently holding, sessions specifically on those professions.**		
Number of Southend residents with learning disabilities who receive a long term social service and are in paid employment	B2	Tom Dowler/ Michael Barratt (MPR). Marnie Bowling/ Matt Harding for narrative ACS SC 08	Quarterly / Period (Apr to Mar)	10%	11.3% (Aug15)	11.6% (Sept15)	**10.3% (Nov15)**	10%	Aim to maximise	Although we are above target, there has been a drop this month due to improved data quality used in the calculation. From 445 appropriate LD people, there are 46 in paid employment. The increase in the denominator rather than a fall in the numbers employed has led to the fall in the percentage employed.	• The 'Making It Work' Team support Learning Disabled adults to access both paid and voluntary employment. • Currently we support 56 adults in paid employment and 69 adults in voluntary employment. Some adults have more than one position, for example we have one adult who has 2 different paid positions and 2 voluntary positions. Some adults require minimal support but others have regular face to face meetings and work placement visits. • The team offer Individual support for all who participate in the 'Making It Work' Employment Support Service and this includes vocational profiling, help to develop social skills, support to access mainstream facilities, a range of job seeking activities (to suit each adult), support to access education, work preparation, travel training, in work support as appropriate, good advice and information on welfare benefits and employment law, positive promotion of people with learning disabilities in the local and wider community. • We have promoted the employment of Learning Disabled adults within the Council and to its suppliers resulting in the employment of 10 adults within the Civic Centre. • We run a 'Making It Work' work preparation training course to prepare Learning Disabled adults for paid work and to increase their employability. Over the past year 11 adults have successfully completed this training. • Over the past year we have visited over 73 different employers within the Southend area to market our service and see what opportunities are available.	**• The 'Making it Work' Team regularly market the service both through direct approach to employers and through our attendance at public events however we struggle to find opportunities with major employers within Southend and would benefit from stronger links with them.** **• Any assistance the HWB could provide in promoting the work that the 'Making It Work' Team do or providing the Team with introductions to local employers would be highly beneficial.**		

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HWB Indicators Progress Report Feb16

Name	Ref	Contact/ Source	Reporting period	Annual Target 2015-16	Previous status +1	Previous status	Current status	Current period target	Gauge format type	Latest notes/ considerations	What actions are being taken to improve this area?	Can the HWB Board help to improve performance in this area?	Previous RAG rating	Current RAG rating
Number of pre-start-up & start-up businesses supported in Southend	B3.1	Chris Burr/ Georgia Searle	Quarterly / Period (Apr to Mar)	20	5 (Apr-Jun)	6 (Jul-Oct)	**6 (Nov-Jan)**	5	Aim to maximise	Business support can take the form of 1:1 advice, a workshop or a grant. Support can be given on a number of different topics including: business planning, marketing, finance, human resources, operations, etc. Support will typically be provided for between 2-12 hours. The aim of the support is to enable growth within the company. The business support service is currently going through a step change with the move from Business Southend (which saw the offer of grants, innovation vouchers and workshops) to BEST (Business Essex, Southend and Thurrock) which is a new one stop shop for businesses across Essex which acts as a signposting and referral service. BEST officially launched its website at the beginning of September and thus before this, the team were monitoring already existing clients of Business Southend. Therefore the figures for this quarter are lower than we would expect given the change from Business Southend to BEST.	Actions to improve the uptake of this support include the creation of the new 'Business, Essex, Southend and Thurrock Growth Hub'. This will create a one-stop-shop for accessing business support across the whole of Essex.	**There is potential to deliver specialist support such as workshops or training that targets a specific demography (i.e. those living in deprived wards). *Appropriate resource would be required to enable this.**		
Number of Small & medium sized enterprises (SMEs) supported in Southend	B3.2	Chris Burr/ Georgia Searle	Quarterly / Period (Apr to Mar)	80	15 (Apr-Jun)	5 (Jul-Oct)	**17 (Nov-Jan)**	20	Aim to maximise					
Percentage of total attendance in secondary schools (Cumulative) (Academic Year)	B4.1 DP PI15	Michael Barrett for DMT report, Victoria Pallen for narrative	Monthly / Period (Apr to Mar)	94.20%	95% (Aug15)	96.05% (Oct15)	**96.12% (Nov15)**	94.20%	Aim to maximise	Attendance has increased to 96.12%, with absence at 3.88%	The Child and Family Early Intervention Teams (CFEIT) across the three localities in Southend, continue to work with Secondary & Primary schools to improve attendance. Schools carry out level one attendance meetings with pupils showing a cause for concern regarding their attendance. When the case escalates to level 2 and beyond the CFEIT officer allocated to the school will pick up these cases and follow them through, in some cases to court level. Cases are picked up early to help to avoid escalation. CFEIT officers work closely with the families to help overcome any barriers there may be to school attendance.	**No narrative yet provided**		
Percentage of total attendance in primary schools (Cumulative) (Academic Year)	B4.2 DP PI16	Michael Barrett for DMT report, Victoria Pallen for narrative	Monthly / Period (Apr to Mar)	95.30%	96.2% (Aug15)	96.77% (Oct15)	**96.97% (Nov15)**	95.30%	Aim to maximise	Attendance in primary schools continues to improve this year		**No narrative yet provided**		
Percentage of total attendance in Special Schools (Cumulative) (Academic Year)	B4.3 DP PI17	Michael Barrett for DMT report, Cathy Braun? for narrative	Monthly / Period (Apr to Mar)	90.40%	86.7% (Aug15)	90.75% (Oct15)	**90.51% (Nov15)**	90.40%	Aim to maximise	Attendance at special schools remains above target and is consistently higher than the 2014/15 figures.	Due to the nature of the cohort of special schools, medical needs are usually exceptionally higher than those of mainstream schools. Special schools work closely with specialist services to ensure health needs of children are met.	**No narrative yet provided**		

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HWB Indicators Progress Report Feb16

Name	Ref	Contact/ Source	Reporting period	Annual Target 2015-16	Previous status +1	Previous status	Current status	Current period target	Gauge format type	Latest notes/ considerations	What actions are being taken to improve this area?	Can the HWB Board help to improve performance in this area?	Previous RAG rating	Current RAG rating
The proportion of persistent absence (over 10%)in Primary Schools (Cumulative) (Academic Year)	B4.4 DP PI 18(a)	Michael Barrett for DMT report, Victoria Pallen for narrative	Monthly / Period (Apr to Mar)	9.2%	1.61% (Aug15)	6.8% (Oct15)	**6.8% (Nov15)**	9.2%	Aim to minimise	The Persistent Absence (PA) project has been evaluated and a summary is being prepared for schools. As part of the PA project a number of year 6 pupils moving to year 7 were visited during the summer holidays and given transition packs. These children's attendance will be tracked at the end of their first month and again just before half term to show the impact of the project work. Nov 15: This measure is reported half termly, (this information is based on autumn half term 1 data). 7 primary schools and 3 secondary schools currently have higher than national persistant absence. This year the persistent absence threshold has been lowered to 10% and furthermore this is now calculated based on an individual's own possible sessions, rather than them having to be absent for a set threshold of sessions as in previous years. This will make PA data for schools on a half termly basis very variable.	The threshold for PA has reduced to 10% from 15%. Schools are expected to identify students through their school attendance procedures linking and working closely with the allocated Child and Family Early Intervention Team (CFEIT) Officer.	**No narrative yet provided**		
The proportion of persistent absence (over 10%) in Secondary Schools (Cumulative) (Academic Year)	B4.5 DP PI 33(b)	Michael Barrett for DMT report, Victoria Pallen for narrative	Monthly / Period (Apr to Mar)	9.0%	3.86% (Aug15)	9.1% (Oct15)	**9.1% (Nov15)**	9.0%	Aim to minimise	This is reported half termly. Autumn & Spring data for 14/15 has been released and shows Southend to be now in the 1st quartile for Secondary schools for PA based on the new criteria for 10% absence. For the two terms for which data is available Southend has 8.4%, the England average is 9.2% and our stat neighbour average is 9.8%. The published national average is on the old basis (15% absence) was 13.6% for Secondary with Southend having 11.5%. Local data for the first half of the Autumn term show that we have 9.1% of pupils with persistent absence, based on the new 10% criteria.		**No narrative yet provided**		

Southend HWB Strategy Refresh 2015-16

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HWB Indicators Progress Report Feb16

Name	Ref	Contact/ Source	Reporting period	Annual Target 2015-16	Previous status +1	Previous status	Current status	Current period target	Gauge format type	Latest notes/ considerations	What actions are being taken to improve this area?	Can the HWB Board help to improve performance in this area?	Previous RAG rating	Current RAG rating
Number of Southend residents in apprenticeships	B5	David Coleman	Annually	No local target	1400 starts (12-13)	1250 starts (13/14)	**1400 starts (14/15)**	No local target	N/A	**Following Dec15 HWB, SEPT are engaging with the apprenticeships lead, with a desire to increase their apprenticeships.** Number of Southend residents accessing apprenticeships has increased slightly from the previous year but only back to the high of 12-13. Apprenticeships are a focus of the current government, looking at increasing to 3 million national (England and Wales) by end of term of the government.	Working with employers to increase the number of apprenticeships available. Working with providers to ensure provision is there to meet demands. Raising awareness in schools of apprenticeship opportunities. SBC developing their own health and social care apprenticeships in addition to its current apprenticeship offer	**HWB partners can attend careers fairs to promote their organisations and engage with potential apprentices** **There are skills shortages in the health and social care sector and it would be beneficial to increase the opportunities of apprenticeships available in this sector. Health & Care sector partners could identify where vacancies can be accessed by apprentices. Forward planning would be useful, i.e. where are the current and future gaps caused by retirement and increase in demand for social care etc.**	N/A	
Residents who are 16-18 years who are not participating in education, employment or training (NEET)	B6	Michael Barrett for DMT report, Wendy Hacket/ Jane Allen for narrative	Monthly / Period (Apr to Mar)	7% (Aiming to provide numerical context in future reporting)	5.9% (Sept15)	5.5% (Oct15)	**4.8% (Nov15)**	7%	Aim to minimise	5Oct15: In September all the destinations of Yr 11from 2015 become unknown. This happens across the country so when information comes in about their post 16 options this will then form the Activity/destination survey which will be published in January. Also, at the end of August/1st September all young people in Yr12/ 13/14 from 2015 cohort will lapse. Personal advisers currently liaising with all post 16 providers to identify destinations of students	4Nov15: Personal Advisers working with local education and training providers to identify courses to support young people who are NEET	**No narrative yet provided**	●	●
Those NEET in the 30% most deprived areas in Southend	**B7** (C&L PI 171)	Michael Barrett for DMT report, Wendy Hacket/ Jane Allen for narrative	Monthly / Period (Apr to Mar)	40% (Aiming to provide numerical context in future reporting)	55.4% (Sept15)	56.9% (Oct15)	**58.6% (Nov15)**	40%	Aim to minimise	4Nov15: Waiting for the data team to migrate destinations of students into one IYSS as this is a new process there are checks that need to be established first. 5Oct15: As with all the NEET and unknown targets, the roll up process impacts on the figure. Once destinations of young people are determined, then the figure should reduce.	Dec15: We are still tracking these young people to identify their destinations (the majority of which are known to IYSS) Youth & Connexions team are currently contacting young people to identify what their current situation is. If they are not in Education, employment or training, to invite them in to see a Personal Adviser for support in accessing opportunities.	**No narrative yet provided**	●	●

Southend HWB Strategy Refresh 2015-16

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HWB Indicators Progress Report Feb16

Name	Ref	Contact/ Source	Reporting period	Annual Target 2015-16	Previous status +1	Previous status	Current status	Current period target	Gauge format type	Latest notes/ considerations	What actions are being taken to improve this area?	Can the HWB Board help to improve performance in this area?	Previous RAG rating	Current RAG rating
Residents who are 18-24 years who have claimed Job Seeker's Allowance (JSA) for six months or more	B8	Andrew Newcombe (JCP) and nomisweb.co.uk	Annual comparative snapshot	N/A*	385 (Oct13)	190 (Oct14)	**150 (Oct15)**	N/A*	Aim to minimise	There has been a 21% reduction in numbers of Jobseekers Allowance (JSA) recipients from 18-24 claiming for six months or longer. Note: As Universal Credit (UC) has been available in Southend since March 2015, the JSA numbers are no longer the full picture for unemployed residents and particularly single ones, many of whom are under 25 years of age. There is currently no available public data on the UC numbers. *There is not a specific locally agreed measure for long term youth unemployment itself.	*Department for Work and Pensions (DWP) has an overarching strategy for reducing total level of unemployment. All customers have access to a national offer to support residents into employment See: https://www.gov.uk/browse/working/finding-job , https://www.gov.uk/jobcentre-plus-help-for-recruiters In addition, unemployed residents under 25 receiving a working age benefit have access to the additional offer of the Youth Contract with, in particular, a dedicated work coach for period of their claim (on UC this includes in work support as well), employer led opportunities for work experience and pre-employment training.	**Job Centre Plus would be happy to attend the HWB Board to discuss and agree collaborative measures on youth unemployment (or any other group of working age residents receiving benefits) to improve their health & wellbeing and prosperity**	N/A	N/A

Name	Ref	Contact/ Source	Reporting period	Annual Target 2015-16	Previous status +1	Previous status	Current status	Current period target	Gauge format type	Latest notes/ considerations	What actions are being taken to improve this area?	Can the HWB Board help to improve performance in this area?	Previous RAG rating	Current RAG rating
C) Increased Personal Responsibility and Participation (sustainability)														
Number of people having health checks	C1	Sally Watkins	Monthly / Period (Apr to Mar)	1st Invites: 10,433 HCs completed: 5673	Apr-Jun 1st Invites: 2257 (23.84%) HCs completed: 1741 (30.69%)	Apr-Oct 1st Invites: **9259** (86.94%) HCs completed: **4582** (80.77%)	Apr-Dec 1st Invites: **10038** (96.21%) HCs completed: **5046** (88.95%)	10,433 overall	Aim to maximise	Currently on track. Targets will be achieved by 31st March 16. The target for invites is to invite 20% of the eligible population to attend for a health check each year and to reinvite every 5 years.	Outreach service commissioned and delivered to target Routine & Manual workers and areas of the borough where there is a low uptake.	**Yes – Members of HWBB can assist with raising awareness of NHS Heath Checks and Making Every Contact Count training and encourage staff/ individuals to have training on this.**	●	●
Number of people progressing through the scale of the Patient Activation Measures programme (PAM) *(An initiative which identifies the ability and motivation for positive lifestyle change of those with long term conditions and provides interventionary support accordingly)*	C2	Sally Watkins	Monthly / Period (Apr to Mar)	A maximum of 1200 participants to be PAM'd (and re scored to show an improvement level)	N/A	1068 PAM scored 127 on 3&6 week self-management courses 134 invited to Market Place Event – 2nd questionnaires to be given then	**1252 PAM scores have been recorded to date. The process of rescoring participants is due to commence shortly.** **128 people have completed the self management courses.** **101 people attended the market place event.**	1,200 overall	Aim to maximise	Self-Management UK are engaged to provide patients with low PAM scores with the knowledge and skills to better manage their long term condition. This management would be reflected in an improved PAM score.	Public Health are working closely with CCGs, particularly the clinical leads re planned and unplanned care. Also working with pilot GP practices who are identifying relevant patients for the programme.	**Pilot programme.** **Currently no anticipated input from HWB required.**	●	●
Smoking cessation: Number of 'Four week quitters'	C3	Sally Watkins	Monthly / Period (Apr to Mar)	1,300	245 (1Apr-6Aug15) Cumulative	495 (1Apr-31Oct15) Cumulative	**724 (1Apr-12Jan16) Cumulative**	1,300 overall	Aim to maximise	Currently on track. Targets will be achieved by June 2016 (The annual target data collection continues into June to capture those successful quitters who set a quit date in March.)	Public Health are continuing to actively promote stop smoking services through public engagement events, social marketing initiatives and by closely supporting and training stop smoking advisers in general practice and community pharmacy	**Yes – Members of HWBB can assist with raising awareness of stop smoking service and Making Every Contact Count training and encourage staff/ individuals to have training on this.** **H&WB can also assist in the implementation of the recently agreed Tobacco Control Strategy**	●	●

Forward Plan 2015/16

Southend Health and Wellbeing Board

v01-02-16

Southend HWB Board		HWB Tue 9 Feb		HWB Thu 7 Apr			
Governance - Progress against plans - Council/Democracy - Key Board decisions	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16
		HWB Indicators progress Mental Health progress		HWB Indicators progress Complex Care progress			
Policy/Landscape/Stakeholders Policy, Strategy & legislation developments, HWB landscape, Stakeholder engagement		Success Regime LSCB and SAB Safeguarding annual reports Public Health Annual Report BCF update					
Board development							
Other					HWB Strategy development session		

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