

**Public Document Pack
SOUTHEND-ON-SEA BOROUGH COUNCIL**

Health & Wellbeing Board

Date: Thursday, 7th April, 2016

Time: 5.00 pm

Place: Johnson Room - Tickfield Centre

Contact: Robert Harris

Email: committeesection@southend.gov.uk

A G E N D A

- 1 Apologies for Absence**
- 2 Declarations of Interest**
- 3 Minutes of the meeting held on Tuesday 9th February 2016 (Pages 1 - 4)**
Minutes attached (for signing only).

****** For Information**

- 4 Childhood Obesity - update on Task & Finish Group (Pages 5 - 8)**
Report of the Director of Public Health, SBC (attached)

****** Discussion/Decision Related Matters**

- 5 Children & Young Peoples Plan 2016-2017 (Pages 9 - 56)**
Report from the Head of Children's Services, SBC (attached)
- 6 A Better Start Programme Briefing (Pages 57 - 66)**
PowerPoint Presentation from Director for A Better Start (attached)
- 7 Essex Success Regime Briefing**
Report from Chief Officer, Southend CCG (to follow)
- 8 Better Care Fund Plan 2016/17**
Report from Better Care Fund Programme Manager (to follow)
- 9 Progress Report (Pages 67 - 70)**
 - (a) Mental Health and Community Recovery Pathway Pre-Discussion Progress – Report from Health & Wellbeing Advisor (attached)
 - (b) Community Recovery Pathway actions (report to follow)
 - (c) HWB Performance Indicators (report to follow)

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 (co-opted 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: Tuesday, 9th February, 2016

Place: Darwin Room - Tickfield

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Present: Councillor Moyies (Chair)
Councillors Evans, Betson, Lamb, Willis,
Ms A Semmence, Mr R Tinlin, Mr S Leftley, Mr J Cooke, Ms
A Atherton, Ms M Craig, Ms S Hardy, Dr Chaturvedi, *Mr M McCann
and Mr N Leitch (Co-opted Members)

*Substitute in accordance with Council Procedure Rule 31.

In Attendance: Councillor Salter (observer – Chairman of People Scrutiny
Committee),
Mr R Walters and R Harris

Start/End Time: 5.00 - 6.15 pm

631 Apologies for Absence

Apologies for absence were received from Ms S Morris (substitute: Mr M McCann).

632 Declarations of Interest

Councillor Salter – Agenda Item 6 (Success Regime Presentation) - Non-pecuniary interest - husband is Business Unit Director at Southend Hospital for surgical services including oral surgery - urology;

633 Public Questions

There were no questions from the public at this meeting.

634 Minutes of the Meeting held on 2nd December 2015

Resolved:-

That the Minutes of the Meeting held on 2nd December 2015 be confirmed as a correct record and signed.

635 Preparation of Plan for Better Care Fund (BCF) 2016/17, Status Update

The Board received a report from the BCF Project Manager which outlined the Better Care Fund requirements and planning process for 2016/17.

Resolved:

That the report be noted.

636 Success Regime Verbal Briefing

The Board received a PowerPoint presentation from the Programme Director, NHS England, which provided a summary and progress update on the Mid and South Essex Success Regime.

The Board asked a number of questions which were responded to by the Programme Director. The Board was advised that a detailed Success Regime Implementation Plan would be completed by the end of February 2016, which will set out the key milestones, timescales and requirements to implement the Success Regime by April 2017. The Board requested a written briefing on the final version of the Implementation Plan, prior to its publication on 1st March 2016.

The Board was reminded that a joint Health & Wellbeing Board between Southend, Essex and Thurrock was taking place on 10th February 2016 to discuss the Success Regime.

Resolved:

1. That the Success Regime progress update be noted.
2. That the Success Regime Implementation Plan and a written briefing be circulated to Board members for consideration, prior to its publication in the public domain on 1st March 2016.

637 Annual Reports of the Local Safeguarding Children Board and Adults Board

The Board considered a report from the LSCB and SAB Independent Chair which provided the annual assessment of safeguarding children and adults in Southend.

The Board asked a number of questions which were responded to by the Independent Chair. In response to a specific question regarding the Government's Prevent Agenda the Board was provided assurances that a significant amount of work was taking place in this area, which included Prevent training for all schools. The Independent Chair agreed to include more details about Prevent in the annual assessment.

The Chief Executive, SBC, drew attention to a Strategic Group which had been set up to bring together the Chairs of the respective Boards (Health, Community Safety and safeguarding) to discuss cross-cutting issues and ensure each Board was addressing their respective areas.

Resolved:

That the report be noted.

638 Public Health Annual Report

The Board considered a report which presented the 2015 Annual Report of the Director of Public Health.

The Board asked a number of questions which were responded to by the Director of Public Health.

The Board discussed the causal links between obesity and the proliferation of take-away outlets and the impact of climate change on the health of residents in the borough. In respect to childhood obesity the Board agreed to set-up a Task and Finish Group, consisting of a number of Board members and relevant officers, to develop the options to reduce childhood obesity and report back to the Board within 3 months on its findings and proposals/recommendations.

Resolved:

1. That the content and recommendations of the 2015 Annual Report of the Director of Public Health be noted.
2. That a Childhood Obesity Task & Finish Group be established and a report on its findings and recommendations be provided to the Board within three months.

639 Transforming Care Partnership Draft Plan

The Board considered a report of the Corporate Director for People which presented the draft plan of the Pan Essex Transforming Care Partnership.

The Board asked a number of questions which were responded to by officers. The Board noted that the final version of the plan will need to be submitted by early April 2016, before the next meeting of the Board, and therefore delegated authority was being sought.

Resolved:

That authority to approve and sign-off the final version of the Transforming Care Partnership plan be delegated to the Health & Wellbeing Board Chair and Vice-Chair.

640 Mental Health Discussion Summary December 2015

The Board considered a report from the Health & Wellbeing Partnership Advisor which provided a summary of the discussions that the Board had in December 2015 regarding mental health in the borough.

The Board asked a number of questions which were responded to by officers. In response to a specific question regarding dual diagnosis the Partnership Advisor would revise the action plan to include dual diagnosis.

Resolved:

1. That the summary of the discussion regarding mental health in the borough, be noted.
2. That the action plan, subject to the addition of dual diagnosis, be endorsed.

641 Broad Impact Goals Performance Indicators Report

The Board considered a report from the Health & Wellbeing Partnership Advisor which provided an overview of the progress made against the Health & Wellbeing Strategy performance indicators and Broad Impact Goals.

The Board asked a number of questions which were responded to by the Partnership Advisor. In response to a specific question regarding NEETS the Board was informed that a targeted 'Skills Strategy' was being developed alongside a package of support for NEETs.

The Board expressed concerns regarding the performance target for the number of small and medium sized enterprises supported in Southend, which looked likely to miss the end of year target.

Resolved:

That the Health and Wellbeing Strategy performance indicator and Broad Impact Goals progress report be noted.

642 HWB Forward Plan

The Board considered the Forward Plan of Board activity for the period January to May 2016.

Resolved:

That the Forward Plan of Board activity be noted.

Chairman: _____

Southend Health & Wellbeing Board

Agenda
Item No.

4

Report of
Director of Public Health

to
Health & Wellbeing Board

on
7th April 2016

Report prepared by:
Andrea Atherton, Director of Public Health

For discussion		For information only	X	Approval required	
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Childhood Obesity Update on Task & Finish Group

Part 1 (Public Agenda Item)

1 Purpose of Report

- 1.1 To provide the Health and Wellbeing Board with a progress report on the work of the Childhood Obesity Task and Finish Group.

2 Recommendations

- 2.1 The Health and Wellbeing Board is asked to note the report and the proposal for taking forward action to tackle childhood obesity in Southend.

3 Background & Context

- 3.1 The World Health Organisation regards childhood obesity as one of the most serious global public health challenges of the 21st century. Obese children and adolescents are at an increased risk of developing a range of health problems and are also more likely to become obese adults.
- 3.2 The 2015 Annual Public Health Report highlighted that a fifth of 4-5 year olds and a third of 10-11 year olds in Southend are overweight or obese (2013/14 data from the National Child Measurement Programme), which is broadly similar to the England average. The Report also highlighted aspects of the environment of the borough which may impact on population levels of overweight and obesity, including access to green spaces and that Southend has a fast food rich environment.
- 3.3 The Health and Wellbeing Board considered the 2015 Annual Public Health Report at its meeting on 9th February 2016. The Board subsequently

requested that a Task and Finish Group should be established to develop options for action to reduce childhood obesity in Southend. The Task and Finish Group was asked to report back to the Board within 3 months on its findings and proposals/recommendations.

- 3.4 The membership of the Childhood Obesity Task and Finish Group includes the Chief Executive of Southend-on-Sea Borough Council, the Chief Executive of Pre-school Learning Alliance, Directors of People, Place and Public Health for Southend-on-Sea Borough Council and the Chief Officer of NHS Southend Clinical Commissioning Group.
- 3.5 The first meeting of the Task and Finish Group was held on 23rd March, when they considered a report on childhood obesity in Southend. This highlighted the complex multifaceted nature of obesity which requires action to be taken across the life course. The report also highlighted that childhood obesity is strongly linked to deprivation. It was agreed that diet and nutrition would be a key focus of the work of the group, including looking at access to healthy food.
- 3.6 The first five years of life are a crucial time in establishing healthy eating patterns into adulthood. A Better Start Southend, which is focused on parents through pregnancy until their children reach their fourth birthday in six target wards, has diet and nutrition as one of its key outcomes.
- 3.7 The Task and Finish Group recognised the work that has already commenced on diet and nutrition as part of A Better Start Southend. In addition to this work the Group agreed that a further piece of work should be commissioned to look at broader influences on diet and nutrition with a particular focus on the six target wards. The output from this work would then be used to develop a proposal for a set of strategic interventions that could be implemented as a pilot in the six wards, and their impact subsequently evaluated.
- 3.8 The Task and Finish Group also supported the proposal to use this work to inform a development session of the Health & Wellbeing Board, looking at possible strategic interventions that could be supported and implemented locally to reduce childhood obesity in Southend.

4 Health & Wellbeing Board Priorities / Added Value

The work on tackling childhood obesity contributes to delivering HWB Strategy Ambitions / Added Value in the following ways:

- 4.1 Ambition 1 - A positive start in life. A healthy diet both during pregnancy and in childhood is a key component of giving every child the best possible start.
- 4.2 Ambition 2 - Promoting healthy lifestyles. Establishing healthy eating patterns from an early age will help to reduce levels of childhood obesity, and the number who subsequently become obese adults.
- 4.3 Ambition 3 - Improving mental wellbeing. Assisting children to maintain a healthy weight will help to reduce psychological problems, low self-esteem and teasing and bullying that children who are obese are more likely to experience.

- 4.4 Broad Impact Goal A: Increased physical activity (prevention). Getting children to be more physical activity benefits their mental and physical health, and helps to maintain a healthy weight.

5 Reasons for Recommendations

- 5.1 The proposed work to implement actions to reduce childhood obesity supports the Health and Wellbeing Board in its strategic role for the physical and mental wellbeing of children and young people.

6 Financial / Resource Implications

- 6.1 The exact cost of undertaking the additional piece of work on childhood obesity has yet to be determined. This cost will be met from within existing budgets.

7 Legal Implications

- 7.1 None.

8 Equality & Diversity

- 8.1 Equality considerations will be embedded in the approach to tackling childhood obesity, as any proposed new initiatives arising from this piece of work will initially be implemented in the six target wards for A Better Start Southend.

9 Background Papers

None.

10 Appendices

None.

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

Southend Health & Wellbeing Board

Report of Simon Leftley, Director for People

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to

Health & Wellbeing Board

on

Thursday 7th April 2016

Agenda
Item No.

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Report prepared by: John O'Loughlin, Head of Children's
Services and Jenni Naish, Planning & Engagement Manager

For information only		For discussion		Approval required	x
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Children and Young People's Plan 2016 - 2017

Part 1 (Public Agenda Item) / Part 2

1. Purpose of Report

- 1.1. To present the 2016-17 Children and Young People's Plan (CYPP) for consideration.

2. Recommendations

- 2.1 That the 2016-17 Children and Young People's Plan is agreed.

3. Background & Context

- 3.1 The CYPP co-ordinates the work of agencies working with children and families in Southend.
- 3.2 The proposed 2016-17 CYPP builds on previous plans and reflects the priorities of the Council and the Success for All Children Group to secure an on-going improvement in outcomes for children and young people.
- 3.3 Our Children and Young People's Plan highlights the key areas of focus for improvement during 2016 – 2017 which have been identified in our Joint Strategic Needs Assessment (JSNA) and through the knowledge of the partnership.
- 3.4 Each section of the plan sets out the issues and identifies the key, but not exclusive, delivery strategies that will help us to address these areas. The strategies are both existing strategies implemented as a result of previous Children and Young People's plans and new initiatives resulting from our refreshed JSNA evidence.

4. Health & Wellbeing Board Priorities / Added Value

- 4.1 The plan contributes to the following HWB ambitions, and also contributes to all 3 of the Board Impact Goals:

A1 – A positive start in life

A2 – Promoting healthy lifestyles

A3 – Improving mental wellbeing

A4 – A safer population

5. Reasons for Recommendations

- 5.1 This Children and Young People's Plan has been developed and endorsed by the Success for All Children Group and supports the Health and Wellbeing Board Strategy aims.

- 5.2 The priorities in this Children and Young People's Plan build on previous plans, self-assessment, external assessment and wide consultation and will assist in maintaining or improving our good performance.

- 5.3 The plan gives a clear focus to the work on the Success for All Children Group and enables resources across all agencies to be directed at those actions that will make the biggest improvement in outcomes for children and young people and their families.

6. Financial / Resource Implications

- 6.1 This plan is deliverable within the resources available within the Council and in partner agencies.

7. Legal Implications

- 7.1. None.

8. Equality & Diversity

- 8.1 The proposed plan will help to promote equalities by focussing on improving outcomes for all children and young people and narrowing the gap between those who do well and those who do not. There is also an emphasis on improving outcomes for children and young people with learning difficulties and disability.

9. Background Papers

- 9.1. None

10. Appendices

- 10.1. Children and Young People's Plan 2016 - 2017

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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> a) Work together to; <ul style="list-style-type: none"> o Tackle homelessness o 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 <ul style="list-style-type: none"> 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

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The Southend-on-Sea Children and Young People's Plan

2016 – 2017

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2. About our partnership

3. Areas of focus

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3.2 Improving Children's health and wellbeing - What are we doing?

3.3 Keeping children and young people safe and protected from harm – what do we know?

3.4 Keeping children and young people safe and protected from harm – what are we doing?

3.5 Supporting vulnerable children and families – what do we know?

3.6 Supporting vulnerable children and families – what are we doing?

3.7 Improving children's educational attainment and future prospects – What do we know?

3.8 Improving children's educational attainment and future prospects – What are we doing?

4. Leadership and governance

**ALL FINDINGS AND EVIDENCE HAVE BEEN TAKEN INFORMED BY THE CURRENT JSNA – REFRESH
2016**

1. Foreword

The Success for All Children Group is Southend's Children's Trust. Since 2007 the Group has worked in partnership to jointly address key issues for Southend's children, young people and families. The group is aligned with the Southend Health & Wellbeing Board and its work supports the delivery of the Health & Wellbeing Strategy.

The Children and Young People's Plan 2016-2017 provides an overview of the key areas identified in the Joint Strategic Needs Assessment 2016 which the partnership will work collectively to address, and identifies the key strategies across the partnership that will contribute to the changes and improvement in outcomes for young people and their families. A key focus of our partnership approach is to work to prevent needs materialising and escalating unnecessarily.

In Southend we have nearly a decade of experience of working in a children's partnership and over the last 8 years our regulators have recognised the strength of our joined up approach to meeting the needs of our service users. We have worked together to successfully attract external funding to tackle the underlying inequalities that lead to poorer life chances for children within the borough.

Southend is in an exciting phase of transformation in the way that partners work together to improve the delivery of health and social care services for those already with needs, and, more importantly, to ensure that services, information and help are available to prevent needs from developing.

Our key areas of focus are:

- Improving Children's health and wellbeing;
- Keeping young people safe and protected from harm;
- Supporting Vulnerable children and families;
- Improving children's educational attainment and future prospects.

Our Children and Young People's Plan highlights the key areas of focus for improvement during 2016 – 2017 which have been identified in our Joint Strategic Needs Assessment (JSNA) and through the knowledge of the partnership. Each of the following chapters sets out the issues and identifies the key, but not exclusive, delivery strategies that will help us to address these areas. The spider diagrams within the document and the matrix at the back of the document set out these strategies; the matrix provides an overview of what they aim to achieve. The strategies are both existing strategies implemented as a result of previous Children and Young People's plans and new initiatives resulting from our JSNA evidence.

Overarching progress of the strategies will be monitored through the Success for All Group. The Group will 'call in' progress against the various strategies and action plans referenced within this plan and ensure collaboration between the partners is maintained. A list of the key strategies along with the owner can be found in section 4.

Simon Leftley

Jose Garcia-Iobera

**Chair of Southend Clinical
Commissioning Group**

Southend NHS Foundation Trust

**Corporate Director, Department for
People Chair, Success for All Children
Group**

Alison Semmence

Chief Officer SAVS

Southend Police

South Essex Partnership Trust

South School Governors Association

South Essex College

**Southend Primary Headteachers
Association**

**Southend secondary Headteachers
Association**

Special School Heads

Chris Doorly

LSCB Chair

2. About our partnership

NHS Southend CCG

NHS Southend CCG is a Clinical Commissioning Group in south Essex. A CCG is a group of GPs and clinicians which commissions (buys) health services for their local communities. NHS Southend CCG is made up of 35 GP member practices of which 11 are operated by a single GP. We work with our member practices to support improvements in the quality of primary care. Our key objectives are personalisation, integration, and 'right care first time'.

Southend-on-Sea Borough Council

Southend Council is a unitary authority providing a wide range of services to local residents and businesses. Adult and children's social care are an important part of its remit and account for around 45 per cent of its revenue spending. The Council is a key partner for the development of integrated care, particularly the integration of health and social care services for older people. Officers from Learning Services, Children's Services, Drug and Alcohol Treatment Services, and Public Health attend the Success for All meetings.

Essex Police

Essex Police operates across an area of 1,405 square miles which borders the counties of Suffolk, Cambridgeshire, Hertfordshire and Kent and four London boroughs. The county is home to five large urban towns and small rural villages linked by a number of key roads, including the M25, M11, A12, A127 and A13. Essex also has one of the largest coastlines in the UK. Southend and Harlow districts have the highest population density per square kilometre within Essex, whereas Uttlesford and Maldon districts have the lowest.

Southend Association of Voluntary Services (SAVS)

SAVS is a council for voluntary services, part of a national network of similar organisations. These support, promote and develop local community action. SAVS supports its members by providing them with a range of services and by acting as a voice for the local voluntary and community sector. Their job is to advise and support local, not-for-profit groups. These groups provide all manner of services to the local area and include social clubs, groups advising people who care for a relative at home, advice and activities for people with disabilities or health problems, and tenants and residents' associations. SAVS works as a conduit between us and the voluntary and community sector of Southend, and helps to explore how the voluntary and community sector can work together to improve healthcare for Southend.

Southend University Hospital NHS Foundation Trust (SUHFT)

SUHFT is the local hospital for residents of Southend and serves a catchment area with a population of 350,000. The hospital provides a comprehensive range of acute services at its Prittlewell Chase site and outlying satellite clinics. These include acute medical and surgical specialties; general medicine; general surgery; orthopaedics; ear, nose and throat; ophthalmology; cancer treatments; renal dialysis; obstetrics and gynaecology, and children's services. SUHFT is the south Essex surgical centre for uro-oncology and gynaecological surgery and is considered to be a centre of excellence for the care of stroke. SUHFT has an accident and emergency department that deals with immediate and urgent threats to health.

Community Safety Partnership

The Community Safety Partnership develops and implements strategies in tackling crime and disorder. This includes anti-social behaviour and other behaviours adversely affecting the local environment, the misuse of drugs, alcohol and other substances and re-offending. The CSP acts as a network to bring people together for the benefit of communities across Southend.

South Essex Partnership Trust

South Essex Partnership University NHS Foundation Trust (SEPT) provide community health and learning disability services for a population of approximately 2.5 million people throughout Bedfordshire, Essex, Luton and Suffolk.

Community Health Services - our diverse range of community health services provide support and treatment to both adults and children. We deliver this care in community hospitals, health centres, GP surgeries and in our patients' homes. We also provide community dentistry and children's centres in SE Essex.

Southend School Governors Association (SSGA)

SSGA is an organisation for governors run by a committee of volunteers. The aim is to provide a means to share and learn good practice as well as a bridge between the LA and governors. Representatives attend regional NGA meetings and conferences. SSGA has arranged mini conferences with a local initiative theme and also in collaboration with neighbouring governor associations.

South Essex College

The College is located within the Unitary Authorities of Thurrock and Southend and the Essex County Council district of Basildon. The College aims to meet the aspirations and ambitions of each of the Unitary and Local Authority Partners by contributing to their regeneration plans, through our building developments and alongside our plans for improving the skills base of our communities. Meeting the skills needs of employers, increasing the skills of our students to enable people to start new businesses and encouraging progression to higher level skills at University or at College is critical to the College. Some young people in the eastern region experience exclusion and do not engage in education or training post-16. Working with these young people and turning young lives around by engaging those who feel excluded or who have been unsuccessful in the past is a high priority for the College.

Local Safeguarding Children Board (LSCB)

The Southend-On-Sea LSCB exists to safeguard and promote the welfare of all children in the Borough, to hold agencies to account, and is committed to the development, co-ordination, monitoring and review of safeguarding practices and ensuring that effective child protection procedures within and between all agencies working with children and young people are in place.

Better Start

The Programme Management Group (PMG) is the senior executive group. The purpose of the group is to provide senior direction and delivery of A Better Start in Southend. As such the PMG feeds directly into the Health and Well-being Board and will be chaired by the Chief Executive Officer of the Pre-School Learning Alliance.

NELFT

NELFT NHS Foundation Trust provides community health and mental health services in Southend, Essex and across the north east London Boroughs of Barking and Dagenham, Havering, Redbridge and Waltham Forest. As part of an Essex wide collaboration they provide Emotional Wellbeing and Mental Health Services for children and young people in Southend.

3. Areas of focus

3.1 Improving Children's health and wellbeing - What are the issues?

Breastfeeding

There is clear evidence that breastfeeding has positive health benefits for the mother and the baby in both the short term and the long term. It has an essential role to play reducing health inequalities. It also supports the development of good attachment, assisting in the formation of a close and affectionate bond between mother and child.

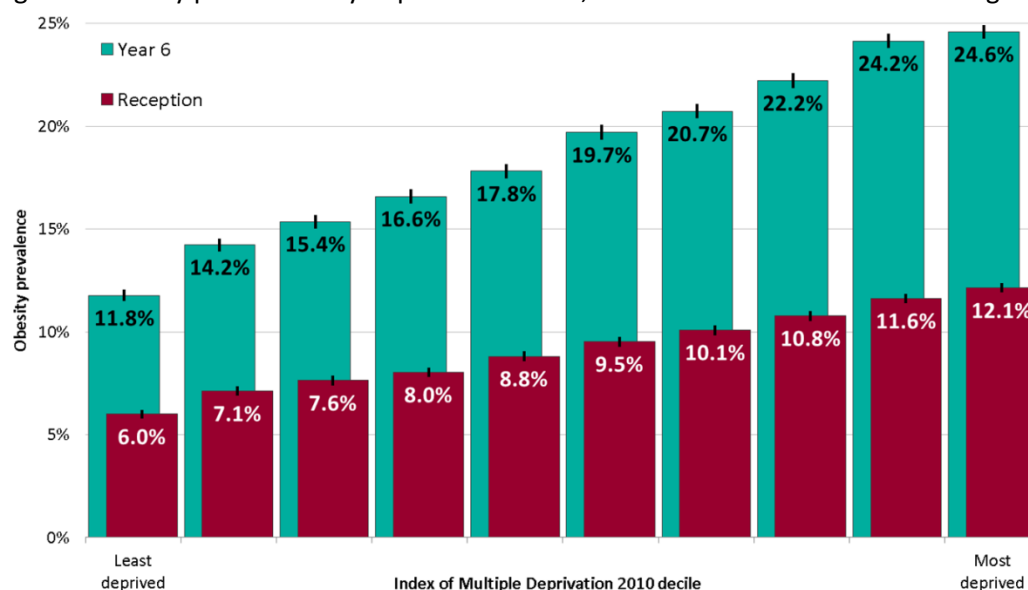
Children who are not breastfed are at increased risk of a number of poor health outcomes. Breastfeeding protects babies from infections including gastroenteritis and urinary tract infection and from childhood diseases, including juvenile-onset insulin-dependent diabetes mellitus and respiratory disease. Breastfeeding can also positively influence maternal health and can protect women against certain forms of cancer, including breast cancer and epithelial ovarian cancer. There is higher prevalence at 10 days in central Southend, Westcliff and Leigh, with lower prevalence in Southchurch, Thorpe Bay and parts of West Leigh and Eastwoodⁱ.

Obesity

The Health and Social Care Information centre suggest a prevalence rate of one in five children in Reception year is overweight or obese (boys 23.5%, girls 21.6%) By Year Six these ratios increase to one in three children being overweight or obese (boys 35.4%, girls 32.4%).ⁱⁱ

Using the national public health prevalence rates above figures for Southend on Sea show a similar percentage in Reception for boys (24.6%) and lower for girls (17.9%) and a higher percentage in Year 6 boys (36%) and lower for girls (25.8%) classified as obese or overweight compared to the England average. These figures emphasise the importance of encouraging healthy eating and exercise at the start of school life in order to reduce the risk of obesity in later years.

Figure 1 Obesity prevalence by deprivation decile, National Child Measurement Programme 2013/14



Source: Public Health England

Smoking

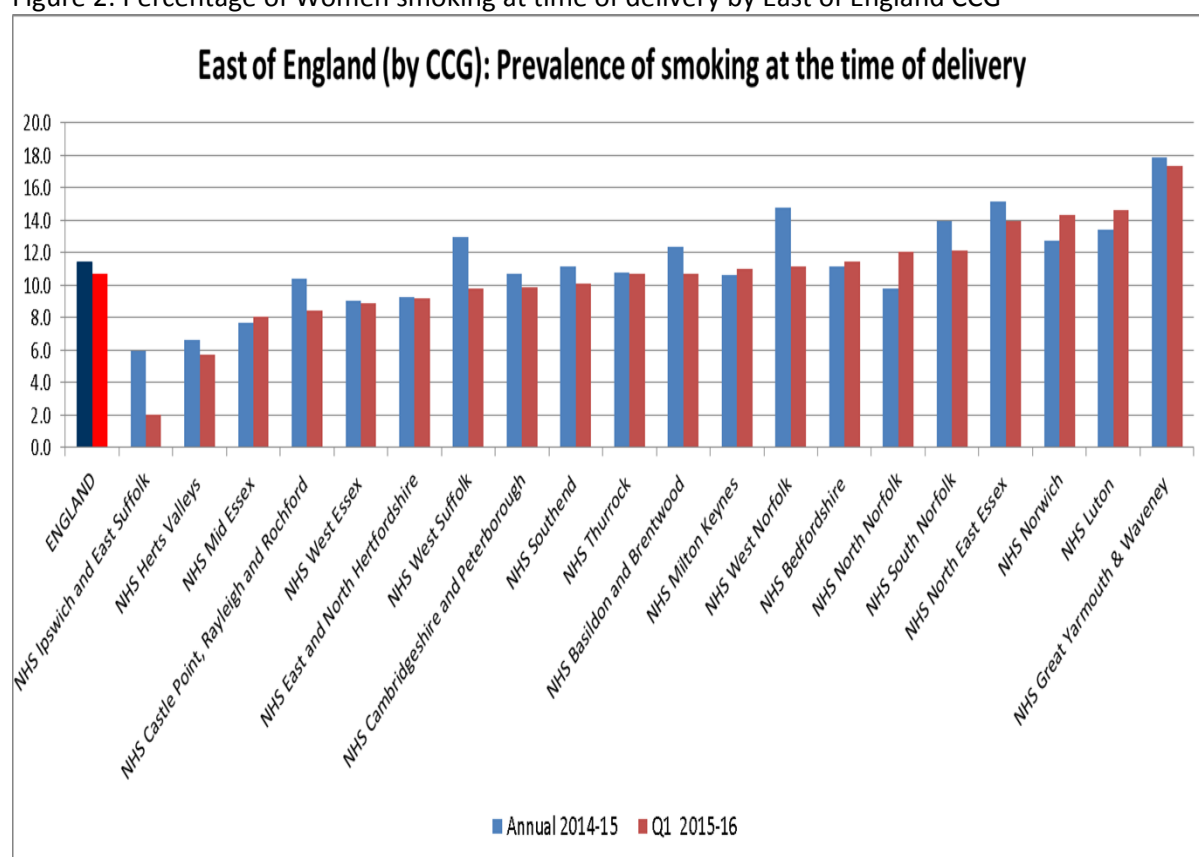
Reducing smoking during pregnancy is a key public health priority with an estimated 40% of infant deaths being attributable to smoking. It is estimated that in England, approximately 255,000 infants annually are exposed to maternal smoking prior to delivery.

The Royal College of Physicians Report (2010) identified in the UK each year maternal smoking and the resulting passive exposure of the foetus impairs growth and development and leads to up to:

- 5,000 miscarriages
- 300 perinatal deaths
- 2,200 premature singleton births
- 19,000 low birth weight babies

Figure 2 below shows the % of women smoking at the time of delivery for each CCG in the East of England. The two data points compare the annual figure for 2014/15 and the first quarter of this year. (Q1 2015/16).

Figure 2: Percentage of Women smoking at time of delivery by East of England CCG



While the prevalence of smoking has decreased in the East of England, the rates remain stubbornly high in some areas. Southend's prevalence rate is broadly comparable with the England prevalence rate of 11.5%.

The effects of smoking are not confined to smokers; breathing in other peoples cigarette smoke (passive, involuntary or second-hand smoking) can affect the health of non-smokers, causing a wide range of health problems.ⁱⁱⁱ

Children are particularly vulnerable to the effects of SHS as they have smaller lungs breathe more rapidly, and so inhale more hazardous chemicals than adults^{iv}. Smoking near children increases their risk of developing lower respiratory infections, asthma, wheeze, middle ear infections and bacterial meningitis, and can cause reduced lung function^v. It also significantly increases the risk of Sudden Infant Death Syndrome (cot death). This risk increases further if both parents smoke.

Drug and alcohol misuse

There is no robust local data on population level substance misuse in young people. As part of the DrugAware preventative education approach being rolled out across the Borough, nine Southend schools have conducted baseline surveys which ask students to self-report their substance use. To date, just under 2,100 responses have been received, nearly 1,500 of which were from 11-15 year olds.

The rates reported via the DrugAware project are significantly lower than the nationally derived rates across nearly all substances and age ranges. There are a number of possible explanations for this including:

- There is a lower prevalence of substance misuse in young people in Southend compared to the England average;
- Those responding through the DrugAware project are not a representative sample of all Southend young people or may be less likely to respond openly about their substance misuse, which underestimates the real prevalence.

Local data from the Southend Drug and Alcohol Commissioning Team (DACT) however, highlights that the rate of young people accessing specialist treatment in Southend is significantly higher than the national rate (Table 1).

Table 1: Young people under 18 accessing specialist substance misuse treatment in 2013 (rate per 1000 population)

	Local rate per 1,000 population	National rate per 1,000 population
Young people in specialist services in the community	4.1	1.6
Young adults in young people only specialist treatment	0.7	0.3

(Source: Young people's substance misuse data: JSNA support pack, 2014 – Public Health England; Mid-Year Population estimates 2013 – ONS)

The rate of young people accessing specialist treatment in Southend has remained comparatively high for the last three years despite the national reducing trend of substance misuse.

Local data (from the Southend YPDAT) in 2013/14 shows that:

- 155 young people (under 18) were engaged in specialist treatment with YPDAT, a slight fall in comparison with 2012/13 (160) and 2011/12 (159);

- 27 young adults (18-21 years) were engaged in specialist with YPDAT, a rise in comparison with 2012/13 (22) and 2011/12 (<5);
- Cannabis was the primary problem in 73% of young people entering treatment, with alcohol being the primary problem in 19%.

The risk-harm profile identifies 10 key items to gauge the vulnerability of young people entering specialist substance misuse services. The higher the score, the more complex the need. Age of initiation is often the strongest predictor of the length and severity of substance misuse problems, the younger the age they start to use, the greater the likelihood of them becoming adult problematic drug users.

Many young people receiving specialist interventions have a range of vulnerabilities;

- They are more likely to be NEET;
- Have contracted a sexually transmitted infection;
- Have a child;
- Be in contact with the youth justice system;
- Be receiving benefits by the time they are 18;
- Be half as likely to be in full-time employment.

There are significantly higher vulnerabilities locally with regard to being involved in offending, being affected by domestic abuse and being affected by others' substance misuse. The former is undoubtedly linked to the relatively high level of referral from Youth Justice. While it is possible that Southend might have a higher prevalence of domestic abuse and familial substance use, it is more likely that the difference may be explicable as a reflection of the emphasis that is placed locally on services "thinking family" and considering the young person's wider situation more effectively at the point when they enter specialist treatment.

In terms of service performance, the data for 2013/14 suggests that YPDAT are not performing as well as the national average with 75% of young people leaving treatment in a planned way locally as opposed to 79% nationally. This is a significant drop compared to the previous year when 85% exited in a planned way. Likewise, the proportion who have exited successfully but who then re-present to treatment within six months (8%) is slightly higher than the national average (7%). Despite this it must be borne in mind that the YPDAT service appears to have a greater rate of young people accessing treatment than seen nationally. Alongside this, the data above only relates to under 18 successful exits – since the extension of the YPDAT age range, some of the young people who would have been obliged to exit are now able to stay in treatment longer so they may still achieve a successful exit post 18 years of age.

Teenage pregnancy

Teenage pregnancy is a significant public health issue in England. Teenage pregnancy increases health inequalities and leads to poor long term outcomes for the young parents and their children^{vi}.

Babies of teenage mothers have worse outcomes than those of older mothers.^{vii} They are:

- More likely to be born prematurely or at a low birth weight;
- 60% more likely to die in the first year life than babies of mothers aged 20-39 years;
- Twice as likely to be admitted to hospital as a result of an accident or gastroenteritis;
- More likely to become teenage parents themselves.

Teenage mothers also have specific problems. They are:

- Three times more likely to get postnatal depression than older mothers;
- Three times more likely to smoke throughout their pregnancy and less likely to breastfeed;

- Less likely to finish their education and are less likely to find a good job;
- More likely to end up both as single parents and bringing up their children in poverty.

The majority of under 18 conceptions are unplanned and around half end in an abortion. Half of all under 18 conceptions occur in the most deprived wards so the negative consequences are disproportionately concentrated among those that are already disadvantaged.

Some groups are more at risk of teenage pregnancy. These include young people in care or leaving care, young people excluded or truanting from school or underperforming, daughters of teenage mothers and some ethnic minority groups.

During the period 1998 to 2013, there was a significant reduction in the rate of teenage conceptions nationally and locally. Within Southend-on-Sea the rate of reduction was slightly greater than that experienced at national level, declining by 46.5% compared to 44.4% (Figure 3).

There were however still slightly more under 18 conceptions per 1,000 women aged 15-17 years in Southend-on-Sea in 2013 than the average for England (26.6 unintended conceptions per 1,000 women aged 15-17 years in Southend-on-Sea compared to 24.3 per 1,000 women aged 15-17 years in England).

Figure 3. Rate of Under -18 conceptions 2001- 2013

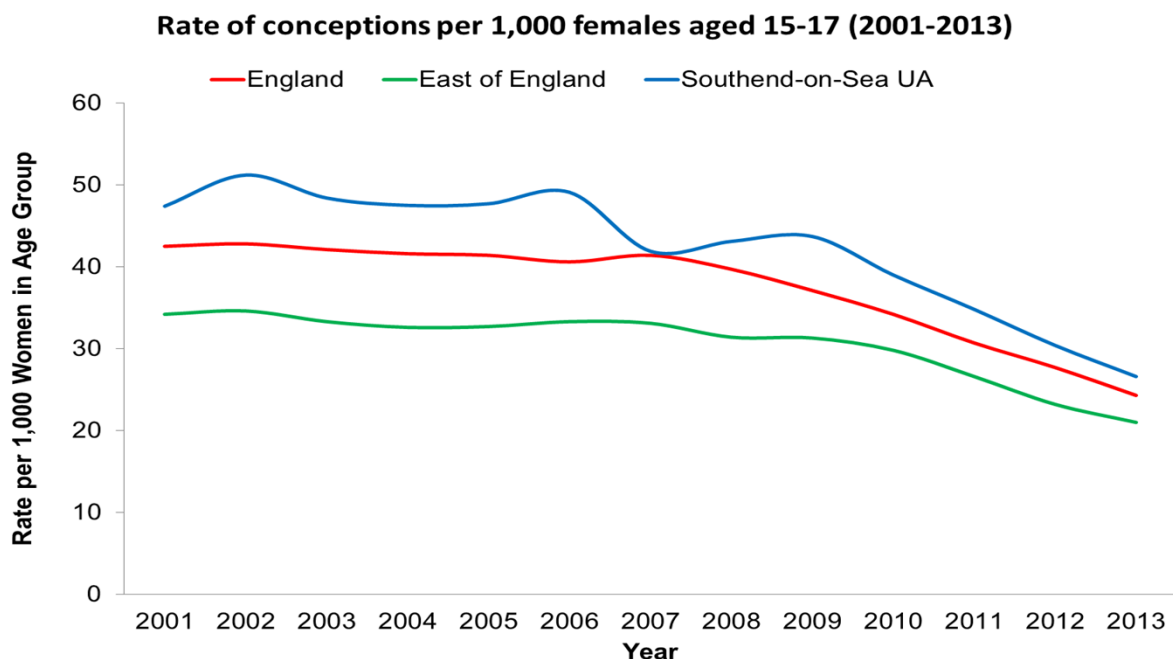


Figure 4: Under 18 conception rate (Raw values)(from 2011 to 2013) for Southend-on-Sea & All English authorities

Under 18 conception rate(Raw values)(from 2011 to 2013) for Southend-on-Sea & All English authorities				
Period	Under 18 conception			
	Southend-on-Sea Raw value	Minimum for All English authorities Raw value	Average for All English authorities Raw value	Maximum for All English authorities Raw value
2011	34.8	9.0	29.4	58.1
2012	30.4	8.8	26.4	52.0
2013	26.6	7.6	23.1	44.0

Source:

Office for National Statistics

There are five wards that have a higher rate of Under 18 conceptions than the Southend-on-Sea's average. These are Shoeburyness, St. Luke's, Victoria, Kursaal and Milton, all of which have higher levels of deprivation.

The Southend-on-Sea Success for All Children Group is committed to working together to reduce the under 18 conception rate and improve the support to local young parents.

The reduction in teenage pregnancy in Southend-on-Sea has been achieved by adopting an integrated and collaborative approach to partnership working with the Family Nurse Partnership programme, embedding a teenage pregnancy care pathway, training professionals on sexual health matters, supporting young parents and parents to be, maintaining the post of Teenage Pregnancy Co-ordinator and establishing a comprehensive teenage pregnancy strategy.

Emotional Wellbeing and Mental Health

Nationally nearly 10% of children aged 5-16 years have a diagnosable mental health condition and a further 10% have an emotional or behaviour problem requiring targeted support. These children will have a wide range of conditions including conduct disorders, self-harm, depression ,hyperactivity and less common conditions such as autistic and eating disorders.

It is known that 50% of mental illness in adult life (excluding dementia) starts before age 15 and 75% by age 18. In addition there are well identified increased physical health problems associated with mental health. Mental illness in children and young people causes distress and can have wide-ranging effects, including impacts on educational attainment and social relationships, as well as affecting life chances and physical health.

Figure 5: Estimated number of children and young people per annum who may experience mental health problems that need help from mental health services^{viii}

CCG	area	Tier 1 (2014)	Tier 2 (2014)	Tier 3 (2014)	Tier 4 (2014)
NHS Southend		5,755	2,685	710	30

To inform the new Essex wide service all ten co-commissioners across Essex commissioned a Joint Strategic Needs Assessment in 2013 of the emotional wellbeing and mental health of children and young people in Southend, Essex and Thurrock.^x Examining the evidence of the needs of disadvantaged groups from previous reviews, the JSNA identified four main groups of children with a greater risk of developing mental health problems:

- Children with learning difficulties and disabilities, developmental disorders and children in residential schools;
- Children in short stay schools;
- Children on a child protection plan;
- Looked after children.

National evidence suggests that children with learning disabilities are up to six times more likely to have mental health problems than other children; and more than 40% of families with children with learning disabilities feel they do not receive sufficient help from health and care services.

Community Paediatric Review

Southend's innovative response to disabled children means they are able to access services, via direct payments or short breaks, without statutory social work intervention over the longer term. This further reduces the number of children receiving services as children in need.

A priority for the Integrated Commissioning Team (NHS and Social Care) is the Community Paediatric Review. This review will have an impact on a number of areas and will include further analysis of Child Development Centre referral rates and mapping long term conditions, identification of further opportunities to continue the process of implementing a refined early help single front door aligned with the new Emotional Wellbeing and Mental Health Service. This work will continue as a priority for 16/17 but with key findings including but not limited to the need to develop integrated access and referral systems, integrated information sharing agreements, care and assessment closer to home, admission avoidance and resilient workforce development and staffing in key areas such as paediatric nursing.

3.1 Improving Children's health and wellbeing - What are we doing?

The figure below depicts the range of strategies, plans, projects and services across the partnership that are working to address the causes of poor health and well-being in children and young people. Each of these activities has its own governance route, performance management, contract management and oversight. The role of the Success for All Group is to ensure that there is co-ordination across the agencies and organisations delivering these activities to achieve the best outcomes without contradiction and unnecessary duplication.



New priorities for 2016/2017

Continuation of existing work streams

3.3 Keeping children and young people safe and protected from harm – what do we know?

Supporting children in need

Local authorities have overarching responsibility for safeguarding and promoting the welfare of all children and young people in their area, and have statutory duties and functions under the 1989 and 2004 Children Acts. Whilst the local authority has the lead role, safeguarding is everyone's responsibility. Everyone who comes into contact with children and families has a responsibility to keep children safe. It is also a shared responsibility, and effective safeguarding depends on integrated working between agencies and between professionals.

Working Together to Safeguard Children 2015 defines safeguarding as:

- protecting children from maltreatment;
- preventing impairment of children's health and development;
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.

A general duty is placed on every local authority to safeguard and promote the welfare of children who are in need within their area. This duty is set by:

1. Section 17 of the Children Act 1989;
2. Section 10/11 of the Children Act 2004;
3. Recommendations in the Munro Review of Child Protection, 2011;
4. The Working together to safeguard children statutory guidance 2013.

Children's social care must, so far as is consistent with this duty, promote the upbringing of children in need by their families through provision of a range and level of services appropriate to the child's needs.

The Children Act 1989 states that a child shall be considered "in need" if:

1. s/he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by a local authority;
2. their health or development is likely to be significantly impaired, or further impaired, without the provision of such services;
3. s/he is disabled.

If children in need are not identified early and referred onto appropriate support they may be at risk of experiencing poor outcomes (Department for Children, Schools and Families, 2010).

These may include:

1. Health – their physical health might deteriorate or they may develop mental health disorders;
2. Safety – they may become more at risk of serious harm;
3. Development – their learning, social and emotional development may suffer as a result of not having appropriate educational support and inadequate opportunities to socialise with their peers;

4. Behaviour – they may participate in risk taking activities such as anti-social or criminal behaviour, or take risks with their health, experimenting with dangerous substances or risky sexual behaviours;
5. Employment – ultimately, poor outcomes may impact on a young person's ability to acquire the key skills for employment and find a decent job.

If the problems faced by children in need are not effectively addressed, they may escalate and the child or young person may become subject to a Child Protection Plan or become a Looked After Child (LAC).

If there are indications that a child is a 'Child in Need' as defined above, they are referred to children's services. A referral may result in:

- no further action;
- information and advice to the family;
- referral to another agency;
- services from the local authority such as family support services for children with disability.

Key statistics for Southend:

- Between April 2014 to end of March 2015, there were 1,401 referrals to Southend Children's Services;
- A rate of referral per 10,000 of the under 18 population of 366.6 which is lower than our statistical neighbour average of 620.4;
- Of the referrals received by Southend's Children's Services during 2014/15, 21.4% were received within 12 months of a previous referral compared to 24% nationally, and a statistical neighbour average of 29.2%;
- The vast majority of referrals received during 2014/15 resulted in an assessment being completed (95.4%) which indicates that the referrals were at an appropriate level;
- Development of a Joint Domestic Abuse Triage Team (JDATT) based within Children's Services and resourced by personnel from Essex Police and Probation Services has improved the sharing of information to safeguard children from domestic abuse;
- The most common primary needs for children in need locally were (children in need census SFR 2014/15): abuse or neglect (76.9%), child's disability or illness (14.9%), family dysfunction (2.1%);
- Initial Child Protection Plans rates for Southend are occurring at 65.7 per 10,000 compared to a statistical neighbour average of 78.1 and a national average of 61.6;
- In 2014/15 the rate of section 47s started was 103.9 per 10,000, our statistical neighbour average was 161.6 and the national average was 138.2;
- The rate of Looked after children per 10,000 has been falling for the last 10 years from a high level and we expect the rate to continue to fall until April 2017.

Child Sexual Exploitation (CSE)

Child Sexual Exploitation is not a new phenomenon, social care and criminal justice agencies have been dealing with its impact for decades. The advent of new social media and online technologies can often make it difficult to detect a young person's involvement especially in the early stages and harder to inhibit the actions of perpetrators.

The LSCB and Southend Council are determined to equip young people and their parents/carers with the ability to decide whether they are at risk from CSE and what they can do to resist and report it. The CSE Strategy and action plan covers a number of measures that the LSCB strategy and Southend

Borough Council have put in place to ensure that the public are kept informed and children/young people are kept safe and any perpetrator's action interrupted and where possible prosecuted.

The CSE action plan has five key areas of work:

- understanding the problem
- Prevention
- Protection
- Prosecution and Disruption
- Overcome and Support.

Identifying the size and scope of CSE in southend requires a vigilant, imaginative and co-operative approach by the LSCB and all its partners. It relies on developing a strong and consistent dialogue with parents, children and young people, sections of the corporate and business community as well as the general public.

Young Carers

Nationally it is suggested that approximately 8% of all children and young people undertake a caring role, some of whom remain hidden and are not receiving the support that they might need. In Southend, we have been successful with our partners to increase the number of known young carers to 641 in this current year. Some of these access bespoke youth work provision of SYC&More, COOL and CHIL. Others are supported by Premier Children's service and others attend Southend Carers forum through their Family Carers Service. The 2011 census showed that 1,217 people in Southend aged under 25 identified themselves as carers.

Data from our known young carers shows a geographical correlation in terms of disadvantaged when compared with a map of the indices of multiple deprivation, albeit with a wider spread of young carers across the borough. This is no surprise since key indicators of disadvantage include at least one parent with a longstanding, limiting illness, disability or infirmity, a parent with mental health problems, low income, worklessness, poor education and housing.

Young people and the Police^x

Children in care continue to be significantly over represented in the youth justice system relative to their non-looked after peers. There are challenges again in relation to available data but we know that they are at least two or three times more likely to offend than their peers. In 2013 6.2% of children in care aged 10 to 17 were convicted of a criminal offence or were subject to a final warning, compared to the national average of 1.5% for all children. One third of children in custody have been in care, although children in care make up just 1% of the total child population. Over 25% of the prison population have spent time in care during their childhood.

Children in care often have a negative view of police which can be based on their experiences of police engagement with their family or passed onto them from their birth parents^{xi}. They are more likely to be vulnerable to becoming a victim of crime or being exploited and the boundaries within which they behave are often different to those in a 'traditional' family unit. They are likely to have experienced trauma which will affect their behaviour disproportionately.

Children in care also make up a significant proportion of the cohort of C&YP who go missing on a regular basis and we must recognise the potential risk of harm to the individual and put measures in place to mitigate this. The National Policy Strategy aims to improve the quality of policing for children and young people by acknowledging their differences, recognising their vulnerabilities and

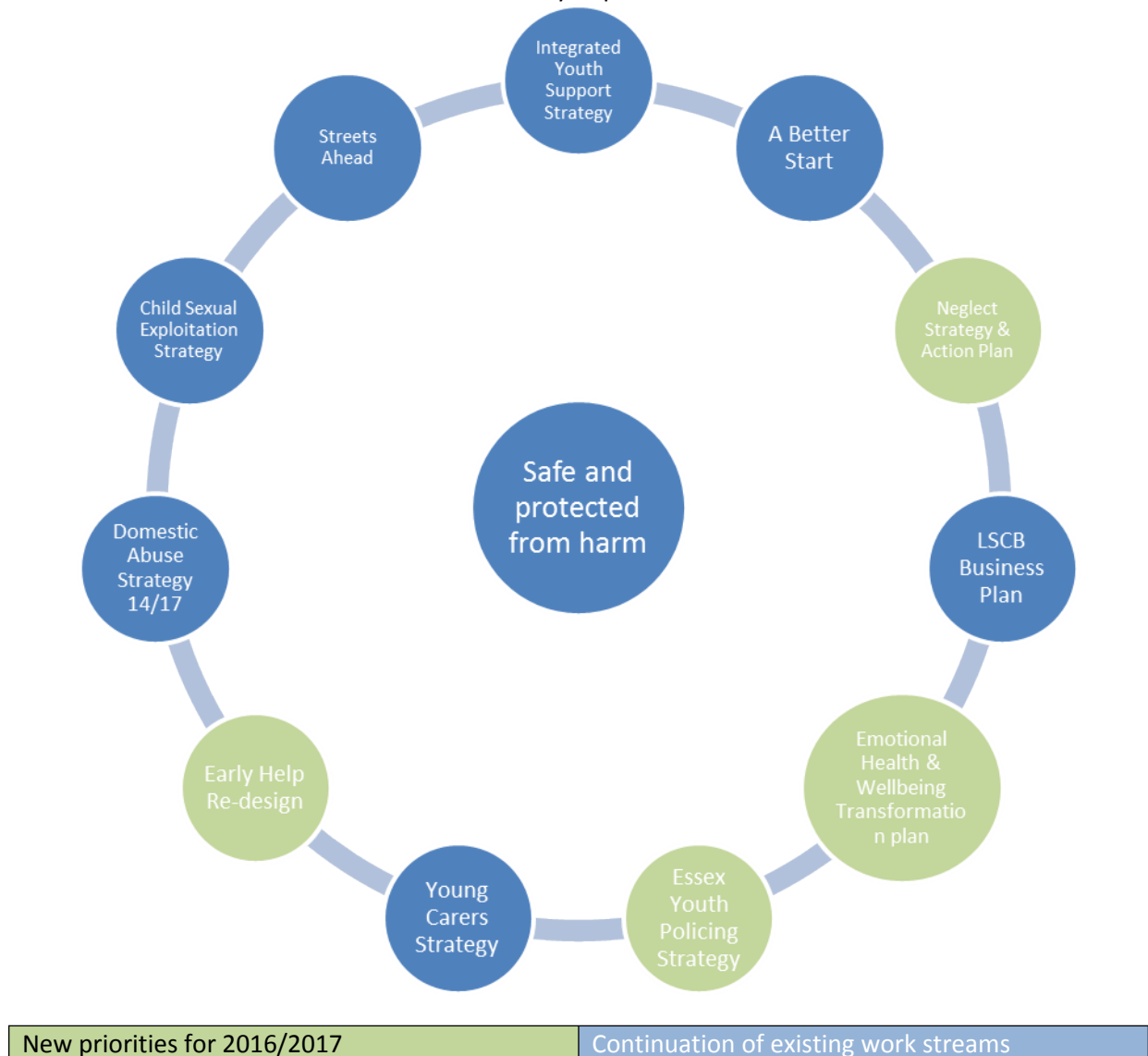
meeting their needs. The local Essex Youth Policing Strategy for 2016 – 2017 has three local priorities which include a focus on preventing, detecting and minimising the risk to communities from gangs and embedding collaborative education work with Essex Fire and Rescue Service.

Self-harm

As referenced in section 3.1 there are children and young people with a wide range of mental health conditions including self-harm. Local data from the Emotional Wellbeing and Mental Health service indicates that deliberate self-harm is one of the most common referrals into the system. This reflects a national trend and indications suggest this trend is likely to increase. Self-harm has been identified as a key priority for the LSCB and as part of the new Emotional Wellbeing and Mental Health Service and wider transformation plan ease of access and the ability for young people, their parents or teachers/other professions to refer, and wider service delivery hours to enable young people to receive the help they need earlier.

3.4 Keeping children and young people safe and protected from harm – what are we doing?

The figure below depicts the range of strategies, plans, projects and services across the partnership that are working to ensure that we are keeping children and young people safe and protected from harm. Each of these activities has its own governance route, performance management, contract management and oversight. The role of the Success for All Group is to ensure that there is co-ordination across the agencies and organisations delivering these activities to achieve the best outcomes without contradiction and unnecessary duplication.



3.5 Supporting vulnerable children and families – what do we know?

The concept of 'early help' (or early intervention) reflects a wide consensus that it is better to identify and deal with problems early rather than reacting later when the problems have become acute.

Early help was defined in the Munro review^{xii} as providing help, both:

- at an early stage in the child's life course, and ;
- early in the emergence of a problem.

The Marmot review^{xiii} on health inequalities stressed the critical importance of the antenatal and postnatal period for children's health, wellbeing and achievement. The review recommended "Giving every child the best start in life" and stressed those interventions in pregnancy and the first two years of life produce the greatest benefits, and provide the foundations for future health and achievement. There is also evidence that parents are more receptive to help and support as new parents and when their children are very young.

However not all difficulties emerge and can be addressed in early childhood. It is important that all services working with children continue to identify emerging problems, and that children are assessed and offered support until adulthood. Regular structured reviews to identify children with emerging difficulties form part of the Healthy Child Programme. Families are offered reviews at birth; at 6-8 weeks; at 12-15 months; at 2 years; when they start school and at transition to secondary school.^{xiv}

Southend's Integrated Locality and Streets Ahead services came together under the single line management in October 2015. A new structure, subject to consultation with staff, will be in place on 1 April 2016.

This refresh of Early Help:

- Seeks to further strengthen the Council's offer of early help to vulnerable children and families through increased inter-agency integration, thereby improving outcomes for children and families;
- Phase 1 seeks to bring key council services together to create a 'core' integrated Early Help Family Support Service;
- Phase 2 seeks to extend integration to include wider partner agencies, to establish integrated governance and co-produce integrated strategy and processes;

Phase 1 makes a contribution to the Council's budget efficiencies whilst providing improved services to families and children, and Phase 2 has the potential to secure wider savings across all agencies. It also seeks to deliver the reform and integration required by Phase 2 of the Troubled Families programme.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs. There are some key factors that are often found in cases of abuse and/or neglect, and whilst their presence is not proof abuse has occurred, they must be regarded as indicators of possible significant harm. These include:

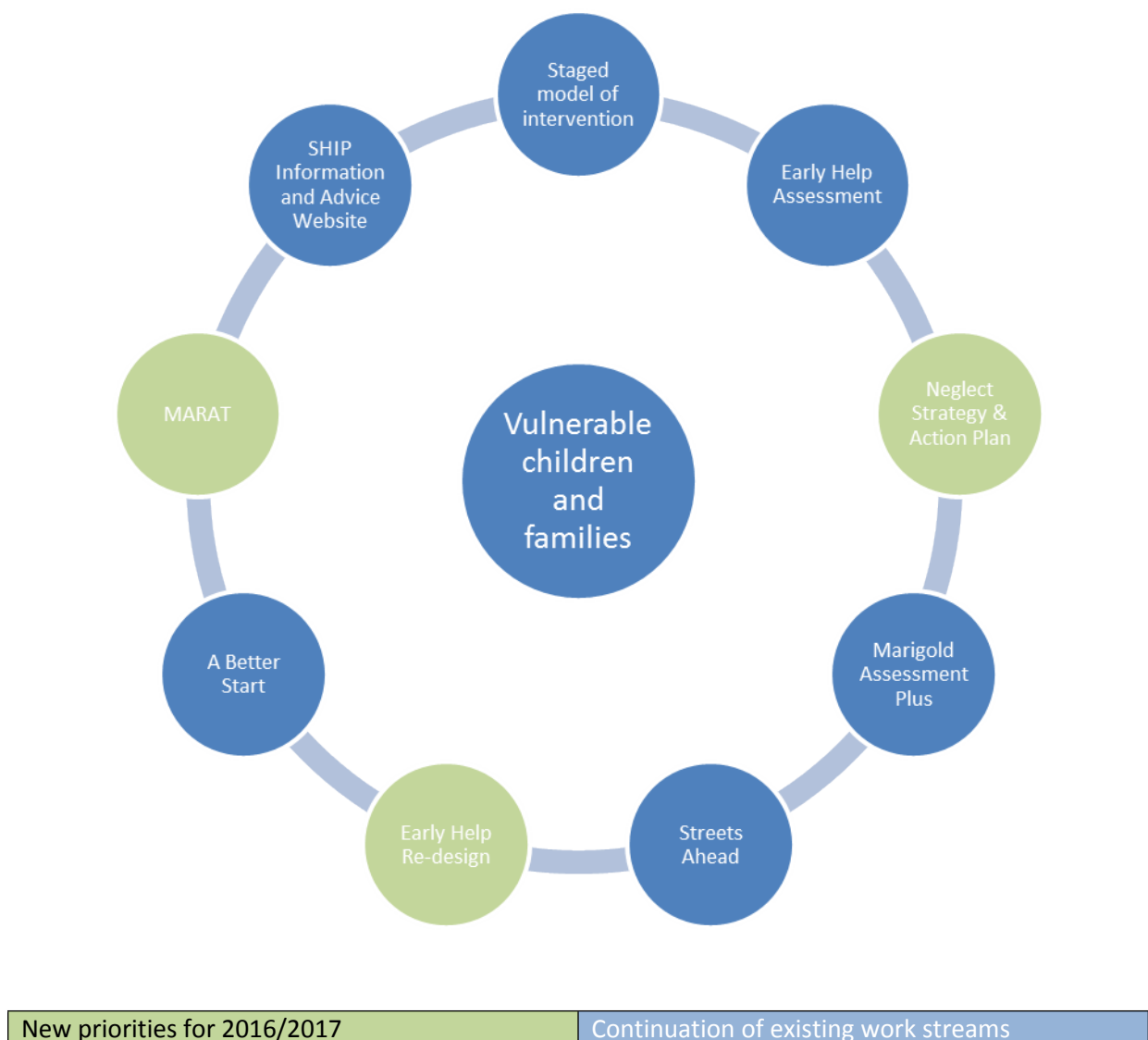
- Deprivation;
- Family circumstances presenting challenges for children, such as substance abuse, mental health problems or domestic violence;

- Parenting experiences;
- Parental learning disability;
- Unaccompanied Asylum Seeking Children and Trafficked children;
- Disabled children at residential special schools;
- Children who have been privately fostered.

Locally at 76.9% abuse and neglect is the most common primary need for children in need (children in need census SFR 2014/15) and our LSCB recently committed to the delivery of a local Neglect Strategy and action plan, a key area of focus for 16/17.

3.6 Supporting vulnerable children and families – What are we doing?

The figure below depicts the range of strategies, plans, projects and services across the partnership that is working to support vulnerable children and families. Each of these activities has its own governance route, performance management, contract management and oversight. The role of the Success for All Group is to ensure that there is co-ordination across the agencies and organisations delivering these activities to achieve the best outcomes without contradiction and unnecessary duplication.



3.7 Improving children's educational attainment and future prospects – What do we know?

Speech and language development

Nationally it is estimated that 50-80% of children are starting school lacking communication skills that are necessary for them to learn, achieve and make friends.

Speech, language and communications needs (SLCN) are the most common disability presenting in early childhood with only 25% of children nationally with SLCN reaching their expected levels for English and maths at age 11.

Of the national cohort, only 6% will achieve five good GCSE's including English and maths. Two thirds of 7-14 year olds with serious behaviour problems have language impairment and two thirds of young offenders have language difficulties.

In Southend a consultation exercise was undertaken between Southend CCG, the Integrated Commissioning Team for Health and Social Care and the Borough Special Educational Needs Coordinators. A key finding was the need to develop access into services and ensure provision worked as closely as possible with school settings.

In addition specific dysphagia needs are in the process of being mapped.

Educational attainment

During 2014/15 there has been an improving picture in many of the measures that are used nationally to judge the effectiveness of schools and local authorities. These include:

- More young children at the end of the Early Years Foundation Stage have achieved a "Good Level of Development" (GLD), the Southend percentage has increased from 62% last year to 69% in 2015;
- Children aged 7 at the end of Key Stage 1, in 2015, continue to achieve in line with or above the national averages in most measures;
- At the end of Key Stage 2, when children are 11 years old, the percentage of children achieving the expected level of attainment is broadly in line in all subjects with the national average, and the percentage of those children achieving more than is expected, is a higher than the national average, except in reading which is slightly lower;
- At the end of Key Stage 4 a significantly higher percentage of young people in Southend (64.7%) achieve the benchmark of 5 A*- C grades at GCSE with English and maths than nationally (57.1%). More Southend young people also achieve the expected 3 levels of progress in both English and maths than young people nationally;
- A higher percentage of young people achieve good grades at A-level than nationally which has been the case for four years;
- Persistent absenteeism has reduced significantly in primary and secondary schools;
- A higher percentage of children and young people are educated in a good or outstanding school as judged by OfSTED at the end of the academic year 2015 than in 2014.

A number of areas, which identified in the detailed analysis below, are areas of improvement focus for 2016/17.

Early Years Foundation Stage

2015 data shows that 69% of Southend children achieved a Good Level of Development. This figure is 7 percentage points higher than in 2014. The national figure is 66% (a rise of 6 percentage points),

meaning that the improvement in Southend is greater than that nationally in 2015. The average total points score achieved on the EYFS was 36.5 in Southend (compared to 35 last year). It is the Local Authority's expectation that the very good outcome in 2015 will be maintained and improved further in future years.

Key Stage 1

2015 Key Stage 1 data shows an increase from 2013 for all subjects for level 2+ and a year on year improvement over 3 years is evident in writing and maths. Data for level 2b+ also shows an upward trend in reading, writing and maths from 2013 with a 4% improvement in reading, a 5% improvement in writing and a 6% improvement in maths.

In terms of comparisons to national averages, Southend results are just below in writing and maths at level 2+, but are at, or exceed, the national average in speaking and listening, reading and science. The rate of improvement in Southend since 2013 is broadly similar to the national picture. In reading, writing and maths at level 2b+, Southend results are the same as the national averages. The rate of improvement at this level is the same in writing, 1% better than the national rate in reading, and 2% better in maths.

Key Stage 2

At Key Stage 2 since 2013, data shows an improvement at level 4 or above in all subjects. However, except in grammar, punctuation and spelling, where there is a 3% improvement since 2014, all other 2015 subjects level 4+ results are the same as in 2014. Nationally there has been an improvement in all subject level 4+ average results in 2015. In 2015, 80% of Southend pupils achieved level 4+ in reading, writing and mathematics combined which is a key measure - this is the same as last year. The national figure has risen to 80%, a 2% improvement from 2014.

In terms of progress made from Key Stage 1 to Key Stage 2 Southend results are moving in a positive direction. In reading, 89% of pupils made 2 levels of progress, the same figure as last year. 29% of pupils made better than expected progress, the same as last year. In writing, 94% of pupils made 2 levels of progress, a decrease of 1% from last year and 35% of pupils made better than expected progress, an increase of 2% over last year. In maths, 88% of pupils made 2 levels of progress, the same level as last year and 34% of pupils made better than expected progress, an increase of 3% over last year.

Key Stage 4

Between 2013 and 2015 the percentage of young people achieving good grades (A*-C) in GCSE examinations in Southend increased year on year from 61.9% in 2013 to 64.7% in 2015. Between 2013 and 2015 the national average fell by 3.5%, whereas in Southend there has been a rise of 2.8% in the same period. The percentage of young people achieving this measure in Southend has remained above the national average since 2013, the gap widening from 1.3% in 2013 to 7.6% in 2015. This demonstrates a faster rate of improvement in outcomes for this group of young people in Southend than those nationally.

In terms of progress made from Key Stage 2 to Key Stage 4 Southend's pupils continue to make improved progress. The attainment of 3 levels progress is the measure that is nationally recognised. In English the figures have risen from 67.6% in 2013, to 73.2% in 2014 to 75% in 2015. Southend pupils are better than the national benchmark by 3.9%. In Mathematics in Southend, 73.7% of young people achieved the expected progress in 2015, an increase of 3.8%. When the Southend data is compared with national data it shows that increasingly a higher percentage of young people in

Southend are making expected progress compared with those nationally; in 2013 the Southend and national averages were the same, in 2014 the Southend average was 4.4% higher than the national average and in 2015 it is 6.8%. Nationally 5% fewer young people made expected progress in mathematics in 2015 compared with 2013, whilst in Southend this increased by 1.8%.

Disadvantaged children - Free school meals (FSM) achievement gap

One of the biggest vulnerable groups educationally are those who have to cope with social, economic and educational disadvantage. In recent years the government has made additional funding available to schools to support their work in meeting the needs of these pupils. The Pupil Premium (PP) is additional funding given to publicly funded schools in England to raise the attainment of disadvantaged pupils and close the gap between them and their peers.

Pupil Premium funding is available to both mainstream and non-mainstream schools, such as special schools and pupil referral units. The DfE will release a list of PP pupils to schools each financial year. For 2015 this list represented pupils who had been declared FSM eligible on a school census at any time in the past 6 years (called EVER6 pupils).

Early Years Foundation Stage

Significant progress was made in 2015 in reducing the gap between disadvantaged children, who are eligible for FSM, and those who are not in achieving a “Good Level of Development”. The gap has narrowed from 24% in 2014 to 15% in 2015. This is now lower than the national average by 3% and the lowest it has been since 2013. This is a key success as it is accepted that children need to achieve well at the end of the Early Years Foundation Stage so they can fully access the national curriculum at Key Stage 1 and achieve the national expectations at the end of the key stage. The improvement in the achievement of disadvantaged children should in two years time enable higher levels of achievement when children are aged 7 – in Key Stage 1. This also indicates that schools are focusing on ensuring disadvantaged children are supported to achieve well which is an important part of their work.

Key Stage 1

The overall percentage of disadvantaged children eligible for free school meals (FSM) in Southend achieving level 2+ in 2015 was less in every subject area than in 2014. This is an area of focus for the Local Authority and for schools.

Key Stage 2

At key stage 2 there is a mixed picture of improvement in the achievement of children who are entitled to free school meals (FSM). In Southend at both level 4+ and level 5+ there has been an increase in the percentage of children entitled to free school meals achieving these levels between 2013 and 2015, however the increases vary between subjects.

The gap between those children entitled to FSM and their peers who are not, is marked. It narrowed at level 4+ in reading, by 1% and in writing by 3%, however in maths it widened by 1%. Nationally over this time the gap narrowed in reading by 3% and in writing and maths by 2%. In the combined reading, writing and maths level 4+ in Southend the gap narrowed by 1% as it did nationally. The overall gap for each subject in Southend at level 4+ between those children eligible for FSM and their peers who are not, in 2015, is 14% in reading, nationally 11%, 17% in writing, nationally 14%, 16% in maths, nationally 12% and in combined reading, writing and maths it is 22%, nationally 17%.

Looking at the progress at Key Stage 2 made by children eligible for free school meals in Southend between 2013 and 2015, there is an increased percentage of children achieving both 2 and 3 levels of progress in all subjects, except in three levels of progress in reading.

When considering two levels of progress between 2013 and 2015 Southend's results in reading have improved by 5% versus 3% nationally, in writing the improvement is 7% against 2% nationally and in maths 1% the same as the national benchmark. At three levels of progress for the same time period the results in reading show a static level in Southend, but a 4% improvement nationally, in writing there has been an 8% improvement in Southend, 5% nationally and in maths a 4% improvement, nationally 2%.

Key Stage 4

Young people eligible for free school meals (FSM) achieve less well than their peers who are not eligible for FSM. However the gap between the Southend results and the national average is narrowing in the key measure of 5 GCSE A* - C grades with English and maths. In 2013, 28.2% of young people entitled to FSM in Southend achieved this benchmark compared to 38.1% nationally. The gap was 9.9%, with Southend young people underperforming when compared with this group of young people nationally. However, this gap has narrowed to only 4% in 2015, with 29.3% of pupils in Southend, eligible for FSM, achieving 5A* - C grades with English and maths and 33.3% nationally. Southend results are the highest in 2015 for this measure, whereas the national figure is the lowest since 2013.

Although there has been progress made in improving outcomes for children and young people there are a number of areas where schools and the Local Authority will need to continue to focus. These include:

- Closing the achievement gaps between groups of pupils who are disadvantaged as a result of poverty (in receipt of free school meals), as well as gender, ethnicity, first language and SEN
- Accelerating the progress made by pupils, particularly those who underachieve
- Challenging schools to ensure that they offer at least a good education to all pupils and reduce the number of schools causing the Local Authority or Ofsted concern.
- Ensure that progress at Key Stage 4 is sustained

Educational attainment of Looked After Children

The Virtual School

The aim of the Virtual School is to work with all children and young people looked after by Southend Borough Council as if they were in a single school, liaising with the schools they attend, tracking the progress they make and supporting them to achieve as well as possible and improve educational outcomes. We have increased capacity within the virtual school for LAC which also covers young carers and children electively home educated. In addition to this we also received a Healthy School Award for our Virtual School. Further development of Virtual School is a key area of focus and we propose to rigorously ensure that plans for pupils are aspirational and that a wide range of partners are engaged in improving outcomes for looked after children. Our new data collection process and board of governors will oversee this delivery.

Local authorities have a duty under the Children Act 1989 to safeguard and promote the welfare of a child looked after by them. This includes a particular duty to promote the child's educational achievement, wherever they live or are educated. The authority must therefore give particular attention to the educational implications of any decision about the welfare of those children.

The Virtual School Head is the lead responsible officer for ensuring that arrangements are in place to improve the educational experiences and outcomes of the authority's looked after children, including those placed out-of-authority.

The educational outcomes of Looked after children (LAC) has become the an increasingly important focus in the education field, government has acknowledged the need for a statutory position to monitor the outcomes of LAC as if they were in 'a single' school, ensuring that the Pupil Premium Plus is used by schools to improve the educational outcomes of LAC through the targets stated in their Personal Educational Plans (PEP)

For looked after children in **Key Stage 1**, Southend LAC compare favourably with national LAC for reading, however there are gaps in writing and Maths. Due to the small cohort this amounts to one child not making the expected benchmark^{xv}. (Virtual School Head Teacher Report to DMT September 2015).

Headline measure	Year	Southend LAC %	Cohort size
KS1 Reading L2+	2014	75%	8
	2015	50%	6
KS1 Writing L2+	2014	50%	8
	2015	16.6%	6
KS1 Maths L2+	2014	62.5%	8
	2015	33.3%	6
KS1 RWM L2+	2014	50%	8
	2015	16.6%	6

At **Key Stage 2** Progress in English has been calculated based on prior data available to the Virtual School. Of the 13 students with prior KS2 fft data, 30.8% made the expected 3 levels of progress. This is an increase of 4.8% on 2014.

Progress in Mathematics has been calculated based on prior data available to the Virtual School. Of the 22 students with prior KS2 fft data, 9.1% made the expected 3 levels of progress. This is a decrease of 20.9% on 2014 (Virtual School Head Teacher Report to DMT September 2015).

The year 6 cohort for the academic year 2014/15 consisted of 8 looked after children who were in care at 31/03/2015 of which; two have been dis-applied from the national tests due to their disabilities.

At Key Stage 4 The percentage of looked after children achieving 5 GCSEs at A* to C grade has decreased for a third year. This is partly a reflection of the examination reforms at Key Stage 4, which has limited the size of some qualifications to the equivalence of one GCSE for reporting purposes; and at present we are not in a position to quantify a number of qualifications such as BTECH Levels 1 or 2, BTECH Next Generation (BTNG), Cambridge Nationals (CNAT).

Level 1 qualifications are awarded at grades G – D and Level 2 courses at grades A* - C. The numbers of students reaching the headline measures thresholds may change once the equivalence of some qualifications has been confirmed.

Young people in employment, education or training

Young people who are not in education, employment or training (NEET) are at greater risk of a range of negative outcomes, including poor health, depression or early parenthood.

Key characteristics of young people who are NEET include:

- Achieved fewer than 5 A*- C GCSEs;
- Eligible for free school meals;
- Suspended or excluded from school;
- Have their own child;
- Have a disability.

Associated risk factors in becoming NEET are shown in Table 2 .

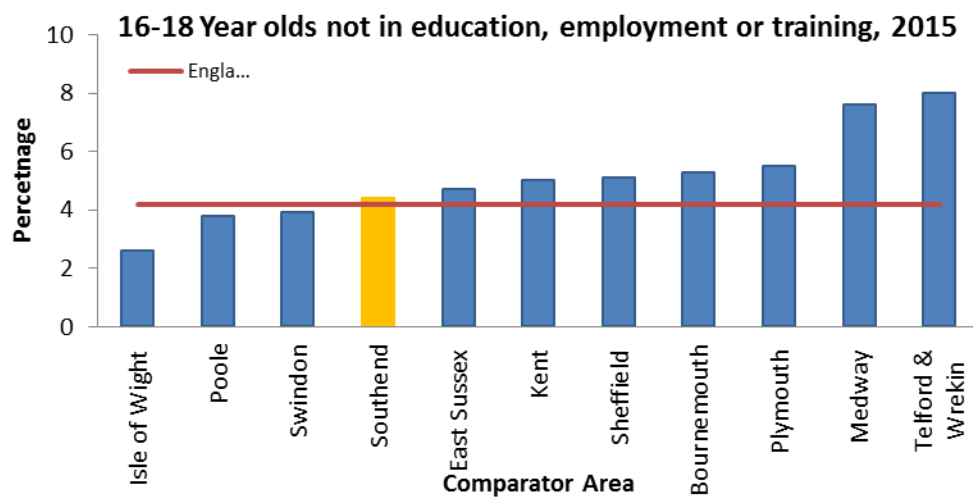
Factor	Increase in chance of being NEET for six months or more
Being NEET at least once before	7.9 times more likely
Pregnancy or parenthood	2.8 times more likely
Supervision by youth offending team	2.6 times more likely
Fewer than 3 months post-16 education	2.3 times more likely
Disclosed substance abuse	2.1 times more likely
Responsibilities as a carer	2.0 times more likely

A number of policy measures have been introduced by the Government to reduce the number of people who are NEET, including raising the participation age. From September 2015 all young people in England will be required to continue in education or training until their 18th birthday. Options for this include:

- Full-time learning such as in school, college or home education;
- An apprenticeship;
- Part-time education or training if employed, self-employed or volunteering full-time.

Figure 6 shows that in 2015 the proportion of 16-18 year olds not in education, employment or training in Southend was similar to the England average and better than the majority of its statistical neighbours (lower is better).

Figure 6: 16-18 year olds not in education, employment or training (2015) in Southend compared to statistical neighbours and England



Source: Public Health England

During 2015 a local measure was introduced which requires a monthly report on the number of young people who are NEET in the 30% most deprived areas of Southend. There are 123 of these young people.

Southend's Early Help, Family Support & Youth Offending Services is currently working with 100 out of these 123 young people who have the most complex needs including those with special educational needs, those known and working with the Youth Offending Service, those who are teenage parents or who are currently pregnant, and those young people with a substance misuse issue and working with Young People's Drug and Alcohol Team.

Southend-on-Sea Borough Council has maintained a Connexions service, as a traded service to schools to help them deliver their duty to provide impartial and independent careers advice, information and guidance. This allows students to have the opportunity of a bespoke service of support in school and individual support in their decisions regarding further education, higher education apprenticeships and other forms of training.

This has contributed to the high rates of young people remaining in learning in Southend, and success in the percentage of September Guarantee places, which in 2015 stood at 99.6% for year 11 and 93.9% for year 12. These are above the regional figures of 97.6% and 91.3% respectively and the national figures of 97% and 91.3% respectively. Combined, Southend ranked in the second quintile nationally, only 0.80% outside of the top 20%.

Local councils responsibility to promote and monitor the participation of 16 and 17 year olds in education and training, They do this through exchange of information with schools and colleges, other youth services and through direct contact with young people.

Southend's participation figures have continued to rise year after year. In 2015 we have performed better than the national average for the first time in at least 3 years. The draft out turn for December 2015 is 91.6%, an increase of 2.8% on last year and places us 5th out of 11 similar authorities; in 2013 we were 9th out of 11. Southend has been the second best performer within our group of statistical neighbours over the past three years. This is a reflection of not only an improvement in transition from school to education / employment / training but also the improved tracking of clients, continued improvements in data quality and the improved data intelligence gathering within the service.

Figure 7: Participation of 16 & 17 year olds, 3 year trend.

<i>Proportion of 16 and 17 year olds recorded as participating</i>			
LA	Dec-13	Dec-14	Dec-15
Bournemouth	88.5	88.7	90.8
East Sussex	90.7	90.4	92.3
Isle of Wight	90.1	88.6	93.9
Kent	88.3	86	87.5
Medway	88.9	86.9	88.6

Plymouth	91	91.9	93.2
Poole	86.4	90.3	92.3
Sheffield	89.5	90.7	91.6
Swindon	90	91.9	89.8
Telford & Wrekin	85.6	84.4	69.6
Southend	87.9	88.8	91.6
England	89.8	90.2	91.2

“Unknowns” is a term used to refer to pupils whose situation has not been able to be determined generally because the service has not been able to make contact with them. Southend has historically struggled to maintain a low level of “Unknowns” for a variety of reasons but over the last 3 years there has been a continued improvement trend in this area.

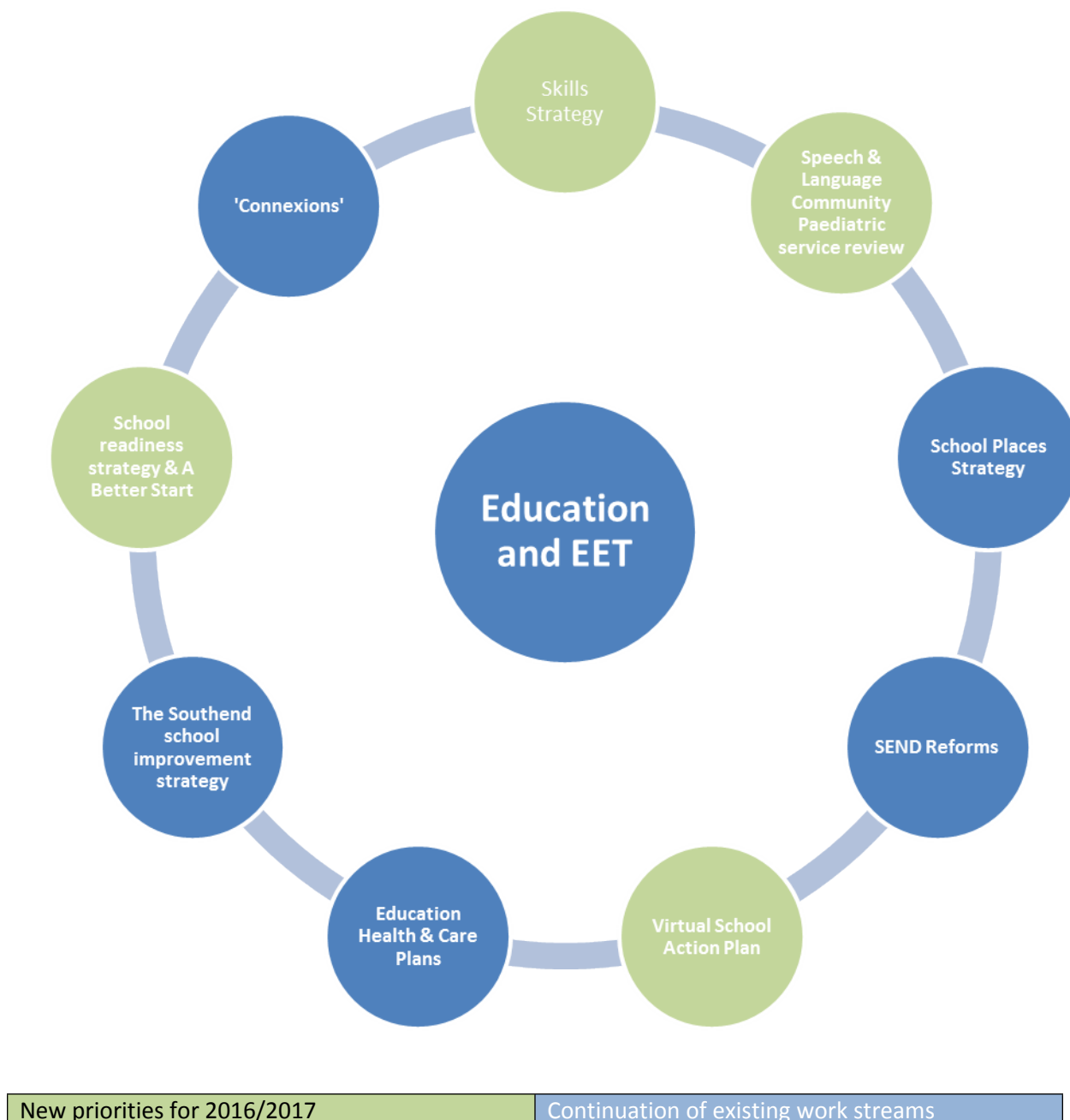
Over the last 12 months Southend performed the best out of all of our statistical neighbours with a reduction of 2.7%, this can be seen in the table below.

Figure 8: Proportions of “Unknown”

	Dec 2014	Mar 2015	Jun 2015	Dec 2015	%pt change in last 12 months	
Bournemouth	2.7%	3.0%	3.7%	2.2%	-0.4%	▼
East Sussex	2.1%	1.5%	2.2%	2.1%	0.0%	▼
Isle of Wight	6.8%	10.7%	7.5%	2.6%	-4.2%	▼
Kent	9.8%	6.3%	6.5%	7.3%	-2.5%	▼
Medway	7.0%	5.7%	5.5%	4.4%	-2.6%	▼
Plymouth	1.5%	2.6%	9.2%	1.6%	0.1%	►
Poole	1.8%	2.8%	9.2%	1.2%	-0.6%	▼
Sheffield	2.9%	3.0%	2.4%	2.7%	-0.1%	▼
Swindon	3.3%	1.9%	3.4%	5.2%	2.0%	▲
Telford & Wrekin	6.8%	7.1%	5.2%	24.2%	17.4%	▲
Southend	7.2%	5.5%	5.5%	4.5%	-2.7%	▼
England	4.8%	3.8%	4.4%	4.3%	-0.5%	▼

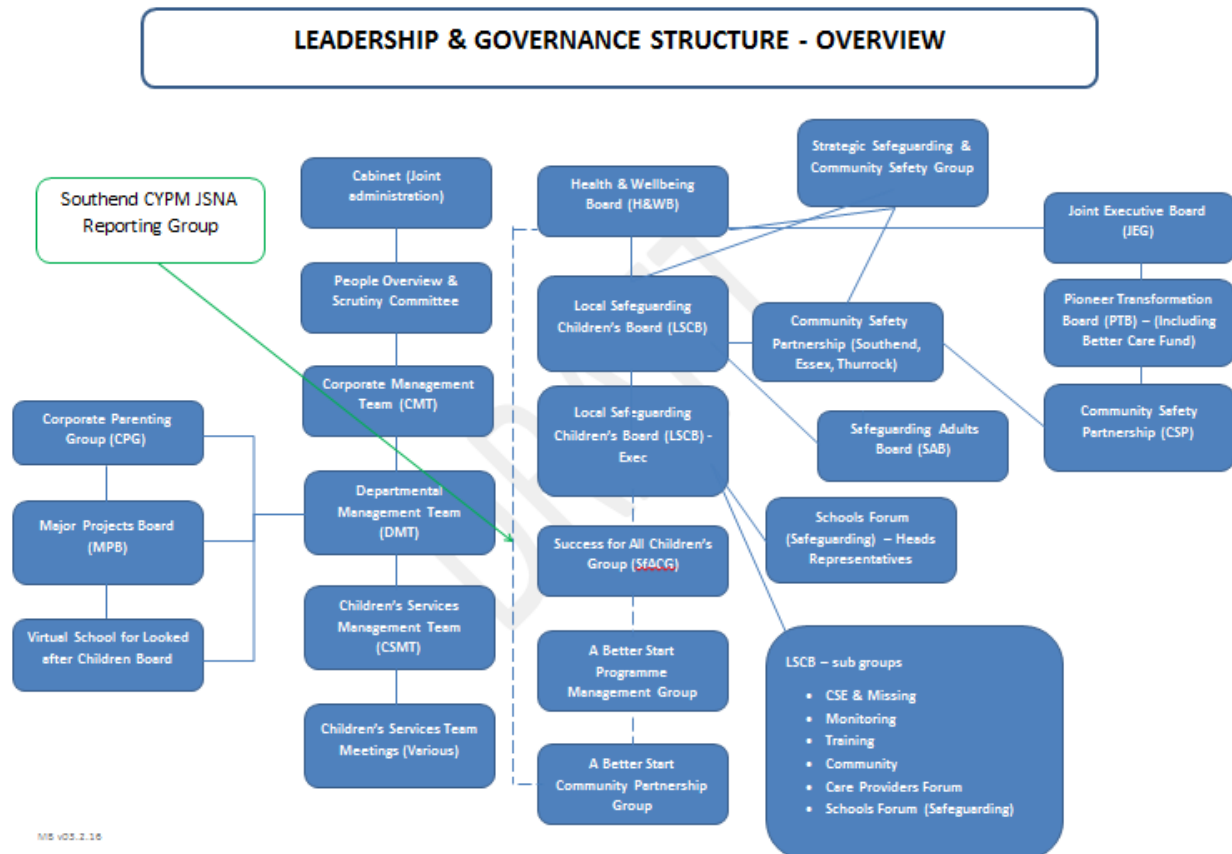
3.8 Improving children’s educational attainment and future prospects – What are we doing?

The figure below depicts the range of strategies, plans, projects and services across the partnership that are working to improve education attainment and future prospects for children and young people in Southend. Each of these activities has its own governance route, performance management, contract management and oversight. The role of the Success for All Group is to ensure that there is co-ordination across the agencies and organisations delivering these activities to achieve the best outcomes without contradiction and unnecessary duplication.



4. Leadership and governance

The following chart outlines the reporting structure aligned to the Joint Strategic Needs Assessment and the Success for All Children Group. A more detailed Leadership and Governance structure can be made available on request.



The table below sets out the governance and reporting route for each of the key strategies outlined in this Children and Young People's Plan. Ultimately the Success for All Children Group is accountable to the Southend Health and Wellbeing board for the actions and strategies that work towards delivering the board's priorities for Southend. Overarching progress will be monitored through the Success for All Group. The Group will 'call in' progress against the various strategies and action plans referenced within this plan and ensure collaboration between the partners is maintained.

New priorities for 2016/2017	Continuation of existing work streams
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Improving children's health and wellbeing

Action/activity/strategy/commissioning intention	Lead member(s) of SFACG	Governance and reporting	Oversight role	Overview of activity
Unicef baby friendly initiative	Margaret Gray (PH) Wendy Pearson (SUHFT)	Public Health	SFACG	The Baby Friendly Initiative is a worldwide programme of the World Health Organization and UNICEF which aims to increase the rates of breastfeeding.
A Better Start	John Lambert	A Better Start Board	SFACG	A Better Start aims to provide children 0 - 3 living in Southend to get a better start in life, focusing on children and families in Kursaal, Westborough, Milton, Victoria, Shoebury and West Shoebury wards.
Healthy Child Programme	Margaret Gray (PH)	Public Health	SFACG	the Healthy Child Programme (HCP) plays a key role in improving the health and wellbeing of children, as part of an integrated approach to supporting children and families. Partnership working between different agencies on local service development is key to the HCP's success.

Emotional Wellbeing and Mental Health Transformation Plan	Angela Ejoh (SBC)	Collaborative Commissioning Group	SFACG	A five-year local transformation plan for the emotional wellbeing and mental health of children and young people. The plan includes major improvements and new services with an investment of £3.3 million per year added to the current £13.2 million a year budget – an increase of 25%.
DrugAware and M-PACT	Jamie Pennycott (SBC)	Departmental Management Team	SFACG	Drug Aware is an aspirational standard for schools and their communities, supporting them to address drug and alcohol issues through early intervention. Moving Parents And Children Together (M-PACT) is a programme that helps parents and children, aged 8-17, talk more openly and safely about the effects of parental drug and/ or alcohol misuse on the whole family and gives them new tools to move forward positively
Teenage Pregnancy Strategy	Carol Compton (SBC)	Departmental Management Team	SFACG	The strategy contributes to the achievement of key public health and sexual health outcomes through leading and managing a portfolio of work programmes. This role will focus upon reducing under 18 conceptions; targeted interventions with at risk and vulnerable young people; supporting young parents; and, implementing a Relationship and Sex Education programme across Southend on Sea Schools.
Family Nurse Partnership	Stephanie Farr (SEPT)		SFACG	FNP is voluntary programme offered to young mothers aged 19 years and under having their first baby; it begins in early pregnancy and is orientated to the future health and well-being of the child. The programme consists of frequent structured home visits until the child is two years old.
Healthy School Award Scheme	Margaret Gray (PH)		SFACG	Being healthy, safe, cared for, having a voice and influence are fundamental prerequisites to being 'ready to learn' and achieving true potential - at any

				stage in our lives. Our aim is to support schools to help their children and young people to grow healthily, safely and responsibly and to become active citizens who do their bit for society and for the environment.
Neglect Strategy and action plan	John O'Loughlin	LSCB	SFACG	We have committed to the development of a Neglect Strategy and action plan with a view to strengthening our response to neglect across our services and partners.
Southend School Sports Partnerships (SSP)			SFACG	SSPs are a family of secondary, primary and special schools working together to increase the quality and quantity of PE and sports opportunities for young people.
SYMCA Youth Space Project	Syrie Cox	SYMCA Trustee Board	SFACG	Youth Space aims to improve the personal resilience and self-belief of vulnerable young people aged 11 -24, building their wider skills base through social action and effective advice and guidance.
Community Paediatric Review			SFACG	

Keeping children and young people safe and protected from harm

Action/activity/strategy/commissioning intention	Lead member(s) of SFACG	Governance and reporting	Oversight role	Overview of activity
Integrated Youth Support Strategy	Carol Compton (SBC)	Departmental Management Team	SFACG	<p>The Integrated Youth Support Service (IYSS) incorporates the following teams:</p> <ul style="list-style-type: none"> •Youth Offending Service •Connexions team •Targeted Youth Support team •Young Persons Drug & Alcohol Team •Teenage Pregnancy •Community Engagement •Streets Ahead
A Better Start	John Lambert	A Better Start Board	SFACG	A Better Start aims to provide children 0 - 3 living in Southend to get a better start in life, focusing on children and families in Kursaal, Westborough, Milton, Victoria, Shoebury and West Shoebury wards.
LSCB Business Plan 2015-2018	Helen Wilson (SBC)	LSCB	SFACG	The business plan sets out the safeguarding priorities for Southend's Health & Wellbeing Board, Community Safety Partnership and the Success for All Children Group, and links together the safeguarding The LSCB Business plan runs from October to September annually.
Neglect Strategy and action plan	John O'Loughlin	LSCB	SFACG	We have committed to the development of a Neglect Strategy and action plan with a view to strengthening our response to neglect across our services and partners.
Essex Youth Policing Strategy	Diana Baxter (EP)	Essex Police	SFACG	The new strategy, currently being drafted as at

				<p>March 16, will have the following priorities:</p> <ul style="list-style-type: none"> A. Keeping Children and Young People in Care out of Trouble B. Preventing criminalisation of young people C. Gangs D. Youth officers role E. Engagement (relationship between police and young people) F. Collaboration with Essex Fire and Rescue (schools education programme)
Young Carers Strategy	Carol Compton (SBC)	Departmental Management Team Young Carers Forum	SFACG	The Young Carers Strategy sets out our ambitions for known young carers and the support that is available to them. It also sets out our approach to earlier identification of young carers.
Emotional Wellbeing and Mental Health Transformation Plan	Angela Ejoh (SBC)	Collaborative Commissioning Group	SFACG	A five-year local transformation plan for the emotional wellbeing and mental health of children and young people. The plan includes major improvements and new services with an investment of £3.3 million per year added to the current £13.2 million a year budget – an increase of 25%.
Early Help re-design	John O’Loughlin (SBC)	Departmental Management Team	SFACG	<p>The re-design seeks to strengthen the Council’s offer of early help to vulnerable children and families through increased inter-agency integration, thereby improving outcomes for children and families.</p> <p>Phase 1 has seen key council services join together to create a ‘core’ integrated Early Help Family Support Service.</p> <p>Phase 2 seeks to extend integration to include wider partner agencies, to establish integrated governance and co-produce integrated strategy and</p>

				processes.
Southend, Essex & Thurrock Domestic Abuse Strategy		LSCB	SFACG	The strategy document sets out the partnership response to domestic abuse.
Child Sexual Exploitation Strategy	John O'Loughlin (SBC)	LSCB	SFACG	Borough Council have put in place to ensure that the public are kept informed and children/young people are kept safe and any perpetrator's action interrupted and where possible prosecuted.
Streets Ahead	Carol Compton (SBC)	Departmental Management Team	SFACG	Streets Ahead are a team of experienced professionals who can help families get back on their feet and empower them to beat some of the long standing and difficult challenges that they may be facing.

Supporting vulnerable children and families

Action/activity/strategy/commissioning intention	Lead member(s) of SFACG	Governance and reporting	Oversight role	Overview of activity
Marigold Assessment Plus	Carol Compton	Departmental Management Team	SFACG	A comprehensive assessment, intervention and contact service, providing parenting assessments to the Courts and providing parents and children with a range of helpful interventions to improve the quality of family life and prevent family breakdown. The service provides a safe and high quality contact service for parents/carers and looked after children in a child-focused environment. Intervention services include CBT and solution focused work with parents and individual self-esteem, wishes and feelings and life story work for children.
Staged Model of Intervention	Carol Compton	Departmental Management Team	SFACG	The foundation for effective integrated locality working is the staged intervention model. Staged intervention is a process which enables services to plan to meet the needs of individual children and young people. Staged intervention should assist in clearly setting out what support is available and when it should be offered.
Early Help Assessment	Cathy Braun	Departmental Management Team	SFACG	An early help assessment is completed with the family and child by a lead professional in order to identify extra support that will help meet the needs of the child.
A Better Start	John Lambert	A Better Start Board	SFACG	A Better Start aims to provide children 0 - 3 living in Southend to get a better start in life, focusing on children and families in Kursaal, Westborough, Milton, Victoria, Shoebury and West Shoebury wards.

MARAT (Multi-Agency Risk Assessment Team)	John O'Loughlin	Departmental Management Team	SFACG	The purpose of the MARAT (Multi-Agency Risk Assessment Team) is to improve outcomes for children, adults, parents/families and perpetrators/high risk individuals in Southend, affected by high level risk of domestic abuse, and/or high level risk of child sexual exploitation, and/or missing and/or vulnerable to terrorism. The MARAT will extend and develop the existing JDATT (Joint Domestic Abuse Triage Team).
Neglect Strategy and action plan	John O'Loughlin	LSCB	SFACG	We have committed to the development of a Neglect Strategy and action plan with a view to strengthening our response to neglect across our services and partners.
Early Help re-design	John O'Loughlin (SBC)	Departmental Management Team	SFACG	The re-design seeks to strengthen the Council's offer of early help to vulnerable children and families through increased inter-agency integration, thereby improving outcomes for children and families. Phase 1 has seen key council services join together to create a 'core' integrated Early Help Family Support Service. Phase 2 seeks to extend integration to include wider partner agencies, to establish integrated governance and co-produce integrated strategy and processes.
Streets Ahead	Carol Compton (SBC)	Departmental Management Team	SFACG	Streets Ahead are a team of experienced professionals who can help families get back on their feet and empower them to beat some of the long standing and difficult challenges that they may be facing.
SHIP Information and Advice Website	Jenni Naish	SHIP Strategy Group	SFACG	www.southendinfopoint.org (known as the SHIP website) is a comprehensive website providing a

				directory of services and information, advice and guidance for adults and families in Southend.
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Improving children's educational attainment and future prospects

Action/activity/strategy/commissioning intention	Lead member(s) of SFACG	Governance and reporting	Oversight role	Overview of activity
Speech and Language Community Paediatric service review	Ross Gerrie Dr Kate Barusya	Joint Executive Board, CCG	SFACG	This review will have an impact on a number of areas and will include further analysis of Child Development Centre referral rates and mapping long term conditions, identification of further opportunities to continue the process of implementing a refined early help single front door aligned with the new Emotional Wellbeing and Mental Health Service.
School Places Strategy	Brin Martin	Departmental Management Team	SFACG	To ensure that there are sufficient primary and secondary school places to meet the demand from Southend parents, the school place planning strategy has created enough primary places to meet the increase in births and those anticipated for the future. As secondary numbers increase the strategy is to expand existing schools from September 2018.
SEND Reforms & Education Health and Care Plans (SEN 3 year strategy 16/17 – 18/19)	Brin Martin	Cabinet	SFACG	
Virtual School Action Plan	Brin Martin	Corporate Parenting Group	SFACG	An action plan for the Virtual School to meet its improvement objectives.
Skills Strategy	Brin Martin	Corporate Management	SFACG	

		Team		
The Southend School Improvement strategy	Brin Martin	Departmental Management Team	SFACG	
School Readiness Strategy	Brin Martin	Departmental Management Team	SFACG	Developing a School Readiness Strategy will help us to work with families and partners to ensure that young children get the best start in early education and improved outcomes throughout their education.
Connexions traded services	Carol Compton	Departmental Management Team	SFACG	The Connexions service provides a suite of traded services to schools for example Careers Information Advice and Guidance.

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ⁱ NHS England (2015) <https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2014/03/Breastfeeding-1314-Revised-Data.pdf>

ⁱⁱ Health and Social Care Information Centre: NCMP (2012)

ⁱⁱⁱ Passive smoking and children. Royal College of Physicians, (2010) London,

^{iv} Farkas AJ, Gilpin EA & White MM et al (2000) Association between household and workplace smoking restrictions and adolescent smoking. Journal of the American Medical Association 284: 717-22.

^v Breaking the cycle of children's exposure to tobacco smoke, BMA Board of Science, (2004) BMA April 2007 and Patel BD, Luben RN & Welch AA et al

^{vi} Department for Children, Schools and Families (2010). Teenage Pregnancy Strategy: Beyond (2010).

^{vii} Teenage Pregnancy Independent Advisory Group, Royal College of General Practitioners (2010). Teenage Pregnancy: You can make a real difference to teenage pregnancy.

^{viii} Open Up Reach Out –2015-2020 Transformation Plan for Emotional Wellbeing and Mental Health in Southend, Essex and Thurrock (November 2015) Derived from Source: Office for National Statistics mid-year population estimates for 2014. CCG population estimates aggregated from GP registered populations.

^{ix} Southend, Essex and Thurrock Joint Strategic Needs Assessment for CAMHS 2013-17.

[https://www.essexinsight.org.uk/\(F\(XdVLXU8DVA1WDb3k20krqV5szOR71sxnDjVykuFYhqSGjHdJUfqaxuZ4eEm3ha1tObVy1r4LsRWG4pB0e7v6k9-HRi1LJP5mVZr4xTH6zkvxQ7kxWmjhlAp-SRAxjf-oAc68w2\)\)/get/ShowResourceFile.aspx?ResourceID=690](https://www.essexinsight.org.uk/(F(XdVLXU8DVA1WDb3k20krqV5szOR71sxnDjVykuFYhqSGjHdJUfqaxuZ4eEm3ha1tObVy1r4LsRWG4pB0e7v6k9-HRi1LJP5mVZr4xTH6zkvxQ7kxWmjhlAp-SRAxjf-oAc68w2))/get/ShowResourceFile.aspx?ResourceID=690)

^x National Strategy for the Policing of Children & Young People, National Police Chiefs' Council

^{xi} All Parliamentary Group for Children (2014). Its all about Trust: Building good relationships between Children and the Police.. Retrieved January 2015 from: http://www.ncb.org.uk/media/1164355/appgc_children_and_police_report_-_final.pdf

^{xii} The Munro Review: A Child Centred System. The Munro Review of Child Protection: Final Report (2011) A child-centred system Presented to Parliament by the Secretary of State for Education by Command of Her Majesty https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/175391/Munro-Review.pdf

^{xiii} Marmot Review: Fair Society, Healthy Lives (2010) http://www.local.gov.uk/health/-/journal_content/56/10180/3510094/ARTICLE

^{xiv} Rapid Review to Update Evidence for the Healthy Child Programme 0–5 (March 2015)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/429740/150520RapidReviewHealthyChildProg_UPDATE_poisons_final.pdf

^{xv} Virtual School Head Teacher Report September 2015



A Better Start Southend

Our Children, Our Community, Our Future

7 April 2016

A Parent's View

- A Parent's involvement with A Better Start Southend

Background

Aims:

We want Southend-on-Sea to be known as the best place to bring up a child and be a parent. We are creating communities that welcome every baby and ensures they have the best deal possible.

We are working to achieve the best for our children and families by, reducing inequalities and 'narrowing the gap' for children.

We are giving every child the best start in life by, building positive experiences and life changes through the life course to create resilient and self-sufficient families and communities.



Overarching Outcomes

Children achieve well because:

- their parents are ready for parenthood
- they have a positive parent/child relationship
- they are ready for school
- they and their families receive effective and consistent professional support
- there is improved health at individual, family and community level

Specific outcomes focus on:

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



System Change

We will achieve this by creating an evidence base that shows investment in Early Years gives the highest return on human capital.

Our system leaders are committed to this, and work is already underway to enhance and deliver the joint governance, financial and management arrangements to achieve this change. This will embed fundamental system change amongst the statutory partners bringing our community and voluntary partners into the heart of policies and major decisions across the borough.



System Change

An opportunity to complete the cycle:

Whilst the focus is on early years outcomes, A Better Start Southend will also complete the cycle of opportunity in Southend. It will bring together local employers, schools and training providers to create real aspiration across the borough.

Our First Year

- All partnership agreements signed.
- Service level agreement in place to deliver core elements in the original bid.
- We have a robust service design framework for programme development.
- We are one of only four areas in England who are working with the Mental Health Foundation to give women and their families the best support available, and to lead the country on service provision.
- New and enhanced programmes in Southend.



Our First Year

- Upgraded Early Years Information Sharing Review.
- Begun implementation of the new maternity health care pathway.
- Early Years workforce has been enhanced.
- In preparation for year 2 scale up Programme Pilots have taken place reaching over 650 parent and practitioners.

Our Challenges for Year 2

We and the Big Lottery have identified five areas for focus:

- The capacity of the core team to deliver our plan, i.e. have we got the right roles and the right number of people?
- Delivery of our “big ticket” items, such as the Centre for Excellence, Innovation, Family Focused GP Practice and the Bank.
- The active support of partners to deliver A Better Start Southend and our system change.
- Workforce development.
- Community engagement.



Our Challenges for Year 2

- We have developed an action plan to inject pace and enhanced delivery to our activity.
- We have created a new Executive Group to lead our activity.
- We are working with the University of Essex to bring the best research and practice to Southend to instigate a national debate.
- We are working with the CCG to create improved access to support services via GP practices.

1. General comments/themes		
Key issues/gaps	Notes/progress	Work stream/lead
a) It is helpful to compare ourselves with other seaside towns (rather than rest of Essex)	This has been fed back to key data intelligence leads to inform future comparisons.	Rob Walters
b) Consider the wider determinants of mental health - not just a health issue. Consider broader factors that significantly influence mental wellbeing such as the quality of housing and employment.	An increased focus on wider-determinants can have a stronger emphasis within the longer term HWB Strategy (2016-2020). *HWB Strategy development session scheduled for May 2016.	SBC(PH)/SEPT
c) Can services be joined up in “clusters” e.g. Police, Fire, Ambulance, Smoking cessation	Making Every Contact Count (MECC)	SBC, Lee Watson
d) Can we Focus on repeat callers/clients – particularly to some of blue light services	“Parity of esteem in access” work stream already in place as part of Systems Resilience Group. This work stream is exploring ways to help people who have frequent attendances at A&E access the right treatment or support. Southend has an action plan in place to respond to the Mental Health Crisis Care Concordat.	MH Crisis Group
e) Would be helpful to specify what “parity of esteem” (POE) would look like in practice	POE and premature mortality are linked, due to the life expectancy gap between someone with a mental health condition compared to the general population. Link to findings regarding premature mortality in the JSNA and identify ways to increase parity based on local evidence.	
f) Other areas for consideration	Dual Diagnosis	
Small group discussion		
2. Parenting & mental health		
Key issues/gaps	Notes/progress	Work stream/lead
a) Recognition that information / advice needs to be given before individuals become parents. Where does learning about parenting start?	A Better Start Southend have secured being part of a bid won by the Mental Health Foundation as part of the Maternal Mental Health Alliance to help review and develop the pathway for Maternal Mental Health over the next 3 years. Only 4 areas in the country are part of this exciting opportunity.	A Better Start
b) Needs to be something young people are aware of. However, there was a loss of parenting on the school curriculum. This is partly due to the fact that teachers are spending their time focusing on increasing educational attainment – which in its self is a protective factor for mental health.		
c) Local initiatives:	While mental health wasn't an entry criteria for phase 1 it can be now in Phase 2. We successfully achieved 100% Payment by Results for 420 families (which was our target set by DCLG) – many of these families indeed had social and emotional issues including anxiety and depression. We weren't required to monitor these families after closure but did work with them for between 6 months and 2 years dependant on need.	SBC
<ul style="list-style-type: none"> ‘Streets Ahead’ – 400 families have engaged with this programme, which includes parenting. Need to have further ‘follow up’ and evaluation at 6 months to check whether the interventions with the family have been successful and if not what else needs to happen. There is recognition that further thought needs to be given to how advice and support on parenting is delivered as there is no ‘one size fits all’. Often, groups such as mother & baby/toddler groups are a better way to give parenting messages in a non-threatening way. With additional training and investment such classes could help to deal with parenting needs. 	Phase 2 requires that we work with 1480 families and DCLG are monitoring all exit criteria, including health, for a period of 12 months after closure and will be producing relevant reports pertaining to this sustainment. In Phase 2, we now have as one of Southend's selection criteria – ‘any adult with parental responsibilities or child with mental health problems’. Currently we have 227 families within Phase 2, out of which 57 were referred with mental health problems as one of the issues. We also have a selection criteria of ‘any child with social, emotional or behavioural issues’ and 156 of the 227 have been referred with this criteria. – Carol Compton	
<ul style="list-style-type: none"> There was consensus that parental substance misuse and domestic abuse can have significant impact on quality of parenting 	Drug and/or alcohol misuse is often identified in instances of domestic abuse and both can have a significant impact on quality of parenting. STARS (the Southend Treatment And Recovery Service) recognise this and, as part of their assessment process, conduct parental	SBC

d) Parenting is a key strand in 'A Better Start Southend.'	capacity assessments to explore the impact of substance use on their clients' abilities to parent effectively. These are used to inform decisions around safeguarding practice, raising alerts with First Contact where necessary. STARS have recently revised their systems so that they can respond to Section 17 and Section 47 enquiries from social workers within 48 hours of the initial request, and they have agreed their commitment to the MARAT process as this is being rolled out.	
	<p>Alongside the direct support to substance misusing individuals through STARS, the DACT currently commission the M-PACT (Moving Parents And Children Together) programme, an accredited and evidence-based scheme delivered by a multi-agency team, including adults' and young people's specialist substance misuse treatment workers, which aims to improve parenting capacity through developing family communication, cohesion and functioning. Further support is also available directly to young people affected by parental substance use via YPDAT (the Young People's Drug and Alcohol Team) who, as part of the wider Integrated Youth Support Service, are well-placed to feed into wider support services such as Streets Ahead. – Glyn Halksworth/Jamie Pennycott</p> <p>A Better Start Southend have secured being part of a bid won by the Mental Health Foundation as part of the Maternal Mental Health Alliance to help review and develop the pathway for Maternal Mental Health over the next 3 years. Only 4 areas in the country are part of this exciting opportunity.</p>	A Better Start
e) Establish whether there is a current parenting strategy	<ul style="list-style-type: none">• There is a Child and Family Support Strategy 2014-2016• There is also a Corporate Parenting Strategy for Looked after children• A Better Start Southend have secured being part of a bid won by the Mental Health Foundation as part of the Maternal Mental Health Alliance to help review and develop the pathway for Maternal Mental Health over the next 3 years. Only 4 areas in the country are part of this exciting opportunity.	N/A
<u>Small group discussion</u> 3. Place based activities in areas where there are high levels of deprivation; fuel poverty; smoking in pregnancy; physical inactivity; unemployment		
<i>Key issues/gaps</i>	<i>Notes/progress</i>	<i>Work stream/lead</i>
a) Recognition of the ten year life expectancy gap between certain wards. b) Recognition of the HWB Board's priority to reduce such health inequality- Group discussed concentrating the Boards efforts on addressing issues in deprived wards.	Addressing inequality is integral within the current HWB Strategy priorities, specifically, within Ambition 9: Maximising Opportunities/tackling health inequality (including improved access to services) and promoting opportunities to thrive; Education, Employment. It is also a focus of Broad Impact Goal B: Increased Aspiration and Opportunity.	HWB partners
<u>Suggestion for consideration:</u> c) Could all deprived wards have a community centre? - informal locations for residents to meet and talk about health matters with helpers / volunteers.	A focused piece of work is underway regarding the Better Queensway redevelopment project to map existing <u>physical</u> community resources in the area (i.e. buildings) and to better understand <u>virtual</u> community resources and connections that exist independently of a specific building.	SBC
	<p>This work can help to inform a wider understanding of the kinds of resources and needs that contemporary communities have across the borough.</p> <p>Additionally, engaging with existing MH services users to understand their community aspirations and social connection needs will be useful to inform responsive measures.</p>	SBC

<u>Suggestion for consideration:</u> d) Could additional resource be committed to deprived ward schools; through education and learning, changes in culture can be influenced.			Supporting the achievement and outcomes for disadvantaged learners remains a key focus for the council and while funds are diminishing, schools (especially those with a high “density” of deprived learners) do receive additional funding from Pupil Premium, specifically for the purposes of supporting the achievement of these learners, and are held to account by OFSTED, and are expected to report on their websites on the progress made. As a council, we have limited additional resource specifically to commit to deprived ward schools over and above the funding formula. –Brin Martin	SBC
<u>Suggestion for consideration:</u> e) Could the Civic Centre be used for education during the school holidays?			Schools remain open specifically for the purposes of booster classes at Easter for their own, and also for disadvantaged learners approaching the 11 plus. Schools also have an expectation to remain open for community use outside of normal “opening hours”. Although if the target is vulnerable groups, including young adults, returning to a school where they have previously not succeeded may be an obstacle. As a council we do run services for targeted groups through the provision of the Southend Adult Community College. –Brin Martin	SBC
<u>Small group discussion</u> 4. Employment & mental health				
<i>Key issues/gaps</i>			<i>Notes/progress</i>	<i>Work stream/lead</i>
a) Whilst work related stress is a common problem, it seems that different employers (and professions) may have different attitudes to it and different approaches			Mindful employer and PH responsibility deal	SBC: Simon D Ford/ Angela Squires
b) Simply seeking to raise awareness of the problem (and its impact in terms of costs to employers associated with sickness, recruitment etc) is not enough, we will need to develop a targeted offer whereby we are able to demonstrate impact.			Mindful employer and PH responsibility deal (Mental Health First aid):	SBC: Simon D Ford/ Angela Squires
c) There are a number of large local public sector employers (SUHFT, SEPT, SBC, Police etc). If it is possible to work with one of them to develop a scheme working with local services in a co-ordinated way that can be demonstrated to have had real impact, this will not only be directly beneficial in itself, but will provide a platform to promote further work in this area.			Workplace mental health programme	SBC: Simon D Ford

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