

Public Document Pack
SOUTHEND-ON-SEA BOROUGH COUNCIL

Health & Wellbeing Board

Date: Wednesday, 12th June, 2019
Time: 5.00 pm
Place: Darwin 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 **Questions from the Public**
- 4 **Minutes of the Meeting held on Wednesday 20th March 2019** (Pages 1 - 4)
Minutes attached
- 5 **Southend-on-Sea, Essex and Thurrock Suicide Prevention Strategy-
Progress Update** (Pages 5 - 14)
Report attached
- 6 **Southend Physical Activity Strategy 2016-2021- Progress Update** (Pages
15 - 22)
Report attached
- 7 **Primary Care Networks**
Verbal report to follow
- 8 **Date and time of future meetings**

Wednesday 4th September 2019 at 5pm

Wednesday 4th December 2019 at 5pm

Wednesday 22nd January 2020 at 5pm

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SOUTHEND-ON-SEA BOROUGH COUNCIL

Meeting of Health & Wellbeing Board

Date: Wednesday, 20th March, 2019

Place: Darwin Room - Tickfield

4

Present: Councillor L Salter (Chair)
J Garcia-Lobera (Deputy Chair),
Councillors M Davidson and F Evans
J Gardner, Y Blucher, A Khaldi, T D'Orsi, S Leftley, K Jackson,
A Griffin, S Dolling, J Cripps, J Broadbent, K Ramkhelawon and M
Strycharczyk (EPUT)

In Attendance: F Abbott, N Faint, S Baker and J Banks

Start/End Time: 5.00 - 5.40 pm

784 Apologies for Absence

Apologies for absence were received from Councillors Lamb and Woodley (no substitutes).

Apologies were also received from S Morris (sub: Morag Strycharczyk), Dr Chaturvedi and E Chidgey (sub: S Rollason).

785 Declarations of Interest

The following declarations of interest were made:-

- (a) Councillor Salter – agenda item 5 (CCG Annual Report) – non-pecuniary interest – husband is Consultant Surgeon at Southend Hospital; daughter is acting Consultant and Doctor at Basildon Hospital; son-in-law is a GP in the Borough and Diabetes Lead on Southend CCG;
- (b) Dr J. Garcia-Lobera – agenda item 5 (CCG Annual Report) – non-pecuniary interest – practicing GP in the Borough.

786 Minutes of the Meeting held on Wednesday 23rd January 2019

Resolved:-

That the Minutes of the Meeting held on Wednesday, 23rd January, 2019 be confirmed as a correct record and signed.

787 Public Questions

There were no public questions.

788 CCG Annual Report

The Board considered a report of the Interim Accountable Officer, Southend and Castle Point & Rochford CCGs which presented the Southend CCG draft Annual Report 2018/19, for review and feedback. The Chair provided clarification on the status of the draft Annual Report, in particular that this is an early draft for comment on its content, narrative and style.

The Interim Accountable Officer also explained that as this was an early skeleton draft, the nature of the data is therefore incomplete and is subject to concurrent review processes in order to comply with the CCG statutory deadlines for audit and publication by the end of May.

The Board made the following comments:-

- Welcomed the opportunity to comment on the draft report
- Document is very readable and contains a lot of detail of the work undertaken in 2018/19 and is a good summary of the work of the CCG
- Useful to add signposting in document.

Resolved:-

To endorse the Southend CCG's Draft Annual Report 2018/19 and noted that an updated draft of the Annual Report will be circulated to the Board in April, prior to its submission to NHS England.

789 A Better Start Southend Progress Update

The Board considered a report of the Director, A Better Start Southend (ABSS) which provided an update from the Chair of ABSS on key developments since the last meeting of the Health & Wellbeing Board.

The Chair of ABSS highlighted in particular the success in engaging families in target wards and how taking learning from the programme across the area more widely. The Chair referred to the 'Who's the Expert' family friendly conference taking place on Thursday 11th April 2019 which will provide opportunities for partners to come together to share the latest development in co-production and service design.

Resolved:-

That the report be noted.

790 Southend Better Care Fund 2019/20

The Board considered a report of the Strategic Director of Finance and Resources setting out the operation of the Better Care Fund Pool during 2018/19. The report outlined the proposals with regard to the carers support jointly commissioned pilot going forward, as set out in paragraph 4 of the report.

Resolved:-

1. To note the financial flows of the 2018/19 Better Care Fund.
2. To agree to the variation to the 2018/19 Better Care Fund, so as to allow the reallocation of the funds associated with the jointly commissioned Carer's support scheme back to the respective parties for reinvestment back into their other better Care Fund Schemes.
3. To note that the carer's support jointly commissioned pilot will be evaluated and reviewed by the Board in 2019/20.

791 JSNA Steering Group - update

The Board received a verbal update from the Interim Director of Public Health on the work of the JSNA Steering Group.

Resolved:-

1. That this matter be a Standing Item on future Board meetings and the revised Terms of Reference of the Steering Group be brought to the next Board meeting for consideration.
2. The Harm Reduction Strategy be brought to the Board for consideration.

792 Physical Activity Strategy - update

The Board received a verbal update from Councillor Davidson on the recent meeting of the Active Southend Group which had been very encouraging and well attended. The Group had discussed, amongst other matters, the Southend-on-Sea Physical Activity Strategy, Southend 2050, the Active 10 campaign, Active Women and She's Ready project.

Resolved:-

That the update be noted.

793 Vote of Thanks to Chair

The Board took the opportunity to thank the Chair for the able way in which she had conducted meetings over the last Municipal Year. The Chair thanked Board members for their involvement and contributions.

Chairman: _____

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Southend-on-Sea Health & Wellbeing Board

Agenda
Item No.

5

Report of the Interim Director of Public Health

To

Health & Wellbeing Board

On

Wednesday 12th June 2019

Report prepared by: Simon D Ford,
Health Improvement Practitioner Advanced

For information only		For discussion	x	Approval required	x
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Southend-on-Sea, Essex and Thurrock Suicide Prevention Strategy-Progress Update

Part 1 (Public Agenda Item)

1. Purpose of Report

- 1.1 To provide the Board with an update of the Southend-on-Sea, Essex and Thurrock (SET) Suicide Prevention Strategy 2017.

2. Recommendations

- 2.1 The Board is asked to note the SET Suicide Prevention Strategy 2019 Update provided.
- 2.2 The Board is asked to agree the [draft] SET Suicide Prevention Steering Board Terms of Reference and authorise that the Steering Board has decision making responsibility on behalf of the Health and Wellbeing Board as appropriate.
- 2.3 The Board is asked to agree that suicide prevention training and bereavement by suicide support are priority actions for development on a SET footprint.
- 2.4 The Board is asked to agree Option 2, as detailed in section 5 of the Paper, as the preferred mechanism for implementing suicide prevention training.

3. Background & Context

- 3.1 The impact of any death is profound, affecting loved ones, friends, work colleagues and entire communities. The impact of a death from suicide can be more complex due to the often unexpected nature of the death as well as delays in investigation and conclusion.
- 3.2 Mental health is a key factor in suicide, yet the majority of those who take their own life were not in contact with mental health services. In the main, the causes are the everyday pressures of health, relationships, and finances that we may all struggle with.

As such, there is no one solution to preventing suicide. By having a thriving and prosperous local economy, safe communities, a focus on health and wellbeing, and a strong start in life, we can reduce some of the risks.

- 3.3 This complexity is further compounded by the fact that no single organisation can tackle this alone, (and that to some extent some contributing factors are beyond reach, e.g. breakdown of personal relationships). What is required is a whole system, cohesive, multi-agency approach, which brings together local government, primary and acute healthcare settings, including mental health service providers, the criminal justice system, emergency services, workplaces, communities and the voluntary sector.
- 3.4 In 2012, the Government published a report entitled *Preventing Suicide in England*, which set a welcome blueprint for local authorities and others. This has since been supplemented with further guidance from Public Health England. The *All-Party Parliamentary Group on Suicide and Self-Harm Prevention Inquiry into Local Suicide Prevention Plans in England 2015* recommended that all local authorities have in place by the end of 2017 suicide audit work, a suicide prevention plan and a multi-agency group to implement the plan.
- 3.5 The *Five Year Forward View for Mental Health*, published in 2016, set out an ambition to reduce the rate of suicides in England by 10 per cent nationally by 2020/21.
- 3.6 In January 2019, the Government published two documents, *Preventing suicide in England: Fourth progress report of the cross-government outcomes strategy to save lives* and the *Cross-Government Suicide Prevention Workplan*. These documents prioritised embedding local suicide prevention plans; delivering the ambition of zero suicide in mental health inpatients; addressing the highest risk groups including middle-aged men, young people and other vulnerable groups; tackling societal drivers including indebtedness, gambling addiction and substance misuse; and, improving support for those bereaved by suicide.
- 3.7 The *NHS Long-term Plan*, published January 2019, reaffirms the NHS's commitment to make suicide prevention a priority over the next decade. It commits to rolling out funding to further Sustainability and Transformation Partnership (STP) areas, implementing a new Mental Health Safety Improvement Programme, as well as rolling out suicide bereavement services across the country.

4. Let's Talk About Suicide' The Southend-on-Sea, Essex and Thurrock Suicide Prevention Strategy 2017

- 4.1 Southend-on-Sea, Essex and Thurrock local authorities agreed to work in partnership to develop and implement the "*Let's Talk About Suicide*": *Preventing suicides in Southend-on-Sea, Essex and Thurrock 2017 Strategy (Appendix A)*. The strategy clearly identified suicide prevention as a priority and based its recommendations on the *Preventing Suicide in England* document key themes. These are:
1. Reduce the risk of suicide in key high-risk groups
 2. Tailor approaches to improve mental health in specific groups
 3. Reduce access to the means of suicide
 4. Provide better information and support to those bereaved of affected by suicide
 5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
 6. Support research, data collection and monitoring

The strategy was agreed for implementation at the June 2017 Southend-on-Sea Health and Wellbeing Board (HWB).

4.2 The SET Suicide Prevention Strategy 2019 update (Appendix 1) report details progress made since the Health and Wellbeing Board sign-off in 2017. It provides an outline of the current national context and ambitions; audit findings and recommendations; update on key areas including bereavement and postvention, social media, training for professionals and communities, supporting research, data collection and monitoring; as well as an update from the Mid and South STP Plans for crisis intervention and acute care mental health transformation. The update outlines three priority actions for the SET Suicide Prevention Steering Board to take forward, these are:

- **Action 1:** We will work to ensure that the local workforce and public understand the risks of suicide and their potential contribution regarding prevention. As a first step we will understand available training, roll out awareness training including e learning, and increase public awareness through promoting national campaigns. We will also consider the addition of self-harm training to this agenda. This action will be led by Essex County Council (ECC) Public Health Team.
- **Action 2:** We will work towards developing a central resource that will help to direct people bereaved or affected by suicide to appropriate support. We will work with partners to ensure that the *Help is at Hand* booklet is given to those bereaved or affected by suicide in a timely manner. This action will be led by Southend-on-Sea Borough Council Public Health Team.
- **Action 3:** We will seek to learn lessons from suicides and attempted suicides locally and put in place measures that reduce the likelihood of such circumstances reoccurring. We will establish processes, so that information from various sources is collated and analysed to improve our collective insight about suicide locally. This action will be led by ECC's Public Health Team.

5. Suicide Prevention Training

5.1 As outlined in the *SET Suicide Prevention Strategy 2019* update, and in line with the *Cross-Government Suicide Prevention Workplan*, the Steering Board has identified suicide prevention and awareness training as a first priority.

5.2 The *Cross-Government Suicide Prevention Workplan* highlights the need for suicide prevention awareness training for staff working within public services, including (but not exclusively) healthcare, transport networks, and police and prisons, due to the number of individuals they may come into contact with who are at risk of suicide.

5.3 It also supports the need for training to include self-harm, as advocated in the *Self Harm and Suicide Prevention Competence Frameworks*, published by *Health Education England* and the *National Collaborating Centre for Mental Health*. The Frameworks identify the skills and knowledge required for all those working in public facing services, thus ensuring people who self-harm and/or are suicidal are supported in line with best practice.

5.4 Essex County Council Public Health team (ECCPHT) is leading on Action 1 to develop the suicide prevention and self-harm training offer across SET. ECCPHT has identified a range of training options, from free e-learning, face to face workshops of varying length, to extended training for trainer models. ECCPHT will over a 6 month period scope what training is currently being delivered in the SET areas and report the findings to the Suicide Prevention Steering Board.

5.5 The partnership has identified three training options to consider, namely:

Option 1-To allow organisations, sectors, partners to undertake their own training as they see fit. This Option would not include any support or interface with ECCPHT or the

partnership and could conclude with an inconsistent training outcome across the SET footprint.

Option 2-ECCPHT and the partnership will promote the free e-learning training, face-to face workshop offers and train the trainer models across the system but leave it to organisations to commission and implement either within individual organisations or collaboratively in partnership with others. ECCPHT will provide a direct relationship with organisations and would act as a reference point/source of support and advise organisations as required on the best training provision for their organisation. ECCPHT would also promote Mental Health First Aid as a training offer for organisations to consider.

Option 3-Local Authority Public Health Teams to coordinate the commissioning, full funding and delivery of training across the system thus providing consistency, efficiency and perhaps subsidise smaller partners such as the voluntary sector or direct to the public. In this instance, the Suicide Prevention Steering Board working officers group will lead and organise training for all sectors, organisations and partners. This would necessitate resource to manage the administration function that would be required.

5.6 The Board is asked to agree Option 2 as the preferred mechanism for implementing suicide prevention training.

5.7 Option 2 is the preferred option for the following reasons:

- There is already some evidence that organisations are self-funding delivery of suicide prevention training
- Previous attempts to source funding for an organised approach to training were unsuccessful with few partners making a contribution
- The previous attempt to implement Training the Trainer failed due to lack of scale (insufficient capacity & staff turnover of the trainers to make it sustainable) and lack of administrative capacity to arrange courses;
- Collating and sharing feedback and learning would enhance quality control of local arrangements

5.8 Option 2 and 3 are not mutually exclusive and should some partners chose to collaborate an arrangement to implement centrally could be made. A long term version of option 3 building local capacity through a Training the Trainer approach could still be explored as a second phase once sufficient interest and commitment is built through option 2.

5.9 As outlined, in the event the Health and Wellbeing Board approves option 2 above, it is proposed that the suicide prevention working officers group will review what progress has been made in terms of rolling out training and report to the Steering Board when it next meets, due to be scheduled in October 2019, in order to scope and scale the training being delivered across sectors. Depending on appetite, this would include training across the board with a view to capturing as many people as possible including schools and workplaces.

6. Bereavement Support Services

6.1 Bereavement support is identified as a priority for action by the SET Suicide Prevention Steering Board. Southend-on-Sea Borough Council Public Health Team is leading on this action. The ambition is to develop a central resource that will help to direct people bereaved or affected by suicide to appropriate support. The Government, in the *NHS Long Term Plan*, has identified that bereavement support is a key priority with the ambition by 2023/24 to roll-out in a phased approach services to all areas of the

country through funding provided to STPs. It is proposed that an options paper is developed for future review by the HWB.

7. Southend-on-Sea Suicide Prevention Partnership Steering Group

7.1 In response to the SET Suicide Prevention Strategy 2017 the Southend-on-Sea Suicide Prevention Partnership Steering Group was established.

7.2 The Group has agreed a draft Southend-on-Sea Suicide Prevention Action Plan (Appendix 2).

7.3 A Southend-on-Sea Children's Emotional Wellbeing and Mental Health Partnership Group, with a particular focus on self-harm and suicide prevention in schools settings has been established.

7.4 Promotion through Southend-on-Sea Borough Council social media platforms, in partnership with The Samaritans, has taken place for national campaigns including World Suicide Prevention Day; World Mental Health Day; Brew Monday; Mental Health Awareness Week; and, Time To Talk Day. This promotion has highlighted the importance of mental wellbeing and seeking support from local agencies.

7.5 Southend-on-Sea Association of Voluntary Services hosted a 'Let's have a conversation about suicide' Question Time style event in September 2018. An expert panel was invited to respond to audience questions about suicide and suicide prevention.

7.6 Short term future priority actions for the Action Plan include:

- Review and refresh the Southend-on-Sea Suicide Prevention Action Plan 2018-2021
- Issue updated self-harm and suicide prevention toolkits to Southend-on-Sea schools
- Promote national and local mental wellbeing and suicide prevention campaigns through social media in partnership with mental health and suicide prevention organisations.
- Plan the 2019 'Let's have a conversation about Suicide' Question Time style event in conjunction with World Suicide Prevention Day with a focus on improving mental wellbeing and help seeking behaviour in men
- Develop a business case that identifies an appropriate central resource that will help to direct people bereaved or affected by suicide to appropriate support.

8. Southend-on-Sea, Essex and Thurrock Suicide Prevention Steering Board

8.1 Southend-on-Sea, Essex and Thurrock Councils have convened, since April 2019, a Suicide Prevention Steering Board to provide system wide leadership and expertise across the Local Authority and STP footprint including neighbouring counties. The Board is chaired by the Essex Director of Public Health. The Board will identify priorities and make recommendations on key areas including the development and monitoring of the SET Suicide Prevention Strategy and Action Plans; and, data collection and audit.

8.2 The Steering Board has established Terms of Reference detailing its purpose and key outcomes (Appendix 3). The Board accountability is to the three SET Health and

Wellbeing Boards and the three STPs. The Board will require authorisation from the three HWBs to assume decision making responsibility on behalf of the HWB as appropriate. This responsibility will determine its authority to direct others to deliver against those priorities identified in the SET Suicide Prevention Strategy 2019, and to be accountable to the Steering Board.

- 8.3 To support the Steering Board a suicide prevention working officers group led by the three local authority public health suicide prevention leads and mental health leads for both adults and children from the Clinical Commissioning Groups, has been established to support the delivery of activity.

9. Southend-on-Sea, Essex and Thurrock Suicide Audit 2017

- 9.1 In August 2018 an audit was completed of coroner determined suicides and open verdicts for Southend-on-Sea, Essex and Thurrock individuals in 2017.

- 9.2 The audit split age groups into two categories, those aged 18-25 and those aged over 26. The 18-25 year old category were reviewed and included in the suicide in young people thematic review undertaken by Essex County Council. For those aged 26 and over a sample of suicide and undetermined death were included from Essex, whilst due to the smaller numbers, all cases of suicide and undermined death in Thurrock and Southend-on-Sea were included. Sixty-five records out of a possible 127 were reviewed for those aged over 26. Due to a strategic focus on suicide and younger adults all suicides for those aged 18-25 were included for all three councils-a total of 12 in 2017.

- 9.3 Key Audit findings identified the following:

- The suicide rate in Southend-on-Sea, Essex and Thurrock is broadly in line with the east of England and England's rate. Rates of suicide in Southend-on-Sea have declined over the years, while Essex has increased.
- There are no statistically significant differences in rates between Southend-on-Sea, Essex and Thurrock
- Known risk factors including relationship issues, social isolation, financial issues, legal issues, unemployment/employment issues and ill health were noted in cases reviewed.
- 73% of suicides involved males. The most prevalent age for males was between 40 and 49 and between 40 and 44 for women.
- 83% of suicides for people aged 18-25 involved substances such as drugs and alcohol. In over 36 year olds, 31% involved a history of alcohol misuse and 21% involved a history of drug abuse.
- In Southend, 55% of people who took their own lives were not in employment.
- Over half of the death in Southend-on-Sea took place in the individuals own home with hanging and poisoning being the most common methods. A small number of deaths took place in public spaces.

- 9.4 The SET Suicide Prevention Steering Board has received a challenge to the suicide audit process by the Essex Coroner Service. The Coroner Service has updated its record keeping to an online system. This means that access to the suicide records is problematic for each local authority due to data protection and accessing records concerns. The Board requests that the HWB agrees that the Chair can resolve the concerns with the Coroner on behalf of the HWB and the SET Suicide Prevention Steering Board.

10. Reasons for Recommendations

- 10.1 A death by suicide has a profound impact on individuals, families, and communities and preventing such deaths is a government and Southend-on-Sea-on-Sea, Essex and Thurrock Council's priority.
- 10.2 A joint approach recognises the complex geography of Southend-on-Sea, Essex and Thurrock with overlapping boundaries and jurisdictions, both at Council and STP level, which require both local and shared approach to suicide prevention. It still allows for local flexibility whilst maintaining a broader overview for those partners who cross boundaries.
- 10.3 The three upper-tier local authorities in greater Essex will continue to work in partnership as a pragmatic measure to working more effectively, reducing duplication and creating better outcomes for our populations. This approach will be managed by the SET Suicide Prevention Steering Board.
- 10.4 The Board will also have oversight of the key actions that have been agreed and will progress on a single footprint:
- training of the local workforce and the public so that they understand the risks of suicide and their potential contribution regarding prevention; and,
 - bereavement support for those directly affected by a death by suicide.

11. Corporate Implications-Contribution to the Southend-on-Sea 2050 Road Map

- 11.1 The SET Suicide Prevention Strategy 2019 update links directly to the following Southend-on-Sea 2050 ambition themes and outcomes:
- **Safe and Well**
 - People in all parts of the borough feel safe and secure at all times.
 - Southenders are remaining well enough to enjoy fulfilling lives, throughout their lives.
 - We are all effective at protecting and improving the quality of life for the most vulnerable in our community.
 - **Active and Involved**
 - Even more Southenders agree that people from different backgrounds are valued and get on well together
 - The benefits of community connection are evident as more people come together to help, support and spend time with each other
 - Public services are routinely designed, and sometimes delivered, with their users to best meet their needs
 - A range of initiatives help communities come together to enhance their neighbourhood and environment

12. Financial Implications

- 12.1 There are no direct financial implications arising from this report. There is an element of the strategy that includes public awareness raising and workforce training; therefore there may be a resource implication to upskill both groups with suicide prevention information. Secondly, there is a further resource implication to provide a central resource that will help to direct people bereaved or affected by suicide to appropriate support. Upon HWB approval, further work will be undertaken to progress these priority areas and identify any funding implications.

13. Legal Implications

- 13.1 None

14. People Implications

- 14.1 Increasing awareness through training and promoting local support services and national campaigns will have a positive impact on population mental wellbeing and suicide prevention.

15. Property Implications

- 15.1 None

16. Consultation

- 16.1 As the strategy reflects the ongoing and intended work of organisations and partnerships, we have not consulted specifically on this strategy update,

17. Equalities and Diversity Implications

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

18. Risk Assessment

- 18.1 This is a national imperative where there is a clear government intention to reduce the rate of suicides in England by 10 per cent nationally by 2020/21. In Southend-on-Sea we are statistically similar to the national rate, however, we have continued economic pressures on the general population, coupled with the increasing local prevalence of depression and anxiety, and therefore it is important to take actions to prevent an increase in the rate.

19. Value for Money

- 19.1 The economic cost of each death by suicide has been calculated as £1.67 million. This covers the direct costs of care, indirect costs relating to loss of productivity and earnings, and the intangible costs associated with pain, grief and suffering (National Suicide Prevention Alliance). In the Southend-on-Sea, Essex and Thurrock area there were 139 coroner recorded deaths in 2017, this equates to an approximate cost of £232 million, therefore prevention of even one suicide offers value for money.

20. Community Safety Implications

- 20.1 Management of a death by suicide, particularly in an open public space, may require some sensitive management to reassure local communities and individuals and to offer support. This would be undertaken with relevant council departments, Essex Police, the Samaritans, the media and Network Rail, as appropriate.

21. Environmental Impact

- 21.1 Not Applicable

22. Background Papers

- 22.1 This report does take account of reports published by the Government and Public Health England, which can be found at:

<https://www.gov.uk/government/collections/suicide-prevention-resources-and-guidance>

22.2 Appendix A-‘Let’s Talk About Suicide’ The Southend-on-Sea, Essex and Thurrock Suicide Prevention Strategy 2017



Suicide Prevention
Strategy final.docx

23. Appendix

23.1 Appendix 1
Southend-on-Sea, Essex and Thurrock Strategy 2019 Update



SET Suicide Strategy
Update Report 2019

23.2 Appendix 2
Southend-on-Sea Suicide Prevention Action Plan



Southend on Sea
Suicide Prevention A

23.3 Appendix 3
[Draft] Southend-on-Sea, Essex and Thurrock Suicide Prevention Steering Board
Terms of Reference



Suicide Prevention
Board - Terms of Ref

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Southend Health & Wellbeing Board

Agenda
Item No.

6

Report of the Deputy Chief Executive (People)

To
Health & Wellbeing Board

on
12th June 2019

Report prepared by: Lee Watson, Health Improvement
Practitioner Advanced

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

Part 1 (Public Agenda Item)

1. Purpose of Report

- 1.1 To review and update the board on the progress to date with the implementation of the Southend-on-Sea Physical Activity Strategy 2016-2021 refreshed action plan, including successes, challenges and future opportunities.
- 1.2 To stimulate board discussions regarding priorities for action during 2019/20.

2. Recommendations

- 2.1. The Health and Wellbeing Board is asked to note the update provided, including successes, challenges and future opportunities.
- 2.2. The Board are asked to consider the priorities for action in 2019 and suggest additional actions if required, or opportunities for further work across the partnership to increase physical activity.

3. Background & Context

- 3.1. Physical inactivity is the fourth largest cause of disease and disability and is directly responsible for 1 in 6 deaths in the UK. The latest data from Public Health England highlights that 22.6% of adults in Southend are inactive, undertaking less than 30 minutes of physical activity a week. This puts them at a greater risk of developing a number of conditions including heart disease, cancer, obesity, diabetes, depression and dementia.
- 3.2. The Southend-on-Sea Physical Activity Strategy (which is the delivery mechanism for the refreshed Health and Wellbeing Strategy 2017-2021) provides a framework and action plan to support the long term vision for

Southend to be a healthier, more active borough. This will be achieved through making the participation in an active healthy lifestyle a social norm for people who live or work in Southend.

There is an action plan to ensure delivery of the strategy's aims. In 2018/19 a multi-agency prioritisation process identified 5 key priorities for the year, this has been repeated for 2019/20 aligned with Southend 2050 and other emerging strategic and operational opportunities.

4. Strategy Progress

4.1 Progress made during 2018/19 includes;

- Utilisation of existing data and insight to create a Southend Joint Strategic Needs Assessment for Physical Activity. This resource has had input from the Active Southend Network including stakeholder data, insight and their views on relevant and desirable content. This approach is intended to result in an intelligence product that can be used by the whole system (for example to inform external funding bids by partners).
- Delivery of Active Southend Workplans consisted of 40 physical activity related projects engaging almost 3000 individuals, 1146 of whom self-assessed as inactive at the start their engagement with a programme. 32% of participants sustained their participation beyond the life of the project.
- Southend Borough Council Public Health team and Culture and Leisure teams have developed closer working relationships with Active Essex, with a particular focus on improving school engagement with the Active Lives survey and improving our understanding of the use of school sport premium funding locally with an aim to influencing future spend to improve outcomes for children most in need.
- Southend Borough Council and the CCG secured GP training from Public Health England's Physical Activity Clinical Champion programme, this training took place in November with GP's and other clinical staff across the South East Essex footprint hearing the benefits and opportunities that talking to patients about physical activity can bring.
- Further development of our settings based approaches to increase physical activity including: engaging 11 businesses in physical activity interventions through the Public Health Responsibility Deal, delivery of Early Years workforce training on physical activity in partnership with Active Essex and supporting schools to improve their physical activity offer through our Healthy Schools programme encouraging schools to deliver the Daily Mile or equivalent activities on a regular basis.
- Fusion Leisure's Exercise Referral programme continues to grow with 663 individuals referred for the 12 week programme, of these 78% continue to attend the gym post-programme.

- Southend Borough Council Public Health Team working with the Strategic Planning team to further embed consideration of physical activity opportunities into planning decisions. This has included the development of a Health Impact Assessment for the initial proposals for the Queensway redevelopment.

4.2 Opportunities for 2019/20

There are several key opportunities over the next 12 months that can be maximised to increase population physical activity levels and reduce inactive lives:

Wellbeing Service

- This new service going live on June 1st 2019 will replace the existing Lifestyle Service, the service specification was designed in response to stakeholder and public engagement and will take a more community led, asset based approach to supporting individuals and communities to improve their health and wellbeing. A major focus for the service will be to increase physical activity, with the service taking an active role in increasing the size of the Health Walk Scheme locally.

Falls Service re-design

- The Falls Prevention “Staying Steady” service has been brought in house from April 2019 to enable a more indepth understanding of the requirements of the service in the future, an evidence review has informed some initial changes including increasing the duration of the intervention. In line with the ambitions of the Wellbeing Service a more community led, asset based approach to delivery is being taken to enable greater capacity within the programme and to create more community based opportunities for those finishing the intervention to remain active.

Social Prescribing

- Physical Activity and recreation as a key opportunity to increase social connectivity, emotional and physical wellbeing.
- The Wellbeing Service will be a fundamental building block for social prescribing locally, however there are many other key stakeholders and partners and an on-going workstream over the past 12 months is aiming to ensure as far as possible that a co-designed, co-developed approach is taken to social prescribing in Southend.

The Leisure “offer”

- Fusion Lifestyle, the Councils Leisure Provider has delivered Exercise Referral and Community based Long Term Condition Rehab eg. Caradiac Rehab Phase IV for a number of years. The organisation has an ambition to grow and sustain this approach over the coming 12 months to increase the range of support available and to provide sustainable behaviour change support to individuals.
- The Council’s parks team are looking to increase engagement with parks and open spaces, options currently being explored include mobile phone Apps to gamify parks and open spaces.

The Local Plan:

- The new Local Plan is a key opportunity to encourage development of a public realm that supports physically active lifestyles and reduce incidence of development that creates barriers to everyday activity. The preferred approach consultation due in the winter provides an opportunity to include physical activity for consideration within the plan development and adopt Sport England's Active Design principles.



Achieving as many of the Ten Principles of Active Design as possible, where relevant, will optimise opportunities for active and healthy lifestyles.

5 Reasons for Recommendations

- 5.1 Increasing levels of physical activity in the borough and reducing levels of inactivity will lead to improved health and wellbeing and help to reduce health inequalities. A healthy population will reduce demands on services and provide a healthier workforce to contribute to the economic prosperity of the borough.
- 5.2 Prioritisation of the action plan for 2019/20 enables a more focused use of available resources to deliver the strategy. The priority actions proposed in appendix 1 have been developed in collaboration with the Active Southend Network, using 2050 outcome development plans as well as previous progress in delivery of the strategy as a guide.

6 Financial / Resource Implications

- 6.1 The strategy and associated action plan will be delivered within existing resources and in collaboration with a range of partners. There is an element of the action plan that includes workforce development; therefore there is a resource implication to enable staff to undertake continuing professional development in relation to physical activity promotion.

7 Legal Implications

7.1 None currently identified.

8 Equality & Diversity

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

Appendix 1: Physical Activity Strategy Priority Actions Update:

Action	Description	Timeframe	Lead	Outcomes
1	Develop and implement Active Southend work plans to increase community based physical activity opportunities	On-going - Annual	Culture and Leisure / Public Health	Improve the offer of physical activity opportunities across the Borough, taking a community led, asset based approach where possible, maximising the benefit of our parks, open spaces and estates.
2	Mobilisation of the new Wellbeing Service, and Falls Prevention Service re-design. These services can support individuals to increase their physical activity. Effective pathways from these services will support other physical activity programmes including Exercise Referral and Health Walks.	Aug 2019	Integrated Commissioning / Public Health	Delivery of evidence based physical activity programmes. Improve pathways to physical activity opportunities, delivery of good quality motivational interviewing and support to increase physical activity.
3	Delivery of Making Every Contact Count to deliver physical activity brief interventions across all appropriate public facing organisations including NHS.	On-going	Public Health / Integrated Commissioning / Wellbeing Service Provider / All Partners	Broad workforce training offer to support professionals and other individuals to deliver brief interventions for physical activity.
4	New Local Development Plan	Dec 2019	Strategic Planning/Public Health	Building environments that enable physical activity included within preferred approach consultation document (winter 19/20). Ensuring that where possible emerging development work takes impact on physical activity as a priority consideration
5	Engage with businesses to explore innovative physical activity opportunities including sign up to physical activity pledges for the Public Health Responsibility Deal and business sponsorship for community based activity.	On-going	Public Health / Economic Development	Improved staff health and wellbeing in Southend-on-Sea businesses. Improved access to physical activity opportunities in the community

20

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