

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

**Health & Wellbeing Board**

**Date: Wednesday, 4th December, 2019**

**Time: 5.00 pm**

**Place: Seacole Room - Tickfield**

**Contact: Robert Harris (Principal Democratic Services Officer)**

**Email: [committeesection@southend.gov.uk](mailto:committeesection@southend.gov.uk)**

**AGENDA**

- 1 Apologies for Absence**
- 2 Declarations of Interest**
- 3 Minutes of the Meeting held on Wednesday 18th September 2019 (Pages 1 - 6) - Minutes attached**
- 4 Questions from the Public**
- 5 The Anchor Partner Programme (Pages 7 - 8)**  
Paper attached  
Sponsor: Director of Public Health  
Presenter: Charlotte Williams and Krishna Ramkhelawon
- 6 Shoebury Ambulance Station**  
Paper to follow  
Sponsor: Cllr Harp  
Presenter: TBC
- 7 Healthwatch Report (Pages 9 - 60)**  
Paper attached  
Sponsor: Healthwatch  
Presenter: Jean Broadbent
- 8 A Better Start Southend (Pages 61 - 72)**  
Report attached  
Sponsor: Chair ABSS. Presenter: Alex Khaldi
- 9 Better Care Fund (BCF) Plan**  
Sponsor: AO Southend CCG and Deputy Chief Executive (People)  
Presented: Nick Faint  
Paper to follow
- 10 Date and time of next meeting Wednesday 22<sup>nd</sup> January 2020 at 5pm – Tickfield Centre**



# SOUTHEND-ON-SEA BOROUGH COUNCIL

## Meeting of Health & Wellbeing Board

Date: Wednesday, 18th September, 2019

Place: Committee Room 5 - Civic Suite

# 3

**Present:** Councillor T Harp (Chair)  
J Garcia-Lobera (Vice-Chair), Councillors M Davidson, A Jones,  
I Gilbert, C Mulroney and D Jarvis\*  
T Huff, Y Blucher, A Griffin, A Khaldi, J Lansley and K  
Ramkhelawon  
\*Substitute in accordance with Council Procedure Rule 31.

**In Attendance:** Councillor L Salter (observer People Scrutiny Committee)  
F Abbott, N Faint, S Baker, J Symmonds, E Brennan-Douglas  
(Minute 346), S Williams (Minute 348), J Dickinson (Minute 350), S  
Dinnage (Minute 350) and N Smith (Minute 350).

**Start/End Time:** 5.00 pm - 6.30 pm

### 343 Apologies for Absence

Apologies for absence were received from Cllr C Walker (substitute Cllr D Jarvis), J Gardner (PF&CC), S Leftley (SBC), K Chaturvedi (NHS Southend CCG), E Chidgey (Independent Chair), K Jackson (SAVS), S Dolling (SBC) and J Broadbent (Healthwatch Southend – J Symmonds attended).

### 344 Declarations of Interest

The following declarations of interest were made:-

- (a) Dr J G Lobera – agenda item relating to Primary Care Networks – non-pecuniary interest – GP in Borough and is involved in some of the work around primary Care Networks;
- (b) Councillor Salter - agenda item relating to Primary Care Networks – non-pecuniary interest – son-in-law is a GP in the Borough;
- (c) Councillor Harp – agenda item relating to Dementia Community Support Model - non-pecuniary interest – St Luke’s Health Centre facilitated by initial motion at Council; patient and PPG Chair.

### 345 Minutes of the Meeting held on Wednesday 12th June 2019

Resolved:-

That the Minutes of the Meeting held on Wednesday, 12<sup>th</sup> June, 2019 be confirmed as a correct record and signed.

**346 Teenage Pregnancy and Young Parents in Southend-on-Sea:  
Understanding the bigger picture of needs through case load analysis**

The Board considered a report of the Interim Director of Public Health which updated the Board on the insights and developments being explored as part of the wider deep dive review of under-18 conceptions, teenage pregnancy and young parents support in Southend.

Some emerging themes have been identified as requiring more in-depth analysis and interpretation, including the need for system pathway and offer for all young parents from entry and exit that is commissioned in a seamless way. The next steps in the work is to develop the deep dive and recommendations.

The Board asked a number of issues which were responded to by officers, including – issue of care leavers / young people in care – officers confirmed that deeper analysis on this will be carried out and will be included in the report back; terminations, sex and relationship education – the deep dive analysis will explore this further and can use Healthy Schools work as driver.

Resolved:

The final report with key recommendations will be presented to the Board in December 2019, to help finalise the collective approach and initiate an implementation plan in early 2020 that includes alignment to the Southend 2050 ambitions.

**347 LeDeR Mortality Review**

The Interim Director of Public Health presented the LeDeR Southend, Essex and Thurrock End of Year Report 2018-2019. This detailed the actions taken to complete reviews within timescales and the learning from the learning disability mortality reviews.

The Board also noted the action plan which outlines the actions which need to be taken, including – record keeping; training (care providers) and will tap into the national programme; attendance at steering group meetings is being escalated as necessary. The Board asked for an update at its next meeting on this.

Resolved:

That the report be noted.

**348 Primary Care Networks**

Further to Minute 65 of the meeting held on 12<sup>th</sup> June 2019, the Board received a verbal update on the development of Primary Care Networks (PCNs).

The Director of Partnerships & Integration (Castle Point & Rochford) circulated details about the 9 PCNs in the Castle Point & Rochford and Southend CCG footprint, the practices in each area and the list sizes and also the PCn maturity matrix, prepared by NHS England & NHS Improvement. He explained that it is still very early days in their development and that there are 5 PCNs in

Southend, each led by a Clinical Director (in most cases, but not always, a GP) and are based on the Localities areas. The 9 networks meet as a group once a month, with CCG colleagues.

Resolved:

1. That the update and progress on the development of the PCNs, be noted.
2. That further updates on the development of the PCNs be presented to future meetings of the Board.
3. That the survey by Healthwatch Southend be presented to the Board.

### **349 BCF 2019/20**

The Board considered a joint report by the Deputy Chief Executive (People) and Accountable Officer, Southend, Castle Point & Rochford CCG. This updated the Board regarding the Better Care Fund (BCF) for 2019/20, noting that the BCF plan 2019/20 submission will be made on 27<sup>th</sup> September 2019 and that the submission will be made to NHS England. The report also requested that delegated authority be given to the Deputy Chief Executive (People) (Southend-on-Sea Borough Council 'SBC') and the Accountable Officer (Southend Clinical Commissioning Group 'SCCG') in conjunction with the Chair and Vice Chair of HWB to agree the BCF 2019/20 plan in accordance with the Better Care Fund Planning Requirements (published June 2019), as detailed at Appendix A to the report.

Resolved:

1. To note the update for BCF 2019/20.
2. That the priorities for setting the BCF 2019/20 plan, including the need to abide by the national BCF conditions, be agreed.
3. That authority be delegated to the Deputy Chief Executive (People), SBC and the Accountable Officer SCCG in conjunction with the Chair and Vice Chair of HWB to sign off the BCF plan for 2019/20 on behalf of HWB.

### **350 Dementia Community Support Model**

The Board considered a joint report by the Deputy Chief Executive (People) and Accountable Officer, Southend, Castle Point & Rochford CCG. This updated the Board regarding potential plans for remodelling the Dementia Community Support Model for 2020 / 2021, as detailed at Appendix A to the report and sought views on the proposed dementia community support model. It was noted that the model is still to be approved at Clinical Executive Committee and Governing Body for both Southend and Castle Point and Rochford CCGs.

The Board was supportive of the proposals outlined in the report and commended officers for their work in progressing this and the move towards a more community based support model.

Resolved:

1. That the update for Dementia Community Support model for 20/21 be noted.
2. To note that the proposals are subject to progressing through the Clinical executives and Governing Bodies and to the People Scrutiny Committee.
3. That the Board will review the new model after it has been fully operational for a year to review the outcomes and to decide whether to take a joint commissioner approach/ ICS.

**351 Brexit in the context of the Health and Wellbeing Board**

The Head of Integration and Partnerships provided a verbal outline to the Board about this item. He explained that it related to a briefing note being prepared for practitioners regarding the settlement scheme. This will be circulated to the Board when available.

Resolved:

That the information be noted.

**352 Southend Physical Activity Strategy 2016-2021- Progress Update**

The Board considered a report by the Interim Director of Public Health which review and updated the Board on the progress to date with the implementation of the Southend-on-Sea Physical Activity Strategy 2016-2021.

Resolved:

That the report be noted.

**353 A Better Start Southend Update**

The Board considered a report by the Chair and Director of A Better Start Southend providing an update on key developments since the last meeting of the Health & Wellbeing Board.

The Chair of A Better Start noted that much of the focus for the Programme Board was to discuss the legacy of A Better Start Southend and how we ensure the learnings from the programme are incorporated into service provision that is sustainable. It was noted that A Better Start Southend would report further on this direction in January 2020.

Resolved:

That the report be noted.

**354 Southend Tackling Harmful Behaviours Strategy**

The Board considered a report of the Interim Director of Public Health which outlined the Southend Tackling Harmful Behaviours Strategy, which sets out

the ambitions to reduce the impact of smoking, alcohol, substance misuse and gambling in the Borough.

Resolved:

1. That the Strategy, detailed at Appendix 1 to the report, be noted.
2. That an update paper be presented at a future meeting to report of progress in delivery of the strategy, including future challenges and opportunities.

**355 Annual Public Health Report 2018-19**

The Board considered a report of the Interim Director of Public Health which presented the 2018-2019 Annual Report of the Director of Public Health

Resolved:

That the content and recommendations of the 2018/2019 Annual Report of the Director of Public Health be noted.

**356 Healthwatch Southend**

With the agreement of the Chair, J Symmonds, Healthwatch Southend raised the following issues of concern with the Board:

- (a) ASD Diagnosis Waiting Times - request for flow chart & statement to assist service users – this has been raised on several occasions. A meeting has now been arranged with officers at the Council to progress this.
- (b) East of England Ambulance Service – concerns raised by Shoebury residents about future plans for the Ambulance Station in Shoebury-Healthwatch Southend have asked for a statement from the Trust, but this is still awaited. Officers said that they understood that there were no plans to move the station and the CCG will check to see if the clarification has been received in writing. The Chair will write to Trust to ask for clarification if needed and will circulate to the Board.
- (c) Housing developments and impact on acute / primary care – asked the CCG for a statement as to whether developments in Rochford area have been taken into account in the plan. The Board advised that Healthwatch Southend need to direct this query to Essex.

**Chair:** \_\_\_\_\_

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## SOUTHEND BOROUGH COUNCIL HEALTH AND WELLBEING BOARD

4 December 2019

FOR: Discussion

TITLE OF PAPER: NHS Hospital as an Anchor Programme

AUTHOR: Charlotte Williams, Director of Strategy & New Care Models, Mid and South Essex University Hospitals Group

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### 1. Purpose

This paper aims to inform Council members about the work being initiated by the Mid and South Essex University Hospitals Group through the **NHS Hospital as an Anchor** programme.

### 2. The NHS as an “Anchor” institution

The NHS has a key role in promoting, improving and supporting a culture of health, not least because it is where a sizeable proportion of public resource on is spent, and where a large number of our local population works or has regular contact.

NHS organisations such as hospitals are uniquely positioned to leverage public resources to address adverse social, economic and environmental factors that can widen inequalities. Given the effect that the broader economic conditions of a place have on the health of a community, it is important to consider how the role of the health and care system can be maximised to support its local communities in their role as ‘Anchors’ – large, place-based institutions.

The NHS Long Term Plan (from January 2019) notes that “as an employer of 1.4 million people, with an annual budget of £114 billion in 2018/19, the health service creates social value in local communities”. It describes NHS organisations intentionally committing to add social value through procurement, use of land and estate, environmental impact and also targeting employability and schools outreach offers to deprived communities. The Plan also commits NHS England to working with the think tank the Health Foundation and sites across the country to identify more good practice that can be adopted across England. This is a mandate for us to act locally, and we are in communication with NHS England about Essex being a test site.

The recent publication by the Health Foundation ***Building healthier communities: the role of the NHS as an anchor institution*** provides further information about this new area of policy, and case studies from around the country. It can be downloaded from: <https://www.health.org.uk/publications/reports/building-healthier-communities-role-of-nhs-as-anchor-institution>

Examples of how the NHS might act include improving workforce policies to broaden access for local people; creating pre-employment programmes, work placements, apprenticeships and volunteer work experience. Other approaches might be shifting more spend on goods and services locally, building local capacity and supporting

local supply chains, embedding social value into purchasing decisions, and considering use of its land for housing or community activity.

### **3. Local NHS Hospital as an Anchor programme**

The Mid and South Essex University Hospitals Group has a strategic objective to *improve health and wellbeing through excellent, financially sustainable services, provided by staff supported to develop, innovate and build rewarding careers*. By developing a commitment to look at our role in the wider economy, through the NHS Hospital as an Anchor approach, we can address our commitments to improving wellbeing and supporting staff in particular.

Following a seminar with our three Trust Boards in Common and our three authorities reviewing local Health and Wellbeing strategies on 13 March 2019, considering the role of the hospitals sites as a resource for reducing inequality and adding social value was an agreed action for the Group.

Since July 2019, the Mid and South Essex University Hospitals Group has committed to exploring their role as an Anchor institution at our Basildon site, looking at how we can add social value intentionally and consistently to support the local population. Working with the County and borough Councils, we aim to address employability, employee wellbeing and local skills specifically.

It is expected that Basildon acts as a first focus area, and the work will broaden beyond the borough in due course. Having this focused approach and measuring impact will be very important to ensure we co-produce actions that are relevant to, and effective in, our local communities. A partner workshop to co-design the programme and agree the skills and employability approach was held on 16 October 2019.

There are two main areas of work upcoming for us:

1. Our staff are a vital partner in this programme, so we will be undertaking significant engagement activity in late 2019/early 2020 with the Basildon workforce. This is aiming to understand their lives locally and where they feel the hospital can do more to add value as a partner in the community, for them and for others.
2. Driving forward existing proven schemes to improve chances to build skills and opportunity for local young people – including a learning disabilities access to employment programme.

We trust that you would support this new programme of activity, and though not local to Southend, we will gain insight to build upon across our wider area. We are of course aware that there are many initiatives aiming to improve social value in the region, but are very pleased that the hospital might be able to use its unique position to contribute to our shared aims in improving health and wellbeing for our local population.

**Charlotte Williams, 25 November 2019**

NHS Long Term Plan

# Report

Healthwatch Essex

Healthwatch Southend

Healthwatch Thurrock

Mid and South Essex STP

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**whot**  
**would you do?**

It's your NHS. Have your say.

## Executive summary

With growing pressure on the NHS - people living longer and more people living with specific conditions, changes are required to ensure the correct support is available and maintained.

Recognised by the NHS, health needs change as medicine advances and society develops requiring a continual move forward ensuring services fit the future.

The Government is increasing the NHS budget by an extra £20bn a year by 2023. In response, the NHS has created a Long Term Plan focusing on prevention and early detection.

The NHS Long Term Plan sets out what the NHS wants to do better including helping people to live healthier lives, investing more in technology and community services, improving support and getting better at looking after people with long term conditions. To ensure services are right and considered across a national footprint Healthwatch England were asked to support public engagement contributing to each Sustainability and Transformation Partnership (STP) area.

The Mid and South Essex STP covers the boroughs of Southend, Thurrock and part of Essex. Each local Healthwatch was asked to engage with their own residents to explore what is going well, what can be improved and what healthcare services are most important to them.

Two surveys were developed, one general and one for people with specific conditions. Presented to focus groups, face to face and online, Healthwatch Thurrock, Essex and Southend gathered the voices and opinions on a local level informing a larger representation of the STP area.

Using thematic analysis, anecdotal comments and opinion; a picture of the STP residents was built, co-ordinated into this report. The report gives a summary of overall feeling for the STP area along with a focus on each individual area.

### Purpose and Objectives

The overarching purpose of the project was to gain a picture of public views and inform how people want the NHS provision shaped over the next 10 years.

To meet the objectives of the programme, each Healthwatch contributed by:

- Raising awareness of the long term plan and changes taking place within the NHS
- Encouraging members of the public to share their views with Healthwatch to help shape this work.
- Communicating people's views to the NHS informing a national picture

For Mid and South Essex, local objectives were agreed by the STP lead as:

1. To improve community support and break down barriers to care
2. To meet the health needs of vulnerable people - Ageing well

To gather local resident's views, key questions were asked as set by NHS within the two surveys.

A number of focus groups were also held to explore in more detail what matters most to people and therefore where improvements should be focused when developing the NHS Long Term Plan for the Mid and South Essex footprint.

The engagement and research activity for Thurrock, Essex and Southend began in March 2019 finishing in May. A collective data base was created and thematic analysis along with people's voices was captured to bring together an integrated report of views for the Mid and South Essex STP area.

The database captures answers from both the online and paper surveys used in focus groups and face to face engagement.

### Summary of Findings:

A total of 618 General Surveys were completed in both online and paper formats and 254 Specific Condition Surveys were completed; with most of these face to face.

Breakdown of surveys:

Area	General Survey	Specific Condition	Total
Essex	95	36	131
Southend	209	84	293
Thurrock	314	134	448
Total	618	254	872

Across all three areas, Essex, Southend and Thurrock similarities were seen mirroring frustrations or difficulties. Some residents in Thurrock focused on the loss of Orsett Hospital when considering improvements, however, most agreed that locality of services was a key advantage along with provision of support to stay in their own homes.

In all areas, a regular theme of difficulty obtaining a GP appointment featured, along with dissatisfaction around waiting times. This was true across both surveys, as well as healthy lifestyle support eg: leisure centre access and nutrition.

The majority of people responding to the survey were between the ages of 55-64 which is expected as they would largely use health services more. Ethnicity groups were captured within the survey, although White British was the dominant group.

Over 30% of the respondents confirmed they had a disability across both surveys and 4% of the surveys were completed on behalf of others.

Females responded the most to the surveys with 67% compared to 29% males.

To maintain confidentiality, questions in both surveys were optional and for each statement there was an option to not disclose or simply not answer. The percentages shown throughout this report does not include where people did not answer and records only where they have positively submitted a response.

As part of the General Survey, beyond themed area statements, respondents were asked to choose a “most important” element of the theme. This did not sometimes correlate to the initial statement, but in most cases did.

Choice and managing own health was valued in all age groups. For most areas, communication / information and guidance was considered as needing improvement to both support managing conditions and understanding how people can help themselves.

Overall, findings from both Survey 1 (General) and Survey 2 (Specific Conditions) show improvements should be made via:

- Reducing waiting times
- Increase appointment opportunities
- Communications
- Information and Guidance for both diagnosed conditions and wider support offerings

Increased information and guidance was requested on both traditional and digital formats as well as improvements for communications between departments.

The most importance given in the General Survey was:

- Access to the help and treatment I need when I want it.
- Choosing the right treatment is a joint decision between me and the relevant health and care professional
- I want to be able to stay in my own home for as long as possible
- I can talk to my doctor or other health care professional

The most importance given in the Specific Conditions Survey was:

- Post diagnosis support
- Information on how to manage a condition
- Communications
- Wider and more local support

Specific findings from focus groups:

- Essex - appointments, continuity, patience, communication and information
- Southend - information, ESOL support, access to appointments
- Thurrock - access to hospitals, transport, appointments, information

There are clear overall messages coming across the Mid and South Essex STP area whether this is from people suffering specific conditions or not. These are centered around:

- Information and advice around people's conditions, how to manage them and what wider support is available
- Timely appointments to both GP and specialist are not available and not easy to gain access to, with staff shortage mentioned as a contributing factor
- Locality of services proves to be a barrier demonstrated in transport/parking frustrations and availability
- Preventative measures and support to maintain good health should be increased facilitating choice and control
- Communications across departments and between professionals and patients are not adequate and a source of constant frustration

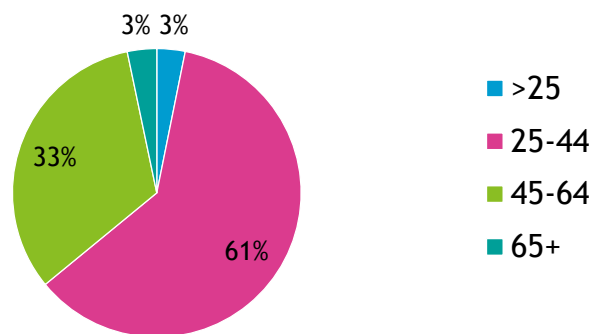
## Comparison of different demographic groups

To consider comparative themes and identify inequalities within this report, data was grouped to three age brackets; >25; 26-44; 45-64; 65+. Where relevant and comparative, other demography was considered.

Much of the data from the General Survey relates to preferences, however, on the Specific Conditions Survey comparisons can be made around inequalities.

Breakdown of respondents in the age groups - both surveys.

### Age of Respondents



## Communication

With communication a key improvement across the engagement work, comparisons were looked at for across ages as there were differing preferences in the general survey. More digital methods were requested from younger (under 25) than from others.

The majority of the >25 group felt that they did not have timely or consistent communication from services they came in contact with at 60% as compared to 25-44 (33%), 45-64 (39%) and 65+ group (3%). The most positive with regard to communication were the 25-44 age group with 43% saying they did have consistent and timely communications.

## Referrals

The data told us that if you were between the ages of 0-25 you were less likely to get a referral to a specialist. When asked, 70% of people in the under 25 category said they were not offered a referral compared to 27% of people aged 45-64 and 19% of people aged 45-64. For the eldest age group 65+ half were offered, half were not.

## Wait Times

Waiting times were mostly considered slow or very slow from initial appointment and seeing a specialist for all. However, both the youngest and oldest age group had more experiences of less time from each appointment. In the other age groups the most frequent response was slow / very slow.

## Ongoing Support

For ongoing support, again the youngest group responded that they found it more difficult to access ongoing support. Half of under 25s commented negatively about ongoing support with all other age groups, whilst there was difficulties, found it mostly positive.

People with disabilities also were more positive with 69% saying they found ongoing support “okay”, “easy” or “very easy”.

Carers found similar experiences with 56% finding it difficult and 44% easier. For people with long term conditions,

As a summary to some of the comparative finds, it appears that mostly younger people find referrals, communication and ongoing support more difficult. This may be because they were less likely to have multiple conditions and therefore less general contact with health professionals. Potentially younger people would be less knowledgeable of service provision or where to get information from and this is further supported by them asking for more digital/quicker information than any other group when questioned around service interaction.



# What matters most to people in Mid and South Essex (Essex, Southend and Thurrock)

## Questions and Answers from General Survey

### Question - What is the most important thing to you when it comes to living a healthy life?

The following statement was most important.

“Access to the help and treatment I need when I want it” -

Breakdown	Most Important	%
All	Access to the help and treatment I need when I need it	36%
Thurrock	Access to the help and treatment I need when I need it	30%
Essex	Access to the help and treatment I need when I need it	40%
Southend	Access to the help and treatment I need when I need it	49%
Under 25s	Easy Access to the information I need to help me make decisions about my health and care / Access to the help and treatment I need when I need it	Both 31%
Age 25-55	Access to the help and treatment I need when I need it	37%
Over 55s	Access to the help and treatment I need when I need it	38%
Females	Access to the help and treatment I need when I need it	38%
Males	Easy access to the information I need to help me make the decisions about my health and care	32%
People with LTC	Access to the help and treatment I need when I want it	35%
Carers	Access to the help and treatment I need when I want it	31%
People with disabilities	Access to the help and treatment I need when I want it	34%

### Voices

*“Getting an appointment quicker”*

*“Knowledge and help to prevent ill health”*

*“More awareness of keeping healthy”*

*“Reduce waiting times”*

*“Easier access to information. My GP didn't tell me I could go to a health hub out of hours. This info should be generally available”*

### Question - What is the most important thing when it comes to managing and choosing the support you need?

The following statement was most important.

“Choosing the right treatment is a joint decision between me and the relevant health and care professional”

Breakdown	Most Important	%
All	Choosing the right treatment is a joint decision between me and the relevant health and care professional	33%
Thurrock	Choosing the right treatment is a joint decision between me and the relevant health and care professional	29%
Essex	Choosing the right treatment is a joint decision between me and the relevant health and care professional	40%
Southend	Choosing the right treatment is a joint decision between me and the relevant health and care professional	49%
Under 25s	Choosing the right treatment is a joint decision between me and the relevant health and care professional	21%
Age 25-55	Choosing the right treatment is a joint decision between me and the relevant health and care professional	25%
Over 55s	Choosing the right treatment is a joint decision between me and the relevant health and care professional	38%
Females	Choosing the right treatment is a joint decision between me and the relevant health and care professional	33%
Males	Choosing the right treatment is a joint decision between me and the relevant health and care professional	32%
People with LTC	Choosing the right treatment is a joint decision between me and the relevant health and care professional	32%
Carers	Choosing the right treatment is a joint decision between me and the relevant health and care professional	38%
People with disabilities	Choosing the right treatment is a joint decision between me and the relevant health and care professional	32%

People across the STP area attributed their ability to manage and choose support would be helped with improvements to:

- Communications
- GP Services
- Locality of Services

Voices captured -

*“Localised support rather than travelling distances to hospital”*

*“More services for home eg district nurse for minor items like wound dressing”*

*“More time in appointments, want to feel my opinion is valued. We know our bodies best”*

*“Local services in local hospitals, not having to travel too far”*

*“Clear independent advice about different choices. Access to GP or nurse on the same day as a problem occurs - being able to call GP and get an appointment - not be on hold for 20 mins to find none left.”*

### Question - How important are the following things when it comes to keeping your independence and ageing healthily?

The following statement was most important.

*“I want to be able to stay in my own home for as long as possible”*

Breakdown	Most Important	%
All	I want to be able to stay in my own home for as long as possible	48%
Thurrock	I want to be able to stay in my own home for as long as possible	49%
Essex	I want to be able to stay in my own home for as long as possible	40%
Southend	I want to be able to stay in my own home for as long as possible	49%
Under 25s	I want to be able to stay in my own home for as long as possible	26%
Age 25-55	I want to be able to stay in my own home for as long as possible	37%
Over 55s	I want to be able to stay in my own home for as long as possible	64%
Females	I want to be able to stay in my own home for as long as possible	46%
Males	I want to be able to stay in my own home for as long as possible	51%
People with LTC	I want to be able to stay in my own home for as long as possible	42%
Carers	I want to be able to stay in my own home for as long as possible	56%
People with disabilities	I want to be able to stay in my own home for as long as possible	58%

Whilst people voiced strongly that they would like to remain at home for as long as possible, they also identified that additional support was required around:

- Finances
- Service locality and community support
- Information, advice and guidance
- Additional home support

Suggestions for support included cheaper care, adaptations to existing home, GP support and local services as well as knowledge.

Voices captured -

*“Informed of all help available from NHS & others”*

*“To have someone to be with you if you are very ill, especially if you live on your own & no family”*

*“Make it more affordable for carers”*

*“I would like a doctor to visit me”*

**Question - What is the most important thing to you when interacting with the NHS?**

The following statement was most important.

**“I can talk to my doctor or other health professional”**

Breakdown	Most Important	%
All	I can talk to my doctor or other health professional	35%
Thurrock	I can talk to my doctor or other health professional	39%
Essex	I can talk to my doctor or other health professional	35%
Southend	I can talk to my doctor or other health professional	25%
Under 25s	Any results are communicated to me quickly making best use of technology	28%
Age 25-55	I can talk to my doctor or other health professional / Any results are communicated to me quickly making best use of technology	Both 29%
Over 55s	I can talk to my doctor or other health professional	39%
Females	I can talk to my doctor or other health professional	28%
Males	I can talk to my doctor or other health professional	46%
People with LTC	I can talk to my doctor or other health professional	32%
Carers	I can talk to my doctor or other health professional	29%
People with disabilities	I can talk to my doctor or other health professional	43%

This area had the most comments referencing GP appointments throughout Thurrock, Essex and Southend. Notably also GP concerns were heard in most focus groups.

- Accessing appointments
- Flexibility of opening hours
- Locality of Services
- Communication

Voices captured -

*“Get the doctors to listen to you when explaining your problems”*

*“Any results are communicated to me quickly making best use of technology. I don't feel this is happening in my case at all-I am under the care of hospitals outside Thurrock, but results of tests etc do not find their way to my GP.”*

*“Although my GP has an online appointment system, I can never get an appointment this way. The phlebotomy online appointment system is excellent”*

*“I work with a charity that support unpaid / informal carers and the comment I hear every day are - no point contacting GP, can't get an appointment, can't leave the person they care for and can't get home visit, can't get a sitter for care at short notice, bus routes have been cut.”*

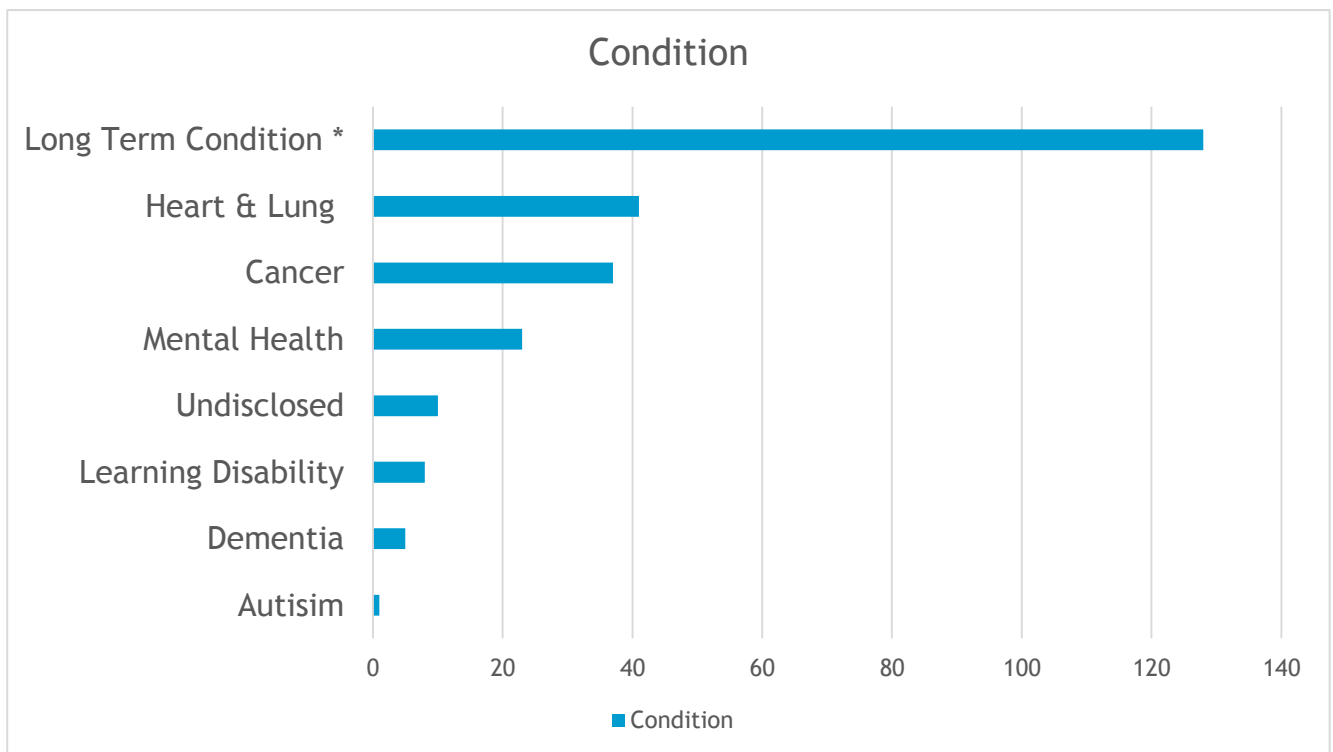


## What matters most to people in Mid and South Essex?

### Questions and Answers from Specific Conditions Survey

The second Survey asked a series of targeted questions and aimed at people with long term, specific conditions.

Respondents of the survey confirmed the conditions they were currently managing:



\*Long Term Condition eg: Asthma; Arthritis; Diabetes

From the 254 completed surveys, 33 were completed on behalf of another person. The condition that people spoke of was diagnosed within the last 3 years for 95 people.

The survey was interested in what help and support was provided post diagnosis; the time between assessment and diagnosis; communications, information and advice and where people felt improvements could be made.

## Getting Help and Support

When people first tried to access help 75% of people felt their needs had either entirely or “somewhat” been met. A quarter, however, felt that they were not, with 7% saying their experience was very negative.

From the “very negative”, people were dissatisfied with:

- Post support; Late diagnosis; Appointments

Voices - *“my needs were not met and it was after changing Dr's after 3 years that my condition was correctly diagnosed*

*“Have been waiting for hip op since feb to sep. Consultant cancelled 4 times”*

*“My partner has never had any dietary advice or sugar testing apart from routine six monthly tests for diabetes-have kept asking for information but has never even been given a leaflet-just gets doled out pills”*

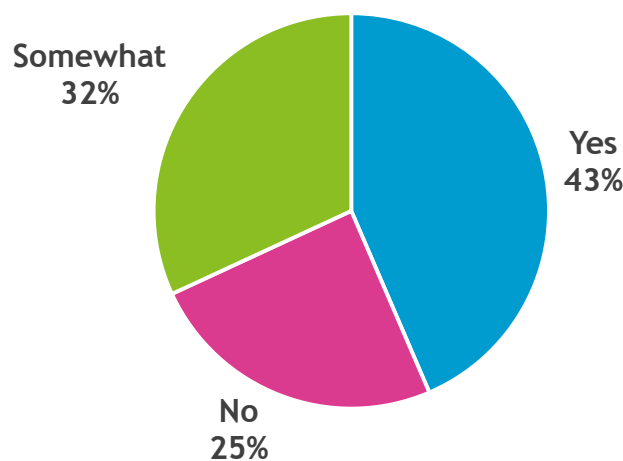
The biggest area of improvement identified was around appointments. This included accessing them, waiting for them and not having them cancelled.

*“Appointment with GP ok but referral to hospital took too long”*

*“Difficult to get referral due to where I live on the border of Mid Essex and North East Essex. Long waiting list to start treatment”*

*“I was referred to hospital but appointments for tests and further tests were not available for many months. I had to elicit the help of my GP practice to obtain an earlier appointment. Eventually all went well”*

Were Your Needs Met?



### Overall Experience of Getting Help

Very Positive	Positive	Average	Don't Know	Negative	Very Negative
19%	27%	36%	6%	5%	7%



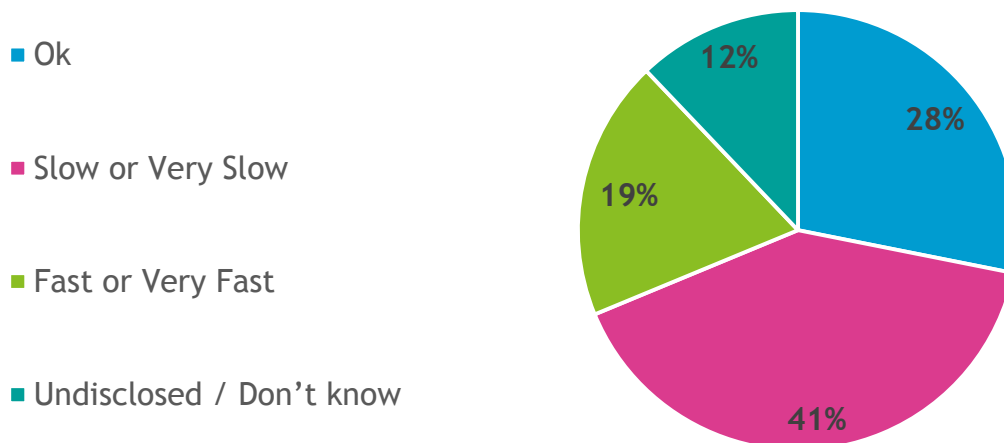
### Having more than one condition

Responders asked whether their experiences of seeking support were for more than one condition and whether this made it more difficult when accessing services.

Of the cohort, 117 confirmed that it was and although 37 felt it was more difficult; 35 felt it made no difference. A smaller number; 18, felt it was easier.

### Waiting times

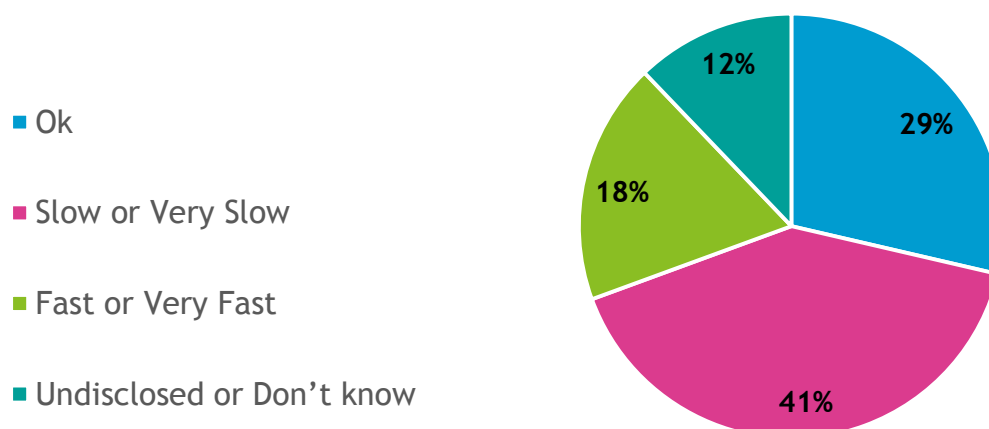
Time waited for initial assessment or diagnosis



Most surveys told of a wait of up to 3 months for their initial assessment or diagnosis. Of these, the majority told us that this was usually within 4 weeks.

Following diagnosis, respondents were asked how long the wait was to receive treatment. This was almost identical to the time wait for initial assessment/diagnosis.

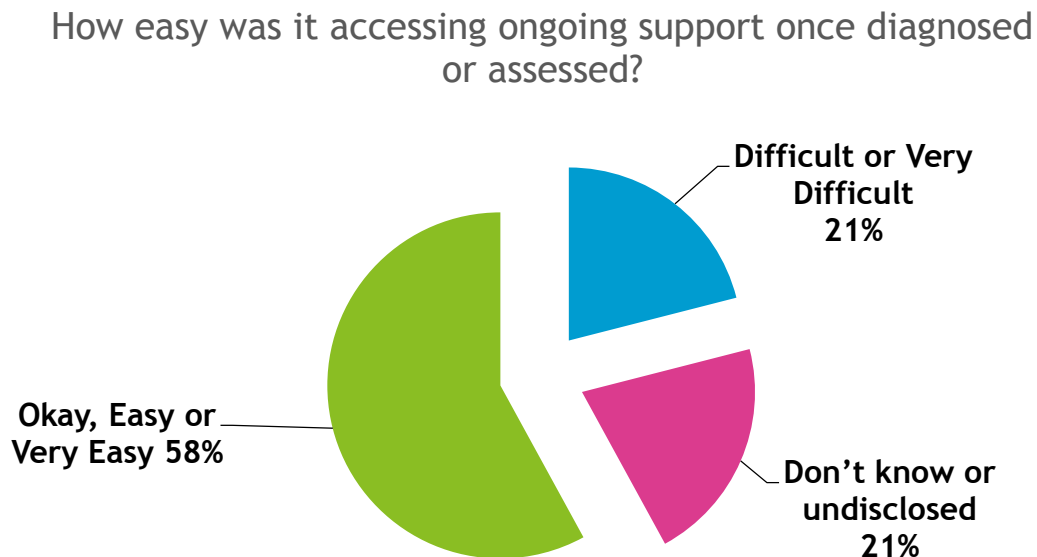
Waiting time to receive treatment



## Ongoing Support

Following diagnosis or assessment 46% of respondents confirmed they were offered access to further health and care support. However an equal amount 46% did not receive any offer.

Accessing ongoing support was mostly positive with 58% finding it “okay, easy or very easy”. There were references however, that additional information about what support was available would be helpful within their localities. The support referred to various things such as friendship groups



### What worked well with ongoing support?

- See consultant yearly and have ongoing tests
- Breathing exercises
- Pain management
- COPD support nurses
- Seeing same health professional
- Macmillan Nurses
- Group sessions

### Improvements identified with ongoing support

- Increase information available about conditions and services that support
- More staff and appointments
- Length of time for appointments

*“At the time seemed ok but in hindsight was not told how radiotherapy would affect my future well-being eg teeth, saliva. Having mouth infections from lack of saliva, so care was there but no info about ongoing things related to treatment.”*

*“Have had to order books from library to give suggestions of how to manage the condition”*

Most people were referred to a specialist service 74%.

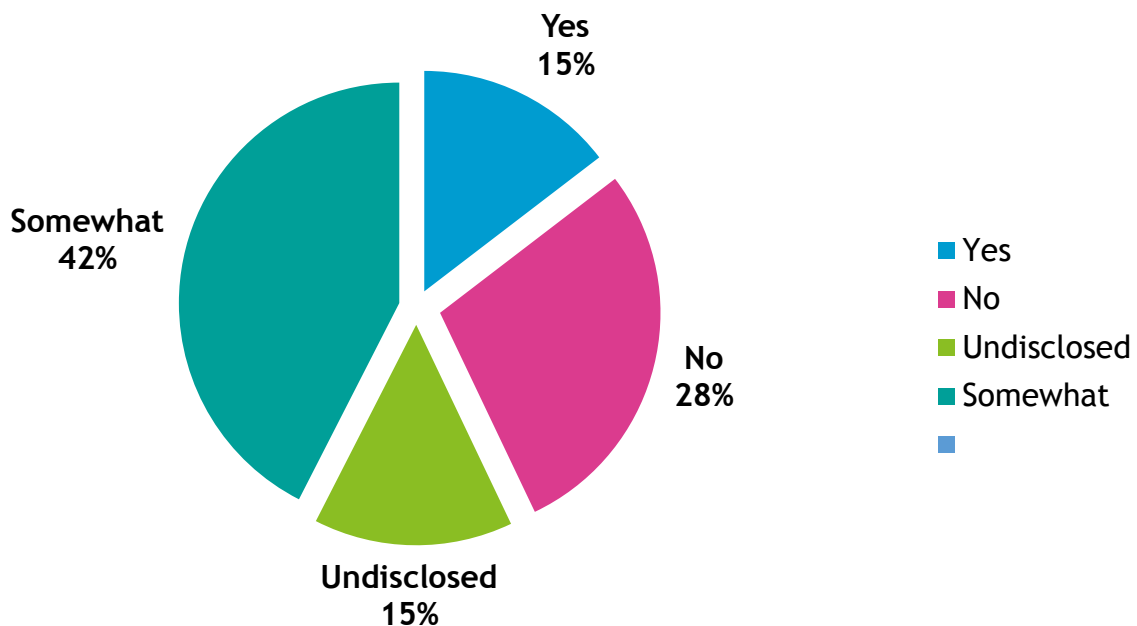
Of the 185 people referred, 70 said the referral wait was “slow” or “very slow” ; 66 said the waiting time was “ok” and only 39 people described their waiting time as “fast” or “very fast”.

At times of diagnosis, the waiting time and problems receiving appointments for referral exacerbates anxiety and potentially progression of condition.

This was a theme that ran through nearly all statements asked within the survey around dissatisfaction of appointments, and mentioned often. This was not restricted to just GP appointments, but consultants, procedures and additional assessments.

Survey respondents told us that in the majority support did meet their expectations, but improvements were identified.

### Support - Meeting expectations



Where improvements could be made:

- Appointments - availability and waiting times
- Provide more support and information
- Improve communication

#### Voices

*“Seeing different doctors every time means that no one seems to know whats happening. No communication I had no expectations as I was told to think this was terminal*

*“It all took too long”*

*“Initially no explanation at all researched myself.”*

*“Was not told anything about my diabetes, found out from my pharmacist. Nurses don't want to know.”*

## Communication

Communication was a key theme to patient experiences and this included communication between different departments as well as keeping an individual informed of:

- What to expect from condition
- How to manage it
- When appointments are
- Support information

Several respondents spoke of systems not speaking to each other and therefore during the appointments patients have to update their individual condition and treatment progress to doctors.

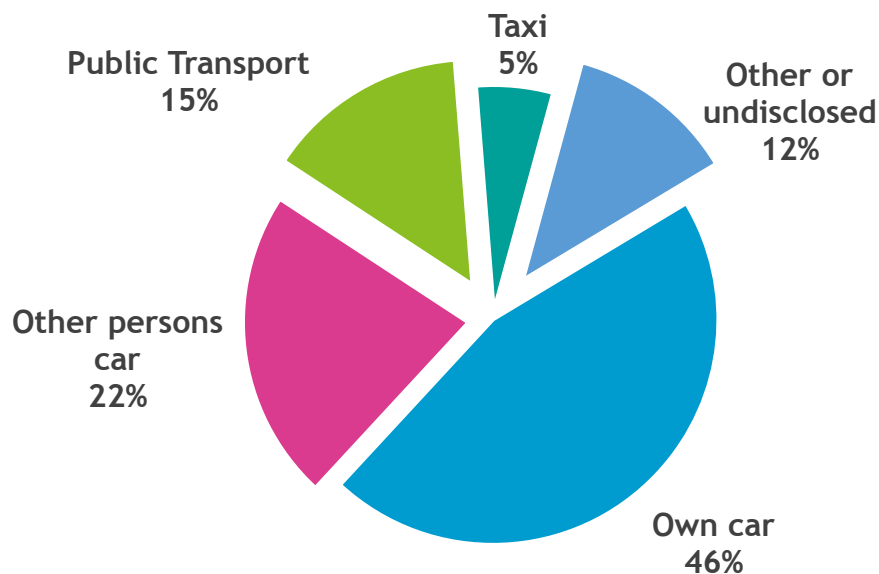
*“When seen by different health professional they all give different opinion. Instead when diagnosed with an illness they should have communication so the patient don't have to explain over”*

*“More staff more information more leaflets. Explaining what I had condition hasn't told care options or how to go forward. Some are good some are not”*

*“Poor communication between GP and Hospital”*

## Transport

Access and transport to appointments has featured in both surveys. For those patients more likely to have additional visits their means of transport were:



As 68% of people travel to appointments by car, parking came up as a cost issue and availability of car parking spaces.

Time willing to travel for quick and accurate diagnosis			
Less than 30 mins	30 mins to 1 hour	1-2 hours	Over 2 hours
29%	47%	16%	8%

Time willing to travel for specialist treatment or support			
Under 30 mins	20 mins to 1 hour	1-2 hours	Over 2 hours
20%	40%	30%	10%

The above table shows that whilst some people are willing to travel further to see a specialist, a similar smaller figure is willing to travel over 2 hours. The majority of people want to be able to travel less than an hour irrespective whether it is a quicker diagnosis or to see a specialist.

This reinforces the need to have more services local to communities, a quality transport service and that specialist services need to be locally available.

### Expectations at each stage of a person's care

Responders were asked whether having continuity in health professional was more important:

- When first seeking help
- When they first received a diagnosis
- During initial treatment or support
- During their long term support

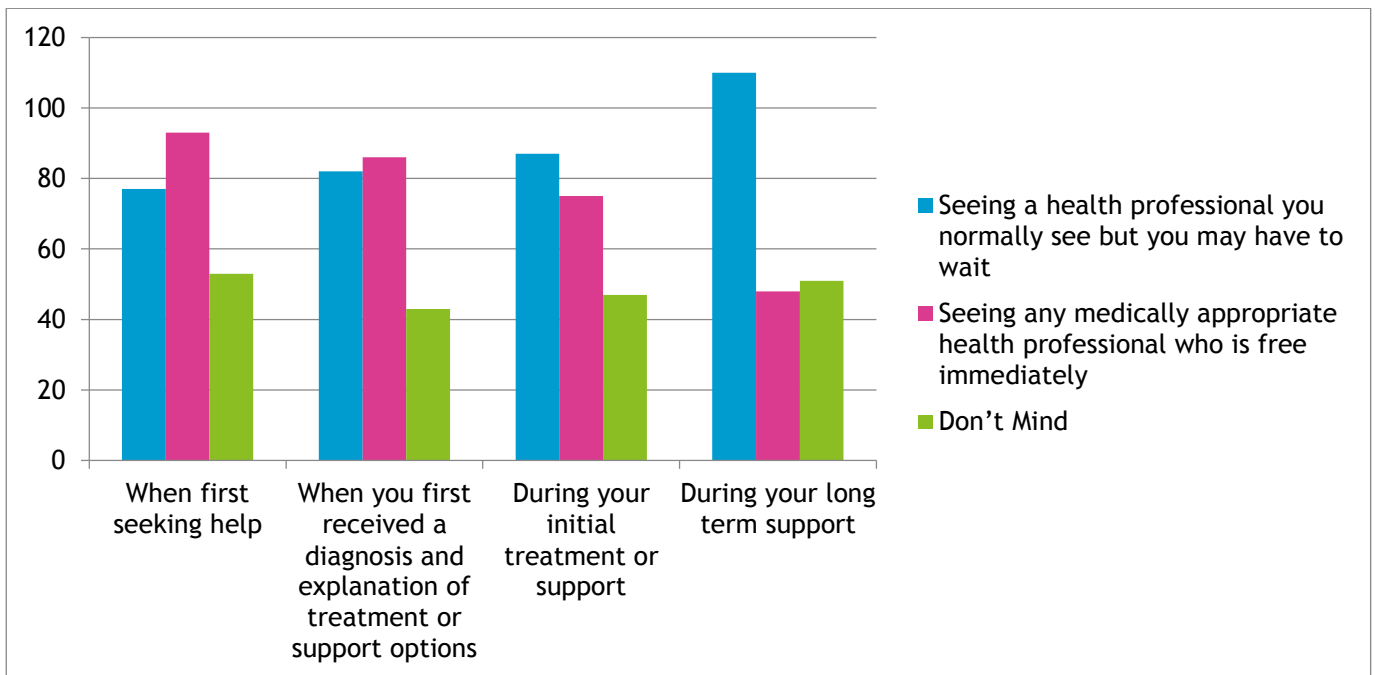
As the chart below shows, people feel it is more important to have consistency in their health professional during:

- initial treatment
- during their long term support

However, when first seeking help, plus receiving the first diagnosis, they are happy with any appropriate health professional.

This is communicated in other areas of the survey where people want quick diagnosis and initial help.

There is also frustration around the continuity of health professionals to mitigate the experience of repeating symptoms and treatment progression to lots of different health professionals.

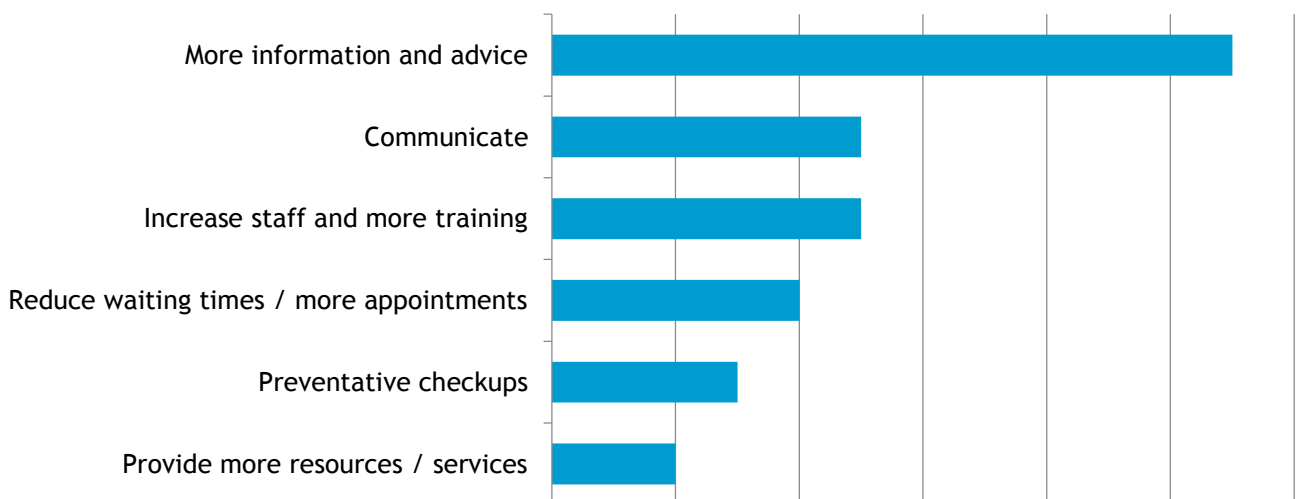


### Support

A total of 80% of people said that they need some or a lot of support from the NHS to stay healthy. 20% of people said they “didn’t know” or felt they did not need any help.

Ways they felt this could be achieved were:

### How could NHS help me stay healthy and manage my condition?



### Voices

*“Provide the information and means of staying healthy - advice, support groups etc.”*

*“Have advice clinics for patients ie. Diets and health & safety advice”*

*“Regular follow-ups without me to having to nag for them”*

*“More face-to face contact with my GP.”*

*“Time sensitive diagnosis, treatment and rehab”*

*“Arrange for 'check ups' on a regular basis so 1) I don't worry and 2) I don't want long periods / months to see specialist”*

*“Support needs to be available when needed. NHS doesn't have the resources to do this at the moment. They need to be given them.”*

## Further Comments

There are mixed comments with some people having great experiences, others not so much. Again themes around lack of staff, resources and appointments feature heavily.

General consensus is that what is important is:

Communication

Information and guidance

Local resources

More support in the home

Improve appointments systems and sharing information across services

*“Car parking at hospital is a nightmare. Appointments cancelled. Bad communications.”*

*“NHS been fantastic, so grateful. I've nearly bankrupt it myself with all ops and treatment I've had”*

*“Length of time waiting to get an appointment with your doctor”*

*“Lack of staff & money is the health care problem”*

*“The initial help was non-existent and I really felt alone and left out. Now I have a bit more knowledge in what I need and can have”*

*“Mental health support needs more staff and easy to understand referrals and treatment options”*

Most commonly used words and references used in the Long Term Conditions Survey



Free text answers for the three boroughs within the Mid and South Essex STP area spoke mostly using the following:

Support	More	Wait	Appointment	Time
131	130	109	105	103
mentions	mentions	mentions	mentions	mentions



## What matters most to people in Thurrock?

With over 170,000 people in Thurrock and with an ageing population as with most areas, the survey was well received and lots of engagement took place to really understand how people feel and what matters most.

Living a healthy life is important to residents and empowerment was the strongest theme. Over a quarter (26%) wanted “Easy access to the information I need to help me make decisions about my health and care”. Ownership of people’s health, but having the ability to make informed decisions is something Thurrock residents would like.

Thurrock residents felt that they would live healthier lives if they had more information to help them make decisions about their health and care. Managing and choosing support is seen very much as a joint decision between the health professional and patient.

### What did they tell Healthwatch?

People in Thurrock told us through the NHS Long Term Engagement that they would like:

- Better communication
  - Between GPs and specialist services
  - Between different health services
  - Between individuals and health services
- More Appointments
  - To reduce waiting times
  - To access flexible times that fits in with people’s lives
  - To be able to see a GP on the same day as you need to
- Information and Guidance
  - To understand their medical condition and how best to manage it
  - To understand the process and outcomes to give choice
  - To be able to utilise wider support services within communities
  - To help achieve a healthier lifestyle

People in Thurrock told us through the NHS Long Term Engagement that they would like:

The most important statements from the General Survey were:

*“Access to the help and treatment when I want it”*

*“Choosing the right treatment is a joint decision between me and the relevant health and care professional”*

*“Ability to stay in own home for as long as it is safe to do so”*

*“I can talk to my doctor or other health care professional wherever I am”*

### Question - What is the most important thing to you when it comes to living a healthy life?

“Access to the help and treatment when I want it” was the most important thing for residents in Thurrock with “Easy access to the information I need to help me make decisions about my health and care” a very close second.

Most comments were around appointments via GP or other services and the frustration to not be able to get them, when people want them. People also requested support for a healthy lifestyle. Some examples were around information on nutrition and exercise. There was also

mention of locality of services and transport issues. This reinforces the requirement for services to be local to mitigate difficult journeys.

*“Transport to and from hospital instead of 3 buses”  
 “shorter waiting time for appointments (GP, specialist in hospital)”  
 “knowledge & help to prevent ill health”*

### **Question - What is the most important thing to you when it comes to managing and choosing the support you need?**

Over half of people in Thurrock felt the most important thing under this theme was “choosing the right treatment is a joint decision between me and the relevant health and care professional”.

Residents felt that they want more information to be able to fully understand choice in both care, treatment and preventative measures. Most of the feedback was still regarding appointments and this reinforces the potential need to discuss conditions so clear understanding is achieved.

#### Voices

*“Post op support regarding pain management should not be left with my GP.”*

*“The surgical team neither should nor duck their responsibility once they have sewed me up, apart from their planned check-up.”*

*“Easier access to gp for appointments”*

*“I would like more information about prevention of diabetes”*

*“More services for home eg district nurse for minor items like wound dressing”*

*“Info on all available treatments and the outcomes to make informed decision”*

### **Question - What is the most important thing to you when it comes to keeping your independence and ageing healthily?**

With 45% of people wishing to have “the ability to stay in own home for as long as it is safe to do so” as the most important thing, more support with service locality and home support is required for the future.

#### Feedback and suggestion included

- Increased support from other services like chemists
- More home visits
- Finance support for adaptations
- Regular health screening

Empowerment to stay independent supports control and choice for people. Addressing issues such as financial hardship and the anxiety about moving into unfamiliar places again would assist in people managing their health as they age.

There was also reference to other alternative therapies to improve health and wellbeing, from relaxation but also medicinal cannabis. Transport featured specifically locally accessed and easy transport from home to appointments which appeared in several areas along with convenient localised services. Knowing about local services that people can use to support staying in their home was also a key area of feedback.

*“To have timely interaction with community services ie. OT support. At present there is several months waiting for an assessment, then more time waiting for this assessment to produce appropriate support ie equipment and/or modifications to the home environment!”*

*“More information on what social services are available!”*

*“Community support and activities”*

*“Financial help, increase pension”*

### Question - What is the most important thing to you when it comes to interacting with your local NHS?

Thurrock residents said the most important thing was to **“I can talk to my doctor or other health care professional “**.

Whilst there are references to digital access, these were mostly disliked with more comments concerned with time and availability of GP appointments.

Not surprisingly, digital and online interaction was favoured more by the 18-24 age categories, although there were positives within residents over 45 years.

Also featured strongly was communication by way of sharing information between professionals and an individual.

Several comments felt response times from ambulances should be quicker. These were all from the over 55+ age category.

*“Not everyone has computer for apps and talk to person”*

*“Get the drs to listen to you when explaining your problems”*

*“To have the information sooner when health deteriorates”*

### Assessment

The most reported issue overall in both Survey’s one and two were challenges encountered by patients in obtaining a timely G.P. appointment.

#### Issues included:

- Problems with the telephone appointment system, some surgeries ask patients to ring at 8 a.m. to book an appointment, however calls could take over an hour to be answered and then all appointments are gone.
- The length of time to see a G.P. was often felt to be too far ahead e.g. 3-4 weeks.
- Many people would like more continuity with their G.P. e.g. “too many locums at surgeries”

The issues raised reflect that Thurrock is the eighth most under-doctored CCG area in England.

This may account for the health inequalities in the Borough; the life expectancy between the most deprived wards and least deprived wards of 9.8 years for males and 6.7 years for females. AS this is partly due to the LTC outcomes experienced by those in the most deprived areas it

would appear to be prudent to have timely G.P. appointments for early diagnosis and treatments.

## Diagnosis

Thurrock has rates of hospital admissions and mortality attributable to smoking that are significantly greater than England's and many of its comparator populations

There is unacceptable variation in screening coverage between GP practice populations.

At GP practice level, up to 30% of patients referred into the two week pathway were subsequently diagnosed with cancer. The three worst performing Surgeries are located in the most deprived wards.

Due to the unacceptable late diagnosis of Cancers and other Lung conditions, Thurrock will be one of the two sites in the East of England to be part of The Lung scanning project which will detect Lung conditions sooner and enable earlier treatment to commence.

## Other Themes

Transport to and from hospital was reported by many responder's to be a hindrance to attending hospital appointments.

1. Carers are not allowed to travel with patients for appointments in some instances and this is not conducive to the patient feeling supported.
2. The transport does not come to pick up patients in a timely fashion, this sometimes results in patients waiting many hours for their appointment time. Often patients miss their appointment because it is booked for early in the morning and the transport does not arrive on time.

## Thurrock Focus Group 1 General

The Group which consisted of 12 Carers were given a copy of the Privacy statement and details of the Briefing for the Ten year Plan.

All participants were guided through completion of the General survey tool.

Discussion held on the attendee's awareness of the Long term plan.

- Key points covered
- Who Healthwatch are and the role they are fulfilling with the NHS.
- Why we are engaging people and how the information will be used i.e. to help practically apply the NHS long term plan at a local level.
- Objectives of the session agreed
- What has worked well
- What needs to work better
- What can be developed for the future.
- What will be done with the information provided by attendees.

The engagement meeting with the group was split into three sessions.

1. Prevention and early intervention
2. Assessment, diagnosis and treatment
3. Ongoing Care and support.

## Prevention and early intervention

Attendees had the opportunity to discuss within the group, 1-1 feedback with facilitators and to write on post-it notes.

Points expressed.

- Some attendees reported having difficulty making an appointment with their GP this included
- Poor telephone systems e.g. waiting for up to an hour for the reception to answer a call.
- This poor service has a big impact on DNA at appointments as to cancel an appointment the same process has to be followed and people felt this was a huge barrier to cancelling appointment.
- Because of some difficulties with booking appointments attendees believe some issues may be missed at an early stage to prevent further progression etc., of illness.
- Breakdown in communication was an issue expressed by some attendees specifically across services, e.g. having to tell your story several times to professionals involved in the care package.

Quotes on Prevention - early intervention.

*Diane quoted "The left hand doesn't know what the right hand is doing"*

*Beth said "I feel safe at Elizabeth Gdns. And this facility which is my home is keeping me well in the community so that I don't have to go into care"*

*Fred said "the nurses at the surgery look after my wife and that is a weight off my mind, otherwise I would spend more time at the Gp's and hospital."*

*Carer for Alzheimer's patient "Specialist Dr. is great gives me support to enable my wife to stay at home with me."*

*Bill said "Great respite care at Willow Lodge gives me a break, so that I can carry on caring for my wife"*

## Assessment, diagnosis and treatment.

### Challenges

- Blue Badge not valid in other STP areas, making it very difficult to access hospitals for assessment diagnosis and treatment. Arrangements should be clearly stated on appointment letters.
- Bus pass only can be used after 9 a.m. so cannot attend earlier appointments.
- Hospital transport very difficult to arrange and when it is in place can sometimes pick you up several hours before you are due to be seen.
- Sometimes carers cannot access the arranged transport and this is not conducive to support for people who need it.
- Very sparse appointments for Physio, resulting in more loss of mobility. (This was felt to be a major item of need for Thurrock residents)

## Suggestions and feedback on Health and care service improvement

*“Staying in my home is very important - do not want myself or person cared for to go ‘into a care home’ Support should be available to access readily to enable us to stay in our own home.*

*“why is physio so limited the maximum number of sessions is six even after a stroke, it seems we just start to get more mobile and then it is stopped.”*

### Health inequalities in Carers

The adverse health effects of caring are well documented and often manifest themselves as symptoms of anxiety, depression and social dysfunction. Caring-related inequalities in psychological well-being are quantifiable and significant. Caregiving is associated with an increased risk of both onset and recurrent distress, and legacies of poor health persist beyond the end of caregiving. Within the NHS surveys, carers did express that without the right and appropriate support, much of the care fell on family members.

*“More availability of healthcare professionals who have the time & skills to engage & communicate with patients; easy access to them & less obvious time constraints”*

## Thurrock Focus Group 2 - Targeting support to meet the needs of vulnerable people

Attendees - South Essex College SEN students

This group was supported by x 3 tutors who had risk assessed all participants to ensure the physical, emotional and mental wellbeing of all participants, had been considered.

The group consisted of 8 students and 3 tutors.

The tutors had completed the surveys with the students prior to the focus group taking place.

The tutors had also informed the participants of how and why they would be contributing; all students had the choice to refrain from attending if they felt unable or unwilling to participate.

Points covered

Healthwatch Thurrock staff re-iterated why we are conducting the survey and how the participants can “have their say” Emphasis was on there are no right or wrong answers only views and voices will be collected.

How the views will be managed was also covered.

### Session 2

**What works and what doesn't.**

Students reported they had cuts made to their services - in particular they reported having nothing to do when the college is finished.

This view was not supported by all students who reported accessing swimming for fun and exercise classes that they went to with their tutor.

There appeared to be a general lack of knowledge on local health and wellbeing provision.

**Options given for attendees to draw, write or talk about their experience of:****Early intervention and prevention,**

There was a general view that those in attendance did not know how to access early interventions or prevention.

Some members of the group said they wanted to join a 'slimming club' they were not aware that they could get free membership and joining fee through a local provider.

The impact of LD on the quality of life of SEN students was reported as having a detrimental effect.

Examples given; are as follows:

*"I want to be able to sing in a group or choir why can't I?"*

*We discussed a local group that is set up to assist LD young people who could assist in obtaining a place in a choir etc.*

*"I want to go to my local park, it has been vandalised"*

*"My mum is worried where I will go after I finish at college"*

Although not strictly Health issues the lack of information has an effect on quality of life for this group of people.

**Suggestions and feedback on Health and Care service improvement**

The suggestions and feedback from this group of SEN students was in the main a lack of information for them to have more meaningful lives.

Healthwatch Thurrock has provided the Tutors with contact details of organisations who can assist in this information and advice giving capacity.

Follow up email from Lead Tutor advising Healthwatch Thurrock that she has arranged for information sessions to be part of the ongoing classes.

She also found the session helpful for Staff.

**The impact of Health inequalities on people with learning disabilities**

It is well known that people with learning disabilities have poorer health and die at a younger age than their non-disabled peers. These differences are to an extent avoidable and are therefore called health inequalities.

Sue Turner (PH England Learning disabilities Observatory) supports the findings from Healthwatch Thurrock research within this focus group and states "Poor access to health services and inadequate health service responses are well known causes of health inequalities but many other causes or determinants of health inequalities are in fact rooted in social issues," some of these concerns were raised in focus group 2.

1. Prospects for employment
2. Discrimination in access to activities e.g. choir
3. Lack of information to enable this group to live a healthy lifestyle e.g. access to free weight management classes.

In support of the findings of Focus Group 2, survey themes for under 18 year olds concentrated on preventing ill- health, and keeping fit, whereas some older age groups focused on treatment.

Some of the comments

*“I play football to keep fit, and my parents have to pay £450 per season for my team membership. I think if you belong to a team you should be able to get a grant for this.”*

*“You should be able to get free gym sessions, because if you are at school or college you don't work and therefore don't have any money. My parents are short of money and find it difficult to pay for Gym session”*

*“I love swimming but the cost is too much”*

## Thurrock Focus Group 3 - Gathering views on ageing well

Ensured all participants were able to participate in the group. Discussed with Sheltered housing officer prior to the group commencing.

The group consisted of 12 older persons living in Sheltered Housing

All participants were given a copy of the Privacy statement and details of the Briefing for the Ten year plan.

All participants were guided through completion of the Survey tool, one or two depending on circumstances.

Discussion held on the attendee's awareness of Healthwatch and the awareness of the Long term plan.

### Key points covered

- Who Healthwatch are and the role they are fulfilling with the NHS 10 year plan.
- Why we are engaging people and how the information will be used, i.e. to practically apply the NHS long term plan at a local level.

Objectives of the session agreed

- What works well
- What needs to work better
- What can be developed for the future
- What are the next steps with the information provided by the attendees?

The engagement meeting was split into three sessions

1. Prevention and early intervention
2. Assessment, diagnosis and treatment
3. Ongoing Care and support

### Prevention and early intervention

Attendees had the opportunity to discuss within the group, 1-1 feedback with facilitators and to write on post-it notes.

### Points expressed



The group had varying experiences of getting GP appointments some practices were very efficient and were able to give appointments on the same day, others had poor telephone systems and when the patients get through, the appointment could take up to 3-4 weeks.

Overall the group felt that if they had a good GP service it avoided unnecessary A & E or emergency out of hour's appointments.

*Shirley said "I have great treatment and attention for my Parkinson's but when I go for my legs which are ulcerated I sometimes feel that the nurse doesn't want to see me."*

*The local surgery was praised for its intervention with the nurse who treats and cares for Diabetic Patients. All who use the service quoted*

*"Maria is great she really puts your mind at rest"*

*"She understands the medication better than the Doctor"*

*"Maria helps me to understand what to eat to keep my Diabetes under control"*

### Assessment, diagnosis and treatment

#### Challenges

Hospital transport was reported as needing an overhaul as very difficult to obtain causing some appointments to be missed as public transport is described as dire.

*Maureen "I would like to have some more advice about health in general to manage my own health better"*

*"Physio has been a problem because I had a knee replacement only had 6 sessions of physio and I don't think that was enough" Barry*

#### Suggestions and feedback on Health and Care service improvement

Residents would like to stay in their own homes for as long as possible.

They suggested that a Healthcare professional should visit the Sheltered housing complexes on a regular basis to ensure residents are keeping well and reassure and encourage residents. This was felt to be cost effective and supportive.

Residents also suggested a Health Board displayed in the Communal hall to keep them updated of events and issues in the local area.

All present were keen to take part in further focus group

## What matters most to people in Southend?

### Summary of demographics:

Across the respondents, 92% were White British Ethnicity. 68% female. 55% were in age range 45-55 and 23% of respondents 55+. 17% age range 25-34 and 5% 18-24 years.

### General Survey

Not surprisingly, the majority of participants viewed it 'very important' to have access to services to live a healthy life, being able to manage support. Keeping independence and how they interact with the NHS was 'important' to all respondents however, all those age 55+ responded 'most important'. Those who opted to complete the General Survey, considered themselves not to have a LTC but, once completed it was evident in a handful of cases that they did have a pre-diagnosed condition.

People in Southend told us through the NHS Long Term Engagement what they would like:

The most important statements from the General Survey were:

*"Access to the help and treatment when I want it"*

*"Choosing the right treatment is a joint decision between me and the relevant health and care professional"*

*"Ability to stay in own home for as long as it is safe to do so"*

*"I can make appointments online and my options are not limited"*

### Question - What is the most important thing to you when it comes to living a healthy life?

*"Access to the help and treatment when I want it"* was the most important thing for residents in Southend.

From the groups that completed the survey, support was suggested around healthy lifestyles. This included everything from information about nutrition, free gym/exercise and smoking cessation. Featuring as part of the health and wellbeing was cost and how difficult it can be to attend gyms or buy healthy food with low incomes.

*"stop smoking support for longer than designated 4/6 weeks"*

*"more public easy access and affordable exercise facilities for all ages and include facilities for people with long term conditions requirements and or disabilities"*

*"having information available and advice to help people live a healthy life"*

### Question - What is the most important thing to you when it comes to managing and choosing the support you need?

Southend said the most important thing under this theme was “choosing the right treatment is a joint decision between me and the relevant health and care professional”.

Similarly to other statements, much of the improvements suggested focused on GP appointments, but also locality of services important. From the Southend residents that completed the survey 34 fed back specifically on GP access.

*“GP Surgery to be open (even for a short time) at the weekends, particularly Bank holiday weekend*

*Access to GPs within 2 days “*

### Question - What is the most important thing to you when it comes to keeping your independence and ageing healthily?

Our survey responders were keen to “stay in my own home for as long as it is safe to do so” choosing this as the most important statement when it comes to keeping their independence and ageing healthily.

Feedback around this statement was wide ranging with various suggestions of improvements, including preventative measures, finance and support for home living:

*“Legalise euthanasia for people with long term illness such as dementia and/or those over a certain age who have every right to choose to die painlessly and peacefully without fear of repercussions on their family”*

*“I would like the assurance that help would be available, if necessary, to be able to safely access all areas of my home”*

*“routine screening! Support local community “*

*“older generation MOT on the NHS and easily accessible info on exercise classes for older people”*

### Question - What is the most important thing to you when it comes to interacting with your local NHS?

The most important thing around interactions for Southend was “I can make appointments online and my options are not limited” followed closely with “I can talk to my doctor or other health care professional”.

*“more appointments at doctors and local people having a say in how NHS money is spent IE IVF”*

*“gp booking appointment availability e.g. 153 phone calls to get through to GP to book appointment”*

*“Ability to access my GP when I need him and not to have to go to A n E, accident and*

*Emergency because GP is closed or too busy. I know there is 111 but they tell you to go to A and E”*

*“A list of telephone numbers I could contact of the people attending to my needs for use in emergencies.”*

‘What works’ responses centred on ‘Out of Hours’ services, A&E Triage, and on-line bookings.

*“I find it easier to do stuff online, its quicker for me”*

*“The service at SUFT was great, couldn’t fault it - staff excellent and didn’t wait long”*

*“I was pleasantly surprised at getting a nurse prescriber on same day I rang - all I needed was anti-biotic for infection”*

‘What doesn’t work’ responses centres around; access to GP services, waiting times for referrals to specialist and lack of communication. Lack of Mental Health services and waiting times were re-emerging themes.

*“I can’t get through on phone for days sometimes, and when I do all appointments have gone”*

*“My Practice you have to queue in very confined spaces, often down the stairs - ridiculous”*

*“I waited 4 months for a referral to MH specialist, and then it was cancelled on day”*

### Specific Conditions Survey

Conditions that people experience/d were Long Term Condition, Cancer and Mental Health.

42% of respondents said they had more than one long-term condition. Most of this group said they were unhappy with waiting times for diagnosis, supporting whilst waiting for, and undergoing treatment. There was equal weight 50/50 to those that experienced ‘unacceptable care’, lack of communication and waiting times for Cancer Treatment, compared to those who were extremely satisfied with their care, communication and waiting times. All respondents who have experienced treatments for Cardiac problems reported care and support varied depending where you live in STP area e.g. No Cardiac Rehab for people, who live in Southend but, in place for those in Basildon. Waiting times for ASD Diagnoses and support and information was deemed poor by those Parents who had entered the system in last 5 years in Southend specifically.

Transport featured in most responses relating to responses about parking and costs; disparity of costs compared to SUFT and Colchester (FOC) additionally, increased comments about the uncertainty of merging acute services and distance to travel to remote areas. 42% of respondents travel by car, 27% travel in someone else’s car, and 27% use public transport or taxis. 28% respondents cited dissatisfaction with discharge from hospital and waiting times for support to be in place, along with dis-satisfaction of standard of clinical and personal care at home.

## Southend Focus Group

We conducted a focus activity with a group of women who have recently moved to the UK. 10 attendees 87% of those ages 25- 34. With the help of a translator, we completed the survey as a group and as all attendees are Parents, the discussions were Child centered. In discussing how and when contact would be better received, 100% noted that they were not catered for in term of ESOL through leaflets, posters and social media.

Our second focus activity took place at a joint Patient Participation Group Forum Meeting and Community Engagement Advisory Group Meeting, attended by integrated commissioning staff, services users, service provider leads and GP Practice Representatives. The 24 participants

received a Power Point presentation, exploring the forthcoming changes to services. We structured the session to look at four areas.

All participants have a good understanding of changes nationally given their remit and some are actively involved with STP work across Essex, and responses reflect issues associated with STP.

Those who had had cancer care or had cared for someone who had, were complimentary and negative in equal measures. 44% of this group were unhappy with transport and costs associated with potential treatment centres being inaccessible, if on-going acute treatment needed. 77% of respondents were willing to travel 30 mins to one hour for quick, accurate diagnoses. 66% were willing to travel 1 - 2 hours for specialist treatment and

## Engaging people in health service delivery

*Responses from Survey 1 & 2 and Focus Groups indicates mixed preferences in terms of how, when and what is communicated. Younger respondents indicated preference for increased digital solutions, whereas those over 55 years indicated preferences for non-digital bookings and consultations.*

*During Focus Groups, straw poll responses indicated to a central point of access, which would hold information on accessing care, transport, benefits advice. Social Prescribing models were available in some localities and these echoed views that 'the patients don't know what they don't know'.*

## What matters most to people in Essex

### What matters most to people in Essex?

#### General Survey

People in Essex told us through the NHS Long Term Engagement what they would like:

The most important statements from the General Survey were:

*“Access to the help and treatment when I want it”*

*“Choosing the right treatment is a joint decision between me and the relevant health and care professional”*

*“Ability to stay in own home for as long as it is safe to do so”*

*“I can talk to my doctor or other health care professional wherever I am”*

#### Question - What is the most important thing to you when it comes to living a healthy life?

40% of individuals consider the following as most important to them: *“access to the help and treatment I need when I want it”*. Access was also the most common thing identified to help individuals live a healthy life alongside improved appointment times, access to information and quicker support. Some key examples of these responses include:

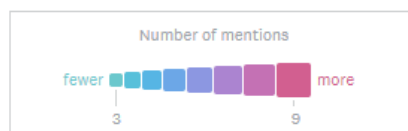
- *“To be able to get support and advice when needed, especially after having a baby after you’re signed off from midwives and hospital”*
- *“More access to health and fitness programmes outside working hours”*
- *“Regular health checks with the GP. E.g. blood test for diabetes, cholesterol, blood pressure - perhaps every 2 years”*
- *“Easier access to GP appointments, healthcare professionals and mental health services”*
- *“Integrated care - professionals working together to avoid disjointed services”*
- *“NHS to provide complementary therapies as a preventative, not just prescribe medication”*
- *“Improved communication & streamlined admin system”*

The first comment referring to Maternity services is a common theme across our Maternity Patient Partners who are currently working across Mid Essex, representing voices of Essex to improve local maternity services and pathways at a STP level.

Issues with accessing appointments, in particular at local GP surgeries and frustrations around communications with local services are frequently raised with our Information & Signposting team via our confidential phone line. Registering to a local GP, accessing appointments out of usual working hours, not having enough time to discuss queries and concerns with a healthcare professional are common across Mid Essex and are regularly seen in our [‘Spotlight on Services’ webpage](#) which is updated on a quarterly basis.

See below the most common comments/references from Essex residents in the STP area for “what is the most important thing to you when it comes to living a healthy life”.

see<sup>hospital</sup> keep<sup>exercise</sup> information<sup>therapies</sup> health<sup>foods</sup>  
 treatment<sup>quicker</sup> need<sup>time</sup> access<sup>Access help need</sup>  
 appointments<sup>health professional</sup> advice<sup>Better</sup> services<sup>GP</sup>  
 support<sup>working</sup>



### Question - What is the most important thing to you when it comes to managing and choosing the support you need?

42% of individuals considered the following as most important to them overall: “choosing the right treatment is a joint decision between me and the relevant health and care professional”, although “communications are timely” received the highest number of ‘very important’ ratings. This was closely followed by statement D: “I should be offered care and support in other areas if my local area can’t see me in a timely way”.

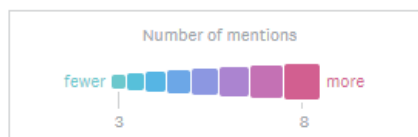
Similar areas of improvement and concern were raised yet again when asked what would help them manage and choose how the NHS supports them. The need for quicker access to appointments, services and information around diagnosis and treatments are reiterated from question one.

Some key examples of the responses to this question include:

- “Appointments that allow enough time to discuss options”
- “Quicker and easier access to services and support”
- “Access to information on waiting times prior to selecting where to receive treatment”
- “Consistency - see the same person every visit and have universal services - stop postcode lottery services”
- “More person-centred care rather than target hitting”

There are several concerns around the level of consistency, whether it be regarding to the quality of care, locality of treatment, length of appointments, access to healthcare professionals or waiting times. It is apparent that available services and support vary across the different STP areas and residents are questioning why this is the case and how can services follow the same approach and systems to enable consistent care for individuals in the future. Note that this concern is also raised in the focus group discussion.

See below the most common comments/references from Essex residents in the STP area for “what is the most important thing to you when it comes to managing and choosing the support you need”. In particular, the word cloud shows “access” as the most frequent word in these set of responses.

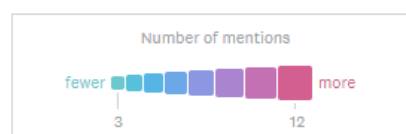


**Question - What is the most important thing to you when it comes to keeping your independence and ageing healthily?**

With regards to individuals wanting to retain their independence and live healthily as they age, they viewed *the “ability to stay in own home for as long as it is safe to do so “*as the most important statement. They also express the importance of support and information being available when needed for themselves, family and friends, especially at the end of life - this is often an avoided topic of conversation.

When asked what else would help retain independence at home and in the community, the need for continued support, home visits when elderly (replicate existing community care services to all areas of health care), access to information, home adaptations and follow-up advice following discharge from hospital (embed links to social care services and support to the patient’s pathway) or care were appearing the most in the answers.

A lack of communication between health and social care services was referred to and mentioned in the focus group, in particular, following an individual’s discharge from hospital who then has minimal support in their home and community.





Examples of support required to retain independence and areas of improvement in local services include:

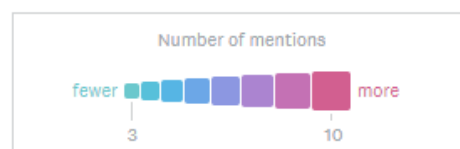
- “A dedicated care in the community service for known elderly, frail or with dementia etc. living in their homes who could make home visits (nurse led) 7 days a week to assess and advise patients as health problems arise rather than calling 111 for an unknown out of hours doctor. This works so well for the COPD care in the community and keeps many away from A&E”
- “Access to aids and information to modify my home to make it accessible if I have a long-term disability”
- “Professional advice about care packages after hospital admissions”

### Question - What is the most important thing to you when it comes to interacting with your local NHS?

The two top statements rated as ‘very important’ for Mid & South Essex were, “*I can talk to my doctor or other health care professional wherever I am*” and “*Any results are communicated to me quickly making best use of technology*”, with 66% and 76% of respondents choosing them.

The want for individuals in this STP area to have easier and more frequent access to their local healthcare professionals is evident yet again with the statement, “*I can talk to my doctor or health care professional where I am*” being chosen as the most important out of all options provided. The word cloud reflects this with “appointments” and “access” being the top two used words in all responses.

advice information professional necessary access doctor  
appointments good GP online able support



Example responses include:

- “Better provision of access to help and advice out of normal hours”
- “To be able to access records online”
- “Continuity of care. I’ve often been to a hospital appointment and they don’t have the GP notes or notes from other consultants. I have to explain over and over again”
- “More information about self-care and how to manage own conditions, including when it might be necessary to seek advice / support”

Although Mid Essex Clinical Commissioning Group has introduced the scheme, Extended Access, which allows members of the public registered at a GP practice in Maldon District, Chelmsford City or Braintree District to book GP-led appointments outside of the typical working hours, it’s apparent from the survey answers that there are still existing issues with accessing GP appointments in evenings and weekends, or even knowing about the scheme that is available.

Perhaps more awareness of support and information services that can be accessed throughout the day is needed so people's queries are answered in a timely manner.

In addition, there are many suggestions on how to improve the health and social care IT and communications processes - mainly to allow personal records to be accessed online and across different services so that one person's case is known across their pathway rather than being repeated or lost.

## Specific Conditions Survey

A total of 36 surveys were received looking at individual's concerns and personal experiences around health and social care services for specific conditions.

Demographic of respondents are as follows; 63% of individuals completed the survey are aged 55+, with only 3 surveys completed from individuals under 34 years of age. 34 out of 36 individuals identify as white British and 69% are females. Also note that only 2 respondents state that they are a carer, whilst 47% identify with having a disability.

The top 3 conditions that people specified were cancer, mental health and long-term condition (e.g. diabetes, arthritis).

Over 50% of respondents described that seeking support for more than one condition at a time made getting support harder and a large proportion did not receive timely or consistent communication from all services that they had come into contact throughout their experience. The issue highlighted in survey 1, of lack of continuity and little follow-up appointment or communication was also evident in these responses - for example; *"Every department had a different view. No continuity, no cohesion"*.

### Cancer:

7 individuals specified that they were either dealing or had dealt with Cancer on a personal level; 5 of whom are aged 55+ and one individual aged 44-54 years. Note that 5 are female and 2 are male. There does not seem to be any health inequalities based on these demographic factors, however, there are similar concerns raised across the board. There is a clear similarity between the findings of the general survey and survey 2 [long-term conditions] with regards to individuals highlighting difficulties of accessing support services and getting appointments quickly and easily. It seems that individuals, no matter what health concerns they may have, are facing this issue across the STP area.

Specifically, with Survey 2, poor waiting times for NHS services and treatment are identified with one person stating they had *"Paid privately for scans as waiting times for NHS were too long"* and despite there being an existing dedicated support chemotherapy team, there is trouble accessing the advice via the telephone line 24/7. This is reflected in the answers to question 10a: *"How would you describe the time you had to wait to receive your initial assessment or diagnosis?"*, of which 71% rate the time from slow to okay and also question 11a: *"how would you describe the time you had to wait between your initial assessment/diagnosis and receiving treatment?"*, of which, 57% rate it from slow to okay.

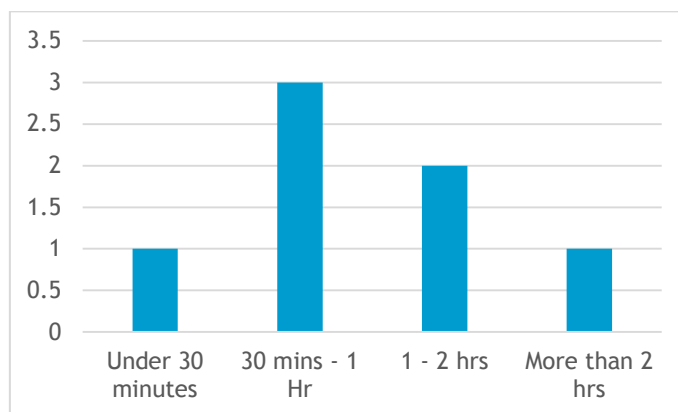
In addition to access being an issue, difficulty parking at a local service was raised - an area of improvement that can be applied across many sites to reduce the stress of patients currently going through a difficult time.

However, there has also been some positive feedback regarding support and services for Cancer patients. For example, a local surgery in the area, Humber Road, was praised for the support

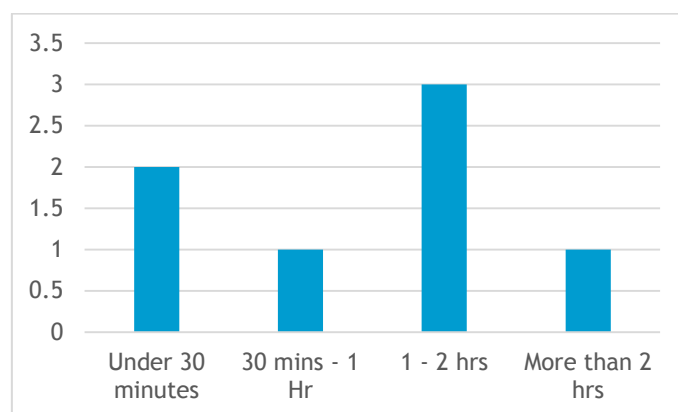
provided following diagnosis and a breast cancer unit has been rated as fantastic due to its services, turnaround and appointment availability.

With regards to means of transport and time spent traveling to access support and care, we found the following;

- *Means of transport:*  
57% use own car to travel and 42% use another person’s car.
- *Time willing to travel to receive a quick and accurate diagnosis [number of individuals]:*



- *Time willing to travel to receive specialist treatment or support [number of individuals]:*



**Mental health:**

5 individuals specified that they were either dealing or had dealt with Mental Health on a personal level; all were female however varied in age - one aged 18-24 years, two aged 45-54 years and two aged 55+ years. Due to this, it cannot be clear from our data if any health inequalities occur due to difference in gender.

The data shows that there are long waiting lists for support and therefore access to these services are delayed or in some cases, not available at all. Some individuals have been told that waiting lists are more than 18 months which led to one individual stating: “gave up waiting and paid for own support” and another now reluctant to return to NHS services after having to resort to A&E as the wait was too long for the local service.

There are concerns whether postcode lottery exists across the health and social care sector, and more specifically, in the field of mental health, as there is difficulty accessing certain services due to location: “Difficult to get referral due to where I live on the border of Mid Essex and North East Essex. Long waiting list to start treatment.”

This brings forward the question whether services for the same conditions should be consistent across the county rather than restricted within STP areas as quality of health care should be the most important factor, and patients should be at the centre of all services.

The figures from questions 7, 10a and 11a, reflect the negative experiences and very slow waiting times between diagnosis and treatments for all individuals who responded:

**Question 7.** *How would you describe your overall experience of getting help?*

60% rated the experience as negative, 20% as very negative and just one individual who had an overall positive experience to being well listened to and the support available met her needs.

**Question 10a.** *How would you describe the time you had to wait to receive your initial assessment or diagnosis?*

50% state that the waiting time was very slow and 50% said it was an okay period of time to wait for diagnosis.

**Question 11a.** *How would you describe the time you had to wait between your initial assessment/diagnosis and receiving treatment?*

66% felt the length of time waiting was either very slow or slow, 16% felt it was okay and 16% experienced a fast turnaround between diagnosis and receiving treatment.

Our data also shows evidence of inequality with regards to the availability and access to support services due to an individuals' age:

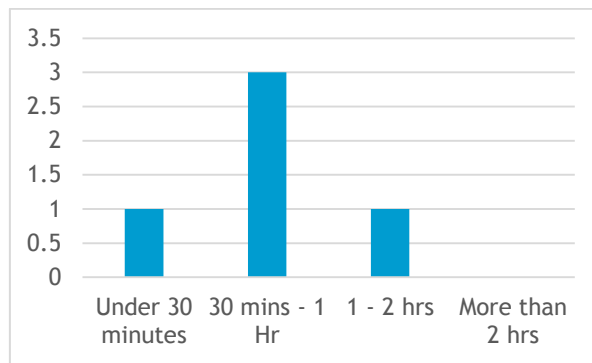
*“Care met my expectations whilst under children's mental health services but long delay (5 months) for adult mental health support. Then no long-term support just crisis intervention then discharged”.*

With waiting lists already existing for a large number of mental health support services, there needs to be improvement in the transition from child to adult services and treatment to prevent individuals who were already in the system, from falling through the net and no longer receiving the support they require.

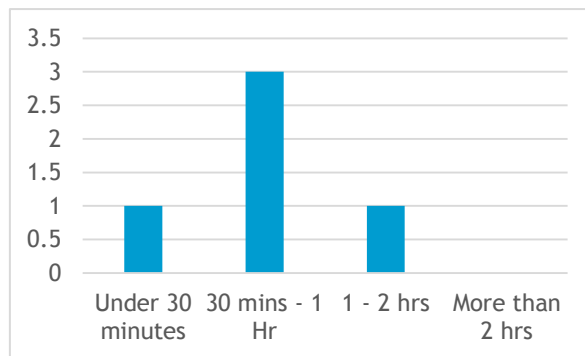
With regards to means of transport and time spent traveling to access support and care, we found the following;

- *Means of transport:*  
40% uses own car to travel, 40% use another person’s care and 20% used the local bus service.

*Time willing to travel to receive a quick and accurate diagnosis [number of individuals]:*



- *Time willing to travel to receive specialist treatment or support [number of individuals]:*



## Essex Focus Group | Meet the health needs of vulnerable people - Ageing Well

The focus group took place on Wednesday 17th April and looked at concerns of ageing healthily at home and in the community, from a group and individual perspective. The group consisted of some members of the community as well as some of Healthwatch Essex's Ambassadors who have both personal and professional experience of health and social care services across the county.

The focus group was split into 3 stages; 1) personal experiences identifying best practice & areas of improvement, 2) available support at home and community, 3) research, innovation and digital solutions.

Personal experiences can be seen in the table below:

Positive	Areas of improvement	Negative experiences with impact on health & wellbeing
Excellent response in diagnosis of ovarian cancer in wife - led by GP.	Uncertainty for public over new hospital at Maldon - where are the services going and what is happening? Improve consultancy approach and engagement with public.	Lack of support and communications to family members of cancer patients outside of Chemo unit.
Broomfield Stroke Unit - very good and caring.	Secondary care delays in treatment and surgery such as knees / hips / cataracts. Causes more issues for patients.	Difficulties accessing GP appointments and registering to local surgeries
Springfield GP Surgery (Amber Road) - positive attitudes and good mix of GPs.	No standardised surgery process across local services - differences from one area to next. Why can't best practice and processes be shared and copied throughout systems so it is all consistent?	Issues arisen from introduction of Virgin Care taking over GP surgeries. E.g. GP surgery received outstanding CQC rating. However, within 14 months of Virgin Care, put into special measures and required improvement.
	Follow-up after hospital admissions are not consistent and patients often unclear with plans following appointments	Delays in response and support for mental health issues
	Uncertainty around what SUAG's work is with partners	
	There appears to be a lack of partnership working between social care and health.	
	Appointment system at Broomfield Hospital, Chelmsford, needs reviewing and improvement to make it an easier process.	

The discussion moved onto looking at available support at home and in the community to help individuals age healthily with a focus on how research and digital solutions could improve the current situation. A frequent suggestion amongst the group was the request of more multi-agency teams to carry out support services for individuals following discharge for hospital - in particular, teams to complete home assessments and provide support to family members. It was raised that unless you know where to look or who to ask, there is little information provided in

hospitals regarding home adaptations and equipment to provide support once you have been discharged.

Individuals in this focus group also shared personal experiences of ageism throughout local services and urge improvements to staff attitudes to elderly members of the public and to respect their concerns, queries and needs for support.

The main issues identified in Mid & South Essex echo the responses received from both surveys;

- There is a need and want for more transparent partnerships between NHS, social care organisations and voluntary sector. Public should be made aware of partnerships, ongoing work and have understanding of acronyms used throughout the health sector.
- Discharge pathways are not consistent and in some cases, do not always exist.
- The group were aware of the new Red Bag scheme and would like further information whether this initiative will be expanded across the county and used for members for public rather than just a pilot in care homes as this could be a very helpful scheme that should be replicated.
- There is a common perception that IT and methods of communication is not as effective as it can be across all services. Failure of communication is a common factor in complaints, for example:
  - Difficulty with telephone calls - getting access to support lines or to get appointments.
  - Appointment letters sent after appointment date so it is missed and then patient blamed [Basildon hospital]
  - Lack of continuity in treatments
  - Personal touch in treatments and doctors knowing who you are is now lacking due to technology - *there's a place for digitalisation.*

When the group were asked how they would like to be provide feedback in the future to improve their local health and social cares services, they referred to PALs as a good system in the large number of hospitals however, in some cases you do not receive a response or despite, an acknowledgement, it is hard to see actions taking place based on feedback received. They rated the Healthwatch Essex Information Service as a good platform to receive feedback, signposting and support via the confidential phone line or email.

## STP Area - To improve community support and break down barriers to care

Across this whole report, every statement and mentions in focus groups, all three Healthwatch areas had a similar set of suggestions with regard to improving community support and breaking down barriers to care:

### GP Appointments - Availability, flexibility and access

People felt that there was a constant and increasing issue with accessing GPs. From waiting a long time on phone systems to finally achieving an appointment was a source of dissatisfaction. The absence of GP appointments were attributed to delayed diagnosis, increased anxiety, reduced support and led to reduced independence.

### Information

The general feeling across all three boroughs was that there was a need for more information to help people help themselves. Feedback felt they would be better supported in the community if they knew what services were available and where they were. Voices told of the usefulness of chemists, support groups and local activities improving their wellbeing and feeling of independence. Sharing of information between services, whether across borough and services or between professionals and individuals was a constant in many comments from residents.

### Transport and locality of services

Cost efficient and more localised services were seen as a way of overcoming barriers to care. With services being available within communities, it mitigates costly and inconvenient transport issues.

### Funding and Resources

Along with lack of GP and the ability to access them, staffing in general was seen as an issue. This included improving training on specific conditions but also the physical number available to support people. Long waiting times for appointments were linked to availability of staff and lack of resources locally meant that many people struggled to manage their own health

*“Not having to wait too long to see a Specialist. Things can only get worse with a long wait”*

*“Good communication between all service providers”*

*Having more local health facilities*

*“Improved access to knowledge like NHS choices. Well updated crèche availability to encourage healthy initiative like exercise classes, mindfulness and meditation”*

*“Need the whole of the NHS from Pharmacy to Doctor to Hospital to treatment to be more seamless”*

*“Ensure that critical services are available within 30 minutes public transport distance. To move cancer and stroke services to Basildon and Chelmsford puts too much strain on those with these conditions who do not have access to a car”*



## STP Priority Area - To meet the health needs of vulnerable people - Ageing well

Predominantly residents across all three areas recognised and wanted to stay in the own homes as a way of retaining independence, managing their own conditions and staying healthier for longer.

Realistically however, most comments recognised the need for additional support to enable them to do this. Voices spoke of additional and affordable care within their homes, adaptations, more local services and more staff to achieve this.

As with the rest of the survey, access to appointments, communication and information were seen as obstacles to supporting people's health as they age.

Cost also featured along with dedicated care in the community services and easier transport for those requiring more frequent appointments.

### Information, Advice and Choice

*"To be respected that I may not wish to remain in my own home for care"*

*"Everyone with health condition should not feel shame or worried and they are open to discuss. Digital platform let people know about support services"*

*"Simple effective signposting for me as I grow older. Too many organisations offer similar services and it can be confusing on where to go and access information"*

### Appointments

*"Access to all appropriate doctors + treatments"*

*"Better provision of non-critical services by GPs"*

*"By having easy access to medical services without long delays"*

### Home support

*"Access to support services in a timely manner and not costing so much that it is not support"*

*"Help to be provided for people to live independently as long as possible"*

*"more GP, services to visit at home if housebound eg. cryotherapy; ambulance to prioritise elderly falls or a special pick-up service for elderly falls 24/7"*

*I would like the assurance that help would be available, if necessary, to be able to safely access all areas of my home*

*To have the right equipment support for my child to live within her home safely and comfortably*

### Communication

*“Better communication between hospital discharge and GP follow up, so vulnerable people are not missed and care can be put into the home”*

*“Online access to an 'advice line' which can access my clinical record and provide relevant and recorded (written) information and options so I can recall the advice and research and choose at my leisure”*

*“Feeling that I am listened to and not just another number who is being a nuisance”*

### Health and Wellbeing

*“Extended community support groups such as walking groups for similar ages”*

*“Free gym membership (swimming/yoga etc/walking groups). Clearer guidelines around food labels. Access to affordable fresh fish/meat/veg”*

*“Activities for the older generation - physical, mental, emotional and health & wellbeing”*

*“Regular health screening for the over 65's when they are not on any medication”*

## Next steps

The Mid and South Essex Sustainability and Transformation Partnership (STP) has brought together local health services, Essex County Council, Southend Borough Council, Thurrock Council to look at how we can work together to improve the health and care of our communities.

All three of our Healthwatch partners are members of the Partnership Board to ensure their unique insight of our communities is heard, and we take this opportunity to thank them for their continued involvement.

Since the start of our Partnership, we have undertaken a wide ranging programme of engagement and a recent full scale public consultation, all of which have been delivered with the support of our Healthwatch organisations.

We thus had good insight on which to build, but recognise the need to continually add value to this body of work.

The Long Term Plan engagement has provided us, through our local Healthwatch organisations, the opportunity to continue those conversations on the future of the health and care in our area with our population.

All of the partners involved in the Partnership regularly talk to and engage with the public, their patients, service users, staff and the organisations they work with and we are committed to ensuring those voices are reflected in the programmes of work we undertake together.

Understanding the views of our population will help us to further explore ideas such as the smarter use of technology, providing care in different settings closer to home and support the Partnership to seek ways to reduce health inequalities.

Alongside a system wide Service User Advisory Group which reports directly to the Partnership Board, we are also developing a Citizen's Panel to support us to research and understand the views of a demographically representative sample of the population.

The findings set out in this report will be formally presented to the Partnership Board and the feedback gathered from all of the engagement undertaken will continue to inform the thinking in developing our own five plan.

This is being developed over the summer months with the involvement of all the statutory health bodies and local authority teams.

**Claire Hankey, STP Director of communications and engagement  
Mid and South Essex Sustainability and Transformation Partnership**

## Methodology

For all the three Healthwatch; Essex, Southend and Thurrock a range of methods were used to elicit engagement and information.

The template for survey 1 and 2 with supporting report template proved useful and enhanced consistency, however, on a trial carried out by Healthwatch Thurrock there was difficulty and confusion with the survey layouts.

The method of asking for several statements to be measured in importance, then a second but duplicate set of questions asking to pick “the” most important. Residents fed back instantly that they had already answered the question and concerns were raised when people did not want to complete the survey, feeling fatigued and confusion.

During focus groups, this could be addressed, however many online and postal surveys did not indicate which of all the statements was “the” most important. This could be as a result of feeling they had already answered the question.

Following the trial, Healthwatch Thurrock adapted Survey 1 so that it was easier to follow based on the initial feedback.

In addition, there were spelling mistakes, missed words and perception of repetitiveness. Again this was easy to address during focus groups, but clearly less robust with the online or postal surveys.

There were also problems with the online national survey being that Essex as a county cover more than one STP area and both Southend and Thurrock fall into Essex. This may have resulted in less online surveys as people may have selected “Essex” as their area from the pick list. For this reason also, all of the Essex data was not used as it could not be positively attributed to the particular area of STP.

Face to face support with surveys, particularly the Specific Conditions was easier and return was potentially higher than if they sent out and returned. This was further supported by the amount of clarification that was required during completion. This was also useful to support understanding and gave an opportunity to discuss details about the Long Term Plan.

Data was collected in each borough, with a combined dataset brought together for the overview part of the report.

Each borough completed a short report to communicate their findings and slight style/content was changed to enhance consistency of the flow without losing their individuality.

***Methodology used as per Research Document - Tri borough STP area Essex, Southend and Thurrock as previously submitted to Healthwatch England***

## Acknowledgements

*Thank you to :*

Claire Hankey, Mid and South Essex Transformation Partnership

Healthwatch England

Thurrock, Essex and Southend residents, groups and forums

Katherine Morrison, Sarah Haines - Healthwatch Essex

Kim James, Barbara Rice, Julie Evans - Healthwatch Thurrock

Jean Broadbent, Sharon Auger - Healthwatch Southend

Anthony Quinn - SAVS

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## Southend Health &amp; Wellbeing Board

**Report by**

Alex Khaldi, Chair, A Better Start Southend

to

**Health & Wellbeing Board**

on

**04 December 2019**

Report prepared by:

Jeff Banks, Director, A Better Start Southend

	For discussion	X	For information only	Approval required
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**A Better Start Southend - update**

Part 1 (Public Agenda Item)

**1 Purpose of Report**

The purpose of this report is to:

- 1.1 Provide an update from the Chair of A Better Start Southend (ABSS) on key developments since the last meeting.

**2 Recommendations**

HWB are asked to:

- 2.1 Note the contents of the report and raise issues and opportunities with the Chair of the ABSS Partnership Board, Alex Khaldi.

**3 Background**

## GOVERNANCE

a) *Partnership*

The Director has continued to have positive meetings with partners and stakeholders. In particular, positive meetings with Jose Garcia Lobera, Chair and Clinical Lead for Mental Health and Learning Disability at the CCG; and with Sue Harper, Deputy Director Services and Innovation and Sally Manzoni, Operational Manager from Family Action; have strengthened partnership working opportunities. An opportunity to present to the South East Local Enterprise Partnership (SELP) Social Enterprise Working Group and meetings with the Social Enterprise East of England have developed thinking about long-term sustainability models for ABSS.

On a practical level, meetings with Liz Chidgey, the Independent Chair of the Southend Safeguarding Partnership (SSP) along with Krishna Ramkhalawon, Interim Director of Public Health at SBC, explored the extent to which parents might appropriately be involved in the co-

design and delivery of safeguarding services provided by statutory agencies. Multi-agency safeguarding arrangements for the Local Safeguarding Children Boards (LSCBs) and the Safeguarding Adults Board were replaced by the new SSP from September 2019 and this affords an opportunity to explore whether engagement of citizens in these challenging areas of work could achieve improvements and greater community acceptance/understanding of these essential statutory services.

The Director was delighted to have the opportunity of meeting with Nathaniel Whitehouse, The Youth Mayor, Eugene Vlas, Youth Council School Reps Officer and Scott Kebbell, Member of Youth Parliament. This was a really positive opportunity to explore the role of young people as advocates for 0-4 year olds and in supporting parents with the child/young person's perspective both through parenting courses, etc. It was thought that parents and prospective parents may respond positively to hearing directly from children and young person's views about their needs, hopes and ambition as they grow up.

The Director also had a regular 'catch up' meeting with Ali Griffin, Chief Executive at SBC, looking at stages to be taken in the development of the ABSS 'Case for Change' Legacy Plan.

#### *b) The National Lottery Community Fund (TNLCF)*

The ABSS/TNLCF Quarterly Review meeting took place on 8th October 2019 and focussed on a stocktake of evidence and the local Theory of Change underpinning the work. There was an examination of the local and national Success Criteria being used to evaluate the programme and how we are gathering the evidence needed to demonstrate programme successes and areas for improvement.

#### *c) Governance*

Productive governance meetings continue to take place regularly. Paul Grout, Senior Finance Business Partner at SBC, chaired his first Finance and Risk Group governance meeting on 17th October 2019. This was an informative meeting, allowing Paul to understand the ABSS programme and financials further as he ably settles in to his new role as Chair.

The Insight and Analysis Group continues to have productive meetings to undertake deep dive assessments of ABSS projects, with the most recent project being ABSS Workskills. The group is working towards developing a standardised deep dive template, which will aid in the data gather process and enable the group to make informed proposals on the recommissioning of ABSS projects.

### PROGRAMME MANAGEMENT UPDATE

#### *a) Programme Management Office*

Recruitment has been taking place to cover staff movement and to accelerate project delivery.

The ABSS Communications and Marketing Manager will be leaving in January and this provides an opportunity to review marketing and communications needs as the programme matures and enters the full implementation phase. The review will examine what level of ABSS Marketing and Communications should be available to Delivery Partners in a sustainable model and the extent to which they should be encouraged to be more independent in the production of marketing materials and recruitment of beneficiaries. There will also be an increased focus on strategic communications, disseminating programme findings and the developing Case for Change Legacy Plan.



All positions currently in recruitment are within existing programme budget forecasts.

ABSS, SBC and SAVS have successfully appointed the Borough's first Co-production Champion who will take up the position in December. The post is jointly funded by SBC and ABSS and hosted by SAVS, working across all ages and locations, and will co-lead an approach to co-production that ensures the workforce, communities and citizens across Southend are at the heart of the design, delivery and evaluation of services and activities.

#### *b) Programme Activity*

##### *Diet and Nutrition work stream*

The Diet and Nutrition work stream continues to deliver a wide range of programmes and courses.

The **HENRY** health eating programme is well established and delivering a number of programmes in Children's Centres and other venues. This term, HENRY are testing the delivery of a programme in the evenings aimed at childminders who look after children living in the ABSS wards. ABSS now benefits from a Parent Champion specifically assigned to this work stream who has previously completed the HENRY programme and is working with parents to promote the programme and incorporate learning in some of the parent-led Engagement Fund activities.

The **1-2-1 Breastfeeding** and **Breastfeeding Support Groups** continue to support women with initiating and maintaining breastfeeding. The breastfeeding groups are in the process of renaming and rebranding, with the support of the ABSS team and Parent Champions.

The **3 to 4 month Contact** health visiting intervention, which was contractually paused following the transfer of health visiting from EPUT to the Borough Council, but was continued by the team informally, will be re-introduced from January 2020 with capacity increased to enable delivery across all the ABSS wards.

Following feedback from Family Action and Parents, the review of the **Enhanced Children Centre Programme** has been concluded and a redesign programme of healthy eating interventions will be delivered by Family Action from January. It is anticipated that Family Action and the Health Visiting team will jointly deliver the **Starting Solids Workshops** and the **Food for Life** programme will continue to be delivered by Family Action and incorporate ideas around Healthy Cooking for families.

##### *Social and Emotional work stream*

This is the final work stream to be fully implemented. There are a range of programmes in delivery, the **Preparation for Parenthood** programme is in the mobilisation phase, **Volunteer Home Visiting Programme** is in the process of being commissioning and the final programme, **Your Family**, is in the service design stage.

As part of the mobilisation stage of the **Preparation for Parenthood** programme, appointed Delivery Partners **HENRY** held a co-production workshop in October and are working with ABSS on finalising their delivery programme. The first courses are expected to commence in January.

There was strong interest in the **Volunteer Home Visiting** service when it went out to tender recently. It is expected a preferred provider will be agreed by the end of December with mobilisation commencing in January.

The **Your Family** project is currently in the design phase with a full business case in development. The next stage following approval will be to develop the full service specification/s.

There continues to be slow uptake of the **Empowering People and Empowering Communities** (EPEC) programmes run by South London and Maudsley NHS Foundation Trust (SLAM). The latest **Being a Parent Course** commenced in September with only six parents enrolled. The team previously reported on actions agreed by the Programme Group to improve the uptake and sustainability for the programme, including the employment of a local co-ordinator who is attending the sessions with the parents and will follow up with them afterwards to identify how we can better engage parents and improve uptake. If there is a reasonable prospect of improved attendance, two further programmes will be run next year but if there are further difficulties, the Programme Group will again explore options.

The remaining projects within this work stream are well established and delivering on their expected outcomes. The Programme Manager is completing a series of options papers in relation to the ongoing commissioning of **FNP**, **Workskills** and the **Family Support Worker for Social and Communication Needs** as all of these projects are nearing contract term.

#### *Communication and Language work stream*

This work stream is well developed and delivering a wide range of programmes.

The EPUT **Let's Talk** suite of programmes continues to deliver differentiated activities to children and are all well attended. The feedback is very positive from parents and there are early indications of positive long-term outcomes for children. The contract is due for renewal in March and as with the Social and Emotional programmes referenced above, the Programme Manager is developing an options paper regarding an extension to this contract.

**Talking Transitions** is the newest project to go live in this work stream. The project focuses on improving the transition for children from their early years setting to reception with a particular focus of language development and speech acquisition. Four primary/infant schools and their main feeder pre-school settings are working on developing initiatives that will improve children's speech and language, including ELKLAN training and bespoke offers within the settings.

The communication and language team are working across the partnership and presented at SBC's Early Years conference on **Hungry Little Minds**. They were able to feedback key messages on how ABSS's **Big Little Moments** initiative can help deliver Government objectives for the Hungry Little Minds Campaign.

#### *Community Resilience*

SAVS are working with Parent Champions and ABSS on the **Parent Champion and Family Community Hub**. The Parent Champions have put a lot of effort into this initiative and have jointly produced a draft usage plan. It is hoped that the Hub will be in use by the end of the year.

There have been two further stakeholder events in relation to the **Resilience, Ideas & Innovation Fund** (RIIF) with the closing date for applications 30<sup>th</sup> November 2019.

Information regarding the joint appointment of a **Co-production Champion** has been detailed previously, and this post will play a significant role in supporting partners in developing greater Community Resilience and sustainability in service design and delivery.

The remaining programmes across all the work streams are progressing and delivering effectively.

#### *Workforce Development*

A Workforce Development Steering Group has been formed, but this work was paused due to key staff absences. It is anticipated the Workforce Development policy review will recommence in the coming weeks.

Members of the team attended an ABS Community of Practice event in Bradford focusing on Community and Workforce Development. This was a good opportunity to share some of the work ABSS has been doing and to develop thinking for the Workforce Development Steering Group and the proposed development of a refreshed strategy. It was also great to showcase some of the in-house training and workshops (e.g. on training in the Communication Learning Environment Audit) that have been undertaken within our Communication and Language work-stream.

*System Change*

ABSS continues to play a pivotal role in the development of a fully integrated 0-19 system and has led and/or participated in a number of workshops and engagement activities. Further work is planned over the coming months. The **System Map** is nearing completion, following some ICT/IP issues and complex licencing arrangements.

*‘Case for Change’ Legacy Planning*

The **‘Case for Change’** process engagement strategy was presented to the Partnership Board on 18<sup>th</sup> November 2019. The Director is grateful to partners, including Ali Griffin, Chief Executive at SBC, for positive feedback which has helped develop the approach.

The Case for Change intention is to secure long-lasting legacy from the ABSS programme from 2025. A number of connected strategy/commissioning developments informed thinking:

- Southend 2050
- 0-19 Strategy
- Paediatric Review
- Children’s Centres

Partners, stakeholders and citizens will be engaged at all stages, using a co-production approach, working together using knowledge, research and evidence of what works to create a multi-agency strategy that is community owned and resourced. An example of activity will include a framework of pathfinder projects intended to demonstrate how specific ABS interventions can be sustained beyond the period of funding from TNLCF. Projects will utilise much of the learning and evidence already developed by the Programme, but will typically pioneer new ways of working that (a) reduce reliance on single funding sources and (b) encourage greater community engagement and ownership.

Acceptance criteria for pathfinder projects	
Evidence base	Projects will conform to ABS standards of evidence and the key domains of activity outlined in the Partnership Agreement
Scalability	Projects will have the potential to scale beyond the ABS target wards
Income potential	Projects will demonstrate the potential to generate income streams from sources other than TNLCF/ABS
Community engagement	Using co-production methods, projects will show how greater levels of community capital can be secured in as an integral part of the service/intervention
Community governance	Projects will be governed by a combination of ABS and community representatives
System change	Projects will create challenge to traditional delivery and funding models and contain feedback loops to ABS Partners
Practitioner and community entrepreneurship	Projects will encourage the development of entrepreneurship
Business case	Projects, by the conclusion of the pathfinder exercise, are able to demonstrate a business case for further evolution of the intervention, potentially at reduced cost

The ABSS 'Think Tank' will review the finer details, materials and allocation of resource for policy development work and research; and a project group will be established. ABSS invites Board members to make nominations to be included as part of the project team.

Broad timeline – 6-month plan:

- December to April – Research
  - *Discover*: Workshops 1 & 2 – January, February
  - *Define*: Workshops 3 & 4 – February, March
  - Options paper – March
  - *Develop*: Policy Writing – March, April
- April – Stakeholder sign-up
- From May – *Deliver*: Implement

#### c) *Knowledge Research and Evaluation (KRE)*

##### *Research Activity*

Research activity has been continuing, alongside the induction of colleagues from the University of Essex working on the Programme Evaluation Partnership. Members of the team attended a 'Science-Based Innovation' event run in partnership with Dartington Service Design Lab, Centre on the Developing Child at Harvard and Frontiers of Innovation. This presented a good opportunity to explore thinking regarding Theory of Change and programme implementation.

A Case Study is attached for reference.

##### *Programme Evaluation Partnership*

The University of Essex had appointed two interim lead evaluators/researchers from the Centre for Social Work and Social Justice at the School of Health and Social Care, who will be working with Professor Vasilios Ioakimidis while permanent recruitment takes place. Induction meetings and transfer of research information has commenced, and meetings are planned over the coming weeks to support with mobilisation of the work areas forming part of the contract.

##### *Local Independent Summative Evaluation*

The Specification for the Independent Summative Evaluation is in development and it is planned to go to the market towards the end of 2019 or early in 2020. The objective being to commence the contract from the start of the new financial year.

##### *Outcomes Framework*

The refreshed Outcomes Framework was presented to the Partnership Board on 18<sup>th</sup> November 2019.

##### *Data Development and Analytics*

##### *Data Dashboard*

The latest iteration of the 'Data Dashboard' is attached for reference.

#### d) *Communication and Marketing*

A rebrand of the ABSS Group Breastfeeding Support is currently underway and a new name of 'Bump to Breast' has been selected. A co-produced logo for this service is in the design

phase, and the team are working with Parent Champions and Delivery Partners to ensure the new branding reflects the values of the service accurately.

ABSS continues to develop strong links with Southend United Football Club (SUFC), with Pip, the ABSS mascot, appearing pitch-side for the SUFC v Ipswich game on the 12th October. Pip and the ABSS team engaged with Southend families throughout the day, and it was a positive opportunity to further build ABSS's presence within the community.

ABSS undertook a social media boost for our campaign 'Southend's Stories' during National Libraries Week (7th – 12th October) which had a reach of over 2,500 Southend families. The campaign aims to encourage parents to share stories with their children as often as possible, and this will now continue into the winter months as a regular part of the ABSS social media strategy.

Finally, Big Little Moments marketing materials have been distributed across Southend in various different venues, including Early Years settings, health centres and community centres within our wards.

#### **4 Reasons for Recommendations**

- 4.1 ABSS Governance have reviewed and approved activities at the appropriate level. The Health and Wellbeing Board are asked to note the contents of the report.

#### **5 Financial / Resource Implications**

- 5.1 A moderate underspend is noted in the financial report with explanations given. There are no further financial/resource implications outside permitted programme projections. Quarter Two Summary Management Accounts are attached as Appendix Three.

#### **6 Legal Implications**

- 6.1 None at this stage

#### **7 Equality & Diversity**

- 7.1 None at this stage.

#### **8 Appendices**

Appendix One – Case Study – Breastfeeding Group Support (Southend YMCA)

Appendix Two – Quarter Two 2019/20 Data Dashboard summary

Appendix Three – Quarter Two 2019/20 Summary Management Accounts

**Jeff Banks, Director, ABSS**  
**21 November 2019**

## **INCREASED BREASTFEEDING CONFIDENCE, INCREASED BREASTFEEDING DURATION AND REDUCED ISOLATION** (all names have been changed)

### **Background:**

One mum came to see us having found out about the groups from a Children's Centre. Her baby was two weeks old. She told us that she was feeling worried because her baby had lost some weight after birth. She also said that she wanted to continue to breastfeed but was not feeling very confident about this.

### **Intervention:**

We started by welcoming this mum and making her feel at home, and made her a cup of tea. We then gave her space to share her story about her labour and birth, as this often puts breastfeeding issues in context. We also listened as she told us about her experiences of breastfeeding over the first few days.

We asked questions to make sure we fully understood the situation – how often the baby was feeding, how much weight the baby had lost, and how many wet / dirty nappies there were (this gives a guide to breastmilk intake).

We also asked this mum if she would like us to observe a breastfeed. She said she would, so we watched the baby for a whole feed, and were able to give supportive feedback and reassurance.

This mum continued to attend subsequent sessions, and to share her experiences of breastfeeding with us and with new friends that she made at the group.

She encouraged other people to come along, and has been a real advocate for the project, sharing information about it with others.

She continued to breastfeed for many months, and is still doing so. She has said that she is very happy that she did not stop breastfeeding in the early weeks, and acknowledged that this could have easily happened without the support of the group.

### **Outcomes and benefits:**

The outcomes of this intervention include:

- Increased breastfeeding duration for this mum and baby, and resultant long term health benefits
- Increased confidence in breastfeeding
- Increased knowledge, which this mum has said that she has passed onto others
- Increased social connections and friendships
- This mum reported improved mental health and reduced anxiety
- Increased knowledge about breastfeeding within the wider family

### **Test and Learn:**

The mum in this case study has travelled between different groups, and has sometimes attended more than one in the week, particularly in the early months. This has highlighted the need to us for groups to be open and available to all, and spread throughout the week, so that mums who need that support can find it at the time that is most useful to them.

It has also shown us that what is important to mums is to meet with others who share their experience, and that they will make the effort to travel to find a welcoming space where they can do this. The barriers to breastfeeding identified by this mum and others are often in the form of the attitude of society and their extended family to breastfeeding. By providing a supportive, caring and welcoming breastfeeding community, we can help mums to find that connection and resilience to continue breastfeeding their babies as long as they are happy to.

Appendix Two – Quarter Two 2019/20 Data Dashboard summary

A Better Start Southend: Programme Dashboard



BETA TEST VERSION

Reporting Period from 01 October 2018 to 30 September 2019

The total number of unique direct beneficiaries for this period is 1,521 which is 33.1% of all eligible ABSS beneficiaries.

1) Project Data Included in Dashboard	2) Direct Beneficiaries by Workstream/Quarter	3) Direct Beneficiaries by Delivery Location
<ul style="list-style-type: none"> <li>ENG02: Let's Talk</li> <li>ENG02S: HENRY</li> <li>ENG03: ABSS Work Skills</li> <li>ENG04: Engagement &amp; Co-Production</li> <li>ENG05: SCN Family Support Workers</li> <li>ID02: EPEC Baby &amp; Us</li> <li>ID03: EPEC Being a Parent</li> <li>ID02D: Let's Talk With Your Baby</li> <li>ID02SA: Talking Walk-In</li> <li>ID02B: 25-Month Screening</li> <li>ID02C: Chatting Children</li> <li>ID02D: Super Sounds</li> <li>ID02E: Little Listeners</li> <li>ID02F: Attention ABS</li> <li>ID02G: Talking Toddlers</li> <li>ID02H: Project Home and Early Years Setting</li> <li>ID02I: Follow Up Sessions</li> <li>ID02J: Talking Toddlers</li> <li>ID02K: Babbling Babies</li> <li>ID02L: Fathers Reading Every Day</li> <li>ID02S: HENRY</li> <li>ID028: Starting Solids</li> <li>ID036: ABSS Work Skills</li> <li>ID046: Engagement &amp; Co-Production</li> <li>ID049: Perinatal Mental Health</li> <li>ID050: Family Nurse Partnership</li> <li>ID052: SYMCA Group Breast Feeding Support</li> <li>ID053: 3-4 Month Health Visitor Contact</li> <li>ID054: SUHFT 1:1 Breast Feeding Support</li> <li>ID059: SCN Family Support Workers</li> <li>ID060: Food 4 Life</li> <li>ID085: Healthy Cooking for Families</li> <li>ID091: Talking Transitions</li> </ul>		
<p>This table shows which current projects are included in the dashboard tables and charts. Data are provided at person-level for all families consenting to data sharing and are then aggregated for the purposes of this dashboard.</p>	<p>All events have been mapped to one of the programme workstreams and the number of direct beneficiaries involved in each workstream is shown above. See charts 10 and 11 for further details of the projects in each workstream over the most recent two quarters.</p>	<p>This chart shows an expanded list of locations where A Better Start projects are being delivered. At the start of the programme Children's Centre delivery accounted for almost all delivery but now represents approximately half of all events.</p>

Report produced by: Operational Performance & Intelligence Team

Data source: Children's Centre Capita eStart system

Report created at 11/4/2019 2:30:20 PM by SDC/DaveMason

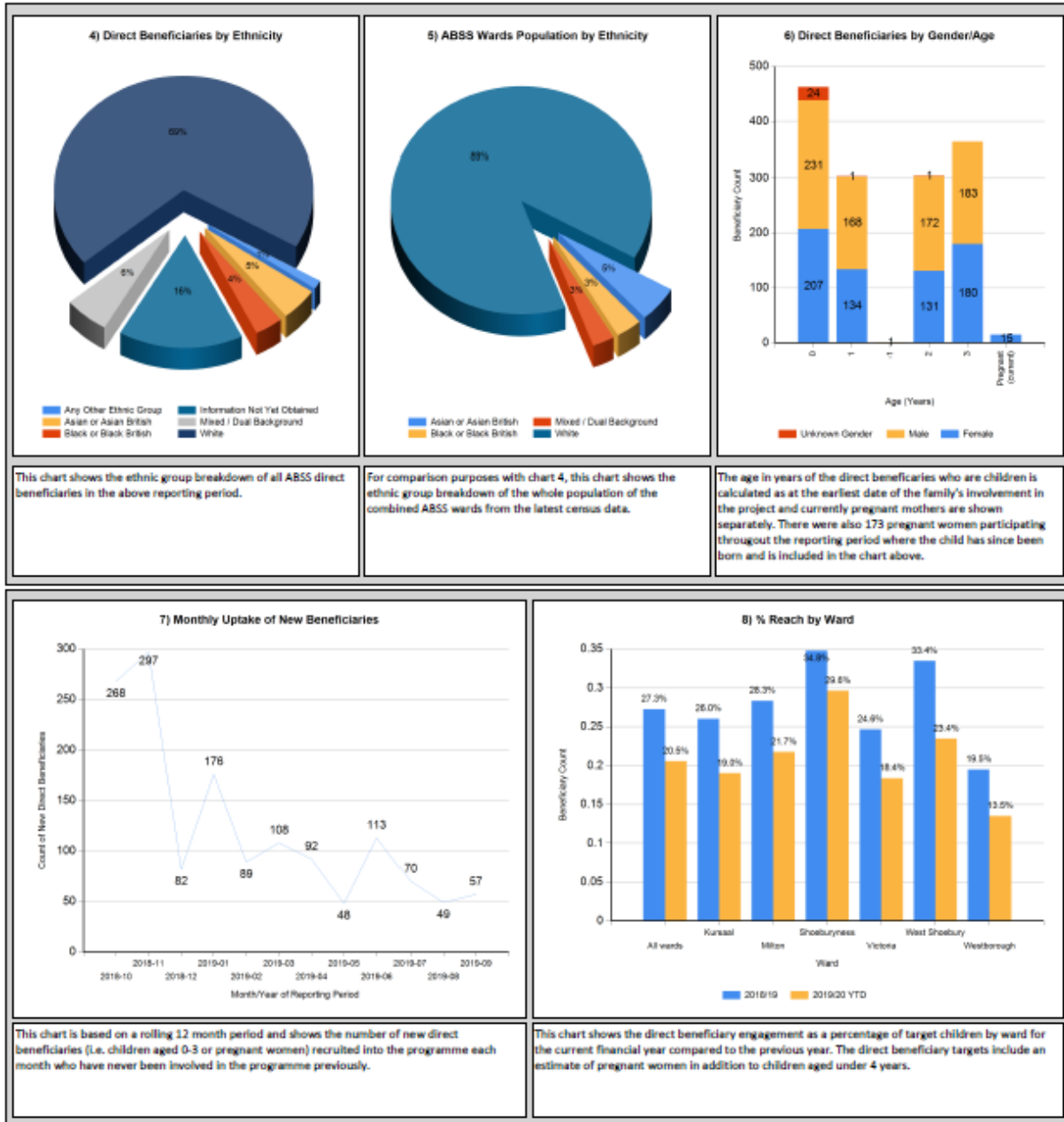
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BETA TEST VERSION

A Better Start Southend: Programme Dashboard



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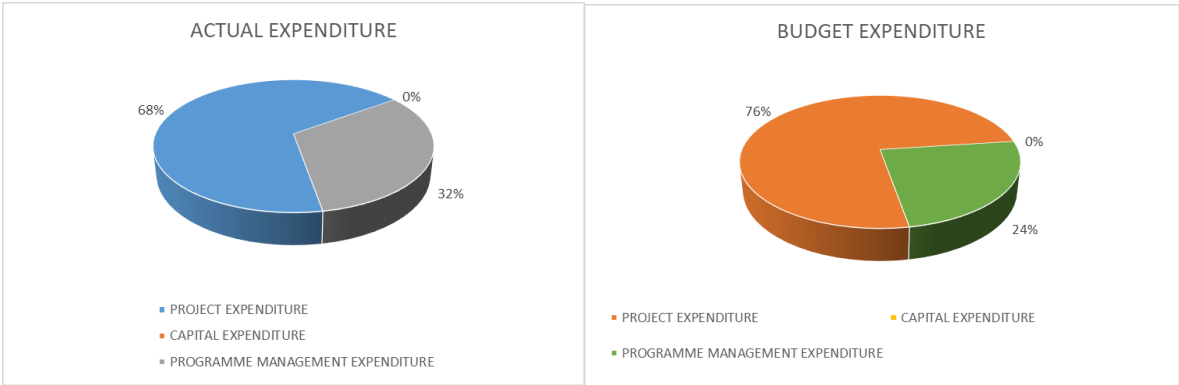


**SUMMARY MANAGEMENT ACCOUNTS – CONFIDENTIAL**

**6 MONTHS TO 30 SEPTEMBER 2019**

The management accounts for the A Better Start Southend (ABSS) programme show income received and expenditure incurred during this financial year. Management accounts are presented to the ABSS Partnership Board quarterly, coinciding with the submission of returns to The National Lottery Community Fund. More detailed monthly accounts are reviewed by the ABSS Finance and Risk Group.

The accounts for the financial period from 1 April 2019 to 30 September 2019 show project expenditure of £1,259,000, capital expenditure of £nil and programme management (PMO) expenditure of £599,000. These are represented as a percentage of total spend in the first chart. Leveraged income to 30 June is £55,000 and £255,000 for the life of the programme to end of June.



Underspend against budget for all project workstreams total £207,000. This results from budgeting for new projects, that are currently in the service design phase, to come into mobilisation earlier in the financial year. In addition, external monitoring and evaluation costs have not been incurred in line with budget. This is a timing difference.

The office move to Thamesgate House has resulted in higher than budgeted premises costs (£46,000). Irrecoverable VAT also exceeds budget by £37,000. This relates to the additional spend on the move, and a backdated VAT invoice from EPUT relating to a PMO secondment.



Summary Management Accounts - Confidential  
 Period: QUARTER TWO 2019-20

Period: APRIL to SEPTEMBER 2019

	Actual	Budget	Variance (adverse) or favourable
	£	£	£
<b>INCOME</b>			
REVENUE FUNDING RECEIVED FROM COMMUNITY FUND	1,812,000	1,937,000	(125,000)
CAPITAL FUNDING RECEIVED FROM COMMUNITY FUND	-	-	-
LEVERAGED INCOME	55,000	-	55,000
<b>TOTAL INCOME</b>	<b>1,867,000</b>	<b>1,937,000</b>	<b>(70,000)</b>
<b>EXPENDITURE</b>			
<b>PROJECTS</b>			
SOCIAL AND EMOTIONAL	312,000	393,000	81,000
COMMUNICATION AND LANGUAGE	295,000	279,000	(16,000)
DIET AND NUTRITION	264,000	318,000	54,000
SYSTEM CHANGE	250,000	247,000	(3,000)
COMMUNITY RESILIENCE	96,000	165,000	69,000
CRECHE SERVICES	41,000	45,000	4,000
MONITORING & EVALUATION	1,000	19,000	18,000
<b>PROJECT EXPENDITURE</b>	<b>1,259,000</b>	<b>1,466,000</b>	<b>207,000</b>
SALARIES AND SECONDMENTS	316,000	284,000	(32,000)
OTHER PMO COSTS	283,000	187,000	(96,000)
<b>PROGRAMME MANAGEMENT EXPENDITURE</b>	<b>599,000</b>	<b>471,000</b>	<b>(128,000)</b>
<b>TOTAL REVENUE EXPENDITURE</b>	<b>1,858,000</b>	<b>1,937,000</b>	<b>79,000</b>
CAPITAL EXPENDITURE	-	-	-
LEVERAGED COSTS	55,000	-	(55,000)
<b>TOTAL EXPENDITURE</b>	<b>1,913,000</b>	<b>1,937,000</b>	<b>24,000</b>
<b>NET FUNDING IN ADVANCE/(OWED)</b>	<b>(46,000)</b>	<b>-</b>	<b>(46,000)</b>
<b>CUMULATIVE FIGURES FROM START UP TO DATE</b>			
	£		
<b>INCOME</b>	<b>11,357,000</b>		
PROJECT EXPENDITURE	5,868,000		
PROGRAMME MANAGEMENT EXPENDITURE	4,654,000		
CAPITAL EXPENDITURE	542,000		
LEVERAGED	255,000		
<b>TOTAL EXPENDITURE</b>	<b>11,319,000</b>		
<b>NET FUNDING IN ADVANCE/(OWED)</b>	<b>38,000</b>		

CONVENTION: Brackets around a number signify either an amount owed by The National Lottery Community Fund or an adverse variance (ie income less than budget or expenditure greater than budget)