

Public Document Pack
SOUTHEND-ON-SEA BOROUGH COUNCIL

People Scrutiny Committee

Date: Tuesday, 13th October, 2020

Time: 6.30 pm

Place: Virtual Meeting via Microsoft Teams

Contact: S. Tautz (Principal Democratic Services Officer)

Email: committeesection@southend.gov.uk

AGENDA

- 1 **Apologies for Absence**
 - 2 **Declarations of Interest**
 - 3 **Questions from Members of the Public**
 - 4 **Minutes of the Meeting held on 2 September 2020 (Pages 1 - 4)**
 - 5 **Changes to Acute Mental Health Beds in South Essex (Pages 5 - 8)**
(Essex Partnership University NHS Foundation Trust) To consider the attached report of the Director of Mental Health for Mid and South Essex.
- **** **ITEMS CALLED IN/REFERRED DIRECT BY CABINET - 15 SEPTEMBER 2020**
- 6 **Updated Local Financial Assessment and Illustration of the Potential Impact of Covid-19 on the Council's Medium-Term Financial Strategy 2020/21-2024/25 (Pages 9 - 20)**

Minute No. 375 (Cabinet Agenda Item No. 4).
Called-in to all three scrutiny committees by Councillors Cox and Davidson.
 - 7 **Annual Public Health Report (Pages 21 - 54)**

Minute 378 (Cabinet Agenda Item No. 7).
Called-in by Councillors Cox and Davidson.
- **** **OTHER SCRUTINY MATTERS**
- 8 **In-Depth Scrutiny Project 2019/20-2020/21**

To receive an update on the progress of the in-depth scrutiny project for the current year.

TO: The Chair & Members of the People Scrutiny Committee:

Councillor L Salter (Chair), Councillor N Folkard (Vice-Chair)
Councillors M Borton, H Boyd, A Chalk, D Cowan, M Dent, F Evans, M Flewitt,
D Garne, B Hooper, M Kelly, K Mitchell, C Nevin, I Shead, M Stafford, A Thompson

Co-opted members

Church of England Diocese

Fr Jonathan Collis (Voting on Education matters only)

Roman Catholic Diocese

VACANT (Voting on Education matters only)

Parent Governors

(i) VACANT (Voting on Education matters only)

(ii) VACANT (Voting on Education matters only)

Southend Association of Voluntary Services

K Jackson (Non-Voting)

Healthwatch Southend

O Richards (Non-Voting)

Southend Carers Forum

T Watts (Non-Voting)

Public Document Pack

SOUTHEND-ON-SEA BOROUGH COUNCIL

Meeting of People Scrutiny Committee

Date: Wednesday, 2nd September, 2020

Place: Virtual Meeting via Microsoft Teams

4

Present: Councillor L Salter (Chair)
Councillors N Folkard (Vice-Chair), M Borton, H Boyd, A Chalk, M Dent, F Evans, M Flewitt*, D Garne, B Hooper, M Kelly, K Mitchell, C Nevin, I Shead, M Stafford and A Thompson
O Richards (Healthwatch Southend), T Watts (Southend Carers Forum) (Co-opted members)

*Substitute in accordance with Council Procedure Rule 31.

In Attendance: Councillors T Harp, A Jones, M Terry (Cabinet Members), Councillor K Evans, T Forster, M Marks, S Baker, R Harris, P Hill, B Leigh, K Ramkhalawon, D Simon, A Smyth, S Tautz and C Woodcraft
M Faulkner-Hatt, E Vlas (Southend Youth Council) (Observers)

Start/End Time: 6.30 pm - 8.25 pm

270 Apologies for Absence

Apologies for absence were received from Councillor A Dear (Substitute: Councillor M Flewitt).

271 Declarations of Interest

The following councillors declared interests as indicated:

- (a) Councillors T Harp, A Jones and M Terry (Cabinet Members) - Interest in the called-in items; attended pursuant to the dispensation agreed at Council on 19 July 2012, under S.33 of the Localism Act 2011;
- (b) Councillor L Salter - Minute 275 (Care Act Easement) - Husband is consultant surgeon at Southend Hospital; daughter is a consultant at Basildon Hospital; son-in-law is GP in the borough - Non-pecuniary interest;
- (c) Councillor C Nevin - Minute 275 (Care Act Easement) - Employed at external NHS Trust; family members employed at Mid and South-Essex Trust hospitals - Non-pecuniary interest;
- (d) Councillor K Mitchell - Minute 275 (Care Act Easement) - Family friend is employed as a Finance Officer by the Council - Non-pecuniary interest;
- (e) Councillor T Harp - Minute 272 (Questions from Members of the Public)) - Friend and future relative employed by the East of England Ambulance Service NHS Trust, Minute 275 (Care Act Easement) - Wife is employed in hospital discharge capacity and Minute 276 (Annual Safeguarding Report (Adults & Children)) - Wife is an employee of Southend Association of Voluntary Services - Non-pecuniary interests;
- (f) Councillor M Flewitt - Minute 275 (Care Act Easement) - Family member employed at an NHS Trust outside the borough - Non-pecuniary interest;

- (g) Councillor M Borton - Minute 275 (Care Act Easement) - Daughter employed in mental health unit at Basildon Hospital - Non-pecuniary interest:
- (h) Councillor N Folkard - Minute 275 (Care Act Easement) - Ambassador for Fund Raising Team at Southend Hospital; relative works at Broomfield Hospital; on the Reading Panel at Southend Hospital - Non-pecuniary interest; and
- (i) Councillor M Kelly - Minute 275 (Care Act Easement) - Employed by Essex Partnership University NHS Foundation Trust - Non-pecuniary interest.

272 Questions from Members of the Public

The Cabinet Member for Health and Adult Social Care responded to a question presented by Ms. T. Cowdrey.

The Committee noted the responses of the relevant cabinet members to questions submitted by Ms. M. Cleary, Mr. P. Marrable and Mr. D. Webb, which would be sent to the questioners as they were not present at the meeting.

273 Minutes of the Special Meeting held on 16 June 2020

Resolved:

That the minutes of the special meeting of the Committee held on 16 June 2020 be confirmed as a correct record and signed.

274 Minutes of the Meeting held on 7 July 2020

Resolved:

That the minutes of the meeting of the Committee held on 7 July 2020 be confirmed as a correct record and signed.

275 Care Act Easement

The Committee considered Minute 210 of the meeting of the Cabinet held on 28 July 2020, which had been called in to the People Scrutiny Committee, together with a report of the Executive Director (Adults and Communities) that presented a framework setting out how the Council would implement the provisions contained within the new Care Act Easements created under the Coronavirus Act 2020.

At the request of the Committee, the Cabinet Member for Health and Adult Social Care agreed to develop an 'easy-read' statement of use for any implementation of the Care Act Easements and to ensure that any such implementation was undertaken with the agreement of the Chief Executive, the Leader of the Council and the Chair of the People Scrutiny Committee.

In response to a question concerning current levels of assessments and carer assessments, the Cabinet Member for Health and Adult Social Care agreed to circulate details to the Committee after the meeting.

Resolved:

That the following decisions of the Cabinet be noted:

"1. That the Care Act Easements framework that sets out how the Council would

implement the provision set out within the new Care Act easements, created under the Coronavirus Act 2020, be approved.

2. That, following engagement with the Chief Executive, the Leader of the Council and the Chair of People Scrutiny Committee, authority be delegated to the Executive Director (Adults and Communities), in consultation with the Cabinet Member for Adult Social Care and Health, to implement the Care Act Easements framework. This would be in line with Government guidance and as referenced in the framework and powers provided by the Care Act Easements under the Coronavirus Act 2020.”

Note: This is an Executive Function
Cabinet Member: T. Harp

276 Annual Safeguarding Report (Adults & Children)

The Committee considered Minute 214 of the meeting of the Cabinet held on 28 July 2020, which had been called in to the People Scrutiny Committee, together with a joint report of the Executive Director (Adults and Communities) and the Executive Director (Children and Public Health), that provided an annual assurance assessment for the Chief Executive and elected members of their responsibilities for safeguarding children and adults in Southend.

At the request of the Committee, the Cabinet Member for Health and Adult Social Care agreed to seek the design and appropriate delivery as soon as possible, of a comprehensive training programme for councillors with regard to their safeguarding responsibilities.

Resolved:

That the following decision of the Cabinet be noted:

“That the submitted report be noted and the actions detailed in Section 6 of the report, be approved.”

Note: This is an Executive Function
Cabinet Member: Cllr T. Harp

277 COVID-19 - Local Update

The Committee received a presentation from the Director of Public Health with regard to the current COVID-19 situation across the Borough.

In response to a question concerning the impact of COVID-19 on the sexual health of local residents, the Cabinet Member for Health and Adult Social Care agreed to circulate any relevant data that was currently available, to the Committee after the meeting.

Resolved:

That the presentation be noted.

278 In-Depth Scrutiny Project 2019/20-2020/21 - Progress

The Democratic Services Officer reported that the Working Party leading the current in-depth scrutiny project for the Committee had recently met and that a draft report for the project was being prepared. Councillors were advised that it was hoped that the report

would be available for consideration by the Committee at its meeting in either October or November 2020.

Note: This is a Scrutiny Function

Chair: _____

Report title: Changes to Acute Mental Health Beds in South Essex	
Report to: People Scrutiny Committee	
Report author: Sue Waterhouse, Director of Mental Health for Mid and South Essex	
Date: 13 October 2020	For: Information

5

1. Introduction

- 1.1 The Trust is planning to move an adult inpatient ward back to Rochford during Week commencing 28th September 2020. Rochford Hospital originally accommodated two adult acute inpatient wards until Willow Ward at Rochford was temporarily moved to Basildon a few years ago. We are now in a position to move patients back to Rochford and re-open Willow, so that we are returning to the original position, which will stop patients from South East Essex having to leave this locality. There are many other benefits that will be realised as a result of this move.

2. Action required

- 2.1 The Committee is asked to note this report for information only.

3. Background

- 3.1 The CQC recommended that Essex Partnership University NHS Trust (EPUT) should remove dormitory accommodation and has since confirmed that it would undertake this project with a target date for completion in 2021 across all our inpatient estate.
- 3.2 The only facility within the Trust that does not currently meet the single bedroom accommodation standard is based at Basildon Mental Health Unit in Kelvedon, Grangewaters and Thorpe Wards. The other two existing wards at Basildon (Hadleigh and Assessment Unit) are already provided with single bedroom accommodation.
- 3.3 All inpatient accommodation at Rochford is provided in single bedrooms; therefore, the move back to Rochford is ideal. The project has also allowed us the opportunity to improve the accommodation at Basildon, to be able to change from outdated dormitory provision to single bedrooms with en-suite.
- 3.4 On the Basildon site, a decision was made to refurbish Cherrydown and Kelvedon Wards as they are on the ground floor and have direct external access, which would help to improve the patient experience by allowing direct access to a garden from the ward.
- 3.5 Cherrydown has accommodated our inpatient gym and ADL kitchen onsite at Basildon for a while now. It has also housed the onsite pharmacy and office space for several teams; therefore, Langdon has been refurbished to allow these functions to be accommodated in a different space and freeing up the area for refurbishment for this project. The new space they will occupy will be vastly improved and modernised.

- 3.6 It has been our ambition to reduce the size of some of our largest wards, as it is recognised that smaller wards produce calmer environments and therefore better outcomes for patients and allowing staff to provide better care. We are able to achieve this with our plans.
- 3.7 The architect provided a proposal which allows for 16 bedrooms with en-suite facilities within the existing building at Basildon on each of these two new wards (Cherrydown & Kelvedon). Two of the rooms on each of the two new wards will be adapted to be able to accommodate bariatric patients or those with physical health disabilities, which is also an improvement to our current provision.
- 3.8 All of our wards in South Essex have been providing a service for a mix of both male and female patients. This project has allowed us to revisit this provision, and a decision has been made in the interests of sexual safety for our patients to change to single sex wards. With two wards at Rochford (Willow and Cedar) and two wards at Basildon MHU (Cherrydown and Kelvedon) we are able to accommodate one male and one female ward at each site.

4. **Bed Numbers**

- 4.1 The architect for the project was limited with options within the existing fabric of the building at Basildon MHU and was able to maximise the available space to create 16 en-suite bedrooms on each of the two refurbished wards on the site. This has meant there is a reduction of six inpatient beds in total for South Essex. The table below illustrates the changes.

Ward Names	Original Bed Nos	Ward Names	Single Bedroom Nos
Grangewaters	24	Kelvedon	16
Thorpe	20	Cherrydown	16
Kelvedon	18	Willow	24
Cedar	24	Cedar	24
TOTAL	86	TOTAL	80

- 4.2 Whilst it would have been preferred to provide an equal number of inpatient beds, it has not been possible to do so. It is of interest to note that during the Coronavirus Pandemic, we have been operating with reduced capacity on all our inpatient wards, and particularly so in Basildon MHU on the dormitory wards, due to the complication of social distancing and inability to isolate patients in a dormitory environment. Our current capacity has therefore been significantly reduced to 78, and we have been managing to operate and accommodate all our patients with this reduced number of beds.

5. **Summary of benefits**

- Return of beds being provided in the South East Essex area for local patients
- Elimination of outdated dormitory accommodation for inpatients
- Improved privacy and dignity for patients
- More modern, refurbished accommodation being provided in all affected wards
- Far better access to outside for patients on Basildon site
- Better access and provision for those patients with a physical disability need/bariatric need

- Smaller, less crowded wards which will provide safer, more therapeutic environments
- Single sex accommodation
- En-suite accommodation in four acute adult wards
- Replacement of gym and ADL kitchen at Basildon site into newly refurbished area.

This page is intentionally left blank

Southend-on-Sea Borough Council

Report of Executive Director (Finance & Resources)

To

Cabinet

On

15 September 2020

Report prepared by:

Pete Bates, Interim Head of Corporate Finance

Agenda
Item No.

6

Updated Local Financial Assessment and Illustration of the Potential Impact of Covid-19 on the Council's Medium Term Financial Strategy 2020/21 – 2024/25

All Scrutiny Committees

Cabinet Members: Councillor Ian Gilbert

Part 1 (Public Agenda Item)

1 Purpose of Report

- 1.1 To provide an updated assessment of the local financial impact of Covid-19. It remains an evolving situation as the Council continues to respond positively to the crisis and tries to minimise as far as possible the impact on local residents and businesses of Southend-on-Sea. More emphasis has now been placed on understanding the operational and financial impact of the pandemic as the Council transitions to a restoration and recovery phase and assesses the future sustainability of whatever the 'new normal' will eventually look like.
- 1.2 To provide a range of high level scenarios to illustrate the potential scale of the financial challenge over the short and medium term, whilst recognising that the volume of assumptions and understanding of the complexities of the many contributing factors are still under constant review.

2 Recommendations

That Cabinet:

- 2.1 **Note the Council's updated assessment of the local financial impact of the unprecedented challenges that has been caused by the pandemic.**
- 2.2 **Note the scale of the potential financial challenge summarised in this report and agree that the Council's Medium Term Financial Strategy is reviewed and a range of options are developed to ensure continuing financial sustainability.**
- 2.3 **Agree to receive regular reports to future Cabinet meetings, which will provide updated assessments on our financial position and outline any changes to our strategy and range of assumptions.**

3 Introduction

- 3.1 It is still too early to assess the overall health and economic impact of Covid-19. The challenge is clearly worldwide, and national governments continue to wrestle with putting in place the right package of measures to save lives and to try to minimise the spread of the virus and its impact across the population. Consideration has now turned to how they can safely get their respective economies working again. In the United Kingdom, local government, working in partnership with other agencies and local communities continue to have a critical role to play in responding to the crisis. We are at the forefront of implementing the relaxation to the lockdown arrangements, shaping the transition and recovery within a new national framework.
- 3.2 The current financial landscape and operating environment is challenging and uncertain but the Council is determined to build on our positive initial local response to the crisis and to try to ensure that the key elements that will lead to a stronger recovery for our town, our local residents and our local businesses are in place. Our Southend 2050 ambition and ongoing review of arrangements for delivering the road map of priority projects is not only still relevant but also crucial for Southend-on-Sea's future prosperity. Effectively managing the short and medium term financial challenges that Covid-19 has brought to the Borough will be an important factor in our future success.
- 3.3 This report provides an update on the local financial impact and attempts to estimate a range of potential financial scenarios over the medium term based on a series of complex and ever-changing assumptions. All local authorities are struggling with this uncertainty, large financial pressures and concerns for their residents and local areas in such unprecedented times. This report builds on the information that was presented to Cabinet on 9 June 2020. The scale of the estimated financial challenge has increased, and it now looks likely that the total cost will be over the higher end of the range that was estimated in June 2020. The revised estimated gross cost to the Council could now be circa £22.3M, currently offset by £12M of Emergency Grant Funding, so a potential £10.3M extra financial pressure in 2020/21.
- 3.4 This revised assessment is still based on a wide range of assumptions and predicted patterns of cost, service demand and behaviours. Attempts have been made to assess the transition to the new normal, the impact on activity levels (particularly income) and then any currently potentially hidden demand for key social care services that might result directly from the isolation and stress caused locally by the pandemic. At this still relatively early stage, the estimated total cost to the Council for 2020/21 and the future is still very difficult to quantify with confidence. The situation will remain under constant review and the Council is preparing for the worst, whilst doing all it can to improve the situation and reduce the immediate potential deficit and its impact in the future.

- 3.5 We are working hard to reduce our financial exposure in lower priority areas but at the same time trying to make sure that we are doing all we realistically can to support our residents and local businesses. Some early future planning has already commenced to try to limit the potential permanent damage to our revenue base and to look at the longer-term impacts on our Medium Term Financial Strategy. This report highlights the potential range of financial impact over the medium term to inform our future planning and highlight the level of preparation and range of considerations required.

4 Summary of Central Government Support Received (End of August 2020)

- 4.1 The report that was presented to the Cabinet meeting in June 2020 provided a full assessment and details of the different levels and types of funding support that Southend-on-Sea had received. This was summarised into the following three main categories.

Central Government Passported Funding (Total Allocation £79,092,378)

Announcement	Local Allocation (£)
Business Rates Grants*	45,512,250
SBG, RHLG, Retail & Nursery Discount Schemes #	27,223,000
Council Tax Hardship	1,661,945
Top-Up Grants to Businesses* (5% of £38,835,000)	1,941,750
Business Improvement Districts Support	18,750
Infection Control for Adult Social Care	2,734,683
Total	79,092,378

* 5% of intended spend of Business Rates Grant Allocation used to Fund Top-Up Grants to Businesses

To be refunded via a Section 31 Grant.

Central Government Additional Direct Grant (Total Allocation £15,778,253)

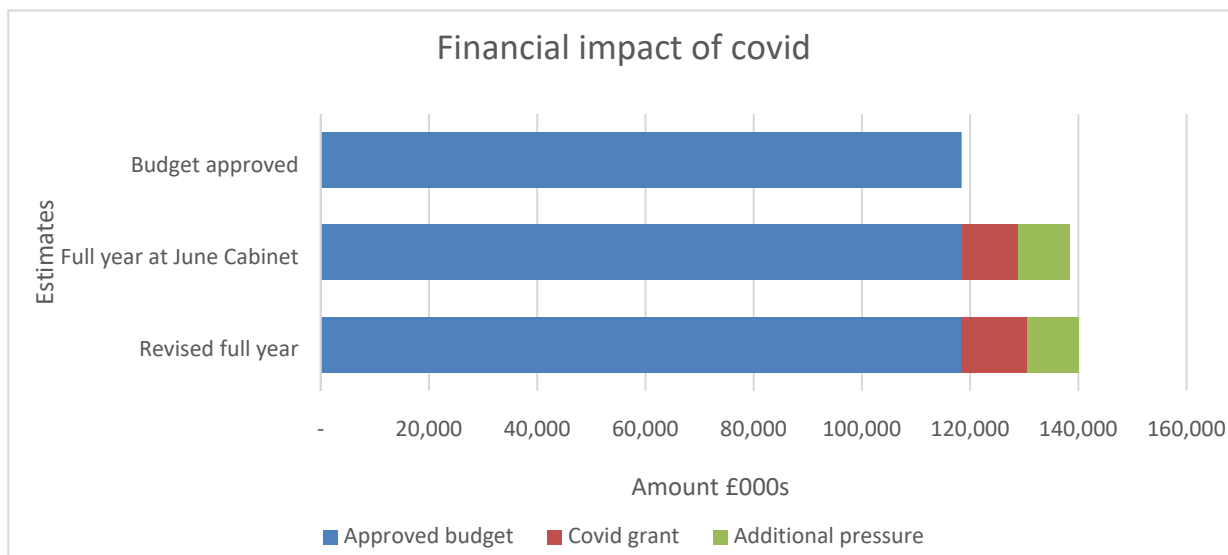
Announcement	Local Allocation (£)
Emergency Grant Funding (Tranche 1)	5,393,935
Emergency Grant Funding (Tranche 2)	5,062,493
Emergency Grant Funding (Tranche 3)	1,571,465
Most Vulnerable in Society Support	Awaiting allocation
New Test and Trace Service	£887,492
Reopening High Streets Safely Fund	163,096
Emergency Active Travel Fund	£1,545,000
South East Covid Kickstart (SELEP wide allocation)	£881,000
Travel Demand Management	£150,000
Additional Dedicated Home to School Transport	£123,772
Total	15,778,253

Cashflow Support

The Government also introduced a range of measures to either defer payments by Southend-on-Sea Borough Council to the Government to later in this financial year or to make payments to us earlier and more quickly to help with our liquidity and cashflow.

5 Financial Assessment and Assumptions

- 5.1 The Council has continued to submit monthly returns to MHCLG and the following information represents the latest information that was submitted and also includes the most up to date information that we have available at the time of writing this report. The actual MHCLG returns themselves have evolved and changed each month as the Government attempts to capture more information at a local level.
- 5.2 In headline terms, based on our July return and updated for known activity in August we have estimated £12.695M of direct Covid-19 expenditure pressures for 2020/21 (including risk to recovery savings plans) and a £5.073M estimated reduction in direct income levels (sales, fees & charges) for the year. So, in total we have estimated £17.268M potential service pressures, against an updated un-ringfenced grant allocation of circa £12.0M. The other major concern is our loss in income collection from Council Tax and Business Rates which is now estimated to be around £5.1M in 2020/21, it is hoped that this will be slightly offset by £0.5M due to our participation in the Essex Business Rates Pool. We have continued to assess all our estimates as Amber at this stage of the year.
- 5.3 The following bar chart illustrates the impact of this updated assessment against our approved service budget for 2020/21. This is based on a complex series of assumptions but also on improving local intelligence and small established trends of different customer behaviour patterns. The key concern that remains is the currently forecasted £10.340M (shaded green) estimated unfunded pressure for 2020/21. The comparable figure in the June Cabinet report was £9.544M. So, the estimated 'gap' has increased, even though an extra £1.572M of emergency grant support from the government for tranche 3 has been received. Understanding the direct and indirect impact on local demand and the potential permanent pressures on the revenue base of the Council is still difficult to determine. The financial impact on the Council will remain under continual review.



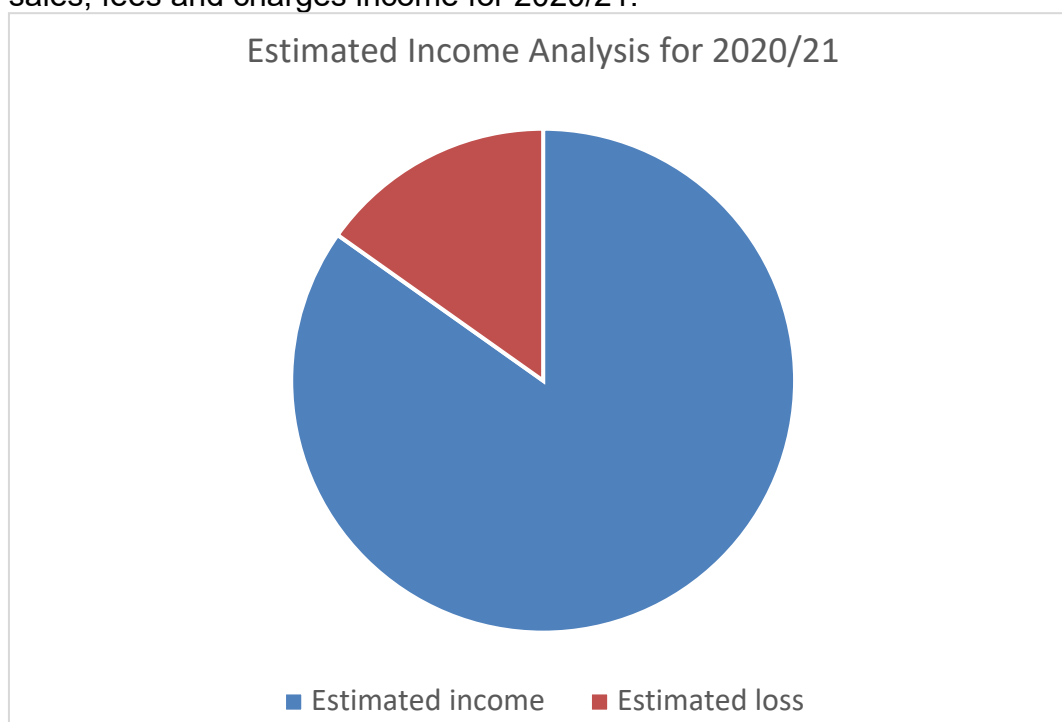
6 Business Rates, Council Tax and Housing Rents Collection Impact

- 6.1 Clearly an area of major concern is the impact the crisis is having in terms of income collection and the potential increases in bad and doubtful debts across all our main income sources. The Council has quite rightly prioritised support for local residents, tenants and businesses by not issuing any recovery documentation, no enforcement action by agents and no summons have been issued. This moratorium currently remains in place but will be reviewed in September across different debt types. We have also effectively allowed the deferral of all rents from our commercial tenants for the first quarter of 2020/21. We have encouraged all tenants to open a dialogue with us to discuss and agree appropriate viable payments plans for the future.
- 6.2 We continue to experience significant increases in the number of Council Tax benefit claimants and additional numbers of housing tenants that are struggling to pay their rent. This situation may get even worse with the changes proposed to the national furlough scheme. We are hoping that the relaxation in the lockdown arrangements, combined with a growing number of UK residents opting for a 'staycation' that this will help to provide some additional support and activity for the local economy. Many businesses are still approaching us for further support including requesting additional payment holidays/deferred payments/writing off debt for historical rent and service charges etc. We are responding to these requests on a case by case basis and following the national guidance where applicable.
- 6.3 Based on our latest analysis and assessment we are currently forecasting a £1.5M deterioration in our collection of Business Rates. A combination of increasing benefit claimants - working age Local Council Tax Support (LCTS) has increased from 7,700 to 9,316 by July 2020 (21% increase) which has the effect of reducing our Council Tax base, together with additional challenges for collection means that we are currently forecasting a £3.6M reduction in Council Tax income for 2020/21. At this early stage of the year we are forecasting to receive a £0.5M benefit from the Essex Business Rates Pool for 2020/21. From a housing tenants' perspective, we are currently forecasting a circa £0.25M potential challenge by the end of the financial year.

- 6.4 The government have recently announced their intention to allow authorities to spread 2020/21 collection fund deficits over three years. This is a year longer than the usual spreading over two years, with the estimate as at January 2021 being recovered the following year (2021/22) and the final outturn being recovered the year after (2022/23). We are still awaiting the technical details around the application of this initiative. MHCLG will prescribe the scheme in secondary legislation and intends to lay the relevant regulations in the autumn. MHCLG will be working with CIPFA and the local government sector to resolve the detailed accounting, audit, and reporting implications of this change.

7 Local Impact on Sales, Fees and Charges Income

- 7.1 Southend-on-Sea Borough Council budgeted to receive around £33.5M in total from a range of other income sources in 2020/21. It is very difficult to determine how activity levels will continue to fluctuate, reduce or in some cases even increase, particularly when lockdown measures are fully relaxed. The impact of Covid-19 and the associated lockdown did have a dramatic immediate negative effect on some of our universal income areas such as car parking, leisure and tourism.
- 7.2 There have been signs of improvement in some income areas but the continuing challenges for leisure, hospitality, adult social care client income and cultural services remain. As with some of the expenditure pressures it is still too early to draw any definitive conclusions, with so many factors that could change over the coming weeks and months. This is an area that will remain under intensive review but we are beginning to see some established patterns and if there is no further local lockdown in Southend-on-Sea then we are optimistic that some income streams may return to more normal levels of activity.
- 7.3 The following pie chart illustrates the revised estimated impact on our overall sales, fees and charges income for 2020/21.



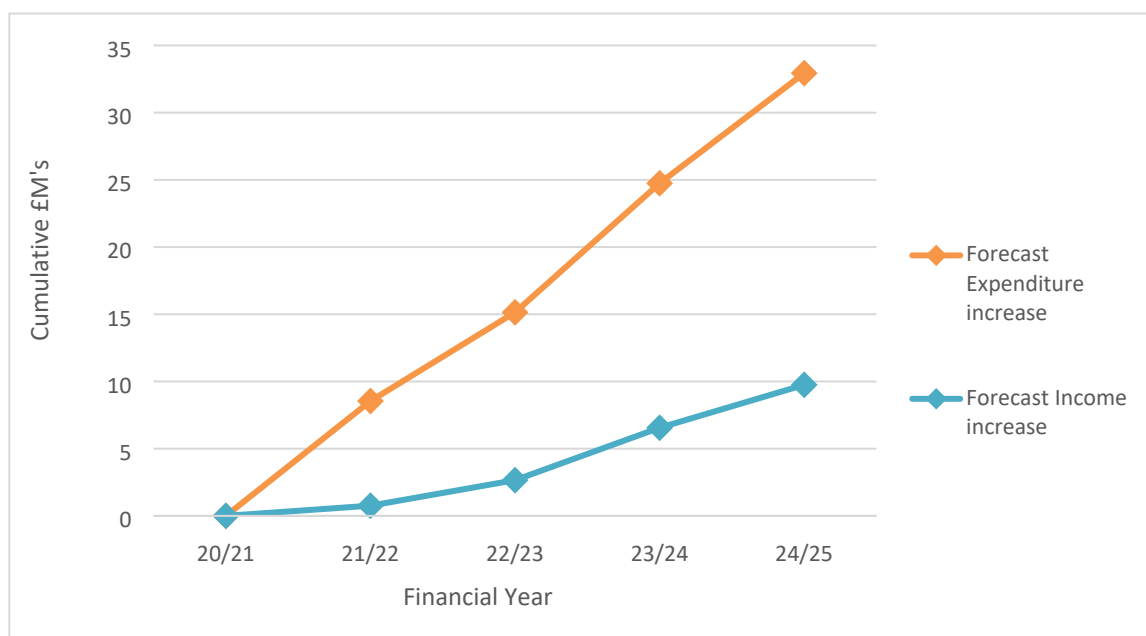
- 7.4 There obviously also remains the potential impact of increasing bad and doubtful debts for a range of income streams that are not collected at point of sale or service delivery. It is an area which we are continuing to monitor and assess.
- 7.5 Encouragingly the government have recently announced an income guarantee scheme, whereby authorities would be compensated for 75% of losses of income after the first 5%. This is intended to shield authorities from significant losses, whilst also continuing to encourage authorities to ensure that they maximise income. The scheme's initial design and scope suggests that it will cover sales, fees and charges income, and the amounts are to be calculated using the 2020/21 budget. MHCLG intends to take a 'principles based' approach and to allow authorities to use their discretion in making claims. This is a positive development and we are currently awaiting the detailed technical guidance to make a formal assessment of the benefit this will bring and to get a better understanding of the arrangements for making our claims. An updated assessment and clarification on our position will be presented to a future meeting of Cabinet. It is hoped that this new initiative will be factored into the planned Period 6 monitoring report, scheduled to be presented to Cabinet in November 2020.

8 Future Demand and Potentially Currently Hidden Financial Challenges

- 8.1 A potential further concern surrounds the possible future impact on key Adult and Children's Services after restrictions are fully lifted that could lead to a major increase in demand caused by isolation, stress and pressure building up in family units, domestic violence, vulnerable adults, children etc. Services have been working hard to try and manage the spikes in demand that we were experiencing and reporting throughout 2019/20 pre Covid-19. Recovery savings plans were in place to reduce demand and associated costs that are now at greater risk of non-delivery because of the uncertainty and pressure directly caused by the pandemic. This situation is in line with many other upper tier authorities across the country.
- 8.2 An area of ongoing concern that we are continually monitoring is the potential impact of Covid-19 on the adult social care provider market. Generally, care homes are based on around 90% occupancy levels, but some have been running closer to 70%. This is potentially damaging and unsustainable in terms of viability if occupancy levels remain this low or reduce further for an extended period. This is an area which we are keeping under review and regularly assess the impact on provision across Southend-on-Sea. Some of this concern should be mitigated by the Government's announcement of £600M nationally for an Infection Control Fund for Adult Social Care and the support already provided by the Council to adult social care homes through the deployment of our Covid-19 Emergency grant.

9 Medium Term Financial Strategy 2020/21 – 2024/25 Impact Assessment

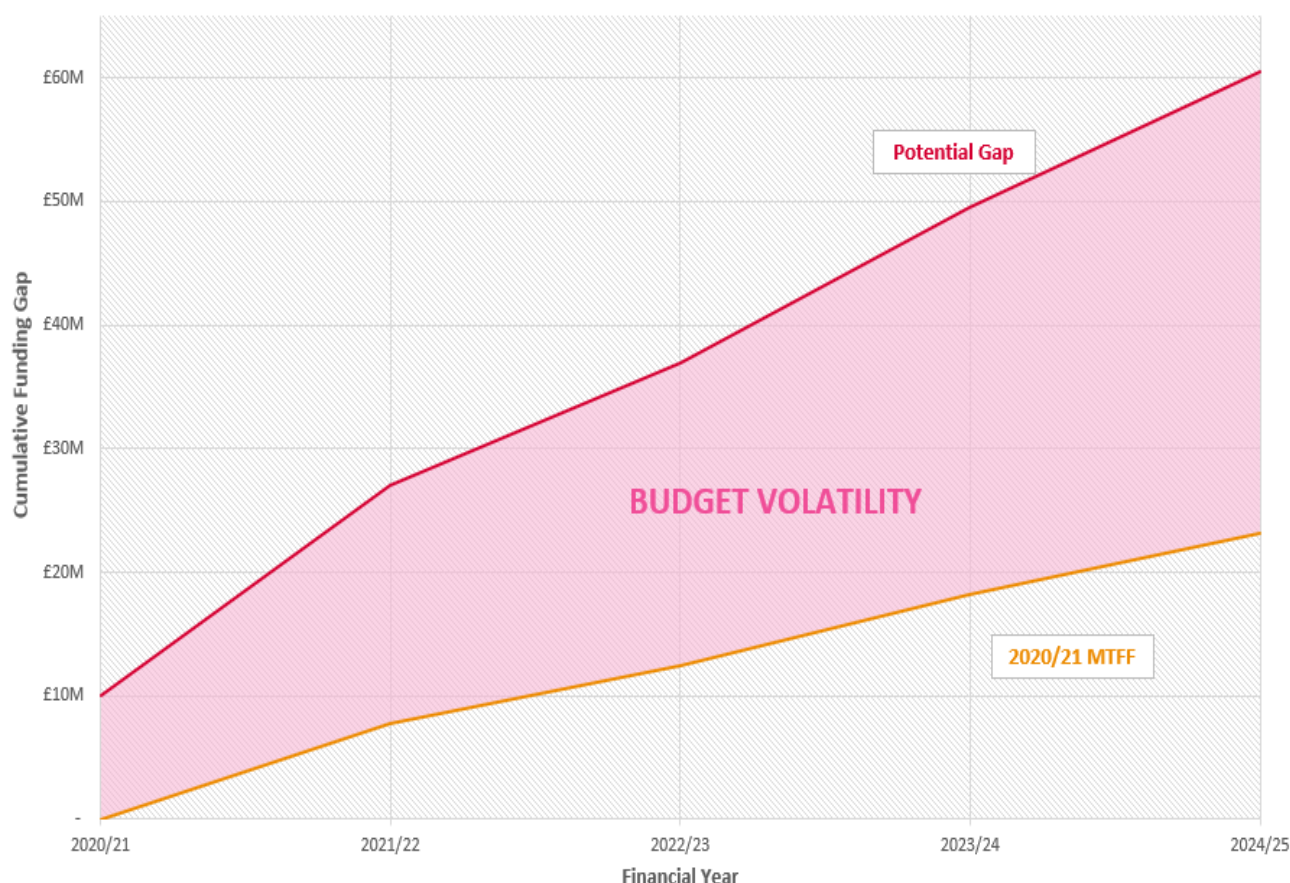
- 9.1 The Government have confirmed that the originally planned Fair Funding Review and 75% Business Rates Retention Scheme will now NOT be implemented in 2021/22. It is still unclear at this stage whether a traditional three-year Comprehensive Spending Review will take place in the Autumn of 2020 or that the Government will decide to just focus on developing a single 2021/22 Financial Settlement for the Local Government Sector. This lack of clarity adds further uncertainty in trying to assess the future level of resources that may be available to Southend-on-Sea and adds further significant complexities and challenges to our future business and financial planning arrangements.
- 9.2 Despite this uncertainty and the need for many more assumptions and estimates to be applied than in previous years it is still vital that an assessment is undertaken to try to predict the potential range of financial pressure and challenge over the medium term. This initial work will be refined and developed further over the coming weeks. The estimated best case is that all extra costs and lost income caused by Covid-19 will be compensated for by Central Government and the Council's future financial gap returns to the level that was presented and approved as part of the setting of the 2020/21 Budget in February 2020. This is represented in the graphic below for reference.



The forecast profiled budget gap represented in the chart above over the next five years is summarised financially in the table below: -

Year	2020/21	2021/22	2022/23	2023/24	2024/25	Total
Budget gap	£0M	£7.8M	£4.7M	£5.7M	£5.0M	£23.2M

- 9.3 The potential size of the financial gap in each of the next four years could change significantly and it will depend upon many factors, which are mostly very difficult to determine given the current uncertainty. The Government may only partly compensate the Authority for the actual full costs of Covid-19 that have been incurred, there could be long term or even permanent damage to the local economy and the revenue base of the Council. This can manifest itself in many ways including the need to fund additional welfare needs and benefits requirements, reductions in the generation and collection of income, additional demand and cost pressures for adults and children social care interventions etc.
- 9.4 There could potentially be further lockdowns caused by a second major spike of the pandemic. The following graph attempts to factor in these assumptions to try to establish a sensible and reasonable range of what the financial gap for the Authority could potentially look like over the medium term. The likelihood is that the size of the actual financial challenge will be somewhere within this spectrum. The Authority, along with the rest of the Local Government Sector has already started its budget preparations and some difficult choices and decisions will undoubtedly be required over the coming months. These are unprecedented times and Local Government has never faced such a challenge whilst also wrestling with so much uncertainty.



10 Local Impact on Major Projects and the Capital Investment Programme

- 10.1 Our ambition for the delivery of key capital schemes has not diminished if anything our determination and desire to drive regeneration and growth has intensified. Realistically though Covid-19 has brought with it a whole additional set of new challenges and the viability of schemes will have to be reviewed and considered. A report elsewhere on the agenda provides an assessment on the Forum 2 project as a direct result of the impact of Covid-19 on the College and the Council. There will inevitably also be some delays in construction related projects. Although Government advice remains that construction activities should continue, works may have been delayed due to the availability of labour, plant and materials and some contractors did opt to cease activity for a period.
- 10.2 The Council has been very innovative and creative in developing a variety of funding arrangements for some major schemes, to take advantage of external grant initiatives and to reduce the financial impact locally. We are still seeking reassurance from Government, that these often time limited grants, get suitable extensions for defrayment and completion. In most cases we are still seeking 12-month extensions, but we also have the added potential complexity of Brexit and what impact that could have on EU secured funds. We will keep this under constant review.

11 Tactical and Strategic Response to Managing the Financial Challenge

- 11.1 The Authority responded positively and quickly to the challenge that Covid-19 brought to the Borough. The immediate priority was given to keeping local people and everyone connected with our Organisation safe. The Authority mobilised support for residents and businesses and at incredible speed developed the capability for a large proportion of our workforce to continue to work safely and remotely.
- 11.2 The Authority has also re-deployed staff to priority areas such as food and PPE distribution, community hubs and safety support, together with enabling processes for new requirements like business grants to be paid. The Authority has not furloughed any staff, despite the challenges and reductions in income in certain service areas.
- 11.3 After the initial urgency of our response passed, more time has now been devoted to designing, preparing, and implementing our transition and restoration to whatever the new normal will look like. The potential size of the financial challenge of Covid-19 for the Authority is currently estimated to be around £10.3M for 2020/21. Our strategic response has been to try and reduce our financial exposure in lower priority areas, make sure we passport all new Government support to local businesses and residents as fast and as accurately as we can, fully deploy the circa £12M of emergency grant funding that we have already received and clearly evidence and lobby Central Government for additional resources.

- 11.4 We continue to respond to MHCLG's request about potential use of our reserves in every return. We have still estimated that we could use £1M of our general balance (which would then reduce to £10M). We also estimated that up to £2M of our Corporate Earmarked Reserves could be used, which will effectively reduce our Business Transformation Reserve and our ability to respond to 'invest to save' opportunities and delay planned transformational projects. We stressed that this could only be used on a short-term basis and that our reserves would need to be topped back up again in 2021/22.
- 11.5 We need to assess the positive impact of the opportunity to spread collection fund deficits over three years and the Government's new income guarantee initiative. Realistically further resources will be required and if our current estimates over the size of the financial gap is realised, then we would have to look again at in-year service changes and our earmarked reserves to try and fund the difference. This would be very challenging and have major repercussions for our future medium-term business planning, leading to some very difficult choices in terms of reviewing our future cost base and income generating potential. This could ultimately result in permanent changes to our local service range and offer.
- 11.6 Our other clear strategic challenge back to Central Government is to give some urgent clarity over the estimated future levels of financial settlements for Southend-on-Sea and for the overall Local Government Sector.

12 Conclusions

- 12.1 This report provides an insight into the potential financial impact of Covid-19 on Southend-on-Sea Borough Council. This assessment is based on a huge amount of disparate information, together with a range of constantly developing assumptions. At the time of writing this report we are waiting for further details and guidance around the two new government schemes for income guarantee and for spreading collection fund deficits. These initiatives will undoubtedly help to improve the currently predicted financial situation for the Council in 2020/21. From a future financial planning perspective, it is still very difficult to form accurate definitive conclusions with confidence at this stage.
- 12.2 The pandemic will continue to have financial implications for our residents, businesses, and the Council itself over the coming weeks and months. Better and more informed intelligence is being gathered each week and a greater understanding of potential future scenarios and outcomes is being established. It is proposed to continue to bring updated reports to future Cabinet meetings. These will inform the deliberations of Cabinet and highlight with more certainty the potential financial impact on the Council for 2020/21 and the future.
- 12.3 We will continue to lobby Central Government with our other Essex local authorities for extra resources to both help with our local response but also the transition, preparation, and implementation of our restoration. We are recording all our costs and measuring the impact on all our income budgets to provide appropriate evidence. At some stage in the future it is hoped that this may be used to form a fair financial compensation request to the Government if needed.

- 12.4 Further work is continuing to refine our understanding of what our estimated financial position will be in the longer term. This is essential to revise our Medium Term Financial Strategy and to inform the Authority's strategic response to maintain our financial sustainability and continue to strive to deliver better outcomes for our local residents, businesses and our visitors.

13 Background Papers

Various Government Announcements relating to Covid-19

Medium Term Financial Strategy 2020/21 – 2024/25

Initial Local Financial Assessment of Covid-19 (9 June 2020 Cabinet Report)

Southend-on-Sea Borough Council

**Report of Executive Director (Children & Public Health)
to
Cabinet
on
15th September 2020**

**Agenda
Item No.**

7

Report prepared by: Krishna Ramkhelawon, Director of Public Health

Annual Public Health Report

**People Scrutiny Committee
Cabinet Member: Councillor Trevor Harp
Part 1 (Public Agenda Item)**

1. Purpose of Report

To present the 2019 Annual Report of the Director of Public Health.

2. Recommendations

That the Cabinet considers and notes the content and recommendations of the 2019 Annual Report of the Director of Public Health and progress made to-date in regards to the recommendations from the previous report in 2018.

3. Background

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

The 2019 Annual Report of the Director of Public Health

The Report this year provides an update on last year's report (2018 Annual Public Health Report) and covers the following themes:

- ✓ Health Protecting and Preventing Ill-health - Focus on the measles outbreak; MMR immunisation and with the challenge of the pandemic, we consider Flu Immunisation and building on improving Air Quality;
- ✓ Tackling Wider Inequalities – Focus on reviewing our food environment in tackling the rise of Obesity and in shaping of our Local Plan for development; we explore the challenges around parenthood and the consequences leading to adverse childhood experiences (ACES), all critical in mitigating for the negative impact on the mental health and

wellbeing of children and young people, which has been further exacerbated by the 'new normal' and serious disruption to their education.

In 2018, we highlighted that we had a focus on three key themes and nine recommendations:

- Healthy Lives – Focus on cardiovascular conditions, diabetes and the implementation of the harm reduction strategy – we note some progress although most actions were delayed due to the pandemic. We are picking these up again within the SE Essex Alliance workplan.
- Community Safety – Focus on disrupting drug-associated criminal behaviours and protecting our young residents, and re-focusing our efforts on reducing teenage conceptions – we note significant progress made across these areas with the Health and Wellbeing Board poised to ratify the Teenage Pregnancy Implementation Plan in September.
- Infrastructure planning – Focus on developing a new Local Plan and maximising the health and wellbeing impact – we note some very good progress in these areas with further work in development.

A RAG-rated summary of actions against each of the nine recommendations has been included in the report's appendix section.

The Southend 2050 Ambition and the NHS Long Term Plan collectively set out the key things we can expect to work as partners to turn the ambitions into improvements in services and build community resilience.

Working with local partners, we will ensure that the learning and actions from the Measles outbreak in the learning disability community progressed and that some of the learning will also contribute to the prevention work against communicable diseases as well as in aiding our continued management of the coronavirus pandemic.

We will continue to enhance our campaigning to ensure the highest level of MMR immunisation in our communities. We continue to explore new ways of communicating the benefits of this vaccine to our families as well as promoting the uptake amongst our adult population with a learning disability who may have missed this important public health intervention in their early years.

With the ongoing coronavirus pandemic, it is going to be essential to significantly increase our uptake of flu vaccines locally, especially as Southend has one of the lowest rates in the East of England. With the recent announcement that we will now offer this vaccine free to all those 50 years and over, we have started planning our approach in Southend much of which will need to be innovative and scalable.

There is growing evidence of the links between good spatial planning, design principles and the health impacts. The development of a new Local Plan is a real opportunity for public health, public protection and planning to work together to shape the natural and built environment. These measures will have a positive gain from reduced air pollution and how we tackle obesity in shaping our food environment.

Healthy parent involvement and intervention in the child's day-to-day life lay the foundation for better social, emotional and academic skills. In Southend, we want to

support parents to ensure that children have the best start in life. We need to look at the service provision and co-produce our local approach to get the best out of our social and financial investment.

The impact of adult's poor mental health and the low levels of parenting skills on children and young people's mental health and wellbeing, coupled with them spending an innumerable amount of time on their digital devices, is stark. The rate of ill-health has been growing steadily over the years and with the additional impact of the pandemic, we will need to more than double our efforts to provide a safer growing environment for them.

The seven key recommendations for the Cabinet to note are:

1. Health Protection & Preventing Ill-health:

R1.1 Flu Immunisation – Early planning and delivery of a more innovative approach to significantly increase our uptake of flu jabs will be prioritised;

R1.2 MMR Immunisation – We will review our engagement and marketing approach and co-produce the information and advice for parents, in line with the insights gathered. We will also ensure that all our eligible residents with learning disabilities have received their MMR dosage;

R1.3 Lessons from Outbreaks – We will implement all the key actions following the measles outbreak and ensure we continue to closely collaborate in managing the coronavirus pandemic.

R1.4 Air Quality – We will explore innovative ways to monitor the level of pollution locally, and further expand our work on promoting active travel and more social media engagement to raise awareness and support the National Clean Air Day, especially in our younger populace.

2. Tackling Wider Inequalities:

R2.1 Obesity - With the increasing childhood obesity trend, we must now consider more innovative and drastic interventions. We will review our engagement with the local food environment in three ways:

- (1) Improve our healthier eating campaign reach
- (2) Use the Local Plan to reshape our food environment
- (3) Co-produce our physical activity offer

R2.2 Parenting - We should ensure strategic alignment across the partnership to support families on their parental journey. We must also ensure we are making effective use of good practice;

R2.3 Mental Wellbeing – We must continue to take a collective approach in preventing or reducing the impact of perinatal mental ill-health, while exploring more innovative ways of supporting children and young people and in co-producing more meaningful information and guidance for them.

4. Other Options

There are no other options presented as it is a statutory duty of the Director of Public Health to prepare an Annual Public Health Report.

5. Reasons for Recommendations

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

6. Corporate Implications

Contribution to Council's Southend 2050 Ambition and Priorities, including the STP shared priorities.

The Council has a statutory duty to protect the health of the local population. The 2019 Annual Public Health Report highlights the key issues for people in Southend, actions being taken to address them and key recommendations to be delivered by local partners.

6.2 Financial Implications

At this stage any financial implications arising from this report are unquantified and, as further work is undertaken, any resource implications will be identified within existing resources

6.3 Legal Implications

There are no legal implications arising directly from this report.

6.4 People Implications

There are Directorate performance indicators as well as national benchmarking information, showing how we compare against statistical neighbours, the region and nationally.

6.5 Property Implications

None

6.6 Consultation

There will not be any formal consultation on the Annual Public Health Report, although it will go through the relevant governance route within the Council as well as to the Southend Health & Wellbeing Board.

6.7 Equalities and Diversity Implications

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

6.8 Risk Assessment

A risk assessment will be undertaken of individual initiatives introduced to tackle the key issues highlighted in the report.

6.9 Value for Money

No implication

6.10 Community Safety Implications

None

6.11 Environmental Impact

None

7. Background Papers

Referenced in the paper where relevant

8. Appendices

The 2019 Annual Report of the Director of Public Health for Southend.

This page is intentionally left blank

Director of Public Health Annual Report 2019

JUNE 2020

PRIDE
& JOY

Content

Introduction	3
Population Size	4
Deprivation Index 2019	5
Health Protection and Preventing Ill-health	6
Flu Immunisations	7
Childhood Immunisations	8
Measles Outbreak	9
Air Quality	10
Wider Inequalities – Key Factors of Focus	12
Food Environment	13
Obesity	14
Parenting Support	16
Mental Health in Children and Young People	19
Recommendations	21
Appendices	23
Glossary of terms	24
Ethnicity breakdown	25
Outcomes to-date of last year’s recommendations	26



28

Introduction

This is my independent public health report for 2019. It reflects on some of our key achievements, some challenges and highlights where we can continue to collaborate to improve health and wellbeing in Southend-on-Sea.

We have also provided an update on the progress with last year's recommendations in the appendices, which is generally very positive and shows where we can continue to build on.

There has been a positive start for the implementation of the Southend 2050 Vision for the Council and we also welcomed the publication of the NHS's Health and Care Partnership strategy, for Mid and South Essex.

We have successfully managed the measles' outbreak and our collective learning has been shared and has prepared us for the arrival of the Coronavirus pandemic. We will need to improve the uptake of flu jabs and protect more of our vulnerable residents. Our MMR immunisation rates continue to improve.

The battle against obesity remains key to improving health and wellbeing, including increasing physical activity, and taking further steps to reshape our healthy food environment. With a significant proportion of our population living in more disadvantaged communities, our collective approach will continue to help reduce the pronounced health inequalities, with a place-based and wider community development.

We have made some real improvement in our air quality following a number of initiatives (highlighted in this report). We must continue to build on this and what we have learnt so far in 2020, following the impact of the pandemic on positive behaviour changes and the reduced traffic into Southend.

Preparing for parenthood is one of the most significant transition in any parent's life. This event impacts on every aspect of expectant and new parents in more ways than any other event in our lives. Many of the issues leading to adverse childhood experiences, have their foundation anchored in parenting and the support available to many parents.

The abuse and harm that children are subjected to locally has contributed to a higher rate of children in need and a significant need for statutory intervention, predisposing for a dedicated and highly effective risk assessment team. A number of other initiatives are in place to mitigate for this challenge.

Mental wellbeing is not simply the absence of mental illness but is a broader indicator of social, emotional and physical wellness. The adverse impact of perinatal mental illness affects the child's emotional, social and cognitive development, with teenage parents more prone. 1 in 5 children will suffer a mental ill-health by the time they are 12 with a new challenge looming with the consequences of the pandemic.

Through our many partnerships, we have a myriad of opportunities to make more positive impact on people's lives and explore how we can collectively work to improve health outcomes. Building on the social capital generated through the early stages of responding to the coronavirus pandemic, we can further galvanise our efforts with our citizens. To this end, I have narrowed our focus as we will need to continue with the manage the pandemic into 2021 which will require of significant amount of our collective resources to be diverted.



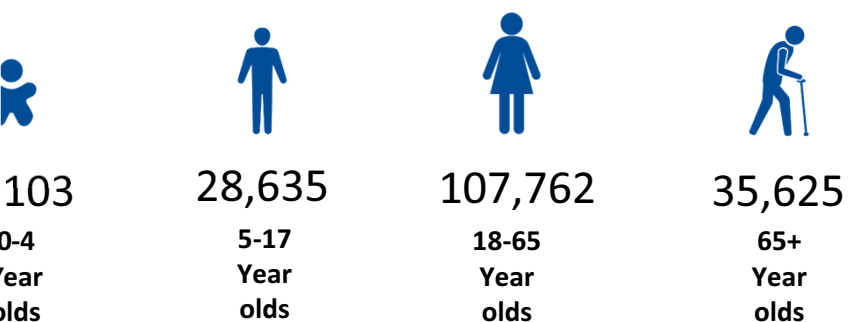
**SAFE
& WELL**

Population Size

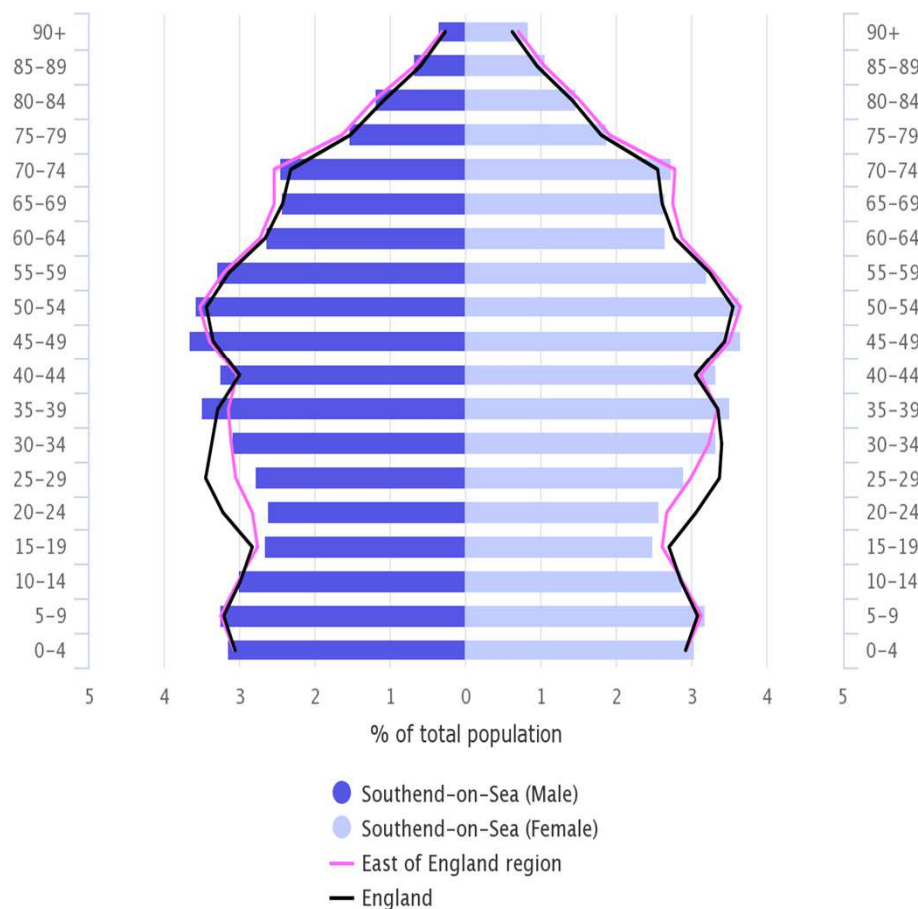
Since 2001, Southend-on-Sea's population has grown from 160,362 to 193,125, this is a growth rate of 14%, and broadly matches the rate for England.

By 2031, the projected population for Southend-on-Sea will be 233,335. This assumes a growth rate of 12.87% which is higher than the projected growth rate for England (10.11%).

The proportion of the population who are of working age is projected to decrease by 3% by 2031 while the **over 65 population is projected to increase by 4%.**

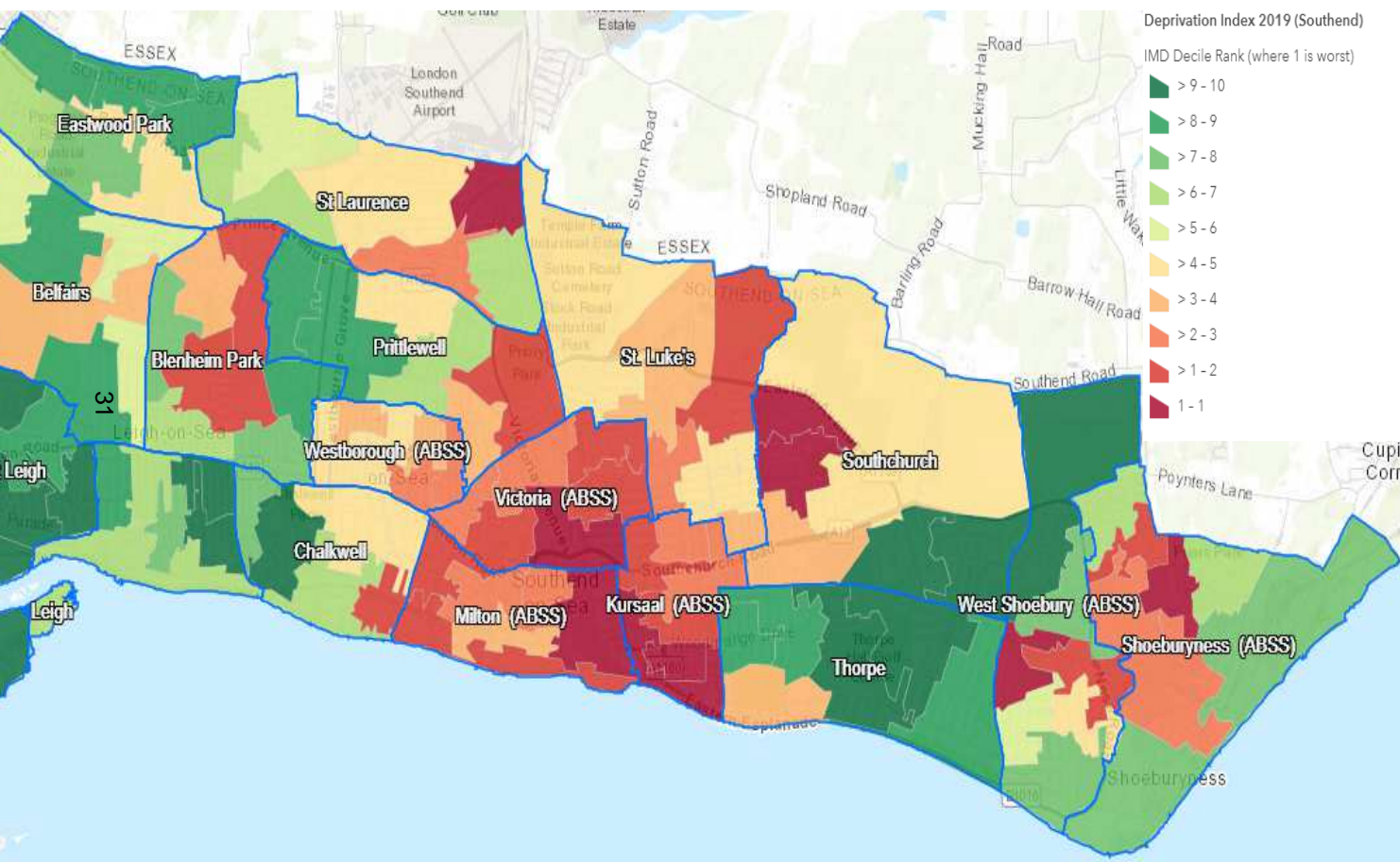


Age Profile
Resident population 2018



SAFE
& WELL

Deprivation Index 2019



The Index of Multiple Deprivation (IMD) is a measure which is used to determine deprivation in every small area in England, relative to other areas in England. The map shows the deprivation deciles, areas marked in dark red are amongst the most 10% deprived small areas in England.

Many of our more disadvantaged communities are located within the Southend 'town centre' wards, Blenheim Park, the Shoebury area and across Southchurch and St Luke's wards.

Health Protection and Preventing Ill-health

32

**SAFE
& WELL**

Flu Immunisations



Flu and other adult immunisations are critical in reducing the number of preventable deaths in older people, and at risk groups. For older adults, they may not have received certain vaccinations when they were younger, or there may be new vaccinations that were not available to them as children.

It is equally important that at risk groups are offered the flu vaccination to reduce the risk of death and serious illness, and pregnant women to avoid the risk of complications with their pregnancy. This is even more important with the risk of COVID-19 as a result of the spread of coronavirus.

Vaccinations are given to protect people from:





Pneumococcal infections (65+)

Shingles (70+)

Whooping Cough (Pregnant women)

Influenza (all groups)

Influenza Vaccinations

		Southend	Target	England
	2-3 year olds	43.5%	65%	44.9%
	At risk groups	40.5%	55%	48.0%
	Pregnant Women	39.3%	55%	N/A
	65+ years	64.3%	75%	72.0%

Childhood Immunisations



The Measles, Mumps and Rubella vaccine (MMR2) and booster coverage are used as indicators of coverage for routine childhood immunisations. Southend often achieve coverage of their childhood immunisations above the national average, however, this is still below the recommended target of 95% coverage to achieve 'herd immunity'.

Insight from Southend parents advised that there was a lack of understandable information and opportunities to discuss vaccinations with healthcare professionals before appointments. There has been some disruptions in the programme due to the pandemic and we need to renew our efforts in ensuring we continue to improve uptake.

*What is 'herd immunity'?
If enough people get vaccinated against a disease, it reduces the chance of the disease spreading. 95% vaccination coverage is recommended to achieve 'herd immunity'.*

Focus areas for Southend

- Increase acceptability of vaccinations across all coverage
- Reduce risk of outbreaks
- Reduce hospital admissions and attendance
- Focus on increase of flu, MMR and PPV
- Improve health literacy of communities underserved by co-producing effective communications

	Southend	Target	England
MMR one dose(2yrs old)	91.1%	95%	90.3%
MMR one dose (5yrs old)	95.4%	95%	94.5%
MMR two dose (5yrs old)	87.2%	95%	86.4%

Measles Outbreak

Between October and December 2019, there was an outbreak of measles amongst adults with learning disabilities in Southend, the first such large outbreak in this vulnerable group in the past decade.

19 suspected cases - after testing, 11 were confirmed as measles, 5 were confirmed not to be measles, and 3 remained inconclusive.

Swift & multi-agency intervention led by the Council and PHE, limited the spread of this virus and it was contained, using systematic contact tracing and maximising self-isolation where applicable. Urgent efforts to increase MMR vaccination coverage were needed to control the outbreak.

This did lead to the disruption of support services and activities for this group of residents and their families. Southend citizens were diligent and admirable in their support to our local response to contain this outbreak.

LESSONS & ACTIONS*

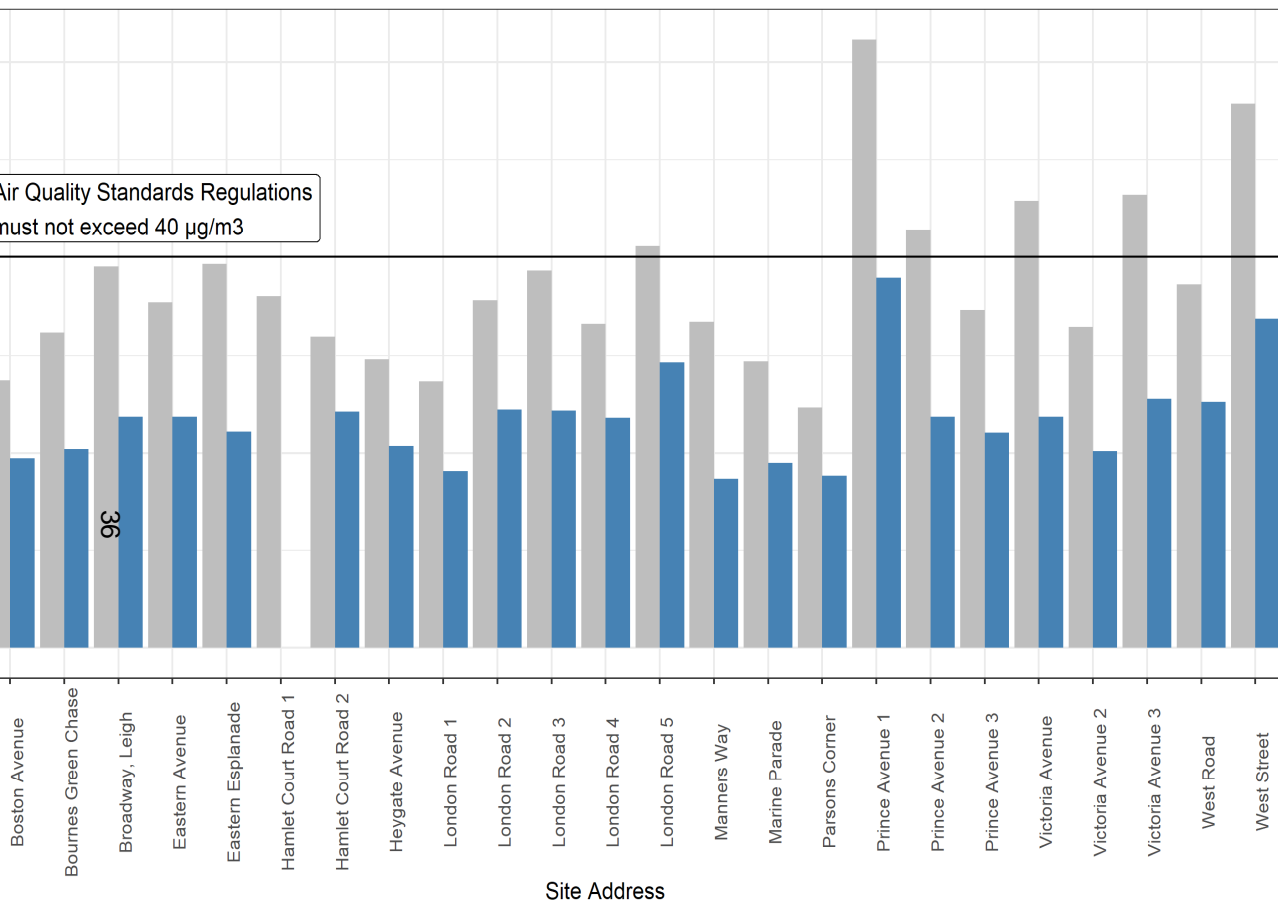
- We agreed to complete an MMR information and immunisation campaign for this vulnerable group.
- Active engagement with the media proved very productive for communicating the actions with the defined population and for reassurance for the wider populace.
- Planning for such emergencies must consider the need for readily accessible MMR jabs and out-of-hours clinical services.
- Defining roles and responsibilities from the outset regarding information on delegation, communication, and the management of information in order to mitigate future risk.

*A comprehensive report is available on request



Air Quality

Year comparison of average Nitrogen Dioxide levels at various permanent locations throughout the borough



Date

April 2019
April 2020



The year 2019 was generally considered a “good” year nationally and locally for nitrogen dioxide with average levels lower than previous years



Of the 25 permanent monitoring sites in the borough only 1 observed values exceeding the annual mean air quality objective – A127 Bell Junction Air Quality Management Area (AQMA)



Road Traffic emissions were identified as the main source of air pollution in the borough, most notably the A13, A127 & A1159.

Air Quality

Throughout 2019, we have taken forward a number of direct measures during 2019 in pursuit of improving local air quality. The pandemic and the impact of the national lockdown, have contributed to a further reduction in pollution and some positive change in behaviour, which we need to capitalise on for the wider benefit of our communities.

Completed measures are:

Throughout 2019 the Air Quality Steering Group held more meetings to monitor actions.

Feasibility Study: Review of The Bell A127 AQMA Junction Infrastructure Design. Preliminary work commenced in January 2020, and the full construction phase will commence in July 2020.

A detailed assessment of the A127 Victoria Avenue and junctions with West Street, East Street, Priory Crescent and Fairfax Drive commenced in 2019 and will be completed in June 2020, having decided to extend the real-time monitoring period from six to twelve months.

The A127 Kent Elms Corner Junction alterations aimed at improving traffic flow, reducing queue length and congestion, was completed in July 2019. Monitoring continues to demonstrate a steady improvement in air quality.

A literature review of Air Quality Sensor performance in collaboration with Essex University has been completed. This will inform future decision making with regard to the type and make of sensor, should these prove to be reliable and cost effective.

An application to Government for £90K funding towards £120k cost of four dedicated taxi only charging points was successful.

Social media campaign and Variable Message Signage to support National Clean Air Day 2019.



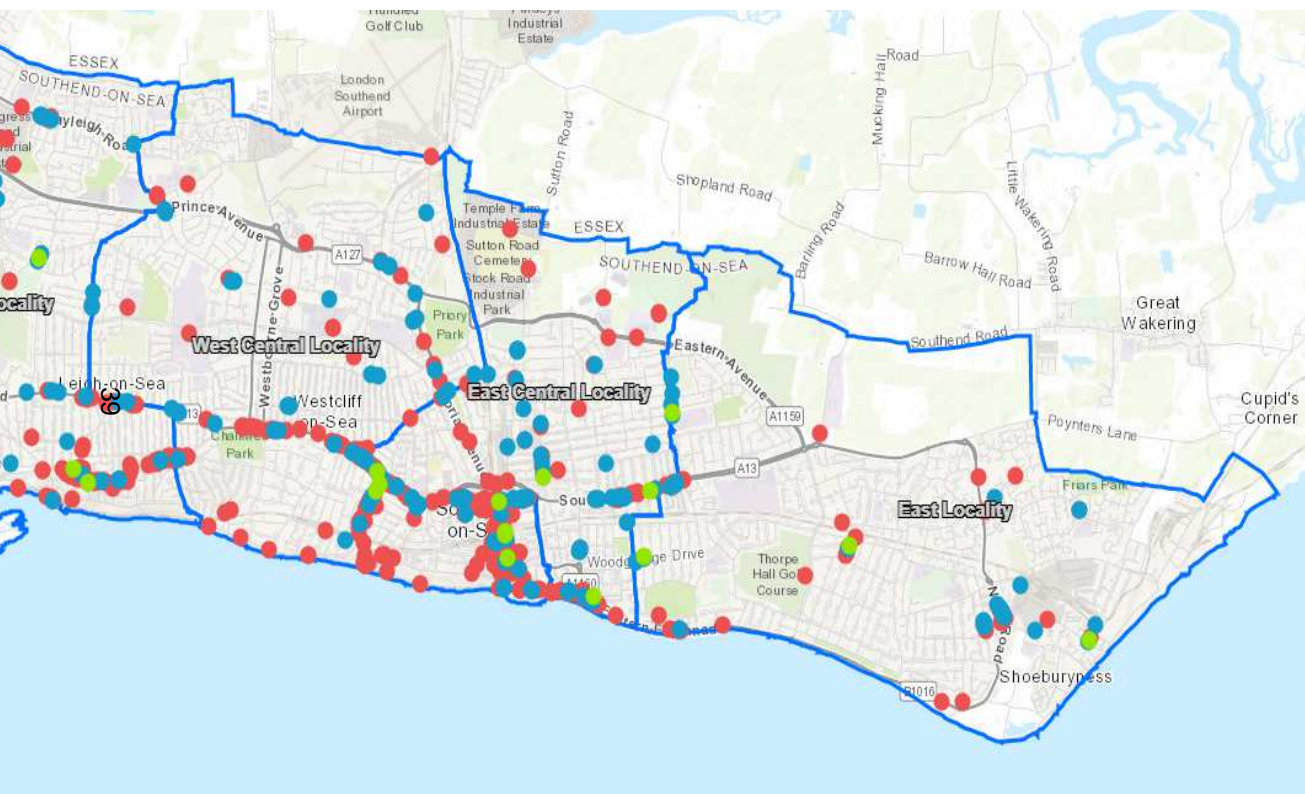


Wider Inequalities

Some key factors to focus our efforts

ACTIVE & INVOLVED

Food Environment



● Bakers ● Takeaways & Sandwich Shops ● Restaurants, Cafes and Canteens



*Around 6 million Brits eat
takeout food at least once a
week*

**OPPORTUNITY
& PROSPERITY**

An unhealthy food environment can be a huge contributor to unhealthy populations, with significantly higher levels of obesity in areas where fast food outlets are most prevalent. There is robust evidence of the need to invest more effort into the 'energy in' challenge alongside promoting physical activities.

Southend has the 254th highest density of fast food outlets, out of 326 authorities across England, with 10 outlets per 100,000 population.

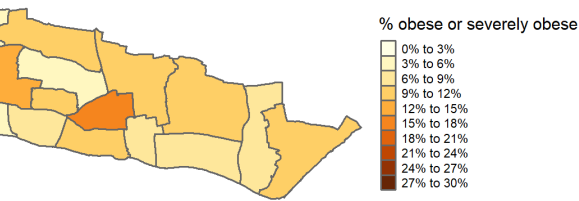
The wards with the highest rate of fast food outlets are:

- **Milton** – 363.3 outlets per 100,000 population (42 outlets)
- **Victoria** – 194.5 outlets per 100,00 population (23 outlets)
- **Kursaal** - 142.0 outlets per 100,00 population (17 outlets)

Obesity

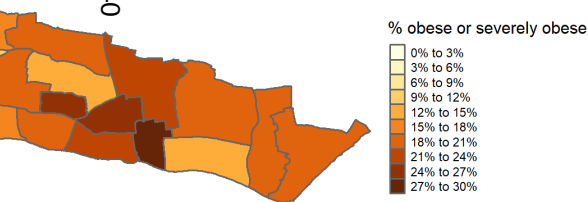
P and Child Obesity – Local Landscape

MP 2018/19 Reception



9.1% obese or severely obese, which is similar to England (9.7%). Increased from 8.6% in 2017/18.

MP 2018/19 Year 6



19.5% obese or severely obese, which is similar to England (20.2%). Increased from 18.6% in 2017/18.

Children living with obesity are more likely to be obese in childhood and thus increase the risk of obesity for their own children later in life

Through partnerships in Southend, families are encouraged to establish healthy nutrition and physical activity choices throughout pregnancy and childhood.

Weight loss services are not recommended for pregnant women and children under the age of 5.

PHE National Child Measurement Programme (NCMP): trends in child BMI National Summary key findings academic years 2006 to 2007 and 2018 to 2019

	Reception		Year 6	
	Boys	Girls	Boys	Girls
Prevalence of obesity	↓	↑	↑	↑
Prevalence of excess weight	↓	↑	↑	↑
Prevalence of severe obesity	↔	↑	↑	↑
Increased ↑	Decreased ↓		No upward or downward trend ↔	

In England 27% of women are overweight and 21% of women are obese at the start of pregnancy.

Obesity and excess weight prevalence is showing a downward trend in Reception boys. Reception girls and Year 6 boys and girls are seeing an upward trend in the prevalence of obesity and excess weight



Obesity

Infant Breastfeeding

In Southend, we continue to promote the importance of breastfeeding for women, babies and their families. 2018/19:



73% babies received breast milk as their first milk. This was above the national average (64.7%) and regional average (70%).



By 6-8 weeks, breastfeeding rate fell to 48.2%, but remains similar to the national average.

Adult Obesity

The Health Survey for England 2017 estimates that 28.7% of adults in England are obese and a further 35.6% are overweight. In Southend, excess weight in adults is at 58.5%.

A physically inactive lifestyle can be a major contributor to adult obesity. It is recommended that adults perform 150 minutes of physical activity each week as part of living a healthy lifestyle.



ACTIVE & INVOLVED

Parenting Support

Early intervention and support enables every baby, child and young person to acquire the social and emotional foundations to ensure that every child has the best start in life.

Broader context

Parents have a critical role in their children's social and emotional well-being
Children's secure attachment depends on their early relationship with primary carers
Parenting behaviours have a key role to play in children's emotional and behavioural development

Southend context

- In Southend, the majority of children perform well in school and achieve the expected level of development
- Whilst a large proportion of children have a good standard of living, the level of child poverty within Southend is a cause for concern in some areas

Adverse Childhood Experiences

- Some events in a child's life can have a damaging effect on a child's health and wellbeing if they are repeatedly exposed to them, these are called adverse childhood experiences (ACE's)
- Children exposed to ACE's are less likely to succeed in education/employment and more likely to have poor mental health & wellbeing



**SAFE
& WELL**

Children exposed to significant abuse or harm are subject to statutory intervention from Children's Social Care or other partners. These children will require intensive intervention to either achieve/maintain or to prevent significant harm to their health or development

Parenting Support

Some children are living in environments with a high risk of domestic abuse. These children are referred into the Multi Agency Risk Assessment Team (MARAT) to ensure that the relevant agencies are aware of the potential risk to them.
In 2019/20 there were 693 referrals to MARAT

74.0% of children achieved a Good Level of Development in 2019 - **Better** than England (71.8%)

19.1% of children under 16 were in low income families in 2016 - **Worse** than England (17%)



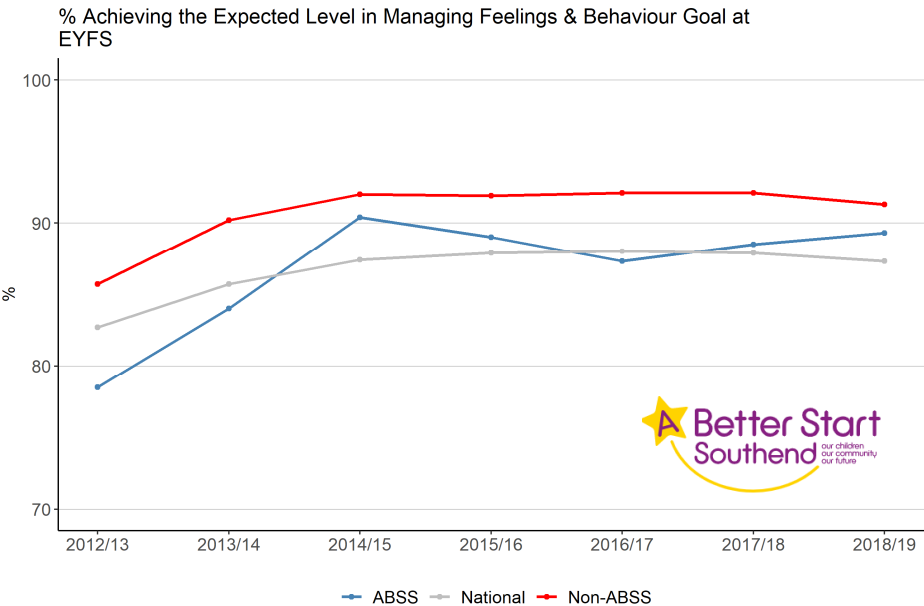
359.1 Rate of children in need per 10,000 children in 2019 - **Higher** than England (334.2)

43.2 Rate of children subject to a child protection plan per 10,000 children in 2019 - **Similar** to England (43.7)



The impact of COVID-19 would have seriously affected the ability of services to support children and families at the very time that these families are facing even greater challenges.

ABSS together with partners, are making a positive impact on the most deprived children in the Borough through the National Lottery-funded program.



Parenting Support

A range of interventions are currently delivered in Southend to support parents in their interactions with children and young people, these are delivered via group-based programmes or via home visits. We also need to re-assert our approach in reducing teenage pregnancy and continue to build on the good work in supporting teenage parents and enhance their parenting skills.

16,159 Visits made by 0-19 service to support families with children and young people (in addition to core Healthy Child Programme)



182 Families attending parenting support sessions run by Family Action at Southend Children's Centres



728 Families attending Early Help Take 3 Parenting Programme or receiving help via Family Support Team



1,665 children aged 0-3 and pregnant women benefiting from A Better Start services in the 6 target wards, reaching **34%** of the population in these areas

**SAFE
& WELL**

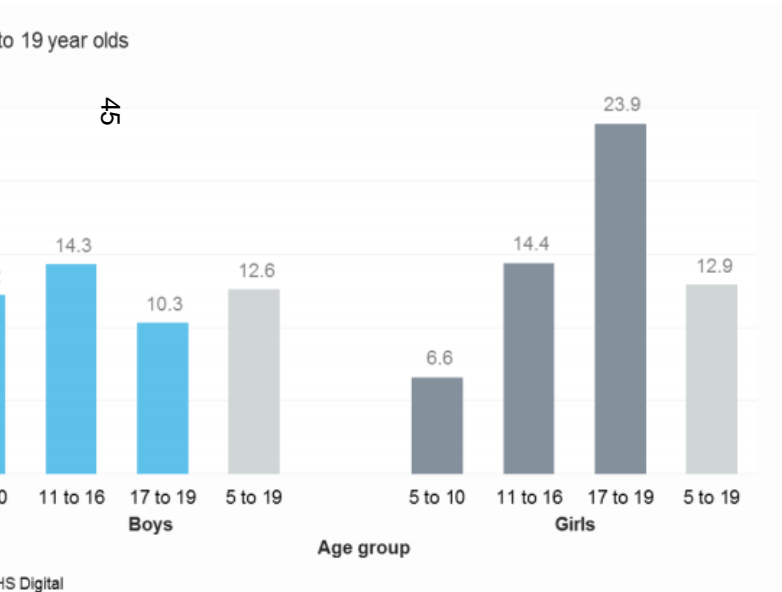
In Southend we want to support parents to ensure that children have the best start in life. Currently, a range of programmes are being used by different agencies rather than an evidence based graduated offer from which to jointly proactively drive positive parenting practices.

Building on the aspirations of Southend 2050 and the key findings and outcomes from A Better Start, the opportunity exists to achieve life-changing results for Southend's children and young people. This can be realised through better, smarter and more effective investments in a system-wide approach to early intervention & parenting support that will benefit the entire economy and community.

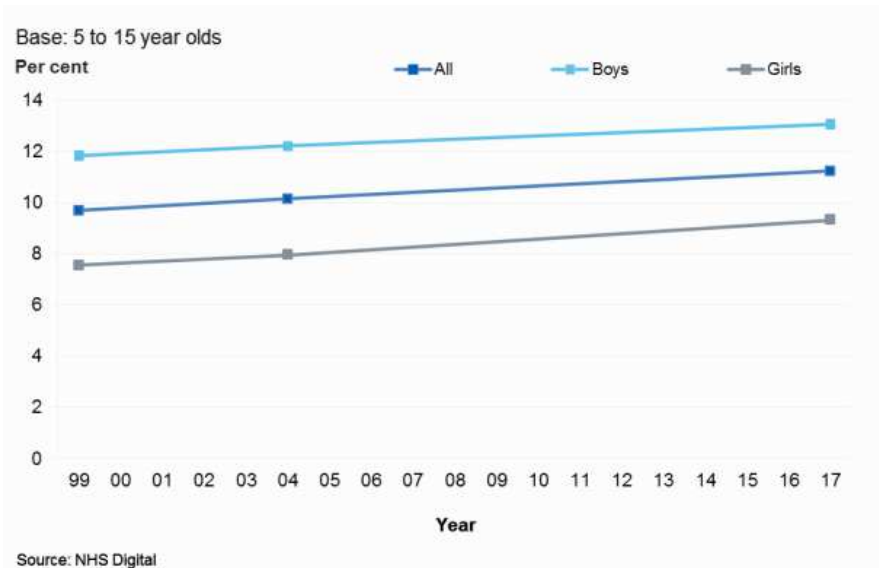
Mental Health in Children & Young People

In 2017, one in eight (12.8%) 5 to 19 year olds met the criteria for at least one mental disorder - estimate based on a sample. If all children in the population had participated, it is likely that the proportion identified with at least one disorder would have been between 11.9% and 13.7%. The school disruption during the pandemic will have some negative impact on the emotional wellbeing of our children and we will need to continue to provide additional support through our schools and the wider community as further mitigation.

Disorder, by age and sex (2017)



Trend in any disorder by sex (1999 – 2017)



There has been a slight upward trend over time in the prevalence of any disorder among 5 to 15 year olds:

- 9.7% in 1999
- 10.1% in 2004
- 11.2% in 2017



Mental Health in Children & Young People

SAFE
& WELL

Pre-birth



More than 1 in 10 women develop a mental illness during pregnancy or in the first year after having a baby. If untreated, these perinatal mental illnesses can have a devastating impact on the women affected and their families.

A perinatal mental illness can have an adverse impact on the interaction between a mother and her baby, affecting the child's emotional, social and cognitive development.

Maternal suicide is one of the leading causes of death for women in the UK during the perinatal period.

0-5 years



ONS report estimates the prevalence of mental disorders in children aged 2 to 4 years old. It found that 1 in 18 preschool children experienced difficulties with their mental health and that boys (1 in 15) were more likely than girls (1 in 24) to have a mental disorder.

Identifying mental disorders in children at the earliest opportunity is important as research has shown that the early years of a child's life is a foundation for lifelong emotional and physical health as well as education and economic achievement – ONS 2017

5+ years



As you may expect, rates of mental disorders were higher in older children than younger children.

In primary school aged children (5 to 10 year olds), one in ten had a mental disorder, increasing to one in seven children of secondary school age (11 to 16 year olds).

One in six young people aged 17 to 19 year olds had a disorder, with rates much higher in girls than boys.

Recommendations

OPPORTUNITY
& PROSPERITY

Health Protection & Preventing Ill-health

Flu Immunisation – Early planning and delivery of a more innovative approach to significantly increase our uptake of flu jabs will be prioritised.

MMR Immunisation – We will review our engagement and marketing approach and co-produce the information and advice for parents, in line with the insights gathered. We will also ensure that all our vulnerable residents with learning disabilities have received their MMR vaccine.

Lessons from Outbreaks – We will implement all the key actions following the measles outbreak and ensure we continue to closely collaborate in managing the coronavirus pandemic.

Air Quality – We will explore innovative ways to monitor the level of pollution locally, and further expand our work on promoting active travel and more social media engagement to raise awareness and support the annual Clean Air Day, especially in our younger populace.



2. Tackling Wider Inequalities

R2.1 Obesity - With the increasing childhood obesity trend, we must now consider more innovative and drastic interventions. We will review our engagement with the local food environment in three ways:

- (1) Improve our healthier eating campaign reach
- (2) Use the Local Plan to reshape our food environment
- (3) Co-produce our physical activity offer

R2.2 Parenting - We should ensure strategic alignment across the partnership to support families on their parental journey. We must also ensure we are making effective use of good practice.

R2.3 Mental Wellbeing – We must continue to take a collective approach in preventing or reducing the impact of perinatal mental ill-health, while exploring more innovative ways of supporting children and young people and in co-producing more meaningful information and guidance for them.



OPPORTUNITY
& PROSPERITY

Appendices

49

Glossary

Southend 2050 – The Borough's ambition for the future, developed following extensive conversations with those that live, work and visit Southend-on-Sea

Health and Care Partnership Strategy – A publication that sets out how partners can work together to improve health and care

Place-based – An approach that targets and entire community and aims to address issues that exist at the neighbourhood level.

Deprivation – The English Indices of Deprivation is a measure of seven distinct domains that when combined from the Index of Multiple Deprivation

Decile – one of ten equal groups which a population can be divided into according to the distribution of values

Ward – Local Electoral area

Pneumococcal infections – A number of bacterial infections that are generally minor, but can lead onto more serious infections such as Meningitis, Sepsis and Pneumonia

Coverage – The proportion of the population that are vaccinated

Co-produce – Jointly create a document or product with other organisations

Nitrogen Dioxide – Forms from emission from cars and motor vehicles, and is one of the main measurements of air pollution

Variable Message Signage – Road signage with the ability for custom messages

- PHE – “Public Health England”
- AQMA – “Air Quality Management Area”
- NCMP – “National Child monitoring program”
- ABSS – “A Better Start Southend”
- EYFS – “Early Years Foundation Stage”
- WHZAN – “WHZAN Digital Health”
- ECC – “Essex County Council”
- HWB – “Health & Wellbeing Board”
- BMI – “Body Mass Index”
- ONS – “Office of National Statistics”
- PPV – “Pneumococcal Polysaccharide Vaccine”



CONNECTED
& SMART

Ethnicity

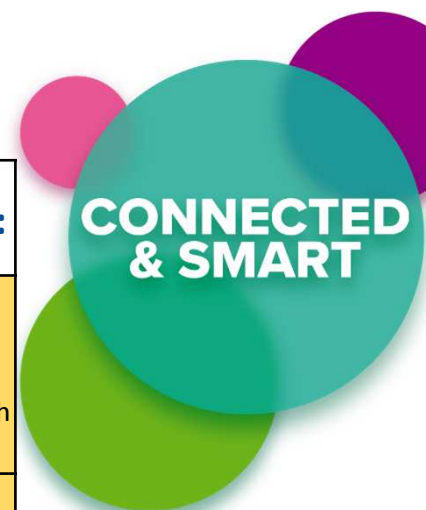
	Southend (%)	East of England Region (%)	England (%)
White	91.60%	90.80%	85.40%
English/Welsh/Scottish/Northern Irish/British	87.00%	85.30%	79.80%
Irish	0.90%	1.00%	1.00%
Gypsy or Irish Traveller	0.10%	0.10%	0.10%
Other White	3.60%	4.50%	4.60%
Mixed/multiple ethnic groups	2.10%	1.90%	2.30%
White and Black Caribbean	0.60%	0.60%	0.80%
White and Black African	0.40%	0.30%	0.30%
White and Asian	0.60%	0.60%	0.60%
Other Mixed	0.50%	0.50%	0.50%
Asian/Asian British	3.70%	4.80%	7.80%
Indian	1.00%	1.50%	2.60%
Pakistani	0.60%	1.10%	2.10%
Bangladeshi	0.50%	0.60%	0.80%
Chinese	0.60%	0.60%	0.70%
Other Asian	0.90%	1.00%	1.50%
Black/African/Caribbean/Black British	2.10%	2.00%	3.50%
African	1.60%	1.20%	1.80%
Caribbean	0.30%	0.60%	1.10%
Other Black	0.20%	0.20%	0.50%
Other ethnic group	0.50%	0.50%	1.00%
Arab	0.20%	0.20%	0.40%
Any other ethnic group	0.30%	0.30%	0.60%



Outcomes of last year's recommendations

Reducing the impact of cardiovascular conditions and diabetes and improving related prevention work:

Develop an agreed locality approach to improve earlier identification of Stroke and Diabetes, ensuring reduced variability in access to primary care services	Work on the development of an enhanced quality improvement for stroke prevention and diabetes have been delayed by the pandemic and will be relaunched as part of the South East Essex Alliance work programme. The delay in reaching a consensus on the joint outcomes and collective approach have hampered our progress
Improve the management of patients at risk of stroke and those afflicted with diabetes, including the use of digital technology as appropriate, and delivery of the Diabetes Strategy	Limited development as stated in R1.1. However, much has been achieved with the introduction of new technology – myDiabetes app is being rolled out; planning for education/self-management tool in Care homes; education is now all provided online; online clinical consultation tool (ACCURX) introduced; rolling out WHZAN's remote monitoring systems to Care homes
Increase referral to the new Wellbeing Service to reduce and/or better manage lifestyle risk factors and implement the Harm Reduction Strategy as a key enabler.	<p>New Wellbeing Exercise Programme for primary care launched in March 2020 although this was paused due to the pandemic lockdown;</p> <p>Lack of resourcing delayed implementation of the Harm Reduction Strategy – a new joint post between internal Council department will be appointed in September 2020.</p>



Outcomes of last years recommendations



Improving community safety and building resilience, with a particular focus on our children and young people:	
Develop a programme of work that will provide for, and link into, a range of diversionary activities and avenues for vocational development. This will include local apprenticeships to make young people safer, provide skill development and job opportunities and to have a healthier outlook on their lives	Pilot Cadet Scheme in development to support vulnerable young people and their skills development. Through our Economic Development and Skills team, we have undertaken 4 dedicated events (532 delegates), aimed to encourage young people to embark on apprenticeships and pursue locally available, fulfilling and healthy careers.
Build on the work already in progress across Greater Essex and regionally, to reinvigorate the local partnerships (Community Safety and Violence and Vulnerability groups) to disrupt the local drug market and to eliminate the criminal exploitation of young people and vulnerable adults in our communities	Effective partnership with ECC in place, with all local partners engaged and the Council providing leadership, informing planning and interventions locally.
Undertake a deep-dive on local teenage conceptions to understand local determinants and triggers, including the link with child sexual exploitation, local opportunities for young people to promote a delaying approach to parenthood.	Recommendations endorsed by HWB and implementation plan will be ready for delivery from Autumn 2020 (delayed by pandemic).

Outcomes of last years recommendations

Ensuring that spatial planning incorporates health and wellbeing impacts, and delivers what residents will need to promote their health and wellbeing:

Adopt new evidence on spatial planning, including the adoption of the PHE/Sports England's Active Design principles, making it a requirement on developers to undertake a Health Impact Assessment where most relevant and review the barriers inhibiting local access to our physical assets	Evidence and good practice have been reviewed and now being prepared to inform subsequent stages of the Local Plan
Our housing renewal policy must take into consideration the need for more affordable housing which espouses a mix of social housing, adaptable homes which will ensure that the adverse health effects are mitigated, promote local ownership and more affordable rent, and support the drive to increase prosperity	Leading on the development of a mixed portfolio of housing types, including the development of a regeneration approach to numerous council-owned assets (delivery of 16 units); a successful acquisitions programme (delivery of 27 units); and to ensure that new developments bring forward suitable affordable housing to meet local needs (e.g. Better Queensway estate regeneration).
Accelerate our local undertakings in improving local transportation to further reduce the risk of pollution and traffic congestion and promote active travel.	Work through the Air Quality Steering Committee continue to support our approach in minimising air pollution. Investment in local cycling and walking infrastructure has improved facilities in and around the town centre and the A127 corridor. The South Essex Active Travel Programme has promoted and encouraged active travel including providing training and behaviour change interventions. As of March 2019 a modal shift of 8% towards sustainable modes was observed across South Essex.

