

Public Document Pack
SOUTHEND-ON-SEA BOROUGH COUNCIL

Health & Wellbeing Board

Date: Wednesday, 2nd December, 2020

Time: 5.00 pm

Place: Virtual Meeting - MS Teams

Contact: Robert Harris

Email: committeesection@southend.gov.uk

A G E N D A

- 1 **Apologies for Absence**
- 2 **Declarations of Interest**
- 3 **Minutes of the Meeting held on Tuesday 8th September 2020** (Pages 1 - 8)
- **** **Items for Decision and Discussion**
- 4 **Drug and Alcohol Commissioning and Treatment: Transfer of responsibility from the Community Safety Partnership Board** (Pages 9 - 14)
Report from Principal Democratic Services Officer attached
- 5 **Covid-19 Pandemic Updates (Health Protection Board and Local Outbreak Control Plan Oversight and Engagement Board)** (Pages 15 - 18)
Report from Director of Public Health attached
- 6 **Sexual Health Service Update** (Pages 19 - 22)
Report from Director of Public Health attached
- 7 **Children and Young People with Special Educational Needs and Disabilities (SEND) Progress Update** (Pages 23 - 28)
Report of Executive Director (Children and Public Health) attached
- 8 **Winter Planning (Mental Health, ASC and SEE Winter Plans)**
Verbal Report (no papers) and presentation to follow from system leads
- 9 **A Better Start Progress Update** (Pages 29 - 40)
Report from Independent Chair and Director, A Better Start attached
- **** **Items for Information**
- 10 **LiveWell Southend** (Pages 41 - 60)
Report of Director of Public Health to be attached
- 11 **Key Worker Housing** (Pages 61 - 70)
Presentation slides from Director of Housing Development attached

12 School Sport and PE Update (Pages 71 - 76)
Report from Leisure Contracts and Development Manager attached

13 Better Care Fund (BCF) Progress Update
Paper from Interim Director of Commissioning to follow

14 Exclusion of the Public

To agree that, under Section 100(A)(4) of the Local Government Act 1972, the public be excluded from the meeting for the items of business set out below on the grounds that they involve the likely disclosure of exempt information as defined in Part 1 of Schedule 12A to the Act, and that the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

15 Integrated Care System Application
Confidential report from Programme Director Mid and South Essex to follow

SOUTHEND-ON-SEA BOROUGH COUNCIL

Meeting of Health & Wellbeing Board

Date: Tuesday, 8th September, 2020

Place: Virtual Meeting - MS Teams

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Present: Councillor T Harp (Chair)
Councillors M Davidson, D Jarvis, A Jones, I Gilbert and C Mulroney, J Banks (A Better Start Southend), T D'orsi (NHS Southend Clinical Commissioning Group), J Gardner (Essex Police), K Jackson (Southend Association of Voluntary Services), A Khaldi (A Better Start Southend), S Morris (Essex Partnership University NHS Trust), Dr S Ozturk (NHS Castle Point & Rochford Clinical Commissioning Group), O Richards (Healthwatch Southend)

In Attendance: Councillor L Salter (Chair - People Scrutiny Committee), S Baker, S Dolling, T Forster, E Cook, B Leigh, M Marks, B Martin, K Ramkhelawon and S Tautz

Start/End Time: 5.00pm - 7.25 pm

332 Apologies for Absence

Apologies for absence were received from Yvonne Blucher (Southend University Hospital NHS Foundation Trust)

333 Declarations of Interest

The following councillors and co-opted members declared interests as indicated:

- (1) Councillor T Harp - Minute 336 (Annual Public Health Report) - Friend employed by 'A Better Start Southend' - Non-pecuniary interest;
- (2) Councillor T Harp - Minute 339 (Flu Planning and Marketing Campaign) - Volunteer with Southend Association of Voluntary Services (SAVS) and wife is an employee of SAVS - Non-pecuniary interest;
- (3) Councillor L Salter - Minute 336 (Annual Public Health Report), Minute 337 (Teenage Pregnancy Implementation Plan), Minute 338 (Mid & South-Essex Health and Care Partnership Diabetes Framework), Minute 339 (Flu Planning & Marketing Campaign) and Minute 340 (COVID-19 Pandemic Updates) - Husband is consultant surgeon at Southend Hospital; daughter is a consultant at Basildon Hospital; son-in-law is general practitioner in the Borough - Non-pecuniary interests;
- (4) O Richards (Healthwatch Southend) - Minute 336 (Annual Public Health Report) and Minute 337 (Teenage Pregnancy Implementation Plan) - Employed by Family Action to run Healthwatch Southend, Family Action run children's centres within the Borough and will support action arising from the Teenage Pregnancy Implementation Plan - Non-pecuniary interests; and
- (5) Councillor M Davidson - Minute 336 (Annual Public Health Report) - Volunteer for Southend Food Bank - Non-pecuniary interest.

334 Minutes of the Meeting held on Wednesday 10th June 2020

Resolved:

That the minutes of the meeting held on 10 June 2020 be confirmed as a correct record and signed, subject to the inclusion of O Richards (Healthwatch Southend) in the list of co-opted members present, in place of J Broadbent (Healthwatch Southend).

335 Public Questions

There were no questions from members of the public relating to the responsibilities of the Board.

336 Annual Public Health Report

The Director of Public Health reported that the Health and Social Care Act 2012 required the preparation and publication of an annual report on the health of the local population and that the report presented an opportunity to focus attention on particular issues that impacted the health and wellbeing of the local population, to highlight any concerns and make recommendations for further action.

The Board was advised that the report provided an update on the report for 2018 report and covered the themes of health protection and the prevention of ill-health alongside the tackling of wider health inequalities. The Director of Public Health advised the Board that the report set out a number of recommendations cross each of these themes, covering;

- Flu and MMR Immunisation
- Lessons from Outbreaks
- Air Quality
- Obesity
- Parenting
- Mental Wellbeing

The Board noted that the response to the COVID-19 pandemic would be more fully reflected in the annual report of the Director of Public Health for 2020, but that it would be important to significantly increase the local uptake of flu vaccines for the coming Winter period, particularly as Southend currently had one of the lowest uptake rates in the East of England. The Director of Public Health reported that, with the recent announcement that vaccinations would be offered free to those over 50 years of age, the planning of an innovative and scalable approach to the delivery of a vaccination programme had already commenced.

The Director of Public Health reported that there was growing evidence of the link between spatial planning and the food environment, and the health impacts for local residents in terms of obesity. The Board was advised that the development of a new Local Plan presented an opportunity for public health, public protection and planning services to work together to shape the natural and built environment, and identify measures that would have a positive gain from reduced air pollution and the tackling of obesity through the shaping of the food environment.

Resolved:

That the Annual Report of the Director of Public Health for 2019 and progress made to date with regards to the recommendations from the previous report in 2018, be noted.

337 Teenage Pregnancy Implementation Plan

The Board considered an implementation plan developed as a result of the deep dive into teenage pregnancy and young parenthood in in the Borough.

The Director of Public Health reported that the plan proposed action across the following key areas and included the re-establishment of a teenage pregnancy and young parent working group from September 2020:

- Leadership
- Commissioning and Pathways
- Data and Intelligence
- Prevention
- Communications and marketing
- Support for teenage parents

The Board was advised that it was intended that the delivery of the plan would also involve engagement with other areas where successes had been achieved in terms of addressing teenage pregnancy and the provision of support for young parents. The co-opted members of the Board indicated that their respective organisations, including primary care, would wish to support the delivery of the plan and be involved in the taking forward of relevant actions.

Resolved:

- (1) That the Teenage Pregnancy and Young Parents Implementation Plan, based on the strategic approach developed by Public Health England for taking a whole system approach to teenage pregnancy prevention and support for young parents and local findings, be agreed.
- (2) That a Teenage Pregnancy and Young Parents Working Group with senior leadership and key elected members, be established to:
 - (a) bring together a full range of services and organisations involved in the delivery and commissioning of the teenage pregnancy and young parenthood pathways;
 - (b) deliver a whole system approach to teenage pregnancy prevention and support of young parents; and
 - (c) adopt a clear governance framework.

338 Mid and South Essex Health and Care Partnership Diabetes Framework

The Board considered a report presented by T D'orsi and Dr S Ozturk with regard to the Mid and South Essex Diabetes Framework, that proposed a structured approach to the management and improvement of Diabetes care within health systems. The Board noted that the framework was intended to provide;

- A structure to deliver new collaborative models of integrated diabetes care to meet the needs of local people with diabetes.
- Improvements in the quality and consistency of services in line with both local and national standards and funding programmes.
- Methods to deliver best outcomes for people living with diabetes or at risk of developing the condition across the Mid and South Essex Health and Care Partnership (HCP).

T D'orsi reported that the framework had been prepared for all primary care physicians, following a focus on the management and improvement of Diabetes care over the last year. The Board noted that it was critical that the importance of Diabetes care not be under estimated, particularly amongst hard to reach groups and as diabetic patients had been disproportionately affected by the impacts of the COVID-19 pandemic and that it was also important to recognise the importance of educating patients to be able to take ownership of their own conditions.

The Board was advised that it might be necessary to develop plans for the implementation of the framework by 'place', to support system implementation of the framework and that a specific pathway would be introduced to handle diabetic foot care services. The Board was also advised that the HCP was working to increase the training available to care home staff to support residents with Diabetes and that work was also to be undertaken in relation to arrangements for the consideration of food options in care homes.

The Cabinet member for Children and Learning emphasised the importance of the 'Good Diabetes Care in School' scheme, which Dr Ozturk indicated he would be happy to support.

Resolved:

That the Mid and South Essex Health and Care Partnership Diabetes Framework be agreed.

339 Flu Planning and Marketing Campaign

The Director of Public Health presented an update on the flu campaign plan and implementation for 2020/21.

The Board was reminded that flu immunisation was critical in reducing the number of preventable deaths in older people and people within at-risk groups. The Director of Public Health reported that the Government had also recently announced that all people between 50 and 64 years of age would also be entitled to receive a free flu jab this year, which was likely to take place from November and depending on the availability of vaccines. The Board was reminded that the uptake of flu vaccinations across Southend was amongst the lowest in the country across all our key target groups

The Director of Public Health reported that the COVID-19 pandemic presented a double challenge in the coming Autumn and Winter period as, given the risks associated with the spread of coronavirus, people who were entitled to a flu vaccination should ensure they received it as soon as possible to reduce the strain on health care services and social care provision. The Board was advised that a more innovative approach to the vaccination programme was therefore to be taken, involving more direct engagement with residents and greater collaborative working between the NHS, the Council and other health and voluntary organisation to maximise the uptake of vaccinations, through the identification of champions to support the campaign and the following key objectives:

- Inform: to raise awareness of flu vaccination across key audiences informed by data.
- Educate: tailored educational messages to help overcome barriers to accepting the offer of a vaccination.
- Inspire: encouragement from staff and wider community to increase uptake.

Resolved:

That the content of the flu campaign plan and the approach being taken to its implementation for 2020/21, be noted.

340 Covid-19 Pandemic Updates (Health Protection Board and Local Outbreak Control Plan Oversight and Engagement Board) and EPUT: Response, actions and implications on Mental Health

The Director of Public Health provided an update on the COVID-19 Local Outbreak Control Plan implementation of the national Test, Trace, Contain and Enable (TTCE)

programme, which was a central part of the government's COVID-19 recovery strategy to manage the rate of reproduction and reduce the spread of infection through coordinated effort from local and national organisations, the voluntary sector and community partners, and the general public.

The Board was advised that £889,000 had been allocated to Southend for the implementation of the TTCE programme in 2020/21, which was being led by the Health Protection Board, working in collaboration with local emergency planning forums, and the Outbreak Control Oversight and Engagement Board supported by the NHS and Essex Police, to facilitate communication with the public.

The Director of Public Health reported that the joint Essex and Southend Contact Tracing Service had commenced operation and that a mobile testing unit was operating at Southend Airport, alongside a walk-through testing facility provided by the Department of Health and Social Care at the Short Street Car Park. The Board noted that the positivity rate for the Borough remained low, although a marginal increase in infection had been experienced, which was to be expected as a result of the increased testing capacity.

S Morris advised the Board that COVID-19 had and was continuing to have, significant implications for mental health providers such as Essex Partnership University NHS Trust (EPUT). The Board noted that, during the peak of the pandemic, there had been a noticeable reduction in mental health referrals but that, since the lift in lockdown restrictions, referrals appeared to be rising to above pre-COVID-19 levels, involving a higher proportion of new patients with complex mental health needs and patients accessing services for the first time, alongside increased Mental Health Act presentations.

The Board was advised that EPUT had successfully been able to mitigate some of the mental health issues arising from the pandemic, but that difficulties had been experienced in securing COVID-secure wards and bed capacity, such that out of area resources had needed to be identified.

Resolved:

- (1) That progress and the on-going implementation of the Local Outbreak Control Plan by the Local Health Protection Board and the Outbreak Control Oversight and Engagement Board, be noted.
- (2) That the current position with regard to COVID-19 and the provision of local mental health services be noted.
- (3) That the appreciation of the Board for the contribution of S Morris to its work over many years be recorded, as she was shortly due to leave EPUT.

341 Improving SEN and Disabilities Progress Update Report: Next Steps, organisational structure and HWB responsibilities

The Board considered a report of the Director of Education and Early Years, with regard to children and young people with Special Educational Needs and Disabilities (SEND), setting out progress in key areas and the role of the Board in the strategic oversight and governance of SEND on an ongoing basis.

The Director of Education and Early Years reported that progress had been made in developing a new local governance framework for SEND, with significant engagement and agreement achieved at a joint meeting of partners in July 2020.

The Board was advised that a draft version of the framework was due to be issued for consultation shortly and that the first meeting of the new SEND Strategic Partnership Board would be held in October/November 2020 to agree final governance arrangements.

The Board noted that it was intended that all new groups, membership and functions would be operational by the end of November 2020.

The Director of Education and Early Years reported that development sessions were to be held with relevant stakeholders to review current evidence, to finalise the self-evaluation and to agree priorities and areas for improvement, that would result in a refresh of the current SEND strategy in December 2020. The Board noted that children and young people, parents, carers and the community and voluntary sector would be integral stakeholders to this work.

The Board was advised that an updated SEND summary (Joint Strategic Needs Assessment chapter) would be available at the end of September 2020, which had been extended to include a greater breadth of evidence and qualitative information from across the local area, alongside the development of an outcomes framework and different ways to capture and understand views and experiences of children, parents and carers, including the first results from the POET (Personalisation Outcome Evaluation Tool) survey that were currently being analysed.

The Board noted that the Council had continue to progress the actions identified in the Written Statement of Action arising from the SEND inspection in October 2018, in addition to continuing to deliver good outcomes. The Director of Education and Early Years reported that, whilst the impact of the COVID-19 pandemic and delay in securing recruitment to key posts had slowed the progress that was noted earlier in the year, significant achievements had been made in many areas as set out in the report.

Resolved:

- (1) That progress on leadership and governance be noted and that the Board support the pace required for the changes.
- (2) That the new organisational structure be agreed, pending further stakeholder consultation and liaison with the HWBB leadership and governance workstream.
- (3) That the sign-off arrangements for the terms of reference and membership be agreed at SEND Strategic Partnership Board level, given the attention needed to pace.
- (4) That the role of the Board in undertaking the statutory requirements be noted.
- (5) That the Director of Education and Early Years circulate the results from the POET survey to the Board, once they have been analysed.

342 Alliance Update and Overview

With the agreement of the Board, T D'Orsi confirmed that she would bring a written report on the progress of the alliance to the next meeting, including details of the recent refresh of its priorities.

343 Greater Essex LeDeR Annual Report

The Director of Public Health presented the Greater Essex Annual Learning Disabilities Mortality Review (LeDeR) Report for 2019/20 The Board was reminded that the LeDeR programme aimed to review the deaths of all people with learning disabilities aged from four years and upwards in order to identify health inequalities and issues which contributed to early or preventable deaths, to raise the age at which people with learning disabilities were dying.

The Board noted that the LeDeR programme had commenced in Southend, Essex and Thurrock September 2017 and was currently managed through the Learning Disability Health Equalities Team that worked on behalf of the collaborative forum of the three local authorities and relevant Clinical Commissioning Groups.

The report detailed progress against the action plan for the year, including the establishment of processes to ensure that reviews were completed within timescales and identified a number of cross-system priorities for 2020/21 to be taken forward through the commissioning of specialist healthcare functions.

Resolved:

- (1) That the report be noted.
- (2) That the proposed priorities for 2020/21 be noted.

Chair: _____

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Southend-on-Sea Borough Council

Report of Executive Director (Legal & Democratic Services)

To

Health and Wellbeing Board

On

2nd December 2020

Report prepared by: Robert Harris (Principal Democratic Services Officer)

Agenda Item No.

4

Drug and Alcohol Commissioning and Treatment: Transfer of functions from the Southend Community Safety Partnership Board to the Health and Wellbeing Board

**Relevant Scrutiny Committee(s): People Scrutiny Committee
Cabinet Members : Councillor Harp / Councillor Terry**

Part 1 (Public Agenda Item)

1. Purpose of Report

To set out proposal to transfer the management responsibility for the regulation and performance monitoring and commissioning of drug and alcohol treatment services/provision (DACT) in the Borough from the Community Safety Partnership Board to the Health and Wellbeing Board.

2. Recommendations

- 2.1 That the responsibility for the commissioning and performance management of drug and alcohol treatment services / provision be transferred from the Community Safety Partnership Board to the Health Wellbeing Board, with the effect date commencing at the next formal HWB meeting.**
- 2.2 That the HWB Terms of Reference be amended as set out in Appendix 1 to this report and the Constitution be updated accordingly.**

3. Background

- 3.1** The Crime & Disorder Act 1998 (as amended) requires the Police, Local Authorities, Fire and Rescue Services, National Probation Service, Community Rehabilitation Company and Clinical Commissioning Groups (referred to as the responsibility authorities) to work together and with others to reduce crime and disorder, anti-social behaviour, drug or alcohol misuse and re-offending.
- 3.2.** Historically (since approximately 2006) the management responsibility for the commissioning and monitoring of treatment performance of drug and alcohol services/provision has been undertaken by the Southend Community Safety Partnership Board, acting as the Management Board, of the DACT.

The CSP Board's main functions are:

- To receive and consider the latest available performance of commissioned services; and
- To receive and consider the latest available financial performance;

- 3.3 Following a review by the Community Safety Partnership Board on 1st October 2020 it is recommended that the management responsibility should transfer to the Health and Wellbeing Board. The proposal has been made to enable the CSPB to focus on the strategic aims and objectives to reduce crime and disorder and ASB.
- 3.4 The CSPB recognises that drug and alcohol misuse has a detrimental impact on crime and disorder and ASB and therefore the CSPB will continue to monitor and deal with drugs and alcohol in so far as they relate to C&D and ASB. It should also be noted that the CSPB will also continue to act as the Management Board for the Youth Offending Service.
- 3.5. The responsibility for drug and alcohol commissioning sits more comfortably under the Health and Wellbeing Board as it is more a public health issue rather than a crime and disorder one, particularly in terms of treatment outcomes. To include drugs and alcohol as a CSP issue only presents a very narrow narrative focus on the drug-crime nexus, and is not anchored in the recovery one, which is where the focus should be. This would be consistent with the assets based approach and the delivery of 2050 outcomes.
- 3.6. If the Board is minded to agree to the transfer of the management functions it will necessitate amendments to the Health and Wellbeing Board's Terms of Reference. The proposed amendments are set out in **Appendix 1**. It should be noted that the HWB is a statutory Committee of Southend-on-Sea Borough Council and as such any changes to the Terms of Reference should be reported to the Full Council.
- 3.7. It is proposed that the changes come into effect in time for the January/February 2021 meeting of the Board.

4. Other Options

- 4.1 Do nothing and continue with the current arrangements.

5. Reasons for Recommendations

- 5.1 To transfer the management responsibility for the regulation and performance monitoring and commissioning of drug and alcohol treatment from the CSPB to the HWB.

6. Corporate Implications

6.1 Contribution to the Southend 2050 Road Map

Contribution to Council's Southend 2050 Ambition and Priorities, including the STP shared priorities, in particular Active and Involved and Safe and Well.

6.2 Financial Implications

None

6.3 Legal Implications

None

6.4 People Implications

None

6.5 Property Implications

None

6.6 Consultation

None

6.7 Equalities and Diversity Implications

None

6.8 Risk Assessment

None

6.9 Value for Money

None

6.10 Community Safety Implications

None

6.11 Environmental Impact

None

7. Background Papers

None

8. Appendices

8.1 Appendix 1 – Health and Wellbeing Board Revised Terms of Reference

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Health & Wellbeing Board

6.8.1 Membership

6 Councillors to include the Cabinet Member with responsibility for health. (The Mayor and members of People Scrutiny Committee shall not be members of the Board).

The following co-opted members with voting rights:

Chief Executive
Deputy Chief Executive (People)
Director of Public Health
NHS England – Essex Local Area Team – Local Area Team Director
Healthwatch Southend Representative (x1)
NHS Southend Clinical Commissioning Group (CCG):

CCG Clinical Chair
CCG PEC Chair
Clinical Accountable Officer

The following co-opted members without voting rights:

Chief Executive, Essex Partnership University Trust (EPUT)
Chief Executive, Southend University Hospital Foundation Trust (SUHFT)
Chief Executive, Southend Association of Voluntary Services (SAVS)
Director of Culture, Tourism and Property
Chief Executive/Chief Officer – Pre-school Learning Alliance
STP Programme Director
Independent Chair (Safeguarding)

The Chair of the Council's People Scrutiny Committee with observer status, including the ability to ask questions and make comments. Should the Council wish to vary the composition of the Health & Wellbeing Board, it shall only do so after having consulted with the Board.

The meetings to be chaired by either the Leader of the Council or the Cabinet Member with responsibility for health.

Substitutes: Councillor substitutes to be appointed in accordance with Standing Order

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Co-opted Member substitutes to be appointed must be at a sufficiently senior level for the organisation they represent. Proportionality: Applies to the elected Councillors on the Board by convention.

6.8.2 Quorum

The quorum shall be 4 including as a minimum the following representatives:

2 Southend-on-Sea Borough Councillors
1 Representative from the CCG

6.8.3 Terms of Reference

- To provide strategic leadership, strengthen the influence of local authorities and elected representatives in shaping healthcare commissioning.
- To oversee the development and refresh of the Joint Strategic Needs Assessment (JSNA) so that future commissioning / policy decisions and priorities are evidence based.
- To determine the health improvement priorities in Southend.
- To promote integration, collaboration and partnership working.
- To oversee development of a Joint Health and Wellbeing Strategy (JHWS), which sets out improvement for health and wellbeing outcomes, including reduction in health inequalities that provides a framework for commissioning plans related to health and wellbeing.
- To promote and encourage integration and partnership working including joint commissioning, pooled budgets and joint delivery across the NHS, social care, public health and other service providers.
- To initiate and support stakeholder and community engagement and consultation work in relation to health and wellbeing issues.
- To appoint task and finish groups / sub-committees for specific pieces of work that support or inform health and wellbeing across Southend.
- To sign-off key commissioning plans, strategy and policy related to health and wellbeing and health inequalities.
- To oversee the development of the pharmaceutical needs assessment.
- To performance manage the achievement of and progress against key outcomes identified within the JHWS.
- To provide leadership on any other emerging health and wellbeing related issues that may have a significant impact on the delivery of the JHWS.
- To give guidance and strategic and leadership support to drug and alcohol treatment services to enable the services targets to be met ensuring that proactive action is taken to remove any barriers which prevent targets from being achieved and addressing under-performance. Review and address the performance and approve the Adult Treatment Plan, Young People's Treatment Plan and local alcohol strategy;
- To approve commissioning strategies for adult drug and alcohol users, and young people;
- To oversee the strategic governance for Fulfilling Lives. A Better Start Programme.

6.8.4 Status of Meetings

Open to the public

6.8.5 Reports to

The Council

Southend Health & Wellbeing Board

Agenda
Item No.

5

Report of the Director of Public Health

To
Health & Wellbeing Board

on
2nd December 2020

Report prepared by: Krishna Ramkhelawon,
Director of Public Health

For information only		For discussion	X	Approval required	
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Coronavirus Pandemic Management Updates from the Health Protection Board and the Oversight and Engagement Board

Part 1 (Public Agenda Item)

Purpose

This is to provide an update on the COVID-19 Local Outbreak Control Plan implementation of the national Test, Trace, Contain and Enable (TTCE) programme.

Background

The TTCE programme is a central part of UK government's COVID-19 recovery strategy. The primary objectives are to control the COVID-19 rate of reproduction (R), reduce the spread of infection and save lives, and in doing so help return life to as normal as possible, for as many people as possible, in a way that is safe, protects our health and care systems and releases our economy.

Achieving these objectives will require a coordinated effort from local and national government, the NHS, General Practice, businesses and employers, voluntary organisations and other community partners, and the general public.

Local Outbreak Control Plan (LOCP)

Local planning and response will be essential. Response may include appropriate local containment strategies, the implementation of which is expected to be achieved within the existing legal framework and by appealing to the public's sense of civic duty and working with local community leaders.

The [eighth version](#) (click this link for access to the document) of the Southend LOCP was updated on the 25th September with new guidance and will remain a dynamic document. This

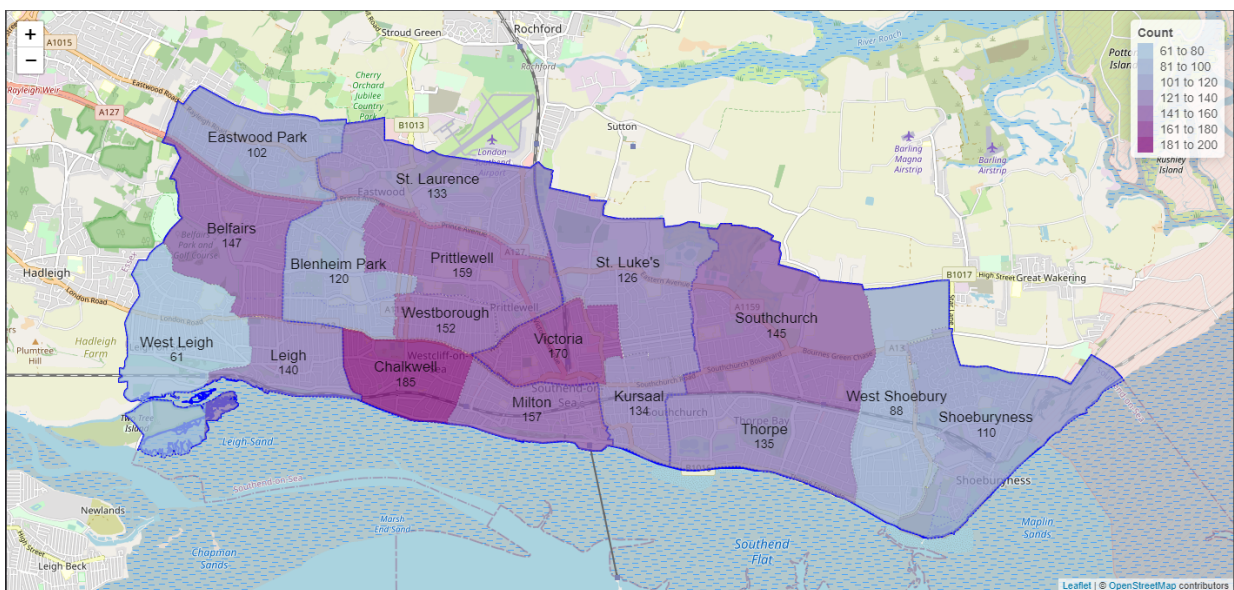
will be updated again with the new announcement about the changes to the tiered restrictions.

Local Boards & Pandemic Management

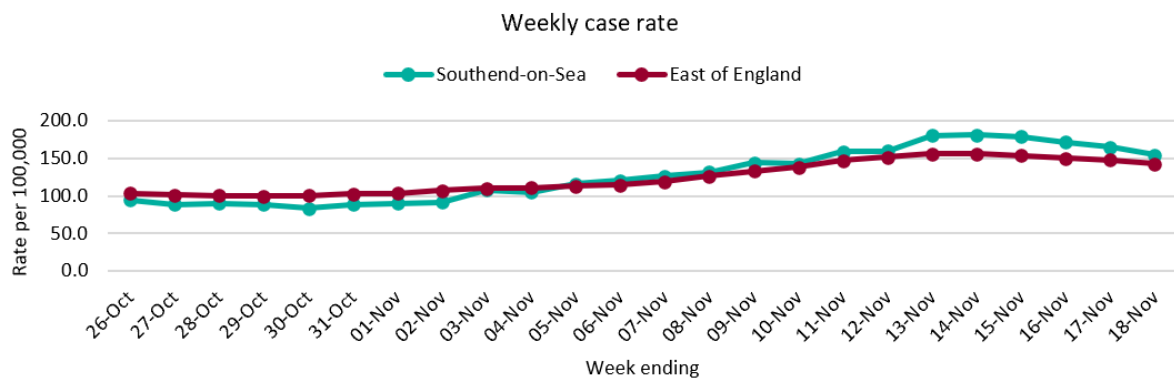
- The Outbreak Control Oversight and Engagement Board (**O&E Board**)

The Health Protection Board (HPB) continues to meet weekly and receives the local Surveillance Report monitoring of our testing capabilities, infection rate, mortality rate, positivity rate, level of contact tracing any report and case reviews of local outbreaks and the hospital utilisation information.

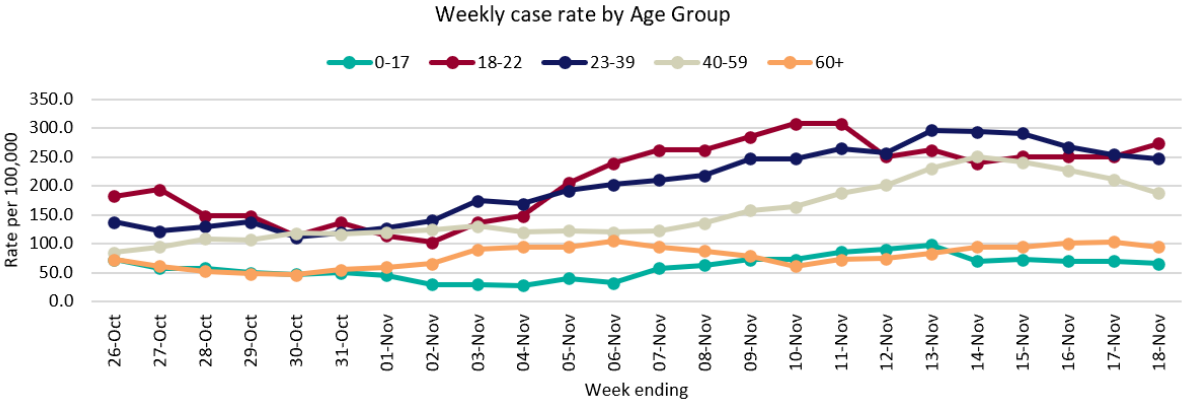
We have had over 2,300 positive tests recorded across Southend since the start of the pandemic. This is evenly spread across the borough as highlighted in the map below.



The incidence rate during the first two weeks of lockdown climbed steeply, mainly due to a combination of events – half-term, Halloween and the ‘rush to beat lockdown’. Our highest rate was 181/100,000, although we are now seeing a gradual reduction in incidence.



We are seeing marked differences in virus transmission in age groups, with the younger cohorts being more susceptible. The 18-22 and 23-39 age groups have been a more challenging concern and we continue to explore new ways to engage and communicate the risk of virus transmission with them.



The HPB will be reviewing our proposed strategy to introduce the use of community testing – Lateral Flow Devices (LFDs) – across a number of settings during December 2020.

The Outbreak Control Oversight and Engagement Board continues to lead on a number of communication and engagement activities, including refreshing our messaging to the public and local businesses. We continue to hold regular webinars with schools and businesses and we are actively engaged with a multi-media social marketing campaign. We are making use of social influencers to target key groups, such as younger people (<39 years), in promoting our key messages of maintaining social distancing, hand hygiene and using face covering in the appropriate settings. Further messaging is planned as we exit the second lockdown and to ensure our communities can continue to operate safely, support with the higher footfall from the Christmas shopping and festivities.

The Board will also support with messaging of implementing the LFD testing programme and will support our local NHS in delivering the COVID-19 vaccination programme.

All our actions and local interventions are reviewed and shared with the Regional Test and Trace Support and Assurance Team.

Recommendation

1. For the HWB Board to note progress and ongoing implementation of the Local Outbreak Control Plan by the Local Health Protection Board and the Outbreak Control Oversight and Engagement Board.

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Southend Health & Wellbeing Board

Krishna Ramkhelawon, Director of Public Health, Southend
Borough Council

to

Health & Wellbeing Board

on

December 2020

Report prepared by:

Yvonne Powell & Simon Ford, Southend Borough Council

Agenda
Item No.

6

For discussion		For information only	x	Approval required	
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Sexual Health Service Update – Pandemic impact Procurement of new Sexual Health Service - Timetable

Part 1 (Public Agenda Item)

1 Purpose of Report

To update the Board on the impact that the pandemic has had on access to the Sexual Health services in Southend and how we are progressing with the procurement plan for a new service ai April 2021.

2 Recommendations

- 2.1 To note that, despite the restrictions introduced to manage the spread of the coronavirus since March 2020, the providers of the sexual health services have adopted a successful approach in maintaining a high level of access to their services since April 2020.
- 2.2 To note that the procurement of a new sexual health service is progressing to plan with a view that we will announce a new provider before Christmas 2020.

3 IMPACT OF PANDEMIC ON ACCESS TO SERVICES

- 3.1 The Southend Sexual Health Service has been innovative in taking clear steps to ensure that we move to service delivery that ensures that our fixed resources are applied to meet the needs of our area population.
- 3.2 The COVID 19 pandemic necessitated a reprioritising of clinical delivery with a refocused response on critical services. Many sexual health services across the country stopped or significantly reduced. The Southend Sexual Health Service rapidly adapted its centralised access, electronic records and telephone triage process to

maintain and expand all online services, adapt to safer medicine collection systems and provide direct contact for those who required this.

- 3.3 The service delivery principles adopted were:
- 3.4 direct attendance at clinical venues is avoided and minimised;
- 3.5 telephone or other forms of virtual contact and communication is maximised;
- 3.6 continue to prioritise based on risk and need through triage and clinical assessment.
- 3.7 Those interventions necessitating close contact were considered and where alternatives were available the intervention was suspended, such as LARC (long-acting reversible contraception).
- 3.8 Throughout the initial response people seeking LARC were recorded on a waiting list. The LARC waiting list addressed in the first 6 weeks of the service restarting (service was restarted on 15/07/2020) and full LARC access was made available from 2nd September 2020.
- 3.9 Our process for reviewing and suspending elements of service reflected the recommendations made by the national sexual health authorities, Faculty of Sexual and Reproductive Healthcare and the British Association of Sexual Health and HIV.
- 3.10 The tables below show comparative attendance data associated with the period of the COVID 19 response and Service Reset compared to the previous year's data. This shows an overall reduction in attendance of 1.5% compared to the same period in the previous year. This also illustrates the changes in service such as introduction of online testing and increase in virtual appointments:

2019		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Grand Total
Clinic First and Follow Ups	First appointments	774	805	830	943	762	4,114
	Follow-up appointments	72	195	212	326	346	1,151
	Total appointments	846	1,000	1,042	1,269	1,108	5,265
Online Testing							
	Tests Returned	NA - Online Testing started in August 2019				11	11
	Positive Results					1	1
Total Contacts		846	1,000	1,042	1,269	1,119	5,276

2020			Apr-20	May-20	Jun-20	Jul-20	Aug-20	Grand Total
Clinic First and Follow Ups	First appointments	F2F	267	57	34	171	253	2,921
		Virtual	280	269	393	609	588	
	Follow-up appointments	F2F	127	58	41	287	344	1,664
		Virtual	127	147	215	223	95	
Total appointments			801	531	683	1,290	1,280	4,585
Online Testing								
	Tests Returned		67	77	112	177	178	611
	Positive Results		3	9	16	22	20	70
Total Contacts			868	608	795	1,467	1,458	5,196

- 3.11 Some anecdotal feedback indicates that the virtual appointment is more convenient for people with no associated travel and significantly less time away from work/other commitments. The virtual contact is likely to be viewed as being more discreet. This feedback was utilised in the finalisation of our new sexual health service specification.
- 3.12 There was a marginal increase in out-of-areas cost as some users were seen outside of the borough.

4 CONSULTATION EXERCISE AND PROCUREMENT TIMETABLE

4.1 Eighteen months into our two-year contract for this service, we have been engaging with the local population, independent of our local providers to gauge their views about the service access and delivery as well as identifying areas of improvement. Our key ambitions were:

- Transformation that incorporates high quality open access sexual health services and offers value for money;
- Improves access to sexual health service, particularly for those at greater risk;
- Services that respond to safeguarding young people and vulnerable adults;
- Change the culture and behaviour of sexual health service delivery;
- Improve residents experience and outcomes as set out in the Council Southend 2050 outcomes as well as the NHS 5-year Strategy for Mid and South Essex;
- Realises the ambitions set out by the “Localities strategy; living well in thriving communities”;
- Move people away from dependency through education and encouraging self-management and care;
- Innovative ways to deliver the digital services;
- System wide response to supporting young people and preventing under 18 conceptions.

4.2 Outcome of the Consultation

This was undertaken mostly through an online survey and some targeted approach to engage vulnerable adults who do not have access to digital devices or the internet. Our local priority groups supported the development of the questionnaire. We had 278 participants (23 were professional staff):

- Over half (59%) had accessed sexual health services predominantly for STI testing and contraception;
- 64% were satisfied with the service they received;
- Current service access and waiting times were of concern;
- Improving access - more convenient opening hours e.g. evening & week-end services/booking online system/click & collect/ text services/ clinic sessions for specific groups;
- Main concerns from professionals, were about long waiting times, “main phone line very difficult and time consuming to get through to” resulting in patients often giving up and referring themselves back to their GP’s.

Key responses incorporated into the re-design of the new service specification included:

- ✓ Location based on needs and central hub within ½ mile of Town
- ✓ Provider to engage citizens in service delivery model and to improve experience
- ✓ Utilise innovation and new technology to deliver online services

The areas for development comprised of:

- ❖ Emergency Hormonal Contraception (EHC) through a pharmacy across the four localities – especially important for young people
- ❖ Delivering long acting reversible contraception (LARC) through primary care, which is most favoured by users
- ❖ Availability of HIV pre-exposure prophylaxis (PrEP) in clinical settings

4.3 Procurement Timetable

A market engagement event took place in the summer where we shared the findings above and encouraged bidders to utilise this information to inform their submissions. We have also advised our potential bidders to consider the impact of the continued challenge with the pandemic on service delivery in 2021.

The Youth Council were invited to participate in the presentation phase with the two shortlisted bidders. We are now entering the final phase of the procurement exercise as highlighted below (all activities in **bold** have been completed):

- **Aug-Sept 2020 - Public Consultation**
- **Sept 2020 - Invitation to tender open to bidders**
- **Oct 2020 - Tender opportunity closes**
- **Nov 2020 - Bidder evaluation and presentations**
- Dec 2020 - Contract award
- Jan 2021 - Mobilisation stage
- April 2021- New service contract goes live

5 FINANCIAL / RESOURCE IMPLICATIONS

- 5.1 Some additional costs incurred for out-of-area services. The bids received were within the procurement envelope.

6 LEGAL IMPLICATIONS

- 6.1 None at this stage

7 EQUALITY & DIVERSITY

- 7.1 All groups were consulted with during the engagement period.

8 APPENDICES

None

Report for Health and Well-Being Board

Subject: Children and young people with Special Educational Needs and Disabilities (SEND)

Date: December 2020

From: Brin Martin, Director of Education and Early Years

7

1. Background and Purpose of this report

HWBB received and discussed a briefing paper about children and young people with special educational needs and disabilities (SEND) in September 2020. The paper outlined new Leadership and Governance arrangements which would ensure effective strategic and operational leadership and governance of the SEND agenda across the Local Area. It also provided an update on progress and future plans to complete the Written Statement of Action (WSOA) as a result of the SEND inspection in October 2018, including co-producing an honest and robust self-evaluation, focussing particularly on evidence of impact and outcomes for children and young people with SEND and their families.

Monitoring arrangements for the WSOA have recently been refreshed with monitoring now taking place against seven key workstreams which in turn feed into the four main areas of concern identified by Ofsted.

The purpose of this report is to update the Health and Wellbeing Board on the progress made on the local SEND offer and updates against the seven key workstreams, including highlighting where progress has been made and where challenges remain.

2. Leadership and Governance

1. The newly established SEND Strategic Partnership Board met for the first time on the 2nd November.
2. The Board agreed membership and Terms of Reference
3. The Board approved the proposed Governance Arrangements including establishment of a SEND Operations Board and a Joint Commissioning Board which would both report into the SEND Strategic Partnership Board.
4. The Joint Commissioning Board met under revised Terms of Reference on 5th November and identified three key priorities for Joint Commissioning which were;
 - a. Education Health and Care Plans
 - b. Therapies Commissioning
 - c. Pooled Budget/Joint Resourcing
5. All 3 workstreams have established Task and Finish Groups and work is being undertaken at pace to progress these joint commissioning priorities.
6. The first meeting of the SEND Operations Group has been scheduled for early December where Terms of reference and membership will be confirmed. All new Boards are multi-agency and contain a range of stakeholders from educational settings.
7. Ongoing parent/carer representation has not been agreed due to a new 'official' Parent/Carer Forum for Southend only recently having been established. An introductory meeting with the new Forum is currently being arranged to plan their induction and a

Comms strategy to ensure that all relevant parties are aware of their existence and their role in supporting families and coproducing with the Local Authority and Clinical Commissioning Group.

3. Knowing ourselves: current evidence of how we are doing including self-evaluation, survey results and measuring outcomes and impact in the future

3.1 Self-Evaluation and Strategy

Development sessions have taken place with relevant stakeholders to review current evidence and finalise the self-evaluation and agree priorities and areas for improvement for the next period, resulting in a refresh to the current SEND strategy in December. Children and young people, parents, carers, the community, and voluntary sector will be integral stakeholders in this. For reasons explained in 2.7 above the Parent Carer Forum have not yet been engaged in this review but this will be picked up during December.

The Development Sessions provided a rich discussion about what had worked well and areas that required further focussed concentration.

3.2 Current evidence

Summary progress against the seven workstreams are provided below:

- 1. Leadership & Strategic Commissioning:** Original actions relating to establishing and embedding roles and groups had largely been completed. However, a review of governance and decision making commenced in June 2020 to further strengthen local area effectiveness and leadership. This includes a better 'line of sight' by HWBB and new arrangements which were presented to the Strategic Partnership Board on 2nd November. Commissioning priorities were developed in March 2020 and there are projects in place to deliver. There have been delays due initially to identification of funding to provide Commissioner capacity and then inability to successfully recruit to this role.
- 2. Engagement & Co-production:** There had been good engagement with the previous Parent Carer Forum to the extent they were an intrinsic part of all meetings, recruitment, and quality assurance activity. There have been good examples of engagement and co-production across the local area, such as the Local Offer Website Review, Parent/Practitioner Engagement Events, EP webinars and young person engagement survey, and SENDIASS parent and practitioner training. Further work is planned to ensure that there are high but achievable expectations across the local area around engagement and co-production, and a new strategy and guidance produced. This will be an integral part of working with the new Parent Carer Forum, as well as children and young people.
- 3. Workforce Development:** Whilst the review and restructure of the SEND service took longer than initially planned, it has undergone a successful restructure with the majority of roles filled with high calibre staff by Sept 2020, and a strong induction plan in place.
- 4. Effective Identification:** There has been significant progress made in building the infrastructure to share information across the SEND partnership, this includes the procurement and

implementation of Open Objects EHCP Hub, the creation of the SEND Dashboard, a new SEND profile, protocols and weekly data share and follow up re Children Missing Education and Electively Home Educated.

5. **Education Health Care Plans:** Capacity and competence in delivering high quality EHCPs that meet the needs of SEND learners and their families is now increasingly within reach as a result of the staffing restructure. Timeliness continues to be good, including during the Covid19 period. More rigorous Quality Assurance processes are now in place. Improvements are either in place or planned in gathering and sharing information as part of assessment.
6. **Local Offer:** The Local Offer website has been significantly improved following a parent lead redesign, with clear processes for ensuring it remains up-to-date and is shared with parents, carers and schools. Increased use of Social Media supports the sharing of timely information and the collection of 'customer' views.
7. **Effectiveness and Outcomes:** Understanding the effectiveness of local arrangements to improve the outcomes for CYP has been disjointed, but there is now a greater focus on outcomes for CYP and the impact of services and activities. A project to create an outcomes framework is underway. Work continues on Open Objects to ensure that pupil outcomes are recorded within the EHCP and are regularly reviewed and updated.

4. Generating improvements

The area continues to progress the actions identified in the Written Statement of Action (WSOA) in addition to continuously developing to deliver good outcomes. Whilst the impact of the pandemic and delays in recruitment to key posts have slowed the progress that was noted earlier in the year, significant traction has been made in several significant areas.

Leadership and commissioning:

- The Designated Medical Officer post is embedded, with a first annual report in July 2020.
- Three priority commissioning areas which focus on system wide improvements are underway: Speech & Language Therapies, Autistic Spectrum Disorder, Education Health and Care Plans.
- Pilot of a multi-disciplinary decision-making panel between agencies for neurodevelopmental referrals through early help is progressing.

Engagement and co-production:

- POET survey highlighting parent and practitioner satisfaction with the support and care their young person receive was published in September 2020, indicating some areas of satisfaction higher than national averages and providing a wealth of learning.

Workforce Development:

- Local Offer and Co-Production Lead Officer and Assistant is in post and SEND service restructure is complete.
- Advisory SENCOs with clear roles, responsibilities, and protocols recruited.

- Policies to support medications in schools' guidance has been published on the CCG website.

Identification:

- Weekly monitoring of those SEN pupils recorded as missing education on the integrated SEN dashboard is taking place to ensure action to confirm welfare and safety following joint agreed protocol.
- The Inclusion Panel was introduced in Sept 19 and momentum of cases being referred for discussion was beginning to build with very positive feedback relating collaborative working. This will be further embedded from Sept 20, with the addition of a resource budget to support children and schools to maintain placements without the need to use alternative provisions or exclusion. The panel will also become the mechanism for deciding alternative provision prevention places at Victory Park (PRU) and managed moves to allow the monitoring of child movement across the town.

EHCPs:

- A quality assurance process for EHCPs has been established and implemented in SEND Service, work continues with partners to quality assure their contributions.
- A very high proportion of EHCPs continue to be issued within the statutory timescale of 20 weeks.
- A joint area SEND case management system has now been implemented following a successful pilot with schools and families. Activity continues to achieve full implementation.

Effectiveness and Outcomes:

- Quality assurance visits by the advisory SENCO team to monitor the impact of support and professional development on individual school data and ISP outcomes have been undertaken to selected schools during the Summer Term.
- Southend SEND Expectations providing guidance for schools has been co-produced and adopted a finance section has recently been added

There are some areas where progress has not been made as required and these are highlighted to the Board for challenge and risk notification purposes.

Leadership and commissioning:

- Dedicated full time Joint Commissioner role was agreed but attempts to engage someone to undertake this role have been unsuccessful.
- Agreed changes to SEND governance now need evidence impact at pace.
- Whole local area engagement is required to ensure that there is a robust self-evaluation which accurately identifies areas for improvement and priorities for the next three years, and that the new SEND Strategy is written without delay.

Engagement & Co-production:

- No group were successful in renewing their contract as the parent carer forum. Contact as the DfE Commissioner have been working with parent/carers to create a new parent carer forum. This has impacted on the representation of views of CYP and Parents and Carers on

several development sessions and new governance boards, although mitigation and dedicated sessions when the new PCF are established and ready to engage with the SEND Local Area are being planned.

- The action to create development opportunities for children and young people with SEND (for example, work experience, volunteering or a supported internship) to support co-production and the Local Offer role and engage with other children and young people with SEND to co-produce services and to set up SEND Student Forum was due to commence at the start of Covid. SEND Student engagement around service design and delivery needs to be increased.

Identification:

- Challenges remain to implement an agreement to a joint commitment to allow area staff to access appropriate shared information about children and young people with SEND who they are supporting. Similarly, there are 4 schools who have not signed an information sharing agreements, and a further 3 schools whose data sharing platforms are unstable and constantly require maintenance from school ICT teams.
- Cross Border Protocol has been completed and agreed with Essex CC but it is still with Essex information governance team for approval.

Education Health and Care Plans

- Whilst a joint area approach to statutory decision making has been agreed, there needs to be greater clarity and for processes to be less education-led. All statutory decision making is determined by the EHC multiagency panel which continues to have good representation from a wide variety of stakeholders. There is feedback from the previous Parent Carer Forum chair that the panel process is a fair and transparent multi-agency process. The panel has met virtually each week during lockdown.

Local Offer:

- The planned Local Offer Website and Provision Review groups have been delayed meeting due to Covid, although it is expected this will commence imminently.

5. Recommendations to HWBB

We would ask HWBB to:

1. Note progress on leadership and governance, self-evaluation and areas of significant improvement.
2. Acknowledge and challenge the risks identified where developments have not progressed as required.

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Southend Health and Wellbeing Board

Agenda
Item

Report by

Alex Khaldi, Independent Chair, A Better Start Southend

to

Health & Wellbeing Board on 2nd December 2020

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 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:

1. Note the contents of the report and raise issues and opportunities with the Chair of the ABSS Partnership Board, Alex Khaldi.
2. Agree to schedule a HWB workshop to review the ABSS Sustainability and Legacy Plan, prior to formal approval at a future HWB.

3 Governance

Health and Wellbeing Board

At the meeting of the Health and Wellbeing Board (HWB) on 10th June 2020, ABSS presented the preliminary report undertaken by the University of Essex School of Health and Social Care, '*The impact of COVID-19 on families and services in Southend*' (O'Connell L, et al). This full report is now published and is available on the ABSS website [at this link](#). The 11 key findings/recommendations have been widely welcomed and have informed the response to the pandemic, both at ABSS and with Partners.

As the HWB Agenda for the 8th September 2020 meeting was unable to include a full update from ABSS, this is the first report to the HWB since 22nd January 2020. However, HWB can be reassured that there is significant involvement in the ABSS Programme by a range of Partners represented at the HWB, and good awareness of progress and developments.

Partnership

The ABSS Programme Governance structure comprises the following Groups:

- Partnership Board – Chair, Alex Khaldi
- Programme Group – Chair, Krishna Ramkhelawon, SBC
- Insight and Analysis Group – Chair, Michael Freeston, EYA
- Finance and Risk Group – Chair, Paul Grout, SBC
- Parents Group – Rolling Chair (Parent Champion)

During the period of the Coronavirus/COVID-19 pandemic, the ABSS Partnership Board agreed to the formation of a fixed term Executive Consultative Board, to speed up decision making of the Partnership, particularly in reference to the response to the pandemic.

In addition, the ABSS Programme has recently instigated and established a Black, Asian and Minority Ethnic community Steering Group (Chair, Keighley Hylton, ABSS) to support the development of inclusive practices in the operation of the ABSS Programme and the delivery of services to Southend's diverse population.

The ABSS Programme continues to benefit from strong Partnership engagement, with positive participation at a range of levels for all core Partners:

- Early Years Alliance
- Southend Borough Council
- Essex Police
- Southend University Hospital
- Essex Partnership University NHS Foundation Trust (EPUT)
- NHS Southend CCG
- University of Essex
- Family Action
- SAVS

As the health landscape has changed significantly since the inception of the ABSS Programme, for example the establishment of the Mid and South Essex Health and Care Partnership, and the merging of the three hospitals to form the Mid and South Essex NHS Foundation Trust, the Partnership has developed and is creating strong links with the new bodies.

The National Lottery Community Fund (TNLCF)

TNLCF and ABSS Annual Review meeting is scheduled to take place on 4th December 2020 and will include key Partners, Parent Champions and the ABSS Senior Programme Team. The meeting will focus on feedback obtained from the wider Partnership in respect of the programme benefits and opportunities. Should Members of the HWB wish to contribute to the Annual Review, there is a short questionnaire which can be accessed at this link: [ABSS Annual Review Survey](#). The deadline for responses falls on Friday 27th November, but should any HWB Members wish to contribute, all comments or observations made at the HWB will be duly noted.

Thomas McCulloch has replaced Sarah Gibbs as TNLCF's new Head of Funding, with oversight of the A Better Start Programme nationally. The programme is engaging positively with Tom and the wider TNLCF team.

4 Evidence Project

Programme Evaluation Partnership

The Programme Evaluation Partnership with the University of Essex (UoE) is now fully staffed, with Professor Vasilios Ioakimidis leading the team, comprising two Senior Research Officers, Dr Lauren O'Connell and Kathryn Chard.

Having concluded the research into the impact of the Coronavirus/COVID-19 pandemic on families in Southend, the team have returned to their substantive role in undertaking formative evaluation of the individual ABSS projects/programmes in delivery.

A case study is attached for reference - see Appendix One

Independent Summative Evaluation

RSM UK Consulting LLP in partnership with UoE, have been appointed to deliver the ABSS programme-wide Independent Summative Evaluation. The evaluation will look at the overarching 'impact' of the ABSS Programme at a community level, and include extensive field work studies, providing vital evidence for the ABSS Legacy and Sustainability Planning for post 2025.

The evaluation team will combine RSM's expertise in successfully delivering mixed method evaluations of publicly funded education, health and social care programmes, alongside UoE's knowledge of the ABSS Programme, its Partners and the community within which it operates, as well as its international reputation for excellence in the field of social science research.

The RSM partnership will commence co-producing the study with parents and Partners in January 2021 and publish reports in December 2021, June 2023 and December 2024.

Outcomes Framework

The ABSS Outcomes Framework is reviewed annually, to ensure the programme is effectively meeting targets. The next full update is due in 2021 and the team will be reviewing how information is presented, to improve accessibility. A review of the measures and evidence/data sources is underway, in particular to identify the impact of EYFSP data not being collected in 2020 due to Coronavirus/COVID-19 pandemic period.

Data Development and Analytics

Whilst the Partnership Board is encouraged that beneficiaries in ABSS programmes has remained stable during the period of the Coronavirus/COVID-19 pandemic, there has been a marked fall in new referrals. Analysis suggests that parents who were aware of ABSS and benefiting from services prior to the pandemic, have remained engaged in the programme. Parents who were not engaged have not been seeking out ABSS services and/or agencies have been less able to refer.

An extract of the ABSS Data Dashboard is attached for reference - see Appendix Two

5 Sustainability and Legacy Planning

As the ABSS Programme has passed the midway point of the ten-year programme, it is increasingly important to strengthen the focus of attention on Sustainability and Legacy Planning. In addition to the appointment of a Research and Evaluation Manager, the programme has recruited a Strategic Development and Communications Manager, both of whom will work with the Independent Chair and Director to take forward Sustainability and Legacy Planning over the coming months.

The Independent Chair is nearing the conclusion of his high-level Partner engagement conversations on Sustainability and Legacy Planning, which have proved invaluable in informing this important area of work. Final stakeholder meetings will take place at the end of November 2020, culminating in a report that will be presented to the ABSS Partnership Board on 14th December 2020.

The HWB are asked to agree to schedule a HWB workshop, to review the ABSS Sustainability and Legacy Planning, prior to formal approval at a future HWB.

SBC Children's Centre Review

ABSS has commissioned a literature review and comparative analysis of the experiences of local authorities reviewing or redesigning Children's Centre offers, which is being conducted by the University of Essex. ABSS and SBC consider that the Children's Centre Review aligns closely with the ABSS Sustainability and Legacy Strategy and opportunities exist for the closer alignment of these two pieces of work.

Your Family

The Coronavirus/COVID-19 pandemic delayed the mobilisation of the overarching Your Family programme offer, which is designed to bring together all of the ABSS projects alongside those provided by other Partners. The ABSS Partnership Board agreed to refresh the programme design and Dartington Service Design Lab was commissioned to support this process. This work is nearing completion and ABSS has been grateful for the engagement of Partners in the review. The revised programme specification and evidence documents will be reviewed by the ABSS Partnership Board on 14th December 2020, prior to mobilisation. This work will similarly inform the ABSS Sustainability and Legacy Plan.

6 Programme Activity

The ABSS Programme Management Office has kept in close contact with all Delivery Partners throughout the pandemic, with 90% of ABSS projects/programmes continuing to deliver services to children and families. Whilst a number of projects and programmes were able to continue some direct delivery (in line with COVID-19 guidance) many transferred elements to online/virtual and/or blended delivery.

As the initial lockdown restrictions were eased, many of the Delivery Partners were able to re-commence some face-to-face delivery and group work. During the most recent lockdown, Delivery Partners have been continuously reviewing their practice in order to maintain safe and accessible services for the community.

Whilst the vast majority of established ABSS projects/programmes have continued, those services which were not yet established or in early mobilisation faced greater challenges. Two projects in particular, **Preparation for Parenthood** and the **Volunteer Home Visiting service**, both due to commence service delivery in April 2020, have required additional support.

In April, face-to-face delivery of the **Preparation for Parenthood** courses was put on hold whilst the Delivery Partner focussed on developing a digital offer that parents could access during lockdown. Their digital hub is now active, with resources and information for expectant parents available. The first course has now been delivered, with initial feedback from parents being very positive. The course is accessed remotely, with the Delivery Partner contacting parents weekly to discuss the course content and answer any questions. There is also a group session so that parents can be brought together virtually, thus providing invaluable networking opportunities for expectant parents. The ongoing challenge for the Delivery Partner is to gain referrals, as the programme was not

established nor widely known at the start of the pandemic. Work to address this is ongoing with Mid and South Essex Hospital Trust, including reviewing Data Sharing Agreements, etc.

At the start of the pandemic, **Home-Start Essex** who are commissioned to deliver a Volunteer Home Visiting Service, paused their volunteer training, which delayed commencement of service delivery. To support the project, the ABSS Crèche team were deployed to work with **Home-Start** and began to support a number of families through telephone support. As the lockdown restrictions eased, they were able to support families in outside spaces, enabling parents to have direct contact, if required. Again, the service has struggled to attract referrals for similar reasons as those mentioned above. Nationally, **Home-Start** are reporting that this picture is reflected in other areas where referrals have dropped significantly, whilst in other areas they have maintained their delivery provision. **Home-Start** are working with other ABSS Delivery Partners and statutory services to improve awareness of the service and referral rates.

Other key updates include **First and Foremost** and **Talking Transitions**. The Specialist Early Years Teachers delivered two online **WellComm Screen** training sessions to 26 practitioners from three separate settings.

The remaining projects continue to deliver well, and the ABSS Partnership Board receives regular reports and updates.

Details of all ABSS programmes in delivery are attached for reference - see Appendix Three

7 Programme Management Office

The Business Support Team and Project Team continue to provide excellent support for the ABSS Programme.

Finances

There has been some reduction in programme expenditure and associated TNLCF claims, due to the impact of the Coronavirus/COVID-19 pandemic on project costs and mobilisation of new projects and programmes.

The 2020/21 Q2 Management Accounts is attached for reference - see Appendix Four

Jeff Banks, Director, ABSS

24th November 2020

Appendix One - Case Study

ABSS Project: Preparation for Parenthood

Case Study Title: Preparation for Parenthood Digital Package

Case Study: Expectant Parents May* and Syed*

Delivery Partner: HENRY

Background:

May and Syed live in the Westborough ABSS ward and are expecting their first baby together in October 2020. Syed is from the Black, Asian and Minority Ethnic (known as BAME) community and this is his first baby. May has two teenage children from a previous relationship. May was informed about the Preparation for Parenthood programme by her Health Visitor and contacted via text.

May's pregnancy is complicated by gestational diabetes and hip dysplasia. This has meant that she has relied on her husband Syed for physical support, as well as emotional support.

Intervention:

May was given access to the Digital Package resources (weekly letters, video and audio clips, activities and resources) via email. Each week, at a prearranged convenient time, May received 1-to-1 telephone calls from the Delivery Partner to discuss the weekly topic in more detail and incorporate the learning into May's lifestyle.

During the first call, May informed her that her husband Syed was present and was listening via speakerphone. He was very interested in joining in with digital package as this was his first child and he said that he was keen to learn as much as he could before baby arrived. Syed was invited to join the programme himself and asked him to complete a pre-questionnaire so that his insight to the programme could be assessed at the end.

Throughout the weeks, May and Syed joined in the sessions together via speakerphone, both giving their opinions and sharing their hopes and concerns. They were both eager to bond as much as they could with the baby before he is born and had started to use massage and talking as a way to bond. They are both aware of the benefits of bonding and attachment, and plan to use skin to skin as a way to increase that bond once baby is born. May was aware that certain recommendations around sleep and caring for your baby have changed since she had her last baby 13 years ago and was open and receptive to the new evidence-based information that she received.

Outcomes and Benefits:

During the programme both have made changes to their diets and have looked at how they can make their lifestyles healthier, especially in light of May's gestational diabetes. Syed informed us that he has successfully given up smoking during the pregnancy as he was aware of the damage that it can cause the baby.

May joined the community Whatsapp group and has engaged well in conversation. Syed has grown in confidence over the weeks and is now very chatty and engaged, even appearing on the group video call with 4 other mothers.

The couple are keen to explore all the resources available to them and also asked if more information could be provided on subjects such as cluster breastfeeding and bathing the baby. We subsequently found videos from evidence-based websites for them and these have now been added to the relevant weekly information so that all parents can access them.

May intends to breastfeed her baby, as she did her older children and was signposted to ABSS's Bump-to-Breast for support before baby arrives. May has already been in contact with them and is looking forward to getting further support once she has had the baby.

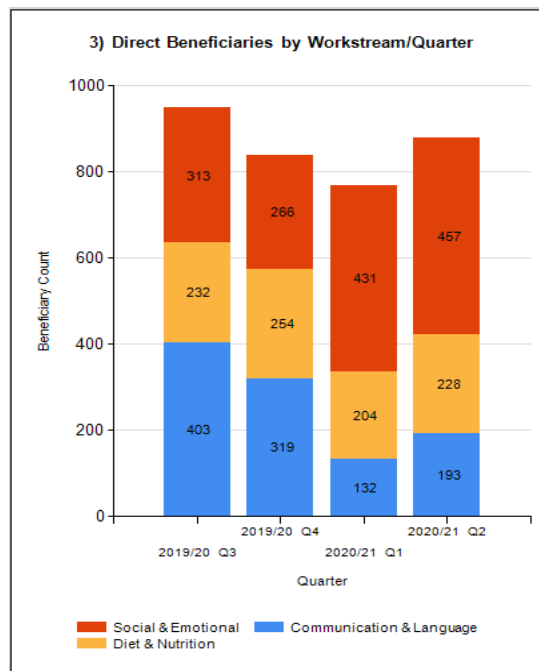
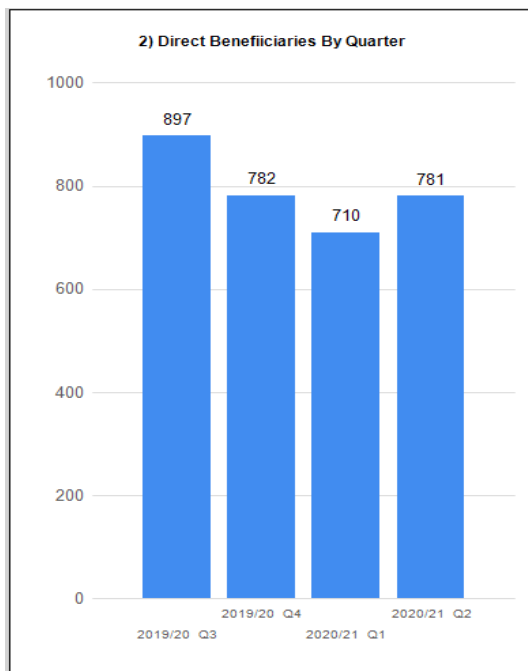
**all names have been changed*

Appendix Two - Data Dashboard Extract

During the 12-month reporting period 01.10.2019 to 30.09.2020 the ABSS Programme provided services to 34% of all eligible parents and children in ABSS wards, with almost half of all beneficiaries have been involved in more than one project.

Chart 2 below shows that quarter 2 of the current financial year has seen an upturn in the number of beneficiaries involved in projects which has returned to the level seen at the end of the 2019/20 year.

Activity in quarter 2 shows a growth in all three workstreams, as shown in chart 3, although the largest growth across the entire 12-month period is within the Social and Emotional workstream.



The location of project delivery has continued to shift from Children's Centres to home delivery and other community locations throughout the year.

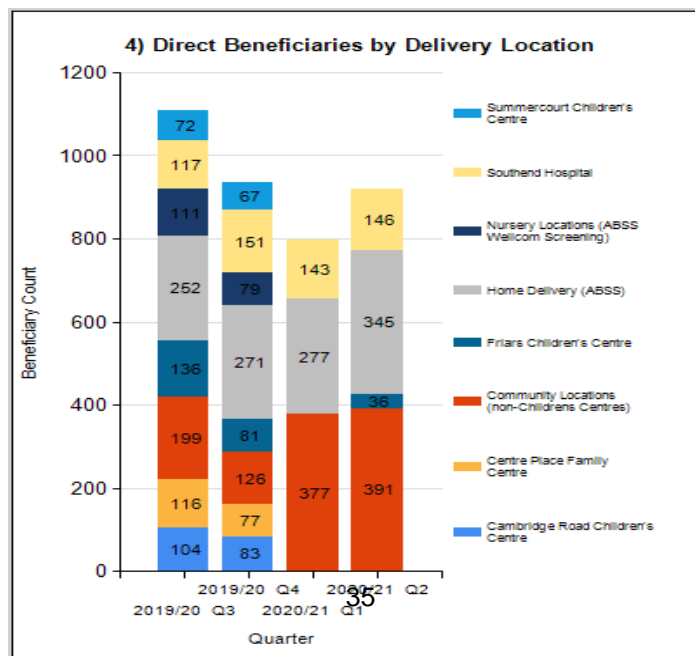
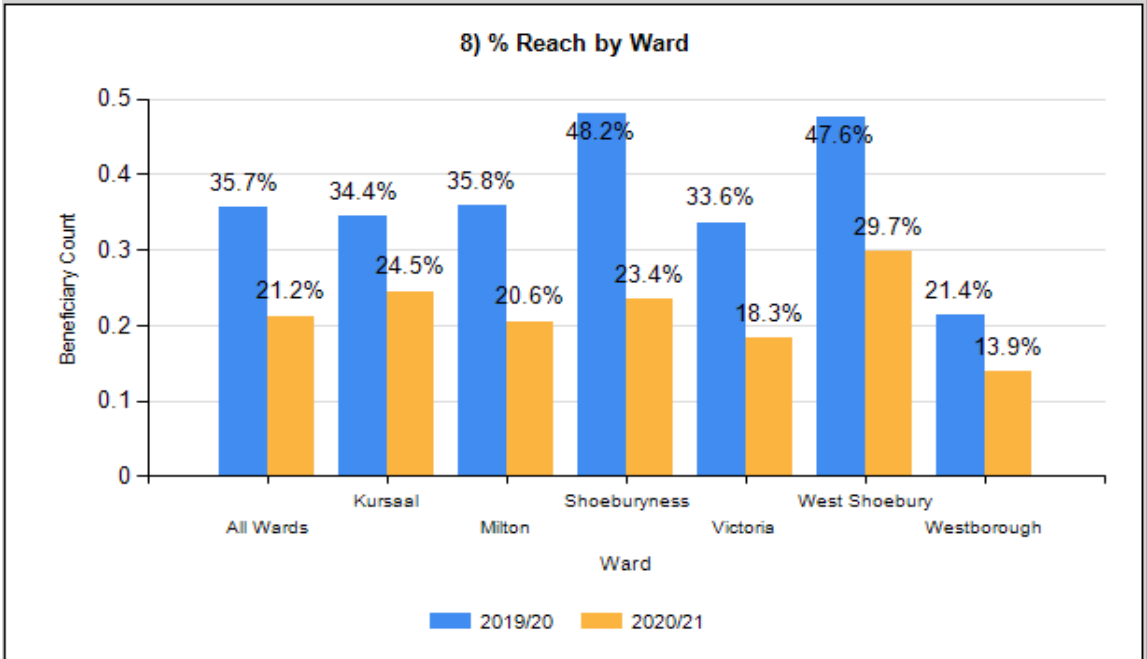
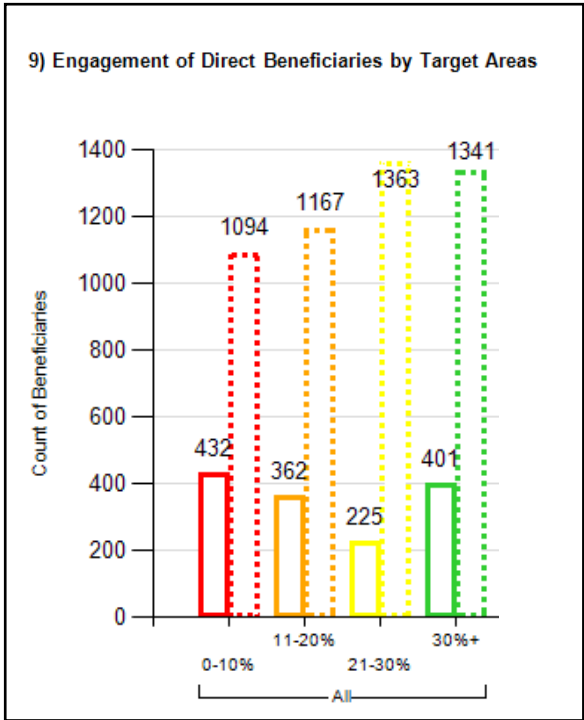


Chart 8 below shows reach for the current financial year (Quarters 1 & 2), compared to the whole of last year. Overall reach so far across all wards has exceeded half the level of last year. West Shoebury has seen the largest reach so far this year at nearly 30%. Although Westborough has the lowest reach (13.9%) this looks likely to exceed the level of the previous year.

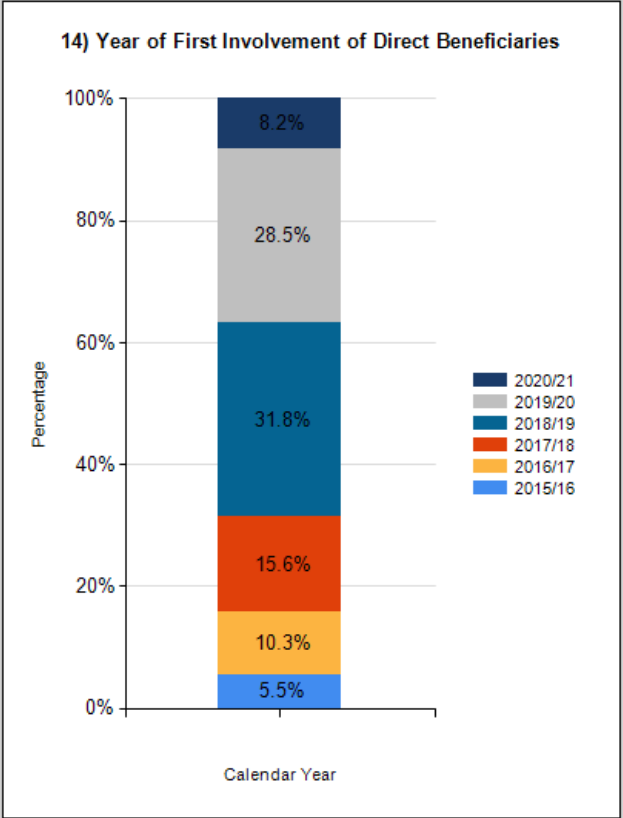


An extract from chart 9 below shows that the largest number of beneficiaries (432) are from areas with the highest level of deprivation (in the top 10% nationally) highlighting the focus of projects in these target areas.



The proportion of beneficiaries that have been involved in only one project has now fallen to 52% which means that almost half of all beneficiaries have been involved in more than one project. This indicates the families are being retained on the programme beyond their initial involvement.

Chart 14 below shows that 8.2% of all beneficiaries since the start of the programme have been recruited since April 2020, which is an encouraging outcome in view of the current climate. As the programme matures over the 10 years the percentage of new beneficiaries would naturally decrease for each subsequent year.



Appendix Three - Project Names and Workstreams

Project Title	Work Stream	Delivery Status	Delivery Partner
121 Breastfeeding	D & N	In Delivery	MSE Hospital Trust (previously SUHFT)
Group Breastfeeding	D & N	In Delivery	YMCA
3 - 4 Month Contact	D & N	Service Design	SBC
HENRY	D & N	In Delivery	HENRY
Southend Supports Breastfeeding	D & N	In Delivery	SBC & EYA
Infant Feeding Supervisor Lead	D & N	Service Design	TBD
Maternal Healthy Weight	D & N	Service Design	TBD
Public Health Midwife	D & N	Service Design	TBD
The Food and Growing Project	D & N	In Delivery	Family Action
Starting Solids Workshop			
Food 4 Life			
Family Nurse Partnership	S & E	In Delivery	EPUT
Perinatal Mental Health	S & E	In Delivery	EPUT
EPEC (Being a Parent)	S & E	Project Closed	SLAM
EPEC (Baby and Us)	S & E		SLAM
FSW SCN	S & E	In Delivery	SBC & EYA
Your Family	S & E	Service Design	TBD
Preparation for Parenthood	S & E	In Delivery	HENRY
EPEC Coordinator	S & E	Closed	PACEY
Volunteer Home Visiting Service	S & E	In Delivery	Home Start
Let's Talk	C & L	In Delivery	EPUT
23 Month Screening	C & L		
Attention ABS	C & L		
Chatting Children	C & L		
Follow Up Sessions	C & L		
Project Home and Early Years Setting	C & L		
Babbling Babies	C & L		
Little Listeners	C & L		
Super Sounds	C & L		
Talking Tiddlers	C & L		
Talking Toddlers	C & L		
Talking Walk Ins	C & L		
Wellcomm Screening	C & L		
Talking Transitions	C & L	In Delivery	EYA

Engagement	CR	In Delivery	SAVS
Engagement Fund	CR	In Delivery	SAVS
Community, Ideas and Development Fund	CR	In Delivery	SAVS
RIIF Story Sacks	CR	Service Design	SAVS
RIIF Umbilical Chords	CR	Service Design	YMCA
Coproduction Champion	CR	In Delivery	SAVS, EYA, SBC
ABSS Parent, Family and Community Hub	CR	Service Design	ABSS/SAVS
Work Skills	CR	In Delivery	SBC
Community Vehicle	CR	Paused	TBD
Welcome to the UK	SC	In Delivery	Welcome to the UK
Data Input - ESTART	SC	In Delivery	Family Action
First and Foremost	SC	In Delivery	EYA
The Dartington Service Design (0-19 mapping)	SC	In Delivery	Dartington
SBC Data Analysis	SC	In Delivery	SBC
Joint Paediatric Clinic	SC	Paused	Southend CCG
Programme Evaluation Partnership	SC	In Delivery	UofE
Information Governance Specialist Consultant	SC	In Delivery	K8 Data Protection Consultant

Appendix Four - Q2 20/21 Management Accounts

Summary Management Accounts - Confidential
 Period: QUARTER TWO 2020-21

Period: APRIL to SEPTEMBER 2020

	Actual	Budget	Variance (adverse) or favourable
	£	£	£
INCOME			
REVENUE FUNDING RECEIVED FROM BIG LOTTERY FUND	1,285,000	2,117,000	(832,000)
CAPITAL FUNDING RECEIVED FROM BIG LOTTERY FUND	-	-	-
LEVERAGED INCOME	-	-	-
TOTAL INCOME	1,285,000	2,117,000	(832,000)
EXPENDITURE			
PROJECTS			
SOCIAL AND EMOTIONAL	333,000	506,000	173,000
COMMUNICATION AND LANGUAGE	127,000	223,000	96,000
DIET AND NUTRITION	197,000	358,000	161,000
SYSTEM CHANGE	111,000	239,000	128,000
COMMUNITY RESILIENCE	187,000	228,000	41,000
SUSTAINABILITY AND LEGACY PLAN		37,000	37,000
CRECHE SERVICES	39,000	44,000	5,000
MONITORING & EVALUATION	-	-	-
PROJECT EXPENDITURE	994,000	1,635,000	641,000
SALARIES AND SECONDMENTS	328,000	346,000	18,000
OTHER PMO COSTS	118,000	135,000	17,000
PROGRAMME MANAGEMENT EXPENDITURE	446,000	481,000	35,000
TOTAL REVENUE EXPENDITURE	1,440,000	2,116,000	676,000
CAPITAL EXPENDITURE	-	-	-
LEVERAGED COSTS	-	-	-
TOTAL EXPENDITURE	1,440,000	2,116,000	676,000
NET FUNDING IN ADVANCE/(OWED)	(155,000)	1,000	(156,000)
CUMULATIVE FIGURES FROM START UP TO DATE	£		
INCOME	14,508,000		
PROJECT EXPENDITURE	7,624,000		
PROGRAMME MANAGEMENT EXPENDITURE	5,613,000		
CAPITAL EXPENDITURE	542,000		
LEVERAGED	342,000		
TOTAL EXPENDITURE	14,121,000		
NET FUNDING IN ADVANCE/(OWED)	387,000		

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

Southend Health & Wellbeing Board

Krishna Ramkhelawon, Director of Public Health, Southend
Borough Council

to

Health & Wellbeing Board

on

2nd December 2020

Report prepared by: Katie Gardner,
Health Improvement Practitioner, Southend Borough Council

Agenda
Item No.

10

For discussion		For information only	x	Approval required	
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Livewell Southend Website Update

Part 1 (Public Agenda Item)

1 Purpose of Report

To update the Board on the development of the [Livewell Southend website](#) and discuss how the partnership can support its growth and use it to strengthen their own public campaigns and messaging.

2 Objective of the website

Providing citizens with the information to support themselves and connect with their community is a crucial element in preventing ill health and has proved to be a successful approach across the country. This website can help us tackle wider health inequalities, and other non-digital initiatives must work alongside this to ensure the Livewell Southend offer is accessible to everyone. We especially need to make sure people who are shielding/lonely have access to the information they need during this period.

Livewell Southend holds a wealth of information regarding statutory services, health and wellbeing-related information and guidance, as well as a directory of local organisations and community groups.

It also has hosts the statutory Southend Local Offer, with information about services for children and young people with special educational needs and disabilities (SEND) and their families.

The aim is for it to be simple to use, avoid duplicating lots of similar webpages, and reduce the need for community groups to update multiple websites.

Livewell Southend needs to become the place we go for health and wellbeing info and should be driven by the people who are going to use it – citizens and professionals.

3 Progress so far

- Rebrand of the former SHIP website to Livewell Southend
- SEND local offer section of the website coproduced and tested by parents and young people with SEND and launched in January 2020
- Wide-scale engagement with citizens, partners and staff in January/February 2020
- Accessibility action plan being actioned so that website meets [Web Content Accessibility Guidelines 1.0](#), to Level AA by September 2020 to ensure that no individual is excluded due to disability
- [Interactive asset map](#) built using the Smart Southend platform – this shows the entire Livewell Southend directory on an interactive map. This is being expanded to include assets that will assist the community response to Coronavirus such as mapping foodbanks and food shops that do deliveries to support people self-isolating
- Carried out the second refresh of the website following engagement earlier this year with citizens and professionals
- Started up monthly reporting to share web analytics such as top used search words, top viewed pages
- Delivered a virtual [Livewell Southend launch event](#) on 2nd October 2020, showcasing a range of community support and activity sessions that you can find on website – 95 people attended throughout the day, one video has had 800 views
- Built a health and wellbeing [News section](#). Users from across the community are able to create their own news articles in this section

4 Next Steps

1. Deliver a Livewell Southend campaign to raise awareness of the site with citizens, SEND families, organisations, community providers – to encourage more groups to create an account on Livewell and share their offer
2. Buy-in to community-focused News section so that it can become a way of celebrating volunteers, organisations, charities and good news stories and inspiring people to look after their health.
3. Confirm a process with partners for sharing information in periods of crisis eg. pandemic

4. Move past disseminating information via large email chains and distribution lists to sharing updates on Livewell Southend instead.
5. Buy-in from all SBC staff – esp. commissioning of services. Need to agree a process for uploading information onto the website, keeping it up to date and how this links in with the comms team’s process for the SBC website. Need to clearly communicate the difference between SBC and Livewell website.
6. Link with social prescribing referral management tool regarding the directory that will be used
7. Need to have an easy way of linking in with the public health campaign annual schedule so that messaging is planned and in sync with public health social media.
8. Define the role of Livewell Southend social media.
9. Continue to move across information from SBC site to Livewell Southend
10. Buy-in from all partners and community providers – they will be able to create their own posts in the news section when they want to raise awareness of their offer/service, and they are responsible for keeping the pages they own up to date
11. Carry out engagement with young people so they can build on their section with information they need – and displayed in a format/tool they will use. This will include specific engagement and co-production with young people who have SEND.
12. We need a plan for how we share information on the website with those who are not digitally literate (in a printed format) – whether that’s through working with the resident association newsletters or a regular SBC newsletter to ensure those that are not digitally literate have this information to hand. There will be specific requirements around this for the SEND Local Offer.

Co-production is a fundamental requirement of the SEND Local Offer. So, we will need to consider how the Local Offer is represented in engagement, and ensure that SEND young people and families continue to be heavily involved. We need to ensure that we continue to engage residents around the website throughout the pandemic.

5 FINANCIAL / RESOURCE IMPLICATIONS

- 5.1 Some costs were incurred for the development of the website, through the Public Health Grant.

6 LEGAL IMPLICATIONS

- 6.1 None at this stage

7 EQUALITY & DIVERSITY

- 7.1 A diverse number of groups were involved during the engagement period.

8 APPENDICES

See attached slides

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Live  ewell
Southend

What is Livewell Southend?

Welcome to Livewell Southend (previously known as the SHIP website). We are still working on our content and would love to hear your [feedback](#).
Please visit the [Coronavirus section](#) for the most relevant information.
Further advice is available at: www.southend.gov.uk/coronavirus.



What is Livewell Southend?

This is Southend's health and wellbeing website. You can find lots of information and advice on how to stay well. You can also find:

- Community Groups
- Organisations
- Services that can give you the support you need

If you don't see your service on the website you can [create an account](#) and add your information.



Watch our intro video



SEND Local Offer ?



Adults ?



Children, Young People & Families ?

What has been done already?

47

- Rebrand of the former SHIP website to Livewell Southend
- SEND local offer section coproduced and launched in Jan 2020
- Wide-scale engagement with citizens, partners and staff in Feb 2020 - started in April 2019
- Accessibility action plan to meet Accessibility Guidelines
- Plan for second website refresh agreed by partners and service users
- Interactive asset map built using Smart Southend to assist the Covid-19 community response



What can we achieve with Livewell Southend?



- Empower people and enable them to look after their health
- A single resource for information and guidance on wellbeing in Southend
- Celebrate the community
- Up to date directory of community assets and statutory services

**A brand the community can own
and people can trust**

Li♥ewell
Southend

SAVS
Southend Association of Voluntary Services

NHS
Southend
Clinical Commissioning Group

 **southend
onsea**
BOROUGH COUNCIL

What are some of the improvements we have made?

- Make the site more visually appealing and add local photos
- A welcome video and description
- Add an availability field so services can share whether they are full/spaces/waiting list
- Add the NHS widget to more pages
- Add a description under each service that comes up in the search results

How can Livewell Southend help you and your team?

- Monthly data reports
- Regular engagement with citizens, partners and staff - SEND refresh every 3 months
- Platform for your comms messages/resident or staff stories/service information or changes
- Build community resilience
 - Interactive asset map built using Smart Southend
 - Good Neighbours page

Interactive asset map - crisis response

Livewell Southend Map



Food and Shopping

Scroll and select from list below

[Back to Categories](#)

Please note deselecting every category in the list will reset the map to a default view resulting in every service showing across every category.

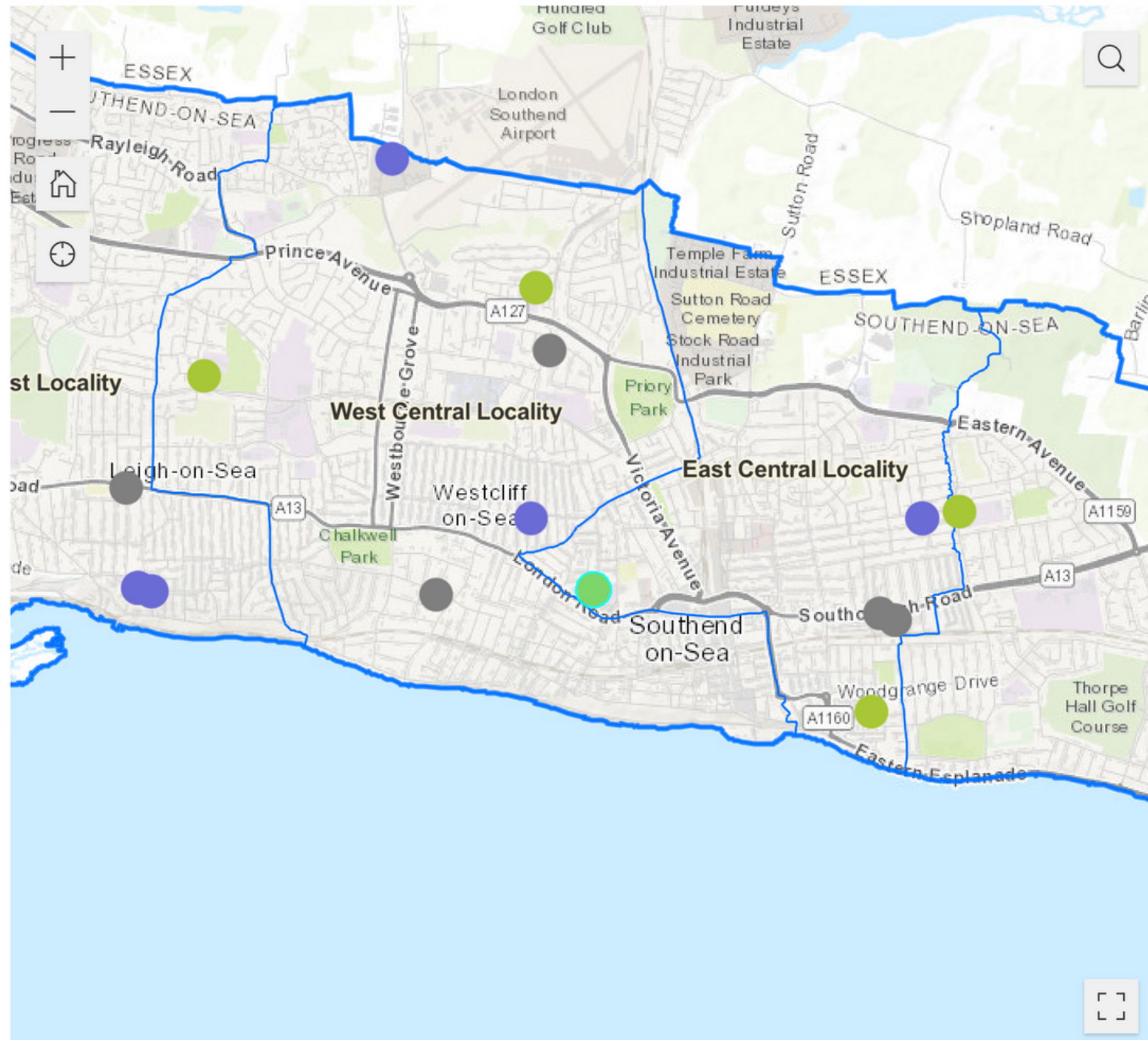
Food Clubs

Food Stores

Foodbanks

HOW TO USE THIS PAGE

ADD YOUR CONTENT



< 5 of 24 >

Title	Family Action Southend Food Club
Short Description	Family Action Partnered with Fareshare. Members must live or work within 15 minutes walking distance of the centre and have a child aged 0-11. To register your interest call (Contact provider for more information)
View service on Livewell (if applicable)	
Website (if available)	www.family-action.org.uk
Contact Name	Not provided
Contact Position	Not provided
Contact Phone	01702 220810
Contact Email	SouthendFoodClubs@family-action.org.uk
Venue (if relevant)	Summercourt Childrens Centre
Address	Summercourt Rd, Westcliff-on-Sea
Postcode	SS0 7AU
Opening Times	Sat: 11:00 - 13:00
Fees	Annual fee of £1 to become a member. The weekly cost is £3.50.

Monthly data report

- 15,000 visits in July
- Age
- Gender
- Daily Page Requests
- No. of Daily Sessions
- Top Locations
- Top 30 Searches
- Top 30 Searches with No Results

Monthly data report

54

<u>Top 30 Searches</u>	
Search	Count
domestic abuse	28
poet	28
housework	20
hearing impairment	18
advocacy	17
gardening	14
carly taylor	13
stop smoking	12
test	12
children centres	12
children with disabilities	11
sunshine baby bank	11
chalkwell	10
childminders	10
cleaning service	9
age uk	8
school nurse	8
resource allocation panel	8

Monthly data report

<u>Top 30 Searches - 0 Hits</u>	
Search	Count
carly taylor	13
sunshine baby bank	11
chalkwell	9
housework	9
age uk	8
st cedds	7
advocacy	6
adult day centre learning disability	6
growing together westcliff	6
saint cedds	5
fishing	4
coffee morning	4
health4life	4
stay and play	4
yoga	4
synagogue	3
meditation	3
jigsaws	3

Next steps

- Launch campaign - how to live well
- Move past disseminating info via email chains
- Sync with public health and NHS campaign schedule
- Link with social prescribing referral tool led by SAVS
- Move across info from SBC site
- Build up news/blog section
- Engage with young people - create their section
- Digitally excluded - magazine?
- Locality development - enable residents eg. meeting venues

How can you help us?

01

- Update your service pages
- Ask services you commission to update their page
- Include this responsibility in your KPIs
- Create a service page if you don't have one

02

- Talk about Livewell Southend with your team and with citizens
- Encourage organisations, peer support groups, knitting clubs to publicize their service
- Encourage residents to look on there if they need anything

03

- Let us know any feedback you have on the site via livewell@southend.gov.uk
- If you have feedback or ideas for the development of the site contact me

Do you want to stay in the loop?

Email livewell@southend.gov.uk

to be added to our mailing list to receive our
monthly reports and updates on the website



Live ewell

Southend

Thank you for listening!

Visit: www.livewellsouthend.com

Contact: livewell@southend.gov.uk

with any feedback

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Key Worker Housing

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Key Workers

- Traditional key worker definition encompasses NHS staff, teachers, police officers, fire fighters, prison officers etc.
- In 2019, 10.6 million of those employed (33% of total workforce) were in key worker occupations or industries.
- Care assistants and nurses among top ten hard to fill roles in UK.
- South East has largest number of shortages in nursing in UK.
- ²⁸ Adult social care jobs in Eastern region estimated to increase by 40% (from 180,000 to 250,000 jobs) by 2035.
- Southend has key worker workforce of 31.4%, with health and social care sector with highest vacancies.
- Impact of Covid-19 on key workers and health and social care sector.

The state of the adult social care sector and workforce in England

Key findings



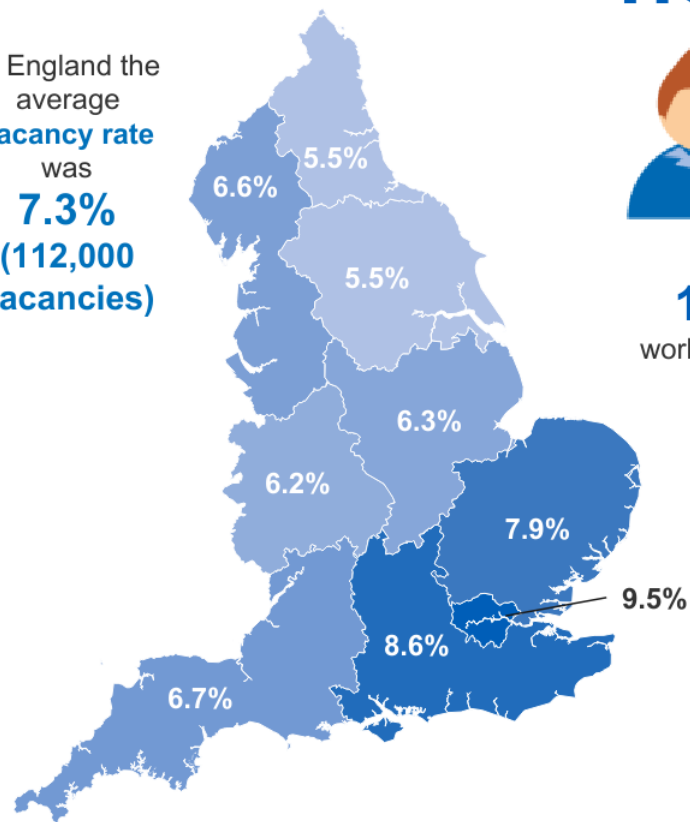
Source: Skills for Care workforce estimates, 2019/20

[Download PowerPoint](#)

[Press here to explore the data](#)

Workforce vacancy rate

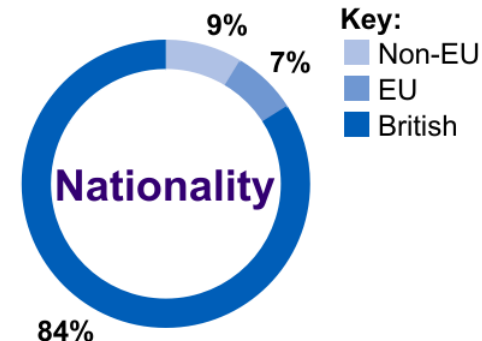
In England the average vacancy rate was **7.3%** (112,000 vacancies)



1.65m jobs



1.52m people working in adult social care in 2019/20



7% (113,000) of the workforce in England held an **EU nationality**

Care worker real term median hourly pay



Please note this refers to care workers in the independent sector only



24% of jobs were on **zero-hours contracts**



27% were **aged 55 and above**



67% of leavers **remained in adult social care** in 2019/20



The average **turnover rate** was **30.4%** (430,000 leavers in last 12 months)

Back to map
←

Summary and key findings

Employment overview

Recruitment and retention

Demographics

Pay

Qualifications and training

 Download PowerPoint

Summary of the adult social care workforce

This summary of the adult social care workforce in **Southend on Sea** includes jobs in local authority and independent sectors as well jobs for direct payment recipients. **Please note that the other pages refer to jobs in the local authority and independent sector only.**



There were **6,600** jobs in **Southend on Sea** across the **independent sector, local authority** and **jobs working for direct payment recipients**.

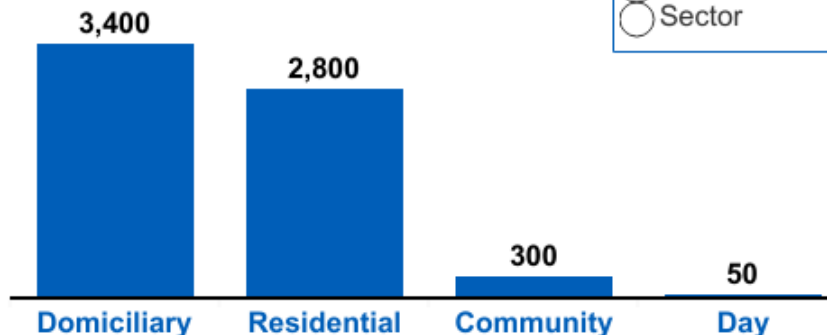


CQC regulated establishments in **Southend on Sea**

Jobs by service

Select a view:

- Service
- Sector



In **Southend-on-Sea** there were...



4,500

Direct care jobs

475

Managerial jobs



175

Regulated professionals

There were also...

600

Jobs working for direct payment recipients



National Key Worker/First-Time Buyer Schemes

- **First Homes** offering at least 30% on new builds, prioritising first-time buyers and key workers.
- **Homes for Heroes** campaign to deliver 100k affordable homes over next five years.
- £12b **affordable homes boost** for social rent, half new builds for affordable home ownership, discounted rent (Inc. 10% for supported housing) and renewed Shared Ownership.
- **Shared Ownership** through a housing association, anywhere between 25% and 75% and pay rent on the remainder and have household income of less than £80k (£90k in London).
- **Help to Buy equity loan** for new builds with 5% deposit, government lending of up to 20% (40% in London) and mortgage of remaining 75%.
- **Help to Buy ISA** of government 25% top up (up to £3k) for first-time buyers.

Other Schemes

- Peabody, Clarion and Optivo offer variety of properties across London, Midlands and South England at 15% to 35% lower than market rent.
- Swan and NHS offer housing across three Colchester sites at variable night and monthly rates (around £32 and £550 respectively).
- North West Cambridge key worker housing statement using Allocation Principles and Locational Strategy, allocated on basis of need.
- Stockton LA home ownership register and allocations target health workers locally.
- Other LAs link to local housing, income and job market, although generally branding of national schemes.

Policy Framework

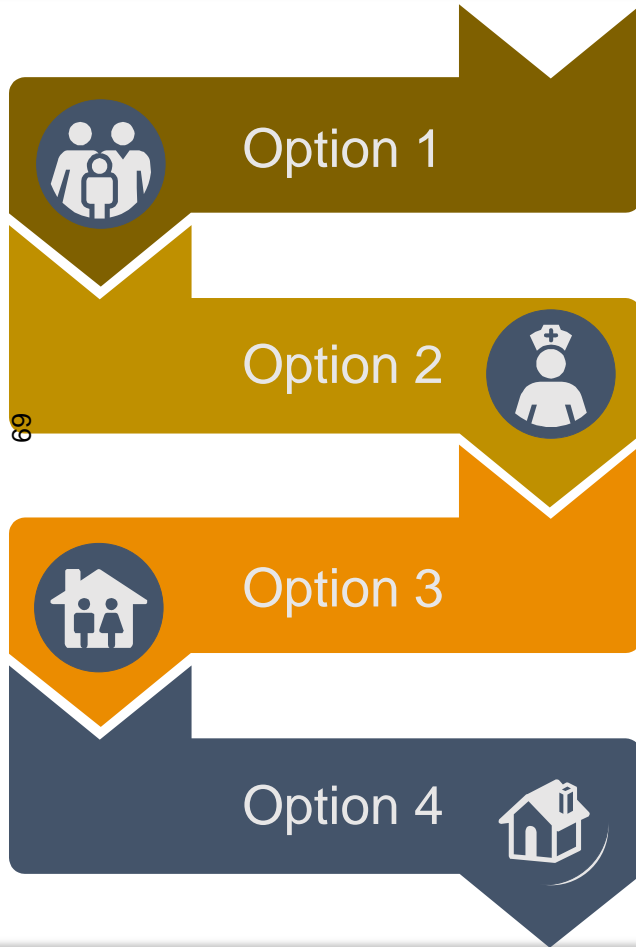
- SHMA under review – brief does not specify how need for affordable rented housing will be calculated (PPG standard methodology). Should distinguish need for different affordable housing and conclude types most effectively to meet the need in South Essex.
- Social Housing White Paper.
- Planning White Paper.
- New Local Plan.
- Allocations Policy.

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In Southend

- Higher than national average housing in the PRS (22% vs. 17%).
- -£17 pw gap between LHA and private renting (as of July 2020).
- LQ key worker salary £19.8k yet £32.5k to buy or £23.5k to privately rent a 1 bed flat at £140k.
- 63% of households can't afford to purchase a flat as a first-time buyer.
- 5,782 new homes built in Southend between 2001 and 2018.
- 70% of new builds from 2002 to 2018 were small flats (1 or 2 bed).
- Southend requires 1,181 dwellings pa to address housing need.
- In 2020-2021 Southend will deliver 102 affordable homes, with projection of 93 affordable homes in 2021-2022.

Housing Options – Income and Affordability



Housing:
Salary:
Affordability:
KWs:

Social housing

Up to £30, 000 (individual) - £50, 000 (household)
£338 pcm (LA), £412 pcm (HA) & £537 pcm (80% rent) (1 bed flat)
Health & social care assistant; teaching assistant; warehouse; security; admin; driver

Housing:
Salary:
Affordability:
KWs:

Private rented sector

£23, 400 - £46, 800*
£650 pcm (1 bed flat) - £1300 (3 bed house)
Registered nurse; social worker; teacher; technician; prison or probation officer; youth worker; fire service; analyst

Housing:
Salary:
Affordability:
KWs:

Shared ownership (based on 30%** & 40%*** share)

£21, 200 (2 bed @ £191, 000) & £30, 000 (2 bed @ £235, 000)
£701 pcm & £887 pcm
Police; prison & probation service; youth workers; refuse collector; teacher

Housing:
Salary:
Affordability:
KWs:

First-time buyer

£32,445 (1 bed flat) - £65, 817 (3 bed house)
£650 pcm (mortgage only) - £1300 (mortgage only)
IT; communications; surveyor; environmental health officer; PQ nurse; PQ teacher; PQ social worker

Discussion

- Key worker definition.
- Priority areas.
- Stakeholder engagement.
- Financial contribution / partnership opportunities.
- Statement of commitment.
- Planning context.
- Timeline / agreed next steps.

Southend Health & Wellbeing Board

Krishna Ramkhelawon, Director of Public Health,
Southend Borough Council;

to
Health & Wellbeing Board

on
2 December 2020

Report prepared by:
Kevin Read, Leisure Contracts and Development Manager (Physical
Activity & Wellbeing Lead),
Southend Borough Council

Agenda
Item No.

12

For discussion		For information only	X	Approval required	
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School Sport and Physical Wellbeing Update

1 Purpose of Report

The purpose of this report is as follows;

- 1.1 To review and update The Board on the recent progress made through working with Active Essex and both School Sports Partnerships, including successes, challenges and future opportunities – all in looking to promote physical and mental wellbeing following the consequential impact of the pandemic.
- 1.2 To stimulate Board discussions regarding priorities for action.

2 Recommendations

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

3 Background & Context

- 3.1 Physical inactivity is the fourth largest cause of disease and disability and is directly responsible for 1 in 6 deaths in the UK. The latest data from Public Health England highlights that 22.6% of adults in Southend are inactive, undertaking less than 30 minutes of physical activity a week. This puts them at a greater risk of developing a number of conditions including heart disease, cancer, obesity, diabetes, depression and dementia.
- 3.2 Inequalities are widening in obesity, excess weight and severe obesity across all ages and genders. Action across the child life course is essential to impact childhood obesity and enable positive behaviour change around exercise and other aspects of health. Children living with obesity are more likely to be obese in adulthood and thus increase the risk of obesity for their own children later in life.
- 3.3 9.1% of children in reception year within the borough are obese or severely obese. 19.5% of children in year 6 within the borough are obese or severely obese.
- 3.4 The Southend-on-Sea Physical Activity Strategy (which is the delivery mechanism for the refreshed Health and Wellbeing Strategy 2017-2021) provides a framework and action plan to support the long term vision for Southend to be a healthier, more active borough. This will be achieved through making the participation in an active healthy lifestyle a social norm for people who live or work in Southend.
- 3.5 The coordinated work of The Council links with strategic and operational need, along with Southend 2050 and to address some of the consequential impact on physical and mental wellbeing of our young people.

4 School Sport and Physical Education (PE) Update

The communication to schools has focused on the importance of continuing high quality and safe PE delivery and the benefits that has on the health and wellbeing of children and young people. Also, promotion of active travel, such as, walking, scooting or cycling to and from school wherever possible, to not only add physical activity, but also, to get fresh air and daylight.

The Daily Mile has been relaunched. This popular and free initiative sees children run or jog for 15 minutes every day in their school. All schools have received welcome back packs and resources. The majority of our infant, primary and junior schools take part.

School Games Organisers (SGO) continue to offer competitive opportunities in sport and physical activity, through School Games. Due to the restrictions, this has been on a virtual format, aimed at different year groups and involving high numbers of pupils. Score cards or video entries are returned to the SGOs who judge and enter the winners from each partnership into a county wide competition where the judging panel review and make the awards.

National Fitness Day was held on 23 September. Resources remain on line, for schools to access.

Prior to the current lockdown, satellite clubs funding was provided by Active Essex for additional supervised sport and physical activity courses in different secondary schools.

Active Essex have continued to run webinars for schools to access. A recent webinar example was around making the most of the primary PE and sport premium funding.

In addition to the above offer, we continue to work with schools through the Healthy Schools Programme. The Emotional Health and Wellbeing Enhanced Healthy Schools project currently involves 13 schools and has been extended until March which involves a range of programmes for schools to take advantage of this.

The Kalma Kids programme has now been filmed and made available to all schools. This is a 5-week programme which looks at; Relaxation and meditation methods, dealing with tension and anxiety, counting breath to develop calmness, mindfulness positive thinking and self-esteem.

The Kalma You programme for older children and young people is expected to be filmed and edited by Christmas.

The drama production 'I'm Drowning' that looks at mental health for secondary schools has been reworked and filmed to include the lockdown, after consultation with young people. It is now available for use for all our secondary aged pupils. It is envisaged that this film will be mainly used in PSHE lessons. It has been warmly received by schools.

The National Child Measurement Programme (NCMP) continue to measure the height and weight of children in reception year and year 6. This assesses weight levels in children within infant, primary and junior schools, and provides us with a robust baseline of where we need to focus our efforts with earlier interventions to reduce the level of obesity. The next measurements are due to take place during the early part of 2021.

All children who have been identified as above their ideal weight for their height and age are subsequently invited to participate in a weight management service called Health4Life. This service supports children and young people and their families to lead a healthy lifestyle. The offer is normally a face to face 6 week course offering guidance on nutrition, health and wellbeing support and physical activities. Since April 2021 this service has been adapted to offer online resources and one to one telephone consultation support. A review of the service will take place in spring 2021.

Following the impact of the pandemic, and through consultation with our schools in Southend, we have identified the need for more physical health and wellbeing projects, to assist pupils to lead healthier lives, during this difficult period. The Council in partnership with both School Sports Partnerships has offered the following extra wellbeing programmes which schools can receive free of charge:

Embers the Dragon

An integrated home and school approach to developing literacy, wellbeing and resilience for children in key stage 1. This consists of 18 x 30-minute lesson plans directly linked to early years outcomes. This promotes emotional health and wellbeing, to develop children emotional and physically.

The Childrens Health Project

This project provides 4 main sections, which include, nutrition, lifestyle, mindset and movement / physical activity. There are ten topics within each of the 4 sections. Aimed at key stages 1 and 2. The meets the new expectations of relationships and health curriculum and the personal development criteria for Ofsted.

Yoga 4 All

Yoga sessions delivered to target mindfulness, relaxation, breathing techniques, as a gentle form of physical activity. For all ages. There are also 2 x 90-minute sessions for school staff to access, so they have the basic knowledge on basic shapes and postures.

Milife Primary Champions

Teaching staff work with selected year 5 pupils, who become health and wellbeing advocates within their school. A ten week challenge follows for 2 year groups, which focuses on physical activity and emotional wellbeing. Each child has a passport, to log their activities on a daily basis.

Bootcamp

Bootcamp style sessions delivered to those in key stages 2 and above. A variety of fun physical activity sessions are provided, with each session adapted to the age group and ability in question. Pupils develop in the following ways:

- ✓ Collaboration and communication.
- ✓ Perseverance and resilience.
- ✓ Initiative and motivation.
- ✓ Self-belief and confidence.

Sport and Physical Activity Courses

With lockdown and restrictions having a negative impact on physical activity, all key stages have the opportunity to access additional sport and physical activity courses. The exact offer will be determined by the age group and space available, so schools decide what is best suited.

The feedback from all schools will be reviewed at the start of December, with a view to commence each of the programmes in January 2021. Baseline data will be recorded, then additional monitoring will take place, to demonstrate the impact each programme has had.

This will be funded through by the Council, with some funding from Active Southend and a contribution from the School Sports Partnership.

5 Reasons for Recommendation

- 5.1 Increasing levels of physical activity in the borough and reducing levels of inactivity will lead to improved health and wellbeing and help to reduce health inequalities. A healthy population will reduce demands on services and provide a healthier workforce to contribute to the economic prosperity of the borough.
- 5.2 Prioritisation of the action plan enables a more focused use of available resources to deliver the strategy.
- 5.3 To advise of recent, current and future delivery in schools.

6 Financial / Resource Implications

- 6.1 The strategy and associated action plan will be delivered within existing resources and in collaboration with a range of partners.
- 6.2 The wellbeing programme, due to start in January 2021, will be funded by the Council (Public Health Grant) £50k, an Active Southend contribution of £5k. There will be further contributions, as listed below:

An additional £10k through ActiveSouthend, from a recent grant they received from the Essex Community Foundation, for those at risk from exclusion or have been excluded from school.

£10k of Satellite club funding through Active Essex.

£3k of project funding through the School Games Organisers.

£39k of Sport England funding for secondary schools, for improving staff and volunteers to provide a better physical activity experience for young people. There is a particular focus on inclusivity, gymnastics and fitness.

There is an in kind cost for use of school facilities as well as school teachers to be present. These costs will be confirmed once the programme for each school is in place.

7 Legal Implications

- 7.1 None at this stage

8 Equality & Diversity

- 8.1 All key stages, in all schools, are provided for.
- 8.2 The strategy is population wide and aims to ensure that everyone who lives or works in the borough has the opportunity to be more physically active.

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