

Public Document Pack
SOUTHEND-ON-SEA BOROUGH COUNCIL

Health & Wellbeing Board

Date: Monday, 8th March, 2021

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 **Questions from members of the public**
- 4 **Minutes of the Meeting held on Wednesday , 2 December 2020** (Pages 1 - 6)
Minutes attached
- 5 **Health and Wellbeing Board Revised Terms of Reference** (Pages 7 - 12)
Report of the Principal Democratic Services Officer attached
- 6 **Covid-19 Pandemic Updates (Health Protection Board and Local Outbreak Plan Oversight and Engagement Board)** (Pages 13 - 16)
Update paper from Director of Public Health attached
- 7 **Schools Wellbeing Programme** (Pages 17 - 22)
Report from Leisure Contracts and Development Manager attached
- 8 **Health and Wellbeing Strategy for Southend** (Pages 23 - 38)
Report from Director of Public Health attached
- 9 **Primary Care Strategy** (Pages 39 - 40)
Report from NHS Alliance Director attached
- 10 **Drug and Alcohol Management Report** (Pages 41 - 44)
Report from DACT Commissioning and Research Officer attached
- 11 **A Better Start Progress Update**
Report from ABSS Chair / ABSS Director (to follow)
- 12 **Provisional Dates 2021/22**
Wednesday 9th June 2021 at 5pm
Wednesday 8th September 2021 at 5pm
Thursday 2nd December 2021 at 5pm
Monday 7th March 2022 at 5pm

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SOUTHEND-ON-SEA BOROUGH COUNCIL

Meeting of Health & Wellbeing Board

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Date: Wednesday, 2nd December, 2020

Place: Virtual Meeting - MS Teams

Present: Councillor T Harp (Chair)
J Garcia-Lobera (Vice-Chair),
Councillors M Davidson, D Jarvis, A Jones, *B Hooper, I Gilbert,
A Griffin, T Forster, K Ramkhelawon, M Marks K Jackson, J Currell,
P Scott, O Richards, P D'orsi and Y Blucher.

*Substitute in accordance with Council Procedure Rule 31.

In Attendance: Councillor Salter (observer: Chair of People Scrutiny Committee).
R Harris, B Pollard, G Halksworth, B Martin, B Leigh, S Baker, K
Read, J Thompson, H Johnston and J Banks.

Start/End Time: 5.00 - 7.35 pm

640 Apologies for Absence

Apologies for absence were received from Councillor Mulroney (substitute: Cllr Hooper), C Panniker, S Dolling and A Khaldi.

641 Declarations of Interest

(a) Councillor Hooper – Minute 648 (A Better Start Progress Update) – Non-pecuniary interest: has undertaken work for and on behalf of A Better Start Southend;

(b) Councillor T Harp - Minute 648 (A Better Start Progress Update) – Non-pecuniary interest: Friend employed by 'A Better Start Southend';

(c) O Richards - (Healthwatch Southend) - Minute 648 (A Better Start Progress Update) – Non-pecuniary interest: Employed by Family Action to run Healthwatch Southend, Family Action run children's centres within the Borough;

(d) K Jackson (SAVS) - Minute 648 (A Better Start Progress Update) – Non-pecuniary interest: SAVS is a delivery partners for A Better Start Southend.

642 Minutes of the Meeting held on Tuesday 8th September 2020

Resolved:-

That the Minutes of the Meeting held on Tuesday 8th September 2020, be confirmed as a correct record and signed.

643 Drug and Alcohol Commissioning and Treatment: Transfer of responsibility from the Community Safety Partnership Board

The Board considered a report from the Principal Democratic Services Officer setting out a proposal to transfer the management responsibility for the regulation, performance monitoring and commissioning of drug and alcohol treatment services/provision in the Borough from the Community Safety Partnership Board to the Health and Wellbeing Board.

The Board noted that a wider review of the Terms of Reference and membership was required to bring the Board up-to-date and ensure that it is fit-for-purpose (i.e. changes in the CCG and NHS England).

The Board also noted the concerns from Healthwatch regarding the potential conflict of interest and their ability to hold partners to account. In response it was emphasised that the Board would not be directly involved in commissioning services and its role is to provide challenge and have oversight in terms of the delivery and performance of the commissioned services.

Resolved:

1. That the responsibility for the delivery and performance management of drug and alcohol treatment services 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. That the HWB Terms of Reference be reviewed to ensure they are fit-for-purpose and that the revised Terms of Reference be presented to the next Board meeting for approval and submission to Full Council.

644 Covid-19 Pandemic Updates (Health Protection Board and Local Outbreak Control Plan Oversight and Engagement Board)

The Board considered a report of the Director of Public Health providing 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 governments 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 Southend Hospital was seeing an increase in the number of people attending with COVID-19 symptoms which was putting significant pressure on respiratory and critical care services, particularly in the last 7 days.

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, be noted.

3. That the Board's appreciation be extended to all staff, volunteers, communities, etc for their work and efforts pulling together in these most difficult circumstances.

645 Sexual Health Service Update

The Board considered a report presented by the Director of Public Health providing an update on the impact of the pandemic on access to the Sexual Health services in Southend and an overview of the progress with the procurement plan for a new service from April 2021.

The Board asked a number of questions relating to the procurement plan which were responded to by the Director.

Resolved:

1. That it be noted 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. That it be noted that the procurement of a new Sexual Health service was progressing, with a view that the new provider will be announced before Christmas 2020.

646 Children and Young People with Special Educational Needs and Disabilities (SEND) Progress Update

The Board considered a report presented by 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.

In response to questions concerning the Parent./Carer Forum the Director advised that the Department of Education determines who is awarded the Parent/Carer Forum and a decision was expected shortly.

The Board also discussed the status of the Lighthouse Centre and noted that a bi-monthly report is provided to the CCG Board. It was also noted that there had been a number of concerns and complaints about the Centre and a planning workshop was being arranged before Christmas to look at some of the issues and address them in a positive way.

Resolved:

1. That progress on leadership and governance, self-evaluation and areas of significant improvement, be noted.

2. That an update paper on the Lighthouse Centre be provided to the next meeting of the Board.

647 Winter Planning (Mental Health, ASC and SEE Winter Plans)

The Board received a PowerPoint presentation providing an overview of the Winter Plan 2020/21 across the system (MSE HCP NHS and SBC Adult Social Care). A copy of the presentation slides would be circulated following the meeting.

The Board asked a number of questions which were responded to by system leads from respective partners. The Board commented that this was a very comprehensive winter plan across the system.

Resolved:

That the presentation/overview of the Winter Plan 2020/21 across the system, be noted.

648 A Better Start Progress Update

The Board considered a report presented by the Director of A Better Start Southend providing an update from the ABSS Chair on key developments since the last meeting of the Board.

The Board commented that it would be beneficial to arrange an informal workshop session to explore the legacy of the ABSS Strategy.

Resolved:

1. That the report be noted.

2. That an HWB workshop to review the ABSS Sustainability and Legacy Plan be arranged, prior to formal approval at a future HWB.

649 LiveWell Southend

The Board considered a report presented by the Director of Public Health providing an update on the development of the Livewell Southend Website..

Resolved:

That the report and the next steps set out in Section 4, be noted.

650 Key Worker Housing

The Board received a PowerPoint presentation providing an overview of Key Worker Housing initiative in Southend. The scheme was a way in which workers in certain eligible organisations can access local housing for a reduced outlay.

Resolved:

That the PowerPoint presentation be noted and that Key Worker Housing be a topic for in-depth discussion at a future informal Board workshop.

651 School Sport and PE Update

The Board considered a report presented by the Council's Leisure Contracts and Development Manager providing an update on the recent progress made through working with Active Essex and both School Sports Partnerships, including the successes, challenges and future opportunities to promote physical and mental wellbeing following the consequential impact of the pandemic.

Resolved:

That the update report be noted, including the successes, challenges and future opportunities.

652 Better Care Fund (BCF) Progress Update

This item was deferred.

653 Exclusion of the Public

Resolved:-

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 would 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.

654 Integrated Care System Application

The Board considered confidential papers presented by the Programme Director, Mid and South Essex providing an overview of the Integrated Care System (ICS) application.

The Board noted that a further report would be presented to the Board in February/March 2021 on progress.

Resolved:

1. That the letter of support be noted and that on behalf of the Health and Wellbeing Board the Chair, Councillor Harp, be the co-signatory on the ICS application.

2,. That the draft nature of the ICS application pack, be noted and that the Mid & South Essex Partnership Board will be approving the final pack at its meeting on 10 December 2020.

Chair: _____

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Southend-on-Sea Borough Council

Report of Executive Director (Legal & Democratic Services)

To

Health and Wellbeing Board

On

8th March 2021

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

Agenda
Item No.

5

Revised / Updated Health and Wellbeing Board Terms of Reference

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

Part 1 (Public Agenda Item)

1. Purpose of Report

To present the revised and updated Health and Wellbeing Board Terms of Reference for agreement and submission to the Full Council of Southend-on-Sea Borough for approval.

2. Recommendations

2.1 That the revised terms of reference for the Health and Wellbeing Board, as set out in Appendix 1, be endorsed for recommendation to the Full Council for inclusion in the Council's Constitution.

2.2 That the Terms of Reference for the Health and Wellbeing Board, be reviewed on an annual basis to ensure they are fit-for-purpose.

3. Background

3.1 The Board at its meeting held on 2nd December 2020 agreed the proposal to transfer the management responsibility for drug and alcohol services from the Community Safety Partnership Board to the Health and Wellbeing Board. The change has been incorporated into the Terms of Reference attached at Appendix 1.

3.2 At the same Board meeting it was highlighted that the Terms of Reference had not been reviewed since February 2016 and that there were a number of minor consequential changes needed to be made to the membership details (i.e. co-option of the Deputy Police, Fire and Crime Commissioner and changes to CCG role descriptors). These revisions have now been incorporated into the Terms of Reference attached at Appendix 1.

4. Other Options

4.1 None

5. Reasons for Recommendations

5.1 To endorse the revised Terms of Reference for referral to Full Council for approval.

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 SBC,
SBC Executive Director (Adults and Communities)
SBC Executive Director (Children and Public Health)
SBC Director of Public Health
NHS England – Essex Local Area Team – Local Area Team Director
Healthwatch Southend Representative (x1)
NHS Southend Clinical Commissioning Group (CCG):

- NHS Alliance Director
- Chair of CCG Governing Body

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
Mid and South Essex Health and Care Partnership
Independent Chair (Safeguarding)
Deputy Police, Fire and Crime Commissioner for Essex (PFCC)
Director of Culture and Tourism

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 provide strategic leadership to support development of drug and alcohol treatment that deliver positive outcomes for individuals. Approve the Adult Treatment Plan, Young People's Treatment Plan and Local Alcohol Strategy, and provide ongoing governance and scrutiny to ensure targets are met and underperformance addressed.
- To oversee and monitor the delivery and performance of commissioned services and 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.

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Report of the Director of Public Health

To
Health & Wellbeing Board

on
8th March 2021

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.

Local Outbreak Control Plan (LOCP)

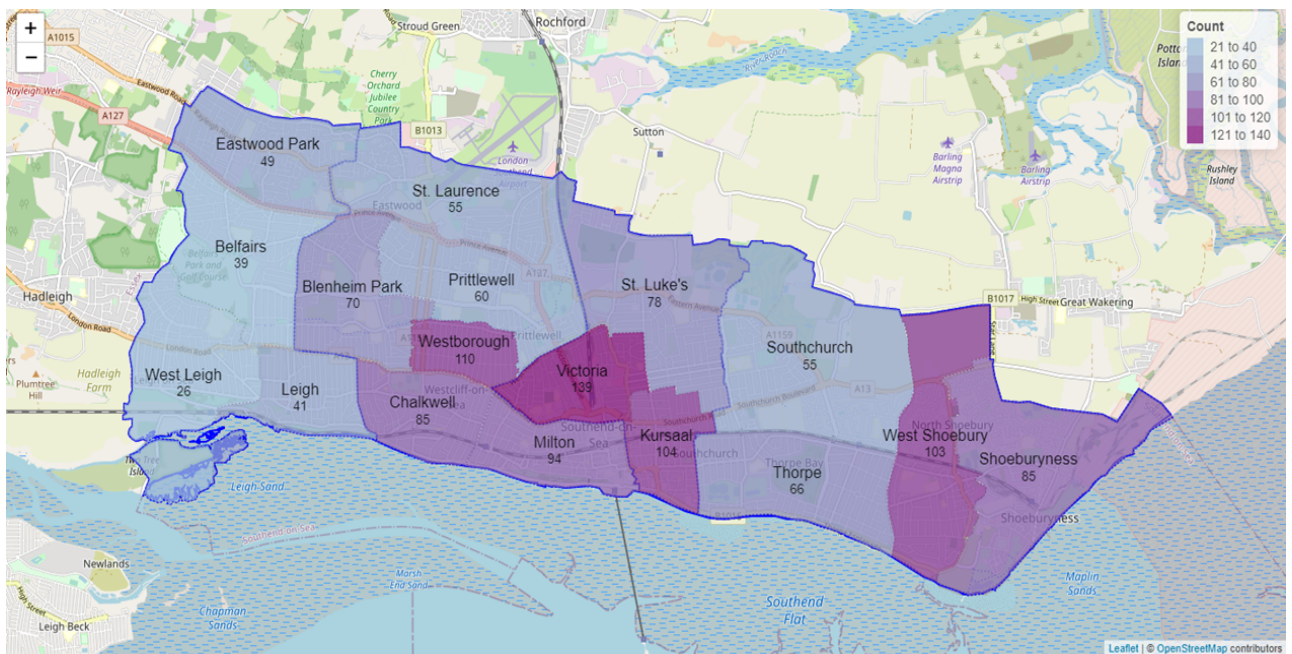
Local planning and response is essential. Response includes a local containment strategy, the implementation of which is expected to be achieved within the existing legal framework and by appealing to the public's sense of civic duty and working with local community leaders.

The [eighth version](#) of the Southend LOCP was updated on the 25th September with new guidance and will remain a dynamic document. The national Contain Framework is being reviewed and a revised version will be published in the week commencing the 8th March 2021. We are currently reviewing our plan with a view to finalising this by the end of March 2021, with better emphasis on what works (from lessons learnt), enhanced contact tracing, more community testing and alignment with the vaccination programme.

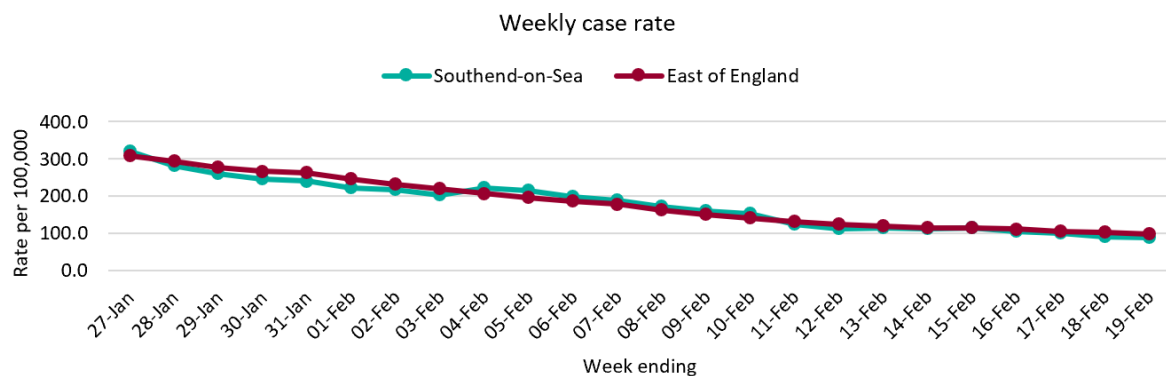
Local Boards & Pandemic Management

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, progress with vaccination and any report and case reviews of local outbreaks and the impact on health and social care. We also review our joint approach with Essex Police on compliance and enforcement.

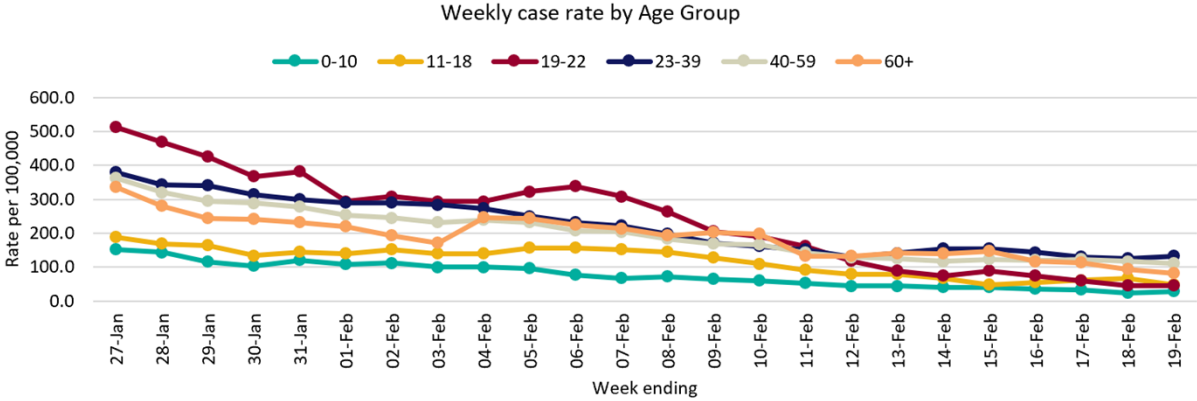
We have had over 12,290 positive tests recorded across Southend since the start of the pandemic (correct at 25th Feb 2021). Over the past 30 days, we have seen 1,260 positive cases as highlighted in the map below – this was down from 6,290 cases in the previous 30 days. Local ward analysis of data for the past 14 days shows a fairly even decline in rates across the wards.



The incidence rate during this lockdown has declined rapidly in the past 4 weeks. Our overall rate was 88/100,000 (24th February 2021), and we are now seeing a gradual reduction in incidence at par with the rest of the East of England.



We are seeing some differences in virus transmission in age groups. The 23-39 and 40-59 age groups have remained above 100/100,000 and we continue to explore new ways to engage and communicate the risk of virus transmission with them.

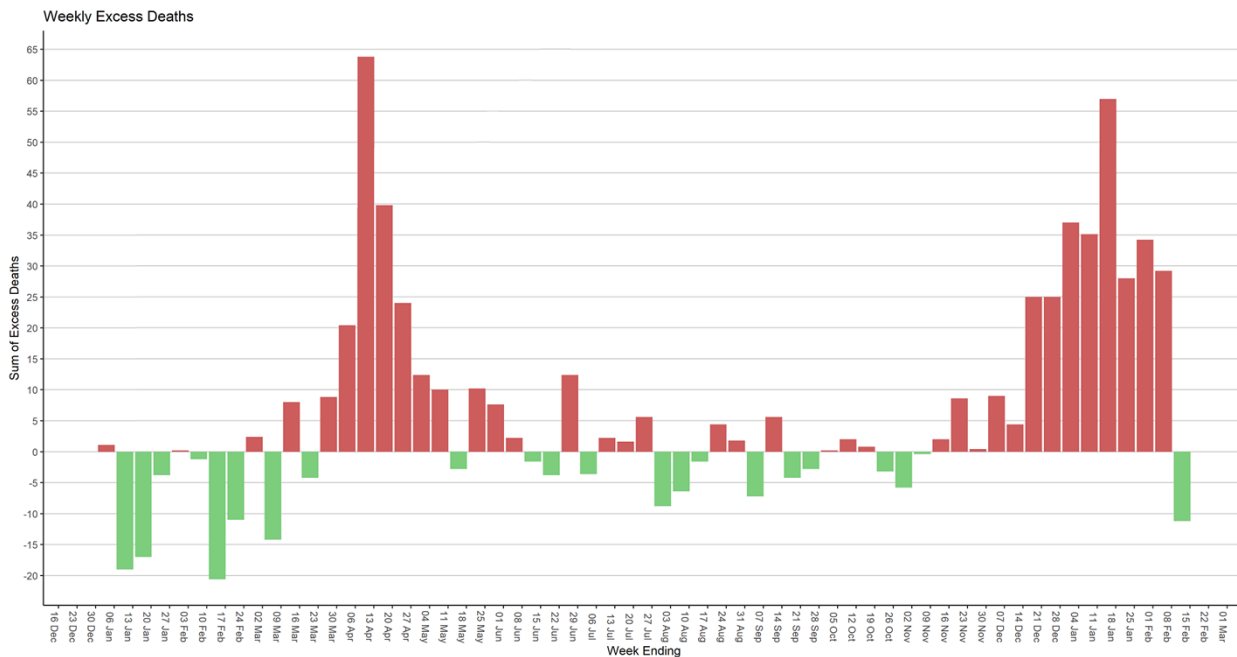


The HPB will be reviewing our proposed strategy to introduce the use of community testing – Lateral Flow Devices (LFDs) – across a number of settings during March 2021. We already operate three LFD asymptomatic and four PCR symptomatic testing sites. Additional facilities have been set up in collaboration with schools to support the return to school planned for the week beginning 8th March 2021. Community home testing is being proposed nationally, although no national testing strategy has been agreed yet.

The vaccination programme is running across seven sites in Southend: 5 are led by GP practices, one at the hospital site and a larger centre at the Cliffs Pavilion Theatre. A total of 50,600 vaccines (approx. 36% of the adults population) have been administered as at 24th February 2021. We are closely working with our NHS partners to identify and engage local sub-groups (e.g. BAME, Deprivation level, Care Home staff, Faith groups, etc) to help reduce vaccination hesitancy locally.

With regards to the local mortality rate, we have been reviewing the excess mortality from COVID and as we have seen even more deaths during the current wave. A number of outbreak management teams were initiated to manage the response to care home outbreaks and to ensure all infection prevention and control measures were being followed effectively.

The HPB is currently undertaking a further deep-dive to better understand what more can be done to learn from these, for example association with underlying health conditions/ palliative care pathways, care home outbreaks or other vulnerability such as people with learning disabilities.



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 we are actively engaged with a multi-media social marketing campaign in promoting our key messages of maintaining social distancing, hand hygiene and using face covering in the appropriate settings. We have been holding regular community engagement events to provide reassurance, respond to local concerns and gain more insight to support our local response. Further messaging is planned as we mark the start of the national Roadmap to exit this lockdown.

The Board is actively supporting with promoting the community LFD testing programme and supporting the local NHS in addressing any hesitancy with 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.
2. For the HWB Board to note that the Local Outbreak Control Plan will be reviewed and published as the Local Outbreak Management Plan, in line with the national refresh of the Contain Framework in support of the Roadmap to exit Lockdown by the 31st March 2021.

Southend Health & Wellbeing Board

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

to
Health & Wellbeing Board

on
8 March 2021

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

**Agenda
Item No.**

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For discussion		For information only	X	Approval required	
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Schools Wellbeing Programme 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 both School Sports Partnerships on the Schools Wellbeing Programme, including successes, challenges and future opportunities. All looking to promote physical and emotional 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 is asked to consider the details and suggest additional actions if required or opportunities for further work across the partnership to increase physical activity and improve emotional wellbeing.

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 24% 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.
- 3.4 The coordinated work of The Council links with strategic and operational need, along with Southend 2050, to address some of the consequential impact on physical and mental wellbeing of our young people.

4 Schools Wellbeing Programme Update

- 4.1 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 projects, which schools can receive free of charge:

- 4.2 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 help develop children emotional and physically.

24 infant, junior and primary schools within the borough, have committed to taking part in this project. Designated staff from each school recently attended an on line training session, which explained the project. Each school has been provided with their own log in details, so they can access the updated on line resources at all times. Schools have also received hard copies of the resources.

The preferred situation would be for this project to be delivered within the school environment. However, due to the lockdown and schools being closed for the majority of pupils, this project has the flexibility to be delivered outside of the school environment. Therefore, some schools have started to include this project as part of home school learning for pupils.

4.3 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. This meets the new expectations of relationships and health curriculum and the personal development criteria for Ofsted.

33 infant, junior and primary schools within the borough, have committed to taking part in this project. Designated staff from each school recently attended an on line training session, which explained the project. Each school has been provided with their own log in details, so they can access the updated on line resources at all times. Schools have also received hard copies of the resources.

The preferred situation would be for this project to be delivered within the school environment. However, due to the lockdown and schools being closed for the majority of pupils, this project has the flexibility to be delivered outside of the school environment. Therefore, some schools have started to include this project as part of home school learning for pupils.

4.4 Yoga 4 All

Yoga sessions are delivered to target mindfulness, relaxation and also breathing techniques, as a gentle form of physical activity. This is for all ages. There are also 2 x 90 minute sessions for school staff to access, to give them the basic knowledge on basic shapes and postures. Therefore, as well as the regular yoga sessions, the teacher training will allow teachers to provide additional yoga incorporated into the school day.

The preferred situation would be for this project to be delivered within the school environment. However, due to the lockdown and schools being closed for the majority of pupils, this project has the flexibility to be delivered outside of the school environment. Therefore, some schools have started to include this project as part of home school learning for pupils.

4.5 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.

Unfortunately, due to the lockdown and the restricted service provided by schools at this time, the milife primary champions project has been delayed. A large number of junior and primary schools have committed to this project and will benefit from it once pupils are allowed back to school.

4.6 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.

Unfortunately, due to the lockdown and the restricted service provided by schools at this time, the bootcamp has been delayed. A large number of junior, primary and secondary schools have expressed their interest in receiving this provision, which they will benefit from once pupils are allowed back to school.

4.7 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.

Unfortunately, due to the lockdown and the restricted service provided by schools at this time, the sport and physical activity courses have been delayed. A large number of junior, primary and secondary schools have expressed their interest in receiving this provision and will benefit from this once pupils are allowed back to school.

4.8 Physical Activity Resources at Home

It should be noted that Active Essex has developed a new section on their website, which provides a range of physical activity sessions for all ages and abilities to take part in at home. The programme is fully inclusive and features activities that can be done inside, but if the weather allows, outside too. There are also numerous links to other suitable activities. This continues to be promoted to all schools within the borough and is free of charge. The website link is:

<https://www.activeessex.org/physical-activity-and-pe-at-home/>

During the February half term, week commencing 15 February, Southend received 582 food boxes and hard copy resource packs, to support those who may be digitally disadvantaged. This was coordinated by Active Essex, who worked closely with both The Leisure Team and The Public Health Team at The Council, along with other partners. The Keep Essex Active Youtube Channel provided children and families with physical activity sessions. The website link is:

<https://www.activeessex.org/keep-essex-active-youtube/>

Enrichment activities were also provided, which included, arts and crafts, as well as cooking workshops, which were based around the ingredients in the food boxes.

4.9 The Public Health Team continues to work with schools through the Healthy Schools Programme. This programme focuses on the developing health behaviours, reduce health inequalities and promoting social inclusion. The programme currently consists of a range of programmes that address mental health, for all schools to benefit from. A few examples of the mental health support are summarised below.

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.

In 2020, a new play looking at mental health was developed called 'I'm Drowning'. It is aimed the secondary schools. As a result of covid this play was adapted to include issues faced by young people in the last year and turned into a film which was shared with all schools.

The teenage relationship abuse theatre production 'Prince Charming' has been going into our secondary schools since 2014. It has evolved and developed to reflect current issues. It is aimed at year 8s, and all schools take up this provision and use it as an important part of their healthy relationship PSHE curriculum.

The NHS Mental Health in Schools Team is linking with the work of the Anna Freud Foundation. This is looking at the system, relationships and pathways as a complimentary range of programmes for schools.

The National Child Measurement Programme (NCMP), which measures the height and weight of children in reception year and year 6, was due to commence in January. Due to the lockdown, this has been postponed.

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 Improving levels of emotional wellbeing in the borough, to help reduce health inequalities.
- 5.3 Prioritisation of the action plan enables a more focused use of available resources to deliver the strategy.
- 5.4 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, is funded by the Council (Public Health Grant) £50k and a contribution of £5k from ActiveSouthend.
- 6.3 There is an in kind cost for use of school facilities, as well as school teachers to be present and actively involved, where appropriate. The approximate cost comes to £92,400.

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.

Southend Health & Wellbeing Board

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

to
Health & Wellbeing Board

on
8 March 2021

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

**Agenda
Item No.**

8

For discussion		For information only	X	Approval required	
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Health and Wellbeing Strategy Consultation Update

1 Purpose of Report

The purpose of this report is as follows:

- 1.1 To provide The Board with the updated Health and Wellbeing Strategy.
- 1.2 To update The Board on the recent consultation carried out, as well as the results from the consultation, in regard to the Health and Wellbeing Strategy for Southend.
- 1.3 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 is asked to consider the details and suggest additional actions if required or opportunities to further develop the Health and Wellbeing Strategy.

3 Background & Context

- 3.1 The Southend Physical Activity Strategy 2016 to 2021 is due to end soon. This strategy provided a framework and action plan to support the long term vision for Southend to be a healthier, more active borough.
- 3.2 There is growing recognition that health inequalities are widening, partly due to the impact caused by covid.
- 3.3 A proportion (41,685) of the borough's population live in neighbourhoods which according to the Index of Multiple Deprivation (IMD) 2019 are ranked among the most deprived 20% in England.
- 3.4 One of the major health inequalities for Southend is the contrast in life expectancy, between those living in the most deprived wards and the more affluent wards. There is a ten year gap in life expectancy.
- 3.5 The other major health inequality for Southend is the contrast in health life expectancy, between those living in the most deprived wards and the more affluent wards. There is a sixteen year gap in healthy life expectancy.
- 3.6 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 24% 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.
- 3.7 Inequalities are widening in excess weight, obesity 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.
- 3.8 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.
- 3.9 18% of people within the borough have a limiting long-term illness in Southend-on-Sea.
- 3.10 The coordinated work of The Council links with strategic and operational need, along with Southend 2050, to address some of the consequential impact on the health and wellbeing of our residents.

4 Health and Wellbeing Strategy Update

- 4.1 The draft Health and Wellbeing Strategy for Southend was publicised on the Your Say Southend portal between Tuesday 19 January and Tuesday 2 March

2021. The portal provided a short survey for people to complete. The survey focused on the suggested priorities and associated actions. A summary of the consultation results will be presented at The Board meeting.

- 4.2 Appendix 1 shows the list of the different people, teams and organisations who were contacted and where the consultation was promoted to.
- 4.3 Please note, that as the consultation period has only just ended, all feedback needs to be reviewed in detail, so that the strategy can be updated accordingly.
- 4.4 Appendix 2 shows the copy of the draft strategy. As mentioned, the draft strategy will be updated further, to reflect the feedback received from the consultation.
- 4.5 Further liaisons with the relevant individuals, teams and organisations will take place, so that the action plan is developed. The action plan will help ensure the strategy delivers and reports back to The Board on progress.
- 4.6 The Board will receive the updated strategy, which will include the action plan.

5 Reasons for Recommendation

- 5.1 To help improve the health and wellbeing for people within the borough. A healthier population will reduce demands on services and provide a healthier workforce to contribute to the economic prosperity across Southend.
- 5.2 To try and reduce the health inequalities that exist within the borough.
- 5.3 Prioritisation of the action plan, to enable a focused use of resources to deliver the strategy.
- 5.4 To report on future work arising from the action plan, as well as successes, challenges and opportunities.

6 Financial / Resource Implications

- 6.1 It is anticipated that as much of the strategy and action plan as possible will be delivered within existing resources, and in collaboration with a range of partners.
- 6.2 It should be noted that once the action plan has been developed, the required financial resources will be known.

7 Legal Implications

- 7.1 None at this stage.

8 Equality & Diversity

- 8.1 This strategy is population wide and aims to ensure that everyone, who lives, works, studies and travels within the borough has the opportunity to experience a healthier Southend.
- 8.2 An equalities impact assessment will be completed, once the strategy and action plan have been updated.

Appendix 1 – List of Those Consulted

The list below shows who has been contacted in regard to the consultation for Southend’s Health and Wellbeing Strategy.

Contact details
Cultural Services at The Council
The Media Team at The Council
Parks and Open Spaces at The Council
Digital and IT at The Council
Housing at The Council
Adult and Social Care at The Council
Public Health at The Council
Planning at The Council
Education at The Council
Traffic and Highways Network at The Council
Economic Development at The Council
Transformation Service at The Council
Integration and Partnerships at The Council
Early Help and Family Support at The Council
Performance and Intelligence at The Council
Regulatory Services at The Council
Energy Team at The Council
Livewell Southend at The Council
Your Say Southend digital platform
All staff at The Council
Health and Wellbeing Board members and councillors
Everyone Health
Fusion Lifestyle
Active Essex
Sports clubs
School Sports Partnerships
Schools
ActiveSouthend strategic group
ActiveSouthend wider network
Southend Association of Voluntary Services
Businesses
South Essex Homes
Clinical Commissioning Group
South East Essex Alliance
Joint Clinical Executive Committee
Primary Care Networks
Patient Participation Groups
Healthwatch
A Better Start
Community groups

Residents groups
Community panel for health and wellbeing

Appendix 2

Health and Wellbeing Strategy for Southend-on-Sea, 2021 to 2024

Content

- 1 Introduction
- 2 Components of health and wellbeing
- 3 Vision
- 4 Outcomes
- 5 The challenges
- 6 The opportunities
- 7 Introduction to our priorities
- 8 Priorities
- 9 How we will know we have made a difference
- 10 Southend 2050
- 11 Action plan
- 12 Appendices

1.0 Introduction

Through consultation with a wide range of partners and stakeholders, I am delighted to introduce the Health and Wellbeing Strategy for Southend. The definition of health incorporates the various components of a person's mental or physical condition. Wellbeing is defined as a state of being comfortable, healthy and happy. This strategy will consider how we can influence the wider determinants of health and wellbeing, which includes the social, economic and environmental conditions that influence the health of individuals and populations. The strategy will address some of these determinants over the next three years. In doing so, will outline our priorities, to protect people and help people to live longer in good health.

**Councillor Trevor Harp,
Chair of Southend Health and Wellbeing Board.**

The implementation of the recent Physical Activity Strategy for Southend 2016 to 2021, has achieved more in bringing partners together and in raising our approach to better support the local communities. However, it is clear that we have a lot more to do, which is why we need a broader focus through this new strategy. When we think about good health, it is easy to think about our NHS and the care we get through hospitals and general practitioners (GPs). The NHS itself cannot improve the health of the nation. Furthermore, the more complex health needs and increased demand is causing unsustainable pressures on the service and leaving the population without the right support to be more resilient. We need cross sector commitment, which supports residents to take responsibility for their health and wellbeing. We must also acknowledge the financial pressures we continue to face and the consequences of dealing with the coronavirus pandemic and life after. In addition, we need to continue providing targeted health and wellbeing themes, for those most in need. We have to change the culture, mobilise our collective leadership and work more effectively hand-in-hand with local communities, so better health outcomes are achieved for the people of Southend. We have already made great strides in our collaboration in managing the pandemic and in the development of a shared health and wellbeing digital information, advice and guidance platform – Livewell Southend. We are also working on developing the Community Panel which will ensure that we look at addressing how best to enable access to this information in a non-digital way.

We can only make further in-roads, through our joint approach and commitment. Whilst partnering is crucial in delivering our vision, we have a responsibility to collaborate in delivering the NHS long-term strategy and Southend 2050 outcomes, all informed by the Joint Strategic Needs Assessment (JSNA) and the Annual Public Health Report. To achieve the vision, our work will be delivered under 6 key priorities, as identified within this strategy. The alignment of organisational priorities and actions will serve to advance local service development and shared outcomes. We hope that this Health and Wellbeing Strategy will generate a genuine sense of ownership as part of our collaboration to achieve a healthier Southend.

**Krishna Ramkhelawon,
Director of Public Health for Southend.**

2.0 Components of health and wellbeing

Within the Public Health remit at The Council, this strategy will provide a framework to develop the components listed below. Please note, this is not a complete list.

Harm reduction from substance misuse and gambling

Sexual health

Physical activity

Early years

Health protection

Work and employment

Food environment

The ageing population

Community safety

Air quality

Mental health

Special educational needs and disabilities (SEND)

Education

3.0 Vision

To support and enable people and communities within the borough to make healthy lifestyle choices, to improve their quality of life.

4.0 Outcomes

Increased healthy life expectancy for all. People will live longer and those years will be lived in good health.

Reduce health inequalities and the gap in life expectancy, between the most and least deprived communities in the borough.

5.0 The Challenges

Addressing the health inequalities within our borough. Gender inequalities in healthy life expectancy persists with men falling behind. There is a large life expectancy gap of around 10 years across our borough.

Maintaining an effective and sustainable healthcare system. The way the services are delivered needs to be more person-centred, more integrated and more preventative.

Meeting the needs of an ageing and growing population. The borough's population in 2019 was around 183,000. This is projected to grow to 203,000, in the next 10 years, by 2031. This will place significant demand on services and infrastructure.

Digital inequalities that exist within the borough.

6.0 The Opportunities

Southend-on-Sea Borough Council being a unitary authority, which is able to provide greater innovation and strategic decisions, as only one authority is responsible.

The Southend 2050 programme, which looks to the long term, but also at action that is needed now and in the medium term.

Our local charities and community groups, along with the support they have through Southend Association of Voluntary Services (SAVS).

Use of the learning from the recent unsettled period caused by covid, to establish priorities and actions to aid our recovery and manage the new normal.

7.0 Introduction to our priorities

Through consultation with a wide range of stakeholders and through the evidence we already have, 6 priorities have been identified as part of this strategy. Within the priorities section below, there are a number of actions, to help us achieve our priorities. These priorities are needed to make a positive impact on peoples lives.

8.0 Priorities

Partnerships that work in a coordinated way to ensure system alignment, shared resources and focus on co-production to make Southend a healthier place.

Actions:

Continue to be part of the integrated care system, to work strategically with the primary care networks and other partners to ensure a whole system approach.

Support groups, with a Health in all Policies approach, including those that deliver health and wellbeing benefits, but are not recognised directly as a health and wellbeing service. This includes support with preventative work, but also, to support the demand from those with complex needs.

Coordinated use of community volunteers and ambassadors. Ensure opportunities for co-production is considered in all system and service designs.

Ensure system alignment and shared resources for targeted work, to address health inequalities.

Ensure equality through use of information and digital resources.

Work together as part of our learning and recovery from covid.

Ensure data evaluation, case studies and good practice are shared appropriately.

Accessible services that are as accessible and available as possible for users, and as part of this, any barriers are reduced or removed.

Actions:

Continue to raise the profile of health and wellbeing services.

Preventative work carried out in a strategic way, to help prevent disease or injury.

Reduce the impact of long-term health conditions through different health themes.

Work to the social prescribing strategy, so that residents are referred to the appropriate support in the community.

Understand the impact of covid-19 on people, communities and services, to enable the appropriate support. Establish priorities and actions to address the challenges of covid and to aid our recovery.

For those with a higher vulnerability towards covid, such as those with special educational needs and disabilities (SEND), to receive the appropriate level of care.

Weight management programmes appropriate for various age groups, with the emphasis on behavioural interventions for changes in diet and physical activity.

Continued focus on the Transformation Plan for the Emotional Wellbeing and Mental Health of Children and Young People in Southend.

Targeted delivery of health programmes, for those children that have partial or no access to mainstream education.

Supporting resilience across all age groups, so they are better equipped to deal with the varied and sometimes challenging situations in life. This includes both self-esteem and conflict management.

Improving community safety and building resilience, with a particular focus on the most vulnerable and people with impairments.

Support parents with useful resources, to help with the challenges of parenting, to enable better family outcomes.

Improved identification and management of the health priorities, according to the age range, to enable people to manage their own health, to assist their quality of life.

Understanding the needs of our ageing population, to support them to access opportunities to improve their health and wellbeing.

Identify and work with those that are socially isolated. This would be to increase their self-confidence where required, and to make them aware of services that are available to them.

Addressing the mental health needs of the population.

Information and digital resources so everyone can access clear and consistent information and digital services.

Actions:

Help people improve their digital skills and feel safe when using on line services.

Work to the digital strategy, to provide targeted work to address digital inequality, for those who have limited or no digital access and understanding.

Ensure information and digital resources are available in various formats to make services accessible to all.

Use of information to help make healthcare delivery more personal, convenient and secure.

Continue to provide suitable alternatives, for those that do not have access to digital services.

Work closely with Information Technology (IT) at The Council and the appropriate providers of IT, to help with the availability of digital devices and also with the connectivity.

Continued use of the Livewell Southend website, to maintain a digital list of health services, provisions and activities, so it is clear what is available across the borough.

Ensure the appropriate information is available in various formats, for those whose first language is not English.

Health campaigns to increase awareness of the health threats and encourage people to take action to support their health and wellbeing.

Actions:

To offer a range of both local and national campaigns, to cover the various aspects of health and the wider determinants of health.

Promote the importance of preventative health care and health behaviours.

Campaigns used to provide universal and targeted services, to address health inequalities.

Campaigns used to help our learning and recovery from covid.

To ensure all health campaigns relate to our objectives, with further support and services available for people to access.

Skilled workforce to support the borough's health and wellbeing needs.

Actions:

The workforce to utilise day to day interactions to support people make positive changes to their health outcomes, through Make Every Contact Count (MECC) training.

For support to be in place to recruit, train and retain both skilled and non-skilled staff, so they contribute to people's health and wellbeing.

To continue to engage with volunteers, to aid with the health and wellbeing needs.

For staff to support people with the learning and recovery from covid.

For staff to be used strategically, to address the health inequalities.

Active environments so that the places and spaces we live encourage activity in everyday life, so that making an active choice is as easy as possible.

Actions:

Through spatial planning, to enable healthy lifestyles within active environments.

To maintain and develop safe spaces for play, sport and social interaction, accessible for everyone to use.

Use of cultural spaces, for people to access the arts and heritage, as well as encouraging physical activity.

For the development of integrated active travel networks, such as footpaths and cycle ways.

Planning for extra care and other specialist housing needs for people at all stages of their lives.

Making better use of our existing natural and built environments, to encourage healthy lifestyles for all.

Continued avoidance or mitigation of air, noise, water, soil pollution and flood risk.

9.0 How we will know we have made a difference

Through the evaluation process, to assess the impact on people's lives.

Evidence a reduction in those who have problems with the management of their weight.

Improved digital engagement and experiences from service users.

How we cope and learn from the challenges of covid.

More resilient individuals and communities, measured by the different health themes and impact stories.

Working relationships across the sector(s) are improved through a collaborative approach, which includes co-production with residents, to address demands and interest.

By providing long term and targeted health themes, which address the inequality for healthy life expectancy and life expectancy.

Through increased usage of our existing natural environment and built facilities.

There is evidence to show the health and wellbeing benefits achieved through the planning of new development.

10.0 Southend 2050

Southend 2050 is the borough's vision for the place we want Southend to be in 2050. It was developed following consultation with those that live, work and study in Southend. Below are the associated themes and outcomes we want to achieve.

Pride and Joy: The variety and quality of our services instil pride and residents value the offer. With its range of infrastructure and opportunities, people are proud of where they live.

Safe and Well: To provide welcoming and trusted services, that contribute towards peoples safety and wellness. The provision of quality housing, improved air quality and the promotion of healthy food choices.

Active and Involved: Community cohesion is promoted through engagement with services. These services are seen as an integral part of the community and are co-designed by users.

Opportunity and Prosperity: People are supported to make best use of the wider health offer. The infrastructure is in place to support our workforce and the value of work and voluntary activity in maintaining and enhancing health and wellbeing is recognised.

Connected and Smart: We have a digital offer, which is fit for purpose and simple to use for staff and residents. Upskill residents on the digital offer, to provide an equitable service. Travel options are clean, green and efficient, to help people get around the borough easily.

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Purpose

The existing Mid and South Essex Primary Care Strategy (PCS) was approved in the summer of 2018 and covered a period up until 2020/21.

Its focus was on

- addressing an existing and projected demand and capacity gap within General Practice
- ensuring that General Practice was sustainable and an attractive place to work, and
- whilst this was particularly aimed at individual provider resilience there was a desire to encourage collaborative working across General Practice and between General Practice and the wider system

In early 2019 NHSE released the Long-Term Plan and the outcomes of the latest round of GP Contract negotiations, both of which built on concepts included in the PCS. The Network (PCN) DES provided a contractual vehicle upon which transformation could be delivered.

In the Autumn of 2020 it was agreed by the MSE Health and Care Partnership that it was a system priority to refresh and revise the strategy, particularly given significant changes in the system, due to the implementation of NHS Long Term Plan, significant developments in partnership working, and the Covid-19 pandemic.

Process

Dr Brian Balmer, CEO of the Essex LMCs, was asked to provide clinical leadership in the development of the Primary Care Strategy Refresh. A discussion document was developed that raised a number of key questions about the strategic direction for Primary Care, and the support that Primary Care Networks need to become successful.

It is important to note that this was not creating a new strategic direction – this had already been set in the 2018 strategy, the NHS Long-Term Plan and the MSEH&CP Five Year Delivery Plan – but was bringing the local strategy up to date.

This discussion document was presented to a range of audiences including, CCG Clinical Executives Meetings, the Strategic Community Interface Committee (including LA representation), the Health and Care Partnership and a dedicated discussion with representatives from the three Healthwatch organisations within Mid and South Essex.

Following this engagement process with stakeholders this discussion document is now being converted into a strategy document that will undergo further engagement to ensure it aligns with local and organisational strategic directions.

Key Messages

The strategy document contains a number of key messages including

- An update on the resilience/sustainability of General Practice in terms of demand and capacity, looking at current and projected models and staffing, in particular the

impact of the increase in workforce through contractual entitlements. The modelling underpinning this is being finalised with links into each place through local Primary Care leads.

- There is a growing challenge for the system to address in relation to increasing waits between referral and intervention in secondary care and that General Practice should take a leadership role in owning this
- The future model of care remains in-line with the strategy of 2018, with a focus on improved collaboration between and beyond General Practice through Primary Care Networks – in Southend this aligns with work already underway with the Local Authority around improving collaborative arrangements between frontline staff, and the principles of the South East Essex Alliance. Working with partners PCNs will focus on
 - Improved collaboration with all stakeholder that impact on a person’s health and wellbeing, and
 - Improving population health outcomes
- The development of better engagement between PCNs and the communities which they serve as a key part of the future operating model for Primary Care Networks

Next Steps

The current document is undergoing a re-edit at which point further engagement will be undertaken to ensure it meets the requirements of the partnership. This will include as a minimum the local NHS Alliance Director, the LA representative from the Health and Care Partnership and representation from Healthwatch.

The Health and Wellbeing Board is asked to note the content of this update paper.

Southend Partnerships

Report of the **Drug & Alcohol Commissioning Team**
to the
Health & Wellbeing Board

on
8th March 2021

Report prepared by: **Jamie Pennycott**

DACT Management Report

Report Status: for decision / note

Agenda
item:

10



1. Purpose of Report

- 1.1 To inform the Board of the latest available performance of commissioned services.
- 1.2 To inform the Board of the latest available financial performance.
- 1.3 To apprise the Board of work undertaken using the additional funding made available by Public Health England in January 2021
- 1.4 To alert the Board of additional funding being made available from Public Health England to enhance the interface between criminal justice and drug and alcohol treatment services

2. Recommendation

It is recommended that the Board:

- 2.1 Take note of current performance and endorse management actions in place.

3. Treatment System Performance

- 3.1 The Performance Spine Chart (Appendix 1) has been revised with the latest data available, showing performance as at the end of November 2020.
The rate of opiate users in treatment per 1,000 population and that of alcohol users in treatment has risen slightly since the last report, with the rates of non-opiate users remaining static. Despite a slight decrease, the rate of non-opiate users in treatment remains higher than the national average and slightly above that seen among our statistical neighbours.
The rate of successful exits (lines 4, 5 and 6 in the spinechart) have continued to decrease, dropping below the rate seen among our statistical neighbours for the first time in over a year. The rate of non-opiate exits is now the worst among our statistical neighbours. Reports suggest that almost every partnership in the country has seen falls in their rates of successful exits among opiate users, as services have moved towards more of a stabilisation- rather than exit-focused model due to the concerns about the risks of COVID on substance using populations. Both the national and statistical neighbour averages have dropped significantly, but Southend appears to have dropped at a faster rate, suggesting

that we have probably adopted more of a cautious and risk-averse approach than some other areas. This appears to have been beneficial in the sense that, unlike some other areas which are reported to have seen some significant increases in deaths among their opiate users and homeless populations, Southend has had just three substance-related deaths since the lockdown started, only the latest of which appear to have been opiate-related.

Nonetheless, concerns about the continuing decline in exit performance were raised with STARS at the last performance review meeting in early February 2021. At this meeting STARS were able to provide the December and January data, both of which highlighted a gradual return to form in opiate and alcohol completions in particular. It was agreed that the service cannot expect to keep service users on a stabilisation and maintenance regime indefinitely, and the management team felt that there was now a growing confidence of how successful exits can be effectively managed even while still restricted by lockdown limitations.

There has been a slight downward trend in the performance of re-presentations to service among opiate users and alcohol users (i.e. we have seen more individuals re-presenting to treatment within six months of their successful treatment exit). Although this might ordinarily be a cause for concern, as the re-presentation period measured for this report runs from 1st June to 30th November 2020, covering part of the first lockdown and its easing, the fact that many individuals have chosen to re-engage with treatment can be seen as a very positive development.

3.2 Appendix 2 provides a summary of key performance areas of the young people treatment system. Key points of note in the latest data (up to 30th September 2020) are that:

- There has been quite a drop in the number and rate of young people (under 18) accessing treatment since the last report. This is also likely to have been a lockdown impact as schools in particular would not have been referring during this period. Although not quite the highest among our statistical neighbours, Southend's rate remains far higher than the national average;
- The rate of successful exits from treatment in YPDAT (100%) is currently in line with the national average, and higher than all our statistical neighbours
- At 5% the rate of re-presentation within six months following successful completion is still higher than the national average (currently at 4%)

4. Budget

4.1 The full DACT Management Statement (Appendix 3) reconciled to Period 10 currently suggests a significant total underspend of £185,078.

4.2 The majority of this underspend (£150,000) had been allocated to develop the complex needs and Housing First offer, but it has been agreed that this will go back into the Public Health reserves for use in Housing First approaches across the next financial year.

4.3 The remaining underspend is derived from:

- £10,000 underspend from funding for additional staffing for the Severe & Multiple Disadvantage Service, accrued due to delays in recruitment
- £3,285 which had been retained as payment for an unclaimed invoice from Surrey & Borders detox unit – as this had sat as an unclaimed and unpaid cost on the budget for four years, it has been agreed by Accounting that this can be disregarded

- £12,650, which had been wrongly charged to the STARS contract rather than the Rough Sleeper Initiative, has now been credited back
- Underspend against the commissioning staff budget, particularly from the Finance Officer role which is shared between DACT and Housing. As a large amount of overtime payments accumulated during the early lockdown when there were efforts to rapidly accommodate the homeless, these overtime payments have been transferred to the Corporate COVID pot.

5. Additional funding from Public Health England

- 5.1 As one of 43 “taskforce areas” identified by Public Health England (PHE) as having high rates of substance misuse among a higher than average cohort of rough sleepers, Southend was awarded around £313k in mid-January to develop approaches to better engage the treatment-naïve and often treatment-resistant individuals among the homeless population
- 5.2 Around £24k of the £313k has been designated by PHE for use in securing residential detox and rehab placements where needed, and the rest has been allocated to the following roles:
 - 2 x Outreach Recovery Workers
 - 1 x Hospital In-reach worker
 - 1 x Clinical psychologist
 - 1 x Team Leader
 - 1 x Team Administrator
- 5.3 Recruitment has begun and it is hoped that the new staff will be in post within the next month
- 5.4 The activities of these workers will be co-ordinated through the twice monthly task & targeting meetings that are in place between drug and alcohol commissioning, mental health commissioning, the Rough Sleeper Initiative and the homeless healthcare project developed by Dr. Siddique.

6. Additional funding to improve the drug & alcohol / criminal justice interface

- 6.1 In mid-January the government announced that an additional £80m was being made available nationally for one year to develop approaches to improve the uptake of drug and alcohol support from criminal justice services
- 6.2 The funding to be allocated to each partnership area will be decided according to a formula developed between Public Health England and the Department for Health & Social Care
- 6.3 Around £35m of the total is to be ringfenced specifically to increase the opportunities for those in contact with criminal justice services to access in-patient detoxification, and it has been stipulated that partnerships will be expected to develop sub-regional collaborative commissioning approaches. Following discussions among the drug and alcohol commissioners across the Eastern Region, it has been agreed that the most sensible collaborative arrangement for Southend will be to partner with Essex and Thurrock to arrange detox placements

- 6.4 Although the area allocations have yet to be confirmed, it is likely that Southend will probably receive somewhere in the region of £80k this year, £35k of which will be ringfenced for residential detox
- 6.5 A meeting has been requested with key partners from the Community Safety Priority Leadership Group to explore views on how best to utilise the remaining funding across the coming year to maximise drug and alcohol treatment opportunities for those in the criminal justice system

7. Appendices

Appendix 1: Southend Drug & Alcohol Treatment Performance Spine Chart

Appendix 2: Southend YP Exec Summary– Q2 20_21

Appendix 3: DACT Management Statement_Period 10

8. Report history

- 7.1 The content of this report has been reviewed by the Director of Commissioning