

Public Document Pack
SOUTHEND-ON-SEA BOROUGH COUNCIL

Health & Wellbeing Board

Date: Wednesday, 15th December, 2021

Time: 4.30 pm

Place: Council Chamber - Civic Suite

Contact: Robert Harris

Email: committeesection@southend.gov.uk

AGENDA

- 1 **Apologies for Absence**
- 2 **Declarations of Interest**
- 3 **Public Questions**
- 4 **Minutes of the Meeting held on Wednesday, 8 September 2021** (Pages 1 - 6)
Minutes attached
- 5 **Better Care Fund** (Pages 7 - 10)
Report of Director of Commissioning attached
- 6 **Pandemic Updates**
Report of Director of Public Health to follow
- 7 **Pharmaceutical Needs Assessment Update** (Pages 11 - 14)
Presentation slides from Director of Public Health attached
- 8 **Physical Activity - Sports Partnership Scheme** (Pages 15 - 20)
Report of Director of Public Health attached
- 9 **A Better Start Southend**
Presentation slides to follow

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SOUTHEND-ON-SEA BOROUGH COUNCIL

Meeting of Health & Wellbeing Board

Date: Wednesday, 8th September, 2021

Place: Council Chamber - Civic Suite

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Present: Councillor C Nevin (Chair)
Dr J Garcia-Lobera (Vice-Chair),
Councillors S Buckley, M Davidson, T Harp, J Moyies and
C Mulronev
T D'Orsi, K Jackson, M Marks, T Forster, O Richards.

In Attendance: Councillor L Salter (observer – People Scrutiny Committee Chair)
R Harris and J Banks

Start/End Time: 6.30 pm - 8.30 pm

282 Apologies for Absence

Apologies for absence were received from Councillor Buckley, J Gardner, T D'Orsi, M Marks, Y Blucher, P Scott, S Dolling, A Khaldi.

283 Declarations of Interest

The following declarations of interest were made:

(a) Cllr Harp – Minute 291 (A Better Start Southend Update) – Non-pecuniary interest: wife is employed by SAVS and he is a volunteer with SAVS; family friend employed in senior role at ABSS;

(b) Cllr Nevin – Minute 287 (Pandemic Updates) and Minute 289 (ICS Boundary Progress Update) – Non-pecuniary interest: Employed at external NHS Trust; previous employment at Broomfield and Southend Hospitals; family members employed at Mid and South Essex Trust hospitals and in the Trust's Estates Department; Group Director for Pathology at Mid and South Essex NHS Foundation Trust known to the Councillor through previous employment.

(c) Cllr Salter – Minute 287 (Pandemic Updates) and Minute 289 (ICS Boundary Progress Update) – Non-pecuniary interest: Husband is consultant surgeon at Southend Hospital; daughter is a consultant at Basildon Hospital; son-in-law is GP in the Borough;

284 Public Questions

There were no public questions at this meeting.

285 Minutes of the Meeting held on Wednesday 9 June 2021

Resolved:-

That the Minutes of the Meeting held on Wednesday 9th June 2021, be confirmed as a correct record and signed.

286 Health and Wellbeing Strategy 2021-2024

The Board considered a report of the Director of Public Health presenting the new Health and Wellbeing Strategy covering three years (2021-2024) and the high level Action Plan.

The Board asked a number of questions which were responded to by officers.

In consideration of the report the Board commented on the priorities set out in the Strategy and referred to specific areas within the 2021/22 high level action plan. The Director of Public Health advised that the Strategy, as well as the high-level action plan, was a 'living' document and will evolve and adapt to ensure it aligns as appropriate to any emerging priorities or issues of concern.

The Board was informed that the Joint Strategic Needs Assessment (JSNA) was currently being refreshed and would be submitted to the Board in December 2021.

The Director of Public Health confirmed that the Annual Public Health Report has been published and is available at <https://www.southend.gov.uk/health-wellbeing/director-public-health-annual-report>.

The Director of Public Health drew attention to the next steps on refreshing the Pharmacy Needs Assessment (PNA) and a report would be provided to the Board in December.

Resolved:

That the new Health and Wellbeing Strategy 2021-24, which will be delivered through an annually updated Action Plan, be endorsed.

287 Pandemic Updates

The Board considered a report of the Director of Public Health presenting an update on the COVID-19 Local Outbreak

Management Plan implementation of the national Test, Trace and Isolate programme.

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

In consideration of the report the Board made reference to the development/production of the Vaccine Hesitancy Plan and the Director advised that this would be circulated to the Board members once finalised.

Resolved:

That the progress and ongoing implementation of the Local Outbreak Management Plan by the Local Health Protection Board and the Outbreak Control Oversight and Engagement Board, be noted.

288 Drug and Alcohol Treatment System Tender

The Board considered a report of the Executive Director (Adults and Communities) setting out the commissioning intentions for the Drug and Alcohol Treatment System contract from 1st April 2022 and the actions taken in relation to the Rough Sleeping Drug and Alcohol Treatment Grant issued by Public Health England from January 2021.

Resolved:

That the intended commissioning plan for the Drug and Alcohol Treatment System, be noted.

289 ICS Boundary Progress Update

The Board received an update from the Executive Director (Adults and Communities) on the Integrated Care System Boundary Review and associated matters.

The Board noted that there will be no boundary change and will continue as Mid and South Essex and that significant work was taking place on developing the governance arrangements. The Board also noted that guidance on the Integrated Care Partnership was due to be published shortly.

Resolved:

That the ICS Boundary Review update, be noted and that representative(s) from the Mid and South Essex ICS Team be invited to the December Board meeting.

290 Southend Healthwatch Update

The Board received a PowerPoint presentation from the Strategic Manager, Healthwatch Southend setting out the legal framework and key aspects of the work of Healthwatch Southend.

The Board asked a number of questions which were responded to by the Strategic Manager.

Resolved:

That the PowerPoint presentation on Healthwatch Southend, be noted.

291 A Better Start Southend Update

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

The Board asked a number of questions which were responded to by the Director, ABSS.

Resolved:

1. That the report, be noted.
2. That the ABSS Legacy and Sustainability Strategy and Evidence of Impact of the ABSS Programme be a substantive agenda item at the December Board meeting.

292 Better Care Fund

The Board considered a report of the Executive Director (Adults and Communities) seeking approval of a Section 75 Partnership Agreement between Southend-on-Sea Borough Council and the Southend Clinical Commissioning Group for the management of the Better Care Fund (BCF) for the period 2020-2023. The report also outlined the BCF national policy framework for 2021/22 with funding priorities and conditions in preparation for further guidance and templates and submission of a local BCF plan for Southend, which are expected to be issued by NHS England by October 2021.

The Board asked a number of questions which were responded to by the Director of Commissioning.

In consideration of the report the Board noted that, following the publication of the detailed guidance and reporting templates for 2021-22, a Southend Better Care Fund Plan would need to be completed and approved by the Board and submitted to NHS England.

Resolved:

That the proposed Section 75 Agreement for the management of the Better Care Fund, noting that the schedules to the agreement relating to the Better Care Fund Plan for 2021-22 will need to be updated once the detailed guidance is issued from NHS England, expected by October 2021, be approved.

Chair: _____

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Southend Health & Wellbeing Board

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Item No.

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Report of the Director of Commissioning

To

Health & Wellbeing Board

on

15 December 2021

Report prepared by: Benedict Leigh, Director Commissioning

For information only		For discussion		Approval required	x
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Better Care Fund

(Southend on Sea Borough Council/ Southend Clinical Commissioning Group)

Better Care Fund Joint Narrative Plan 2021-22 and Section 75 agreement 2020-2023

Part 1 (Public Agenda Item)

Purpose

The purpose of this report:

1. To provide members of the Health and Wellbeing Board (HWB), the BCF joint narrative plan 2021/2022 submission, made to NHS England on 16th November 2021 following tentative sign off from the Chair of HWB, in conjunction with the Executive Director Adults and Communities, Southend-on-Sea Borough Council (SBC) and NHS Alliance Director, Southend Clinical Commissioning Group (CCG)

Recommendation

1. The Board to note and approve the proposed Southend BCF Joint Narrative Plan for 2021/22
2. The Board to note alignment to BCF Section 75 agreement that was approved by the HWB on 8th September 2021 for the management of the Better Care Fund in line with the Better Care Fund narrative plan for 2021- 22.

Background

The Better Care Fund (BCF) is one of the government's national vehicles for driving health and social care integration. It requires clinical commissioning groups (CCGs) and local government to agree a joint plan, owned by the Health and Wellbeing Board

(HWB). These are joint plans for using pooled or non-pooled budgets to support integration, governed by an agreement under Section 75 of the NHS Act (2006).

NHS England (NHSE) and Department of Health and Social Care (DHSC) national team published the BCF policy framework with national conditions and priorities for funding and guidance on the metrics to be used to measure outcomes of the BCF. The policy framework for 2021-22 was published in August 2021. However, the guidance and templates to submit BCF Plans were published 30th September 2021 with short turnaround deadlines, following several delays from government on releasing the guidance following a turbulent year of Covid 19 whereby reporting on delayed transfer of care (DTCOC) was suspended.

BCF national policy framework 2021-22

The BCF funds are managed locally, and in each Local Authority area the Council is legally obliged to submit an agreed BCF plan jointly with their local Clinical Commissioning Group (CCG) which adheres to the national guidance.

There is an annually agreed CCG minimum contribution for each area to the BCF. For the current (2021/22) financial year this contribution for Southend CCG is £14.3 Million. The intention is to shift resources into social care and community services from the NHS budget in England and save resources by keeping patients out of hospital.

The national policy framework for 2021-22 sets out four national conditions:

1. A jointly agreed plan between local health and social care commissioners, signed off by the Health and Well Being Board (HWBB)

The local authority and CCG must agree a plan for their local authority area that includes agreement on use of mandatory BCF funding streams. The plan must be signed off by the HWBB.

BCF plans should set out a joined-up approach to integrated, person-centred services across local health, care, housing, and wider public services. They should include arrangements for joint commissioning, and an agreed approach for embedding the current hospital discharge policy in relation to how BCF funding will support this.

2. NHS contribution to adult social care to be maintained in line with the uplift to the CCG minimum contribution

The 2020 spending round confirmed the CCG contribution to the BCF will rise in actual terms by 5.3% to £4,263 billion. Minimum contributions to social care will also increase by 5.3%. The minimum expectation of spending for each HWB area is derived by applying the percentage increase in the CCG contribution to the BCF for the area to the 2020 to 2021 minimum social care maintenance figure for the HWBB.

3. Invest in NHS-commissioned out-of-hospital services

BCF narrative plans should set out the approach to delivering this aim locally, and how health and local authority partners will work together to deliver it. Expenditure plans should show the schemes that are being commissioned from BCF funding sources to support this objective.

4. A plan for improving outcomes for people being discharged from hospital

This national condition requires areas to agree a joint plan to deliver health and social care services that support improvement in outcomes for people being discharged from hospital, including the implementation of the hospital discharge policy, and continued implementation of the High Impact Change Model for Managing Transfers of Care.

The High Impact Change Model for Managing Transfers of Care aims to focus support on helping local system partners minimise unnecessary hospital stays and to encourage them to consider new interventions. It offers a practical approach to supporting local health and care systems to manage patient flow and discharge and can be used to self-assess how local care and health systems are working now, and to reflect on, and plan for, action they can take to reduce delays throughout the year.

5. The local BCF plan should focus on improvements in the key metrics below:

- Reducing length of stay in hospital, measured through the percentage of hospital inpatients who have been in hospital for longer than 14 and 21 days
- Avoidable admissions – unplanned hospitalisation for chronic ambulatory care sensitive conditions
- improving the proportion of people discharged home using data on discharge to their usual place of residence
- long term admission to residential and nursing care per 100,000 population
- Reablement – proportion of older people still at home 91 days after discharge from hospital into a reablement service

BCF Section 75 agreement Southend on Sea Borough Council and Southend Clinical Commissioning Group 2020-2023

A draft Section 75 framework agreement setting out how the BCF funds will be managed by Southend on Sea Borough Council and Southend Clinical Commissioning Group (CCG) was approved by the HWB on the 8th of September 2021

The revised proposed agreement covered the period 1 April 2020 to 31 March 2023 and finances will be aligned to the BCF joint narrative submission 2021-22.

The BCF arrangements allow for the operation of pooled budgets where funds are jointly managed and controlled by both parties. For the current period, both the Council and the CCG have agreed not to operate using this method but to keep the funds as non-pooled budgets.

Provisional financial allocation of the BCF funds for both the Council and the CCG in 2021/22 is as set out in Schedule 2 of the framework agreement and in the table below:

Southend BCF	2020/21	2021/22
	£000s	£000s
CCG Minimal Contribution	13,575	14,311
DFG allocation	1,516	1,721
SBC Directly Commissioned Schemes		
Protecting Social Services		4,992
Reablement, including support for the Care Act 2014		1,780
Sub Total	6,424	6,772
Counter invoice from CCG to fund Directly Commissioned Schemes	7,151	7,689
CCG Directly Commissioned schemes		
EPUT community services		5,361
EPUT mental health services		1,616
Havens hospice grant		562
Community Health Services	6,489	
Contribution to Joint Pool	562	
Carers - no spend incurred	100	150
Sub-total	7,151	7,689

The Section 75 framework agreement is overseen by the Southend BCF management group, a Partnership Board with representatives from the Council, CCG, NHS Acute and Provider Trusts, care provider associations and the voluntary and community sector in Southend. This group is part of the formal governance of the BCF in Southend.

Appendix

JOINT BCF NARRATIVE PLAN 2021-22

Pharmaceutical Needs Assessment

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November 2021 Update

Operational Performance & Intelligence Team



Pharmaceutical Needs Assessment

First PNAs were required to be published by PCTs by 1st February 2011.

From April 2013 health and wellbeing boards became responsible for PNAs.

↺

PNAs are required to be refreshed every three years.

Progress

Procured support of specialist PNA provider.

Steering group formed and first meeting took place 9/11/2021.

¹³ Health needs and demographic profiles being refreshed.

Consultation and communication plan agreed and implemented;
Citizen survey open 29/11/22 - 14/01/22

Project Plan

Activity	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Kick off meeting	■										
First steering group		■									
Health & demographics profile			■								
Communication & engagement activities			■	■							
Second steering group			■	■							
Draft PNA					■						
Third steering group						■					
Final PNA							■				
Public consultation							■	■	■		
Final steering group								■	■		
Final PNA agreed ready for publication*										■	■
* Subject to findings from public consultation.											

Southend Health & Wellbeing Board

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

to
Health & Wellbeing Board

on
15 December 2021

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

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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, which was agreed in December 2020.

2 Recommendations

- 2.1 The Health and Wellbeing Board is asked to note the updates 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 Health and Wellbeing Strategy for Southend (2021-2024) provides a framework and action plan to support the long term vision for Southend to be a healthier, more active borough. Part of 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 Health and Wellbeing Board links with strategic and operational need or partner agencies, 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 Through consultation with our schools in Southend, the Schools Wellbeing Programme was established during the early part of 2021 (agreed in December 2020). The programme provides additional physical activity and emotional support, which continues to be valued in helping to cope during the pandemic. The Council in partnership with both School Sports Partnerships has offered the following additional wellbeing projects, which schools received:

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.

So far, 23 infant, junior and primary schools within the borough, have registered and are taking part in this project. **5,400 pupils have taken part.** Schools have given positive comments about the project, as it has helped engage with their youngest pupils in the early stage of their learning and development.

4.3 The Children's 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.

Every junior and primary school within the borough, have registered and are taking part in this project. **16,890 pupils have taken part.** This continues to be a success, as each section of the project stimulates pupils and links with different aspects of school life.

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.

15 schools have taken part so far. The feedback is that children enjoy taking part, as it helps with their mindfulness and gives them a break from the school day.

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.

13 schools have taken part so far. The project has helped increase physical activity levels in the primary and junior schools.

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.

Through the benefits listed above, this has proved extremely popular. **34 schools have taken part, consisting of 4,110 pupils** experiencing bootcamp sessions.

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 was determined by the age group and space available, so schools decide what is best suited.

15 schools have taken part so far, with 1,020 pupils taking part in additional sport and physical activity courses. It is anticipated that more schools and pupils will continue to participate during the months to come.

4.8 Emotional Support for Secondary School Pupils

Evolve Intervention to provide help for secondary school pupils who may be experiencing difficulties in managing the impact of the pandemic and the return to school. These difficulties could include anxiety, lack of motivation, low mood, friendship issues, amongst many others. There are different interventions available to each school, which include:

- One to one mentoring / coaching sessions
- Group work (focusing on building resilience)
- Remote one to one support (for pupils who are struggling to get back into school)

Due to the limited funding put towards this particular project, it was only successful in the short time it was delivered. Nevertheless, **12 secondary schools took part**, with each school seeing 12 of their pupils receive the support from the project. **In total, 144 pupils took part**. The feedback is that there are so many more young people in need of this type of support, who would benefit from this intervention.

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, following on from the challenges posed by the pandemic and to help reduce inequalities in health and wellbeing.
- 5.3 Prioritisation of the action plan enables a more focused use of available resources to deliver the strategy.

6 Financial / Resource Implications

- 6.1 The strategy and associated action plan is being delivered within existing resources and in collaboration with 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 and has the emotional support they need.

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