

Joint Strategic Needs Assessment (JSNA)

Summary report – 2019

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JSNA 2018/19 Summary

This summary highlights the key findings from the 2018/19 Joint Strategic Needs Assessment for Southend-on-Sea including the current and projected population change, wider demographical information and determinants, health inequalities, and mortality. Also included is a summary of eleven key topics we have reviewed since the end of 2017.

Population

This is estimated to be 181,800 in 2018 (ethnicity: 13% of non-White British with higher risk factors for ill health) and is projected to grow to 203,000 by 2031. The working age population is expected to decrease by 3% in this period, while the ageing population will increase by 4%. This will impact on our health and care requirements, infrastructure planning, and the economy.

Gender inequalities in healthy life expectancy persist with men falling behind. With a fast ageing population, the need to delay ill health and minimise disability is paramount, as is the need to reduce isolation.

Over 40% of children under 16 years of age live in the most disadvantaged 30% of our wards. In a number of areas, we are performing below the national average for childhood wellbeing indicators.

Health and wellbeing

Southend-on-Sea has higher rates of premature and preventable mortality for a range of common conditions, and double the rate of excess winter deaths than the national average. Earlier identification of diseases is improving, although some of the key lifestyle factors rate amongst the worst nationally, including teenage conception rates and tobacco and alcohol utilisation. A combined approach is necessary in addressing 'harmful behaviours' and building more community and individual resilience.

Southend has higher rates of secondary mental health care use than the regional and national average and higher prevalence of common mental health disorders.

Poor health and lack of community support have a significant negative impact on work and employment, even with Southend having a higher employment rate than the national average.

Around a quarter (24%) of our adults are physically inactive despite a large number of community assets. This contributes to ill health and increasing obesity, with girls faring worse than boys.

Early intervention work with our youngest residents and their families will contribute immensely to reducing the health and life inequalities.

Wider determinants

There is a life expectancy gap within our communities of 10-11 years, with large pockets of disadvantaged communities, and 19% of children living in poverty. Noise, fear of crime, and deaths/serious injuries through road accidents are much higher than the national picture.

Although we are performing generally well in terms of education, including a reduction in the number of registered SEND pupils, we have a higher proportion of 16-17 year olds recorded as not in education, employment, or training (NEETs).

Insecure, poor quality, and low-paid jobs are harmful to health, as is the lack of support for people suffering from injuries and stress at work. Additionally, gaining employment for people with long term health conditions and disabilities continues to be a challenge.

Poor air quality management from traffic and domestic fires is impacting on our residents' health locally with higher levels of traffic-derived pollution in our more deprived neighbourhoods.

Further, detailed information for each of the highlighted topic areas in this summary report are available in the specific JSNA theme modules which are available from the Southend-on-Sea Information Team and will be published as each are completed or refreshed.

Southend 2050

Five themes and 23 outcomes for 2023

Southend 2050



Southend 2050 is the borough's vision for the kind of place we want Southend to be in 2050 and an examination of what we need to do to achieve this.

Twenty-three outcomes have been identified across each of the five themes. It is through measuring progress against these outcomes by which we will know whether we have succeeded.

These outcomes have been mapped against each thematic area of the JSNA summary.

Southend 2050

Pride and joy

There is a tangible sense of pride in the place and local people are actively, and knowledgeably talking up Southend.

The variety and quality of our outstanding cultural and leisure offer has increased and we have become the first choice English coastal destination for visitors.

We have invested in protecting and nurturing our coastline, which continues to be our much loved and best used asset.

Our streets and public spaces are clean and inviting.

Safe and well

People in all parts of the borough feel safe and secure at all times.

Southenders are remaining well enough to enjoy fulfilling lives, throughout their lives.

We are well on our way to ensuring that everyone has a home that meets their needs.

We are all effective at protecting and improving the quality of life for the most vulnerable in our community.

We act as a Green City with outstanding examples of energy efficient and carbon neutral buildings, streets, transport, and recycling.

Active and involved

Even more Southenders agree that people from different backgrounds are valued and get on well together.

The benefits of community connection are evident as more people come together to help, support and spend time with each other.

Public services are routinely designed, and sometimes delivered, with their users to best meet their needs.

A range of initiatives help communities come together to enhance their neighbourhood and environment.

More people have active lifestyles and there are significantly fewer people who do not engage in any physical activity.

Opportunity & prosperity

The local plan is setting an exciting planning framework for the Borough.

We have a fast-evolving, re-imagined and thriving town centre, with an inviting mix of shops, homes, culture and leisure opportunities.

Our children are school and life ready and our workforce is skilled and job ready.

Key regeneration schemes, such as Queensway, seafront developments and the Airport Business Park are underway and bringing prosperity and job opportunities to the Borough.

Southend is a place that is renowned for its creative industries, where new businesses thrive and where established employers and others invest for the long term.

Connected and smart

It is easier for residents, visitors and people who work here to get around the borough.

People have a wide choice of transport options.

We are leading the way in making public and private travel smart, clean and green.

Southend is a leading digital city with world class infrastructure

Demography

The make-up of our Borough's population

Southend-on-Sea Wards and Main Arteries



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Operational Performance & Intelligence Team
 Southend-on-Sea Borough Council

Scale 1:35,878

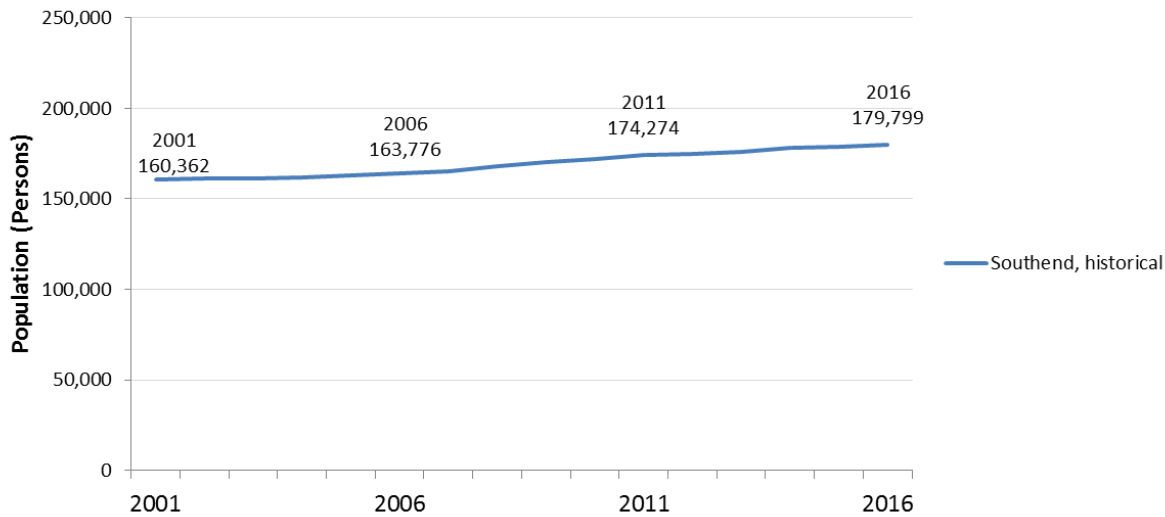
Public administration of Southend-on-Sea is commonly undertaken through the sub divisions of 17 electoral wards and four localities. Six of our wards are part of the national A Better Start scheme (indicated in orange on the map) which provides funding for innovation in improving outcomes for children and their families.

Southend-on-Sea is also part of the Mid and South Essex Sustainability and Transformation Partnership (STP) which co-ordinates health services across a geographic area covering Southend-on-Sea, Basildon, Brentwood, Braintree, Castle Point and Rochford, Chelmsford, Maldon, and Thurrock District and Unitary Councils.



Current population size

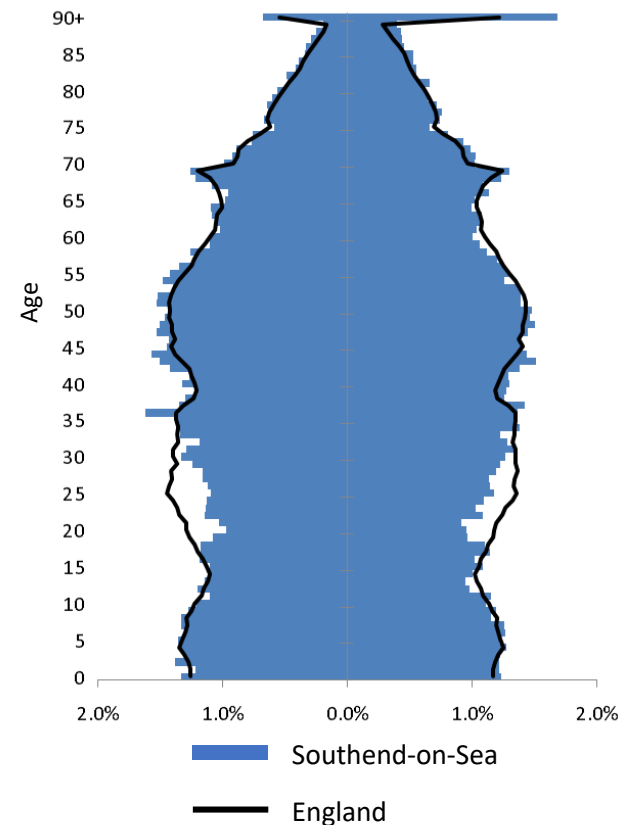
Southend's population 2001 - 2016



	2001	2006	2011	2016
Southend	160,362	163,776	174,274	179,799
Southend growth from 2001		2.1%	8.7%	12.1%
England	49,449,746	50,965,186	53,107,169	55,268,067
England growth from 2001		3.1%	7.4%	11.8%

Data: ONS, Population estimates 2016

Population distribution, mid-year 2016



Since 2001, Southend's population has grown from 160,362 to 179,799. This is a growth rate of 12% which broadly matches the rate for England.

Estimates based on projections suggest that the population of Southend-on-Sea at mid-year 2018 was around **181,800**.

By 2031, the projected population for Southend-on-Sea will be 202,935. This assumes a growth rate of 12.87% which is higher than the projected growth rate for England (10.11%).

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

Population breakdown by electoral ward

Ward	2016 population	Early years (0-4)	Children (5-15)	Working age (16-64)	Older people (65+)	% of Southend population	Land area (sq km)	Population density, persons per sq km
Belfairs	9570	4.93%	11.24%	54.12%	29.71%	5.3%	2.6	3,630
Blenheim Park	10987	6.03%	13.95%	59.92%	20.10%	6.1%	2.3	4,851
Chalkwell	10331	5.68%	10.22%	63.93%	20.16%	5.7%	1.6	6,376
Eastwood Park	9444	4.93%	11.58%	56.15%	27.33%	5.3%	2.2	4,219
Kursaal	11885	8.28%	13.71%	66.93%	11.08%	6.6%	1.2	9,533
Leigh	10304	6.54%	13.20%	64.09%	16.17%	5.7%	1.5	6,810
Milton	11905	6.27%	<i>9.11%</i>	69.51%	15.12%	6.6%	1.6	7,256
Prittlewell	10459	6.13%	13.12%	59.27%	21.48%	5.8%	2.5	4,210
Shoeburyness	11920	6.69%	13.33%	62.30%	17.68%	6.6%	3.8	3,132
Southchurch	10174	6.00%	13.40%	56.11%	24.49%	5.7%	4.7	2,187
St Laurence	9934	5.05%	12.66%	59.12%	23.16%	5.5%	2.9	3,377
St. Luke's	11335	6.97%	14.12%	64.42%	14.49%	6.3%	3.5	3,227
Thorpe	9183	4.70%	10.66%	56.08%	28.55%	5.1%	2.7	3,346
Victoria	11496	8.08%	15.49%	63.70%	12.73%	6.4%	1.6	7,147
West Leigh	9401	6.48%	13.47%	58.96%	21.09%	5.2%	3.1	3,073
West Shoebury	10387	6.09%	15.06%	58.96%	19.89%	5.8%	2.9	3,622
Westborough	11084	8.24%	14.51%	67.65%	<i>9.61%</i>	6.2%	0.9	12,081

Figures in **bold** indicate highest % for the category

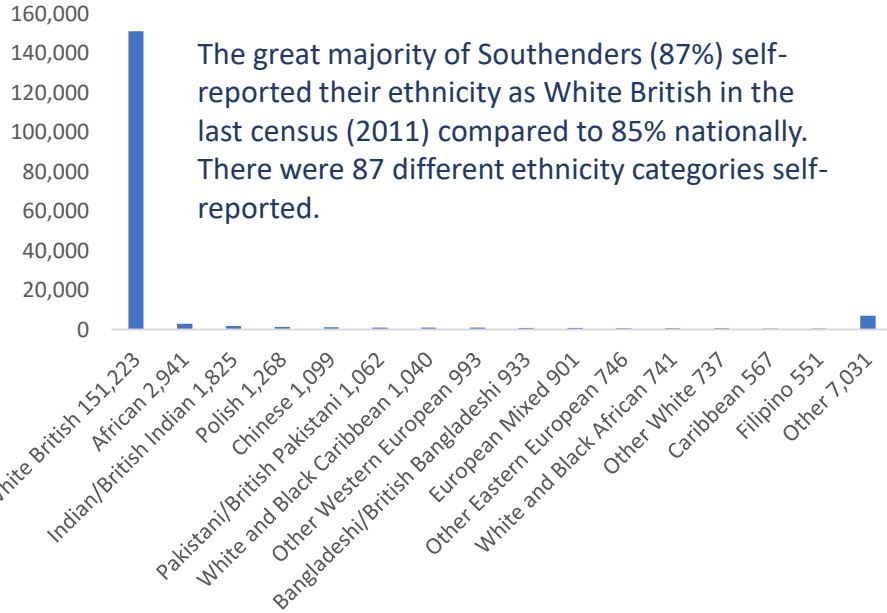
Figures in *italics* indicate lowest % for the category

Data: ONS, Population estimates 2016

There is a noticeable variation in age distribution across the Borough's electoral wards. Belfairs and Thorpe have a significantly higher proportion of older people in their population than Westborough and Kursaal and this has an important impact on disease burden and need which can be used to effectively plan health and social care support and infrastructure planning.

For Southend 2050 outcomes, we can see how age breakdown and population density will be important factors in planning how we connect communities digitally and with more active travel, how we ensure housing needs are met, and how we can keep people safe and well in their immediate and more distal neighbourhoods.

Ethnicity



The great majority of Southenders (87%) self-reported their ethnicity as White British in the last census (2011) compared to 85% nationally. There were 87 different ethnicity categories self-reported.

Data: NOMIS, Office for National Statistics – Census 2011

Other ethnicity categories for which there were more than 100 responders in Southend were:

Irish, Gypsy/Irish Traveller, Other Asian, Other Black, Arab, Albanian, Australian/New Zealander, Baltic States, Black British, Commonwealth of (Russian) Independent States, Greek, Iranian, Italian, Latin American, Multi-ethnic Islands, North American, Sri Lankan, Thai, and Turkish.

Health inequalities, disability, and ethnicity

Prevalence of diseases and risk factors for disease and injury vary across ethnicities. These differences can arise through genetic, cultural, and environmental factors.

A Disability Adjusted Life Year (DALY) is a measure by which we can quantify the burden of disease. It adds the years of life lost due to early death and years spent living with disability or ill-health together. The largest risk factors for DALYs are high systolic blood pressure, high body-mass index, smoking, and total dietary risks. The prevalence of these risk factors differs across different ethnic groups:

High systolic blood pressure

People of African or South Asian ethnicity have a significantly raised risk compared to people with White ethnicity.

High Body-Mass Index.

Women of African ethnicity have a significantly raised risk while men of South Asian ethnicity have a significantly reduced risk in comparison to people of White ethnicity.

Smoking

People of both African and South Asian ethnicity have a significantly reduced prevalence of smoking than people of white ethnicity.

Total dietary risks

Poor diet is a key risk factor in a wide range of diseases including Type 2 Diabetes which is a major cause of premature illness and death. Prevalence of Type 2 Diabetes is significantly higher than for people of white ethnicity for men and women of Black Caribbean, Indian, Pakistani, and Bangladeshi ethnicity.



Education performance

Education performance by school is published through gov.uk and the latest data (for 2018) is provided below.

Key Stage 2 (Primary School – Year 6)

Percentage of pupils meeting expected standard:

Southend	– 69%
England (State funded)	– 64%
England (all schools)	- 64%

Reading	- Average
Writing	- Above average
Maths	- Above average

23 Schools performed at or above national average for % meeting expected standard
8 schools performed below national average for % meeting expected standard (2 of these schools were special schools).
There was no data provided for a further 17 schools.

Key Stage 4 (Secondary School – Year 11)

Progress 8 score:

Southend	0.14
England (State funded)	0.02
England (all schools)	0

Entering Ebacc

Southend	43.8%
England (State funded)	38.4%
England (all schools)	35.1%

Grade 5 or above in English/Maths GCSE

Southend	55.1%
England (State funded)	43.0%
England (all schools)	39.9%

Attainment 8 score / Ebacc average point score

Southend	51.9 / 4.61
England (State funded)	46.4 / 4.03
England (all schools)	44.3 / 3.83

A Level Performance

Average point score:

Southend	34.69
England (State funded)	31.14
England (all schools)	32.39

Students completing main programme

Southend	96.1%
England (State funded)	95.3%
England (all schools)	-

Achieving AAB or higher in 2 subjects

Southend	22.8%
England (State funded)	14.3%
England (all schools)	17.0%

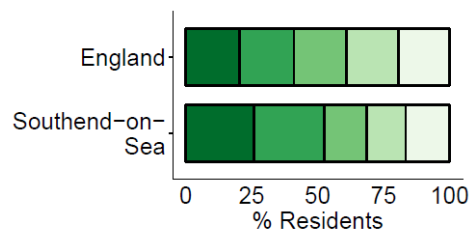
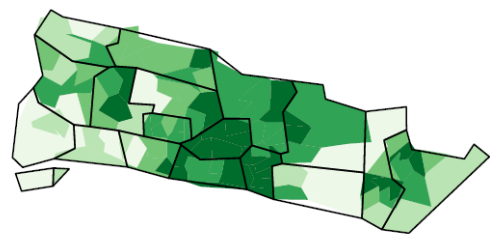
Points for a student's best 3 A Levels

Southend	38.27
England (State funded)	34.09
England (all schools)	35.12

Deprivation

The scope and impact of wealth inequality in Southend-on-Sea

Deprivation in Southend-on-Sea



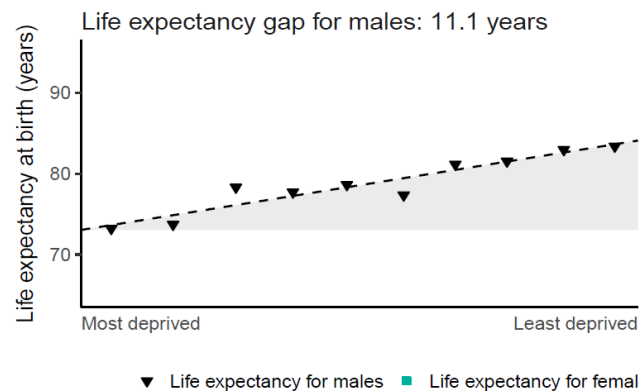
Deprivation in Southend

This map shows differences in deprivation based on national quintiles of the Index of Multiple Deprivation (2015) for lower super output areas. **The darker areas show higher levels of deprivation** as measured against the national quintiles.



There is a strong association between deprivation of neighbourhood and reduced life expectancy. In Southend-on-Sea, the **life expectancy gap between the most deprived and least deprived wards is just over 11 years for males, and just under 10 years for females.**

In Southend-on-Sea, just under 1 in 5 children live in low income families (households where income is less than 60% of the median income before housing costs). Around 10% of households experience fuel poverty.



Homelessness in Southend-on-Sea

Public Health England presents monitoring data on statutory homelessness, and on stability of accommodation for vulnerable populations. For each indicator, the figures for 2017/18 show Southend as statistically better than the national average.

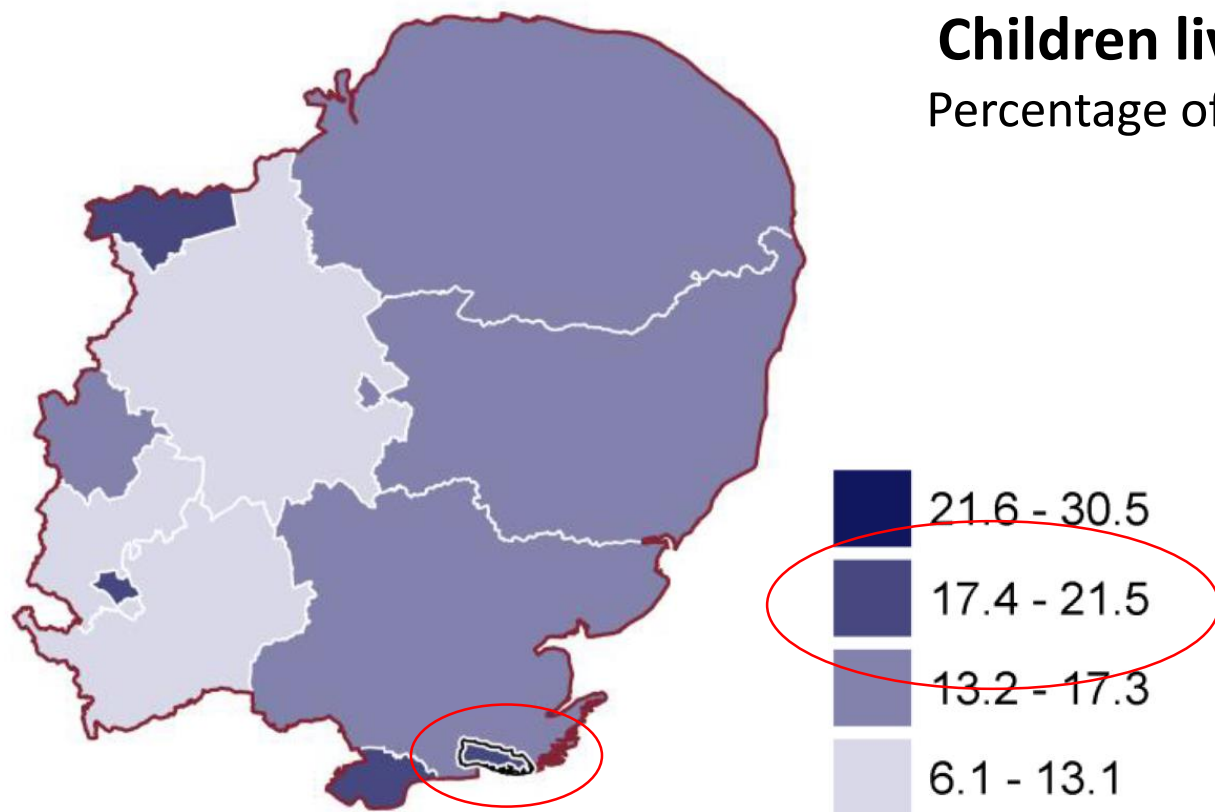
	Southend	East of England	England
Statutory homelessness – eligible homeless people not in priority need*	0.2	0.6	0.8
Statutory homelessness – households in temporary accommodation*	1.8	2.3	3.4
Adults with a Learning Disability in stable and appropriate accommodation	85.5%	75.6%	76.2%
Adults in contact with MH services in stable and appropriate accommodation	61.0%	43.0%	54.0%

* Per 1,000 households

Deprivation in Southend-on-Sea

Children living in poverty – 2018

Percentage of children by local authority



	Southend	Region	National
Children living in poverty <16 (2015)	18.9%	13.9%	16.8%
Life expectancy at birth (2014-16)	78.6	80.4	79.5
	82.9	83.7	83.1

Deprivation in Southend-on-Sea

Provided here are the PHE Fingertips measures relating to deprivation where Southend-on-Sea is a negative outlier.

Health improvement	SoS	East	Eng
U18 conceptions**	27.1	17.1	18.8
Smoking prevalence in adults %	18.0	14.2	14.9
Estimated diabetes diagnosis rate %	73.7	75.5	77.1
Successful completion of alcohol treatment %	32.0	38.2	38.9
Cancer screening coverage – breast	67.6	75.6	75.4
Cancer screening coverage – cervical	71.3	73.4	72.0
Cancer screening coverage - bowel	54.3	60.1	58.8

* Rate per 100,000

** Rate per 1,000

Data from PHE Fingertips

Wider determinants	SoS	East	Eng
Children in low income families %	18.5	13.6	16.6
16-17 year old NEETs %	9.0	4.9	6.0
Killed/seriously injured in RTAs*	46.4	42.3	39.7
Rate of complaints about noise**	11.9	5.0	6.3

Healthcare & premature mortality	SoS	East	Eng
Preventable u75 mortality rate from liver disease*	22.5	12.7	16.3
Preventable u75 mortality rate from respiratory disease*	24.0	15.6	18.9
Proportion adults in contact with secondary mental health services %	7.3	4.8	5.4
Excess winter deaths (all ages) %	42.4	24.4	21.6

JSNA thematic areas

- **Key messages from the Southend-on-Sea JSNA**
- **Link to relevant outcomes of Southend 2050**

Work and employment

An unhealthy workforce hurts Southend's economy and society. There is strong evidence to show that employment has a protective effect for mental health and greater income and wealth is associated with improved broad health outcomes.

The national picture

1 in 4 UK employees have a physical health condition, 1 in 5 of whom also reported a mental health condition



1 in 3 of current UK employees have a long term health condition




1 in 8 employees reported a mental health condition



1 in 10 employees reported a musculoskeletal condition



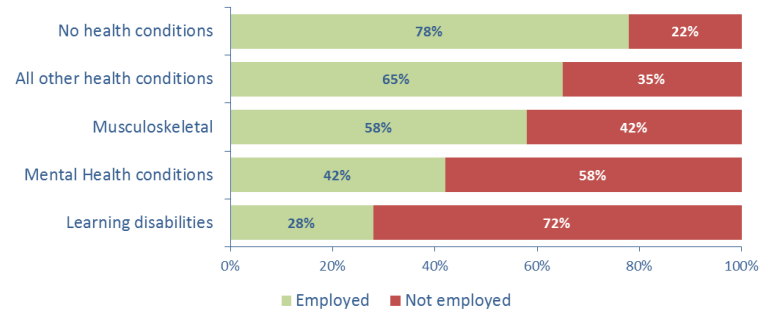
42% of employees with a health condition, felt their condition affected their work 'a great deal', or 'to some extent'



Health related employment inequalities

Gaining meaningful employment is a particular challenge for those with long term health conditions, and particularly those with learning disabilities.

Employment rate and gap for England (2014)
Source of data: DWP Health and Work Core Statistics July 2014



Focus for action:

Developing inclusive workplaces to ensure people living with disability, those with learning disabilities, and those with mental health problems are encouraged and supported to thrive at work.

Work and health:

Poor quality, insecure, and low-paid work can be as harmful to health as unemployment. Ill-health can be directly work related such as sudden injury, injury from repetitive strain, and work-based stress.

Sickness absence

Long term absence is a barrier to employment. It is the second most frequent cause of economic inactivity for men and third for women.

By 2030, 40% of the working age population will have a long term condition



Short term absence brings significant inconvenience to workers and businesses and brings economic harm. 1.6% of working hours are lost to sickness in the East of England, which is better than the national rate (1.9%)

Musculoskeletal problems

31m days (23%)

Minor illnesses (coughs and colds)

28m days (21%)

Stress, depression, anxiety

15m days (11%)

SOUTHEND 2050 OUTCOMES

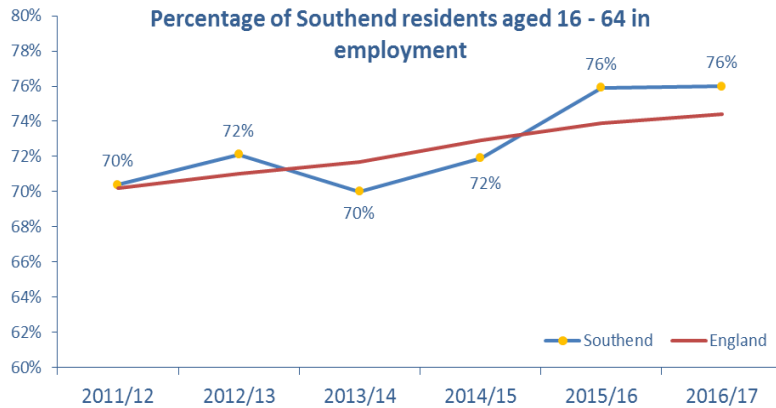
Southenders are remaining well enough to enjoy fulfilling lives, throughout their lives.
Our children are school and life ready and our workforce is skilled and job ready.
We are all effective at protecting and improving the quality of life for the most vulnerable in our community.

Work and employment

The picture in Southend

Southend's employment rates are similar to England

- 76% of 16-64 year olds are in employment
- 82.4% of men are employed
- 69.6% of women are employed

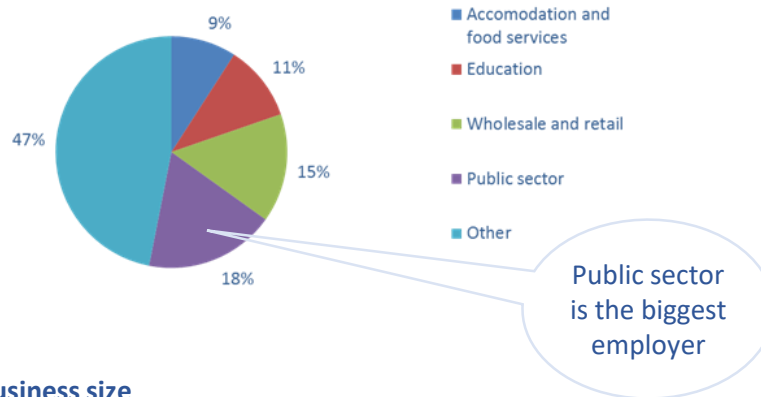


	2018	2038
Total Population	183,540	212,600
Working age	61%	57%
65 years +	19%	25%
People of working age per 100 children and older people	158	131

Employment practice and business in Southend

39% of employee jobs in Southend are part-time, which is higher than the UK average.
 1 in 3 employees commute to a workplace outside Southend.
 12% of people in Southend aged 16-64 are self-employed which is slightly higher than nationally.

Employee jobs by industry, Southend-on-sea, 2016



Business size

Southend's enterprise base is heavily based on **micro-businesses (0-9 employees)**. There are **only 5 enterprises in Southend with more than 1,000 employees**.

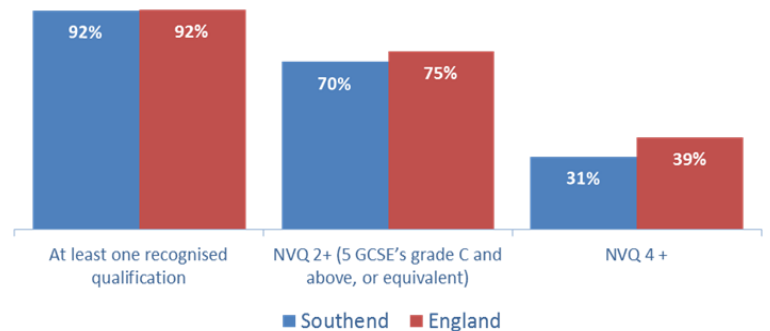
The high proportion of micro-businesses in the borough brings challenges for delivering workplace-based health interventions for large numbers of our working population.

Size of business	Number	Percentage
Micro (0-9 employees)	6,355	91.3%
Small (10-49 employees)	510	7.3%
Medium (50-249 employees)	75	1.1%
Large (250+ employees)	25	0.4%

Education and qualifications

Southend's residents have similar educational levels to the national average but there is a noticeable gap at higher levels.

Education and Qualifications (2017)



GCSE attainment in Southend-on-Sea is significantly above the regional and national average and is above average for children in care.

SOUTHEND 2050 OUTCOMES

- Southenders are remaining well enough to enjoy fulfilling lives, throughout their lives.
- Our children are school and life ready and our workforce is skilled and job ready.
- We are all effective at protecting and improving the quality of life for the most vulnerable in our community.

Health protection

Health protection is the branch of Public Health concerned with planning for emergencies and protecting our population from communicable diseases.

Immunisation



1 year old

93.5% received Diphtheria, Tetanus, Polio, Pertussis, & Hib in 2016/17.
Lower than the target (95%) and lower than England (93.6%).



1-5 years old

96.1% received Dtap/IPV/Hib 1st visit in 2016/17.
Higher than the target (95%) and higher than England 95.2%).
93.7% received MMR in 2016/17.
Lower than the target (95%) but higher than England (91.9%)



5 years old

95.9% received Dtap/IPV/Hib 2nd visit in 2016/17.
Higher than England 95.6%).
95.4% received Hib/Men C booster in 2016/17.
Higher than England (92.6%)
90% received both doses of MMR in 2016/17
Lower than the target (95%) but higher than England (88.2%)



70 years old

27.6% received Shingles vaccine in 2016/17.
Lower than the target (60%) and lower than England (59%).

Southend has seen **consistent improvement** in influenza vaccine uptake

	2015/16			2017/18		
	National Targets 2015/16	England uptake	Southend uptake	National Ambition 2016/17	England uptake	Southend uptake
Aged 2 years	65%	35.40%	18.80%	48% across all cohort setting	43%	27%
Aged 3 years	65%	37.70%	22.10%	48% across all cohort setting	44%	27%
Aged 4 years	65%	30.00%	15.70%	65% across all cohort setting	63%	64%
Age 5 (School year 1)	N/A	N/A	54.4% (local pilot)		61%	64%
Age 6 (School year 2)	N/A	N/A	52.9% (local pilot)		60%	62%
Age 7 (School year 3)	N/A	N/A	N/A		58%	61%
Age 8 (School year 4)	N/A	N/A	N/A	56%	59%	
All Pregnant Women	(range 40 to 65%) as per at risk groups)	42.30%	39.2% * (Range 26.7% -60.6%)	55% to 75%	47%	47%
Under 65 - at risk	55%	45.10%	38.0% * (Range 23.2% - 63.3%)	55% to 75%	49%	41%
65 and over	75%	71%	64.1% * (Range 50.3% - 80.3%)	75%	73%	65%
Health Care Workers	75%	54.60%	SUHFT-59.3% SEPT-30.1% NELFT-24.7%	75% (NHS England CQUIN for staff vaccination)	69%	SUHFT - 61% EPUT - 39%
Social Care Workers	75%	Data not available	Data not available	No NHS England target	Data not available	Data not available

SOUTHEND 2050 OUTCOMES

Southenders are remaining well enough to enjoy fulfilling lives, throughout their lives.
Our children are school and life ready and our workforce is skilled and job ready.
People in all parts of the borough feel safe and secure at all times.

Health protection

Screening (2017)

Cancer screen	England	Southend
Breast	75.4%	67.6%
Cervical	73.5%	71.3%
Bowel	57.1%	54.3%

Breast cancer screening uptake in Southend has been consistently below the national target. This is partly due to the offer of screening from a private provider in the Borough, the figures for which we can not include in our reporting due the screen being outside the national programme.

Emergency preparedness

The Director of Public Health and Emergency Planning Lead Officer are members of the Essex Local Resilience Forum.

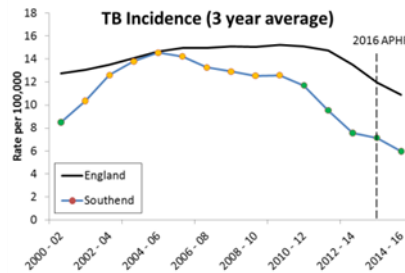
NHS Southend Clinical Commissioning Group has been assessed as being fully compliant across all core Emergency Preparedness, Resilience and Response (EPRR) standards and ready to respond to an emergency.

Healthcare associated infections



Clostridium difficile rates are falling and are below expected case levels in 2016/17. MRSA infection rates are also below the national average and fell to zero in 2015/16.

Tuberculosis



Tuberculosis rates peaked in 2004/06 and have declined since then in Southend. The borough rate is well below the national.

However, Tuberculosis remains a disease hazard and public understanding of signs and symptoms should be improved to reduce the risk of onward transmission from active cases.

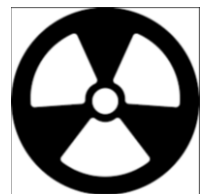
Sexual health and blood-borne viruses

In 2017, Southend's rate of STI diagnoses (excluding chlamydia) had fallen to 666 per 100,000 population which was significantly better than the national average.

While the rate of both Gonorrhoea (46.5 per 100,000) and Syphilis (6.6) incidence have increased (in 2017), they are both significantly better than the national average.

The rate of HIV incidence rose from 2.8 to 2.9 per 100,000 in 2017 and is worse than the national average. However, the rate of cases of late diagnosis has improved.

The national screening programme for Chlamydia screened 21.6% of the eligible 15-24 year old population. This was below the national figure. The Chlamydia detection rate for the Borough was 2,269 per 100,000 in 2017 which was higher than England but below the expected level (2,300).

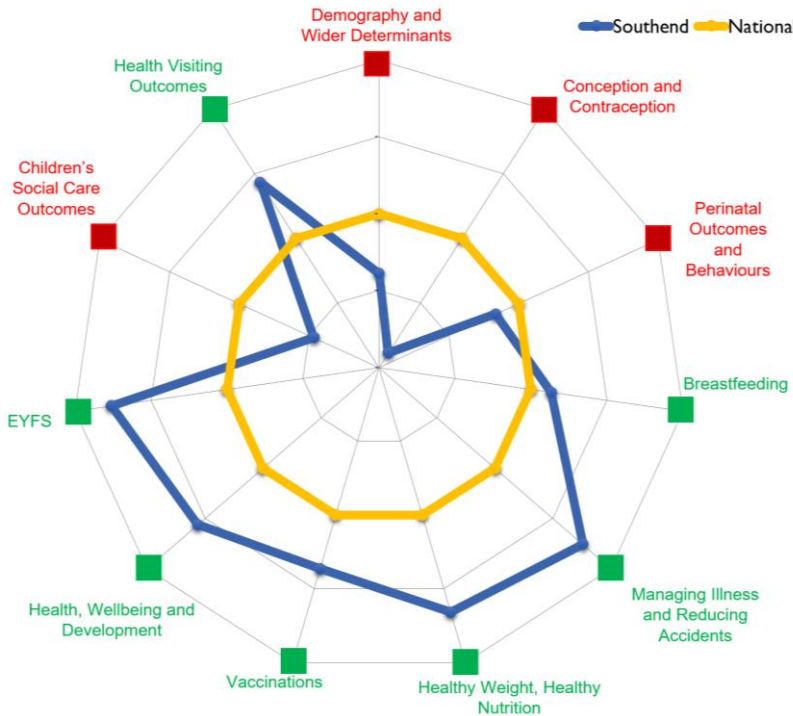


SOUTHEND 2050 OUTCOMES

Southenders are remaining well enough to enjoy fulfilling lives, throughout their lives.
Our children are school and life ready and our workforce is skilled and job ready.
People in all parts of the borough feel safe and secure at all times.

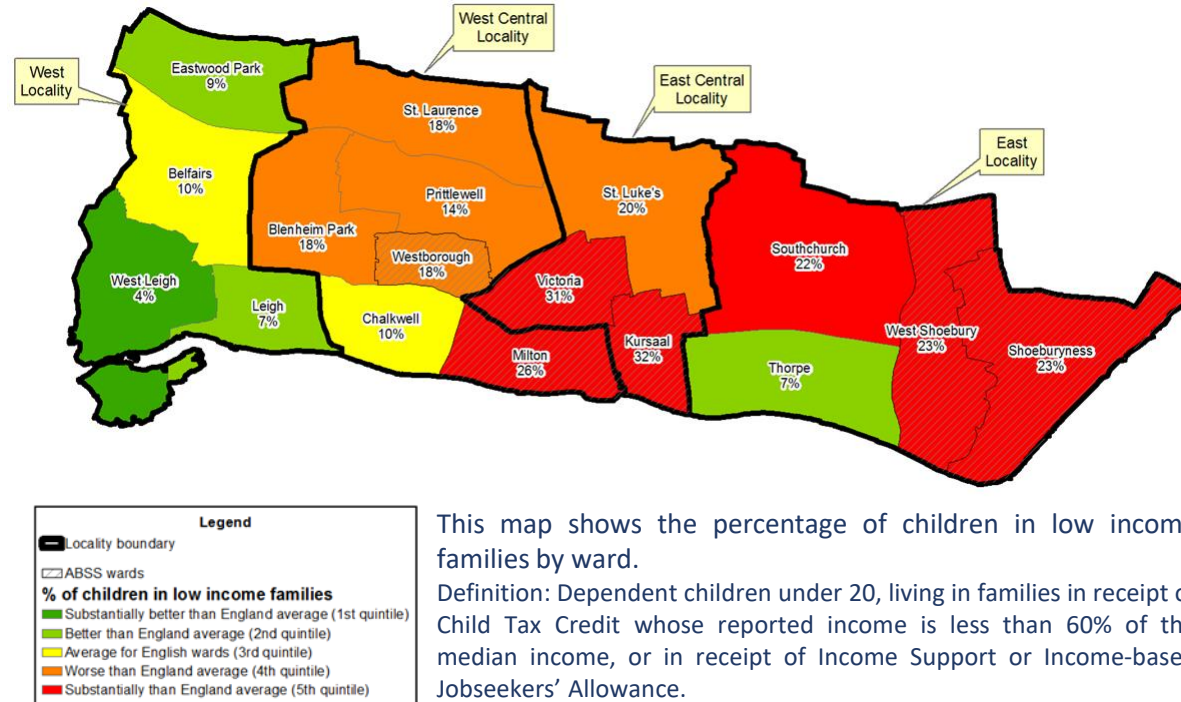
The health of our 0-5 year old population

What happens in pregnancy and early childhood impacts on physical and emotional health all the way to adulthood.



On this diagram, the orange circle shows the national average for each theme. Where the blue lines sit outside the circle Southend performs better than average and where they sit inside Southend performs worse. Our particular problem themes are highlighted red here.

Children in low income families



Legend
 - Locality boundary
 - ABSW wards
% of children in low income families
 - Substantially better than England average (1st quintile)
 - Better than England average (2nd quintile)
 - Average for English wards (3rd quintile)
 - Worse than England average (4th quintile)
 - Substantially than England average (5th quintile)

This map shows the percentage of children in low income families by ward.

Definition: Dependent children under 20, living in families in receipt of Child Tax Credit whose reported income is less than 60% of the median income, or in receipt of Income Support or Income-based Jobseekers' Allowance.

There is a very strong association between deprivation and poorer health outcomes across the life-course. Southend-on-Sea is one of five boroughs nationally to participate in the A Better Start programme which aims to target additional resources at the most deprived wards in the Borough.



42% of children aged 5-15 live in the 30% most deprived wards in the country.



The proportion rises to 46% of children aged 0-4.

SOUTHEND 2050 OUTCOMES

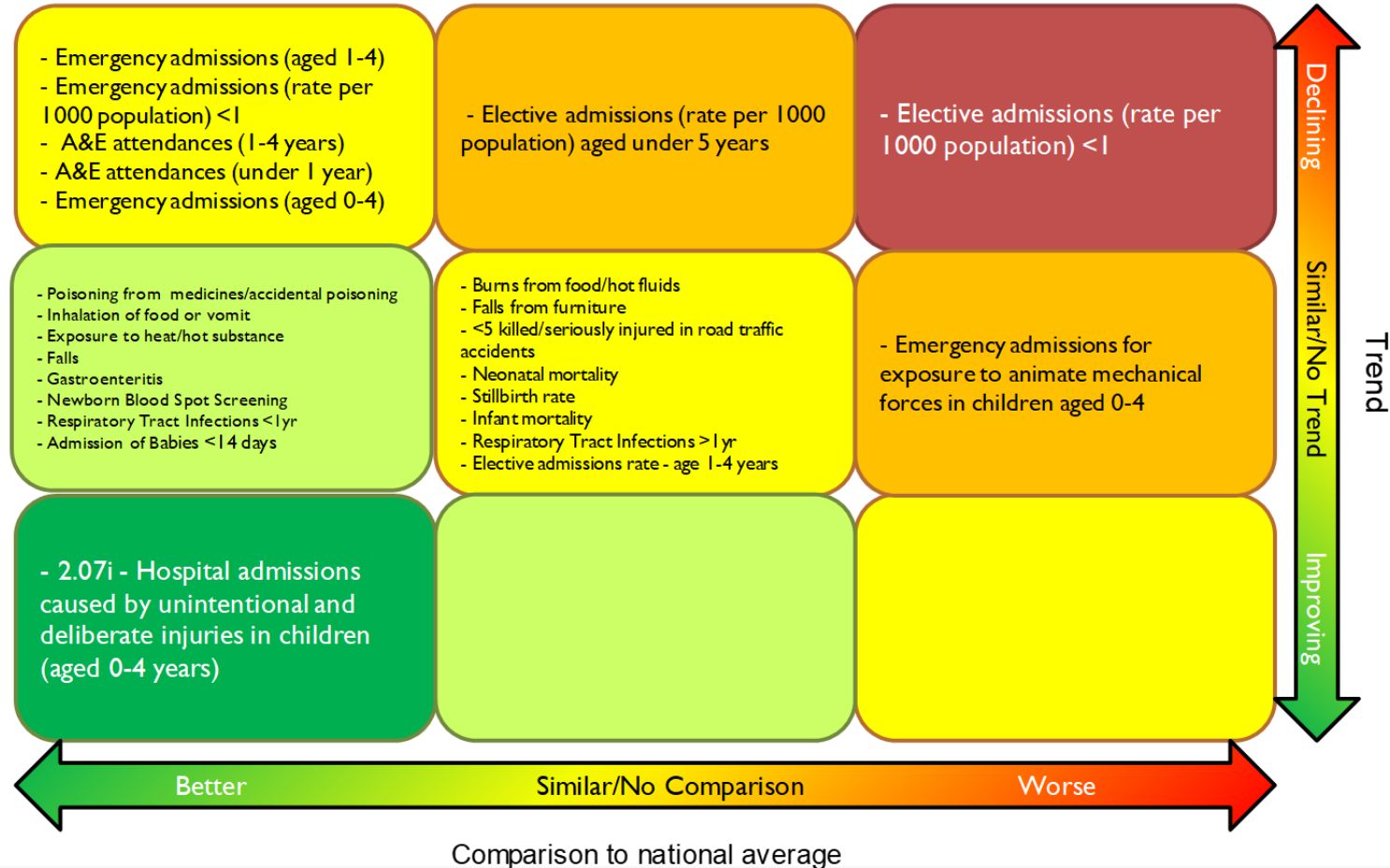
Southenders are remaining well enough to enjoy fulfilling lives, throughout their lives. We are all effective at protecting and improving the quality of life for the most vulnerable in our community. Our children are school and life ready and our workforce is skilled and job ready.

The health of our 0-5 year old population

Prioritisation matrices

The matrices used within the 0-5 health modules of the JSNA are designed to show comparison with national performance and change over time.

Measures are scored as red areas for particular concern where performance in Southend is worse than the national average and where it is also deteriorating.



Managing illness and reducing accidents

Illnesses such as gastroenteritis and upper respiratory tract infections, along with injuries caused by accidents in the home, are the leading causes of attendance at A&E and hospitalisation amongst the under 5s. There is a strong link between unintentional injury and social deprivation, with children from the most disadvantaged families more likely to be killed or seriously injured. The matrix **on the right** shows performance against national indicators for this theme in Southend-on-Sea.

SOUTHEND 2050 OUTCOMES

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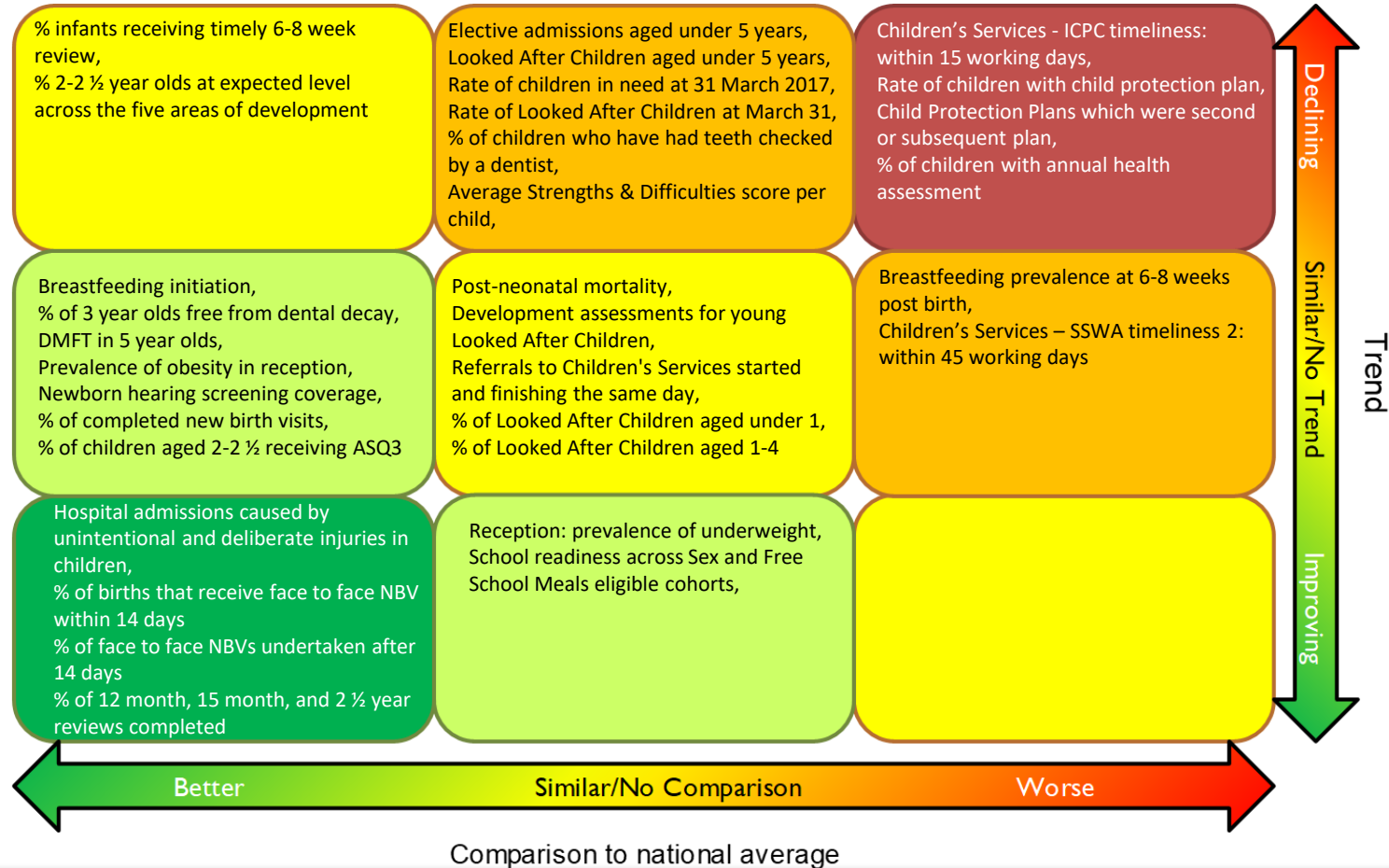
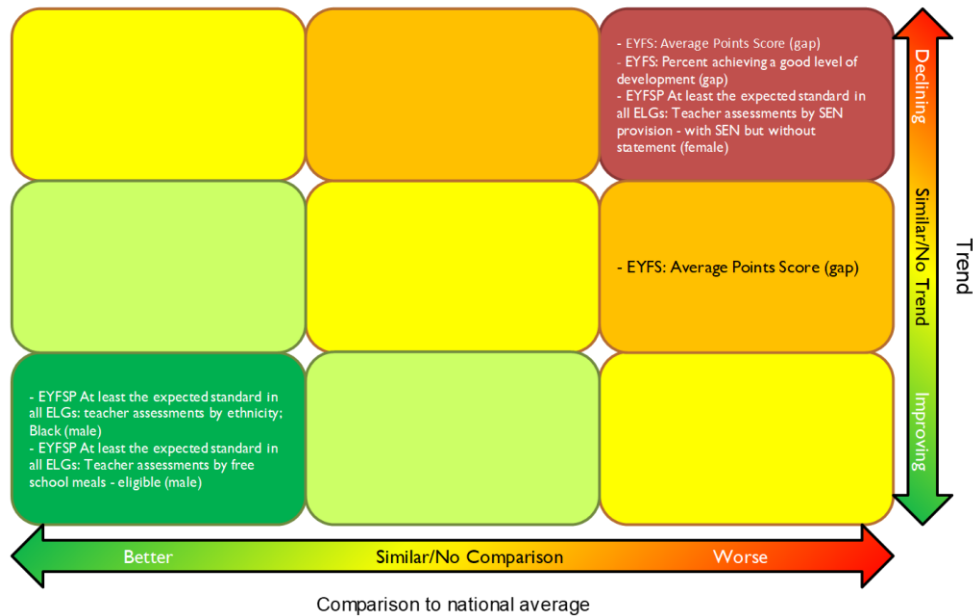
The health of our 0-5 year old population

Healthy development and determinants of health

The matrix on the right shows performance against national indicators for Health Visiting; Children's Services; Health, Wellbeing, and Development; Healthy Weight, and Healthy Nutrition; and Breastfeeding for Southend-on-Sea.

Early Years Foundation Stage (EYFS)

The matrix below shows performance in Southend-on-Sea for national indicators regarding EYFS.

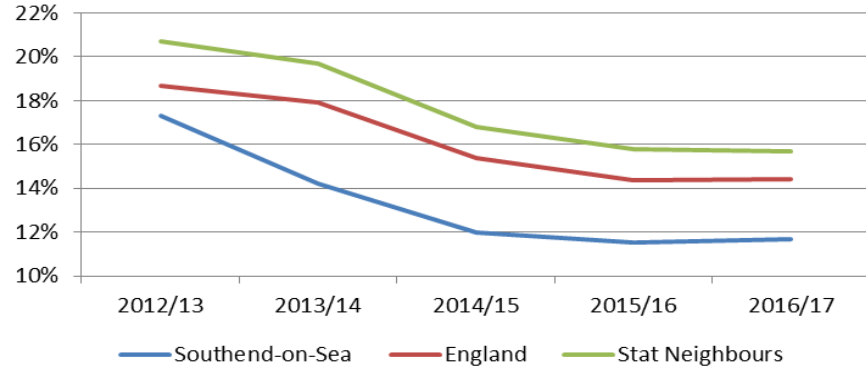


SOUTHEND 2050 OUTCOMES

Southenders are remaining well enough to enjoy fulfilling lives, throughout their lives. We are all effective at protecting and improving the quality of life for the most vulnerable in our community. Our children are school and life ready and our workforce is skilled and job ready.

Special educational needs and disability (SEND)

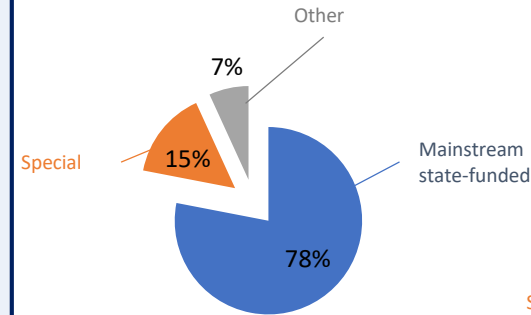
Percentage of pupils with SEND (all schools)



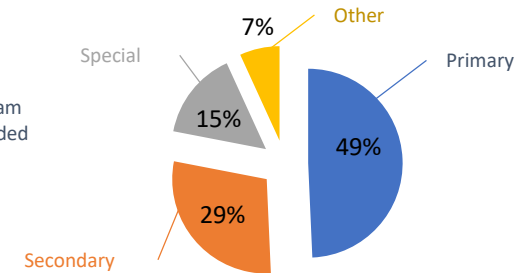
The percentage of SEND pupils in Southend schools has dropped from 17.3% in 2012/13 to 11.7% in 2016/17. The latest data comprises 3,528 pupils including this in pupil referral units and independent schools.

Prevalence of SEND in Southend has historically been lower than the national and statistical neighbour average but the decline has been more rapid in Southend since 2012/13 when compared nationally.

SEND by School Type



SEND by School Phase



2016/17 – Percentage of pupils with:

EHC Plan
3.4%

SEND Support
8.3%

In 2016/17, 15% of all pupils with special educational needs or disability in Southend attend specialist schools. This is a similar proportion to previous years.

Of all SEND pupils in Southend, 49% are found in primary schools. These figures are lower than the respective percentages for all pupils due to the concentration of pupils with SEND in special schools and the fact that 4 out of 12 secondary schools are grammar schools with a very low number of SEND pupils.

Percentage of Southend Pupils by School Type

School Type:	All Pupils	SEND
Primary	52%	49%
Secondary	43%	29%
Special	2%	15%
Other	4%	7%

Percentage with EHC Plan is up from 3.2% in 2015/16
Percentage with SEN Support has not changed from 2015/16

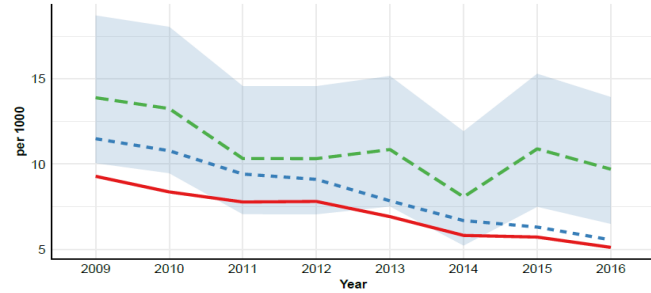
There is a significant attainment gap for pupils with SEND. Nationally in 2016, 62% of children with no recorded SEND achieved the expected standard in reading, writing, and mathematics at Key Stage 2. Only 14% of children with SEND achieved this.

SOUTHEND 2050 OUTCOMES

Our children are school and life ready and our workforce is skilled and job ready.
We are all effective at protecting and improving the quality of life for the most vulnerable in our community.
Public services are routinely designed, and sometimes delivered, with their users to best meet their needs.

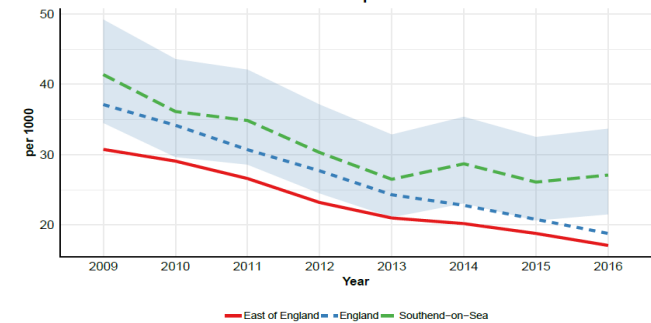
Sexual health

Under 18s birth rate/1000

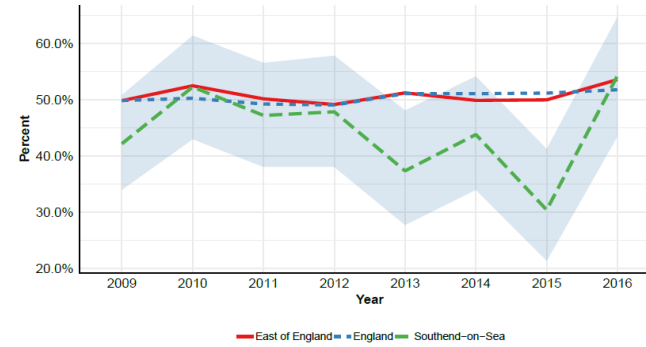


After falling in line with the national trend, Southend's under 18 birth rate levelled off in 2011 while England's rate continued to fall. Southend's rate then rose in 2015 but has dropped again in 2016. Despite this drop, Southend's 2016 birth rate (9.7/1000) is still significantly above the England (5.6/1000) and East of England (5.1/1000) averages.

Under 18s conception rate/1000



Under 18s conceptions leading to abortion (%)



Compared with benchmark Better Similar Worse Lower Similar Higher

Indicator	Period	England	East of England region	Bedford	Cambridgeshire	Central Bedfordshire	Essex	Hertfordshire	Luton	Norfolk	Peterborough	Southend-on-Sea	Suffolk	Thurrock
Under 18s conception rate / 1,000 (PHOF indicator 2.04)	2016	18.8	17.1	14.7	12.2	15.0	16.7	14.4	21.7	20.9	29.8	27.1	16.0	18.4
Under 16s conception rate / 1,000 (PHOF indicator 2.04)	2016	3.0	2.7	2.1*	2.4	2.9*	2.8	2.2	3.8*	3.3	5.9*	3.6*	1.6*	1.1*
Under 18s conceptions leading to abortion (%)	2016	51.8	53.6	53.5	55.6	62.3	57.1	63.4	53.5	43.9	44.4	54.3	42.8	64.8
Under 18s abortions rate / 1,000	2017	8.4	7.5	8.3	5.3	7.6	8.1	6.9	8.5	7.9	8.2	10.1	6.8	10.9
Under 18s births rate / 1,000	2016	5.6	5.1	4.1	4.3	4.6	4.6	3.9	6.8	5.2	9.6	9.7	6.5	3.8

Southend's under 18 conception rate was also falling in line with national trends until 2013 where it has since levelled off while England's rate has continued to fall. As of 2016, Southend's under 18 conception rate (27.1/1000) is significantly above the England (18.8/1000) and East of England (17.1/1000) average.

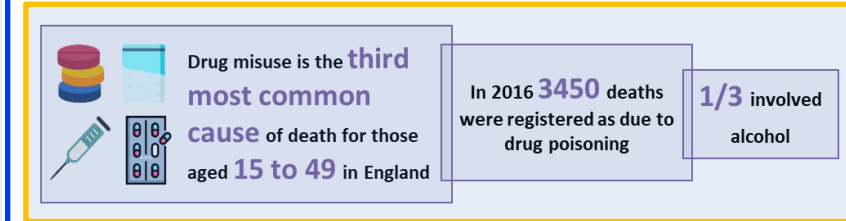
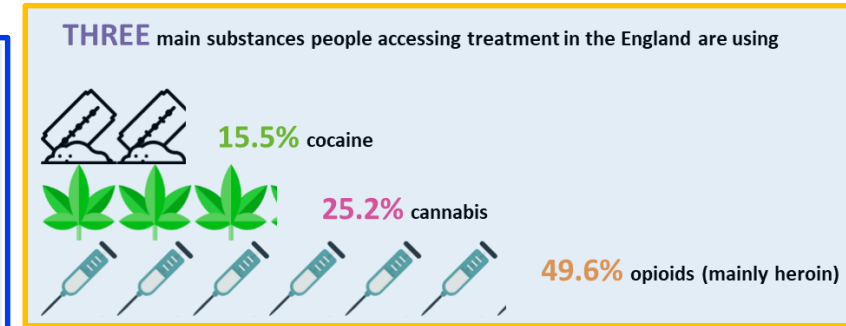
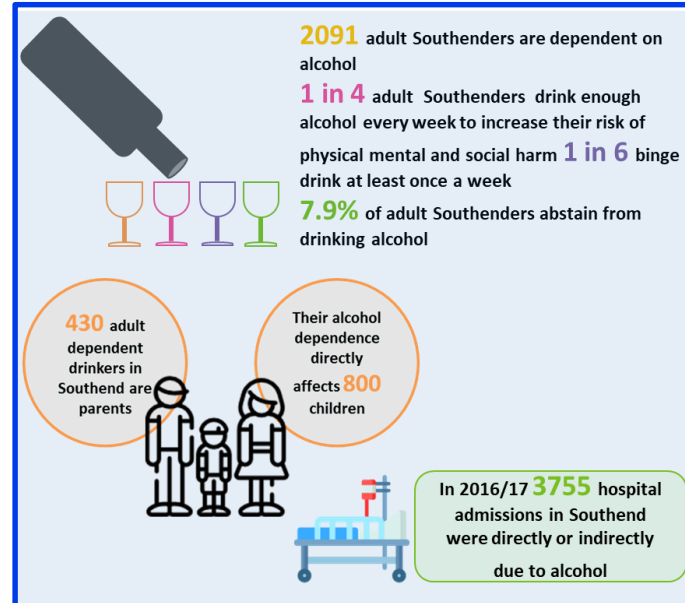
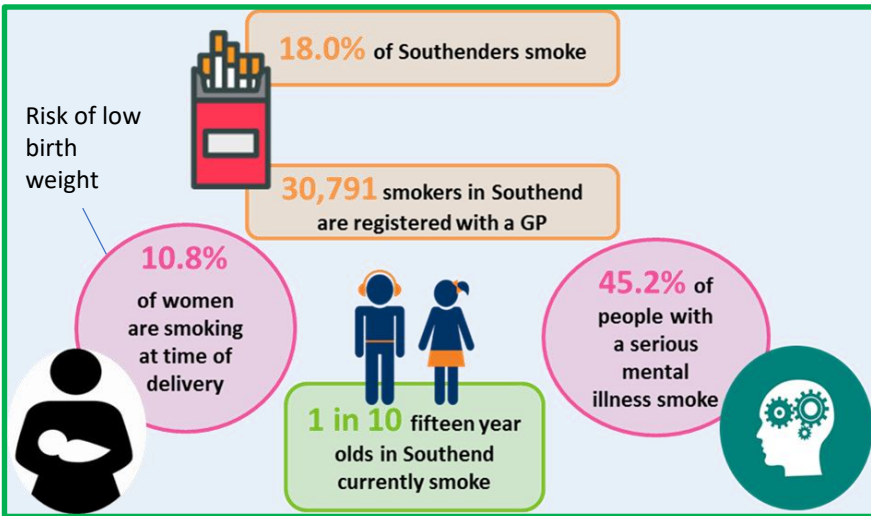
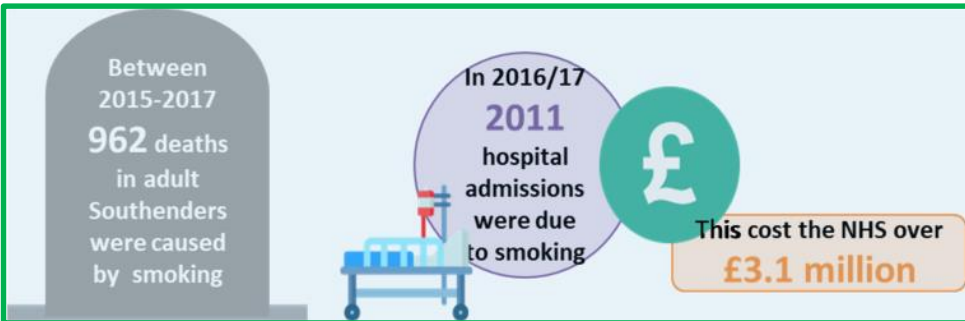
It may be significant that from the period 2010 to 2015 there was an overall downward trend for Southend in the percentage of conceptions ending in abortion for women under 18. This was defying the relatively stable national trend of around 50%. However, in 2016 Southend's percentage of conceptions leading to abortion in under 18s increased to 54.3% which is statistically similar to England (51.8%) and East of England (53.6%) averages.

SOUTHEND 2050 OUTCOMES

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We are all effective at protecting and improving the quality of life for the most vulnerable in our community.

Harm reduction

Southend-on-Sea is currently developing a **new strategy with partners to drive and support harm reduction from tobacco use, substance abuse, alcohol consumption, and gambling.** This summary provides context for the current situation in Southend in relation to harmful behaviours.



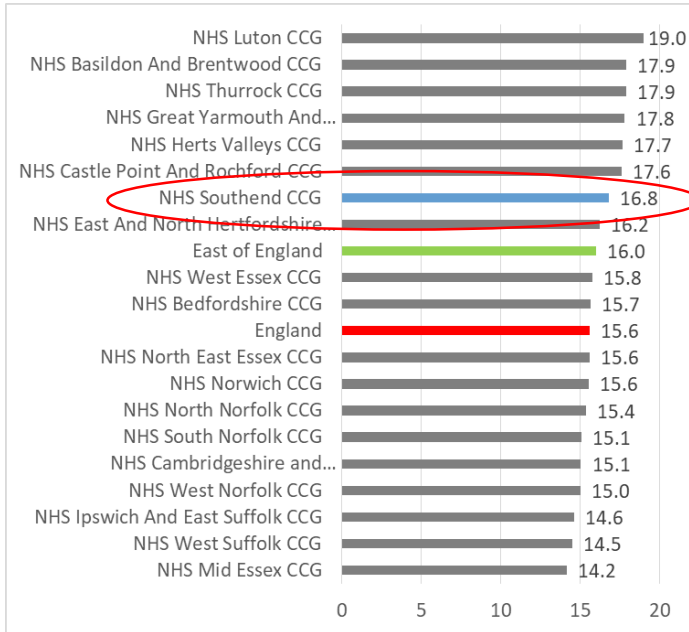
In Southend during 2017, **105** people accessed treatment for problem gambling through GamCare. **78%** were male and **40%** were aged **26-35**. Debts were reported to range from **£5,000** to around **£100,000**. The 5 most common impacts of gambling are anxiety, financial difficulties, relationship difficulties, isolation, and poor general health. There are associations between problem gambling and deprivation, mental illness, and Asian, Black, or Chinese ethnicity.

SOUTHEND 2050 OUTCOMES

People in all parts of the borough feel safe and secure at all times.
 Southenders are remaining well enough to enjoy fulfilling lives, throughout their lives.
 We are all effective at protecting and improving the quality of life for the most vulnerable in our community.
 Our streets and public spaces are clean and inviting.
 The benefits of community connection are evident as more people come together to help, support and spend time with each other.

Mental health

The estimated proportion of Southend-on-Sea's adult population with a common mental health disorder is 16.8%. This is higher than both the regional and national average. There is a strong association between deprivation and mental ill health and this relationship can work in two ways, with mental disorder increasing the risk of movement from low to high deprivation.



Southend has a higher proportion of adults in contact with secondary mental health services than the regional and national average
Southend 7.3% East of England 4.8% England 5.4%

Prevalence and incidence of mental ill health

Public Health England provide the following data for mental ill health by local authority:

	Southend	East England	England
Estimated prevalence of mental ill health in children aged 5-16	9.1%	8.8%	9.2%
GP recorded incidence/prevalence of depression	1.6% 10.1%	1.4% 9.4%	1.6% 9.9%
Prevalence of depression and anxiety	15.1%	12.5%	13.7%
Depression and anxiety among social care users	52.2%	53.7%	54.5%
% of respondents to GP patient survey Long term mental health problems	6.4%	5.2%	5.7%
New cases of psychosis (rate per 100,000 population)	21.2	19.9	24.2
Severe mental illness GP recorded prevalence	1.24%	0.85%	0.94%
ESA claimants for mental and behavioural disorders (rate per 100k)	34.6	22.5	27.5

Secondary Mental Healthcare Needs

People with severe and enduring mental health needs are supported by secondary mental healthcare services. There are two key performance indicators by which these services are measured on the national Public Health Outcomes Framework:

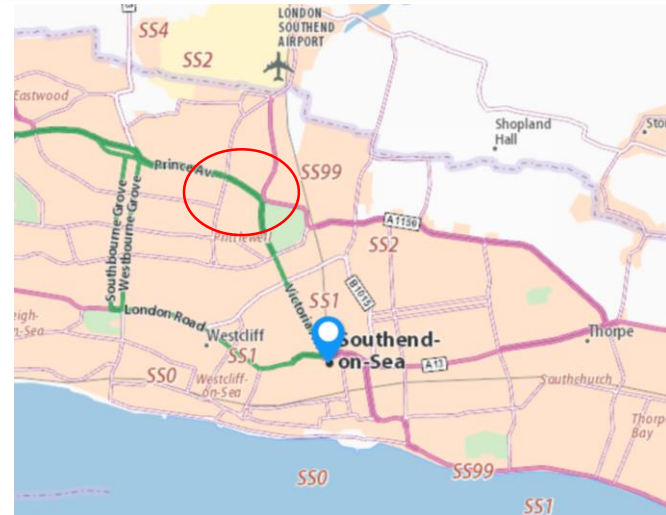
2016/17	Southend	East England	England
% Adults in contact with secondary mental health services who live in stable & appropriate accommodation	61%	43%	54%
% Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate	70%	70%	67%

There is a strong association between mental ill health and poor physical health outcomes. People with severe mental illness (SMI) on average experience a 10-25 year life expectancy gap to the wider population. For instance, people with an SMI have a 3.6 times greater lifetime risk of cardiovascular disease.

SOUTHEND 2050 OUTCOMES

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Air quality

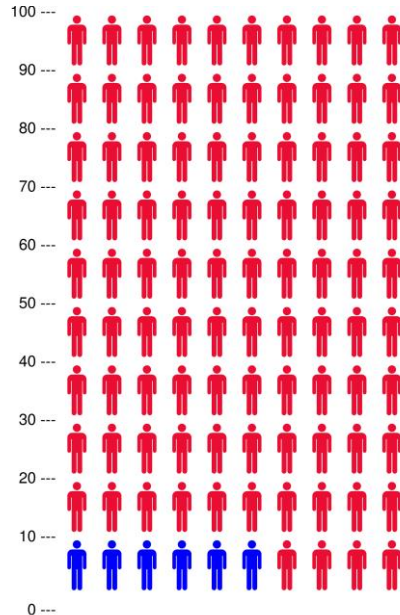


Southend-on-Sea has an Air Quality Management Area (AQMA) around the Bell Junction on the A127. This is the area with the highest recorded levels of air pollution in the Borough. The AQMA has provided the context for the Borough Air Quality Strategy published in 2018. Key actions within the strategy are:
 Improving intelligence on traffic and pollution,
 Promoting alternative travel and road improvement,
 Public health promotion regarding air quality,
 Land use planning to consider air quality,
 Mobility hub for visitor travel planning

Mortality

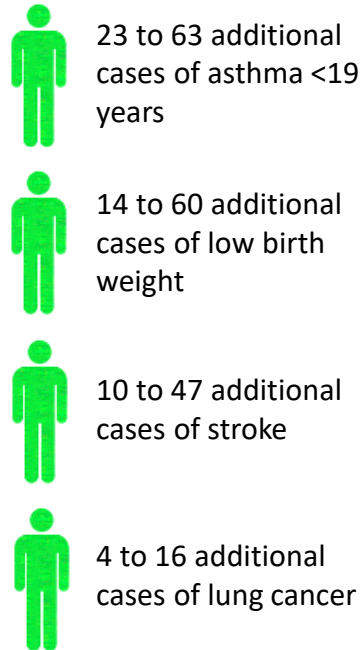
In 2015, between **76** and **148** in Southend died prematurely due to air pollution

Around 6 in 100 deaths in Southend can be attributed to air pollution.



Morbidity

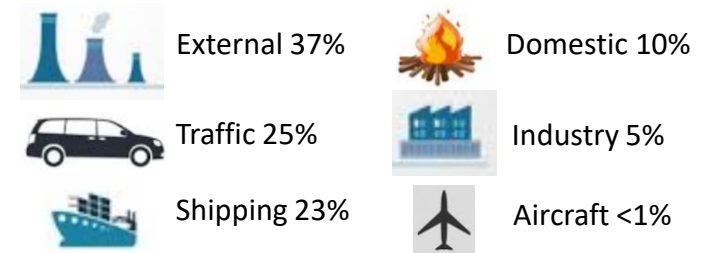
Long-term exposure to air pollution has a negative impact on the incidence of a number of diseases. In Southend in 2015, there were:



Sources of background Southend air pollution

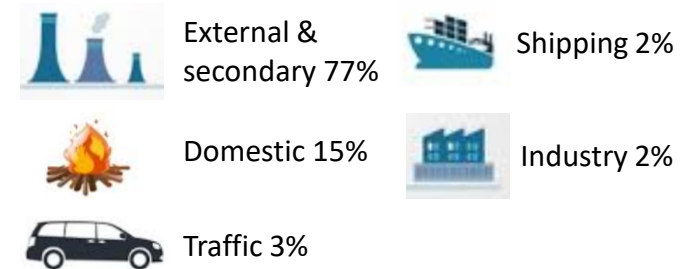
Nitrogen dioxide (NO2)

Toxic molecule produced when fuel is burned



Particulate matter (PM2.5)

Catch-all term for particles small enough to enter the lungs – from a wider range of sources



The biggest locally-controllable source of PM2.5 air pollution is **domestic wood burning**. This is exacerbated by use of low-standard wood burners and non-seasoned wood.

SOUTHEND 2050 OUTCOMES

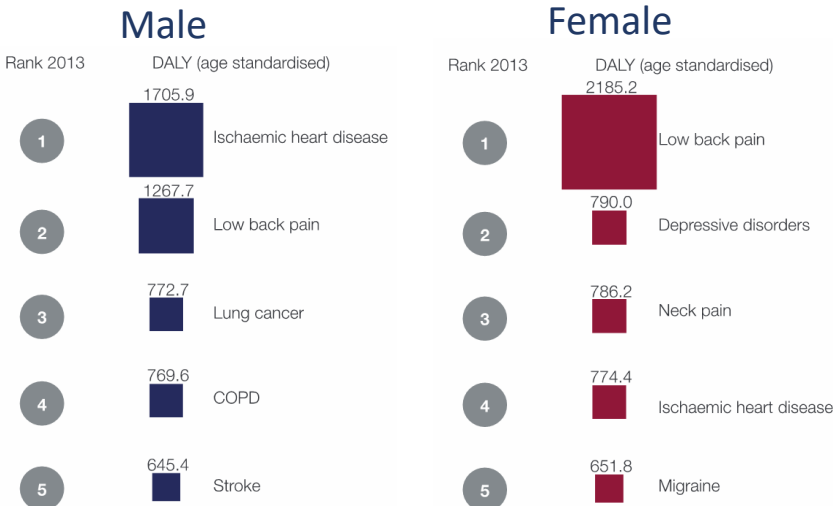
Southenders are remaining well enough to enjoy fulfilling lives, throughout their lives.
 We are all effective at protecting and improving the quality of life for the most vulnerable in our community.
 We act as a Green City with outstanding examples of energy efficient and carbon neutral buildings, streets, transport, and recycling.
 ALL of the outcomes within the Theme CONNECTED AND SMART

Ageing well

Age and health

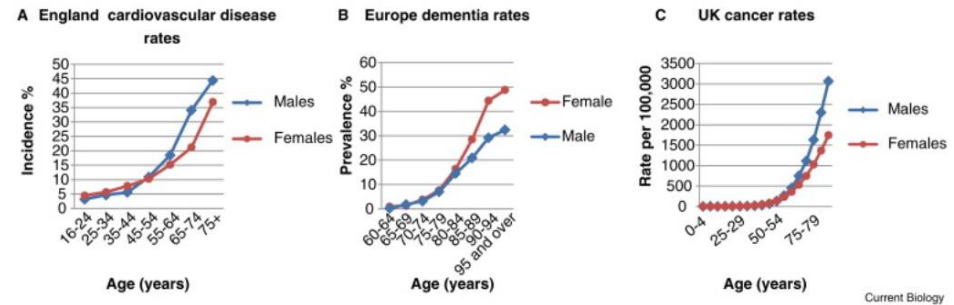
While we monitor and seek to support increases in life expectancy in our population, it is even more important to support an increase in *healthy* life expectancy. Disability Adjusted Life Years (DALYs) are a useful way to measure years lost to death, disability and ill health. Ageing well is about ensuring that DALYs are minimised. Between 1990 and 2013, life expectancy increased in England by six and a half years for men and by five years for women. At the same time, the prevalence of leading causes of DALYs such as heart disease, stroke, and most cancers have also reduced. However, the prevalence of Diabetes Mellitus has increased markedly.

DALYs per 1,000 population – Top 5 by sex



Age as a risk factor

Increasing age is a primary risk factor for many diseases.



It is a non-modifiable risk factor but there are many interventions that an individual can do to mitigate the health risks that ageing brings. Avoiding a sedentary lifestyle, stopping or avoiding smoking, and minimising alcohol intake, are all important modes of mitigation for cancers and cardiovascular disease.

Healthy life expectancy – Southend-on-Sea

Public Health England monitors both life expectancy and healthy life expectancy in its Fingertips suite of indicators. Both life expectancy and healthy life expectancy are below the regional and national average for males.

	Southend	East of England	England
Healthy life expectancy at birth (Male)	60.7	64.7	63.3
Healthy life expectancy at birth (Female)	64.9	64.6	63.9
Life expectancy at birth (Male)	78.6	80.4	79.5
Life expectancy at birth (Female)	82.9	83.7	83.1

SOUTHEND 2050 OUTCOMES

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Physical activity

Physical activity and health

Approximately one in two women and one in three men in England are damaging their health through a lack of physical activity. Physical inactivity is a significant risk factor for breast and colon cancers, diabetes, cardiovascular disease, depression, and falls. The World Health Organisation identifies physical inactivity as the fourth leading risk factor for global mortality.

CMO Physical activity guidelines:



Children and young people

Vigorous intensity physical activity for at least 60 minutes per day. Activities that strengthen bone and muscle 3 days per week.



Adults 19-64 years old

Vigorous intensity physical activity for at least 30 minutes, 5 days per week. Activities that strengthen bone and muscle 2 days per week.



Adults 65+ years old

Moderate intensity physical activity for at least 30 minutes, 5 days per week. Activities that strengthen bone and muscle 2 days per week.

In England:

19% of men and 26% of women are physically inactive, 18% of disabled adults regularly take part in sport compared to 39% of non-disabled adults, Almost 1 in 2 children in the lowest economic group are inactive compared to 1 in 4 boys and 1 in 3 girls in the highest, 23% of girls meet recommended activity levels at age 5-7 but this drops to 8% by age 13.

Physical activity in Southend-on-Sea

Public Health England collates and publishes data on physical activity in local authority populations through its Fingertips health intelligence service. Levels of physical activity in the Southend adult population are statistically similar to the national average but below the regional average.

2016/17

	Southend	East of England	England
Percentage of physically active adults	63.4%	66.8%	66.0%
Percentage of physically inactive adults	24.1%	21.7%	22.2%
Percentage of adults classified as overweight or obese	58.5%	61.9%	61.3%

The estimated costs to health services related to physical inactivity in Southend-on-Sea amount to approximately £5m each year, excluding the cost of obesity.

Assets and opportunities for physical activity in Southend-on-Sea

Southend has many assets that present opportunities for our population to be more physically active:

- Southend Pier is 1.3 miles long providing opportunities for leisure walking,
- Southend seafront is 7 miles long with 8 beaches for walking and leisure/sport activities,
- Local authority owned leisure centres, including 3 public swimming pools,
- Cycling infrastructure incorporating additions to the national cycling network, and cycle hire schemes,
- 1,000+ acres of parkland and green space with multi-use game areas and outdoor gym equipment,
- 283 acres of dedicated public sports pitches, courts, and greens (plus private provision),
- Active Southend – a grant-funded community network of physical activity and sports providers,
- School sports partnerships providing sport and physical activities in school settings across the borough.

SOUTHEND 2050 OUTCOMES

More people have active lifestyles and there are significantly fewer people who do not engage in any physical activity. Southenders are remaining well enough to enjoy fulfilling lives, throughout their lives.

Community safety

Violence and vulnerability – the national picture

The Crime Survey for England and Wales (CSEW) has shown that nationally we have seen a significant decrease in crime from a peak of 3.8 million reported incidents in 1995 to 1.2 million in 2017. There was an increase in police reported incidents of violence against the person from 2016 although this is believed to be due to improved reporting systems. The most recent CSEW survey results show that members of the public's perception of their likelihood of becoming a victim of crime is higher than their actual risk and that this perceived risk has increased since a low point of 2013.

Perception of crime vs prevalence of crime



Source: Crime Survey for England and Wales, Office for National Statistics

Violence and vulnerability in Southend

Public Health England monitor data on domestic violence, violent crime, and abuse against children, and provide a summary crime deprivation score. For Southend each of the indicator scores is statistically similar to the national average. However, the crime deprivation score lies within the top two quartiles nationally and is the third highest within the East of England region (behind Luton and Thurrock). However, while the Office for National Statistics has reported an increase of 13% nationally in the violence against the person rate, **for Southend this increase is 24.6%**. The increase was 21.9% in Essex.

	Southend	East England	England
Domestic abuse-related incidents and crimes (per 1,000 population)	21.7	21.2	22.5
Violent crime (including sexual violence) – hospital admissions for violence (per 100,000 population)	38.3	29.3	42.9
Violent crime (including sexual violence) – violent offences per 1,000 population	30.2	21.0	23.7
Violent crime (including sexual violence) – rate of sexual offences per 1,000 population	2.5	2.0	2.4
Admission episodes for alcohol-specific conditions <18 years (per 100,000 population)	26.9	25.7	34.2
Children subject to a child protection plan with initial category of abuse (rate per 100,000 children)	16.3	10.9	19.9
Crime deprivation score <i>A higher score means more deprivation</i>	0.46	-	0.1

SOUTHEND 2050 OUTCOMES

People in all parts of the borough feel safe and secure at all times.

We are all effective at protecting and improving the quality of life for the most vulnerable in our community.

The benefits of community connection are evident as more people come together to help, support and spend time with each other.

A range of initiatives help communities come together to enhance their neighbourhood and environment.

Creating a better
Southend
www.southend.gov.uk



Even more Southenders agree that people from different backgrounds are valued and get on well together.

Community safety

Addressing violence and vulnerability in Southend

Southend-on-Sea Borough Council are working in partnership with other agencies in the Borough and nationally to combat serious violence and exploitation in our community. The local action plan is using multi-agency data and local intelligence to develop evidence-driven interventions to inhibit criminal activity, particularly around the illicit drugs trade. The plan is overseen by the Strategic Partnership Board (bringing together the Local Safeguarding Children Board, Adult Safeguarding Board, Health and Wellbeing Board, and Community Safety Partnership) and is organised around 4 Ps:

- Prepare – ensuring the partnership is fully briefed and trained, and effective policies are in place,
- Prevention – providing education and public awareness and engagement,
- Protection – safeguarding vulnerable children and adults,
- Pursue – disrupting criminal behaviour and creating civil enforcement on the streets

Prepare

Identification and training of champions, Local community forums & Southend 2050 survey, Liaison with health services around knowledge of criminal exploitation, Training on county lines, Training in schools (See the Signs)

Prevention

Education resource library for schools, School staff/parents workshops, Non-violence response training, Public “See the signs” education campaign, Epidemiology and education for recreational drug use

Protection

Nationally recognised multi-agency operations to investigate child sexual exploitation and criminal exploitation, Development of a “wrap-around” service to protect victims of criminal exploitation, Seamless support across child/adult (18-25) transition

Pursue

Routine monitoring of clients with gang affiliations by Probation and CRC, Liaison with police/LAs to monitor and disrupt London and Essex gang operations, Street rangers and police inhibiting street begging, Street engagement patrols to promote diversionary activities, Building an epidemiology of modern slavery

Understanding the local picture

The partnership is working to develop a new multi-agency intelligence system to better understand the interplay between gang activity and exploitation of vulnerable populations in the Borough. The development of the dashboard to present this information has been an iterative process throughout 2018/19 and a robust data set including further police data is expected to be finalised by the end of March 2019.

Dashboard snapshot – November 2018

County Lines

23 lines were operating in Southend in November 2018. This number is increasing.

Drug related violence and knife violence

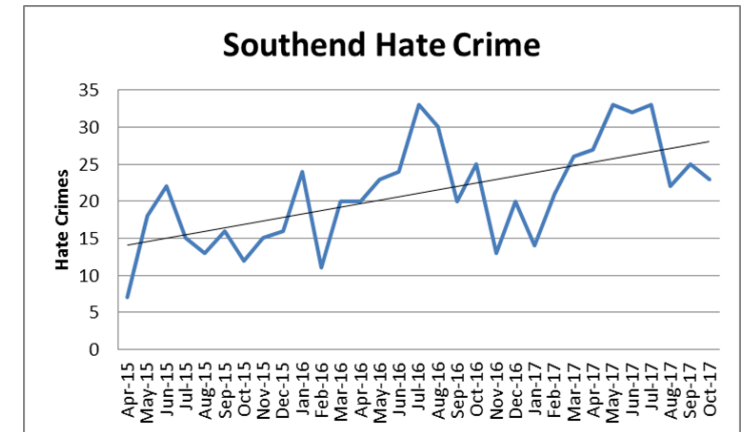
There were 5 reported drug-related stabbings and robberies.

There were 319 reported police incidents concerning gangs, county lines, and drugs.

There were 4 presentations for knife or gun wounds at Southend Hospital A&E.

Hate crime

Southend has seen an upward trend in reported hate crime since 2015. In the period 2015-17, 73% of reported incidents were racist in nature, 9% homophobic, 8% due to disability, and 6% religious.



SOUTHEND 2050 OUTCOMES

People in all parts of the borough feel safe and secure at all times.

We are all effective at protecting and improving the quality of life for the most vulnerable in our community.

The benefits of community connection are evident as more people come together to help, support and spend time with each other.

A range of initiatives help communities come together to enhance their neighbourhood and environment.

Creating a better
Southend
www.southend.gov.uk

southend
onsea
BOROUGH COUNCIL

Even more Southenders agree that people from different backgrounds are valued and get on well together.

Further information

Individual thematic modules of the Joint Strategic Needs Assessment are available through the Southend-on-Sea Borough Council website at:

https://www.southend.gov.uk/info/200233/health_and_wellbeing/468/health_and_wellbeing_board