

Director of Public Health Annual Report 2018-19



Director of Public Health

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Glossary

ABS	A Better Start. <i>“A Better Start aims to improve the life chances of babies and very young children by delivering a significant increase in the use of preventative approaches in pregnancy and first three years of life.”¹</i>
ABSS	A Better Start Southend. The ABS project running in Southend.
ASELA	Association of South Essex Local Authorities.
CE	Criminal Exploitation.
CSE	Child Sexual Exploitation.
CVD	Cardiovascular disease.
Early years	Educational performance figures for Early Years refer to pupils in the reception year of primary school, aged 4 to 5.
ESA	Employment Support Allowance
ForwardMotion	<i>“ForwardMotion is a new initiative to encourage people to think differently about the way they commute in and around south Essex”²</i>
IMD	Index of Multiple Deprivation. A summary measure describing the deprivation experienced in an area, relative to other areas in England.
JTAI	Joint Targeted Area Inspection. Inspections carried out by Ofsted, the Care Quality Commission (CQC), Her Majesty’s Inspectorate of Constabulary and Fire and Rescue Service (HMICFRS) and Her Majesty’s Inspectorate of Probation (HMI Probation)
Key stage 2	Educational performance figures for Key Stage 2 refer to primary school year 6, pupils aged 10 to 11.
Key Stage 4	Educational performance figures for Key Stage 2 refer to Secondary school year 11, pupils aged 15 to 16.
NCMP	National Child Measurement Programme, which measures the height and weight of children in Reception (age 4 to 5), and year 6 (aged 10 to 11).
NO2	Nitrogen Dioxide, an air pollutant produced when fuel is burned
PHE	Public Health England.
PHE Fingertips	The Fingertips website presents a wide range of statistics on health and related measures.
PIR	Police Intelligence Reports
PM2.5 PM10	Particulate Matter, PM2.5 and PM10 refer to different sizes of the particles.
RSE	Relationship and Sex Education.
SMI	Serious Mental Illness.
Southend 2050	<i>“The Southend 2050 programme is not about one single publication or statement. It is a mind-set – one that looks to translate the desires of local people and stakeholders into action, something that looks to the long term, but also at the action that is needed now and in the medium-term”³</i>
STP	Sustainability and Transformation Partnership - new partnership between NHS and Local Authorities to run services in a more coordinated way, to agree system-wide priorities, and to plan collectively how to improve residents’ day-to-day health.
SystemOne	SystemOne is used by many GP’s to manage patient records.

¹ <https://www.abetterstart.org.uk/content/about-programme>

² <https://forwardmotionsouthessex.co.uk>

³ https://www.southend.gov.uk/info/100004/about_the_council/877/southend_2050

Foreword

This is my independent annual public health report on the health and wellbeing of the population of Southend-on-Sea highlighting key issues and some areas of focus for the coming year, in supporting our Southend 2050 ambition, our collective health and wellbeing priorities and infrastructure growth.

Working with partners, a number of joint strategic needs assessments (JSNA) have been compiled over the past 15 months, including a summary JSNA in January 2019⁴, which provide a richer form of information synthesis behind this report. We have identified cardiovascular conditions and diabetes as two health areas to achieve further improvements – these are two of the four STP priorities agreed for 2019 onwards. We need to stay true to our community resilience building whilst also acknowledging the need to continue raising our children’s aspirations, improve their wellbeing and tackle some of the vulnerabilities which create further inequalities locally. As we embark on developing a new Local Plan, it is timely to consider how our ambition, drawn together from the voices of Southenders, can be better realised, striving for a highly digitally-enhanced capacity to promote growth, improve connectedness and maximise the potential for health care benefits.

Much of local engagement in developing the Southend 2050 ambition, has been inspirational and should provide us all across Southend and the wider geography, with the impetus to forge more meaningful partnerships, accelerate our collaborative undertakings to improve lives and encapsulate how to measure the impact of our endeavours. More alignment to our STP work programme is afoot to ensure we can better harness our joint efforts in delivering the same outcomes.

We have collectively established a set of 23 outcomes that we can continue to aspire in achieving for Southend. They are broad enough to enable a myriad of interventions and community-led actions to emerge and I am enthused in contemplating how some of these will be supported as we move to focus across the three themes highlighted in this report. For example, by preventing ill-health and further improving the management of people with cardiovascular diseases, we can ensure that *‘Southenders are remaining well enough to enjoy fulfilling lives, throughout their lives’* and that *‘More people have active lifestyles and there are significantly fewer people who do not engage in any physical activity.’*

In working together with vulnerable young people, we can make sure that *‘We are all effective at protecting and improving the quality of life for the most vulnerable in our community.’* In return a safe environment for young people to grow and prosper means *‘There is a tangible sense of pride in the place and local people are actively, and knowledgeably, talking up Southend-on-Sea.’*

In sharing our knowledge and with real engagement with the local population in developing our Local Plan, our proposals can ensure *‘We act as a green city with outstanding examples of energy efficient and carbon neutral buildings, green open spaces, streets, transport and recycling’* and *‘We have a fast-evolving, re-imagined and thriving town centre, with an inviting mix of shops, homes, culture and leisure opportunities.’*

These are but a few examples of how we can all demonstrate our commitment to support these outcomes and that they will touch most of the borough-wide priorities regardless of boundaries. I hope this report will be a catalyst to help all agencies and residents to work together to improve the lives of our residents, support our businesses and ensure our town will continue to grow and prosper.

Mr Krishna Ramkhelawon – Interim Director of Public Health

⁴ https://www.southend.gov.uk/downloads/download/356/joint_strategic_needs_assessments

Introduction

The challenges we face in the context of austerity and wide-ranging vulnerabilities in our populace, require a wide range of strategic partnerships to proactively jointly deliver a more positive impact on health outcomes. We will aim to enhance growth and development in the borough and across South East Essex through the roles of strategic partners.

Our communities will become more resilient to the challenges if, across all sectors, we engage them in developing our approach and local solutions. Working with the NHS's STP forum, we will support local priorities such as prevention and improved management of people with pre-existing conditions.

Our Southend 2050 shared ambition will enable us to set sail to achieve significant improvement in the health and wellbeing and the local infrastructure of our beautiful coastal town.

The focus of the report this year will cover:

- Reducing the impact of cardiovascular conditions and diabetes and improving related prevention work;
- Improving community safety and building resilience, with a particular focus on our children and young people;
- Ensuring that spatial planning incorporates health and wellbeing impacts, and delivers what residents will need.

Last Year's Annual Report

Our focus from last year's report was on workplace health and supporting people to retain employment. The commitment through our Public Health Responsibility Deal (PHRD), saw great strides being made with our businesses and schools:

New Organisations signed up to PHRD	2017/18	2018/19
Other Businesses	47	44
Micro businesses	16	17
Schools	15	9
Eateries for healthier eating award	4	6

Some of the most popular activities included different physical recreations (most onsite to support team building opportunities), health checks and mental health awareness trainings for staff including personal resilience and dementia awareness. We also trailed the MoveOut programme devised to promote physical activity and raise awareness of the green spaces in the Borough, as adults working in retail and micro businesses would not have space in their workplaces to encourage participation. For 2019, the activities will move to more outdoor spaces and we are working with the Department for Works and Pensions to signpost those claimants who can benefit from our programme.

Southend 2050 – Shared Ambition

Our ambition was developed following extensive conversations with those who live, work, visit, do business and study in Southend-on-Sea. The ambition is grounded in the values of Southenders. It is bold and challenging and will need all elements of our community to work together to make it a reality. They are grouped under five themes with key outcomes for all of us to work together to grow Southend-on-sea (see **Appendix A** for outcomes).



The Health of Southend's population

Population size

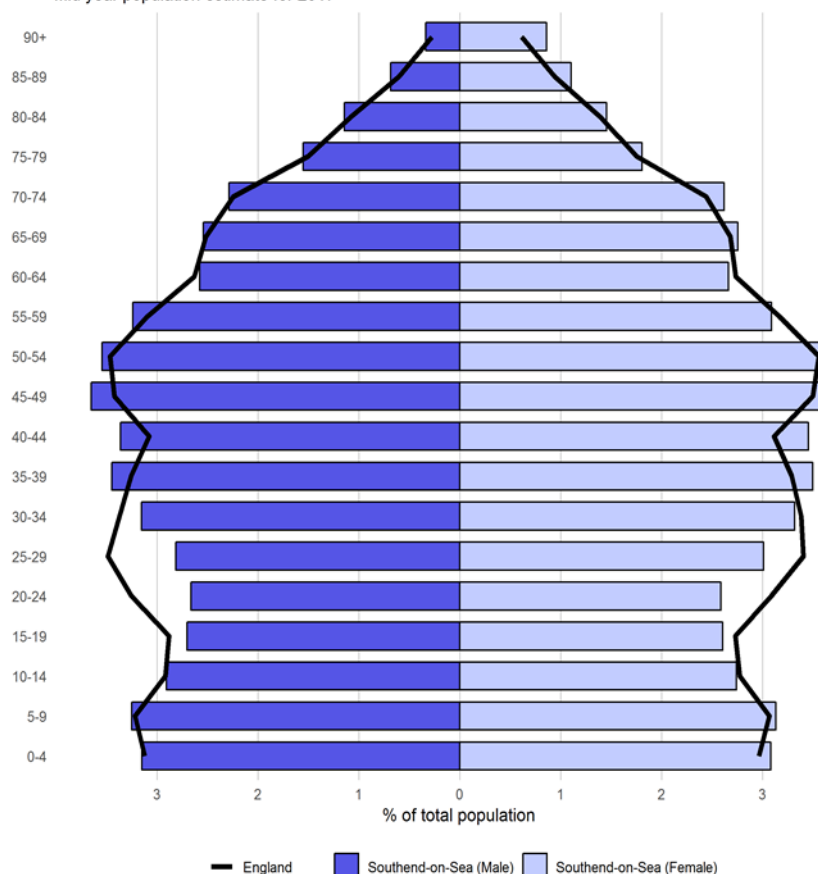
Since 2001, Southend-on-Sea's population has grown from 160,362 to 179,799. This is a growth rate of 12% which broadly matches the rate for England.

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 12.9% which is higher than the projected growth rate for England (10.1%).

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

Age Profile, Southend-on-Sea compared to England
Mid year population estimate for 2017



Ethnicity

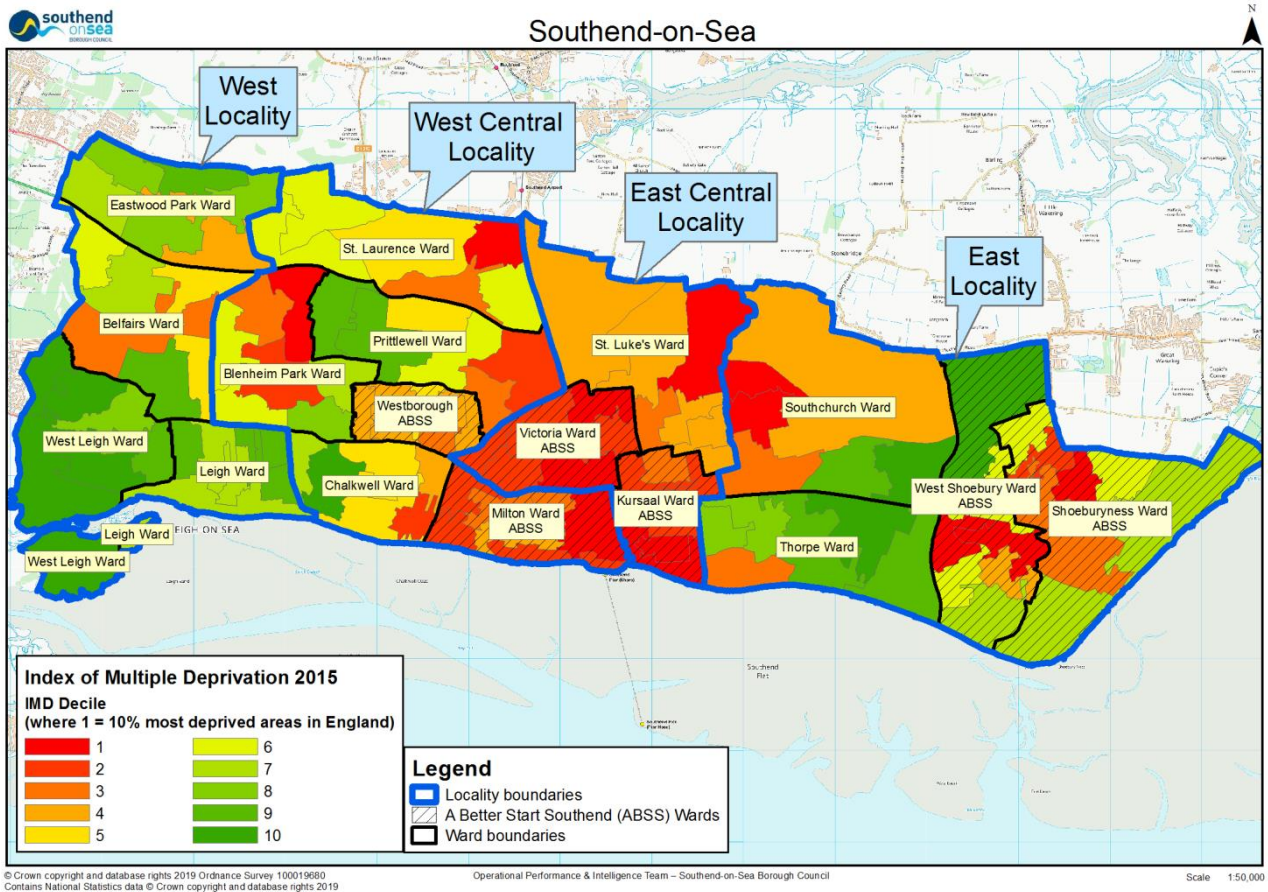
	Southend (%)	East of England Region (%)	England (%)
White	91.6%	90.8%	85.4%
Mixed/multiple ethnic groups	2.1%	1.9%	2.3%
Asian/Asian British	3.7%	4.8%	7.8%
Black/African/Caribbean/Black British	2.1%	2.0%	3.5%
Other ethnic group	0.5%	0.5%	1.0%

See **Appendix B** for detailed ethnicity breakdown

Source: 2011 Census, via Nomis⁵

⁵ <https://www.nomisweb.co.uk/census/2011>

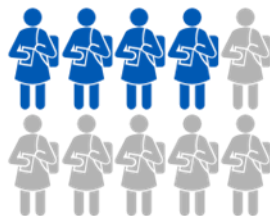
Deprivation



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

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

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



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



Risk Factors

Harmful substances



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.

Smoking

Impact

Between 2015-17, **962 deaths** of adults in Southend were caused by smoking, a rate of 295 per 100,000, which is **worse** than the England average (263 per 100,000)

In 2016/17 there were **2011 hospital admissions** due to smoking. This cost the NHS over **£3.1 million**

Smoking prevalence



15 year olds (2014/15)
10%, **similar** to England



Adults (2017)
18%, **worse** than England (15%)



Pregnant women smoking at time of delivery (2017/18)
11%, **similar** to England



Adults with serious mental illness (SMI) (2014/15)
45% , **worse** than England (41%).

Alcohol

1,863 adults in Southend are dependent on alcohol
1 in 4 adults in Southend drink enough alcohol every week to increase their risk of physical, mental, and social harm
1 in 6 binge drink at least once a week
7.9% of Southend's adults abstain from drinking alcohol

Impact

In 2017/18, **4,310** hospital admissions in Southend were directly or indirectly attributable to alcohol (or 2,426 per 100,000, which is **worse** than the England average of 2,224 per 100,000)

430 adult dependent drinkers are parents

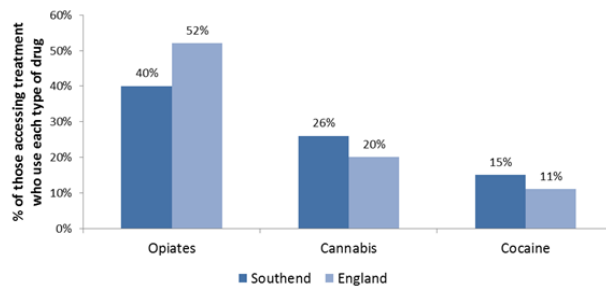


Their alcohol dependence affects approximately 800 children

Drug misuse

Drug misuse remains the third most common cause of death for those aged 15 to 49. In 2017, 3,756 deaths were registered as due to drug poisoning. Around a third of these involved alcohol.

The most commonly used drugs amongst those accessing treatment are Opiates



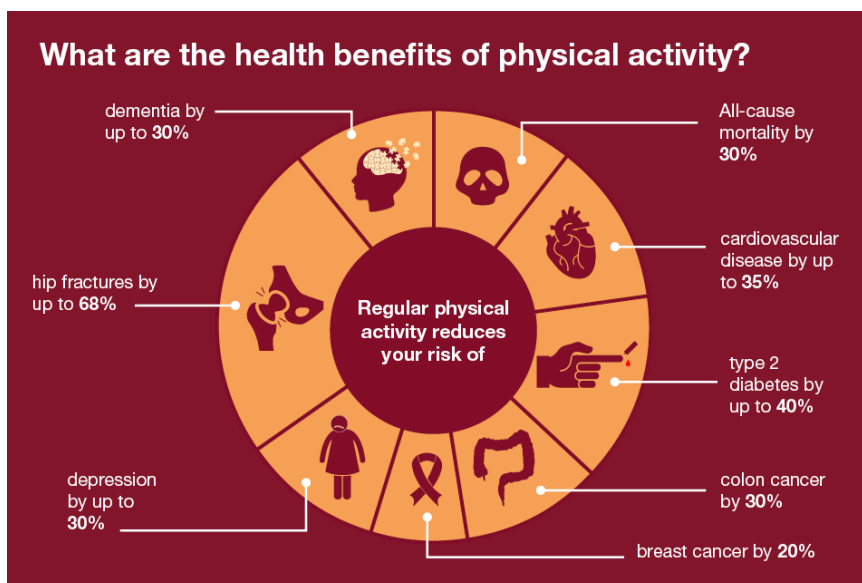
Problem gambling

On average, 6 to 10 additional people are affected by one problem gambler.



Excess weight and inactivity

Physical inactivity is putting more individuals at a greater risk of a number of diseases, including coronary heart disease, cancer, stroke, type 2 diabetes and obesity. In addition to the impact on health and wellbeing of individuals, it is estimated that every year the health related costs, associated with the low levels of physical activity in the borough, are in the region of £5 million.



Adults



Excess weight in adults (2016/17)

58.5%, similar to England (61.3%)

Children



Prevalence of Overweight (including obesity)

Reception (Age 4-5) (2017/18)

22.7%, similar to England (22.4%)

Year 6 (Age 10-11) (2017/18)

32.5%, similar to England (34.3%)

Prevalence of Obesity (including severe obesity)

Reception (Age 4-5) (2017/18)

8.6% similar to England (9.5%)

Year 6 (Age 10-11) (2017/18)

18.6%, similar to England (20.1%)



Inactivity

74% of Southend's 15 year olds had a mean daily sedentary time in the last week of over 7 hours per day, which was worse than the England average.

Source: What about YOUth survey 2014/15, via PHE Fingertips (App B: 4-2)

Sexual health

Southend-on-Sea Borough Council commissioned a comprehensive open access sexual health service including free testing and treatment of sexually transmitted infections, and free access to contraception for Southend-on-Sea residents including young people. During 2019, a new online sexual health service will be launched to further improve access to this service and reduce our infection rates.

Between April 2018 and February 2019, 19% of individuals attending the Southend-on-Sea Integrated Sexual Health Service were aged 19 and under, (**similar** to England 2017 percentage at 19.1%)

Syphilis diagnostic rate / 100,000 (2017)	6.6 Better than England
Gonorrhoea diagnostic rate / 100,000 (2017)	46.5 Better than England
Chlamydia detection rate / 100,000 aged 15-24 (PHOF indicator 3.02) (2017)	2269.2 Rated Amber against benchmark
HIV diagnosed prevalence rate / 1,000 aged 15-59 (2017)	2.9 Rated Amber against benchmark
HIV late diagnosis (%) (PHOF indicator 3.04) (2015 - 17)	58.3% Rated Red against benchmark (See Note 1)
New STI diagnoses (exc chlamydia aged <25) / 100,000 (2017)	666.1 Better than England
HIV testing coverage, total (%) (2017)	38.4% Worse than England
New HIV diagnosis rate / 100,000 aged 15+ (2017)	9.4 Similar to England

Note 1: There is a known issue with the calculation of this indicator for Southend

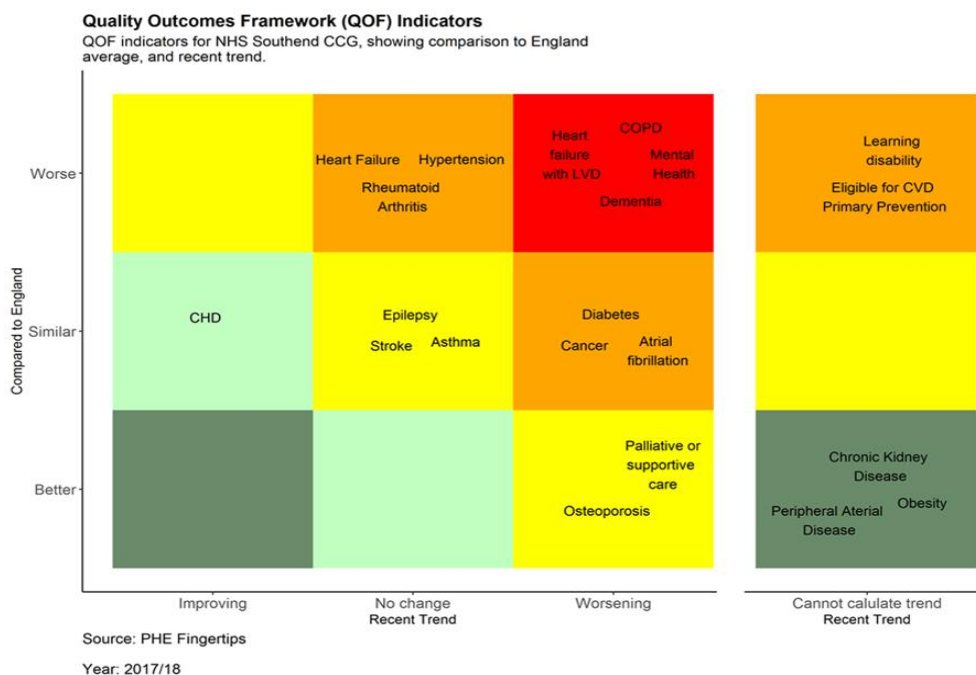
Prevalence of certain conditions

PHE Fingertips indicators relating to deprivation where Southend is a negative outlier

Health improvement	SoS	East	Eng
Smoking prevalence in adults %	18.0	14.2	14.9
Estimated diabetes diagnosis rate %	75.3	76.7	78
Successful completion of alcohol treatment %	32.0	38.2	38.9
Cancer screening coverage – breast	68.1	75.5	74.9
Cancer screening coverage - bowel	53.9	60	59
Children in low income families %	18.9	13.9	17
Rate of complaints about noise**	11.9	5.0	6.3
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

At the end of March 2019, 796 people had quit smoking (target was 771 for 2018-19) with almost 1,800 smokers supported to try and quit.

Key indicators from the Quality Outcomes Framework



This shows the challenge we still face in reducing the level of ill-health related to cardiovascular conditions and diabetes

Life Expectancy

Males



78.7 years
Worse than England
 (79.6)
 Ranked 94 / 150

61.2 years
Worse than England
 (63.4)
 Ranked 100 / 150

11.5 years
Worse than England
 (9.4)
 Ranked 133 / 149

Life expectancy at birth

Healthy life expectancy at birth
 How many years can a person expect to live in good health?

Inequality in life expectancy at birth
 What is the difference between the life expectancy of people living in the most deprived areas, compared to the least deprived?



Females

82.4 years
Worse than England
 (83.1)
 Ranked 101 / 150

62.8 years
Similar to England
 (63.8)
 Ranked 81 / 150

10.3 years
Worse than England
 (7.4)
 Ranked 141 / 149

NOTE ON RANKS
 This is Southend's rank within all English Local Authorities with a valid entry.
 1 = Best

Recent studies have shown that the poorest groups in society are dying almost a decade earlier, and this is worse in other most vulnerable groups, such as those homeless, who can expect to live 30 years less. We still have a long way to go to further improve health outcomes in Southend-on-Sea.

Educational Achievements

Early Years

Percentage of pupils achieving a good level of development:

Southend-on-Sea	73.9%
England (all schools)	71.5%

Key Stage 4 (Secondary School – Year 11)

Grade 5 or above in English/Maths GCSE

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

Key Stage 2 (Primary School – Year 6)

Percentage of pupils meeting expected standard:

Southend-on-Sea	69%
England (State funded)	64%
England (all schools)	64%
Reading	Average
Writing	Above average
Maths	Above average

A Level Performance

Achieving AAB or higher in 2 subjects

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



There is strong evidence that the first few years of life build the foundations for future health and wellbeing. Every child deserves the best possible start in life and support to fulfil their potential. Ofsted rated 99% of the local provision as Good or Outstanding. Nearly a 1,000 working families with 3-4 year olds are accessing extended 30 hour entitlement, this and Tax Free Childcare is a platform to help lift children out of poverty.

We should be proud of the level of educational attainment in Southend-on-sea and work to create more local training and job opportunities to retain local talent and prosper.

Health Protection

Vaccination is one of our key prevention interventions to keep the population safe and well from unpleasant and dangerous communicable diseases.



Childhood vaccinations and immunisations

Uptake of the first dose of MMR is lower than the national average but higher for the second dose. We are working across the region to better identify children with incomplete vaccination history to support GPs in providing catch up vaccination.

1 year old

93.6% received Diphtheria, Tetanus, Polio, Pertussis, & Hib in 2017/18.

Similar to the target (95%) and **similar** to England (93.1%).

1-5 years old

94.9% received Dtap/IPV/Hib 1st visit in 2017/18.

Similar to the target (95%) and **similar** to England (95.1%).

89.4% received MMR in 2017/18.

Lower than the target (95%) and **lower** than England (91.2%)

5 years old

94.1% received Hib/Men C booster in 2017/18.

Similar to the target (95%) but **higher** than England (92.4%)

89.6% received both doses of MMR in 2017/18

Lower than the target (95%) but **higher** than England (87.2%)

Flu vaccination coverage

Flu vaccination coverage for Southend-on-Sea has seen a general slight declining trend since 2011. Uptake for all groups is lower than the regional and national average with the exception of primary school children. Improving flu vaccine uptake is a key priority in Southend's Prevention Strategy action plan for 2019/20. Plans are being developed to link in flu vaccine provision with other interventions for key risk groups such as the NHS Health Check programme to maximise opportunity for uptake.

Sep 2018 to Feb 2019	Target	Southend	East	England
65+	75%	64.3%	71.1%	72.0%
Under 65 at risk	55%	40.5%	46.2%	48.0%
Pregnant	55%	40.1%	44.1%	45.2%
Age 2 not at risk	50%	43.0%	51.1%	43.6%
Age 2 at risk	50%	46.0%	60.1%	54.5%
Primary school*	65%	63.5%	60.5%	60.5%

* Data for primary school children is from September 2018 to January 2019

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. A number of factors contribute to poor mental health and wellbeing which has been further compounded by life pressures following years of austerity.

	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%	1.4%	1.6%
	10.1%	9.4%	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

Perinatal mental health

Based on the national prevalence of between 10%-20%, we anticipate that Southend may have in the region of 200 to 400 new mothers per year who may be impacted by perinatal mental health issues.

A parent's ability to bond with and care for their baby, their parenting style and the development of a positive relationship can predict a number of physical, social, emotional and cognitive outcomes through to adulthood.

Through A Better Start Southend (ABSS) programme, we have developed a number of innovative interventions, co-designed with community champions and professionals, to help prevent, minimise and alleviate the consequences arising from perinatal mental health issues.



Cardiovascular Conditions and Diabetes

Epidemiology and risk factors

Cardiovascular disease (CVD) is a term that describes a family of diseases including heart disease and stroke and also relates to other conditions such as vascular dementia, chronic kidney disease, Type 2 diabetes, sudden cardiac death and heart failure. As reported in the previous sections, there is more we can do to prevent CVD as well as improving the local management of these conditions to minimise the poor associated health outcomes and disabling consequences.

Epidemiology of CVD and Diabetes Mellitus



U75 mortality rate from all CVD (2015/17)
71.5 / 100,000, similar to England
 U75 mortality rate from preventable CVD (2015/17)
40.9 / 100,000, similar to England
 CHD QOF prevalence (2017/18)
3.2%, similar to England



Stroke QOF prevalence (2017/18)
1.8%, similar to England



Diabetes QOF prevalence – recorded (2017/18)
6.7%, similar to England
 Diabetes – Estimated prevalence (diagnosed & undiagnosed) (2015)
8.8%
 Diabetes- Estimated diagnosis rate
75.3%, similar to England

Clinical risk factors for CVD events

Atrial fibrillation (irregular heartbeat) significantly increases the risk of stroke. Hypertension similarly raises the risk of stroke along with CHD and diabetes.



Atrial Fibrillation QOF prevalence (2017/18)
1.9%, similar to England
 Estimated we have diagnosed only 61% of AF cases (below national average)



Hypertension QOF prevalence (2017/18)
15.2%, higher than England

Behavioural risk factors

Current 18+ smokers (2017), from ONS Annual Population Survey
58.4%, worse than to England
 In the period 2011-2017, this has been in the range 17.2% - 21.8%



Smoking prevalence QOF estimate (2017)
19.1%, worse than England

Smoking prevalence at 15 (2014/15)
9.9%, similar to England



Proportion of the population meeting recommended '5-a-day' (2016/17)
58.4%, similar to England

Overweight or obese adults (2016/17)
58.5%, similar to England



Child excess weight at 4-5 yr old (2017/18)
22.7%, similar to England

Child excess weight at 10-11 yr old (2017/18)
32.5%, similar to England



Percentage of physically inactive adults (2016/17)
24.1%, similar to England

Prevention planning

Local STP Priorities

The STP has agreed some shared priorities across South and Mid Essex:

- Stroke (Atrial Fibrillation)
- Diabetes
- Mental Health and Wellbeing
- Respiratory Illnesses

Working through the Localities development, we will accelerate our focus on key prevention work against these four priorities through the ongoing establishment of the STP's Primary Care Networks across Southend and neighbouring districts.

Prevention interventions in Southend

There are known key behavioural risk factors shared for CVD and diabetes: smoking, inactivity, poor diet, excess alcohol consumption.

These behavioural factors increase the risk of high blood pressure (hypertension) and overweight/obesity which in turn increase the risk of CVD and Type 2 diabetes.

The new Wellbeing Service brings a new approach to supporting the population in addressing these risk factors. This will include working with the local population and local groups and providers to develop more sustainable preventative interventions which helps identify individual barriers and promote self-help and self-care.

The NHS Health Checks programme for people aged 40-74 years, without long term conditions can identify behavioural and clinical risk factors and provides an opportunity to support people better in improving their lifestyle. The additional good practice being introduced through the development of a social prescribing scheme (see next sub-section), will support this approach as part of a revamp of the Wellbeing service.

New approaches being developed with lead GP practices across Southend to improve detection and treatment of atrial fibrillation and hypertension are also being explored.

Further interventions are planned across Southend to increase the uptake for the flu immunisation across all risk groups as people aged 65 years and over.

Social prescribing

Social prescribing has been defined as a way of: 'Enabling healthcare professionals to refer patients to a link worker (or similar), to co-design a non-clinical social prescription to improve their health and wellbeing' (National Social Prescribing Network, 2016).

Social prescribing supports the individual, families, local and national government, and the private, voluntary and community sectors to work in collaboration. When done well, it can offer many people an individualised and flexible offer of support to self-manage a personal situation at a pace that is appropriate to the person.

Social prescribing usually includes a range of voluntary activity, being and socialising with others, often an element of learning and physical activity and recognition of the local environment. It can influence a wide range of factors including employment, housing, debt, social networks and culture.

The new Southend-on-Sea Wellbeing Service will develop from June 2019, in conjunction with a wide range of partner organisations, the local approach and model to social prescribing to support individuals, families and the wider community to improve their health and wellbeing.

Community Safety and Resilience

Violence, Criminology and Young People

My focus in this section is on a number of key issues that are negatively impacting on the lives of the children and young people in Southend-on-sea.

What are county lines?

County lines are a very serious issue where criminal gangs develop drug dealing operations outside of their usual operating area. This commonly involves gangs based in large cities distributing and dealing heroin, cocaine, and other drugs to smaller towns. Gangs recruit children and young people to move drugs, money, and weapons for them. Gangs frequently target vulnerable children for these tasks. They also target vulnerable adults to take over their homes to use as a base for manufacturing and selling drugs. This is known as cuckooing.

County lines in Southend

As at March 2019, there were **26 active county lines gangs in Southend-on-Sea.**

These gangs are working out of London using the train routes out of Fenchurch Street and Liverpool Street to traffic drugs into the Borough.

Once the drugs arrive in Southend, the gangs use local runners to deal the drugs.

Between September 2018 and February 2019, there were **2,345 reliable Police Intelligence Reports (PIRs)** concerning gangs, county lines, and drugs in Southend. This equates to between **300 and 400 per month.**



Interventions across Southend

Prevention interventions can include a wide range of approaches which can complement each other from a universal approach to selective approach (vulnerable groups) and indicative approach (high risk groups), with specific intelligence-led multi-agency operations.

Tackling harmful behaviours strategy

Southend-on-Sea Borough Council published its Tackling Harmful Behaviours Strategy in 2019. This strategy encompasses direction for prevention interventions across areas such as smoking and tobacco control, gambling, and substance misuse. This collective approach, not only helps to improve health outcomes, but supports impacting positively on psycho-social drivers of criminal behaviour.

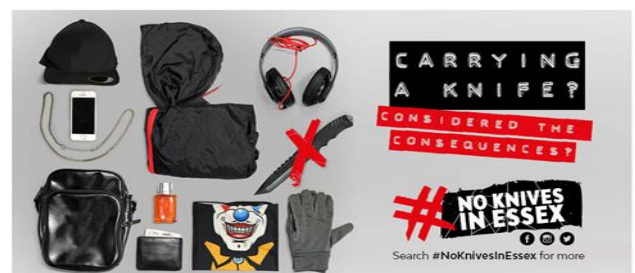
The key approaches noted for reducing demand for recreational drugs in the borough are:

- Developing and rolling out quality standards for schools' PHSE education (using a resilience-based model)
- Delivering training and awareness campaigns to children and adults in Southend about harmful behaviours which enable them to make informed decisions
- Supporting the roll out of education and training for children and parents about gangs, drugs and exploitation

Knife crime

The vast majority of young people in nationally are not involved knife-crime but those carrying knives in Southend need to be identified and supported through targeted interventions due to the risk and harm to themselves and others.

In a response to ongoing concern regarding knife crime, Essex Police launched a campaign in 2017 to highlight the consequences and impacts of carrying knives. Knives can be disposed of in designated knife boxes and in Southend this can be found outside of Southend Police Station, Victoria Avenue, Southend.



Child Sexual Exploitation

There are 78 children in Southend that have been supported for risk of exploitation.

Child sexual exploitation (CSE) is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity. The average age of victims of CSE is 15 but there is a growing cohort of younger children identified (10 -14 years).

It is recognised that there is significant under reporting of the issue which is felt to be due to issues of shame, perceived or actual threats to the young person or their family, or to the young person's failure to recognise that they are being exploited.

It is difficult to find reliable data regarding the prevalence of CSE. The National Society of

Prevention of Cruelty to Children (NSPCC) estimate the numbers to be 5-16% of children under 16yrs.

Criminal exploitation

What is fuelling county lines is a local drug taking culture in Southend. Using national statistics this equates to around 9,000 people in Southend using drugs.

In 2016, 24% of children reported having ever taken a drug nationally. Locally this equates to around 2,100 children in Southend.

County Lines as described, utilise child criminal exploitation (CCE) as gangs and use children and vulnerable people to move drugs and money. Criminal sexual exploitation is heavily linked to county line activity.

How is Southend doing?

In March 2018, Southend were involved in a targeted Joint Targeted Area Inspection (JTAI) focusing on child exploitation including sexual exploitation and gangs. Following this inspection Southend received a very positive outcome letter which stated that:-

"Partner agencies in Southend have a shared commitment to tackling risk to children and young people from sexual and criminal exploitation, gangs and going missing from home, care or school. Inspectors met with staff across the agencies, who are tenacious in their efforts to engage with, and make positive difference for, vulnerable children and young people".

"Work in Southend to tackle child sexual and criminal exploitation, gangs and the risks arising from going missing from home, care or school is underpinned by strong working relationships and a shared commitment and drive for continuous improvement".

A public health approach to violent crime involves utilising the perspectives, methods and skills of public health towards a partnership approach to tackle violent crime.

Prevention also occurs at different levels – these are called Primary (preventing crime in the first place), Secondary (preventing repeat offences and escalation from minor to serious crime) and Tertiary (reducing the harm to victims of violence) prevention. A public health approach to preventing violence would take account of these levels of prevention and focus particularly on tackling Adverse Childhood Experiences.

Local recommendations on how Southend can adopt a public health approach to violence prevention include:

- Strengthen the education in schools and wider prevention activities;
- Analyse data from community safety, health and police using health intelligence skills from a public health perspective;
- Adopt a "Health in All Policies" approach that includes violence & vulnerability prevention as a public health initiative;
- Increase the number of families accessing all Southend children's services, allowing for early identification of risk or exposure to Adverse Childhood Experiences with appropriate referrals to services to support the child and the family.

Teenage conceptions & Support

Under 18 conceptions and abortions



Local Conception rate for 15-17 year olds (2017 ONS Data)	24.3 / 1000 (England 17.8)
Local Under 18 conceptions leading to abortion (2017 ONS Data)	45.7% (England 52%)
% of abortions provided to 15-17yr olds Southend CCG residents in a NHS Hospital only (April 2018-February 2019 local data)	8%
% of birth activity, babies born to 15 -17yr olds Southend CCG residents in an NHS Hospital only (April 2018-February 2019 local data)	1.2%

Emergency Contraception

Emergency contraception, to prevent pregnancy after unprotected sex, is available free of charge to young people at Southend-on-Sea's sexual health services.

School Nursing Service

The local School Nursing Service provides young people with non-judgemental advice about sexual health and health education aimed at reducing under 18 conception rates.

Relationships and Sex Education (RSE)

RSE is learning about the emotional, social and physical aspects of growing up, relationships, sex, human sexuality and sexual health. The established Enhanced Healthy School Project supports Schools with Relationships and Sex Education.

Local Schools were offered an age-appropriate comprehensive RSE package, since 2015 (2019 local data)	100%
Primary School uptake (2019 local data)	80%
Secondary School uptake (2019 local data)	50%



22

Southend-on-Sea Schools engaged in the Emotional Health and Wellbeing Enhanced Healthy School Project.

128

Teenage Mothers, age 17 and under supported on the Health Visiting Service caseload.
(April 2018-March 2019 SystemOne local data)

63

The Family Nurse Partnership service offers support to teenage parents and expectant parents and those young people who decline this offer, receive an individualised care plan from Health Visiting based on health needs.

43

Teenage Mothers accessing the Teenage Pregnancy Service for a range of support including education, employment or training information, benefit advice and support including Care To Learn, housing advice and support in accessing online applications, signposting or referral onto other relevant services.

We need to explore the key triggers for teenage conceptions in Southend given that our teenage pregnancy rate are comparative still much higher. As highlighted in the report some key new interventions have already been instigation with a new sexual health service, proposed new RSE support for schools and more after-school 'clubs' will also need to be explored with young people.

Infrastructure planning

Local planning, Housing and Health & Wellbeing

Local Plan Development (2021-2036)

Modern town planning principles emerged from decades of poor-housing quality, deprivation and associated health and wellbeing issues. Planners have an important role in tackling public health issues⁶ – from making communities safer, more attractive, creating open and green spaces and locating housing close to existing local amenities and more readily accessible via active travel.

The development of a new Local Plan⁷ is a real opportunity for public health and planning to work together in generating more health-enhancing environments where the healthier choice is the easier choice. The planning process is an important lever to shape the natural and built environment, reimagining our high streets and the town centre, which can all contribute to positive health outcomes⁸. We should continue to develop and embrace our coastal assets which are much loved by locals as well as millions of visitors.

The Council is working to adopt the Active Design⁹ principles published in 2015 and aligning the

approach with our neighbouring councils – Association of South Essex Local Authorities (ASELA) Partnership (see map on page 22). The provision of strong infrastructure connections and continued investment into the transport network is regarded as essential for supporting economic development and employment activities across South Essex.

Public realms improvements, like green-pedestrian zoning, outdoor seating with refreshment facilities and safe outdoor activities increase footfall for retailers, create economic and wellbeing vibrancy.

We will continue to explore opportunities to grow Southend as a digital city and work with the STP to innovate around digitally enhanced care and ensure that local residents can benefit from the accelerated introduction of the latest proven healthcare technologies, which can transform health outcomes through earlier diagnosis, more effective treatments, and care services which are provided in the home and in the community, rather than in hospitals.

The lack of safe, locally affordable housing in the borough means that at present low income households spending a disproportionate amount of their income on rent who may benefit from affordable housing do not qualify for inclusion on the council's housing register, as the borough's limited supply of social housing is reserved for those with even greater housing needs. Our new strategy¹⁰ will help deliver our rehousing strategy for people who require the right environment to live safely, especially in discharging our prevention duty in reducing homelessness. It is also vital that system leaders should collaborate to improve the physical and mental health of people who become homeless or consider themselves to be rough sleepers.



⁶[https://www.housinglin.org.uk/_assets/Resources/Housing/Other Organisation/TCPA_Public_Health_in_Planning_Good_Practice_Guide.pdf](https://www.housinglin.org.uk/_assets/Resources/Housing/Other%20Organisation/TCPA_Public_Health_in_Planning_Good_Practice_Guide.pdf)

⁷<https://localplan.southend.gov.uk/sites/localplan.southend/files/2019-02/Southend%20New%20Local%20Plan.pdf>

⁸ <https://www.gov.uk/government/publications/spatial-planning-for-health-evidence-review>

⁹ <https://www.sportengland.org/facilities-planning/active-design/>

¹⁰ https://www.southend.gov.uk/downloads/file/6156/housing_homelessness_and_rough_sleeping_strategy

Opportunities



Challenges





Air quality

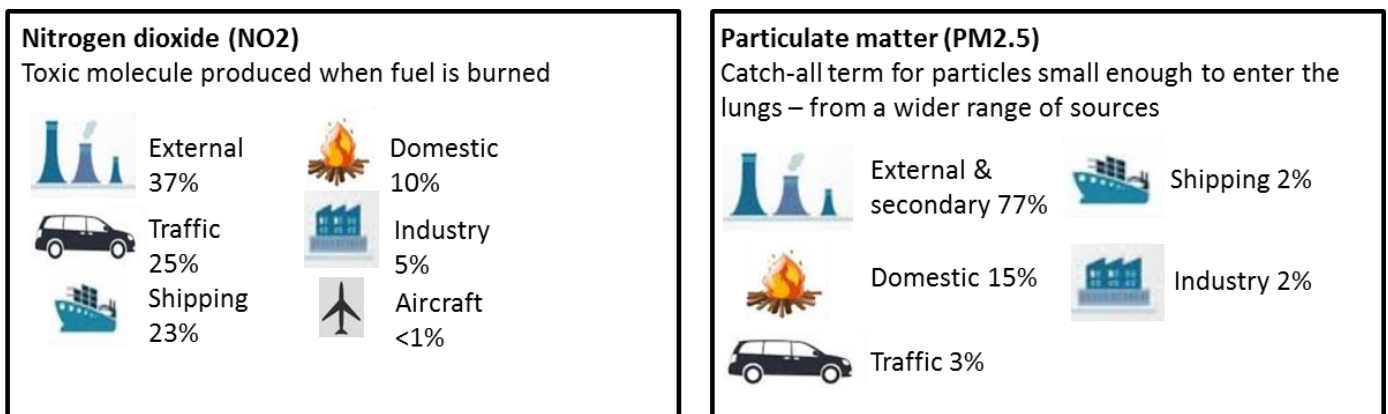


Air pollution increases the risk of respiratory illnesses, heart disease and lung cancer. There is growing evidence that outdoor pollutants are causing an increase in lung cancer and further exacerbating respiratory functions¹¹. The biggest locally-controllable source of PM2.5 air pollution is **domestic wood burning**. This is exacerbated by use of low-standard wood burners and non-seasoned wood. **Car pollution and domestic wood burning** make up 35% of risk locally in regards to Nitrogen Dioxide pollution.



The Council's Low Carbon Energy and Sustainability Strategy focuses on delivering low carbon growth, improving energy efficiency and providing for a more sustainable future with the aim of establishing Southend as a Low Carbon Smart City.

Sources of background Southend air pollution

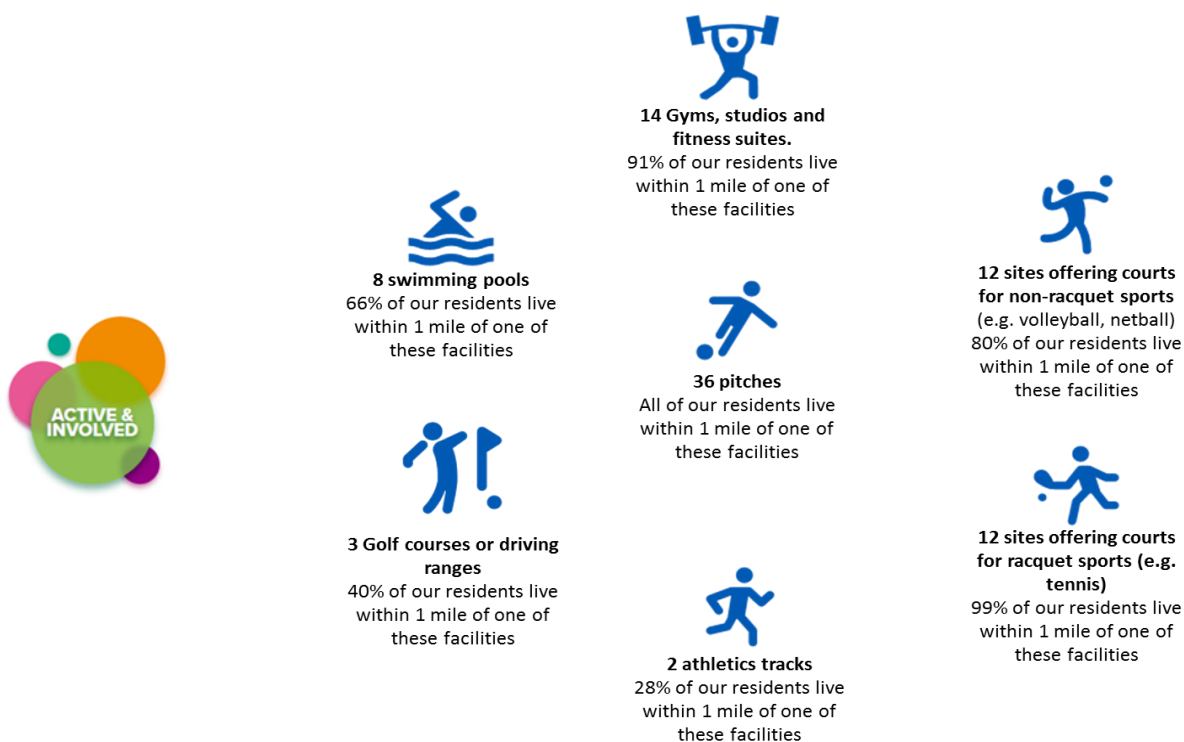


¹¹ <https://journals.sagepub.com/doi/abs/10.1177/0141076819843654?journalCode=jrsb&>

Local assets

[Link to the Community Assets map¹²](#)

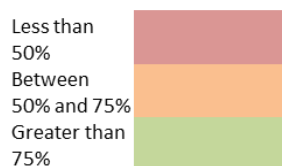
Sports facilities open to the public, and those schools offering some public access¹³



Source: Sport England Active Places facility data, 10th January 2019

Percentage of the residents of the stated area who are within 1 mile of each type of facility

Area type	Area name	Athletics tracks	Golf	Gyms	Courts: non-racquet sports	Pitches	Courts: racquet sports	Swimming pools
Locality	East	18%	59%	97%	97%	100%	97%	92%
Locality	East Central	47%	47%	100%	63%	100%	100%	70%
Locality	West	32%	65%	64%	90%	100%	100%	84%
Locality	West Central	23%	10%	98%	74%	100%	100%	36%



There is growing evidence of the links between good spatial planning, design principles and the health impacts on key health challenges such as obesity, mental health, physical inactivity, the needs of an ageing population and how to promote healthy, sustainable communities and improving local access to good amenities in enabling good health and wellbeing¹⁴. The five aspects of the built and natural environment that have been identified as the main characteristics that can be influenced by local planning policy are: (a) neighbourhood design (b) housing (c) healthier food (d) natural and sustainable environment and (e) transport⁸ – these have been reflected in our Southend 2050 Outcome Development Plans.

¹² <http://southend.maps.arcgis.com/apps/webappviewer/index.html?id=052d7b43ff074d77b52ef976e37b0d6b>

¹³ Source: Sport England Active Places facility data, 10th January 2019

¹⁴ <https://publichealthmatters.blog.gov.uk/2017/07/06/improving-peoples-health-through-spatial-planning/>

Active travel – changing mind sets

Benefits of Active Travel

- Increase opportunities for physical activity in daily routine
- Reduce vehicle congestion, air pollution, noise, accident risk
- Reduce costs and parking needs for individuals
- Tackle health inequalities – air quality poorest in our poorer neighbourhoods



Current infrastructure

The *ForwardMotion* initiative across SE Essex supports and encourages sustainable, active travel through:

- Personal travel planning
- Information and guidance on safe cycle routes and rail and bus connections
- Links to cycle training and cycle buddying
- Support for business on training, storage, and maintenance

Cycle paths and maps are available in specific parts of the Borough.

Simply Stride supports health positive walking for individuals and groups.

Future infrastructure

There are multiple aspirational outcomes from the Southend 2050 Vision which can be contributed to by supporting active travel. Key proposed actions include:

- Integrated travel hubs for multi-modal journeys
- Expanded air quality monitoring
- Live travel data available
- More options for bicycle and e-bicycle hire
- Support for school travel planning
- Improved public cycle facilities and support for cycling facilities in private buildings



The 2016/17 Sports England Active Lives survey found that 3% of adults in Southend cycle for travel on at least three days a week. This is **similar** to the England average.

Source: PHE Fingertips

The same Sports England survey found that 23.6% of adults in Southend walk for travel on at least three days a week, down from 28.7% in the previous year. This is **similar** to the England average.

Source: PHE Fingertips

Recommendations

In summary, this report should espouse to our collectivism and partnering approach. We can use the Southend 2050 Outcome Delivery Plans as a backdrop for delivery as these readily dovetail with the local STP priorities – [a] Stroke and Diabetes, [b] Self Care and Prevention, [c] Childhood Mental Health and Wellbeing, [d] Digitally enabled care alongside the Health and Wellbeing Board priorities – [e] Obesity and Physical Activity, [f] Teenage Conception and the wider development of the Localities integrated public sector service delivery as well as the Community Safety Partnership's priority in tackling violence and vulnerabilities, and reducing harmful behaviours related to substance and tobacco misuse and gambling.

Therefore my recommendations are that we focus on the following during 2019-20 and build consensus and momentum:

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

R1.1 Develop an agreed locality approach to improve earlier identification of Stroke and Diabetes, ensuring reduced variability in access to primary care services;

R1.2 Improve the management of patients at risk of stroke and those afflicted with diabetes, including the use of digital technology as appropriate, and delivery of the Diabetes Strategy;

R1.3 Increase referral to the new Wellbeing Service to reduce and/or better manage lifestyle risk factors and implement the Harm Reduction Strategy as a key enabler.

[2] Improving community safety and building resilience, with a particular focus on our children and young people:

R2.1 Develop a programme of work that will provide for, and link into, a range diversionary activities and avenues for vocational development. This will include local apprenticeships to make young people safer, provide skill development and job opportunities and to have a healthier outlook on their lives;

R2.2 Build on the work already in progress across Greater Essex and regionally, to reinvigorate the local partnerships (Community Safety and Violence and Vulnerability groups) to disrupt the local drug market and to eliminate the criminal exploitation of young people and vulnerable adults in our communities;

R2.3 Undertake a deep-dive on local teenage conceptions to understand local determinants and triggers, including the link with child sexual exploitation, local opportunities for young people to promote a delaying approach to parenthood.

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

R3.1 Adopt new evidence on spatial planning, including the adoption of the PHE/Sports England's Active Design principles, making it a requirement on developers to undertake a Health Impact Assessment where most relevant and review the barriers inhibiting local access to our physical assets;

R3.2 Our housing renewal policy must take into consideration the need for more affordable housing which espouses a mix of social housing, adaptable homes which will ensure that the adverse health effects are mitigated, promote local ownership and more affordable rent, and support the drive to increase prosperity;

R3.3 Accelerate our local undertakings in improving local transportation to further reduce the risk of pollution and traffic congestion, and promote active travel.

Appendices

A: Southend 2050



**PRIDE
& JOY**

There is a tangible sense of pride in the place and local people are actively, and knowledgably 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
& 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 &
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
& 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.

B: Detailed Ethnicity

	Southend (%)	East of England Region(%)	England (%)
White	91.6%	90.8%	85.4%
English/Welsh/Scottish/Northern Irish/British	87.0%	85.3%	79.8%
Irish	0.9%	1.0%	1.0%
Gypsy or Irish Traveller	0.1%	0.1%	0.1%
Other White	3.6%	4.5%	4.6%
Mixed/multiple ethnic groups	2.1%	1.9%	2.3%
White and Black Caribbean	0.6%	0.6%	0.8%
White and Black African	0.4%	0.3%	0.3%
White and Asian	0.6%	0.6%	0.6%
Other Mixed	0.5%	0.5%	0.5%
Asian/Asian British	3.7%	4.8%	7.8%
Indian	1.0%	1.5%	2.6%
Pakistani	0.6%	1.1%	2.1%
Bangladeshi	0.5%	0.6%	0.8%
Chinese	0.6%	0.6%	0.7%
Other Asian	0.9%	1.0%	1.5%
Black/African/Caribbean/Black British	2.1%	2.0%	3.5%
African	1.6%	1.2%	1.8%
Caribbean	0.3%	0.6%	1.1%
Other Black	0.2%	0.2%	0.5%
Other ethnic group	0.5%	0.5%	1.0%
Arab	0.2%	0.2%	0.4%
Any other ethnic group	0.3%	0.3%	0.6%

Source: ONS, 2011 Census