

1. General comments/themes		
Key issues/gaps	Notes/progress	Work stream/lead
a) It is helpful to compare ourselves with other seaside towns (rather than rest of Essex)	This has been fed back to key data intelligence leads to inform future comparisons.	Rob Walters
b) Consider the wider determinants of mental health - not just a health issue. Consider broader factors that significantly influence mental wellbeing such as the quality of housing and employment.	An increased focus on wider-determinants can have a stronger emphasis within the longer term HWB Strategy (2016-2020). *HWB Strategy development session scheduled for May 2016.	SBC(PH)/SEPT
c) Can services be joined up in “clusters” e.g. Police, Fire, Ambulance, Smoking cessation	Making Every Contact Count (MECC)	SBC, Lee Watson
d) Can we Focus on repeat callers/clients – particularly to some of blue light services	“Parity of esteem in access” work stream already in place as part of Systems Resilience Group. This work stream is exploring ways to help people who have frequent attendances at A&E access the right treatment or support. Southend has an action plan in place to respond to the Mental Health Crisis Care Concordat.	MH Crisis Group
e) Would be helpful to specify what “parity of esteem” (POE) would look like in practice	POE and premature mortality are linked, due to the life expectancy gap between someone with a mental health condition compared to the general population. Link to findings regarding premature mortality in the JSNA and identify ways to increase parity based on local evidence.	
f) Other areas for consideration	Dual Diagnosis	
Small group discussion		
2. Parenting & mental health		
Key issues/gaps	Notes/progress	Work stream/lead
a) Recognition that information / advice needs to be given before individuals become parents. Where does learning about parenting start?	A Better Start Southend have secured being part of a bid won by the Mental Health Foundation as part of the Maternal Mental Health Alliance to help review and develop the pathway for Maternal Mental Health over the next 3 years. Only 4 areas in the country are part of this exciting opportunity.	A Better Start
b) Needs to be something young people are aware of. However, there was a loss of parenting on the school curriculum. This is partly due to the fact that teachers are spending their time focusing on increasing educational attainment – which in its self is a protective factor for mental health.		
c) Local initiatives:		
<ul style="list-style-type: none"> o ‘Streets Ahead’ – 400 families have engaged with this programme, which includes parenting. Need to have further ‘follow up’ and evaluation at 6 months to check whether the interventions with the family have been successful and if not what else needs to happen. o There is recognition that further thought needs to be given to how advice and support on parenting is delivered as there is no ‘one size fits all’. o Often, groups such as mother & baby/toddler groups are a better way to give parenting messages in a non-threatening way. With additional training and investment such classes could help to deal with parenting needs. 	<p>While mental health wasn’t an entry criteria for phase 1 it can be now in Phase 2. We successfully achieved 100% Payment by Results for 420 families (which was our target set by DCLG) – many of these families indeed had social and emotional issues including anxiety and depression. We weren’t required to monitor these families after closure but did work with them for between 6 months and 2 years dependant on need.</p> <p>Phase 2 requires that we work with 1480 families and DCLG are monitoring all exit criteria, including health, for a period of 12 months after closure and will be producing relevant reports pertaining to this sustainment. In Phase 2, we now have as one of Southend’s selection criteria – ‘any adult with parental responsibilities or child with mental health problems’. Currently we have 227 families within Phase 2, out of which 57 were referred with mental health problems as one of the issues. We also have a selection criteria of ‘any child with social, emotional or behavioural issues’ and 156 of the 227 have been referred with this criteria. – Carol Compton</p>	SBC
<ul style="list-style-type: none"> o There was consensus that parental substance misuse and domestic abuse can have significant impact on quality of parenting 	Drug and/or alcohol misuse is often identified in instances of domestic abuse and both can have a significant impact on quality of parenting. STARS (the Southend Treatment And Recovery Service) recognise this and, as part of their assessment process, conduct parental	SBC

Summary of discussion themes and potential actions – v4 22-3-16 (updates in blue text)

<p>d) Parenting is a key strand in 'A Better Start Southend.'</p>	<p>capacity assessments to explore the impact of substance use on their clients' abilities to parent effectively. These are used to inform decisions around safeguarding practice, raising alerts with First Contact where necessary. STARS have recently revised their systems so that they can respond to Section 17 and Section 47 enquiries from social workers within 48 hours of the initial request, and they have agreed their commitment to the MARAT process as this is being rolled out.</p> <p>Alongside the direct support to substance misusing individuals through STARS, the DACT currently commission the M-PACT (Moving Parents And Children Together) programme, an accredited and evidence-based scheme delivered by a multi-agency team, including adults' and young people's specialist substance misuse treatment workers, which aims to improve parenting capacity through developing family communication, cohesion and functioning. Further support is also available directly to young people affected by parental substance use via YPDAT (the Young People's Drug and Alcohol Team) who, as part of the wider Integrated Youth Support Service, are well-placed to feed into wider support services such as Streets Ahead. – Glyn Halksworth/Jamie Pennycott</p> <p>A Better Start Southend have secured being part of a bid won by the Mental Health Foundation as part of the Maternal Mental Health Alliance to help review and develop the pathway for Maternal Mental Health over the next 3 years. Only 4 areas in the country are part of this exciting opportunity.</p>	<p>A Better Start</p>
<p>e) Establish whether there is a current parenting strategy</p>	<ul style="list-style-type: none"> • There is a Child and Family Support Strategy 2014-2016 • There is also a Corporate Parenting Strategy for Looked after children • A Better Start Southend have secured being part of a bid won by the Mental Health Foundation as part of the Maternal Mental Health Alliance to help review and develop the pathway for Maternal Mental Health over the next 3 years. Only 4 areas in the country are part of this exciting opportunity. 	<p>N/A</p>
<p><u>Small group discussion</u> 3. Place based activities in areas where there are high levels of deprivation; fuel poverty; smoking in pregnancy; physical inactivity; unemployment</p>		
<p><i>Key issues/gaps</i></p>	<p><i>Notes/progress</i></p>	<p><i>Work stream/lead</i></p>
<p>a) Recognition of the ten year life expectancy gap between certain wards. b) Recognition of the HWB Board's priority to reduce such health inequality- Group discussed concentrating the Boards efforts on addressing issues in deprived wards.</p>	<p>Addressing inequality is integral within the current HWB Strategy priorities, specifically, within Ambition 9: Maximising Opportunities/tackling health inequality (including improved access to services) and promoting opportunities to thrive; Education, Employment. It is also a focus of Broad Impact Goal B: Increased Aspiration and Opportunity.</p>	<p>HWB partners</p>
<p><u>Suggestion for consideration:</u> c) Could all deprived wards have a community centre? - informal locations for residents to meet and talk about health matters with helpers / volunteers.</p>	<p>A focused piece of work is underway regarding the Better Queensway redevelopment project to map existing <u>physical</u> community resources in the area (i.e. buildings) and to better understand <u>virtual</u> community resources and connections that exist independently of a specific building.</p> <p>This work can help to inform a wider understanding of the kinds of resources and needs that contemporary communities have across the borough.</p> <p>Additionally, engaging with existing MH services users to understand their community aspirations and social connection needs will be useful to inform responsive measures.</p>	<p>SBC SBC</p>

<p><u>Suggestion for consideration:</u></p> <p>d) Could additional resource be committed to deprived ward schools; through education and learning, changes in culture can be influenced.</p>	<p>Supporting the achievement and outcomes for disadvantaged learners remains a key focus for the council and while funds are diminishing, schools (especially those with a high “density” of deprived learners) do receive additional funding from Pupil Premium, specifically for the purposes of supporting the achievement of these learners, and are held to account by OFSTED, and are expected to report on their websites on the progress made. As a council, we have limited additional resource specifically to commit to deprived ward schools over and above the funding formula. –Brin Martin</p>	SBC
<p><u>Suggestion for consideration:</u></p> <p>e) Could the Civic Centre be used for education during the school holidays?</p>	<p>Schools remain open specifically for the purposes of booster classes at Easter for their own, and also for disadvantaged learners approaching the 11 plus. Schools also have an expectation to remain open for community use outside of normal “opening hours”. Although if the target is vulnerable groups, including young adults, returning to a school where they have previously not succeeded may be an obstacle. As a council we do run services for targeted groups through the provision of the Southend Adult Community College. –Brin Martin</p>	SBC
<p><u>Small group discussion</u></p> <p>4. Employment & mental health</p>		
<p><u>Key issues/gaps</u></p>	<p><u>Notes/progress</u></p>	<p><u>Work stream/lead</u></p>
<p>a) Whilst work related stress is a common problem, it seems that different employers (and professions) may have different attitudes to it and different approaches</p> <p>b) Simply seeking to raise awareness of the problem (and its impact in terms of costs to employers associated with sickness, recruitment etc) is not enough, we will need to develop a targeted offer whereby we are able to demonstrate impact.</p> <p>c) There are a number of large local public sector employers (SUHFT, SEPT, SBC, Police etc). If it is possible to work with one of them to develop a scheme working with local services in a co-ordinated way that can be demonstrated to have had real impact, this will not only be directly beneficial in itself, but will provide a platform to promote further work in this area.</p>	<p>Mindful employer and PH responsibility deal</p> <p>Mindful employer and PH responsibility deal (Mental Health First aid):</p> <p>Workplace mental health programme</p>	<p>SBC: Simon D Ford/ Angela Squires</p> <p>SBC: Simon D Ford/ Angela Squires</p> <p>SBC: Simon D Ford</p>