

# Director of Public Health Annual Report 2020-2021

PRIDE & JOY

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# Introduction

This is my independent public health report for 2020, in what are unprecedented times, as we battle through 15 months of the pandemic. This report reflects on some of the key achievements, some challenges and highlights where we can continue to collaborate to improve health and wellbeing in Southend-on-Sea.

I have also provided an update on the progress with last year's recommendations in the appendices, which is generally positive and shows where we can continue to build on with more pace.

As we continue to align our priorities to support the delivery of the Southend 2050 ambition and the NHS's Health and Care Partnership strategy, for Mid and South Essex, we will face an uphill challenge alongside the continued management of the coronavirus pandemic and the recovery of services and socio-economic concerns. The local health inequalities would have been further exacerbated during the past 15 months and our sharper-edged collaboration will be a valuable asset.

We successfully managed through the first two waves of the pandemic, learn to adapt our ways of working, living with restrictions and prepare for the ongoing management of this pandemic. We have seen enormous pressure placed on the across all public sector and community services. Many of our citizens have been impacted through COVID-related ill-health and mortality. Some of these have been disproportionate and the task of vaccinating all adults has progressed well but there remain some inequalities and hesitancy.

COVID-19 has impacted significantly on mental wellbeing, from people dealing with the illness and bereavement, the consequences of living with restrictions, the closure of schools and workplaces and businesses. We will need to both prioritise and ensure our local programmes can support the mental wellbeing recovery and support people to continue living with COVID.

A number of other areas highly impacted by COVID where we need to refocus our collective approach and refresh our thinking are covered in this report including obesity and the food environment, drug and alcohol misuse, loneliness and self-care, the wellbeing of some of our more vulnerable groups, such as people who are classed as unpaid carers, people living with autism and those who are affected by homelessness.

The report provides a brief outline of the challenges that these groups face in our communities and how we are addressing some of these concerns whilst highlighting what more we can drive forward to health improve their outcomes. It is also an opportunity to consider how deploy our efforts to review our investment approach in commissioning related services, optimise our collaboration with the community sector and continue to enable our communities to play a more active role in both designing services and empowering their self-determination.

We need to continue to develop our local assets including Livewell Southend, Community Connectors, Parents Champions and our Social Prescribing Link Workers. The community goodwill generated as a result of the pandemic can only serve to enhance the gain in social capital from the community engagement of the past year.

As we prepare to contain and manage a third pandemic wave and planning for the forthcoming winter, we will need to recalibrate, drive recovery and continue to adapt to live with this virus and its many variants.



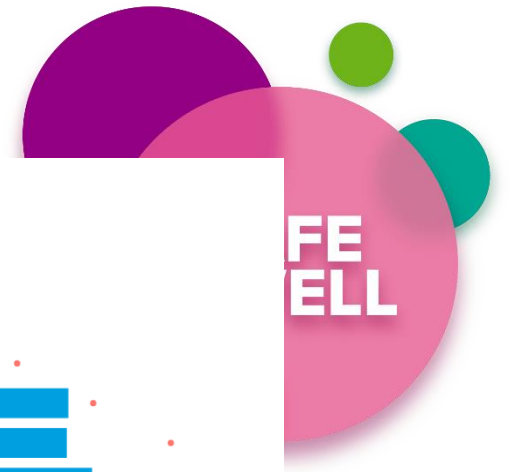
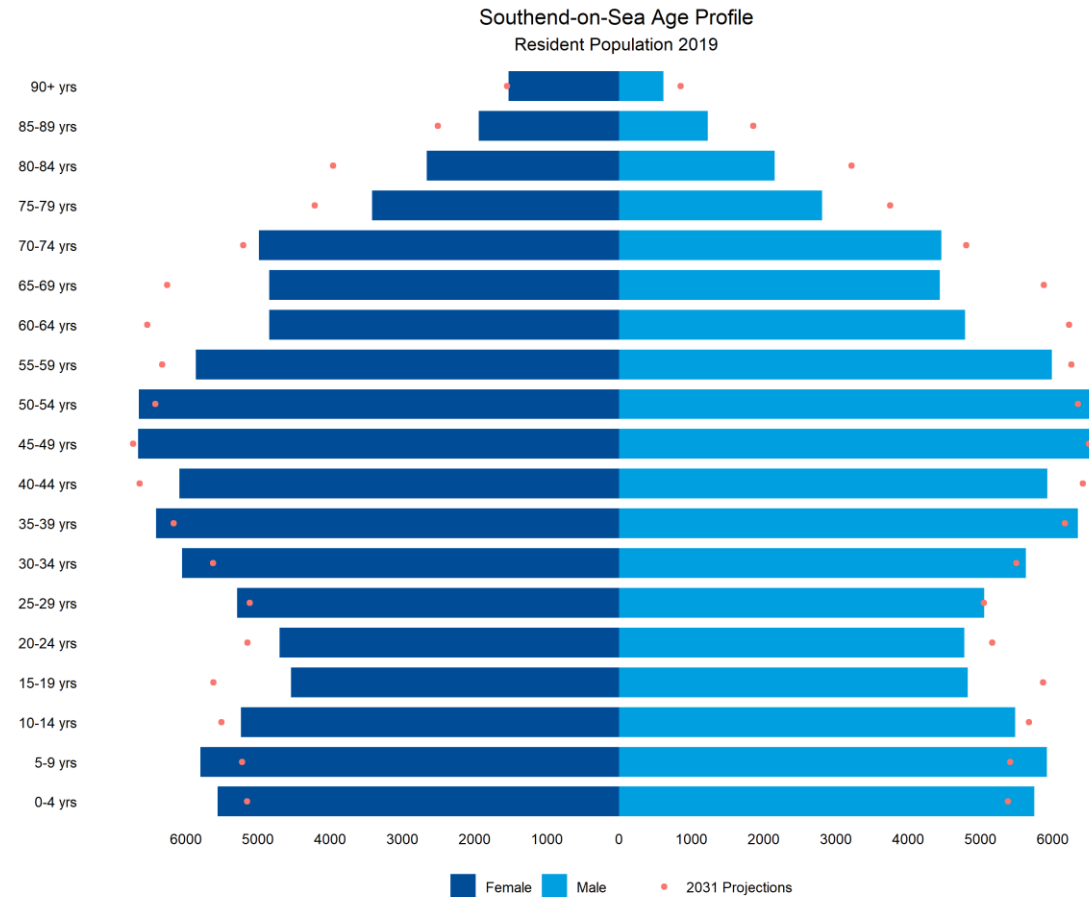
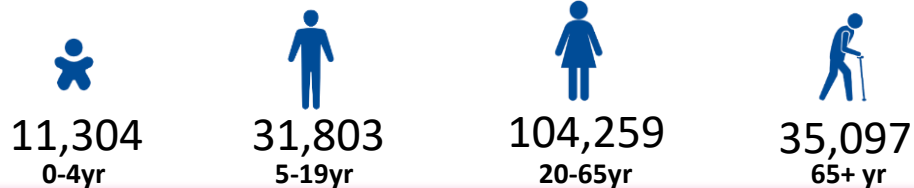
# Population

By 2031, the projected population for Southend-on-Sea will be 195,875 an increase of 5%.

The proportion of the population who are of working age is projected to increase by 8% by 2031 while the over 65 population is projected to increase by 23% to 43371.

Southend has a greater proportion of residents over 70 years compared to England with a different ethnic make-up.

Demographic	Number	Percent	England Percent
All People	183,125	100	100
White	166,037	90.7	85.4
Mixed	4,853	2.7	2.3
Asian	7,180	3.9	7.8
Black	4,128	2.3	3.5
Other	927	0.5	1.0

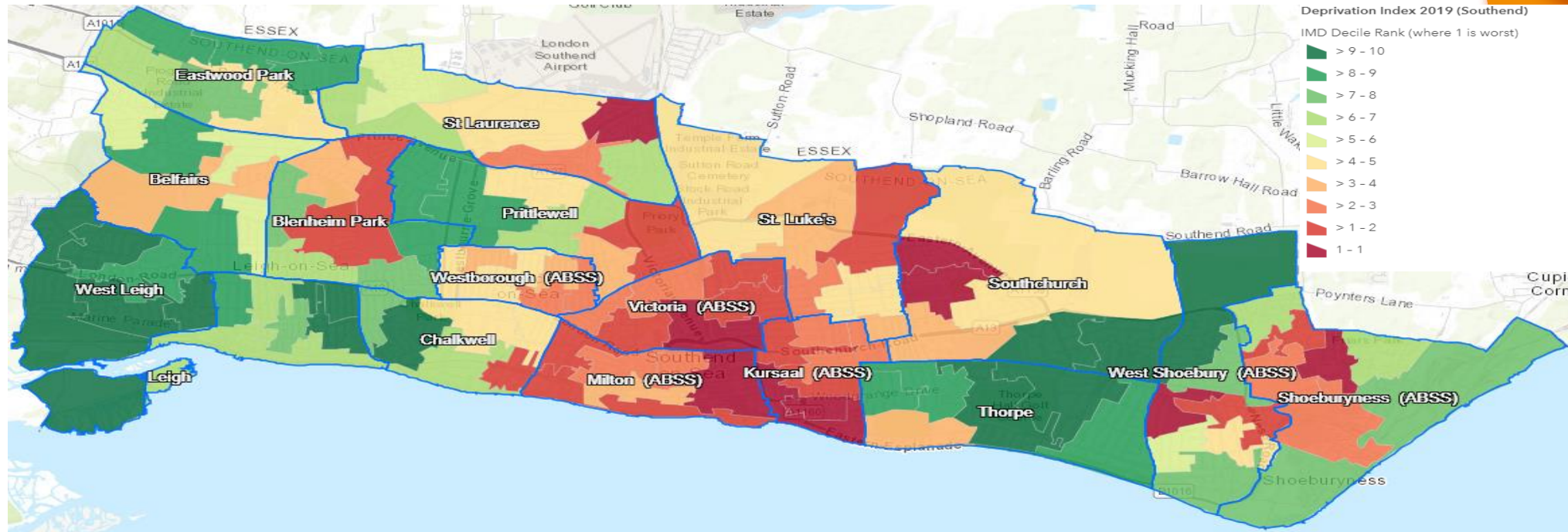




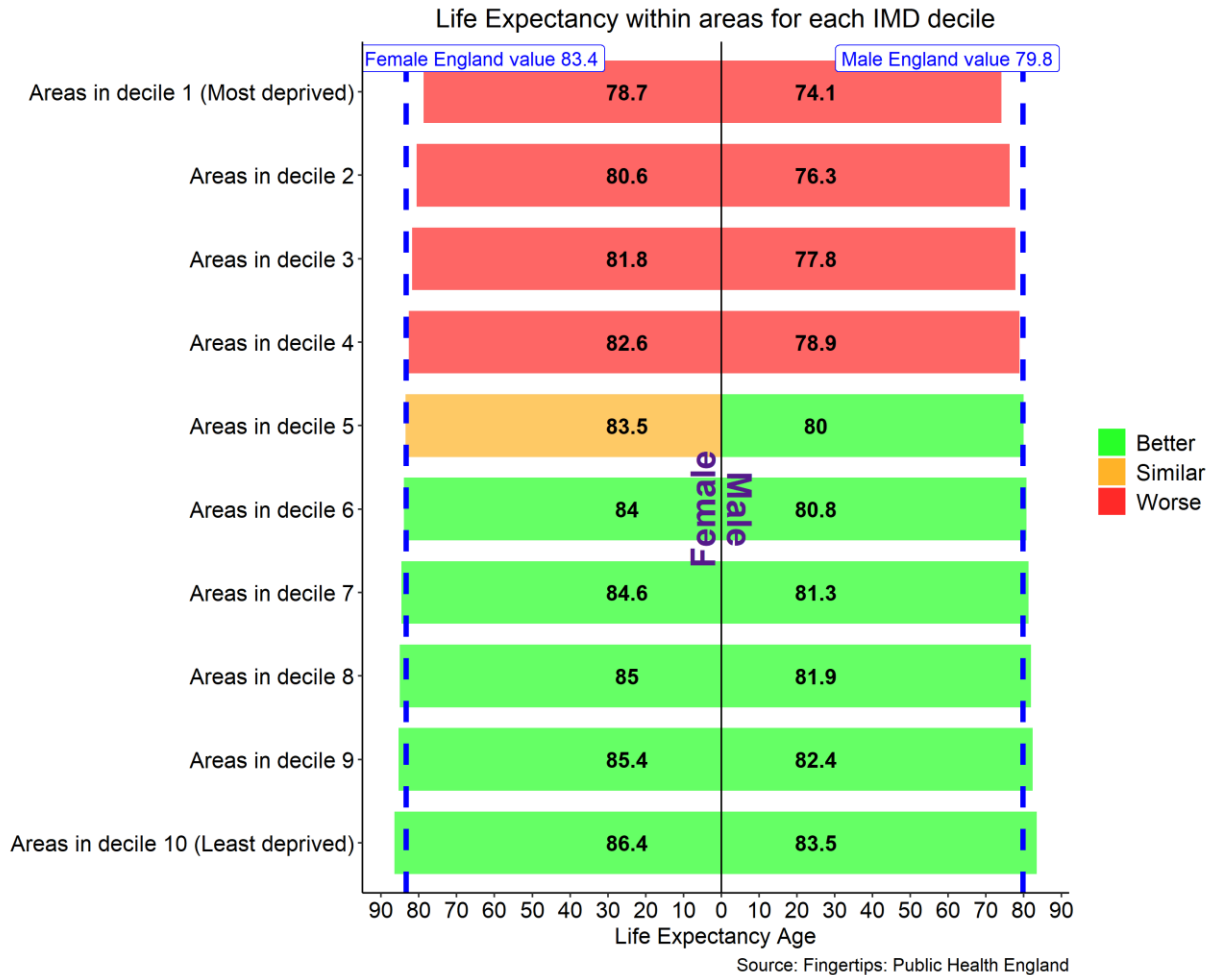
# Deprivation Index

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.



# Life Expectancy 2020



Life expectancy at birth for Southend Males is 79.1 compared to England's 79.8 and for Southend Females 82.5 compared to England 83.4.

The effect deprivation index has on life expectancy for is not published at a local authority level. Nationally, the difference between the most and least socio-economically disadvantaged wards is 7.7 years for females and 9.4 for males.

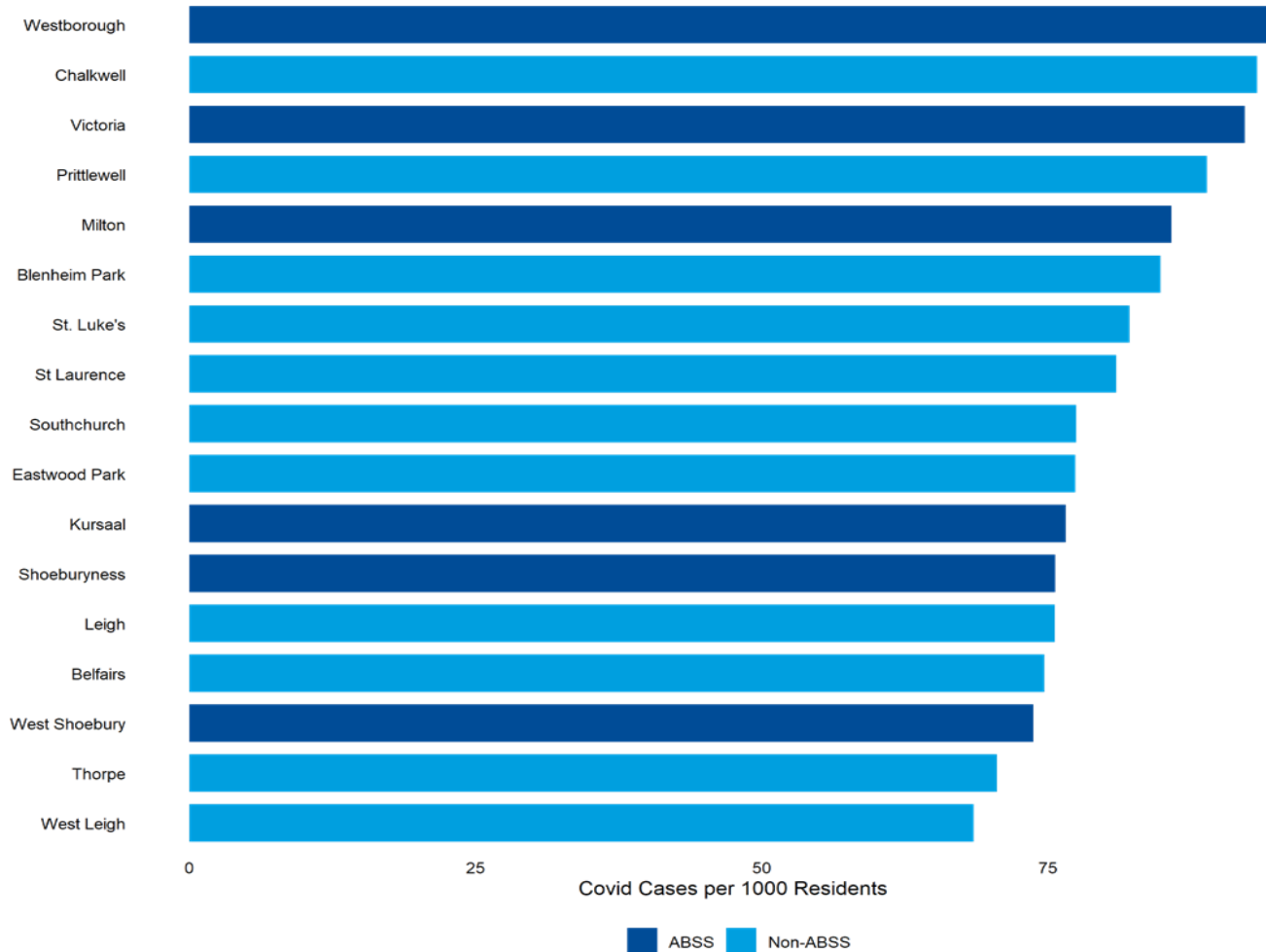
We need to enhance our collective response to help reduce this inequality, especially with the impact that the pandemic will have.

# Health Protection & COVID-19

**SAFE  
& WELL**



# COVID-19 Impact



14,880  
Total Cases



688  
Deaths



COVID-19 has been a key feature of health in 2020. The data shown is till the end of May 2021.

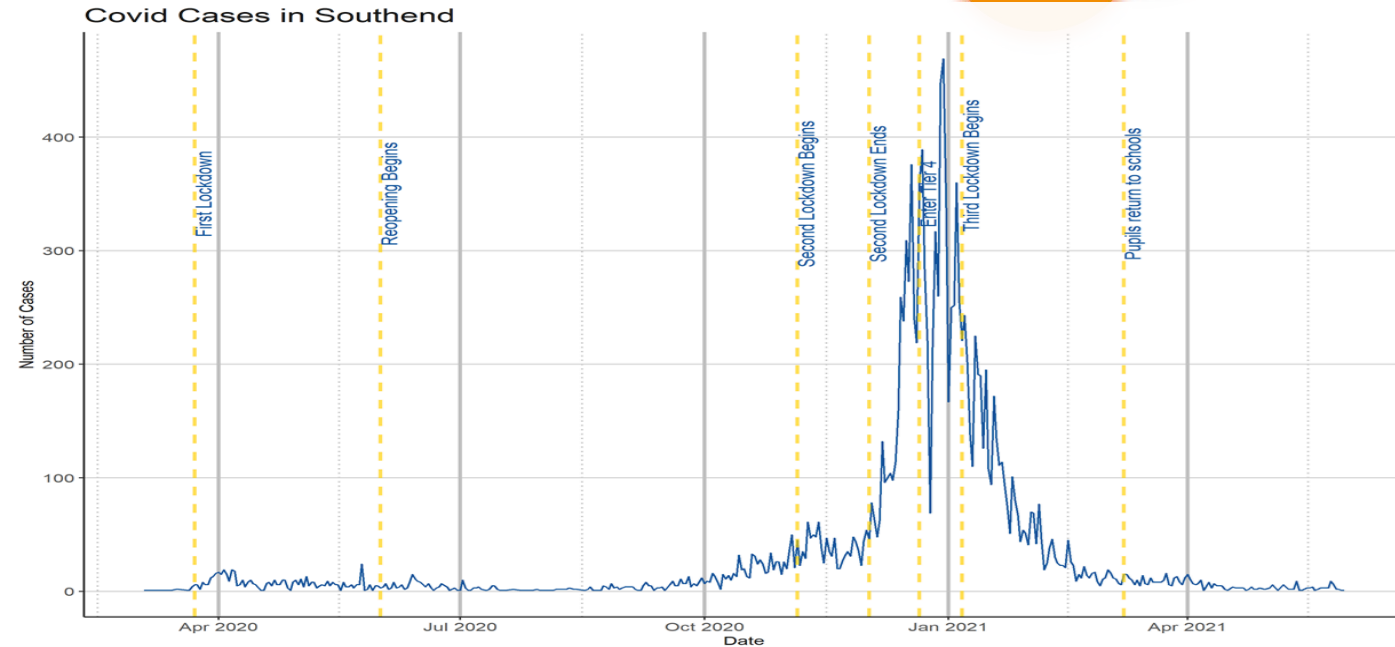
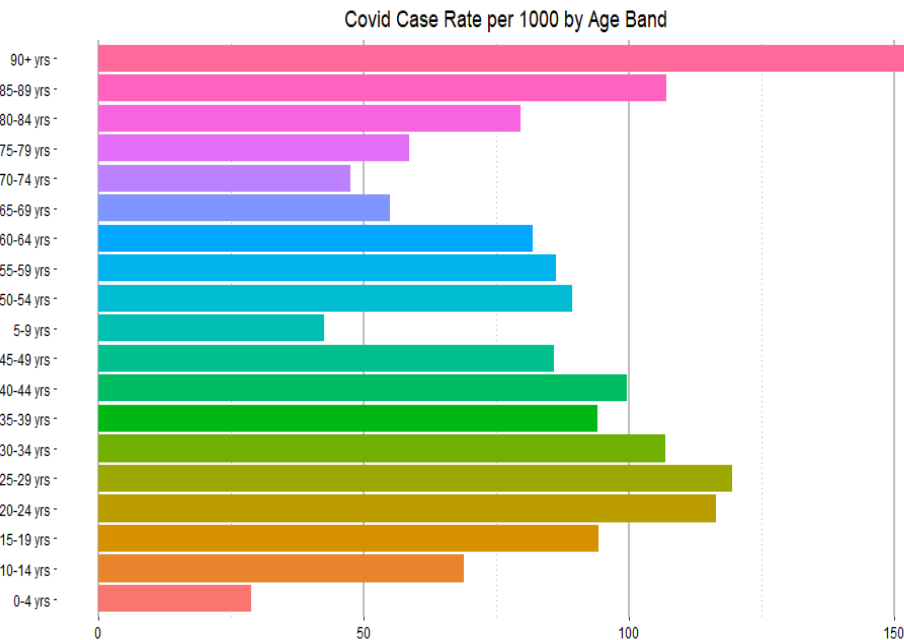
The analysis of cases by ward shows no pronounced link between socio-economically disadvantaged communities and others, including the six ABSS catchment wards.



# COVID-19 Age Inequalities & Progression

Looking at the infection rate of COVID cases per 1000 residents by age group, we can see significant variation mainly in the 85yrs and above and those aged 20-34yrs. There were no marked gender or ethnic inequalities observed in Southend.

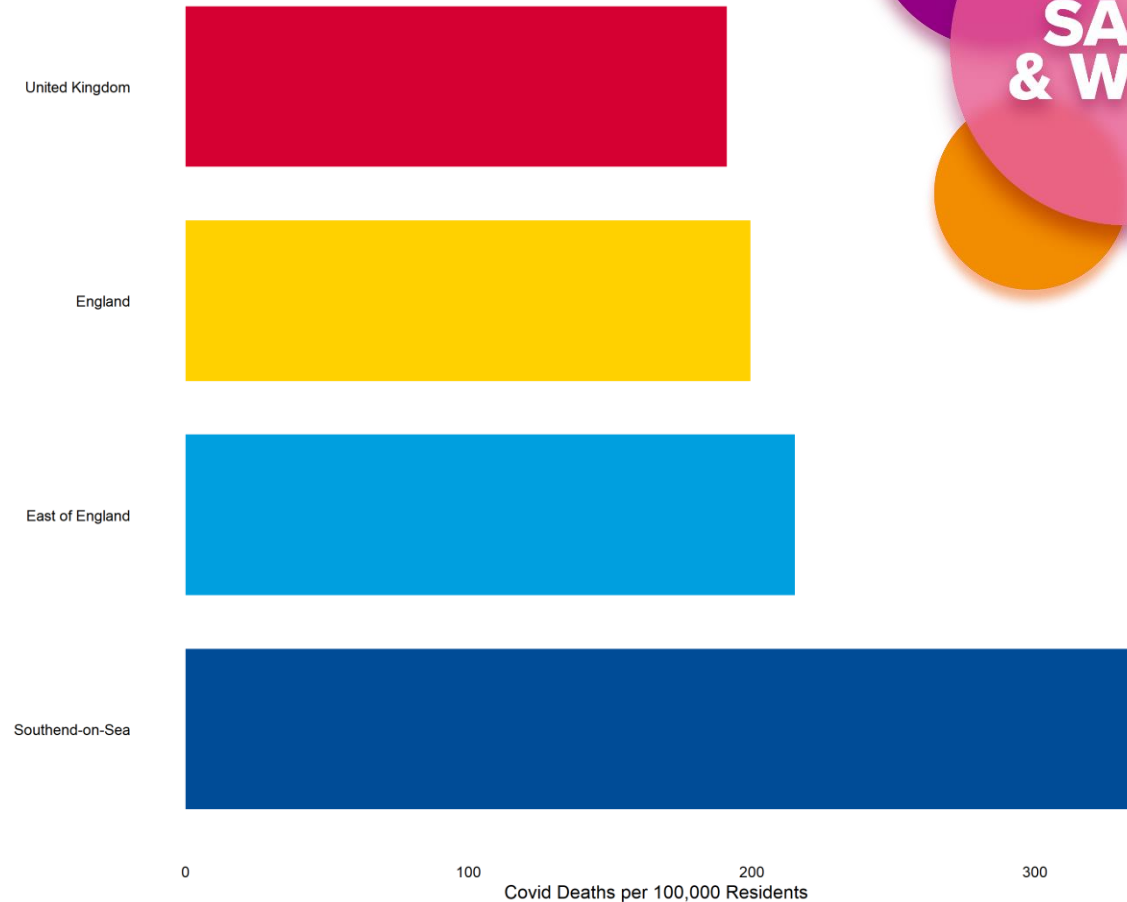
The graph on the right shows how the pandemic progressed in Southend, between March 2020 and May 2021.



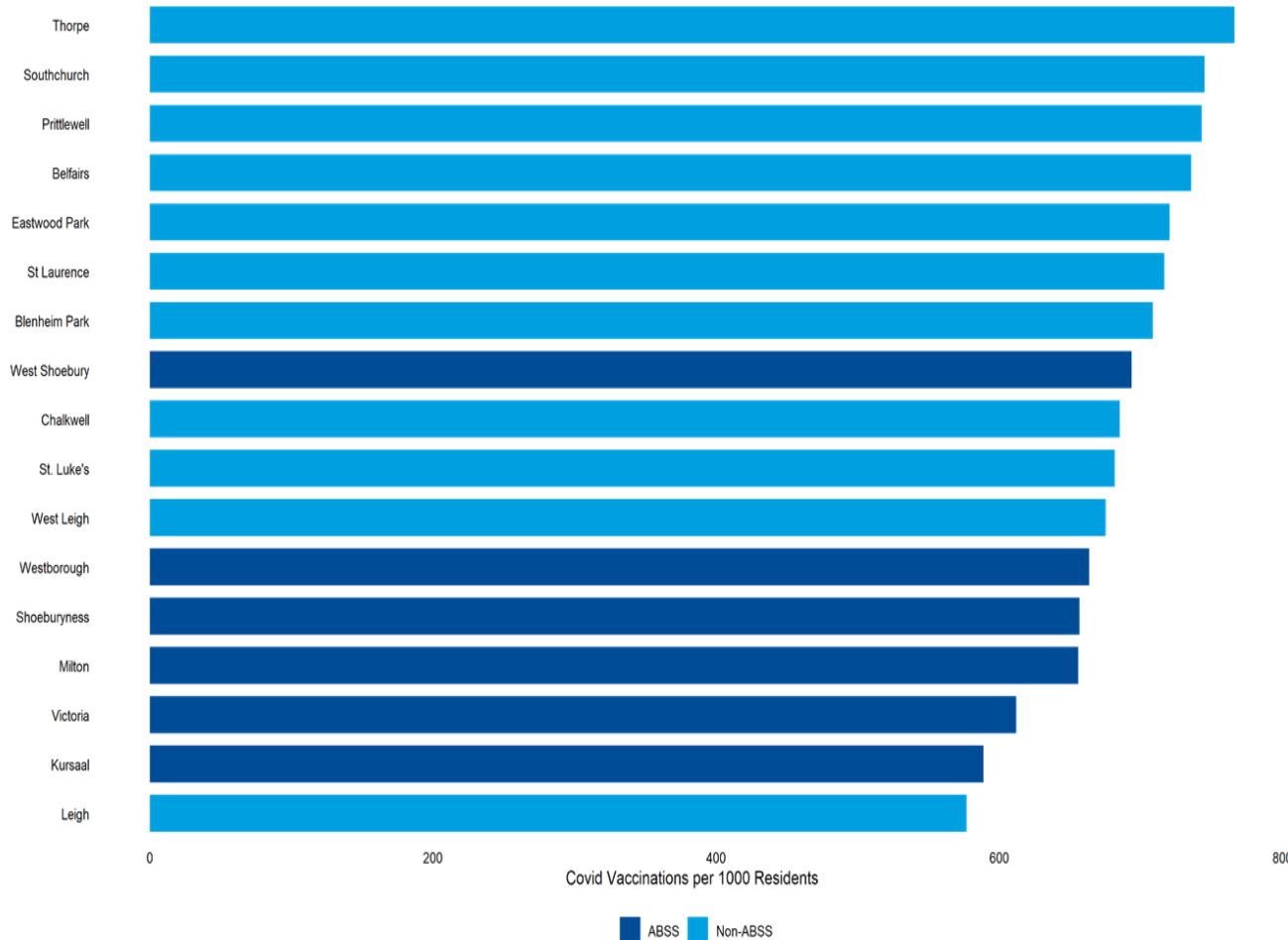
# COVID-19 Comparison

The death rates for the United Kingdom (191.1), England (199.4) and East of England (215.2) are fairly similar. Southend-on-Sea (332.6) has a considerably higher death rate and in May 2021 stood third in the East of England.

This may be mostly reflective of the higher proportion of people aged over 70, a higher proportion of care homes and higher concentration of people with underlying health conditions, especially in our more socio-economically disadvantaged communities.



# COVID-19 Vaccinations



A number of more socio-economically disadvantaged wards have lower coverage for the first dose of the vaccine, although other factors may be in play such as a higher proportion of younger adults who are yet to be invited for a vaccine.



West Shoebury and Shoeburyness are among the wards with the highest rates of vaccinations; both have higher proportions of adults >45yrs of age, who have already been invited for a vaccine.

We are collaborating on our local approach to support our local population in addressing their concerns with the COVID-19 vaccine in a bid to reduce the vaccine hesitancy factor and provide improved access to vaccination, including the deployment of a mobile unit.



# Flu Immunisation

Flu and other adult immunisations are crucial in reducing the number of preventable deaths in older people, and at-risk groups.





It is equally important that at risk groups are offered the flu vaccination to reduce the risk of death and serious illness, and pregnant women to avoid the risk of complications with their pregnancy. This is even more important with the risk of COVID-19 as a result of the spread of coronavirus.

This year we performed better than in previous years, with COVID-19 being a catalyst – we exceeded the national targets for those with underlying health conditions (58.5%) and people aged 65yrs and over – although all below the England averages. We will need to collectively support the delivery to maximise uptake and prevent further pressures on healthcare this winter.



Vaccination are given to protect people from:

- Pneumococcal infections (65+)
- Shingles (70+)
- Whooping Cough (Pregnant women)
- Influenza (all groups)

		Southend	Target	England
Influenza Vaccinations	 2-3 year olds	51.8%	65%	56.7%
	 At risk groups	58.5%	55%	64.4%
	 Pregnant Women	40.9%	55%	43.5%
	 65+ years	75.6%	75%	80.9%

# Wider Inequalities

Some key factors to focus  
our efforts

ACTIVE &  
INVOLVED



# Mental Health & Wellbeing

Good mental wellbeing underpins everything we do, how we feel, act, and behave. It is an essential individual, family, community, and business resource that needs to be protected and enhanced. Good mental wellbeing helps our capacity to manage, communicate, form, and sustain relationships, and cope with change and major life events (Southend's Mental Health Needs Assessment 2015).



“Common” Mental Health disorders

Southend	East of Englad	England
17.5%	15.1%	16.9%

A national assessment across England shows that self-reported mental health and wellbeing worsened during the pandemic but this was not replicated in Southend with no significant change in personal wellbeing. We should recognise that individuals will have different levels of response and the impact will be very individual, based on personal circumstances.

Actions which address the risk factors and support the development of the ‘protective factors’ can make mental health problems less likely to occur.

Risk factors	Protective factors
Poverty	Economic security
Discrimination	Empowerment
Violence, abuse or neglect	Feelings of security, mastery and control
Peer rejection and isolation	Positive interactions with others
Stressful life events	Physical activity
Lack of family support	Stable and supportive family environments
Poor physical health/long-term condition	Healthy diet and lifestyle



# Mental Health and Wellbeing: Opportunities



- ❖ Provision of good Information, Advice and Guidance via the Livewell Southend portal, social media, Hub of Hope database and the Public Health's Better Health: Every Mind Matters.
- ❖ Taking action to address the factors which play a crucial role in shaping mental health and wellbeing outcomes for adults and children, supported through the local South East Essex Mental Health Partnership Forum.
- ❖ Building regular physical activity into everyday life can help improve self-esteem, reduce stress, and decrease levels of anxiety – led by Everyone Health's Wellbeing Service, and local partnerships. Connecting with nature provides a great deal of mental wellbeing and we should better promote our local green and blue natural assets.
- ❖ For urgencies, promotion of the NHS 24/7 urgent mental health helplines. It helps individuals find the nearest source of support for any mental health issue, as well as providing a 'talk now' button connecting users directly to the Samaritans.
- ❖ Promoting self-help and self-care are supported through Books on Prescription and Reading Well Books, available at Southend Libraries.

# Adult obesity & Weight Management



65.1% of adults in Southend are overweight or obese. This is above the national average at 62.8%.

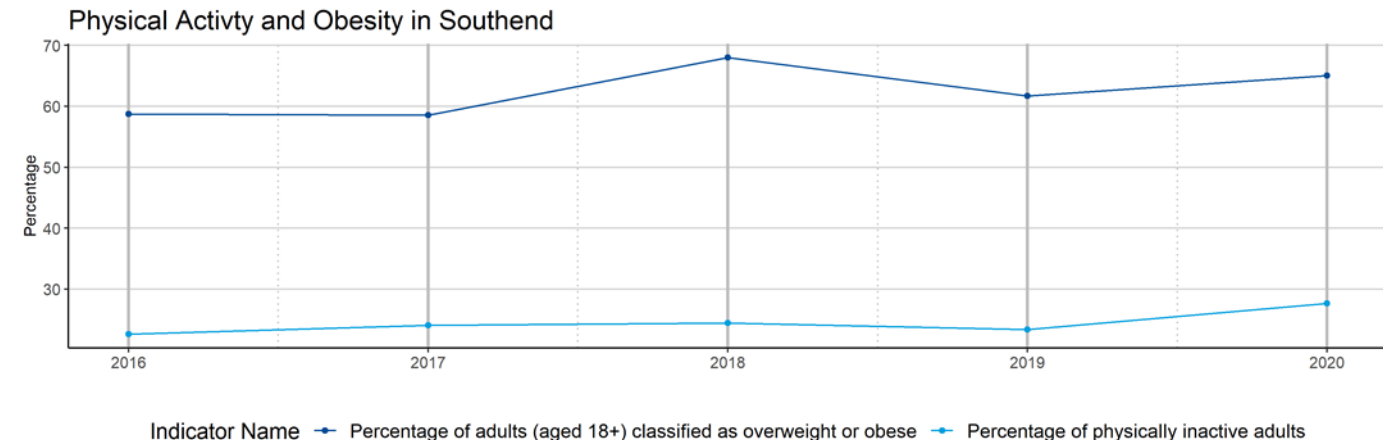
27.6% of adults in Southend are physically inactive. This is above the national average at 22.9%.

Weight management services improve population health outcomes. This has a positive impact in addressing health inequalities as individuals with more than one issue will be disproportionately affected, supporting

- ✓ Prevention of the risk of heart disease, cancer, stroke and type 2 diabetes;
- ✓ Control of the health-related costs, caused by diseases from unhealthy lifestyles.

## KEY ACTIONS

- ❖ The local partners are developing a weight management strategy, to address the complexities around obesity.
- ❖ The Council has carried out community engagement and is about to launch the Health and Wellbeing Strategy for Southend, with weight management as a key priority as identified by all partners.



# The Food Environment



An unhealthy food environment can be a huge contributor to unhealthy populations, with significantly higher levels of obesity. Living in an obesogenic environment leads to more calories being eaten and reduced opportunities to have physical activity.

Southend has the 254<sup>th</sup> highest density of fast-food outlets, out of 326 authorities across England.

In Southend, the highest concentration of fast-food outlets are in Milton (42) and Victoria ward (23) – England average is 26%.

Around a third of fast-food outlets in England are found in the most socio-economically disadvantaged communities.

Fast-food is seen as a cheap alternative to buying and cooking healthier options.

## KEY ACTIONS

- ❖ Systems to improve the food environment in Southend to promote small lifestyle changes and reduce weight gain.
- ❖ Explore options under planning guidance to minimise unhealthy fast-food outlets and a defined restriction zone around secondary schools.
- ❖ Ensure a clear policy on the health and wellbeing approach through the development of a supplementary planning guidance



# Drugs and alcohol

Based on national estimates, it is expected that between 12-15,000 local residents would have used drug.

People living in more socio-economic disadvantaged communities are more likely to be more severe users of drugs and least likely to relapse into using these after treatment.

Experimental and exploratory drug use is most commonly linked with younger age groups (16-24yrs). These individuals will divert from longer-term or more serious drug use with clinical intervention, especially if they have access to employment, stable accommodation and positive social relationships.



22%  
higher  
Opiate  
use<sup>3</sup>

2500  
11 – 15  
Year  
Olds<sup>1</sup>



9600  
16 – 74  
Year  
Olds<sup>2</sup>

100  
11 – 15  
Year  
Old<sup>4</sup>

1935  
Dependant  
Drinkers<sup>5</sup>

34000  
Drinking above  
Recommended  
limit

National estimates would suggest that we are likely to have at least 34,000 adults drinking above the recommended limits in Southend-on-Sea.

This is around 24% of the adult population who drink more than 14 units per week. The evidence also suggests that 27% of adults classify as binge-drinkers, drinking more than their recommended daily units on their heaviest drinking days.

Evidence also suggests that there has been a 20% increase across the last decade in the number of people aged 65 and above who are drinking at higher than the safe limits. Locally, we see twice more over 60's than nationally, enter the treatment service.

Conversely to the use of drugs, it is actually people in managerial and professional occupations who are most often found to be drinking alcohol on five or more days per week, and at levels higher than those in routine or manual occupations, or those who are unemployed.

The latest data on alcohol-related hospital admissions in Southend suggests that our rates are broadly in line with the national rates.



# Drugs and Alcohol



## KEY ACTIONS

- ❖ More consideration for dedicated public health promotions to alert key groups (e.g. working age professionals, older age groups) about the risks of harmful drinking, and encouraging them to reduce their intake and seek support where required.
- ❖ Consideration should be given to ensuring point of contact services (GPs, Wellbeing Service, Social prescribers) are asking questions about alcohol intake and can provide Extended Brief Interventions to those who might benefit.
- ❖ Ensure that the online offer of information, advice and guidance through sites such as LiveWell Southend include links to free apps, sites or tools that allow people to assess and manage their own drug or alcohol use
- ❖ There may be value in developing a dedicated suite of drug and alcohol information, advice, guidance and tools, which could act as both an accessible resource for individuals but also as a repository for preventive education provision
- ❖ Consideration is being given to how best to meet the needs of an ageing cohort in the current round of procurement for our specialist drug and alcohol services.



# Social Prescribing & Self Care

Many things affect our health and wellbeing such as finances, social environment, what's going on at home, to name a few. One in 5 visits to the GP is from people who may be feeling stressed about their work, money, or they are lonely and isolated. The impact that these issues can have on our physical and mental wellbeing has been particularly clear as the nation responds to Covid-19. Social prescribing is where people receive non-medical help to improve their health and wellbeing, normally through accessing community activities or support in their area. This can also support people to be better skilled in looking after their own health and wellbeing – led by our Wellbeing Services and Link Workers.



11782

Total  
Calls



41%

Male

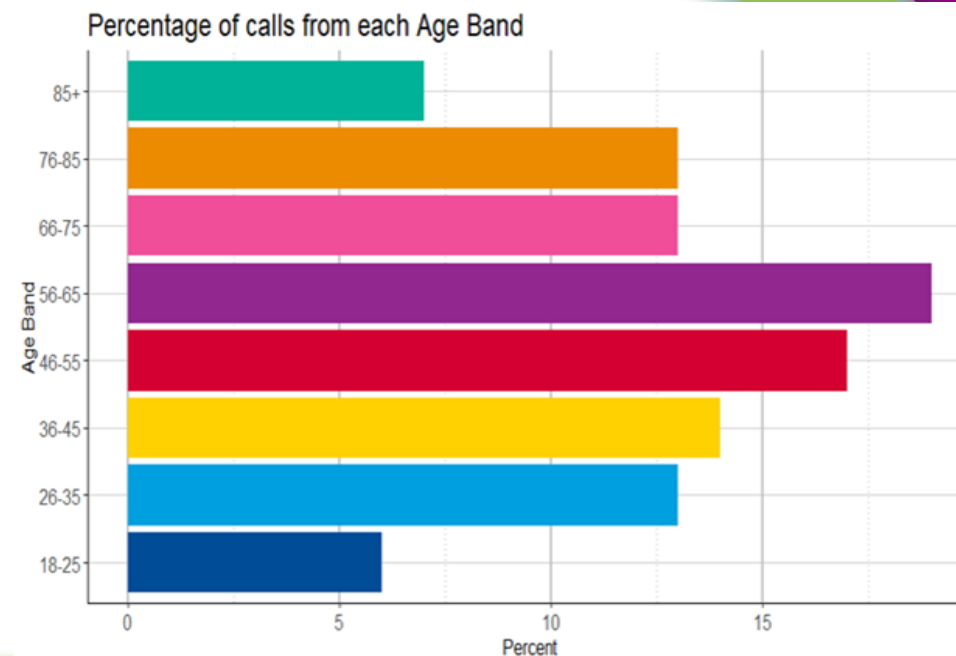


59%

Female

We have five social prescribing link workers supporting general practice within the four Primary Care Networks. Four of the link workers are hosted by the Southend Association of Voluntary Services and the fifth is hosted by the Primary Care Network in Leigh-on-Sea. They received nearly 12,000 calls in the past year.

Like many services in Southend the link workers had to adapt their role and service offer during the Covid-19 pandemic. They focussed on supporting people who were shielding and/ or vulnerable with welfare calls and supporting GP patient referrals - the support including signposting or direct referral to local services. Referrals were made across all age groups.



# Social Prescribing & Loneliness

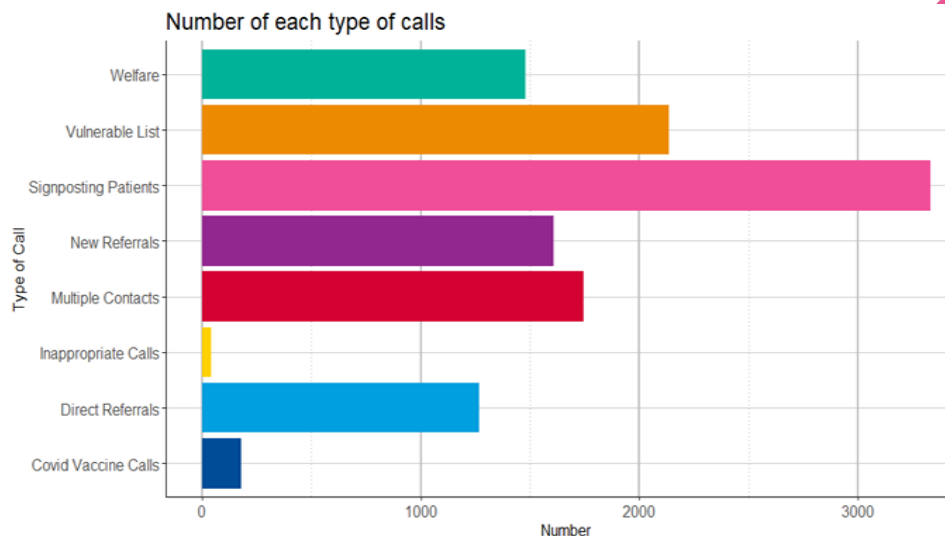
With lockdowns, social distancing and restrictions on travel and gatherings, some groups of people have reported high rates of loneliness and poorer well-being in recent months in Southend (8.7%; higher than nationally).

This was also the feedback with our link workers with loneliness being one of the most identified issues with the scheme as well as feeling low and isolated.

During Covid-19, the evidence indicates a significant impact on people's mental health and wellbeing with those shielding or living alone (6% in over 65's) experiencing higher levels of isolation and loneliness.

## Proportion of adults who responded "Often or always lonely"

Southend	East Region	England
8.7%	6.51%	7.26%



ACTIVE & INVOLVED

## KEY ACTIONS

- ❖ Raise the profile of social prescribing, including the development of a digital platform aligned to Livewell Southend as a core offer and its linkage into other services and support.
- ❖ Link into Community Connectors to support residents who are feeling lonely and isolated and/or have poor mental health and wellbeing, to connect with their community.



# Unpaid carers

Carers play a significant role in preventing the need for formal paid care and support. Identifying carers and encouraging carers to come forward is an important step to prevent them from developing needs of their own and a way to gain extra support. Many carers take years to recognise their role, which means they can miss out on crucial financial, practical and emotional support.

Unpaid carers who provide high levels of care for sick or disabled relatives and friends, are more than twice as likely to suffer from poor health compared to people without caring responsibilities.

Caring responsibilities can have an adverse impact on the physical and mental health, education and employment potential resulting in significantly poorer health and quality of life outcomes.

There is growing evidence pointing to the adverse impact on the health, future employment opportunities and social and leisure activities of those providing unpaid care, particularly in young carers, with many young carers remain 'hidden from sight' for a number of reasons.

The new Southend's Commissioning Strategy for Carers (2022-27) have identified eight priorities which will soon be approved for implementation.



Southend-on-Sea Census 2011	Age 0-15	Age 16-24	Age 25-34	Age 35-49	Age 50-64	65+	Total
Provides 1 to 19 hours unpaid care a week	310	617	939	2924	4604	2018	11,412
Provides 20 to 49 hours unpaid care a week	45	110	197	545	729	505	2131
Provides 50 or more hours unpaid care a week	39	103	315	1027	1067	1588	4139
Provides unpaid care: Total	394	830	1451	4496	6400	4111	17,682
Total population of Southend (2011)	33037	17884	22905	38061	30973	30798	173,658

# Unpaid carers

Over 3000 carers completed the State of Caring Survey (2013), reporting:

31% caring for 35 hours or more per week receive no practical support with caring.

56% who gave up work to care, spent or have spent over 5 years out of work as a result.

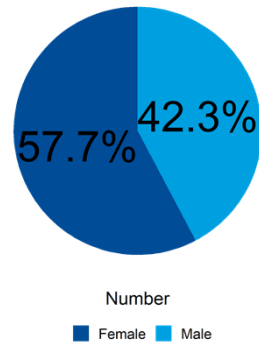
44% have been in debt as a result of caring.

84% said that caring has a negative impact on their health, up from 74% in 2011-12.

46% have raised concerns about poor quality care services.

54% of those caring for someone discharged from hospital, had either not been consulted about their discharge or had only been consulted at the last minute.

Gender of Carers in Southend  
Census 2011



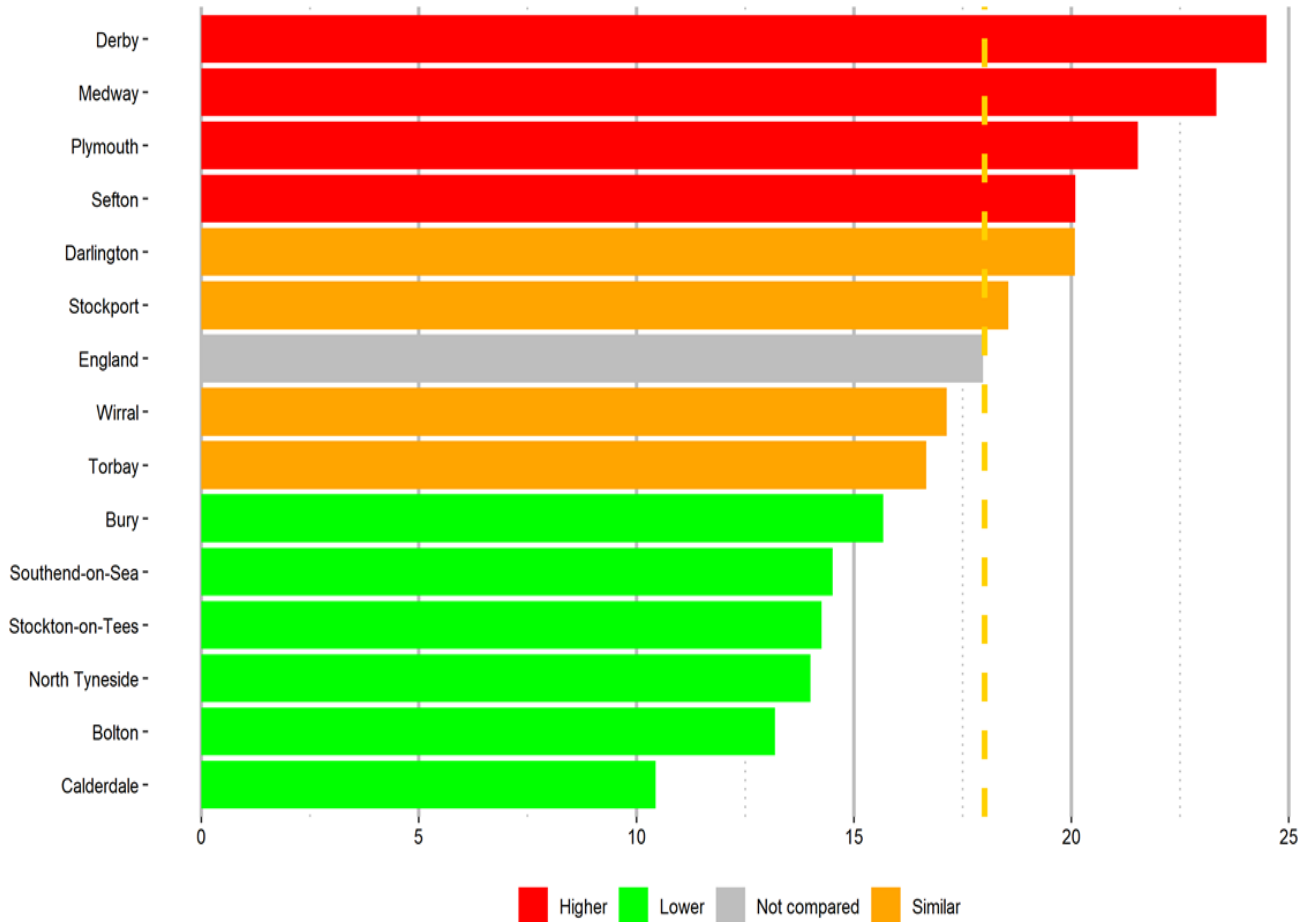
## Hidden from View findings include:

- Young carers are one and half times more likely to have a special educational need or a long-standing illness or disability.
- One in 12 young carers are caring for more than 15 hours per week.
- Around one in 20 miss school because of their caring responsibilities.
- Young carers have significantly lower educational attainment at GCSE level – the equivalent to nine grades lower overall than their peers.
- Young carers are more than one-and-a-half times as likely to be from Black, Asian or minority ethnic communities, and are twice as likely to not speak English as their first language.
- The average annual income for families with a young carer is £5,000 less than families who do not have a young carer
- Young carers are more likely than the national average to be 'not in education, employment or training' (NEET).
- Despite improved awareness of the needs of young carers, there is no strong evidence that young carers are any more likely than their peers to come into contact with support agencies.



# Autism

Children with Autism known to schools



**Think Autism** provides the backbone of what actions are needed to improve the lives of people with autism. Whilst the Council and partners have worked diligently to help better integrate people with autism locally, there is still more we can do.

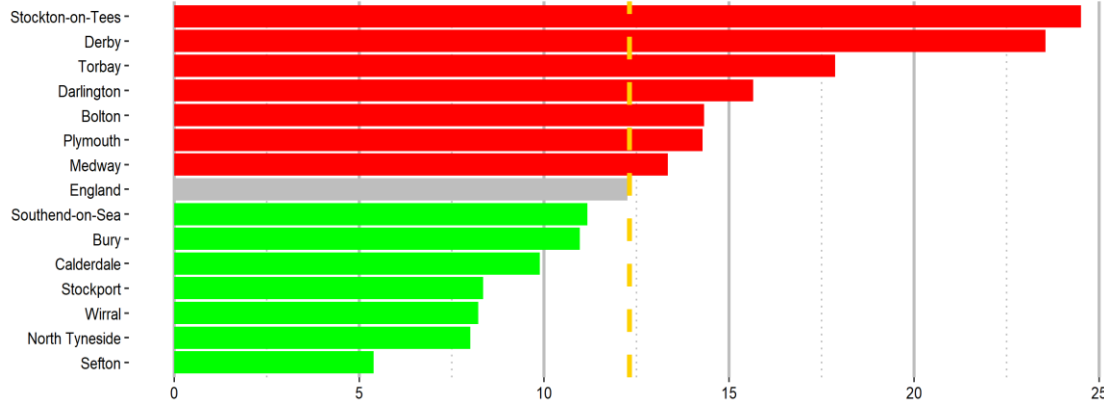


The analysis shows the rate of children with autism known to schools in Southend (14.5/1000) and our comparable neighbours (averaging 17.6/1000). Our rate is lower than the England average (18/1000).

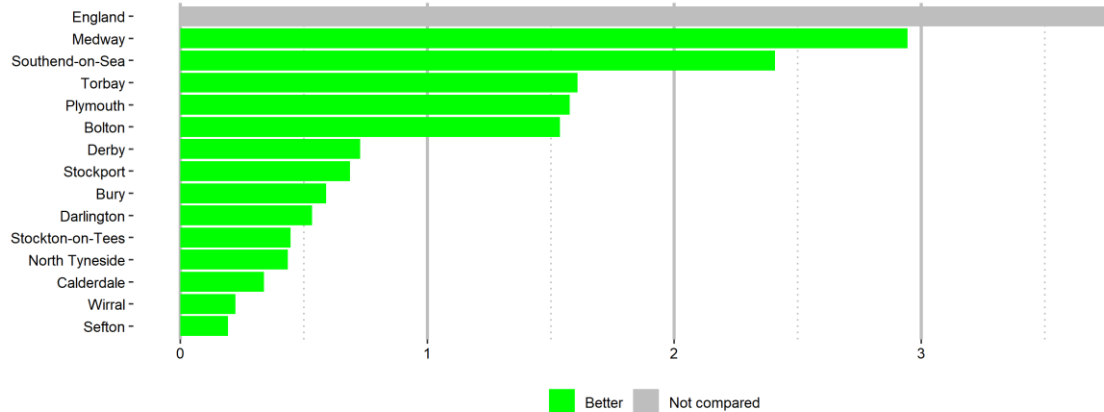
The Council continues to develop its approach to supporting people with autism. This will include refreshed housing and support at home offers for people who need this, as well as coproducing support to integrate effectively with the community.

# Homelessness

Households owed a duty under the Homelessness Reduction Act



Households in temporary accommodation



Homelessness is often a ‘late marker’ of severe and complex disadvantage which is an extreme form of social exclusion and inequality.

People who are homeless represent only a small proportion of the total population but have a high prevalence of physical and mental ill health and have a significant and high need for statutory and voluntary sector health and social care services.

The Homelessness Reduction Act (2017) provides a clear steer on the Council’s responsibilities in addressing housing provision, prevention and support. A lot of additional measures were brought in during the pandemic to better support this vulnerable group.

The rate of households owed a duty of care under the Act. in Southend (11.2) is better than England (12.3) and the average for our statistical neighbours (13.4).

The rate of households in temporary accommodation in Southend (2.4) is better than England (3.8) but worse than the average for our statistical neighbours (0.91).





# Homelessness



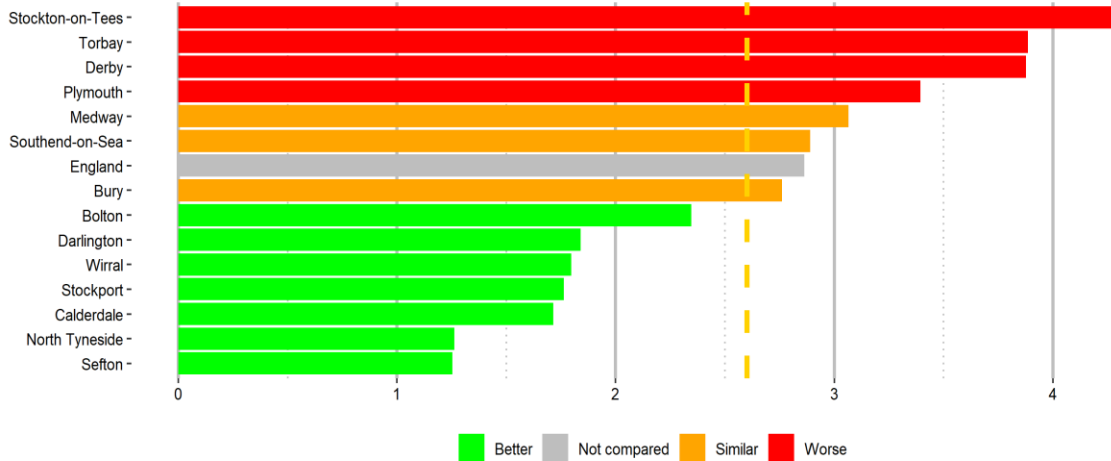
The rate of households owed a duty of care under the Homelessness Reduction Act where the main applicant is over 55 years and over in Southend (2.89) is similar to England (2.86) but worse than the average for our statistical neighbours (2.56).

The rate of households owed a duty of care where the main applicant is between 16 and 24 years old in Southend (2.53) is similar to England (2.58) and better than the average for our statistical neighbours (3.07).

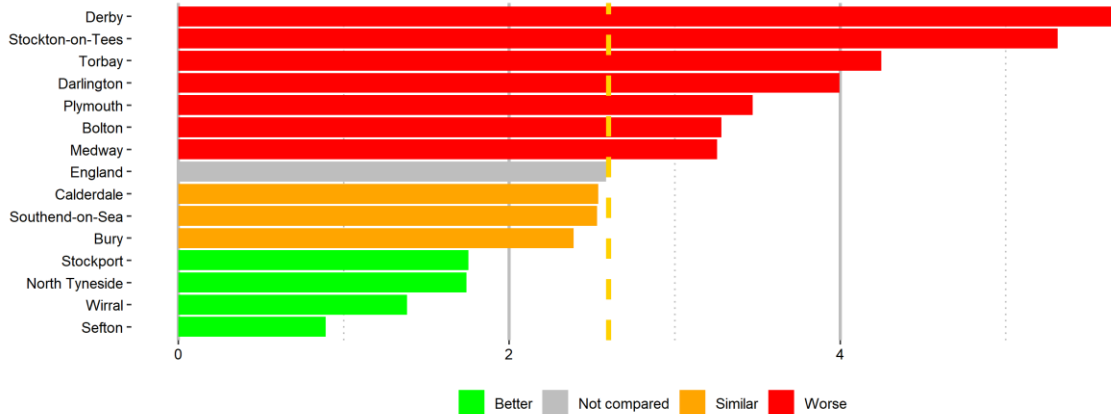
We are three years into Southend's Housing, Homelessness & Rough sleeping Strategy (2018-28) which aims to:

- ❖ Prioritise the supply of safe, locally affordable homes.
- ❖ Ensure that regeneration and growth creates inclusive, healthy places to live and thrive.
- ❖ Encourage good quality housing design, management and maintenance.
- ❖ Support people to live independently in their own homes and avoid homelessness.
- ❖ Make any instance of homelessness brief and non-recurrent.

Households owed a duty under the Homelessness Reduction Act (main applicant 55+ yrs)



Households owed a duty under the Homelessness Reduction Act (main applicant 16-24 yrs)



# Appendices

# Update on last year's report recommendations

RECOMMENDATION	OUTCOME
<b>R1.1 Flu Immunisation</b> – Early planning and delivery of a more innovative approach to significantly increase our uptake of flu jabs will be prioritised.	<b>The advent of the current pandemic led to a significant increase in uptake for the flu jabs amongst all key groups. We continue to plan to sustain this.</b>
<b>R1.2 MMR Immunisation</b> – We will review our engagement and marketing approach and co-produce the information and advice for parents, in line with the insights gathered. We will also ensure that all our eligible residents with learning disabilities have received their MMR dosage.	<b>More engagement took place and parents are keen that we support with the creation of a peer-led support group across Southend which we are looking into for 2021-22. The urgency generated to deliver the COVID vaccine has delayed the planned roll-out of MMR jab to the residents with learning disabilities.</b>
<b>R1.3 Lessons from Outbreaks</b> – We will implement all the key actions following the measles outbreak and ensure we continue to closely collaborate in managing the coronavirus pandemic.	<b>We successfully translated the learnings from the measles outbreak in supporting us to respond to the coronavirus pandemic. Our collaborative approach through the Health Protection Board has been pivotal in tackling two waves of infections.</b>
<b>R1.4 Air Quality</b> – We will explore innovative ways to monitor the level of pollution locally, and further expand our work on promoting active travel and more social media engagement to raise awareness and support the National Clean Air Day, especially in our younger populace.	<b>Extensive promotion of 2021 clean air day through Council's media and resources to businesses sent out through Southend Business Partnership newsletter, resource packs to schools to promote clean air day and ongoing engagement. Initial discussion with hospital to promote use of Clean Air Hospital Framework. Development of working group across NHS (MSE) prevention sub-group for a workshop later this year for local organisations to learn how they can contribute to this agenda.</b>
<b>R2.1 Obesity</b> - With the increasing childhood obesity trend, we must now consider more innovative and drastic interventions. We will review our engagement with the local food environment.	<b>We continue to collaborate on this agenda with heightened focused on the physical activity plan and more developmental work around the diet and nutrition area, which is also aligned to ABSS's programme. Work progressing with developing the evidence to support local supplementary planning guidance.</b>
<b>R2.2 Parenting</b> - We should ensure strategic alignment across the partnership to support families on their parental journey. We must also ensure we are making effective use of good practice.	<b>We continue to explore what is working locally and continue to operate some test and learn approaches within the ABSS programme. This area would have experienced more challenges since the pandemic started.</b>
<b>R2.3 Mental Wellbeing</b> – We must continue to take a collective approach in preventing or reducing the impact of perinatal mental ill-health, while exploring more innovative ways of supporting children and young people and in co-producing more meaningful information and guidance for them.	<b>A plethora of services and activities are in place to continually identify needs and respond appropriately. One of the biggest impact of the pandemic is on mental health and wellbeing across all ages. It will be a key strand in the multi-agency recovery work.</b>

**OPPORTUNITY & PROSPERITY**

[Protect children as part of Clean Air Day 2021 – Southend-on-Sea Borough Council](#)

# Glossary

- Southend 2050 – *The Borough’s ambition for the future, developed following extensive conversations with those that live, work and visit Southend-on-Sea*
- Health and Care Partnership Strategy – *A publication that sets out how partners can work together to improve health and care*
- Livewell Southend – *This a Southend-wide collaborative which provides health and wellbeing information, advice and guidance and is also aligned to the link workers (operated by SAVS and a GP practice) providing support to the Primary Care Networks*
- Primary Care Networks (PCNs) – *these are groups of GP practices organised around local geography, as required under the NHS reforms*
- Deprivation – *The English Indices of Deprivation is a measure of seven distinct domains that when combined form the Index of Multiple Deprivation (IMD)*
- Decile – *one of ten equal groups which a population can be divided into according to the distribution of values*
- Ward – *Local Electoral area*
- Pneumococcal infections – *A number of bacterial infections that are generally minor, but can lead onto more serious infections such as Meningitis, Sepsis and Pneumonia*
- Coverage – *The proportion of the population that are vaccinated*

- PHE – “Public Health England”
- NCMP – “National Child monitoring program”
- ABSS – “A Better Start Southend”
- HWB – “Health & Wellbeing Board”

