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SOUTHEND-ON-SEA BOROUGH COUNCIL

People Scrutiny Committee

Date: Tuesday, 11th April, 2017 @ 18.30
Place: Committee Room 1 - Civic Suite

Contact: Fiona Abbott - Principal Democratic Services Officer
Email: committeesection@southend.gov.uk

AGENDA

******** **Part 1**

1 **Apologies for Absence**

2 **Declarations of Interest**

3 **Minutes of the Meeting held on Tuesday, 24th January, 2017**

4 **Minutes of the Special Meeting held on Tuesday, 20th December, 2016**

5 **Questions from Members of the Public**

******** **ITEMS CALLED IN / REFERRED DIRECT FROM CABINET - Tuesday 14th March, 2017**

6 **Monthly Performance Report**
Members are reminded to bring with them the most recent MPR for period ending February 2017 which was circulated recently. Comments / questions should be made at the appropriate Scrutiny Committee relevant to the subject matter.

7 **The Future Provision of Secondary Places in Southend**
Minute 856 (Cabinet Book 1 – Agenda Item 9 refers)
Called in by Councillors Jones & Gilbert

8 **School Admissions Arrangements for Community Schools and the Coordinated Admission Scheme for Academic year 2018/19**
Minute 857 (Cabinet Book 1 – Agenda Item 10 refers)
Called in by Councillors Jones & Gilbert

9 **Annual Education Report**
Minute 858 (Cabinet Book 1 – Agenda Item 11 refers)
Called in by Councillors Jones & McDonald

10 **School Term Dates 2018/19**
Minute 859 (Cabinet Book 1 – Agenda Item 12 refers)
Called in by Councillors Jones & Ware-Lane

11 **The 2016 Annual Report of the Director of Public Health**
Minute 861 (Cabinet Book 1 – Agenda Item 14 refers)

Called in by Councillors Nevin & Willis

******** **PRE-CABINET SCRUTINY ITEMS - NONE**

******** **ITEMS CALLED-IN FROM FORWARD PLAN - NONE**

******** **OTHER SCRUTINY MATTERS**

12 Scrutiny Committee - updates
Report of Chief Executive (attached)

13 In depth scrutiny report - 'Alternative provision - off site education provision for children and young people'
Report of Chief Executive (to follow)

14 Exclusion of the Public

To agree that, under Section 100(A)(4) of the Local Government Act 1972, the public be excluded from the meeting for the items of business set out below on the grounds that they involve the likely disclosure of exempt information as defined in Part 1 of Schedule 12A to the Act, and that the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

******** **Part 2**

******** **ITEM CALLED IN FROM CABINET - Tuesday 14th March, 2017**

******** **OTHER SCRUTINY MATTERS**

15 Schools Progress Report
Report of Deputy Chief Executive (People)

TO: The Chairman & Members of the People Scrutiny Committee:

Councillor J Moyies (Chair), Councillor C Nevin (Vice-Chair)
Councillors B Arscott, M Assenheim, M Borton, H Boyd, S Buckley, M Butler, C Endersby, D Garston, S Habermel, A Jones, D McGlone, C Mulroney, G Phillips, M Stafford and C Walker

Co-opted Members

Church of England Diocese –
Ms Emily Lusty (Voting on Education matters only)

Roman Catholic Diocese –
VACANT (Voting on Education matters only)

Parent Governors –
(i) Mr Mark Rickett (Voting on Education matters only)
(ii) VACANT (Voting on Education matters only)

SAVS – Ms Alison Semmence (Non-Voting);
Healthwatch Southend – Ms Leanne Crabb (Non-Voting);
Southend Carers Forum – VACANT (Non-Voting)

Observers

Youth Council
(i) E Feddon (Non-voting)
(ii) J Jenkins (Non-Voting)

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SOUTHEND-ON-SEA BOROUGH COUNCIL

Meeting of People Scrutiny Committee

Date: Tuesday, 24th January, 2017

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Place: Committee Room 1 - Civic Suite

Present: Councillor Moyies (Chair)
Councillors Nevin (Vice-Chair), Arscott, Assenheim, Borton, Boyd, Buckley, Butler, Endersby, Evans*, D Garston, Jones, Phillips, McGlone, Mulroney*, Walker and Woodley*
L Crabb and M Rickett (co-opted members)
*Substitute in accordance with Council Procedure Rule 31.

In Attendance: Councillors Lamb, Courtenay and Salter (Executive Councillors)
Councillors Gilbert and Waterworth
R Tinlin, D Simon, F Abbott, S Leftley, A Atherton, J O'Loughlin, Brin Martin, S Houlden, I Ambrose, N Corrigan and J Williams
E Feddon and J Jenkins – Youth Council observers

Start/End Time: 6.30 - 8.55 pm

687 Apologies for Absence

Apologies for absence were received from Councillor Habermel (substitute Cllr Evans), Councillor Stafford (substitute Cllr Woodley), Councillor Wexham (substitute Cllr Mulroney), E Lusty (co-opted member), A Semmence (co-opted member) and A Clarke (co-opted member).

Members asked that their best wishes be forwarded to Ms Lusty who had recently broken her leg. The Chairman advised that Ms Clarke will be stepping down as the Carers Forum representative on the Scrutiny Committee, due to a change in circumstances. The Committee asked that their thanks and best wishes be forwarded to her.

688 Declarations of Interest

The following interests were declared at the meeting:-

(a) Councillors Lamb, Salter and Courtenay (Executive Councillors) - interest in the referred items; attended pursuant to the dispensation agreed at Council on 19th July 2012, under S.33 of the Localism Act 2011;
(b) Councillor Salter – agenda items relating to Draft General Fund Revenue Budget; Scrutiny update – non-pecuniary interest – husband is Consultant Surgeon at Southend Hospital and holds senior posts at the Hospital; son-in-law is GP; daughter is a doctor at Broomfield Hospital; Highlands Practice mentioned during debate;
(c) Councillor Lamb - agenda item relating to Scrutiny update - non-pecuniary – Governor at Southend Hospital;

(d) Councillor Lamb – agenda item relating to Schools progress report – non-pecuniary – Governor at West Leigh Junior School; Governor of Southend Adult Community College;
(e) Councillor Nevin - agenda item relating to - Scrutiny update - non-pecuniary – 2 children work at MEHT; sister works at Basildon Hospital; NHS employee outside area; previous employee at Southend and MEHT Hospitals;
(f) Councillor Arscott – agenda item relating to Fostering Service – non-pecuniary – member of Southend Fostering Panel;
(g) Councillor Arscott - agenda item relating to Schools Progress report – non pecuniary – Governor at Our Lady of Lourdes Catholic Primary School;
(h) Councillor Boyd - agenda item relating to School Progress report – non-pecuniary – Governor at Westcliff High School for Girls and South East Essex Academy Trust, south east Essex Teaching School Alliance;
(i) Councillor Borton - agenda item relating to School Progress report – non-pecuniary – Governor at Milton Hall School;
(j) Councillor Borton – agenda item relating to MPR – non-pecuniary – SEPT mentioned and is daughters' employer;
(k) Councillor Jones – agenda item relating to Schools Progress report – non-pecuniary – parent of child attending school and governor;
(l) Councillor Jones - agenda item relating to Fostering Service – non-pecuniary – member of Fostering Panel.

689 Questions from Members of the Public

Councillor Courtenay, the Executive Councillor for Children & Learning responded to a written question from Mr Webb and Councillor Salter, the Executive Councillor for Health and Adult Social Care responded to a written question from Mr Webb.

690 Minutes of the Meeting held on Tuesday, 29th November, 2016

Resolved:-

That the Minutes of the Meeting held on Tuesday, 29th November, 2016 be confirmed as a correct record and signed.

691 Corporate Performance Management 2017/18

The Committee considered Minute 645 of Cabinet held on 19th January 2017, which had been referred direct by Cabinet to all three Scrutiny Committees, together with a report of the Chief Executive on the Council's corporate approach to performance management for 2017/18.

In response to questions about Corporate Priority 33 (% of children in good or outstanding schools), and the new achievement data at KS4, the Executive Councillor said that he would consider whether to include this in the Schools Progress update. The Deputy Chief Executive (People) also said that he would be happy to arrange a training session for Members on this new annual set of data.

Resolved:-

That the following decisions of Cabinet be noted:-

"1. That the Corporate Priority Performance Indicators to be monitored via the Monthly Performance Report (MPR) for 2017/18, as set out at Appendix 1 to the submitted report, be approved.

2. That the MPR will also include a small basket of indicators (as outlined in paragraph 4.3 of the report) relating to areas where the Council does not have lead responsibility or direct control.

3. That the Corporate Priority Actions, to support implementation of the Council's 2017/18 Corporate Priorities, as set out at Appendix 2 to the report, be approved."

Note:- This is an Executive Function
Executive Councillor:- Lamb

692 Draft Capital Programme 2017/18 to 2020/21

The Committee considered Minute 648 of Cabinet held on 19th January 2017, which had been referred direct by Cabinet to all three Scrutiny Committees together with a report of the Corporate Management Team setting out the draft programme of capital projects for the period 2017/18 to 2020/21.

In response to questions about new scheme C16 (ICT – Children's and Adult Social Care – Development of the Liquid Logic Case Management System), detailed in Appendix 7 (page 9/28), the Deputy Chief Executive (People) said that he would be happy to meet with Members to provide an outline of the system and is also providing a full update to the next meeting of the Audit Committee.

Resolved:

That the following decisions of Cabinet be noted:-

1. That the current approved Programme for 2017/18 to 2019/20 of £125.4m, as set out in Appendix 1 to the submitted report, be noted.
2. That the changes to the approved Programme, as set out in Appendix 2 to the report, be noted.
3. That the proposed new schemes and additions to the Capital Programme for the period 2017/18 to 2020/21 totalling £59.1m of which £52.9m is for the General Fund and £6.2m for the Housing Revenue Account, as set out in Appendices 6 and 7 to the report, be endorsed.
4. That the proposed schemes subject to external funding approval for the period 2017/18 to 2020/21 totalling £42.6m as set out in Appendices 2 and 7 to the report, be endorsed.
5. That it be noted that the proposed new schemes and additions, as set out in Appendices 6 and 7 to the report, and other adjustments as set out in Appendix 2 to the report, will result in a proposed capital programme

(excluding schemes subject to external funding approval) of £185.8m for 2017/18 to 2020/21.

6. That it be noted that of the total programme of £185.8m for the period 2017/18 to 2020/21, the level of external funding supporting this programme is £58.2m.
7. That it be noted that a final review is being undertaken on the 2016/17 outturn and that the results will be included in the report to Cabinet on 14th February 2017."

Note:- This is an Executive Function save that approval of the final budget following Cabinet on 14th February 2017 is a Council Function.
Executive Councillor:- Lamb

693 Draft Fees & Charges 2017/18

The Committee considered Minute 649 of Cabinet held on 19th January 2017, which had been referred direct by Cabinet to all three Scrutiny Committees, together with a report of the Corporate Management Team detailing the fees and charges for services in 2017/18 included in the budget proposals for 2017/18.

In response to questions from the Committee about the forecast average unit cost of all home care per hour, in Appendix 1 (item 5, page 2), the Deputy Chief Executive (People) agreed to circulate by email clarification on the charge and also the average hourly rate paid to suppliers.

Resolved:-

That the following decision of Cabinet be noted:

"That the proposed fees and charges for each Department as set out in the submitted report and appendices, be endorsed."

Note:- This is an Executive Function, save the approval of the final budget following Cabinet on 14th February 2017 is a Council Function.
Executive Councillor:- Lamb

694 Draft General Fund Revenue Budget 2017/18

The Committee considered Minute 650 of Cabinet held on 19th January 2017, which had been referred direct by Cabinet to all three Scrutiny Committees, together with a report of the Corporate Management Team presenting the draft revenue budget for 2017/18.

In response to questions concerning PE2, Learning (Appendix 13, page 3/9), the Director of Learning said that he would supply details of the Schools which the authority provides services to.

With regard to Appendix 7 and 8, draft budget for Children & Learning and for Health & Adult Social Care, the Group Manager, Financial Management, said that he would provide written response on employee costs / overspends and also about the apparent increase in Children and Learning government grants.

Resolved:-

That the following decisions of Cabinet be noted:

1. That the 2017/18 draft revenue budget and any required commencement of consultation, statutory or otherwise, be approved.
2. That it be noted that the 2017/18 draft revenue budget has been prepared on the basis of a Council Tax increase of 4.99%, being 1.99% for general use and 3% for Adult Social Care.
3. That it be noted that the 2017/18 draft revenue budget has been prepared using the provisional local government finance settlement and that the outcome from the final settlement will need to be factored into the final budget proposals for Budget Cabinet and Budget Council.
4. That the 2017/18 draft revenue budget, as endorsed, be referred to all three Scrutiny Committees, Business sector and Voluntary sector to inform Cabinet, which will then recommend the Budget and Council Tax to Council.
5. That the schools position and the recommendations to the Schools Forum on 18th January 2017, as set out in Appendix 14 and 14(i) to the submitted report, be noted and referred to People Scrutiny Committee and then to Cabinet and Council.
6. That the direction of travel for 2018/19 and beyond, as set out in section 15 of the report, be endorsed."

Note:- This is an Executive Function, save the approval of the final budget following Cabinet on 14th February 2017 is a Council Function.
Executive Councillor:- Lamb

695 Monthly Performance Report

The Committee considered Minute 596 of Cabinet held on 10th January 2017 together with the Monthly Performance Report (MPR) covering the period to end November 2016, which had been circulated recently.

Resolved:-

That the report be noted.

Note:- This is an Executive Function.
Executive Councillor:- As appropriate to the item.

696 Annual Report on Safeguarding Children and Adults

The Committee considered Minute 598 of Cabinet held on 10th January 2017, which had been referred direct to Scrutiny by Cabinet, together with a report of the Deputy Chief Executive (People) on the annual assurance assessment in respect of the Council's responsibilities for safeguarding children and vulnerable adults in Southend.

Resolved:

That the following decision of Cabinet be noted:

"That the report be noted and that the actions detailed in paragraph 3.9 of the submitted report, be approved".

Note:- This is an Executive Function
Executive Councillors:- Courtenay and Salter

697 Adoption Service Annual Report

The Committee considered Minute 599 of Cabinet held on 10th January 2017, which had been referred direct to Scrutiny by Cabinet, together with a report of the Deputy Chief Executive (People) on the activities of the Adoption Service for the period January – December 2016 and, set out for approval, the updated Statement of Purpose.

Resolved:

That the following decisions of Cabinet be noted:

"1. That the Annual Report, as set out in Appendix 1 to the submitted report, be noted.

2. That the updated Statement of Purpose, as set out in Appendix 2 to the report, be approved."

Note:- This is an Executive Function
Executive Councillor:- Courtenay

698 Fostering Service Annual Report

The Committee considered Minute 600 of Cabinet held on 10th January 2017, which had been referred direct to scrutiny by Cabinet, together with a report of the Deputy Chief Executive (People) which presented the Fostering Service Annual report and the updated Statement of Purpose.

Resolved:

That the following decision of Cabinet be noted:

"That the Annual Report, as set out in Appendix 1 to the submitted report, and Statement of Purpose at Appendix 2 to the report, be approved."

Note:- This is an Executive Function
Executive Councillor:- Courtenay

699 Standing Order 46

The Committee considered Minute 605 of Cabinet held on 10th January 2017, which had been referred direct to Scrutiny by Cabinet.

Resolved:

That the submitted report be noted.

Note:- This is an Executive Function
Executive Councillor:- As appropriate to the item

700 Scrutiny Committee - updates

The Committee considered a report of the Chief Executive which updated the Committee on a number of health scrutiny matters and other matters relating to the work of the Committee.

The Scrutiny officer advised that with regard to the protocol with the CCG, set out in Appendix 1 to the report, some minor comments had been received from the CCG which will be incorporated into the protocol.

Resolved:-

1. That the report and any actions taken be noted.

2. That the updated protocols between the Scrutiny Committee and NHS Southend CCG (as amended), Healthwatch Southend and the Health & Wellbeing Board attached at Appendices 1, 2 and 3 be agreed and published on the internet.

3. To note that the Chairman, Vice Chairman and Scrutiny Officer will be attending a half day session on scrutiny and Sustainability & Transformation Plans on 6th February 2017.

Note:- This is a Scrutiny Function.

701 Exclusion of the Public

Resolved:-

That, under Section 100(A)(4) of the Local Government Act 1972, the public be excluded from the meeting for the items of business set out below, on the grounds that they would involve the likely disclosure of exempt information as defined in Part 1 of Schedule 12A to the Act and that the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

702 Schools Progress Report

The Committee received and considered a report of the Deputy Chief Executive (People) which informed the Committee on the current position with regard to schools causing concern, including Academy developments. The Director of Learning also provided a verbal update on recent Ofsted Inspections.

Resolved:

That the report be noted.

Note:- This is an Executive Function.
Executive Councillor:- Courtenay

Chairman: _____

SOUTHEND-ON-SEA BOROUGH COUNCIL

Meeting of People Scrutiny Committee

Date: Tuesday, 20th December, 2016

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Place: Committee Room 1 - Civic Suite

Present: Councillor Moyies (Chair)
Councillors Nevin (Vice-Chair), Arscott, Assenheim, Borton, Butler, Endersby, D Garston, Habermel, Jones, McGlone, Mulroney*, Phillips, Stafford and Walker
L Crabb and E Lusty (co-opted members)
*Substitute in accordance with Council Procedure Rule 31.

In Attendance: Councillor Salter (Executive Councillor)
Councillors Davidson, Gilbert, McMahon, Ware-Lane and Willis
F Abbott, S Leftley, A Atherton and D Simon

Start/End Time: 6.00 - 8.30 pm

571 Apologies for Absence

Apologies for absence were received from Councillor Boyd (no substitute), Councillor Buckley (no substitute), Councillor Wexham (substitute Councillor Mulroney) and A Semmence (co-opted member).

572 Declarations of Interest

The following interests were declared at the meeting:-

(a) Councillor Salter – agenda item relating to Success Regime – non-pecuniary interest – husband is Consultant Surgeon at Southend Hospital and holds senior posts at the Hospital; son-in-law is GP; daughter is a doctor at Broomfield Hospital;
(b) Councillor Nevin - agenda item relating to Success Regime - non-pecuniary – 2 children work at MEHT; step sister works at Basildon Hospital; NHS employee outside area; previous employee at Southend and MEHT Hospitals;
(c) E Lusty – agenda item relating to Success Regime – non-pecuniary – husband is orthopaedic Consultant Surgeon at Southend Hospital / Wellesley Hospital;
(d) Councillor Borton - agenda item relating to Success Regime - non-pecuniary – daughter is a nurse at Rochford Hospital / employer is SEPT;
(e) Councillor Habermel - agenda item relating to Success Regime - non-pecuniary – sister is a nurse at Southend Hospital;
(f) Councillor Moyies - agenda item relating to Success Regime - non-pecuniary – member of Task & Finish Group re Shoeburyness Health Centre;
(g) Councillor Assenheim - agenda item relating to Success Regime - non-pecuniary – member of Task & Finish Group re Shoeburyness Health Centre;
(h) Councillor Mulroney - agenda item relating to Success Regime - non-pecuniary - registered at Pall Mall Surgery which was specifically mentioned.

573 Questions from Members of the Public

Councillor Salter, the Executive Councillor for Health and Adult Social Care responded to written questions from Mr Fieldhouse and Mr Traub.

574 Mid and South Essex Sustainability and Transformation Plan and Success Regime

Further to Minute 345 from the meeting held on 11th October 2016, the Chairman welcomed the following health representatives to the meeting for this item:-

- Melanie Craig, Chief Officer (NHS Southend CCG),
- Dr Neil Rothnie, Medical Director (Southend University Hospital NHS Foundation Trust),
- Andy Vowles, Programme Director (Mid & South Essex Success Regime),
- Robert Shaw, Joint Director of Acute Commissioning and Contracting (NHS Southend CCG).

The Committee considered a report from the Programme Director, Mid and South Essex Success Regime which provided an update on the progress of the Success Regime (SR) and Sustainability and Transformation Plan (STP) and also received a detailed presentation. Since the last update, there have been a number of developments, including:-

- Publication of draft STP – a summary document was attached with the papers for the meeting at Appendix 1
- Engagement undertaken and change to timescales – options appraisal process and completion of pre-consultation business case now in 2017 – service redesign will be subject to public consultation in May 2017 – will consult on options which can be delivered. Non acute elements have engagement but not formal consultation
- The 3 main elements in the plan are – focus on how can work together to help people stay well for longer; organise out of hospital / community based services and care and to build capacity; 3 hospitals in the footprint collaborative working
- locality developments – 4 localities for Southend for organising services in Southend - around supporting more resilient and sustainable primary medical services (i.e. GPs etc.), co-location of services and improved premises (e.g. Shoebury primary care centre, St Luke's primary care centre and west central area), complex care coordination service
- procurement of integrated 111 and out of hours services
- in hospital work streams, and developing options for a potential hospital reconfiguration, described in more detail in the STP summary
- financial overview and system wide oversight group to support the SR / STP, meeting monthly- pump prime increase in capacity (e.g. integrated teams)

This was followed by Q&A from the members of the Committee, covering a number of issues:-

(a) localities based around GP hubs, community services
(b) integration of health & social care
(c) hospital configuration, centres of excellence, A&E & services at 3 hospitals
(d) staff recruitment issues – hospital side, moving to group directorate model across 3 sites and the 5 CCG's will be streamlined
(e) prevention, consultation and public engagement (interactive & inclusive)

In summary, the Chairman said that members need to see the clinical evidence base underpinning the proposals and potential models. Mr Vowles said that he will share the evidence and make results available.

Resolved:-

1. That the representatives be thanked for the informative presentation and update.
2. That the business case be shared with the Committee prior to the public consultation stage at a special meeting of the Committee.

Note:- This is a Scrutiny Function.

Chairman: _____

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MONTHLY PERFORMANCE REPORT

February 2017

Contents

Version: **V1.0**

Published by the Policy, Engagement & Communication Team

Further information: timmacgregor@southend.gov.uk (01702) 534025 or Louisabowen@southend.gov.uk (01702) 212039

Key to Columns and symbols used in report

Column Heading	Description
Minimise or Maximise	Indicates whether higher or lower number is better: Minimise = lower is better, maximise = higher is better
Latest Month	The latest month for which performance information is available
Month's Value	Performance to date for the latest month
Month's Target	Target to date for the latest month
Annual Target 2016/17	Annual target for 2016/17
Outcome	Symbol based on a traffic light system; Red, Amber, Green indicating whether an indicator's performance is on track to achieve the annual target. Symbols used and their meaning are:  = at risk of missing target  = some slippage against target, but still expected to meet year-end target (31/03/2017)  = on course to achieve target
Comment	Commentary for indicators not on track providing reasons for low performance and identifying initiatives planned to bring performance back on track
Better or worse than last year	Symbol indicating whether performance for the Latest Month is better or worse than the same month in the previous year. Symbols and their meanings are:  = Latest Month's performance is **better** than the same month last year  = Latest Month's performance is **worse** than the same month last year  = Data not available for current or previous year

Section 1: 2016-2017 Exceptions - Current Month Performance

Comments on Indicators rated Red or Amber
Generated on: 27 March 2017 13:55

Expected Outcome At risk of missing target
Responsible OUs Department of the Chief Executive

MPR Code	Short Name	Minimise or Maximise	Latest Month	Month's Value	Month's Target	Annual Target 2016/17	Expected Outcome	Better or worse than last year	Comment - explanation of current performance, actions to improve performance and anticipated future performance	Scrutiny Committee
CP 5.4	Working days lost per FTE due to sickness - excluding school staff [Cumulative]	Aim to Minimise	February 2017	6.72	6.49	7.20			While the Council has met its target for February but is not meeting the required cumulative target for the year to date. HR continue to provide managers with information regarding key areas of sickness to ensure sickness absence is appropriately managed, and to help departments identify trends. The Council still compares favourably with other local authorities and other sectors (latest Local Government Association Workforce Survey shows councils reporting an average of 8.5 days lost per FTE employee).	Policy & Resources Scrutiny

Expected Outcome At risk of missing target
Responsible OUs People

MPR Code	Short Name	Minimise or Maximise	Latest Month	Month's Value	Month's Target	Annual Target 2016/17	Expected Outcome	Better or worse than last year	Comment - explanation of current performance, actions to improve performance and anticipated future performance	Scrutiny Committee
CP 1.4	Rate of children subject to a Child Protection Plan per 10,000 (not including temps) [Monthly Snapshot]	Goldilocks	February 2017	59.6	45.7-52.3	45.7-52.3			The rate of children remained stable this month. This is because the number of children whose plans were discontinued is consistent with number of children becoming subject of a CP Plan, however the number of children discontinued from a plan is slightly lower than average. This indicator remains at risk of missing target. This indicator is being monitored by managers and work is in place to	People Scrutiny

MPR Code	Short Name	Minimise or Maximise	Latest Month	Month's Value	Month's Target	Annual Target 2016/17	Expected Outcome	Better or worse than last year	Comment - explanation of current performance, actions to improve performance and anticipated future performance	Scrutiny Committee
									reduce the rate of CP plans.	
CP 3.2	Delayed transfers of care from hospital for social care per 100,000 population (ASCOF 2C(2)) [Year to date average]	Aim to Minimise	February 2017	2.08	1.43	1.43			Performance has declined slightly this month, influenced by 5 new delays (4 from acute, 1 from non-acute), but we remain well below the regional average of 3.79. A 7 day a week service is ensuring that discharge flow is supported. An extension of the overnight support service is amongst the initiatives being put in place to both prevent hospital admission and aide timely discharge from hospital.	People Scrutiny

Expected Outcome At risk of missing target
Responsible OUs Place

MPR Code	Short Name	Minimise or Maximise	Latest Month	Month's Value	Month's Target	Annual Target 2016/17	Expected Outcome	Better or worse than last year	Comment - explanation of current performance, actions to improve performance and anticipated future performance	Scrutiny Committee
CP 1.1	Score against 10 BCS crimes; Theft of vehicle, theft from vehicle, vehicle interference, domestic burglary, theft of cycle, theft from person, criminal damage, common assault, wounding's, robbery. [Cumulative]	Aim to Minimise	February 2017	7604	6754	7389			Southend Community Safety Partnership have progressed a number of key recommendations from the 16/17 Strategic Intelligence Assessment. This includes a multiagency focus on certain key high crime areas such as York Road (Operation Stonegate), a review of crimes that are causing concern (violent crime), and improved strategic and operational links between the key partnership boards. In addition, the in-depth scrutiny review on enforcement is progressing and has considered evidence from the Police and Crime Commissioner and wider stakeholders both from within the Council and external. The BCS Crime breakdown for January 2017: Theft of a vehicle - **4%**;Theft from a vehicle **- 10%**; Vehicle interference - **2%**; Burglary in a dwelling - **8%**; Bicycle theft - **6%**; Theft from the person - **3%**; Criminal Damage - **19%**; HMIC Violence Without Injury - **29%**; Wounding (Serious and Other) - **17%**; Robbery (Personal Property) - **2%**.	Policy & Resources Scrutiny

MPR Code	Short Name	Minimise or Maximise	Latest Month	Month's Value	Month's Target	Annual Target 2016/17	Expected Outcome	Better or worse than last year	Comment - explanation of current performance, actions to improve performance and anticipated future performance	Scrutiny Committee
CP 2.3	Percentage of household waste sent for reuse, recycling and composting [Cumulative]	Aim to Maximise	December 2016	47.79%	54.00%	54.00%			Reported Quarterly **This figure is the latest position and will be validated by the end of March 2017.** It is unlikely that the set recycling target for 2016/17 will be achieved. Recent government figures have showed a decline in national recycling average rates down to 43.9% with a warning that the Government targets of recycling 50% by 2020 are likely to be missed. This is partly due to the reduction in packaging materials on products, the implementation for charging for carrier bags and the increased pressure on producer responsibility meaning packaging is being recovered by manufacturers and is no longer available to households to recycle. Many large commercial outlets are also required to remove packaging upon delivery of large household appliances which has also had an impact on available material for household recycling. The target figure has also been impacted by the performance of the MBT plant where a smaller than anticipated amount of material is being recycled through the plant.	Place Scrutiny

Expected Outcome Some slippage against target
Responsible OUs People

MPR Code	Short Name	Minimise or Maximise	Latest Month	Month's Value	Month's Target	Annual Target 2016/17	Expected Outcome	Better or worse than last year	Comment - explanation of current performance, actions to improve performance and anticipated future performance	Scrutiny Committee
CP 1.3	The percentage of children reported to the police as having run away that receive an independent return to home interview [Cumulative]	Aim to Maximise	February 2017	79.2%	85%	85%			The success rate of completed return to home interviews this month is 79.2%. We have had 3 young people who have been prolific missing persons throughout February, 2 of which are LAC children. The police continue to carry out vulnerability checks following any missing episodes.	People Scrutiny
CP 1.5	Rate of Looked After Children (LAC) per 10,000 [Monthly Snapshot]	Goldilocks	February 2017	69	57.3-68.3	57.3-68.3			We remain above target by 17 children, excluding unaccompanied asylum seeking children and are likely to be above target at year end. As previously reported we are	People Scrutiny

MPR Code	Short Name	Minimise or Maximise	Latest Month	Month's Value	Month's Target	Annual Target 2016/17	Expected Outcome	Better or worse than last year	Comment - explanation of current performance, actions to improve performance and anticipated future performance	Scrutiny Committee
									implementing strategies to reduce the need for children to become looked after. Strategies include the Placement Panel which offers additional senior management oversight of decision making, and the Edge of Care team who offer support and challenge to families so they continue to provide care for their adolescent children. We are experiencing pressures due to delays in securing hearings in order that final adoption orders are granted, which is due to changes in case law. This means it can take longer for children to leave care via adoption. Further work on our model of practice and the reunification of families will further reduce LAC numbers during 2017/18.	
CP 3.1	Proportion of older people 65 and over who were still at home 91 days after discharge from hospital to rehab/rehab [Rolling Quarter]	Aim to Maximise	February 2017	79.6%	86%	86%			For the reporting period, 103 Adults used the reablement service, 82 Adults were still at home 91 days. An analysis of the 21 Adults not at home will be completed. Over the longer term this indicator will be monitored for impact from the new Domiciliary Care Contract due to commence in May 2017 as this includes a reablement / enablement facet.	People Scrutiny
CP 3.3	The proportion of people who use services who receive direct payments (ASCOF 1C (2A)) [Year to date Snapshot]	Aim to Maximise	February 2017	29.4%	30%	30%			There continues to be a fixed trend just below target, which is echoed by partners in the East Region. Barriers to improved performance in this area are going to be explored, commencing with the analysis of the time take for an Adult to receive a direct payment. This is a replica of the analysis completed by Eastern Region partners and the outcome will be compared.	People Scrutiny

Expected Outcome Some slippage against target
Responsible OUs Public Health

MPR Code	Short Name	Minimise or Maximise	Latest Month	Month's Value	Month's Target	Annual Target 2016/17	Expected Outcome	Better or worse than last year	Comment - explanation of current performance, actions to improve performance and anticipated future performance	Scrutiny Committee
CP 3.8	Number of people successfully completing 4 week stop smoking course	Aim to Maximise	February 2017	751	1,150	1,300			Final quit data February is unlikely to be available until the end of April 2017. Department of Health guidelines state that	People Scrutiny

MPR Code	Short Name	Minimise or Maximise	Latest Month	Month's Value	Month's Target	Annual Target 2016/17	Expected Outcome	Better or worse than last year	Comment - explanation of current performance, actions to improve performance and anticipated future performance	Scrutiny Committee
	[Cumulative]								successful quits can be registered up to 42 days after a quit date is set.	
CP 3.9	Take up of the NHS Health Check programme - by those eligible [Cumulative]	Aim to Maximise	February 2017	3,958	5,050	5,673			Outreach work is underway. The Health Check bus is sited at 3 locations in Southend (Waitrose, B & Q and Southend Airport) 7 days a week over the next 3 weeks. GPs are continuing to receive support to invite patients in for their NHS Health Check. Some practices are piloting follow up calls to patients that have not responded to invites. Text messages are being sent out to patients to encourage them to make appointments also.	People Scrutiny

Section 2: 2016-2017 Corporate Performance Indicators

Information for all 2013-2014 Corporate Priority Indicators
Generated on: 27 March 2017 13:55

Performance Data Expected Outcome: At risk of missing target 5 On course to achieve target 17 Some slippage against target 6

Aim: SAFE: Priorities • Create a safe environment across the town for residents, workers and visitors. • Work in partnership with Essex Police and other agencies to tackle crime. • Look after and safeguard our children and vulnerable adults.

MPR Code	Short Name	Minimise or Maximise	Latest Month	Month's Value	Month's Target	Annual Target 2016/17	Expected Outcome	Better or worse than last year	Managed By	Scrutiny Committee
CP 1.1	Score against 10 BCS crimes; Theft of vehicle, theft from vehicle, vehicle interference, domestic burglary, theft of cycle, theft from person, criminal damage, common assault, wounding's, robbery. [Cumulative]	Aim to Minimise	February 2017	7604	6754	7389			Carl Robinson*	Policy & Resources Scrutiny
CP 1.2	Adults in contact with secondary mental health services who are in stable accommodation, with or without support. (ASCOF 1H) [Year to date Snapshot]	Aim to Maximise	February 2017	76%	66%	66%			Sharon Houlden	People Scrutiny
CP 1.3	The percentage of children reported to the police as having run away that receive an independent return to home interview [Cumulative]	Aim to Maximise	February 2017	79.2%	85%	85%			John O'Loughlin	People Scrutiny
CP 1.4	Rate of children subject to a Child Protection Plan per 10,000 (not including temps) [Monthly Snapshot]	Goldilocks	February 2017	59.6	45.7-52.3	45.7-52.3			John O'Loughlin	People Scrutiny
CP 1.5	Rate of Looked After Children (LAC) per 10,000 [Monthly Snapshot]	Goldilocks	February 2017	69	57.3-68.3	57.3-68.3			John O'Loughlin	People Scrutiny

Aim: CLEAN: Priorities • Continue to promote the use of green technology and initiatives to benefit the local economy and environment. • Encourage and enforce high standards of environmental stewardship.

MPR Code	Short Name	Minimise or Maximise	Latest Month	Month's Value	Month's Target	Annual Target 2016/17	Expected Outcome	Better or worse than last year	Managed By	Scrutiny Committee
CP 2.1	Number of reported missed collections per 100,000 [Monthly Snapshot]	Aim to Minimise	February 2017	30	45	45			Carl Robinson*	Place Scrutiny
CP 2.2	% acceptable standard of cleanliness: litter [Cumulative]	Aim to Maximise	February 2017	94%	92%	92%			Carl Robinson*	Place Scrutiny
CP 2.3	Percentage of household waste sent for reuse, recycling and composting [Cumulative]	Aim to Maximise	December 2016	47.79%	54.00%	54.00%			Carl Robinson*	Place Scrutiny

Aim: HEALTHY: Priorities • Actively promote healthy and active lifestyles for all. • Work with the public and private rented sectors to provide good quality housing.• Improve the life chances of our residents, especially our vulnerable children & adults, by working reduce inequalities and social deprivation across our communities.

MPR Code	Short Name	Minimise or Maximise	Latest Month	Month's Value	Month's Target	Annual Target 2016/17	Expected Outcome	Better or worse than last year	Managed By	Scrutiny Committee
CP 3.1	Proportion of older people 65 and over who were still at home 91 days after discharge from hospital to rehab/rehab [Rolling Quarter]	Aim to Maximise	February 2017	79.6%	86%	86%			Sharon Houlden	People Scrutiny
CP 3.2	Delayed transfers of care from hospital for social care per 100,000 population (ASCOF 2C(2)) [Year to date average]	Aim to Minimise	February 2017	2.08	1.43	1.43			Sharon Houlden	People Scrutiny
CP 3.3	The proportion of people who use services who receive direct payments (ASCOF 1C (2A)) [Year to date Snapshot]	Aim to Maximise	February 2017	29.4%	30%	30%			Sharon Houlden	People Scrutiny
CP 3.4	Proportion of adults with learning disabilities in paid employment [Monthly Snapshot]	Aim to Maximise	February 2017	10%	10%	10%			Sharon Houlden	People Scrutiny
CP 3.5	Number of Children Involved with Early Help Assessments (cumulative)	Aim to Maximise	February 2017	2,049	1,837	2,000			John O'Loughlin	People Scrutiny

MPR Code	Short Name	Minimise or Maximise	Latest Month	Month's Value	Month's Target	Annual Target 2016/17	Expected Outcome	Better or worse than last year	Managed By	Scrutiny Committee
CP 3.6	Participation and attendance at council owned / affiliated cultural and sporting activities and events [Cumulative]	Aim to Maximise	February 2017	4,009,624	3,666,667	4,000,000	✓	↑	Scott Dolling	Place Scrutiny
CP 3.7	Public Health Responsibility Deal [Cumulative]	Aim to Maximise	February 2017	48	36	40	✓	↑	James Williams	People Scrutiny
CP 3.8	Number of people successfully completing 4 week stop smoking course [Cumulative]	Aim to Maximise	February 2017	751	1,150	1,300	▲	↑	Liesel Park	People Scrutiny
CP 3.9	Take up of the NHS Health Check programme - by those eligible [Cumulative]	Aim to Maximise	February 2017	3,958	5,050	5,673	▲	↑	Margaret Gray	People Scrutiny

Aim: PROPEROUS: Priorities • Maximise opportunities to enable the planning and development of quality, affordable housing. • Ensure residents have access to high quality education to enable them to be lifelong learners & have fulfilling employment. • Ensure the town is 'open for businesses' and that new, developing and existing enterprise is nurtured and supported. Ensure continued regeneration of the town through a culture led agenda.

MPR Code	Short Name	Minimise or Maximise	Latest Month	Month's Value	Month's Target	Annual Target 2016/17	Expected Outcome	Better or worse than last year	Managed By	Scrutiny Committee
CP 4.3	% of Council Tax for 2016/17 collected in year [Cumulative]	Aim to Maximise	February 2017	92.40%	92.20%	97.20%	✓	↑	Joe Chesterton	Policy & Resources Scrutiny
CP 4.4	% of Non-Domestic Rates for 2016/17 collected in year [Cumulative]	Aim to Maximise	February 2017	92.00%	91.60%	97.80%	✓	↑	Joe Chesterton	Policy & Resources Scrutiny
CP 4.5	Major planning applications determined in 13 weeks [Cumulative]	Aim to Maximise	February 2017	92.86%	79.00%	79.00%	✓	↑	Peter Geraghty	Place Scrutiny
CP 4.6	Minor planning applications determined in 8 weeks [Cumulative]	Aim to Maximise	February 2017	90.22%	84.00%	84.00%	✓	↓	Peter Geraghty	Place Scrutiny
CP 4.7	Other planning applications determined in 8 weeks [Cumulative]	Aim to Maximise	February 2017	94.87%	90.00%	90.00%	✓	↓	Peter Geraghty	Place Scrutiny
CP 4.8	Current Rent Arrears as % of rent due [Monthly Snapshot]	Aim to Minimise	February 2017	1.36%	1.7%	1.7%	✓	↑	Sharon Houlden	Policy and Resources Scrutiny
CP 4.9	The % of children in good or outstanding Schools [Monthly	Aim to Maximise	February 2017	84.71%	75%	75%	✓	↓	Brin Martin	People Scrutiny

MPR Code	Short Name	Minimise or Maximise	Latest Month	Month's Value	Month's Target	Annual Target 2016/17	Expected Outcome	Better or worse than last year	Managed By	Scrutiny Committee
	Snapshot]									

Aim: EXCELLENT: Priorities • Work with & listen to our communities & partners to achieve better outcomes for all • Enable communities to be self-sufficient & foster pride in the town • Promote & lead an entrepreneurial, creative & innovative approach to the development of our town.

MPR Code	Short Name	Minimise or Maximise	Latest Month	Month's Value	Month's Target	Annual Target 2016/17	Expected Outcome	Better or worse than last year	Managed By	Scrutiny Committee
CP 5.1	Number of hours delivered through volunteering in Culture Services [Cumulative]	Aim to Maximise	February 2017	15,812	11,917	13,000			Scott Dolling	Place Scrutiny
CP 5.2	Govmetric Measurement of Satisfaction (3 Channels - Phones, Face 2 Face & Web) [Cumulative]	Aim to Maximise	February 2017	86.32%	80.00%	80.00%			Nick Corrigan; Joanna Ruffle	Policy & Resources Scrutiny
CP 5.3	Number of payments made online [Cumulative]	Aim to Maximise	February 2017	58,811	45,826	50,000			Joanna Ruffle	Policy & Resources Scrutiny
CP 5.4	Working days lost per FTE due to sickness - excluding school staff [Cumulative]	Aim to Minimise	February 2017	6.72	6.49	7.20			Joanna Ruffle	Policy & Resources Scrutiny

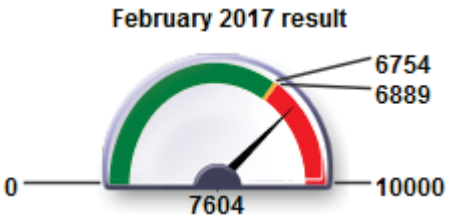
Section 3: Detail of indicators rated Red or Amber

Aim: SAFE: Priorities • Create a safe environment across the town for residents, workers and visitors. • Work in partnership with Essex Police and other agencies to tackle crime. • Look after and safeguard our children and vulnerable adults.

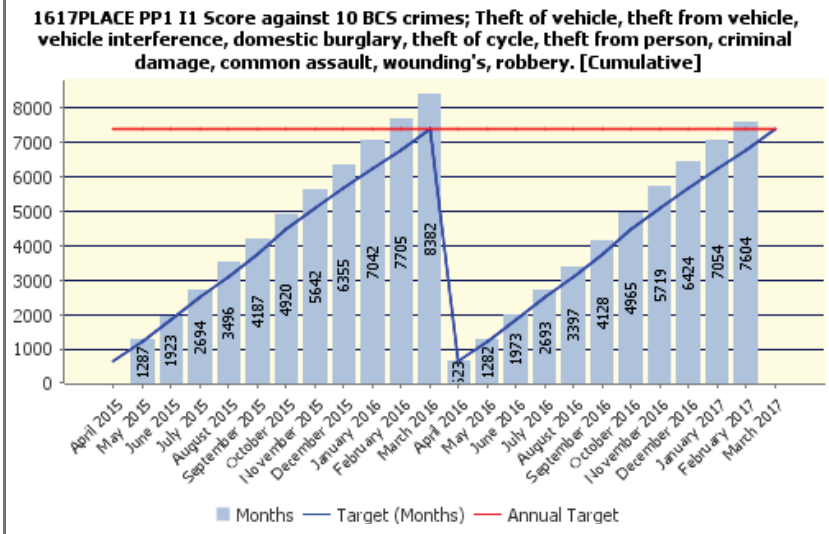
Expected Outcome: At risk of missing target 2 Some slippage against target 2

CP 1.1	**Score against 10 BCS crimes; Theft of vehicle, theft from vehicle, vehicle interference, domestic burglary, theft of cycle, theft from person, criminal damage, common assault, wounding's, robbery. [Cumulative]**		
Expected Outcome		**Format**	Aim to Minimise

Managed By	**Carl Robinson***
Year Introduced	2007



Date Range 1		
	Value	Target
April 2015	N/A	626
May 2015	1287	1231
June 2015	1923	1857
July 2015	2694	2532
August 2015	3496	3102
September 2015	4187	3773
October 2015	4920	4478
November 2015	5642	5078
December 2015	6355	5665
January 2016	7042	6235
February 2016	7705	6754
March 2016	8382	7389
April 2016	623	626
May 2016	1282	1231
June 2016	1973	1857
July 2016	2693	2532
August 2016	3397	3102
September 2016	4128	3773
October 2016	4965	4478
November 2016	5719	5078
December 2016	6424	5665
January 2017	7054	6235
February 2017	7604	6754
March 2017		7389



Southend Community Safety Partnership have progressed a number of key recommendations from the 16/17 Strategic Intelligence Assessment. This includes a multiagency focus on certain key high crime areas such as York Road (Operation Stonegate), a review of crimes that are

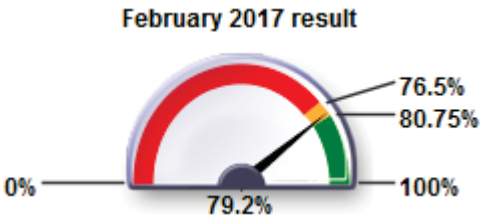
causing concern (violent crime), and improved strategic and operational links between the key partnership boards. In addition, the in-depth scrutiny review on enforcement is progressing and has considered evidence from the Police and Crime Commissioner and wider stakeholders both from within the Council and external.

The BCS Crime breakdown for January 2017:

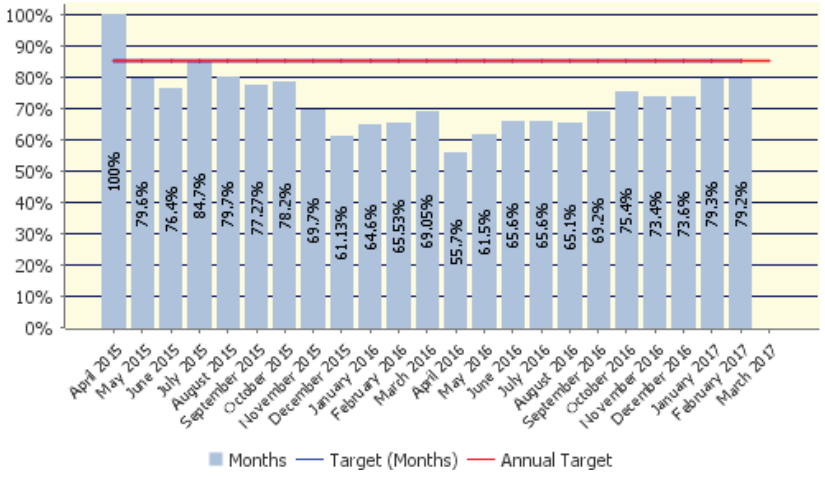
Theft of a vehicle - **4%**;Theft from a vehicle **- 10%**; Vehicle interference - **2%**; Burglary in a dwelling - **8%**; Bicycle theft - **6%**; Theft from the person - **3%**; Criminal Damage - **19%**; HMIC Violence Without Injury - **29%**; Wounding (Serious and Other) - **17%**; Robbery (Personal Property) - **2%**.

CP 1.3	**The percentage of children reported to the police as having run away that receive an independent return to home interview [Cumulative]**		
Expected Outcome		**Format**	Aim to Maximise

Managed By	**John O'Loughlin**
Year Introduced	2013



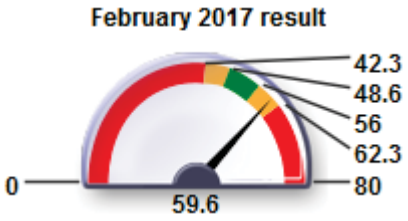
Date Range 1		
	Value	Target
April 2015	100%	85%
May 2015	79.6%	85%
June 2015	76.4%	85%
July 2015	84.7%	85%
August 2015	79.7%	85%
September 2015	77.27%	85%
October 2015	78.2%	85%
November 2015	69.7%	85%
December 2015	61.13%	85%
January 2016	64.6%	85%
February 2016	65.53%	85%
March 2016	69.05%	85%
April 2016	55.7%	85%
May 2016	61.5%	85%
June 2016	65.6%	85%
July 2016	65.6%	85%
August 2016	65.1%	85%
September 2016	69.2%	85%
October 2016	75.4%	85%
November 2016	73.4%	85%
December 2016	73.6%	85%
January 2017	79.3%	85%
February 2017	79.2%	85%
March 2017		



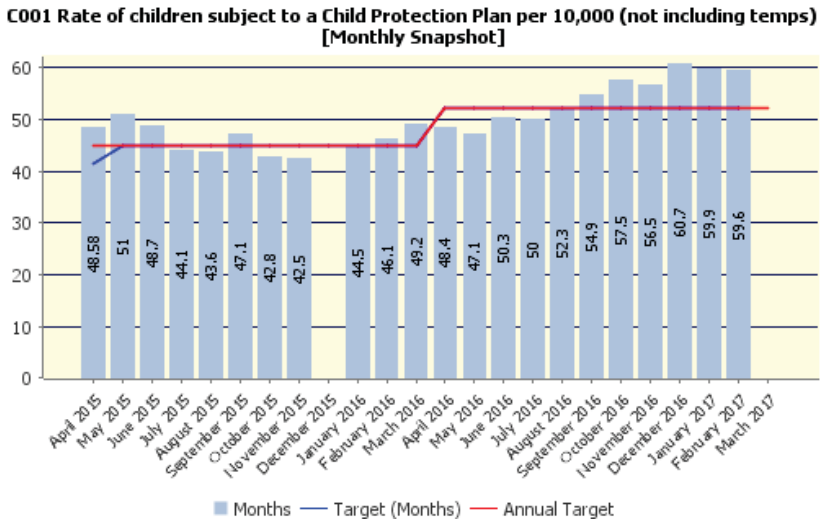
The success rate of completed return to home interviews this month is 79.2%. We have had 3 young people who have been prolific missing persons throughout February, 2 of which are LAC children. The police continue to carry out vulnerability checks following any missing episodes.

CP 1.4	Rate of children subject to a Child Protection Plan per 10,000 (not including temps) [Monthly Snapshot]		
Expected Outcome		**Format**	Goldilocks

Managed By	**John O'Loughlin**
Year Introduced	



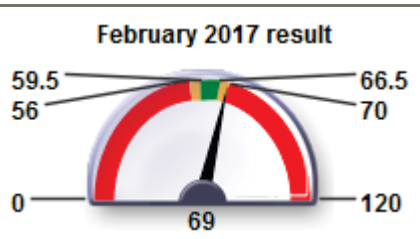
Date Range 1		
	Value	Target
April 2015	48.58	41.5
May 2015	51	45.1
June 2015	48.7	45.1
July 2015	44.1	45.1
August 2015	43.6	45.1
September 2015	47.1	45.1
October 2015	42.8	45.1
November 2015	42.5	45.1
December 2015		45.1
January 2016	44.5	45.1
February 2016	46.1	45.1
March 2016	49.2	45.1
April 2016	48.4	45.7 - 52.3
May 2016	47.1	45.7 - 52.3
June 2016	50.3	45.7 - 52.3
July 2016	50	45.7 - 52.3
August 2016	52.3	45.7 - 52.3
September 2016	54.9	45.7 - 52.3
October 2016	57.5	45.7 - 52.3
November 2016	56.5	45.7 - 52.3
December 2016	60.7	45.7 - 52.3
January 2017	59.9	45.7 - 52.3
February 2017	59.6	45.7 - 52.3
March 2017		



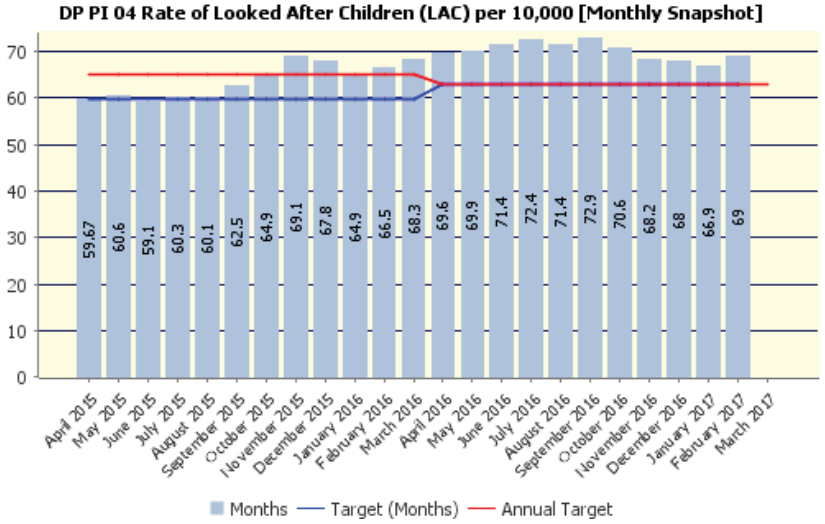
The rate of children remained stable this month. This is because the number of children whose plans were discontinued is consistent with number of children becoming subject of a CP Plan, however the number of children discontinued from a plan is slightly lower than average. This indicator remains at risk of missing target. This indicator is being monitored by managers and work is in place to reduce the rate of CP plans.

CP 1.5	Rate of Looked After Children (LAC) per 10,000 [Monthly Snapshot]		
Expected Outcome		**Format**	Goldilocks

Managed By	**John O'Loughlin**
Year Introduced	



Date Range 1		
	Value	Target
April 2015	59.67	59.7
May 2015	60.6	59.7
June 2015	59.1	59.7
July 2015	60.3	59.7
August 2015	60.1	59.7
September 2015	62.5	59.7
October 2015	64.9	59.7
November 2015	69.1	59.7
December 2015	67.8	59.7
January 2016	64.9	59.7
February 2016	66.5	59.7
March 2016	68.3	59.7
April 2016	69.6	57.3 – 68.3
May 2016	69.9	57.3 – 68.3
June 2016	71.4	57.3 – 68.3
July 2016	72.4	57.3 – 68.3
August 2016	71.4	57.3 – 68.3
September 2016	72.9	57.3 – 68.3
October 2016	70.6	57.3 – 68.3
November 2016	68.2	57.3 – 68.3
December 2016	68	57.3 – 68.3
January 2017	66.9	57.3 – 68.3
February 2017	69	57.3 – 68.3
March 2017		



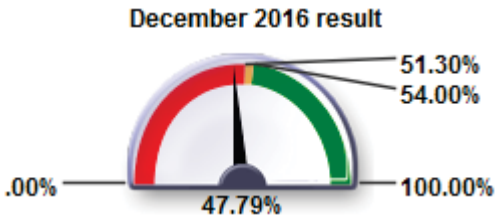
We remain above target by 17 children, excluding unaccompanied asylum seeking children and are likely to be above target at year end. As previously reported we are implementing strategies to reduce the need for children to become looked after. Strategies include the Placement Panel which offers additional senior management oversight of decision making, and the Edge of Care team who offer support and challenge to families so they continue to provide care for their adolescent children. We are experiencing pressures due to delays in securing hearings in order that final adoption orders are granted, which is due to changes in case law. This means it can take longer for children to leave care via adoption. Further work on our model of practice and the reunification of families will further reduce LAC numbers during 2017/18.

Aim: CLEAN: Priorities • Continue to promote the use of green technology and initiatives to benefit the local economy and environment. • Encourage and enforce high standards of environmental stewardship.

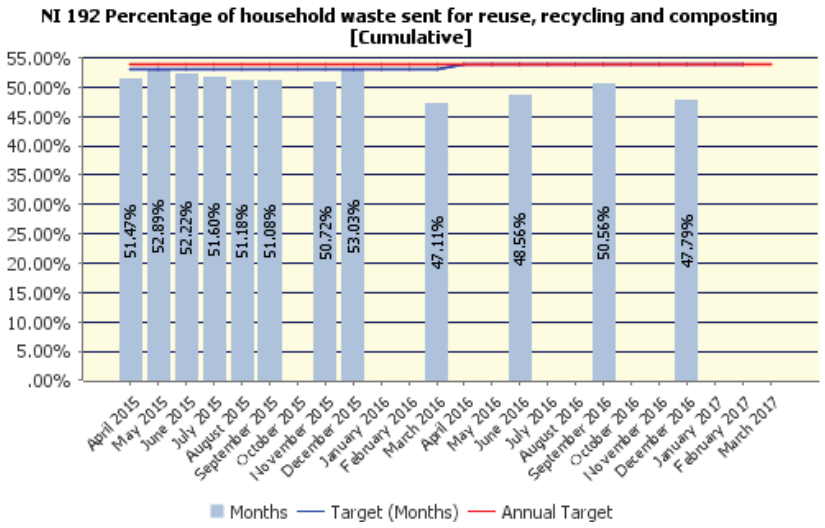
Expected Outcome: At risk of missing target 1

CP 2.3	**Percentage of household waste sent for reuse, recycling and composting [Cumulative]**		
Expected Outcome		**Format**	Aim to Maximise

Managed By	**Carl Robinson***
Year Introduced	2008



Date Range 1		
	Value	Target
April 2015	51.47%	53.00%
May 2015	52.89%	53.00%
June 2015	52.22%	53.00%
Q1 2015/16		
July 2015	51.60%	53.00%
August 2015	51.18%	53.00%
September 2015	51.08%	53.00%
Q2 2015/16		
October 2015		53.00%
November 2015	50.72%	53.00%
December 2015	53.03%	53.00%
Q3 2015/16		
January 2016		53.00%
February 2016		53.00%
March 2016	47.11%	53.00%
Q4 2015/16		
April 2016	N/A	54.00%
May 2016	N/A	54.00%
June 2016	48.56%	54.00%
Q1 2016/17		
July 2016	N/A	54.00%
August 2016	N/A	54.00%
September 2016	50.56%	54.00%
Q2 2016/17		
October 2016		54.00%
November 2016		54.00%
December 2016	47.79%	54.00%
Q3 2016/17		
January 2017		54.00%
February 2017		54.00%
March 2017		
Q4 2016/17		



Reported Quarterly

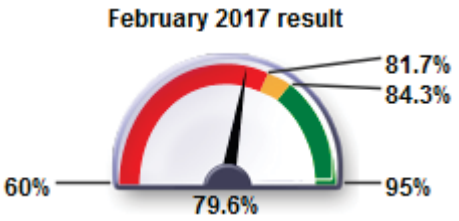
This figure is the latest position and will be validated by the end of March 2017. It is unlikely that the set recycling target for 2016/17 will be achieved. Recent government figures have showed a decline in national recycling average rates down to 43.9% with a warning that the Government targets of recycling 50% by 2020 are likely to be missed. This is partly due to the reduction in packaging materials on products, the implementation for charging for carrier bags and the increased pressure on producer responsibility meaning packaging is being recovered by manufacturers and is no longer available to households to recycle. Many large commercial outlets are also required to remove packaging upon delivery of large household appliances which has also had an impact on available material for household recycling. The target figure has also been impacted by the performance of the MBT plant where a smaller than anticipated amount of material is being recycled through the plant.

Aim: HEALTHY: Priorities • Actively promote healthy and active lifestyles for all. • Work with the public and private rented sectors to provide good quality housing. • Improve the life chances of our residents, especially our vulnerable children & adults, by working to reduce inequalities and social deprivation across our communities.

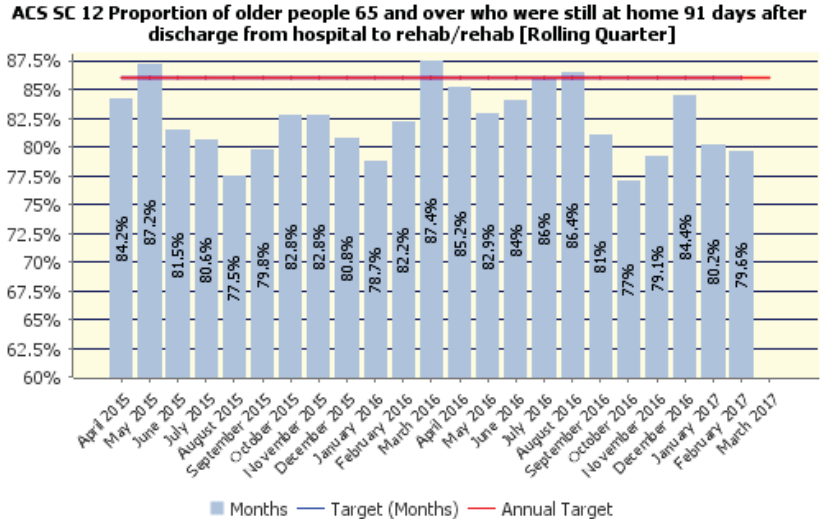
Expected Outcome: At risk of missing target 1 Some slippage against target 4

CP 3.1	**Proportion of older people 65 and over who were still at home 91 days after discharge from hospital to rehab/rehab [Rolling Quarter]**		
Expected Outcome		**Format**	Aim to Maximise

Managed By	**Sharon Houlden**
Year Introduced	



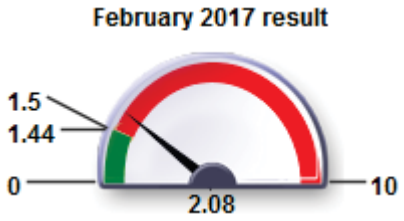
Date Range 1		
	Value	Target
April 2015	84.2%	86%
May 2015	87.2%	86%
June 2015	81.5%	86%
Q1 2015/16		
July 2015	80.6%	86%
August 2015	77.5%	86%
September 2015	79.8%	86%
Q2 2015/16		
October 2015	82.8%	86%
November 2015	82.8%	86%
December 2015	80.8%	86%
Q3 2015/16		
January 2016	78.7%	86%
February 2016	82.2%	86%
March 2016	87.4%	86%
Q4 2015/16		
April 2016	85.2%	86%
May 2016	82.9%	86%
June 2016	84%	86%
Q1 2016/17		
July 2016	86%	86%
August 2016	86.4%	86%
September 2016	81%	86%
Q2 2016/17		
October 2016	77%	86%
November 2016	79.1%	86%
December 2016	84.4%	86%
Q3 2016/17		
January 2017	80.2%	86%
February 2017	79.6%	86%
March 2017		
Q4 2016/17		



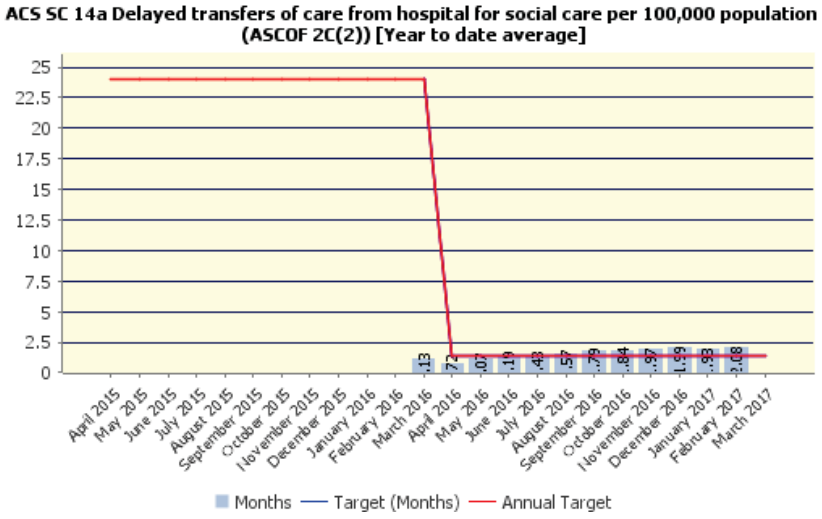
For the reporting period, 103 Adults used the reablement service, 82 Adults were still at home 91 days. An analysis of the 21 Adults not at home will be completed. Over the longer term this indicator will be monitored for impact from the new Domiciliary Care Contract due to commence in May 2017 as this includes a reablement / enablement facet.

CP 3.2	Delayed transfers of care from hospital for social care per 100,000 population (ASCOF 2C(2)) [Year to date average]		
Expected Outcome		**Format**	Aim to Minimise

Managed By	**Sharon Houlden**
Year Introduced	



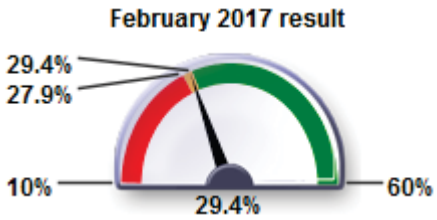
Date Range 1		
	Value	Target
April 2015		
May 2015		
June 2015		
July 2015		
August 2015		
September 2015		
October 2015		
November 2015		
December 2015		
January 2016		
February 2016		
March 2016	1.13	24
April 2016	0.72	1.43
May 2016	1.07	1.43
June 2016	1.19	1.43
July 2016	1.43	1.43
August 2016	1.57	1.43
September 2016	1.79	1.43
October 2016	1.84	1.43
November 2016	1.97	1.43
December 2016	1.99	1.43
January 2017	1.93	1.43
February 2017	2.08	1.43
March 2017		1.43



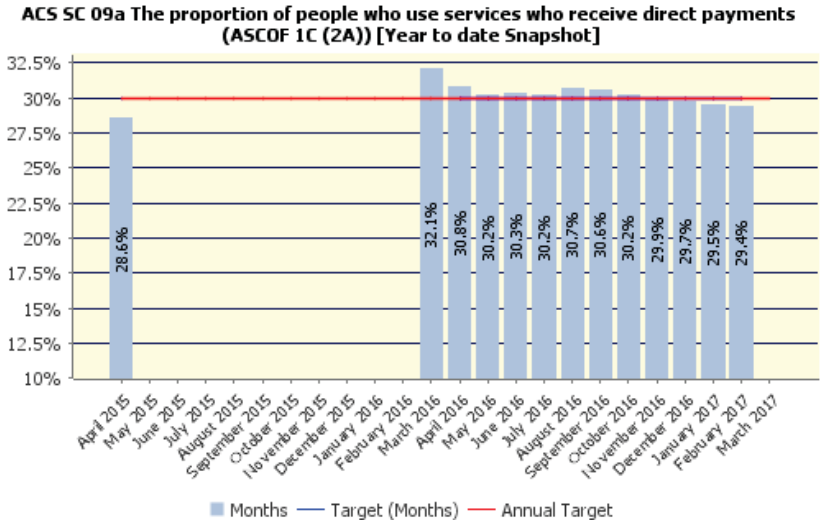
Performance has declined slightly this month, influenced by 5 new delays (4 from acute, 1 from non-acute), but we remain well below the regional average of 3.79. A 7 day a week service is ensuring that discharge flow is supported. An extension of the overnight support service is amongst the initiatives being put in place to both prevent hospital admission and aide timely discharge from hospital.

CP 3.3	The proportion of people who use services who receive direct payments (ASCOF 1C (2A)) [Year to date Snapshot]		
Expected Outcome		**Format**	Aim to Maximise

Managed By	**Sharon Houlden**
Year Introduced	



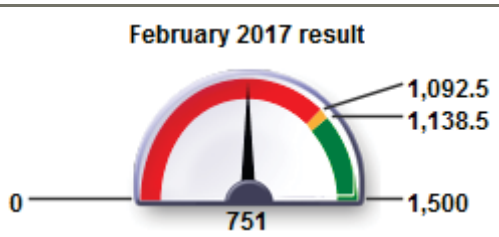
Date Range 1		
	Value	Target
April 2015	28.6%	30%
May 2015		
June 2015		
July 2015		
August 2015		
September 2015		
October 2015		
November 2015		
December 2015		
January 2016		
February 2016	N/A	
March 2016	32.1%	
April 2016	30.8%	30%
May 2016	30.2%	30%
June 2016	30.3%	30%
July 2016	30.2%	30%
August 2016	30.7%	30%
September 2016	30.6%	30%
October 2016	30.2%	30%
November 2016	29.9%	30%
December 2016	29.7%	30%
January 2017	29.5%	30%
February 2017	29.4%	30%
March 2017		



There continues to be a fixed trend just below target, which is echoed by partners in the East Region. Barriers to improved performance in this area are going to be explored, commencing with the analysis of the time take for an Adult to receive a direct payment. This is a replica of the analysis completed by Eastern Region partners and the outcome will be compared.

CP 3.8	Number of people successfully completing 4 week stop smoking course [Cumulative]		
Expected Outcome		**Format**	Aim to Maximise

Managed By	**Liesel Park**
Year Introduced	

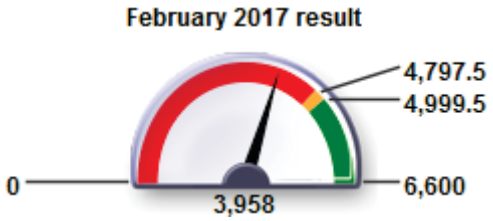


Date Range 1		
	Value	Target
April 2015	57	100
May 2015	148	200
June 2015	192	300
July 2015	245	380
August 2015	298	450
September 2015	383	530
October 2015	518	650
November 2015	559	750
December 2015	738	800
January 2016	824	1,000
February 2016	947	1,150
March 2016	1,300	1,300
April 2016	85	100
May 2016	130	200
June 2016	184	300
July 2016	246	380
August 2016	296	450
September 2016	406	530
October 2016	435	650
November 2016	548	750
December 2016	603	800
January 2017	665	1,000
February 2017	751	1,150
March 2017		1,300

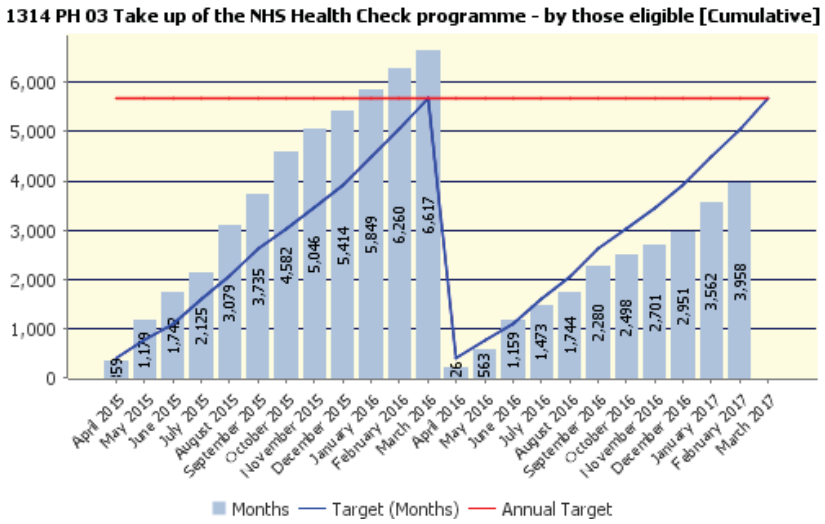
Final quit data February is unlikely to be available until the end of April 2017. Department of Health guidelines state that successful quits can be registered up to 42 days after a quit date is set.

CP 3.9	Take up of the NHS Health Check programme - by those eligible [Cumulative]		
Expected Outcome		**Format**	Aim to Maximise

Managed By	**Margaret Gray**
Year Introduced	



Date Range 1		
	Value	Target
April 2015	359	406
May 2015	1,179	763
June 2015	1,742	1,120
July 2015	2,125	1,592
August 2015	3,079	2,064
September 2015	3,735	2,632
October 2015	4,582	3,038
November 2015	5,046	3,443
December 2015	5,414	3,914
January 2016	5,849	4,482
February 2016	6,260	5,050
March 2016	6,617	5,673
April 2016	226	406
May 2016	563	763
June 2016	1,159	1,120
July 2016	1,473	1,592
August 2016	1,744	2,064
September 2016	2,280	2,632
October 2016	2,498	3,038
November 2016	2,701	3,443
December 2016	2,951	3,914
January 2017	3,562	4,482
February 2017	3,958	5,050
March 2017		5,673



Outreach work is underway. The Health Check bus is sited at 3 locations in Southend (Waitrose, B & Q and Southend Airport) 7 days a week over the next 3 weeks.

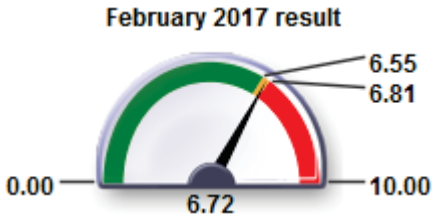
GPs are continuing to receive support to invite patients in for their NHS Health Check. Some practices are piloting follow up calls to patients that have not responded to invites. Text messages are being sent out to patients to encourage them to make appointments also.

Aim: EXCELLENT: Priorities • Work with & listen to our communities & partners to achieve better outcomes for all • Enable communities to be self-sufficient & foster pride in the town • Promote & lead an entrepreneurial, creative & innovative approach to the development of our town.

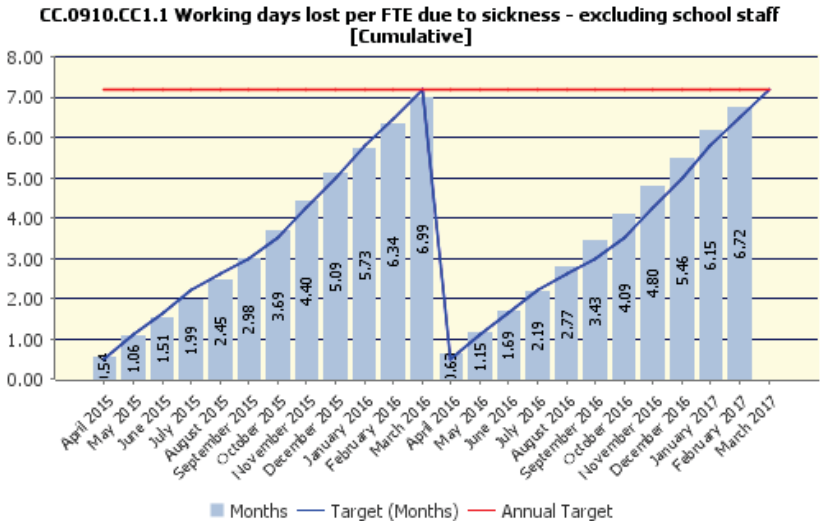
Expected Outcome: At risk of missing target 1

CP 5.4	**Working days lost per FTE due to sickness - excluding school staff [Cumulative]**		
Expected Outcome		**Format**	Aim to Minimise

Managed By	**Joanna Ruffle**
Year Introduced	2009



Date Range 1		
	Value	Target
April 2015	0.54	0.51
May 2015	1.06	1.10
June 2015	1.51	1.65
July 2015	1.99	2.21
August 2015	2.45	2.61
September 2015	2.98	3.01
October 2015	3.69	3.51
November 2015	4.40	4.25
December 2015	5.09	4.97
January 2016	5.73	5.80
February 2016	6.34	6.47
March 2016	6.99	7.20
April 2016	0.63	0.51
May 2016	1.15	1.10
June 2016	1.69	1.65
July 2016	2.19	2.21
August 2016	2.77	2.61
September 2016	3.43	3.01
October 2016	4.09	3.51
November 2016	4.80	4.27
December 2016	5.46	4.99
January 2017	6.15	5.82
February 2017	6.72	6.49
March 2017		7.20



While the Council has met its target for February but is not meeting the required cumulative target for the year to date. HR continue to provide managers with information regarding key areas of sickness to ensure sickness absence is appropriately managed, and to help departments identify trends. The Council still compares favourably with other local authorities and other sectors (latest Local Government Association Workforce Survey shows councils reporting an average of 8.5 days lost per FTE employee).

Revenue Budget Monitoring 2016/17

Period 11

as at 28 February 2017
Portfolio Summary

Contents

1. Commentary

This report outlines the budget monitoring position for the General Fund and Housing Revenue Account for 2016/17, based on the views of the Directors and their Management Teams, in light of expenditure and income to 28 February 2017.

The starting point for the budget monitoring is the original budget as agreed by Council in February 2016. Therefore, the full cost budget is being monitored, including fully allocated Management, Administrative and Technical Services (MATS) and capital financing costs. As at the end of October 2016 all corporate savings had been allocated.

2. Overall Budget Performance – General Fund

As at the end of February, an underspend to the overall Council budget of £2,387,000 is currently being forecast for the year-end. This position reflects a projected overspend of £154,000 in Council departmental spending and a £2,541,000 underspend on financing costs and levies. The budget pressures which services are reporting are detailed in section 3. The forecast net underspend of £2,387,000 is currently estimated to be transferred to earmarked reserves.

General Fund Portfolio Forecast Comparison 2016/17
at 28 February 2017 - Period 11

Portfolio	Latest Budget 2016/17 £000	Projected Outturn 2016/17 £000	February Forecast Variance £000	January Forecast Variance £000
Leader	2,858	2,855	(3)	(25)
Culture, Tourism and the Economy	16,559	16,772	213	310
Corporate and Community Support Services	4,888	4,516	(372)	(282)
Housing, Planning & Public Protection Services	10,883	10,819	(64)	(28)
Children & Learning	32,552	32,855	303	551
Health & Adult Social Care	43,101	43,362	261	221
Transport, Waste & Cleansing	25,833	25,649	(184)	(397)
Technology	65	65	-	-
Total Portfolio	136,739	136,893	154	350
Non-Service Areas	(12,186)	(14,727)	(2,541)	(326)
Earmarked Reserves	(1,347)	1,040	2,387	(24)
Net Expenditure / (Income)	**123,206**	**123,206**	**0**	**0**

Where Portfolios are forecasting an overspend by the end of the year, the relevant Director has been advised that appropriate action plans must be in place to address any projected overspend position so that a balanced budget for the Council is produced by the year end.

3. Service Variances - £154,000 forecast overspend

The key variances are as shown in the following table:-

Portfolio	Unfavourable £(000)	Favourable £(000)	Net £(000)	Previous period £(000)
Leader				
Treasury Management Costs		(3)		0
Vacancies in the Policy and Communications team				(25)
	0	**(3)**	**(3)**	**(25)**
Culture, Tourism and the Economy				
Southend Pier - Loss of income due to repair of pile caps and associated repair costs due to buggy usage for certain users	133			200
Grounds Maintenance - Additional peak relief staff due to weather conditions	69			60
Grounds Maintenance - One off additional materials and maintenance costs in relation to the new Southend contract	60			60
Grounds Maintenance - shortfall in income	35			40
Golf course - reduced income due to lower user numbers	50			50
The Forum - Facilities Management contract	100			100
Leigh Library - Income shortfall	6			0
Leisure Management - Newly tendered contract saving & part year vacant post		(182)		(182)
Town Centre - Additional income from the weekly markets		(30)		0
Tourism & Events - Vacant post & unspent contractors budget		(28)		(18)
	453	**(240)**	**213**	**310**
Corporate and Community Support				
Income from Cremations		(150)		(50)
Vacancies in the Customer Service team		(61)		(8)
IT Costs relating to Citizens Accounts		52		**0**
Income from the Customer Service support for the Veolia		(47)		(30)
Benefits Admin Team Staffing	100			100
Vacancies in the Partnership team and Grants to Voluntary Organisation teams		(15)		(50)
Corporate Training Income		(14)		(14)
Vacancy in the Transport Management team		(20)		0
Vacancies in the Accounts Payable and Accountancy teams		(20)		(170)
Vacancy in the Asset Management Team		(50)		(50)
Additional security costs for Civic Campus	25			25
Lettings Income not achieved at Civic Centre	23			23
Council Tax Court Income		(80)		(90)
Maternity cover in Democratic Services	15			0
Vacancies in the Chief Executive Support team		(50)		(35)
Printing and Postage for Local Elections and Referendum	10			12
Vacancy Factor in the Legal Team	0			5
Legal Services Court Costs and Barristers' Fees	55			65
Legal Services Income	25			20
Staffing costs in the Business Rates team		(35)		(15)
Vacancies in Corporate Procurement		(20)		(20)
Property - Increased capitalisation of staffing costs		(50)		0
Property - Income received in relation to a written off invoice		(70)		0
Other Minor Variance	5			0
	258	**(630)**	**(372)**	**(282)**

…Continued				
Housing, Planning & Public Protection Services				
Building Control - staffing pressures	57			57
Development Control - staffing & court cost underspends		(77)		(64)
Development Control - drop in income	20			0
Development Control - CIL monitoring income		(42)		(42)
CCTV - Consultants costs and equipment maintenance	27			27
Vacancies in Private Sector Housing		(65)		(27)
Vacancies in Community Housing		0		(35)
Regulatory Services - Legal advice	13			13
Licensing - Tables and chairs income shortfall	28			27
Licensing - Gambling Act income shortfall	17			21
Minor variances		(42)		(5)
	162	**(226)**	**(64)**	**(28)**
Children and Learning				
Children's Placements - high cost children with disabilities, and cost of direct payments	58			56
Children's Placements - forecast for current cohort of looked after children	7			46
Unaccompanied ayslym younder people - legacy scheme	41			54
Unaccompanied asylum younger people - 16/17 National transfer scheme	18			17
Pressure on Leaving Care accommodation placements	102			102
Staffing pressure costs in children services due to highlevels of agency staff and MARAT team	106			321
Children under Sect 17 and Sect 20 support costs		(69)		(62)
Funding pressures at the Marigold Assessment centre mostly attrituable to transport costs	127			143
Legal charges for children in care - high case load	159			86
Forecast on current in-house fostering placements and impact of adoption referral income	4			38
Home to School Education Transport - lower demand and contract management		(150)		(150)
School Improvement staff vacancies		(100)		(100)
	622	**(319)**	**303**	**551**
Health and Adult Social Care				
People with a Learning Disability - Lower than estimated residential care placements and direct payments		(263)		(249)
People with Mental Health Needs - Higher than estimated residential care placements, direct payments and supported living	596			532
Older People - Reduced residential care packages		(151)		(108)
Physical and Sensory Impairment - Higher than estimated residential care placements	51			71
Pressure against budgeted vacancy levels	64			77
Health contribution towards Integrated commissioning		(17)		(24)
Underspend on service contracts		(19)		(78)
	711	**(450)**	**261**	**221**

…Continued				
Transport, Waste & Cleansing				
Street lighting - full year benefits not expected to be achieved	418			355
Traffic Signals - reduction in contractor costs due to LED	9			(24)
Street works Common Permit Scheme - S.74 penalties		(469)		(467)
Highways Maintenance - rechargeable works not being	169			152
Structural maintenance - footway repairs	144			184
Projects Implementation - transport & online resource costs	22			21
Environmental Maintenance - contract costs	24			(23)
Winter Maintenance - anticipated stock value at year end		(92)		0
Bridge Maintenance - reactive repairs		(32)		(32)
Decriminalised parking - delay in new contract implementation	152			139
Decriminalised parking - estimated bad debt provision at year end		(83)		133
Decriminalised parking - reduction in income	717			649
Parking management - income from on- and off-street		(277)		(262)
Concessionary fares - based on consultant estimate	35			73
Strategic Transport Policy	11			11
Travel Centre - additional security required for site	58			60
Traffic Management - reduction in contractor costs		(71)		(72)
Traffic Management - fall in capitalisation	100			116
Traffic Management - transport/supplies & services		(15)		0
Traffic Management - highways boundary searches		(15)		0
Road Safety - changes to service delivery		(52)		(47)
Public Conveniences - Reduced electricity consumption		(30)		(30)
Waste Collection - Vacant post within the team		(16)		(16)
Waste Disposal - Reduced gate fee at the MBT. Balance transferred to the Waste Reserve.		(438)		(780)
Cleansing - Service Licences no longer required		(19)		(19)
Environmental Care - Vacant post and associated staffing		(65)		(65)
Environmental Care - Revised vehicle hire contract		(32)		(32)
Waste Management - Income from ECC in relation to the JWA		(518)		(531)
Flood Defences - vacant posts		(42)		(42)
Flood Defences - pump station servicing & land licence	109			76
Flood Defences - maintenance	74			36
Business Support - Low staff turnover resulting in vacancy factor pressure	40			40
	2,082	**(2,266)**	**(184)**	**(397)**
Technology				
	0	**0**	**0**	**0**
Total	**4,288**	**(4,134)**	**154**	**350**

Non Service Variances (£2,541,000 forecast underspend)

Financing Costs – (£2,535K)
This provision is forecast to be underspent against budget at the year-end as; revised Minimum Revenue Provision Policy (£2,035K); PWLB interest (£361K) due to reduced borrowing; reduced interest from in-house investments due to lower interest rates £110K; interest on short term borrowing (£51K); interest on Bonds (£56K); interest property funds (£200K); Schools and trust balances interest £51K; finance lease costs £5K; other £2K.

Levies – (£6K)
The annual levy from the Coroners Court is less than advised by the organisation when setting the budget.

4. Appropriations to / from Earmarked Reserves

Net appropriations from Earmarked Reserves totalling £3,874,000 were agreed by Council when setting the 2016/17 budget in February 2016. The current outturn position allows for further in-year net appropriations to reserves, totalling (£4,914,114). Total net appropriations from / (to) reserves for 2016/17 will therefore equal (£1,040,114).

- £367,950 from the Business Transformation Reserve to enable the progression of various projects.
- £2,073,936 from the Earmarked Reserves for Grants carried forward from previous years
- (£301,000) to the Specific Projects Reserve to cover identified projects
- £250,000 from the Queensway Reserve to cover on-going revenue costs of the project
- £30,000 from SEN Reserve to support school music
- (£150,000) to the Rental Equalisation Reserve
- (£434,000) to the Waste Reserve due to the MBT commissioning phase
- (£4,364,000) reduction in the contribution to RCCO from original budget
- (£2,387,000) appropriation to reserves at the year end

(£4,914,114)

5. Revenue Contributions to Capital Outlay (RCCO)

The original budget for 2016/17 included planned revenue contributions for capital investments, via the use of Earmarked Reserves, of £6,472,000. Due to slippage in the capital programme, this budget is now £2,164,000 with the unused budget being returned to the Capital, Agresso and Social Care Reserves respectively. A net change of £4,308,000 has occurred, part of which relates to £56,000 which has been allocated from contingency to fund the purchase of Bronze Cannons salvaged from The London.

6. Performance against Budget savings targets for 2016/17

As part of setting the Council budget for 2016/17, a schedule of Departmental and Corporate savings was approved totalling £10.086 million. These are required to achieve a balanced budget.

A monthly exercise is in place to monitor the progress of the delivery of these savings. A breakdown, by RAG status, of the Departmental Savings is shown below:

	Red £000	Amber £000	Green £000	Original Savings Total £000	Projected Outturn £000	Forecast Variance £000
Department						
Chief Executive	25	75	1,308	1,408	1,383	(25)
People	260	3,547	1,504	5,311	5,015	(296)
Place	0	1,380	1,987	3,367	2,833	(534)
Total	**285**	**5,002**	**4,799**	**10,086**	**9,231**	**(855)**

Although the current forecast is showing a shortfall of £855,000 against the required savings total of £10.086 million, it is currently expected that the total savings will be delivered in full as part of each Department's overall budget total by the end of the financial year either by finding alternative savings or ensuring amber and red savings are delivered in full.

7. Overall Budget Performance – Housing Revenue Account (HRA)

The HRA budget was approved by Council on 25th February 2016 and anticipated that £2,287,000 would be appropriated to earmarked reserves in 2016/17.

The closing HRA balance as at 31st March 2016 was £3,502,000

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8. Budget Virements

In line with the approved financial procedure rules all virements over £50,000 between portfolio services or between pay and non-pay budgets are to be approved by Cabinet.
Below is a table showing the virements which fall within these parameters.

	DR	CR
	£	£
Virements over £50,000 in reported period	500	(500)
Virements over £50,000 previously reported	7,018	(7,018)
Virements approved under delegated authority	10,224	(10,224)
Total virements	**17,742**	**(17,742)**

The virements for Cabinet approval this period are:

- £500,000 To reallocate Care Act Funding

  £500,000 Total

General Fund Forecast 2016/17
at 28 February 2017 - Period 11
Portfolio Holder Summary

Portfolio	Gross Expend £000	Gross Income £000	Original Budget £000	Virement £000	Latest Budget £000	Expected Outturn £000	Forecast Variance £000	Budget to Date £000	Spend to Date £000	To Date Variance £000
Leader	4,765	(1,062)	3,703	(845)	2,858	2,855	(3)	(1,836)	(2,045)	(209)
Culture, Tourism and the Economy	17,439	(3,178)	14,261	2,298	16,559	16,772	213	15,605	15,873	268
Corporate and Community Support Services	127,435	(124,772)	2,663	2,225	4,888	4,516	(372)	5,177	4,694	(483)
Housing, Planning & Public Protection Services	13,689	(2,942)	10,747	136	10,883	10,819	(64)	9,926	9,811	(115)
Children & Learning	116,234	(85,464)	30,770	1,782	32,552	32,855	303	29,298	29,552	254
Health & Adult Social Care	76,004	(35,092)	40,912	2,189	43,101	43,362	261	39,575	39,652	77
Transport, Waste & Cleansing	35,073	(11,943)	23,130	2,703	25,833	25,649	(184)	23,906	24,861	955
Technology	5,858	(5,748)	110	(45)	65	65	0	69	135	66
Portfolio Net Expenditure	**396,497**	**(270,201)**	**126,296**	**10,443**	**136,739**	**136,893**	**154**	**121,720**	**122,533**	**813**
Reversal of Depreciation	(21,711)	3,069	(18,642)	(5,958)	(24,600)	(24,600)	0	(23,080)	(23,082)	(2)
Levies	585	0	585	0	585	579	(6)	491	485	(6)
Financing Costs	20,408	(4,621)	15,787	(72)	15,715	13,180	(2,535)	11,709	9,293	(2,416)
Contingency	5,816	0	5,816	(2,832)	2,984	2,984	0	1,297	0	(1,297)
Pensions Upfront Funding	(4,782)	0	(4,782)	0	(4,782)	(4,782)	0	0	0	0
Miscellaneous Income	0	0	0	0	0	0	0	0	1,126	1,126
Sub Total	**316**	**(1,552)**	**(1,236)**	**(8,862)**	**(10,098)**	**(12,639)**	**(2,541)**	**(9,583)**	**(12,178)**	**(2,595)**
Net Operating Expenditure	**396,813**	**(271,753)**	**125,060**	**1,581**	**126,641**	**124,254**	**(2,387)**	**112,137**	**110,355**	**(1,782)**
General Grants	0	(4,252)	(4,252)	0	(4,252)	(4,252)	0	(3,557)	(3,701)	(144)
Corporate Savings	(200)	0	(200)	200	0	0	0	0	0	0
Revenue Contribution to Capital	6,472	0	6,472	(4,308)	2,164	2,164	0	5,933	0	(5,933)
Contribution to / (from) Earmarked Reserves	(3,874)	0	(3,874)	2,527	(1,347)	1,040	2,387	(5,058)	(6,695)	(1,637)
Contribution to / (from) General Reserves	0	0	0	0	0	0	0	0	0	0
Net Expenditure / (Income)	**399,211**	**(276,005)**	**123,206**	**0**	**123,206**	**123,206**	**0**	**109,455**	**99,959**	**(9,496)**

Use of General Reserves					
Balance as at 1 April 2015	11,000		11,000	11,000	0
Use in Year	0	0	0	0	0
Balance as at 31 March 2016	**11,000**	**0**	**11,000**	**11,000**	**0**

General Fund Forecast 2016/17
at 28 February 2017 - Period 11
Leader
Portfolio Holder - Cllr J Lamb

	Service	Gross Expend £000	Gross Income £000	Original Budget £000	Virement £000	Latest Budget £000	Expected Outturn £000	Forecast Variance £000	Budget to Date £000	Spend to Date £000	To Date Variance £000
a	Corporate and Non Distributable Costs	3,760	(177)	3,583	(868)	2,715	2,712	(3)	(1,966)	(2,175)	(209)
b	Corporate Subscriptions	73	0	73	5	78	78	0	72	66	(6)
c	Emergency Planning	99	0	99	43	142	142	0	134	136	2
d	Strategy & Performance	833	(885)	(52)	(25)	(77)	(77)	0	(76)	(72)	4
	Total Net Budget for Portfolio	**4,765**	**(1,062)**	**3,703**	**(845)**	**2,858**	**2,855**	**(3)**	**(1,836)**	**(2,045)**	**(209)**

Virements	**£000**
Transfer from earmarked reserves	(363)
Allocation from Contingency	5
In year virements	(487)
	(845)

General Fund Forecast 2016/17
at 28 February 2017 - Period 11
Leader
Portfolio Holder - Cllr J Lamb

	Forecast Outturn Variance	Year to Date Variance
a.	A saving on money market fees are offsetting the Dilution Levy charge	Budgets for Salaries, Corporate Initiatives, and Audit costs are currently underspent. Due to the ad-hoc and high value nature of some corporate core costs it is not possible to profile the budgets for Pensions Backfunding and Corporate Initiatives more accurately.
b.		
c.		
d.		

General Fund Forecast 2016/17
at 28 February 2017 - Period 11
Culture, Tourism and the Economy
Portfolio Holder - Cllr A Holland

	Service	Gross Expend £000	Gross Income £000	Original Budget £000	Virement £000	Latest Budget £000	Expected Outturn £000	Forecast Variance £000	Budget to Date £000	Spend to Date £000	To Date Variance £000
a	Arts Development	706	(364)	342	4	346	346	0	338	332	(6)
b	Amenity Services Organisation	2,964	(386)	2,578	829	3,407	3,571	164	3,144	3,420	276
c	Culture Management	104	(6)	98	0	98	98	0	90	94	4
d	Library Service	3,789	(390)	3,399	576	3,975	4,081	106	3,836	3,951	115
e	Museums And Art Gallery	1,303	(67)	1,236	107	1,343	1,343	0	1,252	1,255	3
f	Parks And Amenities Management	2,736	(667)	2,069	(639)	1,430	1,480	50	1,213	1,191	(22)
g	Sports Development	179	(45)	134	1	135	135	0	124	129	5
h	Sport and Leisure Facilities	627	(144)	483	1,048	1,531	1,349	(182)	1,472	1,337	(135)
i	Southend Theatres	575	(17)	558	178	736	736	0	709	704	(5)
j	Resort Services Pier and Foreshore and Southend Marine Activity Centre	3,410	(999)	2,411	(492)	1,919	2,052	133	1,758	1,934	176
k	Tourism	267	(11)	256	49	305	277	(28)	282	260	(22)
l	Economic Development	363	0	363	228	591	591	0	661	626	(35)
m	Town Centre	211	(58)	153	(3)	150	120	(30)	139	103	(36)
n	Climate Change	205	(24)	181	162	343	343	0	388	343	(45)
o	Queensway Regeneration Project	0	0	0	250	250	250	0	199	194	(5)
	Total Net Budget for Portfolio	**17,439**	**(3,178)**	**14,261**	**2,298**	**16,559**	**16,772**	**213**	**15,605**	**15,873**	**268**

Virements	**£000**
Transfer from earmarked reserves	387
Allocation from Contingency	303
In year virements	1,608
	2,298

General Fund Forecast 2016/17
at 28 February 2017 - Period 11
Culture, Tourism and the Economy
Portfolio Holder - Cllr A Holland

	Forecast Outturn Variance	Year to Date Variance
a.		
b.	Additional staffing, materials and maintenance costs have been incurred as a result of setting up the new Southend contract and there is a shortfall in income generation during the first full year of revised service delivery.	A wet Spring/Summer required higher levels of relief staff and overtime. Additional staffing, materials and maintenance costs have been incurred as a result of setting up the new Southend contract and there is a shortfall in income generation.
c.		
d.	The facilities management contract at the Forum has been let for longer than anticipated by the Forum Management Company resulting in a 2 year delay to renegotiate the costs. This matter is being dealt with by the Forum Management Company.	The facilities management contract at the Forum has been let for longer than anticipated by the Forum Management Company resulting in a 2 year delay to renegotiate the costs. This matter is being dealt with by the Forum Management Company.
e.		
f.	A reduction in visitor numbers to the golf course combined with a reduction in the use of outdoor sports facilities has resulted in a reduction in income.	
g.		
h.	Saving due to the tendered leisure management contract	Saving due to the tendered leisure management contract
i.		
j.	Loss of income as a result of the Pier train being out of service due to repairs of the pile caps during the busiest season of the year.	Loss of income as a result of the Pier train being out of service due to repairs of the pile caps during the busiest season of the year.
k.	Vacancy within the team.	Vacancy within the team.
l.		
m.	There has been a part year vacancy in the team and additional income has been received this year.	There has been a part year vacancy in the team and additional income has been received this year.
n.		
o.		

General Fund Forecast 2016/17
at 28 February 2017 - Period 11
Corporate and Community Support
Portfolio Holder - Cllr A Moring

	Service	Gross Expend £000	Gross Income £000	Original Budget £000	Virement £000	Latest Budget £000	Expected Outturn £000	Forecast Variance £000	Budget to Date £000	Spend to Date £000	To Date Variance £000
a	Cemeteries and Crematorium	1,436	(2,198)	(762)	(96)	(858)	(1,008)	(150)	(777)	(982)	(205)
b	Customer Services Centre	2,902	(2,836)	66	106	172	116	(56)	164	95	(69)
c	Council Tax Benefit	0	0	0	0	0	0	0	0	(23)	(23)
d	Dial A Ride	117	(19)	98	19	117	117	0	106	106	0
e	Support to Mayor	218	0	218	6	224	234	10	208	217	9
f	Housing Benefit and Council Tax Benefit Admin	2,677	(1,195)	1,482	61	1,543	1,643	100	1,422	1,523	101
g	Rent Benefit Payments	98,947	(99,050)	(103)	0	(103)	(103)	0	(90)	83	173
h	Partnership Team	317	0	317	(21)	296	281	(15)	268	251	(17)
i	Support To Voluntary Sector	802	0	802	24	826	826	0	759	761	2
j	Human Resources	2,208	(2,239)	(31)	48	17	17	0	18	37	19
k	People & Organisational Development	532	(527)	5	(1)	4	(10)	(14)	4	(26)	(30)
l	Tickfield Training Centre	386	(383)	3	10	13	13	0	15	(6)	(21)
m	Transport Management	227	(240)	(13)	(114)	(127)	(147)	(20)	(116)	(145)	(29)
n	Vehicle Fleet	720	(741)	(21)	(69)	(90)	(90)	0	(82)	(76)	6
o	Accounts Payable	257	(256)	1	0	1	(19)	(20)	5	(20)	(25)
p	Accounts Receivable	340	(351)	(11)	55	44	44	0	41	33	(8)
q	Accountancy	2,727	(2,742)	(15)	(301)	(316)	(316)	0	(311)	(345)	(34)
r	Asset Management	438	(434)	4	30	34	(16)	(50)	34	(18)	(52)
s	Internal Audit & Corporate Fraud	948	(940)	8	0	8	8	0	10	(70)	(80)
t	Buildings Management	2,909	(2,843)	66	261	327	375	48	390	440	50
u	Community Centres and Club 60	54	(1)	53	1,383	1,436	1,436	0	1,429	1,429	0
v	Corporate and Industrial Estates	794	(2,539)	(1,745)	579	(1,166)	(1,166)	0	(1,045)	(1,028)	17
w	Council Tax Admin	1,355	(481)	874	0	874	794	(80)	801	703	(98)
x	Democratic Services Support	430	0	430	0	430	445	15	396	408	12
y	Departmental Support for the Chief Executive	1,084	(1,272)	(188)	(57)	(245)	(295)	(50)	(227)	(274)	(47)
z	Elections and Electoral Registration	409	0	409	25	434	444	10	415	423	8
aa	Insurance	185	(243)	(58)	1	(57)	(57)	0	154	138	(16)
ab	Local Land Charges	279	(318)	(39)	0	(39)	(39)	0	(32)	(44)	(12)
ac	Legal Services	1,173	(1,237)	(64)	21	(43)	37	80	(45)	35	80

ad Non Domestic Rates Collection	347	(304)	43	(1)	42	7	(35)	18	(29)	(47)
ae Corporate Procurement	756	(748)	8	266	274	254	(20)	265	210	(55)
af Property Management & Maintenance	749	(635)	114	(10)	104	(16)	(120)	325	239	(86)
ag Member Expenses	712	0	712	0	712	707	(5)	655	649	(6)
Total Net Budget for Portfolio	**127,435**	**(124,772)**	**2,663**	**2,225**	**4,888**	**4,516**	**(372)**	**5,177**	**4,694**	**(483)**

Virements	**£000**
Transfer from earmarked reserves	(83)
Allocation from Contingency	40
In year virements	2,268
	2,225

General Fund Forecast 2016/17
at 28 February 2017 - Period 11
Corporate and Community Support
Portfolio Holder - Cllr A Moring

	Forecast Outturn Variance	Year to Date Variance
a.	During December, January & February income from cremations has increased significantly compared to earlier in the year	Salary and Public Health Act Funeral costs are lower than anticipated in the budget. Repairs to the boiler are causing a pressure on the Repairs and Maintenance budget however higher Cremation figures in the last quarter have contributed towards a substantial increase in income.
b.	Additional income from the support for the Veolia contract and staff vacancies are offsetting additional IT charges for the Citizens Account	A pressure due to unbudgeted IT costs in the Customer Service team is being offset by vacancies and higher income than predicted.
c.		Overpayments repaid relating to prior years
d.		
e.	Overspend on Porter's premises budget due to Water Services costs which includes part of 2015/16 year costs and overtime costs for the chauffeur	
f.	Forecast overspends on agency costs	A pressure on employees' budget due to overtime and agency
g.		Period 11 monitored position
h.	Staff Vacancies	
i.		
j.		Additional income has been received from Suffolk CC to fund project work and funding has been drawn down from the Business Transformation Reserve to support the HR administration of the Talent Pool. Some schools are no longer subscribing to the HR function which is resulting in a reduction in income.
k.	Income for Corporate Training	Income is currently higher than profiled in the budget. It is expected that more costs will be incurred by the end of the year which will partially offset the surplus
l.		Income from the Tickfield Centre is currently higher than budget but it is expected to be offset by further costs (relating to a possible VAT adjustment).
m.	Vacancy in the Transport Management team	
n.		
o.	Staff vacancy	

	Forecast Outturn Variance	Year to Date Variance
p.		
q.		Positions in Financial Management have now been filled but there are still vacancies in the Financial Planning and Control team
r.	Staff Vacancies	
s.		An underspend due to staff vacancies is being partially offset by an overspend relating to the purchase of professional expertise in the form of contractors. Income received to date is lower than anticipated when setting the budget
t.	Additional security for the Civic buildings was required earlier in the year which has led to a pressure on the budget. Income raised is lower than budgeted	In line with previous years, the furniture budget is underspent but is being offset by an overspend on Contract Cleaning, Security and Repairs & Maintenance costs
u.		
v.		
w.	More income relating to court proceedings has been raised than anticipated	More court proceedings relating to Council Tax have been initiated than expected when the budget was set although this will be partially offset by a higher provision for Bad Debt at the end of the year. This is mitigating an overspend on Agency Staff
x.	Pressure on employees budget due to extra staff to cover Maternity Leave	
y.	Staff vacancies	
z.	Pressure on the postage and printing budgets due to local elections and referendum in year	
aa.		Vacancies during year which have now been filled
ab.		Higher income to date than forecast in the budget. This is expected to be offset by the end of the year
ac.	Court Costs and Barristers Fees in relation to Children's cases are higher than expected at this time of the year. It is currently unlikely that the income budget will be achieved which is adding to the pressure	
ad.	Vacant hours in the Business Rates team	
ae.	Underspend on a vacant post.	
af.	This underspend is due to additional income which had originally been written off and a rise in the capitalisation of salaries resulting in a reduction in revenue staffing costs.	This underspend is due to additional income which had originally been written off and a rise in the capitalisation of salaries resulting in a reduction in revenue staffing costs.
ag.	An underspend on the Members National Insurance budget	

General Fund Forecast 2016/17
at 28 February 2017 - Period 11
Housing, Planning & Public Protection Services
Portfolio Holder - Cllr M Flewitt

Service	Gross Expend £000	Gross Income £000	Original Budget £000	Virement £000	Latest Budget £000	Expected Outturn £000	Forecast Variance £000	Budget to Date £000	Spend to Date £000	To Date Variance £000
a Strategy & Planning for Housing	256	(255)	1	0	1	1	0	0	0	0
b Private Sector Housing	4,139	(587)	3,552	97	3,649	3,584	(65)	3,345	3,283	(62)
c Housing Needs & Homelessness	1,276	(514)	762	167	929	929	0	867	867	0
d Supporting People	3,456	0	3,456	(316)	3,140	3,098	(42)	2,873	2,839	(34)
e Closed Circuit Television	517	(32)	485	10	495	522	27	465	467	2
f Community Safety	251	(32)	219	3	222	222	0	199	178	(21)
g Building Control	732	(397)	335	(1)	334	391	57	294	361	67
h Development Control	829	(569)	260	(1)	259	167	(92)	241	153	(88)
i Strategic Planning	412	0	412	0	412	405	(7)	514	511	(3)
j Regulatory Business	707	(11)	696	63	759	772	13	697	708	11
k Regulatory Licensing	570	(483)	87	312	399	444	45	98	185	87
l Regulatory Management	236	0	236	(211)	25	25	0	97	38	(59)
m Regulatory Protection	308	(62)	246	13	259	259	0	236	221	(15)
Total Net Budget for Portfolio	**13,689**	**(2,942)**	**10,747**	**136**	**10,883**	**10,819**	**(64)**	**9,926**	**9,811**	**(115)**

Virements	**£000**
Transfer from earmarked reserves	333
Allocation from Contingency	7
In year virements	(204)
	136

General Fund Forecast 2016/17
at 28 February 2017 - Period 11
Housing, Planning & Public Protection Services
Portfolio Holder - Cllr M Flewitt

	Forecast Outturn Variance	Year to date Variance
a.		
b.	Vacancies during the year within Private Sector Housing.	
c.		
d.	Underspend on contracts	
e.	CCTV equipment maintenance costs are higher than anticipated and a consultant has been brought in to work on special projects.	
f.		
g.	Pressure resulting from increased staffing costs	Current variances are in line with the forecast outturn
h.	Development control has underspends on budgeted staffing costs and court costs/legal fees which are expected to total £77k. These are now being partially offset by a drop in forecast income of around £20k. Separately, income has been received in respect of monitoring work related to the Community Infrastructure Levy (CIL) creating a surplus of £42k.	Current variances are in line with the forecast outturn
i.		
j.	Legal advice is required as part of a national court case against a company.	Legal advice is required as part of a national court case against a company.
k.	Income from Tables & Chairs Licensing and Gambling Act Licensing is below budget.	Income from Tables & Chairs Licensing and Gambling Act Licensing is below budget.
l.		Current Vacancies
m.		

General Fund Forecast 2016/17
at 28 February 2017 - Period 11
Children and Learning
Portfolio Holder - Cllr J Courtenay

	Service	Gross Expend £000	Gross Income £000	Original Budget £000	Virement £000	Latest Budget £000	Expected Outturn £000	Forecast Variance £000	Budget to Date £000	Spend to Date £000	To Date Variance £000
a	Childrens Commissioning	2,549	(2,166)	383	1	384	287	(97)	347	245	(102)
b	Children with Special Needs	2,047	(739)	1,308	304	1,612	1,644	32	1,491	1,521	30
c	Early Years Development and Child Care Partnership	10,993	(9,562)	1,431	(11)	1,420	1,420	0	1,301	1,296	(5)
d	Children Fieldwork Services	4,311	0	4,311	440	4,751	4,847	96	4,393	4,500	107
e	Children Fostering and Adoption	6,796	(252)	6,544	389	6,933	7,229	296	6,434	6,642	208
f	Youth Service	1,444	(397)	1,047	(94)	953	953	0	852	879	27
g	Other Education	728	(580)	148	29	177	177	0	221	157	(64)
h	Private Voluntary Independent	4,211	(156)	4,055	200	4,255	4,262	7	3,950	3,968	18
i	Children Specialist Commissioning	1,016	(59)	957	365	1,322	1,401	79	1,226	1,285	59
j	Children Specialist Projects	304	(189)	115	(39)	76	261	185	103	132	29
k	School Support and Preventative Services	20,279	(12,302)	7,977	85	8,062	7,812	(250)	6,579	6,644	65
l	Youth Offending Service	4,205	(1,711)	2,494	113	2,607	2,562	(45)	2,401	2,283	(118)
m	Schools Delegated Budgets	57,351	(57,351)	0	0	0	0	0	0	0	0
n	Age 14-19 Learning and Development	0	0	0	0	0	0	0	0	0	0
	Total Net Budget for Portfolio	**116,234**	**(85,464)**	**30,770**	**1,782**	**32,552**	**32,855**	**303**	**29,298**	**29,552**	**254**

Virements	**£000**
Transfer from earmarked reserves	1,093
Allocation from Contingency	929
In year virements	(240)
	1,782

General Fund Forecast 2016/17
at 28 February 2017 - Period 11
Children and Learning
Portfolio Holder - Cllr J Courtenay

	Forecast Outturn Variance	Year to Date Variance
a.	Underspend due to vacancies during the year	
b.	Current cohort of LDD placements and direct payments budgets are overspending.	
c.		
d.	Overspend due to cost of Agency Social Workers in frontline child protection roles in Care Management and First Contact teams. Teams are unable to run with Vacancies due to caseloads.	Overspend due to cost of Agency Social Workers in frontline child protection roles in Care Management and First Contact teams. Teams are unable to run with Vacancies due to caseloads.
e.	The overspend pressure is mostly attributable to a forecast overspend on accommodation payments for leaving care, and the Marigold Assessment centre which is mostly attributable to transport costs.	The overspend pressure is mostly attributable to a forecast overspend on accommodation payments for leaving care, and the Marigold Assessment centre which is mostly attributable to transport costs.
f.		
g.		
h.	Current cohort of 53 children and young people in PVI placements is forecast to overspend, Within this there are 22 residential placements compared to 13 a year ago. This budget remain volatile and susceptible to sudden changes in demand from high cost placements such as secure accommodation placements.	Current cohort of 53 children and young people in PVI placements is forecast to overspend, Within this there are 22 residential placements compared to 13 a year ago. This budget remain volatile and susceptible to sudden changes in demand from high cost placements such as secure accommodation placements.
i.	£40k overspend attributable to the newly formed MARAT team. A further pressure against budget vacancy factor is also present in the plans and review team are they are running at full establishment.	
j.	Continuing overspend due to the costs of legal representation in child protection cases, linked to high numbers of children in care. There is a risk this overspend could increase as in the previous financial year the overspend was £200k and related to approximately 120 cases.	
k.	As last year, there is forecast underspend of £150k for home to school transport costs, however costs may start to rise once the growth in pupil numbers reaches the secondary school phase. A £100k underspend is also forecast in the School improvement service due to vacancies during the year.	
l.	Underspend due to a vacant post	

m.
n.

60

22

General Fund Forecast 2016/17
at 28 February 2017 - Period 11
Health and Adult Social Care
Portfolio Holder - Cllr L Salter

	Service	Gross Expend £000	Gross Income £000	Original Budget £000	Virement £000	Latest Budget £000	Expected Outturn £000	Forecast Variance £000	Budget to Date £000	Spend to Date £000	To Date Variance £000
a	Adult Support Services and Management	600	(593)	7	(1)	6	(11)	(17)	7	(14)	(21)
b	Commissioning Team	2,628	(2,685)	(57)	(20)	(77)	(147)	(70)	(71)	(110)	(39)
c	Strategy & Development	2,298	(2,328)	(30)	125	95	147	52	95	71	(24)
d	People with a Learning Disability	15,878	(1,629)	14,249	258	14,507	14,244	(263)	13,299	13,075	(224)
e	People with Mental Health Needs	3,627	(165)	3,462	237	3,699	4,295	596	3,391	3,962	571
f	Older People	32,269	(14,940)	17,329	(356)	16,973	16,822	(151)	15,562	15,470	(92)
g	Other Community Services	2,021	(665)	1,356	1,590	2,946	3,010	64	2,738	2,740	2
h	People with a Physical or Sensory Impairment	5,182	(1,003)	4,179	60	4,239	4,290	51	3,888	3,801	(87)
i	Service Strategy & Regulation	149	(69)	80	(2)	78	77	(1)	72	71	(1)
j	Public Health	8,516	(8,379)	137	199	336	336	0	310	310	0
k	Drug and Alcohol Action Team	2,529	(2,373)	156	99	255	255	0	243	243	0
l	Young Persons Drug and Alcohol Team	307	(263)	44	0	44	44	0	41	33	(8)
	Total Net Budget for Portfolio	**76,004**	**(35,092)**	**40,912**	**2,189**	**43,101**	**43,362**	**261**	**39,575**	**39,652**	**77**

Virements	**£000**
Transfer from earmarked reserves	782
Allocation from Contingency	1,217
In year virements	190
	2,189

General Fund Forecast 2016/17
at 28 February 2017 - Period 11
Health and Adult Social Care
Portfolio Holder - Cllr L Salter

	Forecast Outturn Variance	Year to Date Variance
a.	Health contribution towards integrated commissioning	
b.	Mostly attributable to staffing vacancies within the customer services team during the year.	
c.	In year pressure against staffing costs	
d.	Forecast underspend on residential care placements and daycare services	
e.	Forecast overspend on residential care, supported living and direct payments	Forecast overspend on residential care, supported living and direct payments.
f.	Forecast underspend on residential care placements	
g.	Teams are running at full staffing levels which is therefore causing a slight pressure against budgeted vacancy levels.	
h.	Forecast overspend on residential care placements	
i.		
j.		
k.		
l.		

General Fund Forecast 2016/17
at 28 February 2017 - Period 11
Transport, Waste & Cleansing
Portfolio Holder - Cllr T Cox

	Service	Gross Expend £000	Gross Income £000	Original Budget £000	Virement £000	Latest Budget £000	Expected Outturn £000	Forecast Variance £000	Budget to Date £000	Spend to Date £000	To Date Variance £000
a	Highways Maintenance	9,611	(2,229)	7,382	352	7,734	7,928	194	7,118	7,460	342
b	Bridges and Structural Engineering	432	0	432	(11)	421	389	(32)	386	357	(29)
c	Decriminalised Parking	1,306	(1,633)	(327)	(3)	(330)	456	786	(291)	506	797
d	Car Parking Management	1,443	(5,959)	(4,516)	1,437	(3,079)	(3,356)	(277)	(2,661)	(2,761)	(100)
e	Concessionary Fares	3,246	0	3,246	(10)	3,236	3,271	35	3,200	3,241	41
f	Passenger Transport	405	(62)	343	525	868	926	58	857	919	62
g	Road Safety and School Crossing	403	(60)	343	0	343	291	(52)	310	270	(40)
h	Transport Planning	1,077	(57)	1,020	6	1,026	1,050	24	956	1,011	55
i	Traffic and Parking Management	683	(5)	678	(58)	620	619	(1)	568	558	(10)
j	Public Conveniences	604	0	604	194	798	768	(30)	735	683	(52)
k	Waste Collection	3,850	0	3,850	900	4,750	4,734	(16)	4,320	4,348	28
l	Waste Disposal	4,120	0	4,120	1,026	5,146	4,726	(420)	4,525	4,268	(257)
m	Cleansing	1,916	(7)	1,909	(335)	1,574	1,555	(19)	1,461	1,440	(21)
n	Civic Amenity Sites	570	0	570	(71)	499	499	0	457	461	4
o	Environmental Care	644	(4)	640	(163)	477	380	(97)	451	344	(107)
p	Waste Management	2,078	0	2,078	(1,054)	1,024	506	(518)	808	910	102
q	Flood and Sea Defence	860	(64)	796	(30)	766	907	141	743	799	56
r	Enterprise Tourism and Environment Central Pool	1,825	(1,863)	(38)	(2)	(40)	0	40	(37)	47	84
	Total Net Budget for Portfolio	**35,073**	**(11,943)**	**23,130**	**2,703**	**25,833**	**25,649**	**(184)**	**23,906**	**24,861**	**955**

Virements	**£000**
Transfer from/(to) earmarked reserves	(426)
Allocation from Contingency	130
In year virements	2,999
	2,703

General Fund Forecast 2016/17
at 28 February 2017 - Period 11
Transport, Waste & Cleansing
Portfolio Holder - Cllr T Cox

	Forecast Outturn Variance	Year to date Variance
a.	Street lighting energy costs are reducing due to the LED replacement project, however delays at the outset mean the full benefit is yet to be achieved. The saving in the 2016/17 budget was based on the projects original timetable which has resulted in a potential in-year pressure circa £418k which will be temporarily funded from reserves. Structural maintenance repair works, particularly on footways, is likely to result in a budget pressure of around £140-160k based on current expenditure levels. Proactive action is being taken in partnership with the contractor to reduce costs and this is reflected here. The value of works recharged to the public for damage caused to the highway is below the targeted level creating a potential pressure of around £169k. Income from the street works common permit scheme is above the expected level. A significant proportion of this is due to penalties levied in relation to S.74 overruns. At current rates an income surplus of between £0.4-0.5m seems likely.	Overspend to date is in line with the forecast outturn
b.	An underspend of £30k on reactive maintenance is expected.	The underspend to date is in line with the forecast outturn
c.	Delays in the implementation of the new Compliance Management contract for decriminalised parking mean expected savings in the first half of the year have not been achieved. The budget pressure as a result of this is approximately £152k. The shortfall in income has increased due to a number of debts being written off, this has resulted in a change in the bed debt provision. The net effect of this is a reduction in the projected overspend.	Overspend to date is in line with the forecast outturn
d.	Car parking performance in February was above expected levels so the projected surplus has increased by £15k to £277k.The surplus of £330k reported in the previous month has been reduced to £262k due to the income in January being below the expected level, this is likely due to poor weather.	Underspend to date is in line with the forecast outturn
e.	Concessionary fares costs for three quarters of the year have been confirmed and our consultants have updated their estimate for the year. Based on these updated figures the projection has reduced to £3.21m against a budget of £3.17m. Fluctuations in the number of journeys in the final quarter of the year mean this pressure could increase again or	

	decrease further.	
f.	Additional security levels required at the Travel Centre will cost approximately £70k for a full year which will cause a budget pressure of £60-70k.	
g.	There is a projected underspend of £52k on Road Safety due to changes in delivery, whilst maintaining the same level of service.	
h.	Traffic signal maintenance costs have reduced since the upgrade to LED leading to a potential underspend circa. £30k. This is now being offset by overspends on staff travel and online database costs.	The Year to date variance shows an overspend due to government grants and EU funding for which claims are made in arrears.
i.	As previously reported Traffic Management contractor costs are consistent with previous years and show an underspend of around £71k. The pressure due to agency staff and reduced capitalisation has fallen slightly to around £100k and underspends on transport and supplies & services of around £15k are now being recognised. In addition to these, income for highways boundary searches has exceeded budget expectations by around £15k.	
j.	There has been a reduction in the electricity consumption at convenience sites.	There has been a reduction in the electricity consumption at convenience sites.
k.	There is a vacant post within the waste team.	There is a vacant post within the waste team.
l.	Due to the MBT still being in its commissioning phase, there is a reduced gate fee for the disposal of waste.	Costs for MBT Plant are estimated pending actual charges from Essex CC.
m.	Service licences are no longer required as a result of the new Street Cleansing contract.	Service licences are no longer required as a result of the new Street Cleansing contract.
n.		
o.	There is a vacant post in the Environmental Care team along with an associated reduction in additional employee costs.	There is a vacant post in the Environmental Care team along with an associated reduction in additional employee costs.
p.	Joint Working Agreement with Essex County Council Waste Infrastructure Credit less costs, less legal advice re new waste contract	Legal advice re New Waste Contract.
q.	The underspend on staffing vacancies, reported previously, remains and is forecast at £42k. Unexpected costs relating to surface water pumping station servicing, fees for spoil storage from the Cliff Stabilisation works and higher than forecast costs for flood defence maintenance have created a combined pressure of £183k.	Overspend to date is in line with the forecast outturn.
r.	Due to the high levels of staff retention, the vacancy factor within the team is unlikely to be met and additional reductions in expenditure will need to be found.	Due to the high levels of staff retention, the vacancy factor within the team is unlikely to be met and additional reductions in expenditure will need to be found.

General Fund Forecast 2016/17
at 28 February 2017 - Period 11
Technology
Portfolio Holder - Cllr T Byford

Service	Gross Expend £000	Gross Income £000	Original Budget £000	Virement £000	Latest Budget £000	Expected Outturn £000	Forecast Variance £000	Budget to Date £000	Spend to Date £000	To Date Variance £000
a Information Comms & Technology	5,858	(5,748)	110	(45)	65	65	0	69	135	66
Total Net Budget for Portfolio	**5,858**	**(5,748)**	**110**	**(45)**	**65**	**65**	**0**	**69**	**135**	**66**

Virements	**£000**
Transfer from/(to) earmarked reserves	114
Allocation from Contingency	0
In year virements	(159)
	(45)

General Fund Forecast 2016/17
at 28 February 2017 - Period 11
Technology
Portfolio Holder - Cllr T Byford

	Forecast Outturn Variance	Year to date Variance
a.		A pressure on Employee costs mainly due to Agency, Standby & Protected Pay, Recruitment costs and the Vacancy Factor is being offset by higher income than profiled. Capitalisation of salary costs which should reduce the pressure on staffing costs by year-end has not yet happened

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Housing Revenue Account Forecast 2016/17
at 28 February 2017 - Period 11
Deputy Chief Executive - Simon Leftley

	Description	Original Budget £000	Virement £000	Latest Budget £000	Expected Outturn £000	Forecast Variance £000	Budget to Date £000	Spend to Date £000	To Date Variance £000
a	Employees	276	0	276	276	0	276	276	0
b	Premises (Excluding Repairs)	702	0	702	762	60	644	684	40
c	Repairs	4,736	0	4,736	4,736	0	4,007	4,007	0
d	Supplies & Services	67	0	67	67	0	61	61	0
e	Management Fee	5,618	0	5,618	5,618	0	4,754	4,754	0
f	MATS	1,048	0	1,048	1,048	0	961	961	0
g	Provision for Bad Debts	372	0	372	372	0	341	341	0
h	Capital Financing Charges	13,045	0	13,045	13,045	0	11,958	11,958	0
	Expenditure	**25,864**	**0**	**25,864**	**25,924**	**60**	**23,002**	**23,042**	**40**
i	Fees & Charges	(503)	0	(503)	(503)	0	(461)	(461)	0
j	Rents	(26,645)	0	(26,645)	(26,945)	(300)	(24,425)	(24,575)	(150)
k	Other	(263)	0	(263)	(263)	0	(241)	(241)	0
l	Interest	(210)	0	(210)	(210)	0	(193)	(193)	0
m	Recharges	(530)	0	(530)	(390)	140	(486)	(406)	80
	Income	**(28,151)**	**0**	**(28,151)**	**(28,311)**	**(160)**	**(25,805)**	**(25,875)**	**(70)**
n	Appropriation to Earmarked reserves	2,287	0	2,287	2,387	100	0	0	0
o	Statutory Mitigation on Capital Financing	0	0	0	0	0	0	0	0
	Net Expenditure / (Income)	**0**	**0**	**0**	**0**	**0**	**(2,803)**	**(2,833)**	**(30)**
	Use of Reserves								
	Balance as at 1 April 2016	3,502	0	3,502	3,502	0			
	Use in Year	(0)	0	(0)	(0)	0			
	Balance as at 31 March 2017	**3,502**	**0**	**3,502**	**3,502**	**0**			

Housing Revenue Account Forecast 2016/17
at 28 February 2017 - Period 11
Deputy Chief Executive - Simon Leftley

	Forecast Outturn Variance	Year to Date Variance
a.		
b.	Forecast Overspend due to the cost of security patrol services on the Victoria Ward	
c.		
d.		
e.		
f.		
g.		
h.		
i.		
j.	Higher than estimated rental income because of a lower number of void properties than expected in the budget, and further conversion of new tenancies being let at formula rent.	
k.		
l.		
m.	Due to a reduction in the forecast spend on the capital programme, this has reduced the 8% fee income re-imbursed to the HRA.	
n.	Any underspend at year end, will be transferred to the HRA Reserve.	
o.		

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Capital Programme Budget

Monitoring 2016/17

Period 11

as at 28th February 2017

Departmental Summary

Capital Programme Monitoring Report – February 2017

1. Overall Budget Performance

The revised Capital budget for the 2016/17 financial year is £55.114million which includes all changes agreed at February Cabinet. Actual capital spend at 28th February is £38.224million representing approximately 69% of the revised budget. This is shown in Appendix 1. (Outstanding creditors totalling £0.420million have been removed from this figure).

The expenditure to date has been projected to year end and the outturn position is forecast to reflect the Project Manager's realistic expectation. This is broken down by Department as follows:

Department	Revised Budget 2016/17 £'000	Outturn to 28 February 2016/17 £'000	Expected outturn 2016/17 £'000	Latest Expected Variance to Revised Budget 2016/17 £'000	Previous Expected Variance to Revised Budget 2016/17 £'000
Chief Executive	1,289	409	1,199	(90)	-
People	14,185	10,065	11,665	(2,520)	-
Place	32,199	21,669	31,741	(458)	-
Housing Revenue Account (HRA)	7,441	6,081	7,441	-	-
Total	**55,114**	**38,224**	**52,046**	**(3,068)**	**-**

The capital programme is expected to be financed as follows:

		External Funding		
Department	Council Budget £'000	Grant Budget £'000	Developer & Other Contributions £'000	Total Budget £'000
Chief Executive	1,285	-	4	**1,289**
People	6,806	7,378	1	**14,185**
Place	16,274	15,206	719	**32,199**
Housing Revenue Account (HRA)	7,285	109	47	**7,441**
Total	**31,650**	**22,693**	**771**	**55,114**
As a percentage of total budget	57.4%	41.2%	1.4%	

The funding mix for the total programme could change depending on how much grant and external contributions are received by the Council by the end of the year.

The grants and external contributions position to 28th February is as follows:

Department	Grant Budget £'000	Developer & Other Contributions Budget £'000	Total external funding budget £'000	External funding received £'000	External funding outstanding £'000
Chief Executive	-	4	4	-	**4**
People	7,378	1	7,379	3,813	**3,566**
Place	15,206	719	15,925	14,211	**1,714**
Housing Revenue Account (HRA)	109	47	156	106	**50**
Total	**22,693**	**771**	**23,464**	**18,130**	**5,334**

2. Department Budget Performance

Department of the Chief Executive

The revised capital budget for the Department of the Chief Executive is £1.289miillion. The budget is distributed across various scheme areas as follows

Department of the Chief Executive	Revised Budget 2016/17 £'000	Outturn to 28 February 2016/17 £'000	Expected outturn 2016/17 £'000	Latest Forecast Variance to Year End 2016/17 £'000	Previous Forecast Variance to Year End 2016/17 £'000
Council Buildings	9	8	9	-	-
Asset Management (Property)	359	106	269	(90)	-
Cemeteries & Crematorium	785	295	785	-	-
Subtotal	**1,153**	**409**	**1,063**	**(90)**	**-**
Priority Works (see table)	136	-	136	-	-
Total	**1,289**	**409**	**1,199**	**(90)**	**-**

Priority Works	£'000
Budget available	500
Less budget allocated to agreed schemes	(364)
Remaining budget	136

Actual spend at 28th February stands at £0.409million. This represents 32% of the total available budget.

Council Buildings

All building works at Tickfield and the Perimeter Security Improvements are now complete.

Asset Management (Property)

A scheme to demolish the existing Southend Library car park and construct a new one is in progress and utility mapping, topographical surveys and laser scanning have already taken place. The new building will increase capacity for parking spaces and earn additional income. Planning submission is now scheduled to be submitted before the end of March.

The scheme to demolish the public toilets at Leigh Cliffs has been delayed due to the UK Power Networks disconnection date being later than originally expected. The full budget of £15k will therefore be included as a carry forward request in the report to June Cabinet.

The contractors have instructed the land agents to deal with the statutory rights and related easements and way leaves on the Ropers Farm Cottages scheme. This is unlikely to be in a position to proceed before the end of March therefore the full budget of £45k will be included as a carry forward request in the report to June Cabinet.

The works on the Pier Arches Toilets Waterproofing Solution have been delayed due to marketing and it is currently waiting on a structural engineers report. The full budget of £30k will be included as a carry forward request in the report to June Cabinet.

Cemeteries and Crematorium

A scheme to improve the crematorium grounds and replace the aged Pergola Walk is taking place to include memorials and interment units within the supporting structure. The concrete base has now been laid and set and installation of the granite modules commenced on 6th March.

The scheme to install pre-made mini graves for cremated remains commenced on 25th November. The mini graves have all been installed and the paving has now been completed. Final works on landscaping will be completed by the end of March.

The hearths in all three cremators are to be replaced this financial year. This commenced on 10th March and it is expected to be complete before the end of March.

Priority Works

The Priority works provision budget currently has £136k remaining unallocated.

Summary

Carry forward requests to be included in the report to June Cabinet include the Ropers Farm Cottages scheme for £45k, Leigh Cliffs Public Toilets Demolition for £15k and Pier Arches Toilets for £30k.

Department for People

The revised Department for People budget totals £14.185million.

Department for People	Revised Budget 2016/17 £'000	Outturn to 31 January 2016/17 £'000	Expected outturn 2016/17 £'000	Latest Expected Variance to Year End 2016/17 £'000	Previous Expected Variance to Year End 2016/17 £'000
Adult Social Care	489	146	489	-	-
General Fund Housing	1,323	1,082	1,103	(220)	-
Children & Learning Other	64	-	64	-	-
Condition Schemes	992	676	992	-	-
Devolved Formula Capital	288	288	288	-	-
Primary and Secondary School Places	11,029	7,873	8,729	(2,300)	-
Total	**14,185**	**10,065**	**11,665**	**(2,520)**	**-**

Actual spend at 28th February stands at £10.065million. This represents 71% of the total available budget.

Adult Social Care

The Community Capacity grant is used to enable vulnerable individuals to remain in their own homes and to assist in avoiding delayed discharges from hospital. A review has been carried out and the costs of recommendations as a result of a sheltered housing review are expected to be £50k with service transformation costs expected to be £165k.

The Local Authority Trading (LATC) Company Delaware and Priory scheme has allocated £18k to the implementation project manager which is expected in 2016/17.

General Fund Housing

The Private Sector Renewal scheme is in place to ensure that the private sector stock is kept in a good condition. The grant process is currently awaiting clarification therefore £180k of the current budget will be included as a carry forward request in the report to June Cabinet.

The Empty Dwellings Management scheme is currently concentrating on bringing more empty homes back into use. No further major expenditure is planned for 2016/17 therefore £40k of the current budget will be included as a carry forward request in the report to June Cabinet.

The adaptations team are on target to spend the budgeted £800k in 2016/17. The team will be moving to stage two of the service redesign over the next few months and the new four year framework agreement to deliver adaptations for the joint service is planned for July 2017.

Children & Learning Other Schemes

Retentions of £57k are being held for Kingsdown Special School roof works and will be paid once outstanding snagging and defects works are completed and fully signed off. This figure is included in the creditors shown above.

Condition Schemes

A budget of £0.992m has been allocated to address larger conditions in schools where the cost is over the schools capabilities to fund. Most of these works have been undertaken over the school summer holidays to minimise disruption to the schools. Retentions of £17k are being held for works completed last year at seven primary schools.

Devolved Formula Capital

This is an annual devolution of dedicated capital grant to all maintained schools. The grant for 2016/17 is £288k. This grant amount will reduce as further maintained schools convert to academy status.

Primary and Secondary School Places

The primary expansion programme is now complete. A review of places available against forecast demand will be done on an annual basis. If a need is identified, a further expansion of primary places will be explored to ensure that the Council's statutory duty to provide a good school place for all those that request it can be met.

A secondary expansion programme is now in the beginning stages to ensure that the extra places supplied in primary are matched in secondary as they are needed. As part of this expansion programme, the PROCAT building in Southchurch Boulevard has been purchased and an internal realignment plan is waiting for land transfer agreements to be approved by the Department for Education (DfE) before they can be progressed. Improvements to Special Education Needs and Pupil Referral Unit accommodation are also in the planning stages and waiting for the same DfE approval. A carry forward request of £2.3million will therefore be included in the report to June Cabinet. A further £78k is also being held as retention payments against works completed in the previous financial year on primary expansion projects.

Summary

Carry forward requests to be included in the report to June Cabinet included £40k for the Empty Dwellings Management scheme, £180k for the Private Sector Renewal scheme and £2.3million for the School Improvements and Provision for School Places scheme.

Department for Place

The revised capital budget for the Department for Place is £32.199million. This includes all changes approved at February Cabinet. The budget is distributed across various scheme areas as follows:

Department for Place	Revised Budget 2016/17 £'000	Outturn to 28 February 2016/17 £'000	Expected outturn 2016/17 £'000	Latest Expected Variance to Year End 2016/17 £'000	Previous Expected Variance to Year End 2016/17 £'000
Culture	1,277	609	1,277	-	-
ICT Programme	4,633	3,542	4,468	(165)	-
Enterprise, Tourism & Regeneration	6,766	4,292	6,766	-	-
Southend Pier	866	308	866	-	-
Coastal Defence & Foreshore	611	426	458	(153)	-
Highways and Infrastructure	8,123	6,653	8,123	-	-
Parking Management	134	62	134	-	-
Section 38 & 106 Agreements	643	568	643	-	-
Local Transport Plan	2,818	1,920	2,668	(150)	-
Local Growth Fund	4,914	2,716	4,914	-	-
Transport	6	42	16	10	-
Energy Saving Projects	1,408	531	1,408	-	-
Total	**32,199**	**21,669**	**31,741**	**(458)**	**-**

Actual spend at 28th February stands at £21.669million. This represents 67% of the total available budget.

Culture

The works have now commenced on Westcliff Library with Leigh Library development works currently in progress.

Final works have begun on the Belfairs Golf Course Drainage Works and are expected to complete by 31st March.

The design works are underway on the Palace Theatre Air Handling Units. There is a possibility that this will identify additional works to the roof area. This will be assessed once more information is known.

All first floor windows have now been installed on the Palace Theatre with the additional windows for the toilets in the process of being installed.

The contract has now been awarded for the Air Handling Units at Southend Leisure and Tennis Centre. These works commenced at the end of January and are expected to complete by the end of the financial year.

ICT

The final drafts of the low level designs have been completed for the Datacentre works and they are currently being reviewed for sign off. Both Southend and Thurrock Datacentres are cabled and ready for work to begin.

The scheme to deliver a robust Social Care case management system is underway with a full suite of test systems now available for use. The budget for 2016/17 is £1.4million but this will be reviewed at year end once a revised timetable of works has been defined. The project go live date has been delayed with revised dates to be confirmed. A carry forward of £165k will be included in the report to June Cabinet.

CallSecure testing has been carried out by staff on the Cash Receipting system with a number of queries raised with Capita. Department representatives are to be invited to a further testing session to gain their feedback.

Hardware is in the process of being purchased for libraries and this will be rolled out during March. This scheme is expected to complete before year end.

Enterprise, Tourism & Regeneration

The Regeneration projects include all the work currently taking place on the City Deal Incubation Centre, Airport Business Park, Queensway and the Coastal Communities Fund.

Programme pressures on the Airport Business Park have reduced anticipated spend by 31st March but the grant of £3.2m will still be spent by this deadline as per the grant requirement.

Several projects are planned for 2016/17 under the Property Refurbishment Programme including works at Priory Park yard, Campfield Road toilets, Belfairs Park drainage investigations and Central Museum windows. Orders for the shelters and toilets at Shoebury Common have now been placed and will be installed once they have been received.

The Ground Penetrating Radar scheme of £142k is focused on determining the location of gas pipes, electricity cables and drainage around the Queensway site. The survey has now been completed and both the 2D and 3D models have been delivered. The works are now complete on this scheme.

Southend Pier

Additional works have been carried out on the pile caps on Southend Pier and works are on-going. Pier decking repairs are also taking place. It is anticipated that this full budget will be spend during 2016/17.

An order has been placed for the trial concrete repairs on Prince George extension scheme at a cost of £200k. The works are expected to be complete within 6 months and a carry forward request will be required with the value dependant on the level of works completed by 31st March.

Coastal Defence and Foreshore

The Cliff stabilisation scheme on Clifton Drive is working to remediate the cliff slip and reinforce it against further slippage. The final works of fixing anti-slip strips to the step edges took place in early November which completes the main project. The final account is in the process of being prepared.

Minimal spend is expected for the remainder of the year on the Shoebury Common Sea Defence scheme therefore a carry forward request of £80k will be included in the report to June Cabinet.

Funding totalling £160k from the Environment Agency has been received as part of the Southend Shoreline Strategy and development of the strategy is currently underway. A carry forward request of £73k will be included in the report to June Cabinet to continue the scheme in 2017/18.

Highways and Infrastructure

A scheme to invest in the highways infrastructure to reduce long term structural maintenance and improve public safety was approved for 2016/17. The works are based on priorities identified by the outcome of the asset management condition survey. Schemes were approved with regards to verge hardening and works commenced during February 2017.

A grant of £65k has been received from the Department for Transport for the repair of potholes throughout the Borough and there is a requirement to spend this in year. This grant has been secured for the next 5 years.

The Street Lighting budget is a multi-million pound, multi-year scheme to be part funded by the Challenge fund from the Department for Transport. The total number of lanterns converted is now over 10,900 and works are continuing to complete the outstanding lights. Works have now commenced in parks, the Civic Centre car park and on Southend Pier.

Parking Management

A new scheme to improve car park surfacing, structures and signage and to replace pay and display machines in order to maximise capacity and usage is taking place in 2016/17. The scheme will aim to rationalise and upgrade pay and display equipment across all car parks, surface improvements at East Beach, lighting upgrades at Belton Gardens and layout alterations to improve accessibility and security at University Square. Some works are now underway in Elm Road to demolish an old store and convert into parking bays. Tylers Avenue works have been delayed due to power issues with equipment. These works recommenced on 3rd March.

Section 38 and Section 106 Schemes

There are a number of S38 and S106 schemes all at various stages. The larger schemes include works to Shoebury Park enhancement and Fossetts Farm bridleway works.

Local Transport Plans (LTP Schemes)

The Local Transport Plan schemes cover various areas including better networks, traffic management, better operation of traffic control systems and bridge strengthening. Schemes are well underway and works on Carnarvon Road commenced on 9th January.

Minimal spend is expected on the Bridge Strengthening scheme for the remainder of the financial year and a carry forward request of £150k will be included in the report to June Cabinet.

Local Growth Fund

The A127 Growth Corridor projects will support the predicted growth associated with London Southend Airport and the Joint Area Action Plan (JAAP) proposals developed by Southend, Rochford and Essex County Councils to release land and create 7,380 high value jobs. The improvement will also support background growth of Southend and Rochford.

The final business case for A127 Kent Elms junction improvements has been approved by the South East Local Enterprise Partnership to draw down the 2016/17 funding.

Worked commenced at Kent Elms on 21st November 2016 and the existing footbridge was removed to allow for the construction of the additional lane inbound and outbound. Works are focussing on the inbound carriageway laying the new kerbline and drainage up to the new toucan crossing. New drainage is being laid for the new outbound carriageway at the west of the junction. School crossing patrol is in place for the duration of the works.

The works to the Bell junction will be focusing on options to put forward for the business case. Pedestrian surveys have been undertaken and further work is required due to the review. Air quality specialist work has commenced and the draft engagement and consultation document is currently being updated.

Bridge and Highway Maintenance works will be focusing on investigation works for improvements to the A127 corridor and supporting Kent Elms works. Gaist are currently reviewing the deterioration model for the A127 to identify work requirements. Further surveys for lighting and safety barriers will be undertaken.

Transport

The final account has now been agreed for the main works on the A127 Tesco junction improvements. The Road Safety Audit report has being reviewed with minor adjustments being carried out on traffic signals as necessary. Works to steps at Strawberry Fields are yet to be completed. An accelerated delivery request of £10k will be included in the report to June Cabinet for this scheme to fund works carried out before the end of March.

Southend Transport Model is an on-going scheme to support various multi modal transport projects. The work on the review of the model is underway to establish what updates are required.

Energy Saving Projects

Temple Sutton Primary School are still to make a decision on the pool works therefore the scheme is on hold until then.

The lift works are now complete at Beecroft and the contractor for the ventilation works is still on site.

New projects are in the process of being developed for the Solar PV and Energy Efficiency schemes but it is unlikely they will commence in 2016/17. Carry forward requests are therefore likely on this scheme but more information on the amounts will be known at year end.

Summary

Carry forward requests to be included in the report to June Cabinet are Development of the Liquid Logic Case Management System for £165k, Shoebury Common Sea Defence scheme for £80k, the Southend Shoreline Strategy for £73k and LTP Bridge Strengthening for £150k.

An accelerated delivery request on the A127 Junction Improvements scheme for £10k will be included in the report to June Cabinet.

Housing Revenue Account

The revised budget for the Housing Revenue Account capital programme for 2016/17 is £7.441million. The latest budget and spend position is as follows:

Housing Revenue Account	Revised Budget 2016/17 £'000	Outturn to 28 February 2016/17 £'000	Expected outturn 2016/17 £'000	Forecast Variance to Year End 2016/17 £'000	Previous Forecast Variance to Year End 2016/17 £'000
Decent Homes Programme	4,324	3,552	4,324	-	-
Council House Adaptations	500	397	500	-	-
Other HRA	2,617	2,132	2,617	-	-
Total	**7,441**	**6,081**	**7,441**	**-**	**-**

The actual spend at 28th February of £6.081million represents 82% of the HRA capital budget.

Decent Homes Programme

Decent Homes works have recently been reviewed to reflect life expired component replacements. Phase two of the block upgrade project at Saxon Gardens has now commenced. Health and safety issues have caused slightly more spend on the rewiring budget but this will be absorbed in the Decent Homes budget as a whole and will not cause a pressure.

Council House Adaptions

This budget relates to minor and major adaptations in council dwellings. Spend depends on the demand for these adaptations and works are currently in progress for 2016/17.

Other HRA

The plan for the HRA Land Review scheme is to construct 18 housing units within the Shoeburyness ward. The contractor has now entered the final phase in the construction process. The last two houses at Ashanti site D were handed over at the start of February and are now occupied. The remaining set of five flats at Ashanti site F are due to be completed and handed over by mid-March. A project completion event was held on 24th February and was well received.

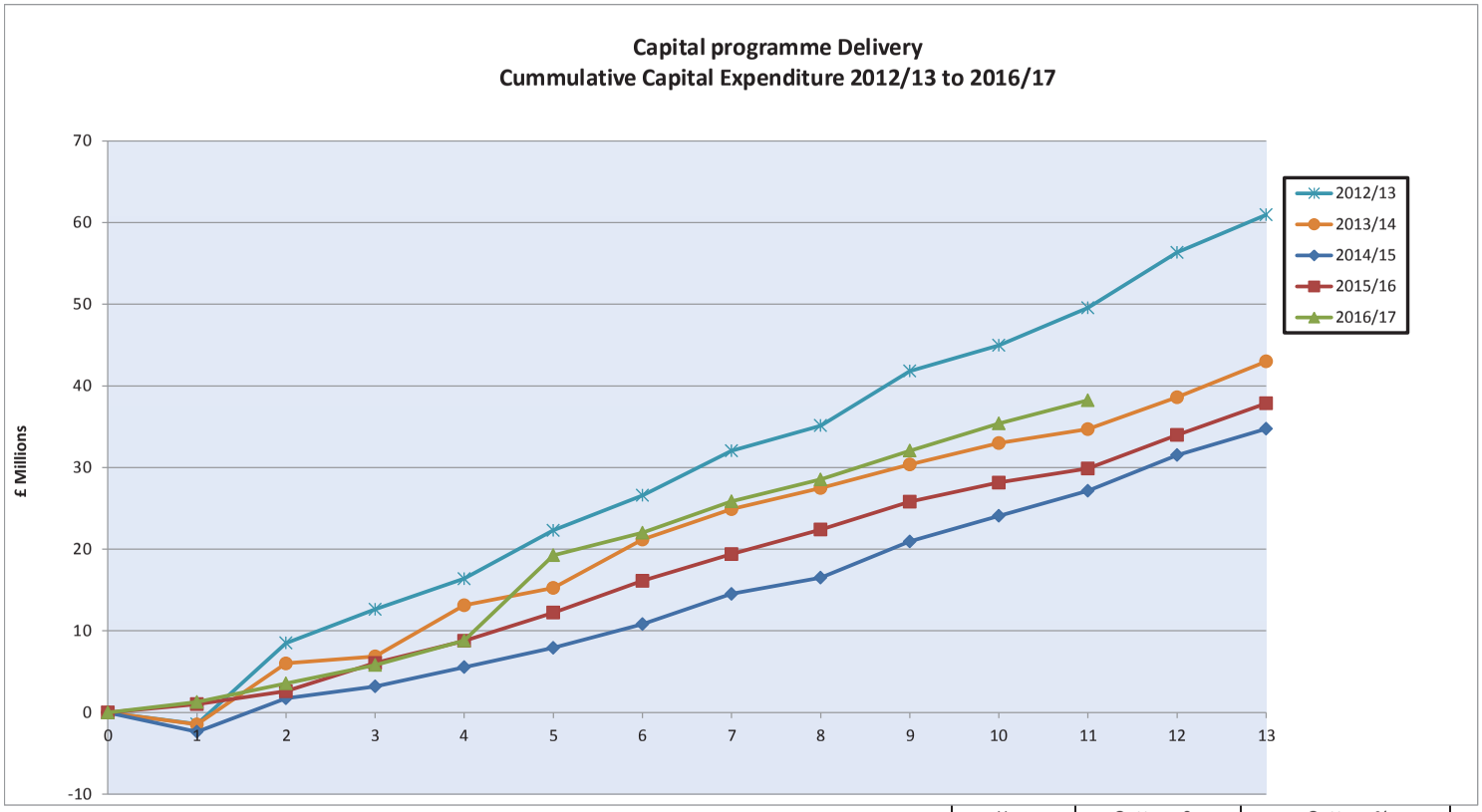
Summary of Capital Expenditure at 28th February 2017

Appendix 1

	Original Budget 2016/17 £000	Revisions £000	Revised Budget 2016/17 £000	Actual 2016/17 £000	Forecast outturn 2016/17 £000	Forecast Variance to Year End 2016/17 £000	% Variance
Chief Executive	15,229	(13,940)	1,289	409	1,199	(90)	32%
People	13,365	820	14,185	10,065	11,665	(2,520)	71%
Place	34,083	(1,884)	32,199	21,669	31,741	(458)	67%
Housing Revenue Account	10,773	(3,332)	7,441	6,081	7,441	-	82%
	73,450	(18,336)	55,114	38,224	52,046	(3,068)	69%
Council Approved Original Budget - February 2016	**73,450**						
Chief Executive amendments	(15,846)						
People amendments	(144)						
Place amendments	(2,045)						
HRA amendments	(3,489)						
Carry Forward requests from 2015/16	4,218						
Accelerated Delivery requests to 2015/16	(2,807)						
Budget re-profiles (June Cabinet)	(134)						
New external funding	1,911						
Council Approved Revised Budget - February 2017	**55,114**						

Actual compared to Revised Budget spent is £38.224M or 69%

Appendix 2



Year	Outturn £m	Outturn %
2012/13	61.0	97.9
2013/14	43.3	93.8
2014/15	34.8	83.8
2015/16	37.9	97.0

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Southend-on-Sea Borough Council

Report of the Deputy Chief Executive (People)
to
Cabinet

on
14th March 2017

Report prepared by:
Catherine Braun – Group Manager Access and Inclusion

Agenda Item No. 7 9

The Future Provision of Secondary Places in Southend
People Scrutiny Committee
Executive Councillor: Councillor James Courtenay
A Part 1 Public Agenda Item

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1. Purpose of Report

1.1 To provide Cabinet members with a progress report on the strategy for the provision of secondary places as overseen by the School Places Working Party.

2. Recommendation

2.1 That Cabinet is asked to firstly note and secondly agree to the recommendations made at the School Places Working Party (SPWP), held on 6th February 2017.

2.2 The following recommendations are taken from the draft minutes. The SPWP endorsed the report, and made the following recommendations:

(To meet immediate needs by September 2018)

- To agree the continuation of expansion discussions with Good and Outstanding Schools

(To meet the additional need for September 2019)

- To agree an initial exploration with a small number of Academy Trusts regarding a secondary free school
- To agree exploring expansion opportunities with schools that currently require improvement
  In addition
- That officers should continue dialogue with faith schools regarding future expansion, where there is excess demand but places should be for Southend children only

3. Background

3.1 On 23 June 2015, Cabinet resolved that officers undertake consultations with existing secondary schools regarding expansions to meet increases in pupil population demand.

3.2 Long-term forecasts for secondary schools are reasonably accurate, as the numbers of primary pupils transferring to secondary schools are already known. The increased birth level indicates the continuation of high pupil numbers in primary and subsequently in secondary schools is currently stable with no current indication that numbers will reduce. By comparison, there has been a permanent increase of around 9 forms of entry (FE) and nearly 3FE in bulge years within the primary sector. The total cost for the primary expansion was nearly £25 million.

3.3 Over the last four years we have seen an average net loss at secondary transfer (year 7) primarily to Essex schools of 300 pupils for mainstream places and a net gain from Essex, the London Boroughs and other sources of 567 pupils for selective places (those reaching the pass mark for the eleven plus examination and/or entering Southend Catholic faith schools).

Previous attempts to secure Essex County Council's (ECC) accurate and reliable school planning data have not always proven successful or helpful. However, more recent communication indicates that their own pupil forecasts identify that due to their own pupil population increase and housing developments surrounding the Essex/Southend boarder, from 2018 they will only be able to offer limited secondary places to Southend children and from 2019 they will have no capacity to offer any secondary places to Southend resident pupils. Whilst this very recent information from ECC is helpful, officers will continue to work using this intelligence as a factor when determining accurate Southend predictions. This factor has increased the number of deficit places to beyond the primary expansions taking the need to 12 FE plus 2 further FE in bulge years. A summary of the latest forecasts is included in Appendix 1.

3.4 The first shortfall of places appears in 2018 where 4-5 forms of entry are needed followed by a further 6 FE in 2019.

3.5 Secondary school place offer day was the 1st March 2017. Overall there was a 1.7% increase in the number of pupils applying for a school place (32 more pupils, which is just over one form of entry). Southend Borough Council was successful in ensuring that every child who had applied for a school place was allocated a place for September 2017. However the underlying pressures alluded to in this report have started to manifest themselves, reflected in a slightly lower percentage of places offered to pupils for their first school preference (76% compared to 79% in 2016). In addition there was a 2% increase in parents not receiving any of their preferences (7% for 2017 compared to 5% in 2016). Officers are currently working with school leaders where schools are oversubscribed and not meeting catchment.

4. Other Options

Way forward to meet need

4.1 Southend School Expansions – Good and Outstanding Schools:

4.1.1 To meet the initial need in 2018 discussions have progressed with 3 secondary academies graded good or better by Ofsted to expand by 2FE per site. One of these has progressed to planning and one is at feasibility stage. Expansions with 'good' secondary schools are intended to meet the 2018 need. We are currently working with Eastwood Academy, Shoeburyness High School and Belfairs to secure firm commitments to ensure the required forms of entry for 2018 meet our predicted needs

4.1.2 In-depth discussions were also undertaken with secondary faith schools regarding the potential for expansion; however there was insufficient evidence that increasing places at these schools would secure places for Southend children due to their oversubscription criteria for admissions prioritising out of area Catholics, over Southend resident non-practising Catholics. There is little evidence to suggest that the Catholic population has increased for the immediate need (2018/19), however expanding these schools remains an option for 2021 onwards where pupils attending the expanded Catholic primary school will reach secondary age.

4.2 Free School

4.2.1 Any new school now must be a free school. The LA is investigating the feasibility of a free school and is in communication with existing and proven academy trusts regarding submitting a bid to the Department for Education (DfE). This would be through a centrally funded route, whereby a trust puts a bid in directly to the DfE. The department, using this route, would fund all capital costs associated but would reduce the basic need grant paid to the Council.

4.2.2 Benefits:
There would be no cost to the Council, and given a smooth transition we would have sufficient places within the time allocated. Trusts require a 'strong track record' and achievement should be above local and national averages. Free Schools (with the exception of Free Special schools) must be 'all-ability' schools, so cannot use academic selection processes.

4.2.3 Risks:
The drawbacks would be that we have no control over which academy trust is selected, although remain accountable for the outcomes. The decision on a successful bid rests entirely with the department, and we will continue to work very closely with their teams to try and ensure Southend views are addressed.

In addition the process starts by a scrutiny of assets owned by the Council, and would in effect utilise those without recompense to the Council, resulting in potentially a loss of a significant asset to the Council. This could be land or buildings. If no suitable Council land is found, then public land or compulsory purchase may be followed.

Lastly, there is a danger that a new school could draw capacity further from some of our underperforming schools, compounding the situation further.

Applications for free schools are submitted in September or March and a process of assessment by DfE takes place that can take up to 6 months. As a result of consultation, the minister has delayed the next round of application to the "summer term", expected in June. Whilst this allows us time to work with the Trust and department to construct the bid, the slight delay in submitting the initial expression of interest would now put pressure on our ability to complete the project in order to meet a September 2019 opening. If the basic need case is proven to be strong enough a free school could open in temporary accommodation, although the DfE avoid this where possible.

4.3 Southend School Expansions – Underperforming Schools:

4.3.1 The DfE expects that schools should not generally expand if they are eligible for intervention by the local Regional Schools Commissioner (RSC). This is to safeguard underperforming schools becoming compromised by expansion. It is accepted that there will be exceptional cases where there is no viable alternative to ensuring sufficient school places locally.

4.3.2 One currently underperforming academy has raised an interest in expanding. Southend LA is in communication with the RSC regarding schools that fall under this criteria and their readiness to expand.

5. Reason for Recommendation

Conclusion

5.1 Need from September 2018 is intended to be met by expansion of 'good or better' secondary schools.

5.2 Additional need from September 2019 is expected to be met through a successful free school application to the DfE

5.3 Additional need from 2020 onwards is aimed to be met from expansions at currently underperforming schools (and faith schools if data evidences an increased cohort of Catholic pupil's resident within Southend).

6. Corporate Implications

6.1 Contribution to Council's Vision & Corporate Priorities

Ensure residents have access to high quality education to enable them to be lifelong learners and have fulfilling employment.

6.2 Financial Implications

Budget was agreed at February Cabinet meeting

6.3 Legal Implications

If sufficient places are not supplied the council will not meet its statutory duties in supplying sufficient school places

6.4 People Implications
Risk of a % of children not having a secondary school place in September 2018

6.5 Property Implications
DfE may commandeer local authority asset to build a free school (only those of sufficient size to meet a 6FE school would be at risk)

6.6 Consultation
None

6.7 Equalities and Diversity Implications
None

6.8 Risk Assessment
None

6.9 Value for Money
None

6.10 Community Safety Implications
N/A at this present time

6.11 Environmental Impact
N/A until site identified for free school

7. Background Papers
None

8. Appendices

Appendix 1 - Forecast Numbers with Illustrated Forms of Entry Expansions

Appendix 1 – Forecast Numbers including impact of Essex places and Illustrated Forms of Entry Expansions

	Year 7 Forecast	Essex Places pushed back to SBC	Year 7 Forecast + Pushback	Anticipated	Surplus/Deficit	Number of FE Required	Number of Places	Total Places	Surplus/Deficit
				PAN*	(B-A)		(D*28)	(B+E)	(F-A)
	A	Ai	Aii	B	C	D	E	F**	G
2017/18	2265	0	2265	2300	35	0	0	2300	35
2018/19	2361	60	2421	2300	-121	5	140	2440	19
2019/20	2525	75	2600	2320	-280	10	280	2600	0
2020/21	2540	90	2630	2320	-310	12	336	2656	26
2021/22	2583	105	2688	2320	-368	14	392	2712	24
2022/23	2585	105	2690	2320	-370	14	392	2712	22
2023/24	2547	105	2652	2320	-332	12	336	2656	4
2024/25	2476	105	2581	2320	-261	10	280	2600	19
2025/26	2508	105	2613	2320	-293	11	308	2628	15

*PAN is combined PAN as known for 2017/18. From 2019/20 including additional places at Cecil Jones.
**Column F indicates the anticipated increased combined PANs.

Southend-on-Sea Borough Council

Report of Deputy Chief Executive (People)
to
Cabinet
on
14 March 2017

Report prepared by: Catherine Braun – Group Manager Access and Inclusion

Agenda Item No.

18

School Admissions Arrangements for Community Schools and the Coordinated Admission Scheme for Academic year 2018/19
People Scrutiny Committee
Executive Councillor: James Courtenay
A Part 1 (Public) Agenda Item

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1. Purpose of Report

1.1 To confirm the admission arrangements for community schools for the academic year 2018/19.

2. Recommendations

2.1 That Cabinet notes the final Admissions Arrangements for Community Schools for the academic year 2018/19

3. Background

3.1 The Council has a responsibility to determine in relation to school admissions the Admission Arrangements for Community Schools (admission numbers, admission criteria and catchment areas);

3.2 For community schools, the local authority (as the admission authority) **must** consult on the admission arrangements every 7 years if there are no changes. There are no changes proposed for 2018 and therefore the next time we have a duty to consult will be for the arrangements of 2019/20.

3.3 For community schools, the local authority (as the admission authority) **must** consult the governing body of each school where it proposes either to increase or keep the same PAN.

3.4 Cabinet approved the admission arrangement in September 2016.

3.6 Admission arrangements for community school must be determined and included in a composite prospectus by 15th March 2017.

4. Admission Arrangement for 2018/19

4.1 Admission Criteria

4.1.1 There are no proposed changes from 2017/18. The final admission criteria for community primary schools for September 2018 are shown in *Appendix 1.*

4.2 Published Admission Numbers

4.2.1 There are currently no proposed changes to the Admission Limits from 2017/18. The proposed admission limits for all community primary schools for September 2018 are shown on **Page 2** of the Admission Arrangements for Community Schools at **Appendix 1**.

4.3 Catchment Areas

4.3.1 The proposed catchment areas for primary schools for September 2018 are within the Admission Arrangements in Appendix 1. There are no proposed changes from 2018/19.

5. Corporate Implications

5.1 Contribution to Council's Vision & Corporate Priorities — These arrangements will assist pupils within the Borough to access quality learning opportunities to achieve the best possible outcomes for all children.

5.2 Financial Implications — There are no direct financial implications for the Council. The administration of school admissions is funded from the Dedicated Schools Grant.

5.3 Legal Implications
The determination of admission arrangements for community schools and the provision of a coordinated admissions scheme is a statutory requirement.

5.4 People Implications
None

5.5 Property Implications
None

5.6 Consultation
The admission arrangements and the coordinated scheme were considered by the Admission Forum at a meeting on 18th June 2015. The forum were in agreement with the proposed changes to the coordinated scheme. Individual Governing Bodies to be consulted as at paragraph 3.3.

5.7 Equalities and Diversity Implications
A co-ordinated admissions scheme and clear oversubscription criteria are necessary to ensure fair access to school places.

5.8 Risk Assessment
If the Council does not agreed a scheme, one will be imposed by the DfE, and the Council's reputation will suffer.

5.9 Value for Money
No direct implications.

5.10 Community Safety Implications
None envisaged.

5.11 Environmental Impact
None envisaged

6. Background Papers

6.1 School Admissions Code 2014 —
https://www.gov.uk/government/publications/school-admissions-code--2
and School Admission Appeals Code 2012 -
https://www.gov.uk/govemment/publications/school-admissions-appeals-code

7. Appendices

7.1 Appendix 1 — Proposed Admissions Arrangements for Community Schools for September 2018 including Published Admission Numbers on Page 2.

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Appendix 1

Success for all
Southend Children's Partnership

Proposed Admissions arrangements for Community Schools for September 2018 round of admissions

For office use (to be removed from final/published version)

26th May 2016	Arrangements for Admission forum
20th September 2016	Cabinet draft consultation proposals
31st January 2017	Consultation minimum of 8 weeks by this date PAN consultation 1st Sept 2016 - 1st November 2016
10th January 2017 Cabinet	Determination to Cabinet, for noting
28th February 2017	Final Determined Admission Arrangements
15th March 2017	Publication of Composite Prospectus of Determined Arrangements
16th March – 15th May 2017	OSA objections

Final publication date: 15th March 2017

1. Community Schools Published Admissions Number 2018/19

Community Primary Schools*	Proposed admission limit for 2018/19
Barons Court Primary School & Nursery	35
Bournes Green Junior School	66
Chalkwell Hall Infant School	108
Chalkwell Hall Junior School	108
Earls Hall Primary School	90
Edwards Hall Primary School	60
Fairways Primary School	60
Heycroft Primary School	60
Leigh North Street Primary School	90
Richmond Primary School	60
Temple Sutton Primary School	120
West Leigh Infant School	120

*community Schools as at publication. Should more schools convert to Academy status this list will be updated.

2 Oversubscription criteria

For community primary schools, with the exception of Leigh North Street Primary School, the admissions policy is that, if at the closing date for applications, there are not enough places for all those who have expressed a wish to have their child admitted to a particular school, places will be allocated using the following criteria:

a) Infant/primary school intake:

1. Looked after children and previously looked after children (see explanatory note);
2. Pupils who live in the catchment area served by the school and who have an older sibling attending the school or attending the “partner” community junior school;
3. Pupils who live in the catchment area served by the school;
4. Pupils who live outside the catchment area served by the school and who have an older sibling attending the school or attending the “partner” community junior school;
5. Pupils who live outside the catchment area served by the school.

b) Junior/primary school intake:

Priority will be given to those pupils currently attending the “partner” community infant school. Provided that the number of pupils in year 2 of the infant school does not exceed the admission limit of the junior school they will all be guaranteed a place. If places remain unfilled the following criteria will be used, in priority order to allocate places up to the annual admission limit of the junior school.

1. Looked after children and previously looked after children (see explanatory note);
2. Pupils who live in the catchment area served by the school and who have an older sibling attending the school;
3. Pupils who live in the catchment area served by the school;
4. Pupils who live outside the catchment area served by the school and who have an older sibling attending the school;
5. Pupils who live outside the catchment area served by the school.

2. Oversubscription criteria for Leigh North Street Primary School for September 2018

1. Looked after children and previously looked after children (see explanatory note);
2. Pupils who live in the catchment area served by the school and who have an older sibling attending the school;
3. Pupils who live in the catchment area served by the school;
4. Pupils who live outside the catchment served by the school and who have an older sibling attending Leigh North Street Primary School;
5. Pupils who live in the catchment area of West Leigh Infant and Junior Schools;
6. Pupils who live outside the catchment served by the school or outside the West Leigh Infant and Junior Schools catchment area

4. Explanatory notes:

Any reference to previously looked after children means children who were adopted (or subject to residence or special guardianship orders) immediately following having been looked after.

Pupils with Statements of Special Educational Needs that name a particular school are required to be admitted and the admission authority does not have the right to refuse admission.

In the case of over subscription in any one category “straight line” distance will be used to measure the distance between the pupil’s home and the nearest pupil entrance to the school. Distances will be measured using the Local Authority’s computerised measuring system. The pupils living closest will be given priority.

If the pupil’s home is a flat the distance will be measured to the main external entrance to the building. If the same distance is shared by more than one pupil, and only one place is available, the place will be awarded on the basis of a computerised random allocation process (supervised by someone independent of the Council / governing body).

All admissions criteria for pupils applying to start the Reception year and year 3 (in a separate Junior school) refer to the closing date for admission applications. For all other applications the criteria will refer to the date the application is received by the Council.

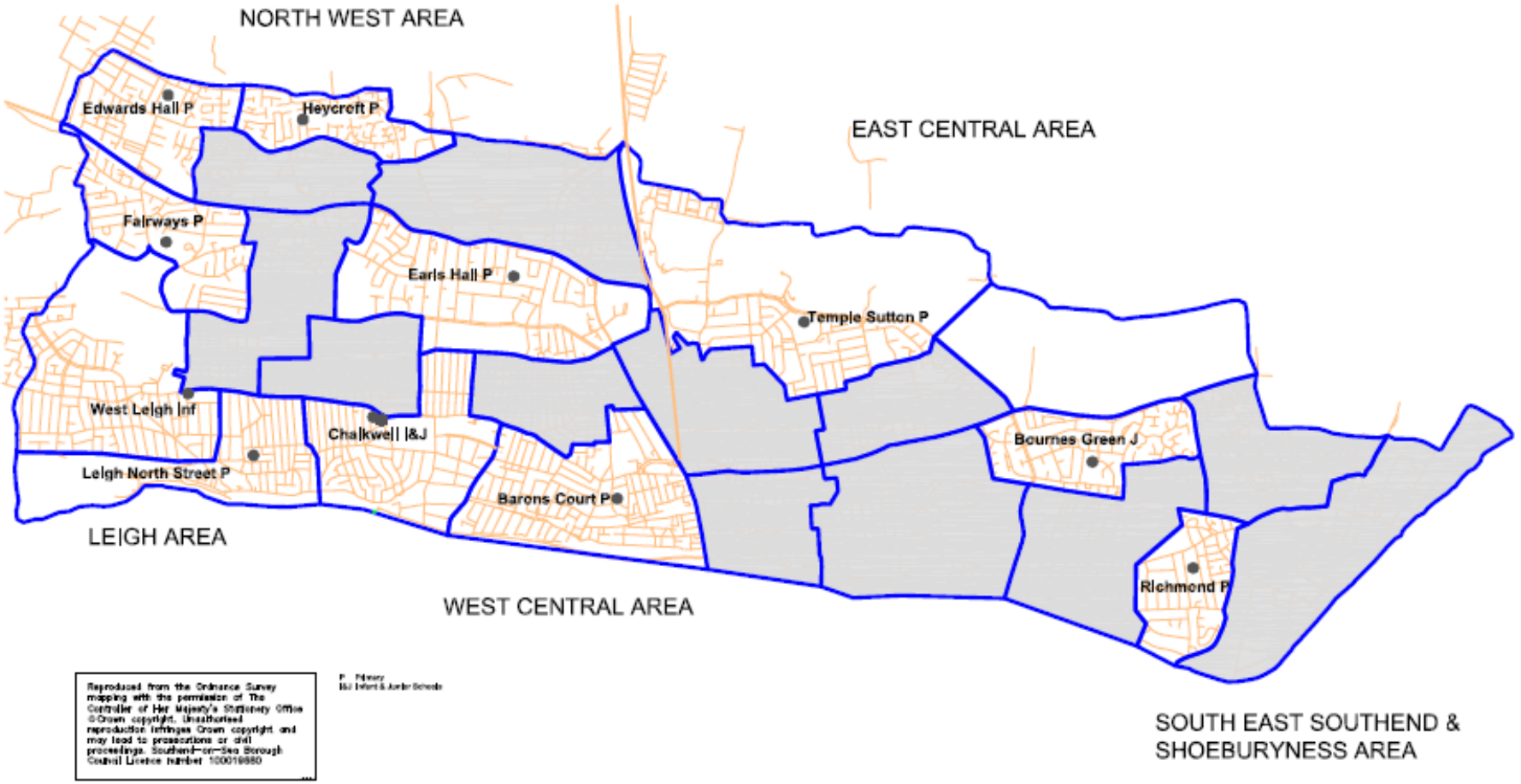
Siblings are considered to be an older brother or sister, half-brother or half-sister, step-brother or step-sister, adopted brother or sister, living at the same address, who attends the school at the time of application with a reasonable expectation that he or she will still be attending at the time of the proposed admission.

In the exceptional situation where one twin or one or two triplets are refused a place, in order to keep family members together the additional pupil(s) will be admitted even if this results in the admission limit for the year group being exceeded.

If it is not possible to offer the child a place at any community school, details of the appeals process will be forwarded to the parent by the School Admissions Team.

SOUTHEND ON SEA BOROUGH COUNCIL

Maps showing all Community Primary Schools with Catchment Areas in the Borough



Please note, schools may change status after publication and before the admission round. Information correct as of February 2017

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Southend-on-Sea Borough Council

Agenda Item No.

11

Report of Deputy Chief Executive (People)
to
Cabinet
on
14th March 2017

Report prepared by:
Tom Dowler, Data Performance and Information Manager

Annual Education Report
People Scrutiny Committee
Executive Councillor: Councillor James Courtenay

A Part 1 Public Agenda Item

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1. Purpose of Report

1.1 To inform the Council in retrospect of the relative performance of Southend schools in the academic year 2015-16

2. Recommendation

2.1 That Cabinet note and approve the draft Annual Education Report (AER) as set out in Appendix 1

3. Background

3.1 The Council is required to report annually on the relative performance of all schools, irrespective of status.

3.2 The format and scope if this report is left for Councils to determine. As in previous years, the Southend Annual Education Report focusses by Key stage and by area of importance to the Council.

3.3 The report is by its nature retrospective, sometime after the initial indicative results are made public. It is only when the validated data becomes available that the report can be complied and verified.

4. Proposal for future reports to Council

4.1 Officers will work with the Executive Councillor for Children and Learning to prepare future reports in the format that proves most useful for members.

5. Reasons for recommendations

5.1 To allow members greater access and scrutiny of school performance.

6. Corporate Implications

6.1 Contribution to Council's Vision & Corporate Priorities
Ensure residents have access to high quality education to enable them to be lifelong learners and have fulfilling employment.

6.2 Financial Implications - None

6.3 Legal Implications - None

6.4 People Implications
The actions and priorities emanating from this report will be delivered as part of the Council's School Performance Strategy

6.5 Property Implications - None

6.6 Consultation – None required, although the document has been constructed through a number of partners

6.7 Equalities and Diversity Implications – None

6.8 Risk Assessment – None undertaken.

6.9 Value for Money implications – None

6.10 Community Safety Implications – None

6.11 Environmental Impact – None

7. Background Papers

7.1 There are no background papers.

8. Appendices

8.1 Appendix 1 – Draft Annual Education Report 2015/16

Southend-on-Sea Borough Council

Annual Education Report 2015 - 2016

Celebrating the achievement of our children and young people

Contents

Introduction

I have great pleasure in introducing this publication about the achievement of children and young people in Southend schools and colleges. The document follows the publication of last year's Annual Education Report which was well received and brought together useful information and data about the educational achievement of Southend's children and young people. It provides a retrospective overview of the educational outcomes for children and young people in the educational year 2015 / 2016 and where possible shows the trend over a number of years in a range of key national measures, including comparisons with national averages.

The Local Authority remains highly ambitious. It works closely with all schools in the Borough to raise pupils' achievement and to offer the best quality education for all children and young people who attend schools and colleges in Southend. I continue to be very appreciative of the commitment of all staff and governors within Southend schools and settings, who work hard to improve the life chances and future educational and employment opportunities for the children and young people in the Borough. The Borough's results in 2016 remain broadly in line with the national average for primary age pupils and above the national averages for secondary students and are improving at a faster rate than that nationally at GCSE.

Southend has 51 publically funded schools and a Pupil Referral Unit operating as part of Seabrook College and one post 16 college. Over 29,000 pupils attend Southend's primary and secondary schools, over 600 pupils attend maintained special schools and there are some 2000 students enrolled at the college.

There are significant national changes which drive the education agenda. These include a new national curriculum; changing assessment and reporting procedures; the need to create additional school places and embedding special educational needs (SEN) reforms amongst many others. Other pressures including the National Funding Formula and recruitment and retention issues of staff will continue to challenge schools over the coming years.

Many Southend state funded schoolks are already part of a Multi Academy Trust, or an academy in their own right. Other maintained schools are considering working in partnership through Multi Academy Trusts. Regardless of the status of the school, the local authority aims for every school in the Borough to be judged by OfSTED to be Good or Outstanding by 2017/18. We also remain determined to work closely with schools to continue to improve the outcomes for disadvantaged learners, narrowing the gap in achievement between these groups and that of their peers.

The role of both schools and the Local Authority has changed in the last few years. The Local Authority nonetheless retains specific duties in relation to all schools and pupils, remaining accountable for all school outcomes regardless of status; the vitally important area of supporting vulnerable learners, including those with special educational needs and planning sufficient good school places. The Local Authority's role has subtly shifted to provide challenge to schools where standards are not good enough, and ensuring that support is available where it is required. The government has placed the responsibility for school improvement to be that of schools themselves, with an expectation that schools will work together to raise standards and provide support for each other when necessary. As part of this new dynamic, the Authority wishes to work more in partnership with school leaders to enable them to take the lead on school improvement. Our role will be to support this to happen, to broker and commission school to school support and to grow capacity within the system to allow schools to thrive. With recent changes in the leadership of Learning within the Authority, I am sure that we, schools and the Borough, will continue to work collaboratively in partnership to agree our shared policies and ambitions; to set ourselves ambitious targets for improvement, celebrate together our achievements and hold each other to account where we fall short of our aspirations.

I hope that you find the information within the document of interest and use when considering the issues for the Local Authority to achieve its aim, that every child and young person achieves their best and that all schools are good or outstanding.

Simon Leftley
Executive Director of People **March 2017**

Executive Summary

This report provides information about the educational achievement of all children and young people in Southend during the academic year 2015 / 16, at the end of each Key Stage of education and compares their outcomes with all children and young people nationally. Included in this information is attendance and exclusions information as well as the outcomes of OfSTED inspections of schools in Southend and the percentage of children who attend good or outstanding schools. The report also considers how well a number of nationally underperforming groups of children and young people, achieve in Southend. The groups that have been focused on are: disadvantaged pupils - specifically those eligible for free school meals (FSM); girls and boys, where boys have achieved less well than girls overall; those who have English as their first language as well as those whose first language is not English and children who have special educational needs (SEN).

2015 / 16 saw the introduction of major assessment and accountability reforms for primary schools in key stage 1 and key stage 2. This included more challenging tests which were reported using precise scaled scores instead of theprevious system of levels, new performance descriptors that were linked to the new curriculum and a higher bar with increased expections for school accountability. Consequently, the indicators used to assess pupil performance have changed and are not comparable to previous years. Similarly at key stage 4, a range of new headline accountability measures were introduced, with the aim of focussing on the progress of all students rather than placing undue emphasis on the C/D border line. This has also meant that trend data is not always available or comparable.

During 2015 / 16 there has been an improving picture in many of the measures that are used nationally to judge the effectiveness of schools and local authorities. These include:

- More young children at the end of the Early Years Foundation Stage, when children are aged 5 have achieved a "Good Level of Development" (GLD), the Southend percentage has increased from 69% last year to 71% in 2016
- Children aged 7 at the end of Key Stage 1, in 2016, achieve in line with or above the national averages in all of the new measures
- At the end of Key Stage 2, when children are 11 years old, the percentage of children achieving the expected level of attainment is above the national average in the combined measure of reading, writing and maths. The proportion achieving the new high standard is above the national average in all subjects
- At the end of Key Stage 4 in the headline measure, Attainment 8, the provisional Southend score of 53.3 was significantly higher than the national average. In the new Progress 8 measure pupils performed in line with similar pupils nationally
- A higher percentage of young people achieve good grades at A level than nationally which has been so for four years
- Persistent absenteeism has reduced significantly in primary and secondary schools
- A higher percentage of children and young people are educated in a good or outstanding school as judged by OfSTED at the end of the academic year 2016 than in 2015

Although there has been progress made in improving outcomes for children and young people there are a number of areas where schools and the Local Authority will need to continue to focus. These include:

- Closing the achievement gaps between groups of pupils who are disadvantaged as a result of poverty (in receipt of free school meals) , gender, first language and SEN
- Accelerating the progress made by pupils, particularly those who underachieve
- Continue to ensure that pupils are enabled to remain in the mainstream school system with the aim of removing permanent exclusions from the secondary sector
- Working with parents to reduce the level of absence and further reduce the rate of persistent absenteeism
- Further reduce the number of young people who are not in education, employment or training (NEET)
- Challenging schools to ensure that they offer at least a good education to all pupils and reduce the number of school causing the Local Authority or OfSTED concern.

Section 1 Attainment and Progress

Southend school leaders, governors and staff, together with parents, carers, the community and the LA offer children and young people a broad curriculum and a wide range of educational experiences; in many schools, these are of the highest quality. However, the focus on what children achieve through their time in school is the main focus for inspection and how schools are judged. Therefore this report starts by looking at the achievement (attainment and progress) of children and young people in Southend from age 5 to 19.

Early years

The Early Years Foundation Stage (EYFS) of education is completed in the reception class, the academic year in which children become 5 years old. It has long been asserted that children who have experienced good quality early years education are more likely to achieve well throughout their schooling. This belief, which has been long held by early year educators, has now been validated by the outcomes and findings of a range of educational research and studies. All primary and infant schools in Southend have reception classes and therefore it is a very important part of the publicly funded education offer in the borough.

Young children must have access to an educational programme that covers seven areas of learning. Three are considered to be prime areas. These are communication and language, physical development and personal, social and emotional development. There are four other specific areas through which the prime areas are strengthened and applied. These specific areas are literacy, mathematics, understanding the world and expressive arts and design.

Successes

The 2016 data shows that 71% of Southend children achieved a Good Level of Development (including PVI settings) - this figure is 2 percentage points higher than in 2015. The average total points score achieved on the EYFS was 36.5 in Southend (compared to 36.3 last year), putting the local authority 5th in the national rankings. 34 points is the equivalent of children achieving the expected level across all Early Learning Goals. The area of learning with the highest percentage of children attaining a GLD was Physical Development (90%), the lowest was Literacy (73%). It is the Local Authority's expectation that the very good outcome in 2016 will be maintained in improved further in future years.

A focus by the Local Authority (LA) and schools on ensuring high quality provision for children in the reception class, and a partnership with other providers of early years education in a variety of settings, has contributed to the significant rise in the outcomes for children at the end of this stage of their education. This focus has included:

- LA commissioned high quality, bespoke training programmes on early years education for head teachers, Early Years leaders and Early Years practitioners
- Additional training for Early Years leaders and practitioners focusing on their understanding and knowledge of the EY assessment framework, leading to improved judgements of children's attainment
- The early years 'hub leaders' provided additional training for specific schools
- Externally validated high quality moderation of teacher assessment of children's learning
- The quality of care provided through settings, including children's centres, being built on as children enter nursery and reception classes
- A focus on closing the significant gap in achievement between girls and boys

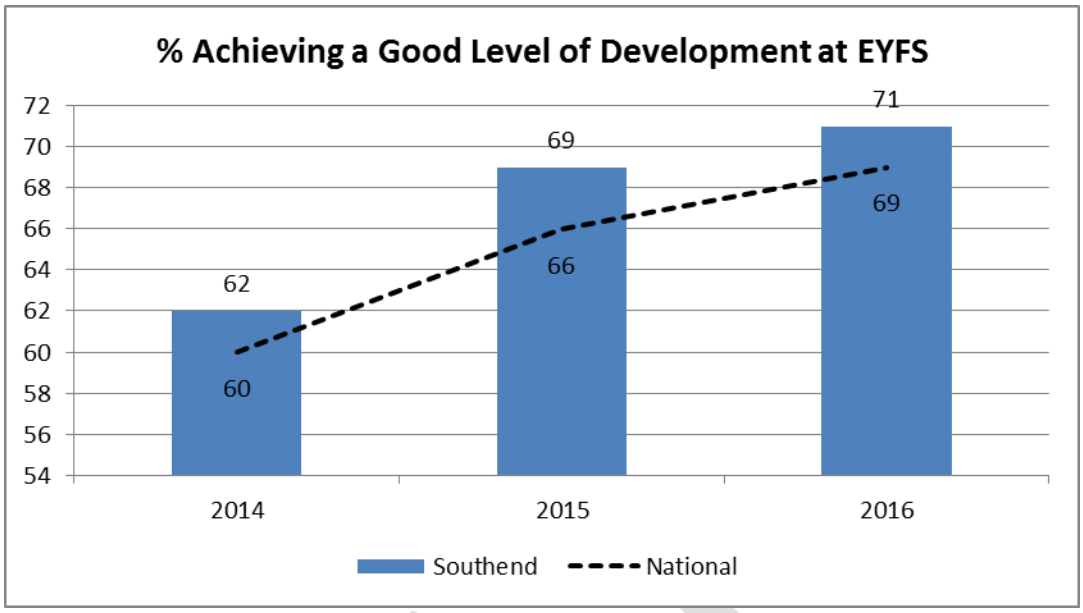


Figure 1

Areas for further development

It will be important that the improved results in 2016 are sustained and further improved. The Local Authority, in partnership with early year's education providers, has been successful in securing a significant National Lottery grant for 10 years which will enable further improvements in the outcomes for young children. In Southend this programme of work has been called 'A Better Start Southend'. The focus for 2016-2017 is on the development of schools' readiness through strengthened partnership working between settings and schools.

'A Better Start Southend', aims to provide children 0-3 with a better start in life, focusing on children and families in Kursaal, Westborough, Milton, Victoria, Shoeburyness and West Shoebury wards. There are a number of programmes and initiatives to improve outcomes for children in three key areas of development: social and emotional development; communication and language development; and diet and nutrition. There will be a 'systems change' in the way that local health, public services and the voluntary sector work together to put prevention in early life at the heart of service delivery and practice.

The chart below shows how the gap in attainment at between the target wards and the rest of Southend has already narrowed in the main early years indicator. Furthrmore, the target wards are now achieving in line with the national average.

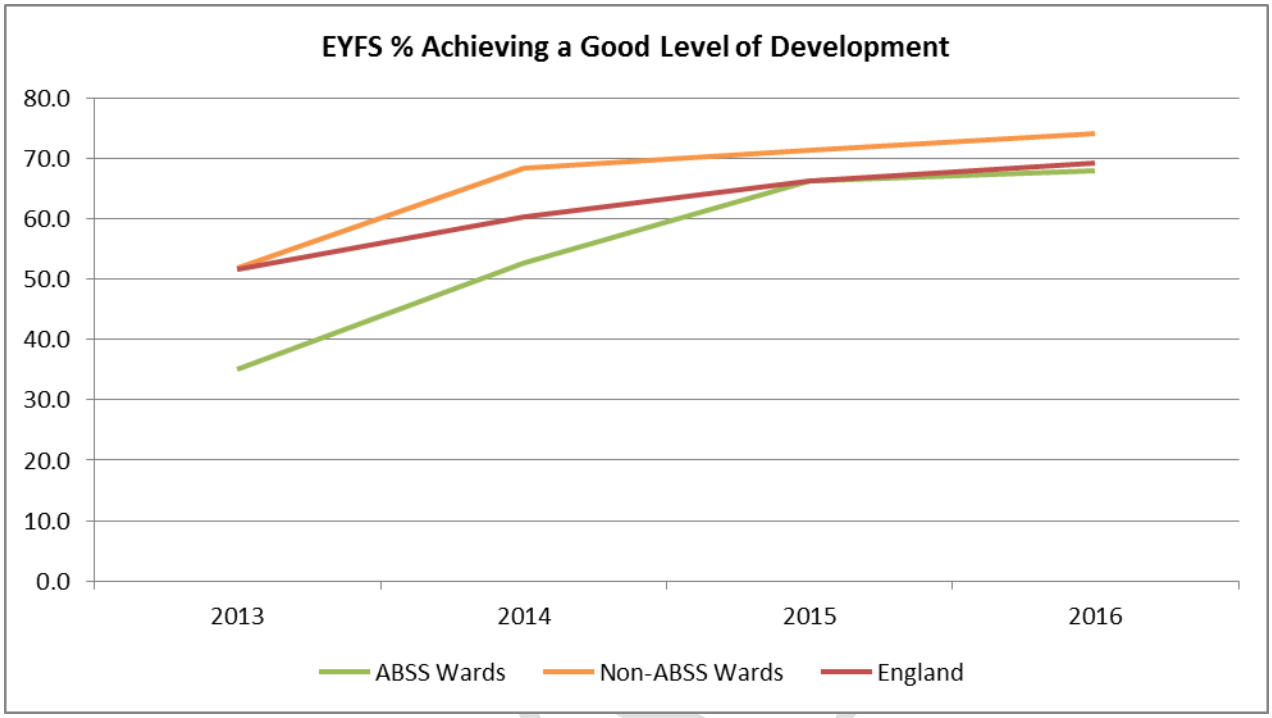


Figure 2

Key Stage 1

Key Stage 1 is a two year programme of work in the National Curriculum subjects and religious education. Children in years 1 and 2 work through the programme and are assessed by teachers at the end of year 2 in reading, writing, maths and science. Although new tests were introduced in 2016, the scores were not reported but instead were used by teachers to inform their assessments. Pupils are assessed in three bandings. These are described as "meeting the Expected Standard" or "Working at Greater Depth within the Expected Standard" (high attaining). Lower attaining pupils could have been reported as "Working Towards the Expected Standard" or at pre-key stage standards below this. All primary and infant schools in Southend educate children in Key Stage 1.

Successes

The 2016 Key Stage 1 data show that the percentage of children in Southend achieving the expected standard or higher in reading, writing and maths is above the national average. In science the figures are in line with the national average. In terms of the higher standard, Southend is significantly above national in reading, writing and maths and in the top 25% of all local authorities in the country; this indicator is not applicable to science.

It is not possible to compare 2016 results to previous years as the new Expected Standard is not equivalent to the old expected standard (level 2). However, it is possible to measure how Southend has performed relative to other local authorities. In all of reading, writing and maths, Southend's national ranking has improved considerably in the main indicator. The subject of reading saw the biggest improvement – up 51 places in the LA tables to a current ranking of 29th out of 151.

The improvement in the 2016 result at Key Stage 1 is as a result of:

- Pupil premium funding used effectively for interventions to raise the attainment of disadvantaged pupils and increased focus on the achievement of pupil premium pupils in academic year 2015-16
- Continued improved outcomes in phonics which have had a positive impact on outcomes at the end of KS1
- The number of schools in Southend being judged by OfSTED as good or better has improved since 2015
- Continued high quality moderation of teachers' assessment, confirming the accuracy of children's attainment

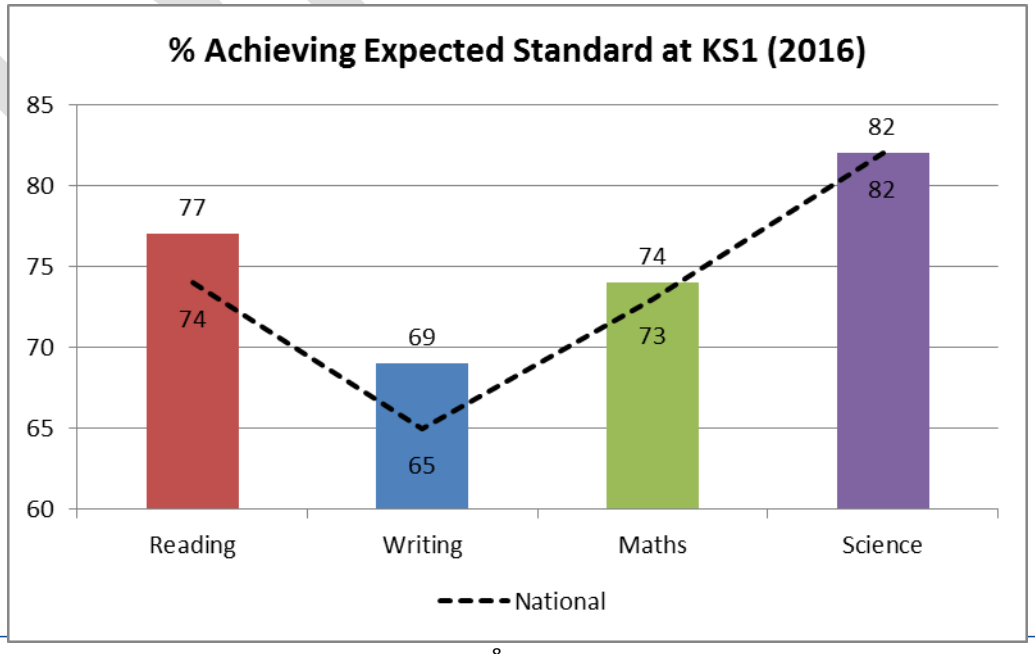


Figure 3

National ranking of Southend for assessments at the end of Key Stage 1

	2014	2015	2016
Speaking/Listening	9	41	…
Reading	55	80	29
Writing	66	81	33
Maths	94	95	55
Science	31	41	68

Notes	For 2014 & 2015 this represents children achieving level 2 at the end of key stage 1 From 2016 it is those achieving the new expected standard at the end of key stage 1
Source	DFE SFR 32/2015 - Table 17 DFE SFR 42/2016 - Table 18
Data	Final (2015), Provisional (2016)

Table 1

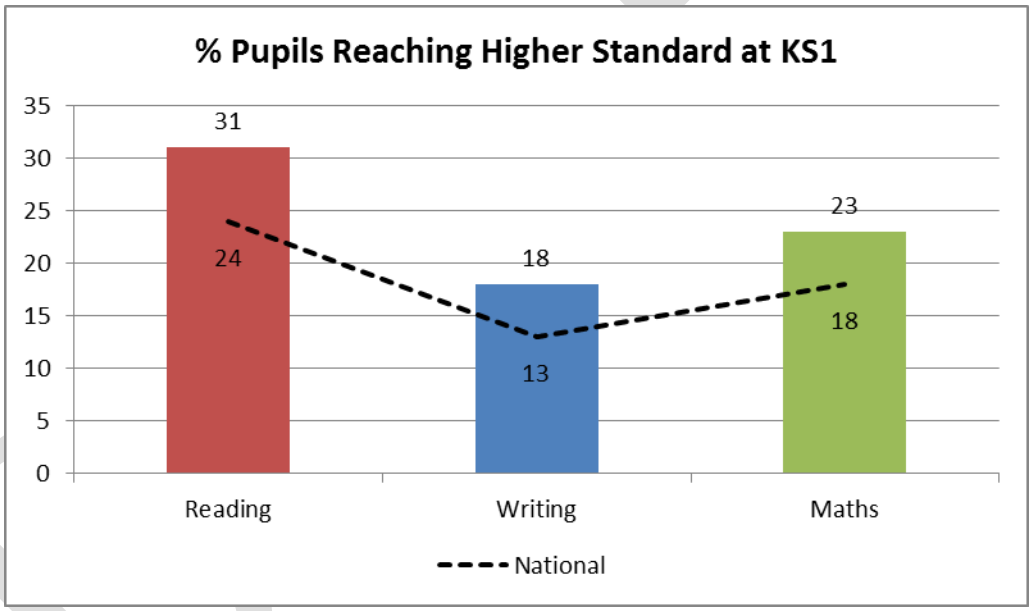


Figure 4

Areas for further improvement

- To sustain and build on this improvement within the new curriculum and assessment arrangements for the academic year 2016-17
- To continue to narrow the gap between disadvantaged and non-disadvantaged pupils. Disadvantaged pupils' outcomes at the end of KS1 in Southend are below those of non-disadvantaged pupils in all subjects
- To address the gender achievement gap. Girls have outperformed boys in all subject areas and levels with the exception of the higher standard in maths where boys achieved better. Maths, in general, shows the narrowest gap in outcomes between boys and girls and the widest gap is in writing.

Key Stage 2

Key Stage 2 is a four year key stage of the National Curriculum, covering years 3 to 6. All Southend Junior and Primary schools cover this key stage. New assessment and accountability measures in 2016 mean that in reading, maths and grammar, punctuation and spelling, pupils are assessed via tests with the results expressed as scaled scores. A score of 100 represents the national expected standard and will remain so for future years. Pupils scoring 100 or above are said to have met the Expected Standard. The threshold for a 'high score' is 110. Writing is not tested, so results are based on teacher assessments with pupils assessed as meeting the Expected Standard, Working at Greater Depth within the expected standard (high attaining) or working towards the expected standard (low attaining). With the new assessment framework, it is no longer appropriate to measure progress in terms of expected levels of progress. The new progress measure is a relative measure (or value added), where pupils' attainment is compared to that of pupils with similar prior attainment nationally. Those who attained a higher score than similar pupils nationally are said to have made positive progress. This new measure is a school-level accountability measure. Progress is calculated for individual pupils solely in order to calculate the school's overall progress scores. There is no 'target' for the amount of progress an individual pupil is expected to make.

Attainment

The 2016 key stage 2 assessments are the first which assess the new, more challenging national curriculum which was introduced in 2014. The expected standard has also been raised to be higher than the old level 4. As a result, figures for 2016 are not comparable to those for earlier years. Attainment at the expected standard in the tests is highest in grammar, punctuation and spelling at 73% and lowest in reading at 67%. 79% of pupils were assessed by teachers as working at the expected standard in writing, higher than in any of the test subjects. Results are generally in line with national averages, apart from in writing which is higher by 5 percentage points. In the combined reading, writing and maths measure, Southend's attainment was above average (56% achieved the expected standard, compared to 53% nationally).

In terms of achieving the higher standard, performance is above national in all subjects in 2016. In maths, the figure of 20% is 2 percentage points above the national average and puts Southend in the top 25% of all authorities in the country. Performance is highest in grammar punctuation and spelling and this is also the case nationally.

Successes

- An improvement in Southend's ranking relative to other local authorities in the expected attainment measure in reading, writing and maths since 2015
- Proportion of pupils achieving the higher standard is above national in all subjects
- Top 25% of authorities for high standard in maths
- No Southend schools were below the floor targets set by the Department for Education in 2016

These improvements are due to a relentless focus by schools and the Local Authority on:

- Schools making more effective use of assessment for learning, marking and feedback so that all pupils know their next steps and make accelerated progress and achieve higher attainment
- Close monitoring and tracking of all pupils and groups with timely intervention for those at risk of falling behind
- External validation of writing judgements by the Standards and Testing Agency.

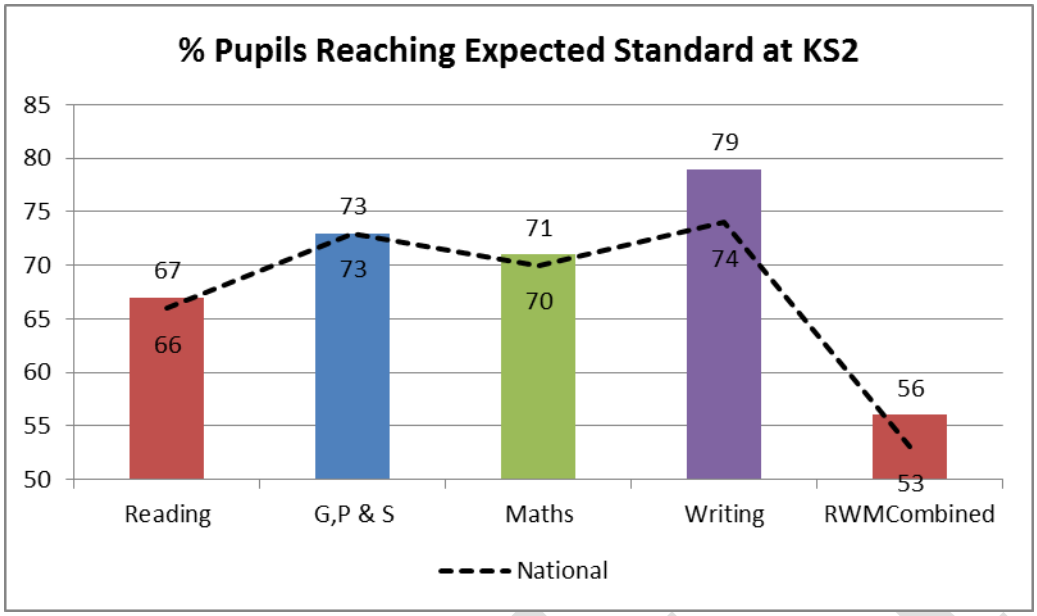


Figure 5

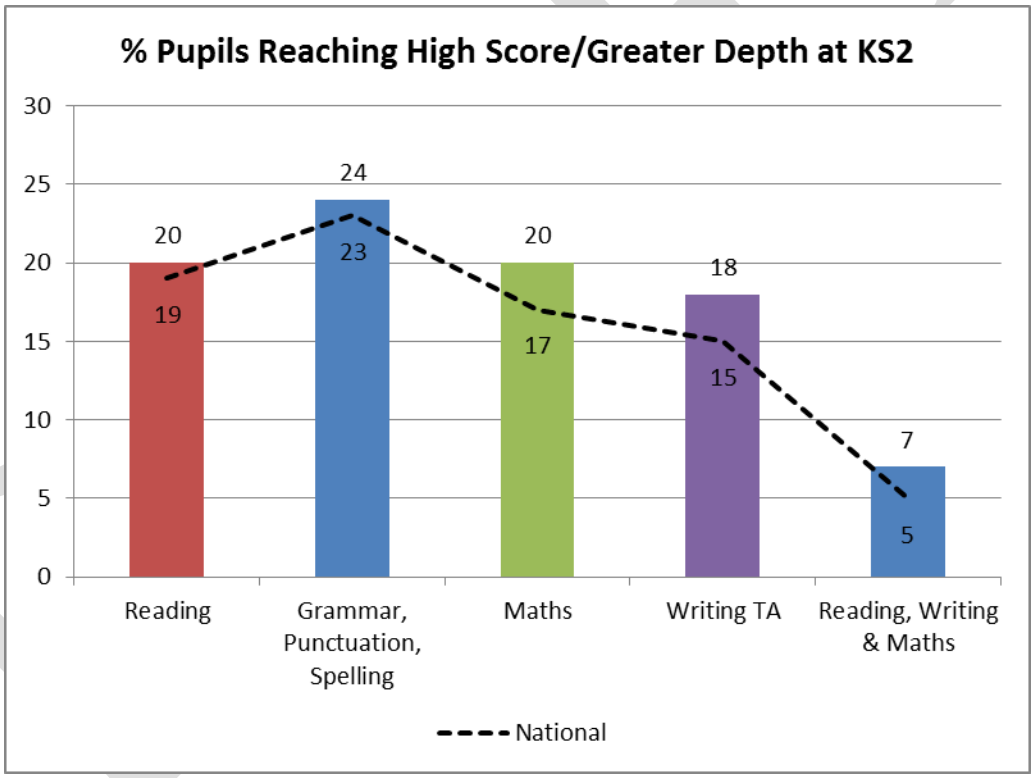


Figure 6

Ranking of Southend for assessments at the end of Key Stage 2

	2014	2015	2016
Grammar, Punctuation & Spelling	48	71	75
Reading	44	93	64
Writing	35	72	28
Maths	53	104	65
Reading, Writing & Maths combined	51	82	50

Notes For 2014 & 2015 this represents children achieving level 4 at the end of key stage 2
From 2016 it is those achieving the new expected standard at the end of key stage 2

Source SFR 47/2015 Tables 12-16
SFR 62/2016 Tables L1-L3

Data Revised (2015 & 2016)

Table 2

Progress

The new progress measure uses a value added model to measure the average attainment of pupils relative to that of pupils nationally with similar prior attainment. On average , the progress scores for Southend pupils were in line with the national average in reading and maths. Although the scores were negative, the fact that the confidence intervals overlapped zero means the outcomes are not statistically significant. In reading, scaled scores were an average of 0.2 below that of pupils with the same level of attainment at key stage 1. In maths, the figure was -0.1. However in writing, the progress score was positive (+0.6) and statistically significant, meaning that generally pupils in Southend schools do better than pupils with similar prior attainment nationally in this subject.

Key Stage 1 to 2 Progress against National Average (2016)

	Reading	Writing	Maths
Southend	-0.2	**0.6**	-0.1
Total State-Funded Sector	0.0	0.0	0.0

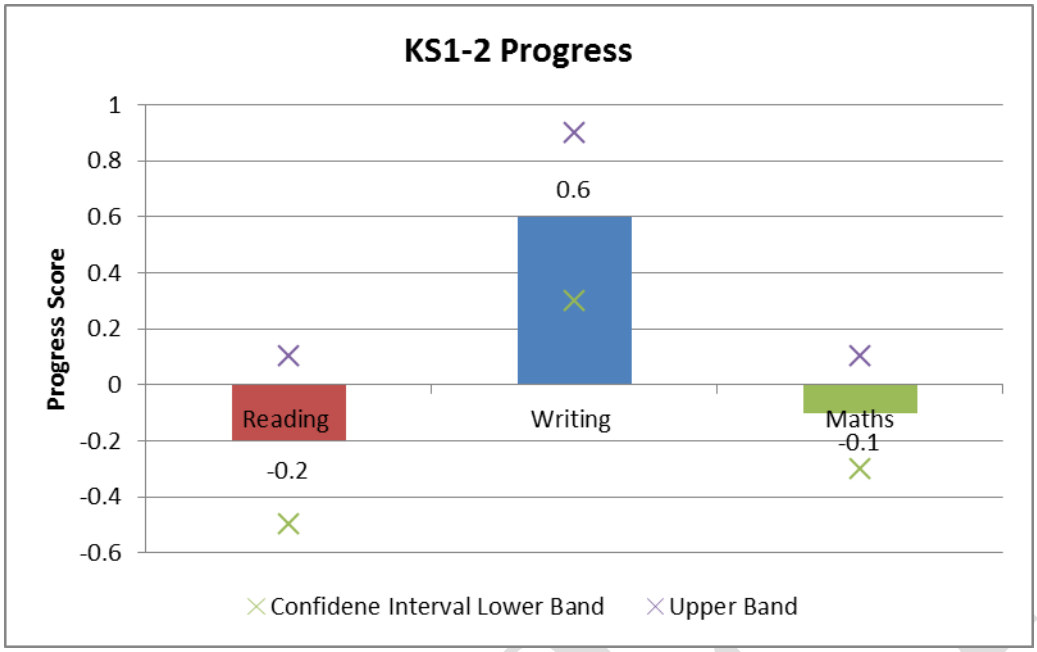
Notes Figures in bold are statistically significant

Source NCER, KS1-2 Progress School List

Data Revised

Table 3

Figure 7


KS1-2 Progress
Progress Score
1
0.8
0.6
0.4
0.2
0
-0.2
-0.4
-0.6
0.6
Reading
Writing
Maths
-0.2
-0.1
Confidene Interval Lower Band
Upper Band

Key Stage 4 – All Figures are Provisional

Key Stage 4 includes the secondary school years 9, 10 and 11. At the end of this Key Stage, young people take GCSE examinations. In 2016 the Department for Education announced two new headline measures, Attainment 8 and Progress 8. The new performance measures are designed to encourage schools to offer a broad and balanced curriculum with a focus on an academic core at key stage 4, and reward schools for the teaching of all their pupils, measuring performance across 8 qualifications. Every increase in every grade a pupil achieves will attract additional points in the performance tables. The percentage of pupils achieving a grade C or above in English and Maths are also reported, as well as the percentage entering and achieving the English Baccalaureate (awarded when students secure a grade C or above at GCSE level across a core of five academic subjects – english, mathematics, history or geography, the sciences and a language).

Attainment

Attainment 8 measures the achievement of a pupil across 8 qualifications including mathematics (double weighted) and English (double weighted), 3 further qualifications that count in the English Baccalaureate (EBacc) measure and 3 further qualifications that can be GCSE qualifications (including EBacc subjects) or any other non-GCSE qualifications on the DfE approved list. Although 2015 data is available, it should be noted that this only became a headline measure for schools in 2016. The average attainment 8 score per pupil has increased in Southend by 1.3 points to 53.3 which is above the national average of 49.8. This puts Southend 15th out of all local authorities nationally.

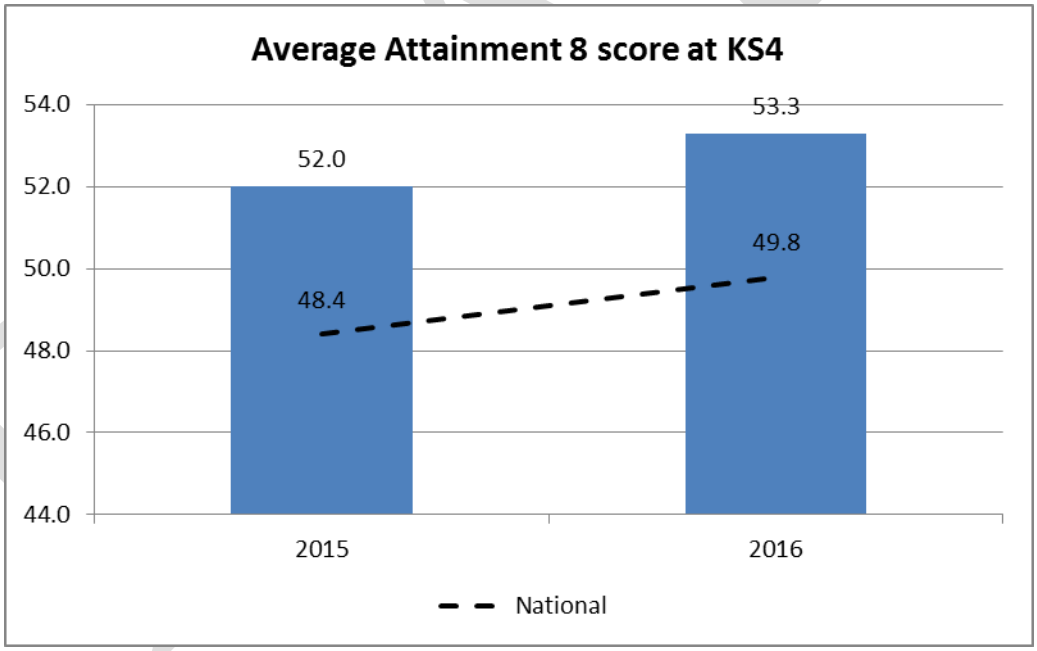


Figure 8

The percentage of pupils achieiving A*-C in English and maths has increased year-on-year since 2014 and remains above the national average. In 2016 this increase was largely due to a change in methodology with pupils no longer required to achieve A*-C in both English language and literature. In the English Baccalaureate measure, Southend is also above the national average with 33.7% of pupils achieving this, an increase of 1 percentage point over last year. The old headline measure of 5 A*-C including English and maths is included for comparison purposes - performance has remained stable in Southend relative to last year.

Key Stage 4 Additional Measures

Key Stage 4	2014		2015		2016	
	Southend	National	Southend	National	Southend	National
% of Pupils Achieving A*- C in Eng & Maths	64.0	58.9	66.4	59.2	68.5	62.6
% Achieving English Baccalaureate	31.1	24.2	32.7	24.3	33.7	24.5
% 5 A*-C (Including English and Maths)	62.2	56.6	64.7	57.1	64.8	56.8

Notes	National figure is state-funded schools only and includes pupils recently arrived from overseas
Source	SFR01/2016 Table LA3
	SR48/2016 - Tables LA1/LA6, 1b & 5
	SFR48/2016 - Tables 2a & LA1
	SFR01/2016 - Tables 4a & LA1
	SFR02/2015 - Tables 4a & 15
Data	Final (2014 & 2015)
	Provisional (2016)

Table 4

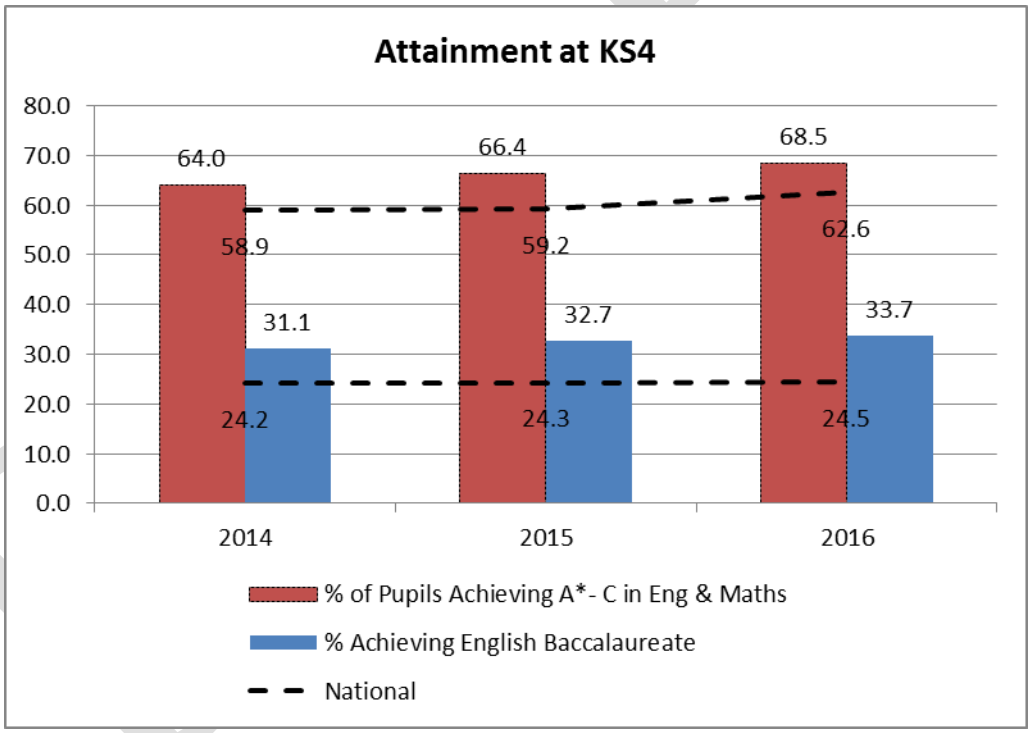


Figure 9

Successes

- In the main attainment measure Southend's young people have, on average, achieved better than the national average
- In the key subjects of English and maths, the proportion of Southend's pupils achieving a good grade continues to improve
- The percentage of pupils achieving the English Baccalaureate has increased year on year since 2014 and is increasing at a faster rate than nationally

Areas for further development

The overall attainment in the headline indicators is strong. However the diversity of secondary schools in Southend leads to significant variation in the attainment and progress of students in different schools. There is still a challenge in closing the gap between the highest and lowest attaining schools in the borough as too many students are underachieving.

To address this underachievement there is a focus on the following:

- Strengthening middle leadership to be more skilled in assessment and more accountable for student progress and attainment.
- Providing more stable senior leadership to those schools where students are underachieving; this will include the use of structural solutions.
- Encouraging all schools use of data allows all staff to track student progress against challenging targets to ensure that all students achieve their potential.

Pupil Progress

Progress 8 aims to capture the progress a pupil makes from the end of primary school to the end of secondary school. It is a type of value added measure, which means that pupils' results are compared to the actual achievements of other pupils with the same prior attainment. The greater the Progress 8 score, the greater the progress made by the pupil compared to the average of pupils with similar prior attainment. For all mainstream pupils nationally, the average Progress 8 score will be always be zero. In comparison to this, Southend's overall Progress 8 score in 2016 is also zero. This means that on average, pupils in Southend schools have made similar progress to pupils with the same prior attainment nationally. Breaking the progress data down into subject areas, it shows that Southend pupils make less progress in maths compared to similar pupils nationally. There is no comparable data for previous years in this measure.

Average Progress-8 Score (2016)

	Overall	English	Maths	English Bacc	Open Slots
Southend	0.00	-0.01	**-0.06**	0.05	-0.02
Total State-funded Sector	-0.03	-0.04	-0.02	-0.02	-0.04
National	0.00				

Notes — National is all state-funded mainstream schools
Figures in bold are statistically significant

Source — SFR48/2016 - Tables 2a & LA5

Data — Provisional (2016)

Table 5

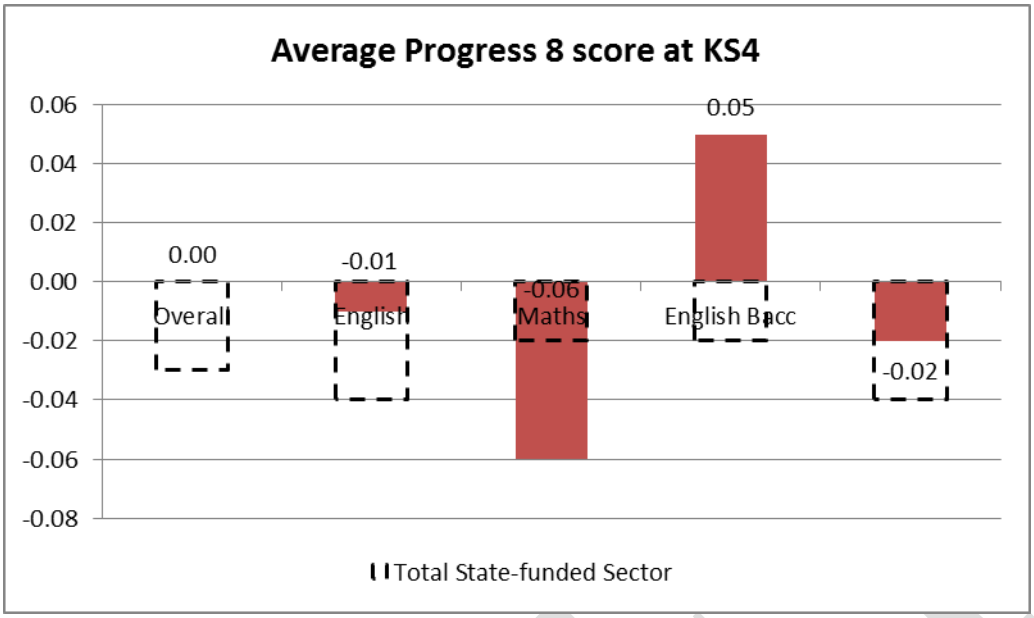


Figure 10

Destinations after KS4

The Department for Education introduced a new measure into the school performance tables in 2016 to measure how many pupils stayed in employment, education or training for at least 2 terms after key stage 4. In 2014, this figure was 93% for Southend's pupils, just below the national figure of 94%. This is an improvement on the figure from the previous year which was 90%.

Areas for further development

The new progress measure this year demonstrates that although attainment in Southend is high, more needs to be done to ensure that pupils make positive progress, regardless of their starting point at key stage 2. This is especially true in maths, where pupils on average do less well than similar pupils nationally.

Key Stage 5 – Post 16 (Figures are Provisional)

After young people have taken their GCSE examinations they are entitled to leave statutory schooling, although there is an expectation that they will continue in further education or vocational training programmes until they are 19 years old if they do not secure work when they leave school.

In Southend 10 out of 12 secondary schools have 6th form provision, South Essex College also provides for students post 16 qualifications. The current government is continuing the focus on ensuring that young people do not become "Not in employment, education or training" (NEET) after statutory schooling.

Successes

Southend has a good record of enabling young people post 16 to achieve well – in almost all of the headline indicators Southend in in the top 25% of local authorities nationally . Southend's young people have outperformed those in statistical neighbour local authorities as well as those nationally consistently for several years. The percentage pf students achieving 3 or more A grades at A-level remains high at 13.4%, compared to a national average of 12.9%. However, the trend is decreasing for Southend compared to an increase in the national figures. The percentage achieving AAB or better at A-level was 21.8%, a drop from 25.8% in 2015. In the new average point score per entry measure (for the A-level cohort only), Southend was ranked 12th in the country with a score of 32.6 compared to the national average of 31.5.

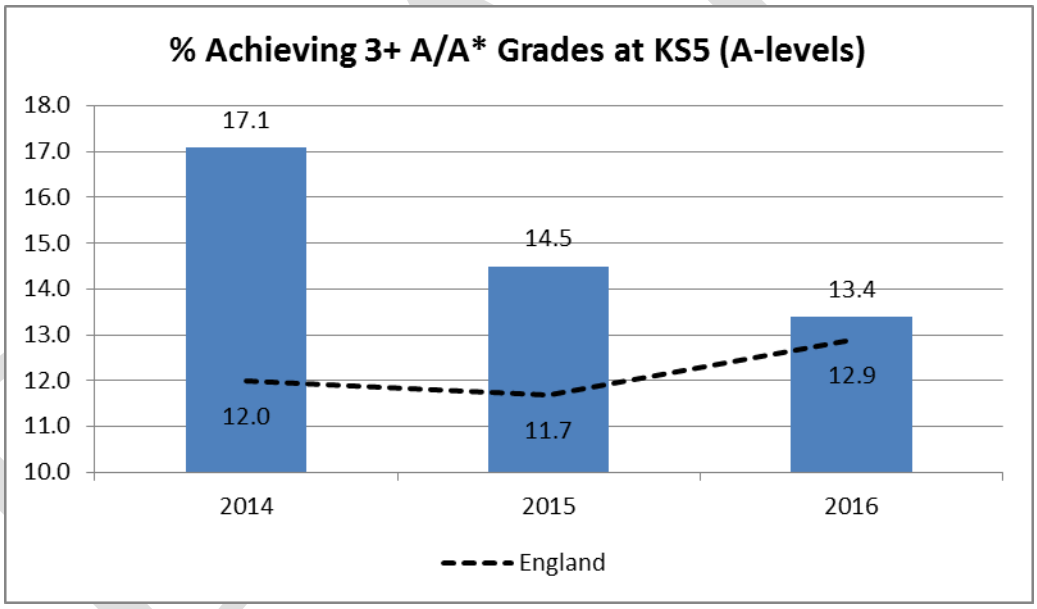


Figure 11

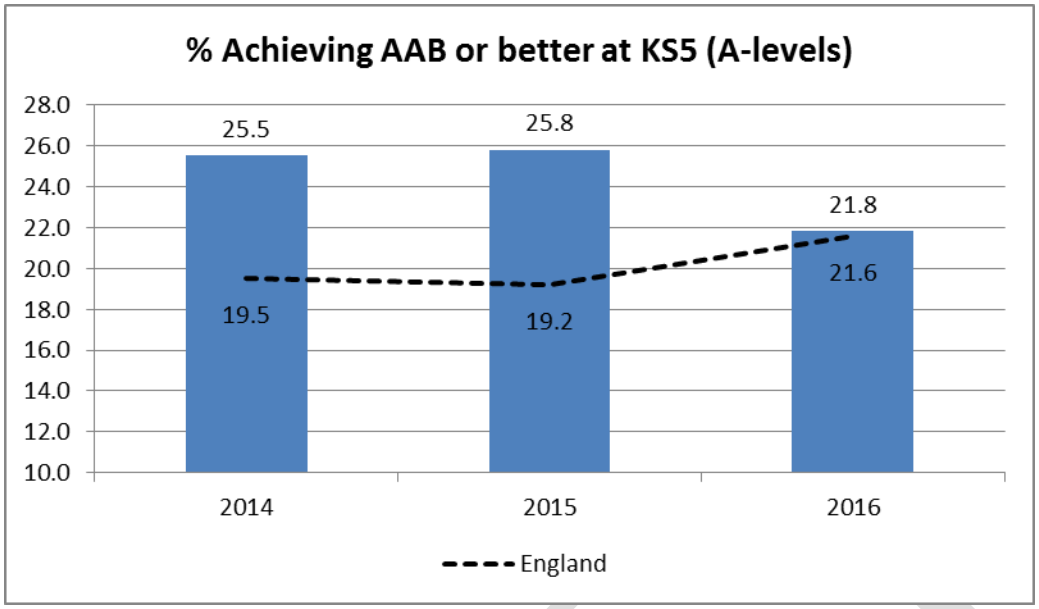


Figure 12

Areas for further development

The focus for 2016-2017 is to ensure that NEET is further reduced by earlier identification of appropriate learning pathways for learners at risk of becoming NEET and to review and refresh apprenticeship opportunities in existing and new sectors linking with the Council's strategy for skills and employability.

- The percentage of young people not in education, employment or training as at 31st December has reduced year on year in Southend since 2013 and in 2015 was at 4.3%, compared to a national average of 4.2%. This puts Southend in the third quartile nationally.
- The percentage of KS4 pupils going on to apprenticeships has increased from 3% to 4% in 2015 but this is below the national average of 6% and puts Southend in the bottom 25% of all local authorities.

Section 2 Closing the achievement gap between groups of children and young people

Early years

In 2016 there has been significant progress made by schools in supporting underachieving groups of children to achieve as well as their peers. In three of the four areas highlighted below, underachieving groups have made good progress in closing the achievement gap. The exception is for those children who have special educational needs (SEN). The outcomes for these pupils are below the national average and have not improved from last year.

Key Stage 1

In 2016, the achievement of vulnerable groups has been mixed. Whilst the gender gap remains, FSM pupils are performing better than in previous years. There continues to be a wider gap between English speaking children and their peers relative to the national averages and the performance of SEN pupils is also below the national benchmark.

Key Stage 2

The performance of FSM pupils and those whose first language is not English has improved in 2016 compared to previous years. However, the gender gap has widened in Southend and the performance of SEN pupils remains a concern. There are still some very wide gaps which indicate that the needs of all children are not being fully met to enable them to achieve their best.

Key Stage 4

At key stage 4, the gap in achievement between FSM pupils and their peers remains wider than national. The performance of SEN pupils is also a concern. However, the narrowing of the gaps between other vulnerable groups is encouraging.

Disadvantaged children - Free school meals (FSM) achievement gap

One of the biggest vulnerable groups educationally are those who have to cope with social, economic and educational disadvantage. In recent years the government has made additional funding available to schools to support their work in meeting the needs of these pupils. The Pupil Premium (PP) is additional funding given to publicly funded schools in England to raise the attainment of disadvantaged pupils and close the gap between them and their peers. This is a particular area of focus for the Local Authority in 2016/17 and beyond particularly in KS4.

Pupil Premium funding is available to both mainstream and non-mainstream schools, such as special schools and pupil referral units. The DfE will release a list of PP pupils to schools each financial year. For 2016 this list represented pupils who had been declared FSM eligible on a school census at any time in the past 6 years (called EVER6 pupils), were adopted from care or have left care and if they were recorded as a service child within the last 6 years.

In the 2015 / 2016 financial year, schools received pupil premium funding in he following sums:

- £1320 for each eligible primary-aged pupil
- £935 for each eligible secondary-aged pupil

The data for the key stages below is based on those children who are eligible for Free School Meals (FSM). Eligibility for free school meals is the main measure of deprivation at pupil level. FSM data represents pupils who are currently FSM eligible and pupils would be identified as FSM eligible from the January census. Nationally, children who are eligible for free school meals FSM / Pupil Premium funding do less well than children who are not eligible for either of these benefits. There has been a focus nationally on closing this attainment gap for a number of years.

Early Years

Significant progress has been made since 2014 in reducing the gap between disadvantaged children who are eligible for FSM, and those who are not, in achieving a "Good Level of Development". The gap has narrowed from 24% in 2014 to 16% in 2016. This is now lower than the national average by 2 percentage points. The rate of improvement for FSM pupils has slowed in 2016 following a rapid improvement in previous years and therefore the gap has increased slightly compared to last year. The overall improvement is a key success as it is accepted that children need to achieve well at the end of the Early Years Foundation Stage so they can fully access the national curriculum at Key Stage 1 and achieve the national expectations at the end of the key stage. The improvement in the achievement of disadvantaged children should in two years time enable higher levels of achievement when children are aged 7. This also indicates that schools are focusing on ensuring disadvantaged children are supported to achieve well which is an important part of their work.

	2014			2015			2016		
	FSM	Non-FSM	Gap	FSM	Non-FSM	Gap	FSM	Non-FSM	Gap
Southend	43	66	-24	56	71	-15	58	74	-16
National	45	64	-19	51	69	-18	54	72	-18

Notes Data prior to 2013 is not comaparable due to changes made to the EYFSP
Source SFR50/2016 Additional Tables - Table 6
Data Final

Table 6

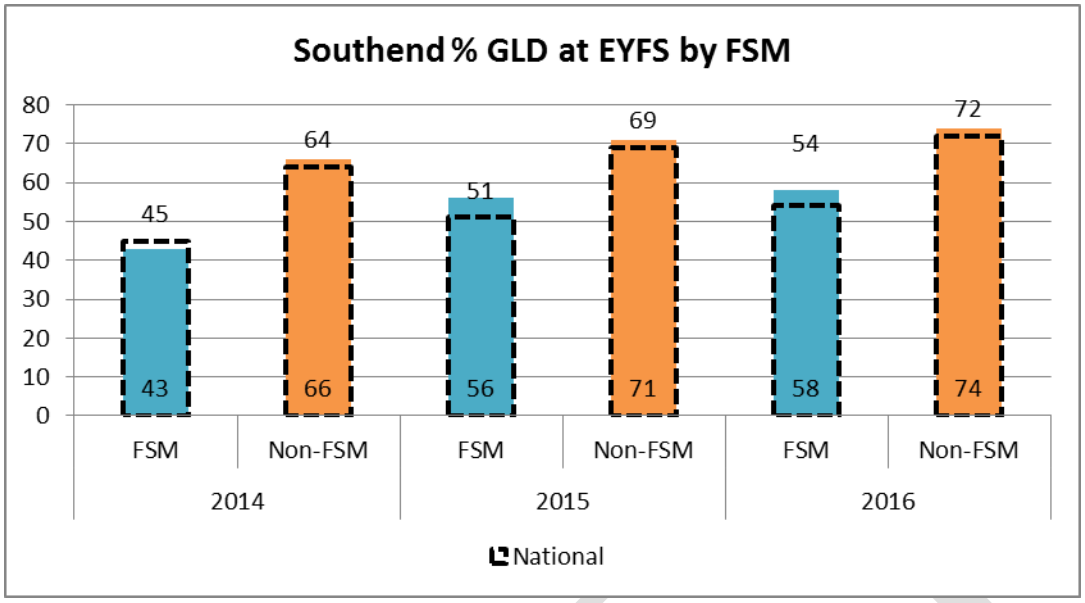


Figure 13

KS1

KS1 data in 2016 is not comparable to previous years due to the accountability reforms that were introduced this year. Any interpretation of trends should be therefore be conducted with caution. However, in terms of the percentage of pupils reaching the expected level (level 2 or above in previous years), Southend's FSM pupils previously underperformed relative to the national average in every subject. In 2016 the picture is reversed with Southend's FSM pupils achieving in line with or above the national average. Table 7 shows Southend's ranking relative to other local authorities for each subject, comparing old and new measures – the improvement in 2016 is demonstrated here. However, it should be noted that this improvement was evident for all pupils and may be a reflection on how schools have adapted to the new assessment methods.

Key Stage 1 - Ranking of Southend for children eligible for free school meals (FSM) who achieved level 2+ (2014/2015) or met required standard (2016)

	2014	2015	2016
Reading	87	147	67
Writing	79	144	41
Maths	123	148	56
Science	49	98	43

Notes	Level 2 was the previous expected level of achievement for pupils at the end of key stage 1.
Source	DFE SFR 32/2015 - Table 23 SFR 42/2016 - Table 21
Data	Final (2014/2015) Provisional (2016)

Table 7

The gap in achievement between FSM eligible pupils and their peers in 2016 is widest in reading, with a differerence of 19 percentage points. Although this gap is slightly wider than the national gap, this is because Southend's non-FSM pupils outperformed their peers nationally. In writing, the performance of the FSM cohort in Southend was 4 percentage points higher than the national average. Performance in maths was in line with the national average.

Key Stage 1- percentage of children in Southend reaching the expected standard - Free school meals and non-free school meal eligibility

	Reading			Writing			Maths		
	FSM	Non-FSM	Gap	FSM	Non-FSM	Gap	FSM	Non-FSM	Gap
Southend	60	79	-19	54	71	-17	59	76	-17
National	60	77	-17	50	68	-18	58	75	-17

Notes National figure is for England (State-funded schools)
Source SFR42/2016 - Table 21
Data Provisional

Table 8

KS2

Whilst it is not possible to directly compare 2016 KS2 results with previous years, it is worth examining how the local authority performed relative to the rest of the country in the headline performance indicators. In 2015, Southend was ranked 111th nationally for the attainment of FSM pupils in the headline indicator for reading ,writing and maths. In 2016 Southend is placed 46th in the main attainment measure and is now above the national average by 2 percentage points. The performance of Southend's FSM cohort was better than the national average in 2016 in every subject, with writing teacher assessments notably higher by 8 percentage points.

The gap between those children entitled to free school meals and their peers who are not remains large in Southend but it is now narrower than the national gap in most subjects. The gap in reading, maths and grammar, punctuation and spelling is 18 percentage points, compared to just 13 percentage points in writing. Differences between pupil groups are not comparable with previous years but it is notable that these gaps in Southend were historically wider than the national gaps so this year has seen an improvement. However, there is still some way to go to close the gaps.

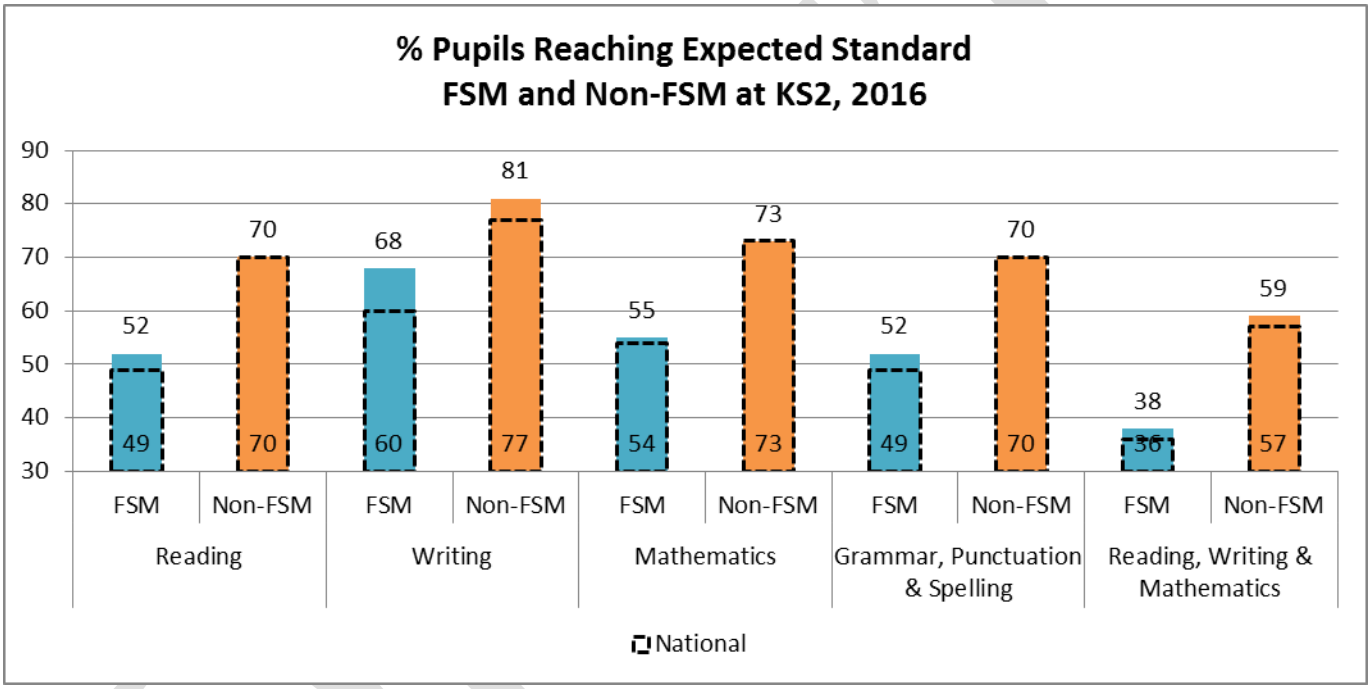


Figure 14

Looking at the progress made by FSM children, Southend's pupils made significantly less progress than all other pupils with the same prior attainment nationally in reading and in maths. On average, FSM pupils in Southend achieve just over one scaled score point less in all subjects than non-FSM pupils. In writing, the average progress score was in line with the national average. It is a similar picture nationally with FSM pupils making less progress in all subjects than other pupils with the same prior attainment.

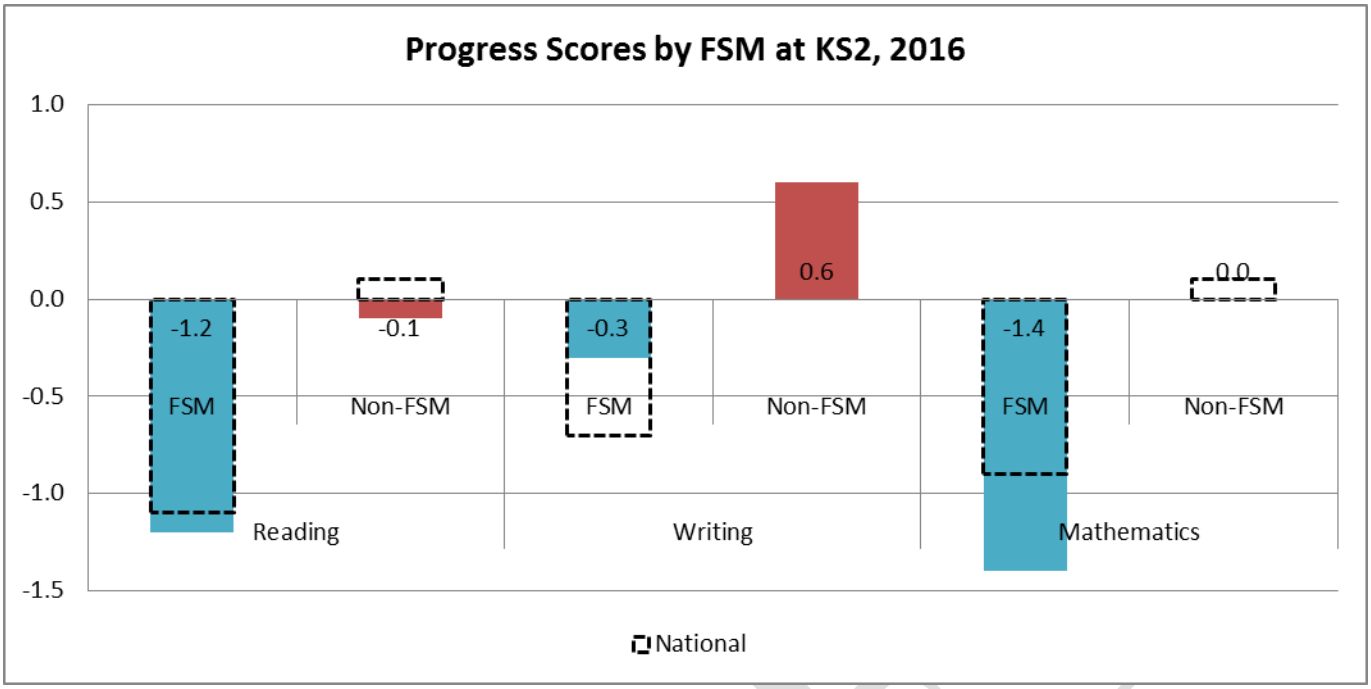


Figure 15

Note: Progress scores are presented as positive or negative numbers either side of zero. A score of zero means that on average, pupils in this group made the same progress as all pupils with similar prior attainment nationally. National progress scores for pupil groups are also represented here, where the progress for the group is compared with that of all pupils nationally with similar prior attainment.

KS4 (data is provisional)

Young people eligible for free school meals (FSM) achieve less well than their peers who are not eligible for FSM. In the new Attainment 8 measure, the provisional average score for FSM pupils is 38.6 in Southend, compared to 54.7 for all other pupils. This gap of 16.1 points is wider than the provisional national gap of 12.6 points. Similarly, in the English Baccalaurate measure, the FSM gap in Southend is wider than national – 8% of Southend's FSM pupils achieved this measure compared to 36% of non-FSM pupils (10% and 27% nationally). In the A*-C measure for English and Maths, Southend's FSM pupils outperformed the national average by just over 1 percentage point but the non-FSM cohort were also above the national benchmark by a greater margin.

Key Stage 4 – Attainment 8 achievement gap by Free School Meal Status

	Average Attainment 8 score by FSM/Non-FSM		
	FSM	Non-FSM	Gap
Southend	38.6	54.7	-16.1
National	38.9	51.5	-12.6

Notes	LA and National figures are for state-funded schools only
Source	NCER data based on National Pupil Database
Data	Provisional

Table 9

Key Stage 4 – English Baccalaureate achievement gap by Free School Meal Status

	% achieving English Bacc. by FSM/Non-FSM		
	FSM	Non-FSM	Gap
Southend	8.0	36.0	-28.0
National	10.2	26.8	-16.6

Notes	LA and National figures are for state-funded schools only
Source	NCER data based on National Pupil Database
Data	Provisional

Table 10

Key Stage 4 – % achieving A*-C in English & Mathematics by Free School Meal Status

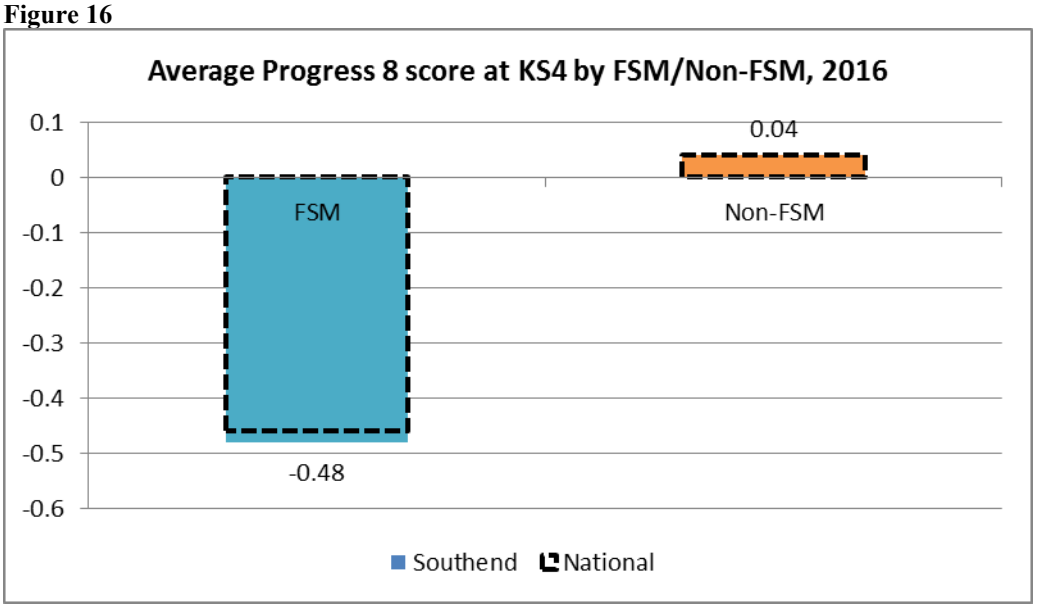
	% achieving A*-C in English & Maths by FSM/Non-		
	FSM	Non-FSM	Gap
Southend	40	71.2	-31.2
National	38.8	66.4	-27.6

Notes	LA and National figures are for state-funded schools only
Source	NCER data based on National Pupil Database
Data	Provisional

Table 11

In terms of pupil progress, Southend's FSM pupils performed significantly worse than all pupils nationally with similar prior attainment. The provisional Progress 8 score of -0.48 is similar to the score for FSM pupils nationally (-0.46) showing that this group of pupils under-achieve across the country. The gap to Southend's non-FSM cohort is 0.52 meaning that on average pupils who are eligible for FSM in Southend achieve over half a grade below the rest of Southend's students.

Figure 16



Gender achievement gap

Early Years

More girls achieved a "Good Level of Development" than boys, 80% girls compared to 63% boys. The achievement gap between boys and girls increased to 16.7 percentage points from 15.6 in 2015 and is now wider than the national gap. Clearly there is work to do to further narrow the gap and eradicate it altogether. Over the last 3 years boys have improved their performance by 11.1 percentage points, compared to 8.2 points for girls. Boys have improved at faster rate than the national increase over this period.

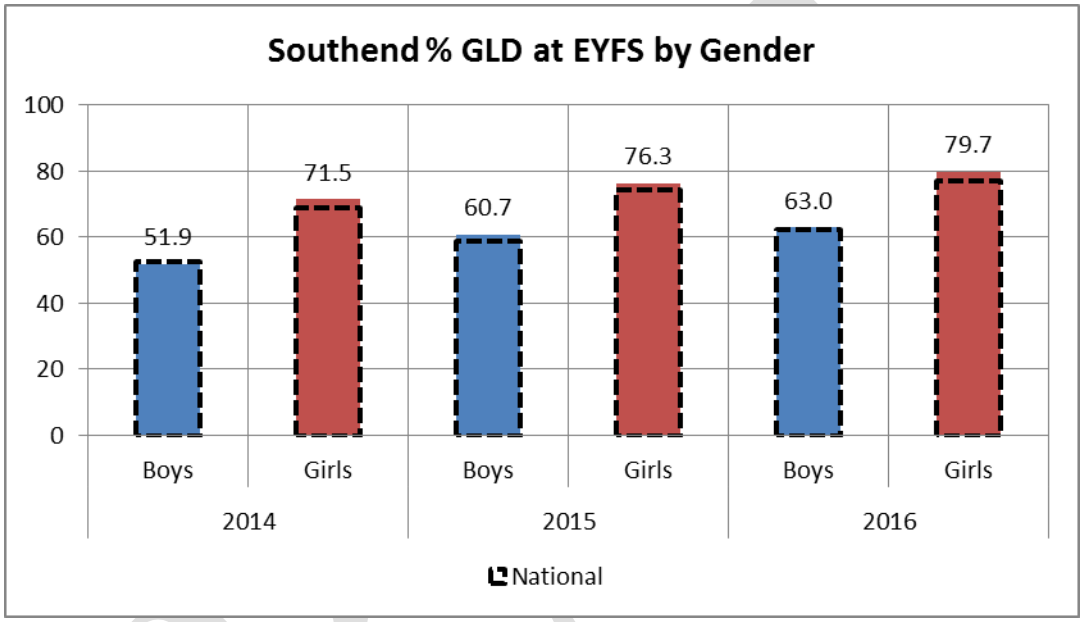


Figure 17

Key Stage 1

Girls outperform boys in each subject at KS1, with the gap widest in writing (18 percentage points). Maths has the smallest gap, with 4 percentage points separating the attainment of boys and girls in Southend. The national gaps between boys and girls are narrower than those in Southend showing that there is work to do to reduce the gender difference in attainment locally.

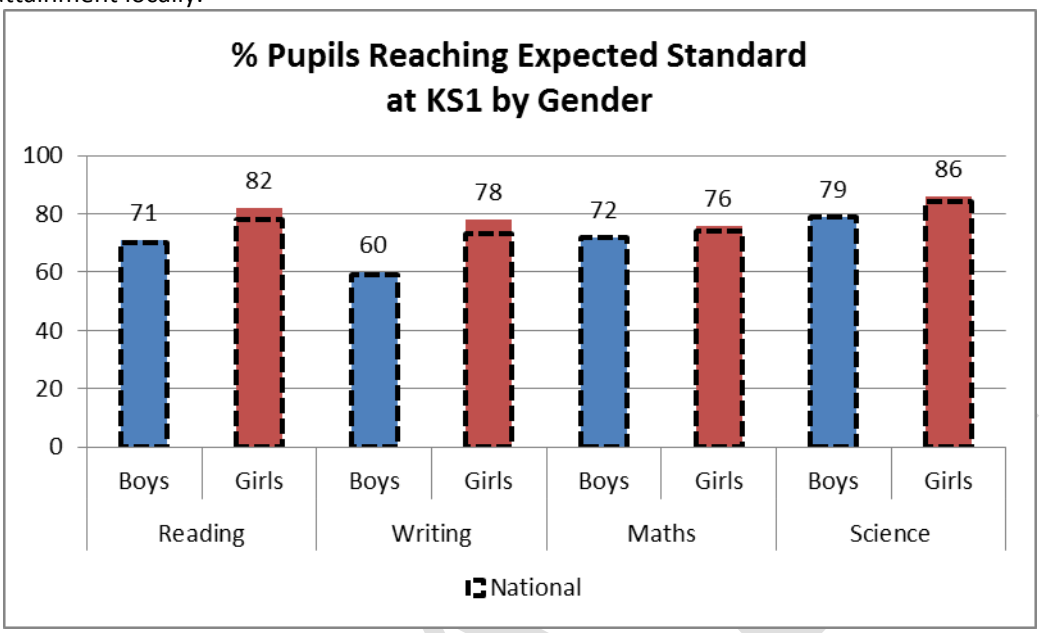
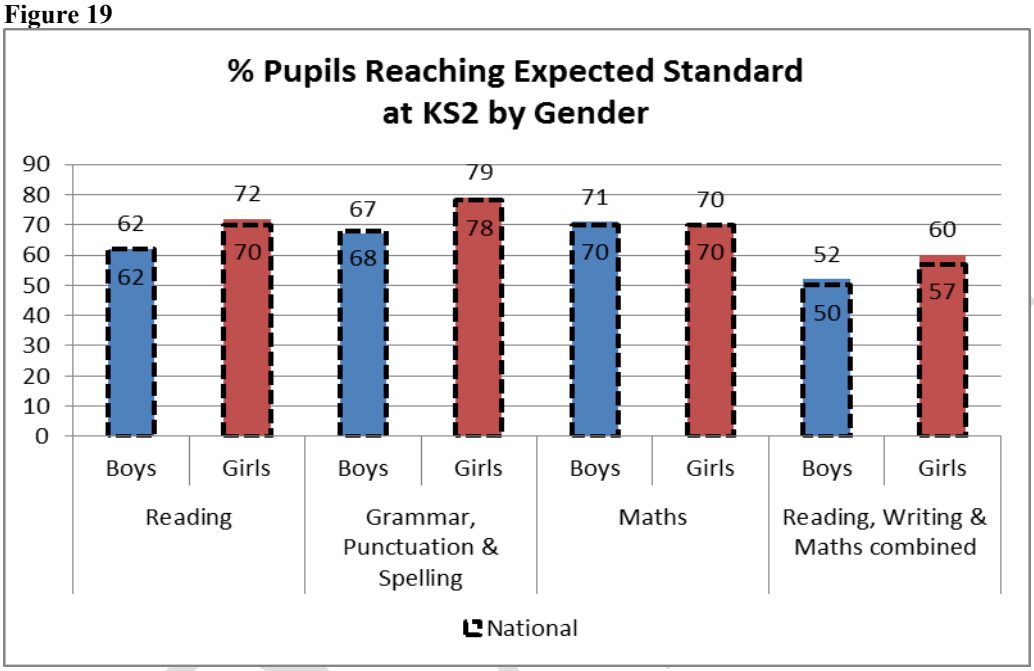


Figure 18

Key Stage 2

As in previous years, girls do better than boys at KS2 in reading, writing and maths combined. 60% of girls achieve the expected standard compared to 52% of boys. The gap is wider than that seen in previous years – 3 percentage point gap for the old expected standard in 2015. Looking at individual subjects, the gap is widest locally and nationally in grammar, punctuation and spelling (12 percentage points), whereas in maths boys outperform girls by 1 percentage point. The gaps are wider in Southend than they are at a national level, which is a reversal of the situation in 2015 so there is a challenge for Southend to reduce the difference in attainment between boys and girls.

Figure 19



2016 progress data shows that in maths, boys' progress was significantly better than the national average for all pupils with similar prior attainment whereas girls significantly underperformed in this measure. However, girls' progress was above average in writing.

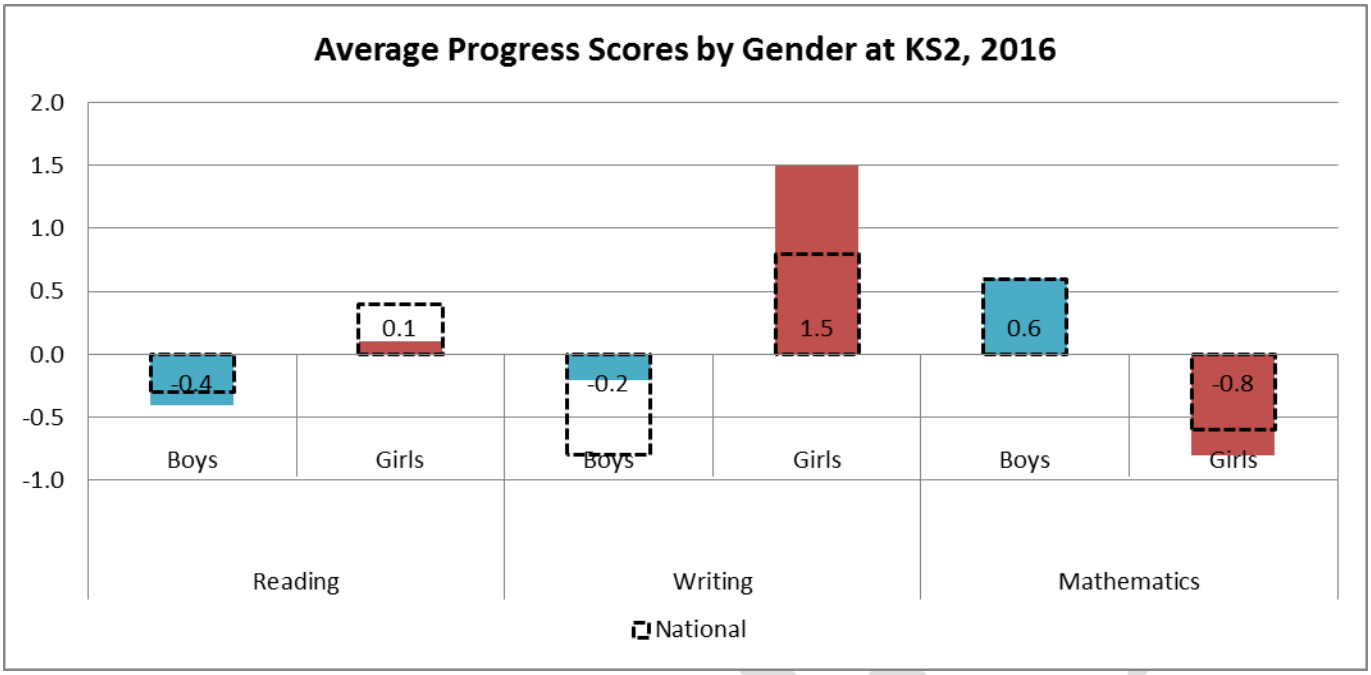


Figure 20

Note: Progress scores are presented as positive or negative numbers either side of zero. A score of zero means that on average, pupils in this group made the same progress as all pupils with similar prior attainment nationally. National progress scores for pupil groups are also represented here, where the progress for the group is compared with that of all pupils nationally with similar prior attainment.

Key Stage 4 (data is provisional)

Girls outperform boys at KS4 in Southend, although the gap of 2.2 points in the Attainment 8 measure is not as large as the national equivalent of 4.6. The picture is the same in the other headline measures so it is positive to see that the gender gap is less pronounced in Southend than in the rest of the country.

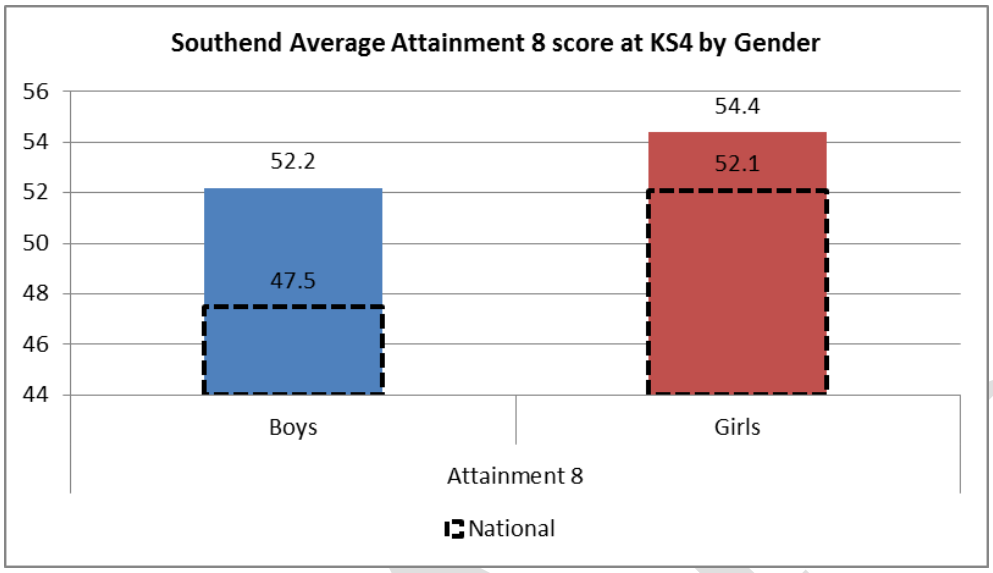


Figure 21

First Language achievement gap

Early Years

More children (72%) whose first language is English achieved a "Good Level of Development" in 2016 than those whom have another language (67%) as their first language. The gap is now 5 percentage points, but an improvement from the gap in 2014 which was 15 points and 10 points in 2015. The gap is now narrower than the national equivalent having improved at a much faster rate over the last 3 years.

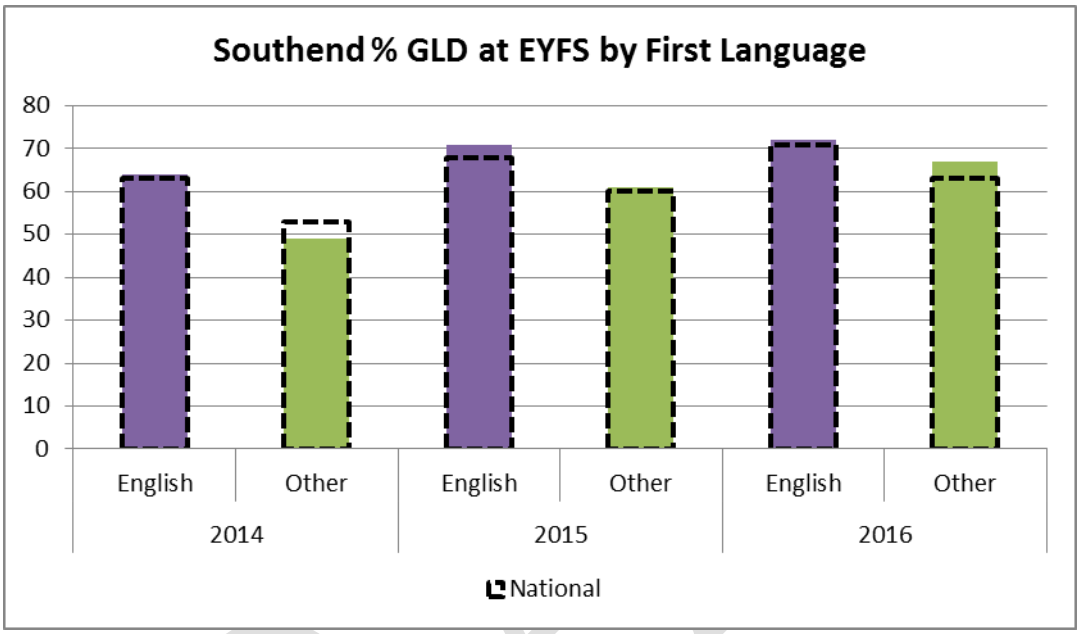


Figure 22

Key Stage 1

More pupils whose first language is English achieve the expected level at KS1 than their peers for whom English is an additional language. This is also the case nationally but the gaps are wider in all subjects in Southend apart from in science. Pupils with English as an additional language achieve in line with the national average in all subjects but their English speaking peers in Southend are above the national average, particularly in reading and writing, hence the wider gaps in these subjects. This continues the trend seen in previous years under the old accountability measures.

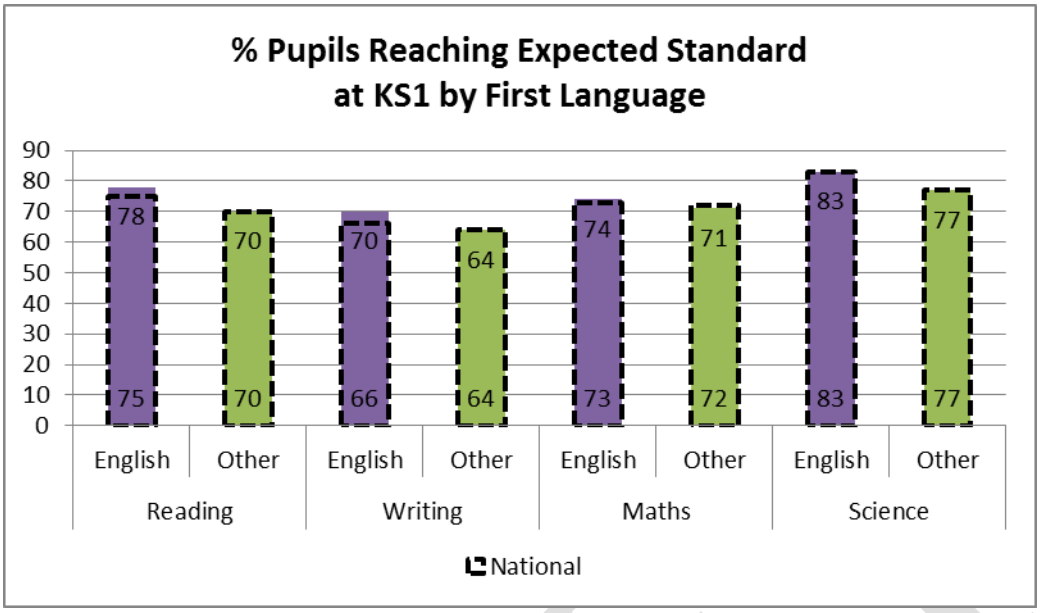
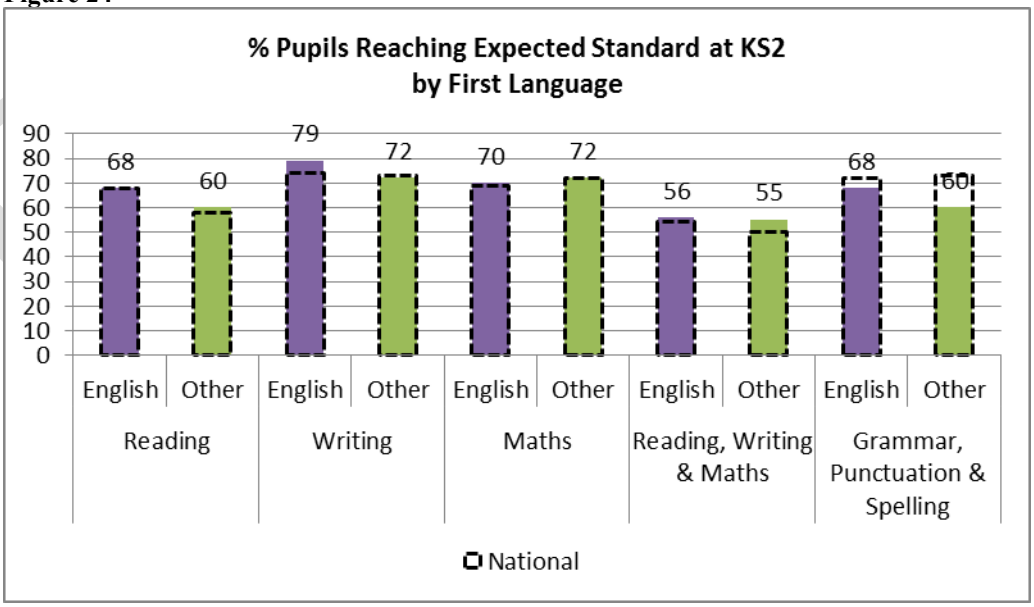


Figure 23

Key Stage 2

56% of pupils whose first language is English achieved the expected standard in all of reading, writing and maths compared to 55% of pupils whose first language is other than English. This gap of 1 percetnage point is smaller than the gap at the national level (4 percentage points). For comparison, last year's gap was 5 percentage points in Southend so this improvement is encouraging. There is a more considerable gap in reading and grammar, punctuation and spelling (8 percentage points), and in writing (7 percentage points). However, in maths pupils whose first language is not English perform better than their English speaking peers by 2 percentage points.

Figure 24



KS4 (data is provisional)

The attainment gap at KS4 is almost non-existent in the main headline indicator – Attainment 8 scores for non-English speakers were slightly higher by 0.1 points in Southend with both groups performing better than the national average. In terms of achieving A*-C in English and maths, pupils whose first language is English perform better than their peers in Southend by a margin of 5.9 percentage points. In the Progress 8 measure, pupils with English as an additional language make more progress than pupils with similar prior attainment nationally. Their score of 0.37 is just below the national average of 0.40 and 0.42 points higher than that of English speaking pupils in Southend (-0.05).

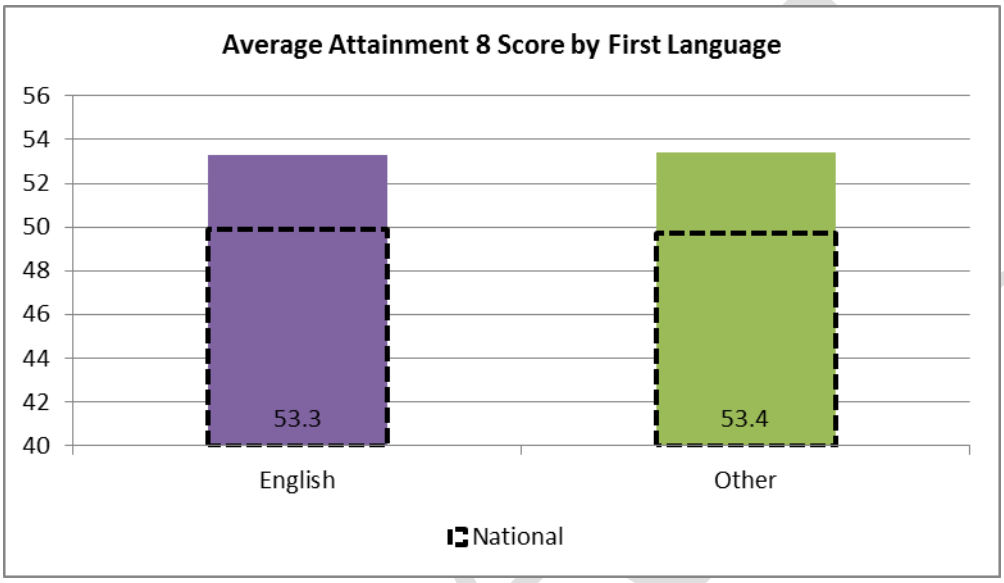


Figure 25

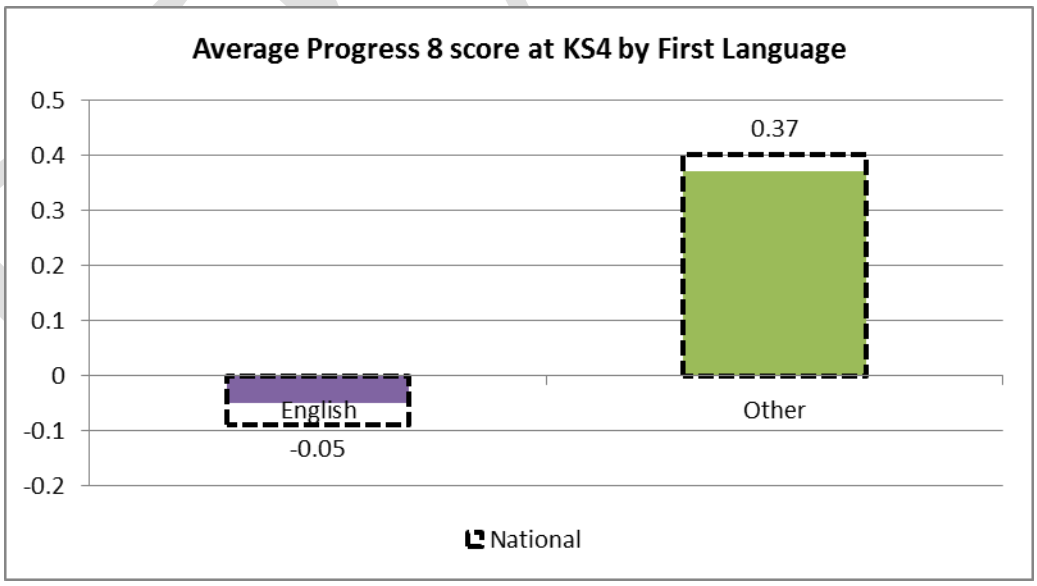


Figure 26

Achievement of pupils with Special Educational Needs (SEN)

Early Years

In 2016, 16% of children with special educational needs but without a statement or EHC Plan achieved a good level of development. This is 10 percentage points lower than the national average. Of the children that did have a statement or EHC Plan, none achieved a good level of development in 2016, down from 4% last year; this compares to 4% nationally. The attainment of Southend's SEN pupils has not improved at the same rate as national. Since 2014, the attainment of SEN support pupils has improved by 3 percentage points compared to 5 points nationally, whereas the attainment of statement/EHC pupils has fluctuated from 2% in 2014, 4% in 2015 and 0% in 2016 (nationally it has improved by 1 percentage point over the same period).

Early Years Foundation Stage – % Achieving a Good Level of Development by SEN

	2014			2015			2016		
	No SEN	SEN without a statement	SEN with a statement	No SEN	SEN without a statement	SEN with a statement	No SEN	SEN without a statement	SEN with a statement
Southend	66	13	2	73	16	4	77.0	16	0
National	66	21	3	71	24	4	75	26	4

Notes	Southend figures for 'SEN with a statement' were suppressed - calculated using Keypas
Source	SFR50/2016 Additional Tables - Table 7
Data	Final

Table 12

KS1

The achievement of Southend's SEN pupils at KS1 is below the national average in almost all subjects. Pupils with SEN support were 9 percentage points below the national average in terms of achieving the expected standard in reading, 7 points below in writing, 6 points below in maths and 5 points below in science. The attainment of pupils with a statement or EHC plan was below in all subjects apart from science. This is a continuation of the performance under the old system of levels where Southend's SEN pupils also attained lower than the national average.

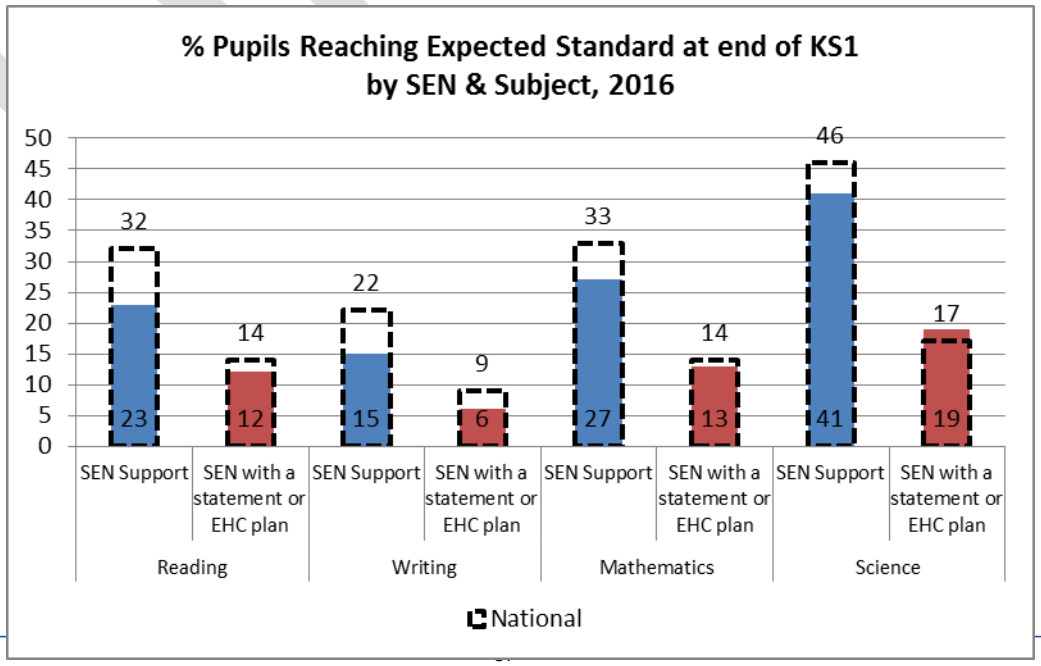


Figure 27

KS2

The attainment of Southend's SEN pupils at KS2 is broadly below the national average in most subjects. The percentage achieving the expected standard in all of reading, writing and maths is 9% for SEN support pupils (compared to 16% nationally) and 4% for those with a statement or EHC Plan (compared to 7% nationally). In reading and grammar, punctuation and spelling the gap to the national average for SEN support pupils is 9 percentage points, whilst in writing it is 8 points. The biggest gap is in maths where Southend's SEN support pupils are 11 percentage points below the national average. The gaps to the national average for Southend's SEN pupils with statements or EHC plans are not as wide but in the combined measure there was a 3 percentage point deficit.

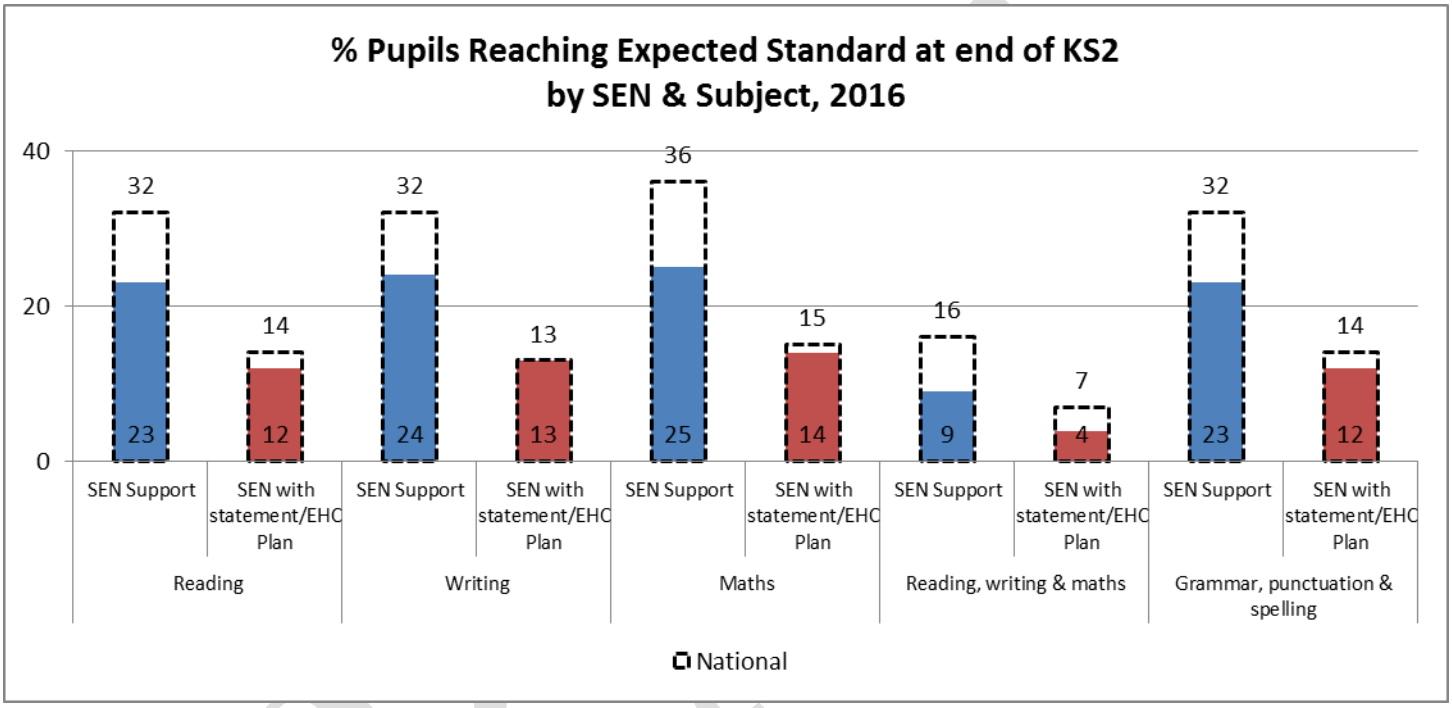


Figure 28

KS4 (data is provisional)

The attainment of Southend's SEN pupils is below the national average at key stage 4 in all of the headline indicators. The average Attainment 8 scores for both groups of SEN pupils were 1.1 points below the national average, whereas in the A*-C measure, Southend's SEN Support pupils were 5.6 percentage points below their peers nationally. In the Progress 8 measure, SEN pupils in Southend and nationally have negative scores, meaning that on average they make less progress than all pupils with similar prior attainment nationally. Southend's SEN Support cohort achieved a slightly better score than the national average (-0.37 compared to -0.39), but the score of pupils with a statement or EHC plan was worse in Southend than the national average (-1.19 compared to -1.02).

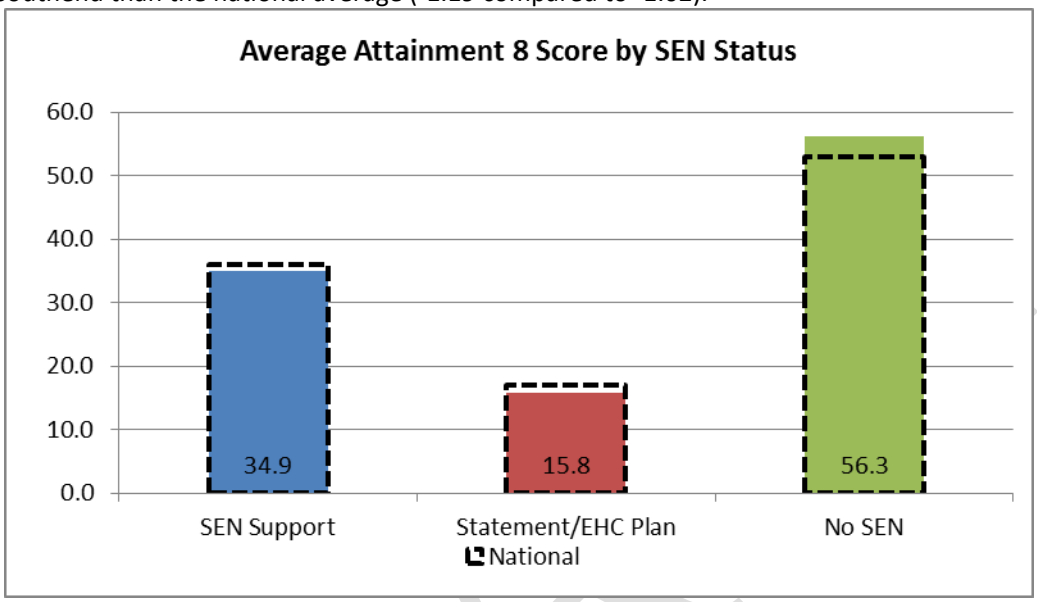


Figure 29

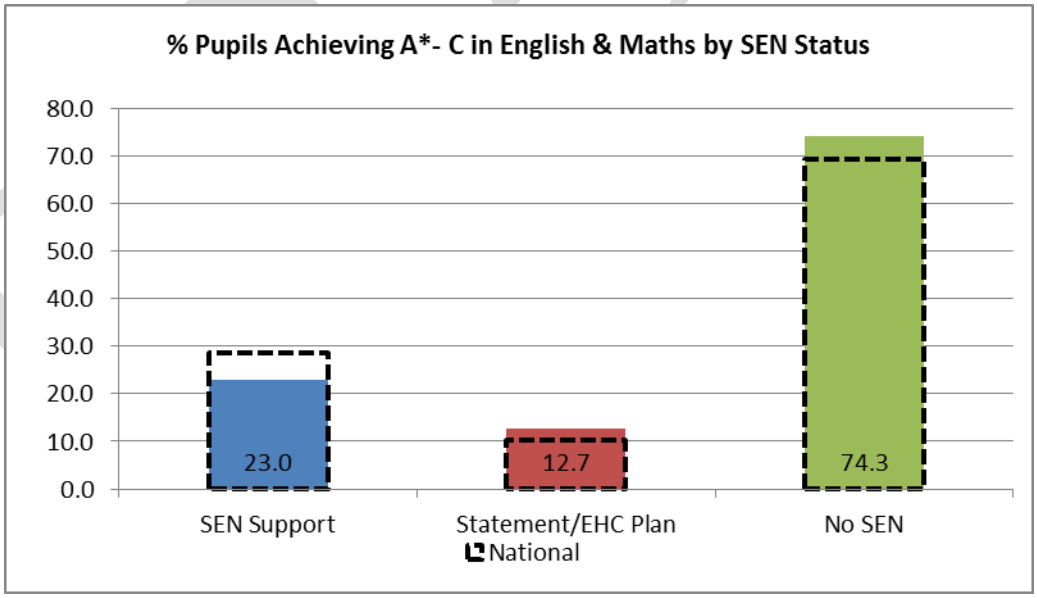


Figure 30

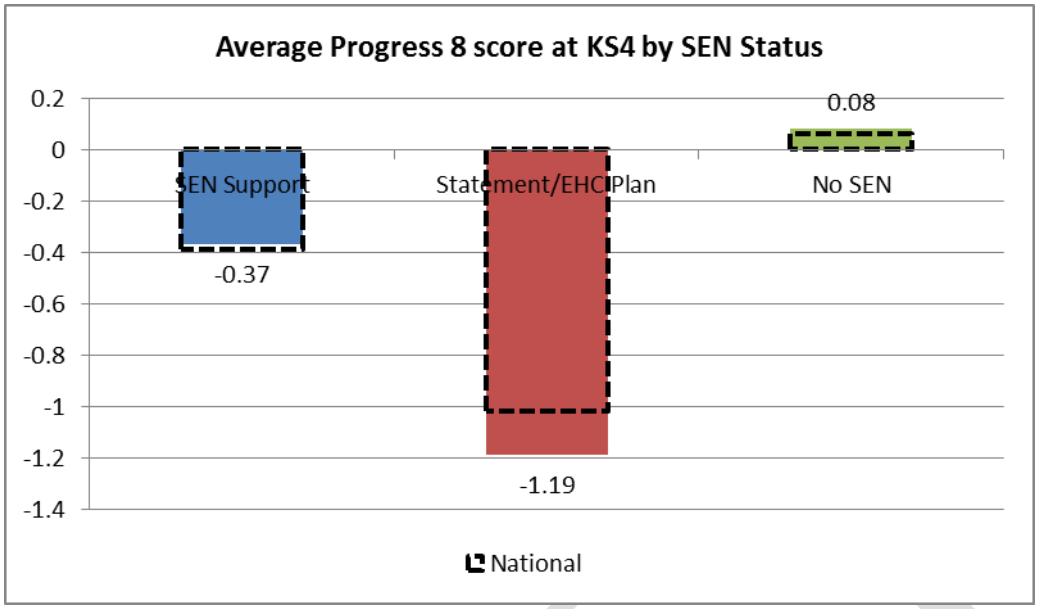


Figure 31

Section 3 Attainment of Looked After Children

Virtual School

Southend Borough Council's Virtual School exists to track and monitor the progress of Looked After Children, to raise the achievement and attainment of students and to 'champion' the needs of Looked After Children. As a Virtual School the aim is support students in school and their foster placement and additionally through a range of extra-curricular activities. A programme of support and training is also available for Designated Teachers.

The Department for Education report on the outcomes of children who have been looked after for at least at least 12 months as at 31st March. The outcomes are often suppressed for Southend and many other local authorities due to the low number of pupils and therefore it is not possible to accurately rank how Southend is performing in any given year.. It should be noted that outcomes fluctuate greatly from year to year due to the small size of the cohort.

Attainment

Key Stage One

Outcomes for 2014 and 2015 are shown separately due to the accountability changes in 2016. Note the number of pupils in Southend's cohort shown in brackets. 2016 data has not yet been published.

Percentage of LAC (>12mths) achieving level 2+ at the end of Key Stage 1

	2014		2015	
	Southend (5 pupils)	National	Southend (2 pupils)	National
Reading	60	71	50	71
Writing	40	61	0	63
Maths	60	72	0	73

Notes	Southend data suppressed in SFR11/2016
Source	Key to success
Data	Final

Table 13

Percentage of LAC (>12mths) reaching expected standard at the end of Key Stage 1

	2016	
	Southend (5 pupils)	National
Reading	60	N/A
Writing	60	N/A
Maths	60	N/A

Notes	This is a new assessment so there is no comparative data prior to 2016
Source	Key to Success based on internal cohort reporting
Data	Not yet published

Table 14

Key Stage Two

Key Stage 2 has also been subject to accountability changes in 2016 so it is not appropriate to compare results with previous years.

Percentage of LAC (>12mths) achieving level 4+ at the end of Key Stage 2

	2014		2015	
	Southend (10 pupils)	National	Southend (6 pupils)	National
Reading	100	68	50	71
Grammar, Punctuation, Spelling	60	49	33	54
Mathematics	70	60	33	64
Writing TA	70	59	50	61
Reading, Writing & Maths combined	60	48	33	52

Notes	Southend data suppressed in SFR11/2016
Source	Key to success (Southend), SFR11/2016 (National)
Data	Final (2014), Amended (2015)

Table 15

Percentage of LAC (>12mths) reaching expected standard at the end of Key Stage 2

	2016	
	Southend (9 pupils)	National
Reading	30	N/A
Grammar, Punctuation, Spelling	30	N/A
Mathematics	30	N/A
Writing TA	30	N/A
Reading, Writing & Maths combined	20	N/A

Notes	This is a new assessment so there is no comparative data prior to 2016
Source	Key to Success based on internal cohort reporting
Data	Not yet published

Table 16

Key Stage Four

The outcomes for looked after children at key stage 4 are shown below for the last three years.

Key Stage 4 Measures for LAC (>12mths)

Key Stage 4	2014		2015		2016	
	Southend (24 pupils)	National	Southend (19 pupils)	National	Southend (22 pupils)	National
% of Pupils Achieving A*- C in Eng & Maths	20.8	14.4	10.5	15.9	13.6	N/A
% 5 A*-C (Including English and Maths)	20.8	12.2	5.3	13.8	13.6	N/A

Notes Southend data suppressed in SFR11/2016
Source Key to success (Southend), SFR11/2016 (National)
Data Final (2014), Amended (2015)

Table 17

Absence

The table and chart below show the absence rates for pupils looked after for at least 12 months as at 31st March according to the latest published data. Overall absence rates in Southend have decreased since 2013 and are now in line with the national average. The percentage of pupils classed as persistent absentees has historically been higher than the national figure; figures for 2014/15 were suppressed due to low numbers.

Absence from school of children who have been looked after continuously for at least twelve months

	Percentage of half days missed			% of Persistent Absentees
	Authorised Absence	Unauthorised Absence	Overall Absence	
2012/13				
Southend	5.2	3.8	1.4	8.4
England	4.4	3.3	1.1	5.0
2013/14				
Southend	4.9	3.0	1.9	9.3
England	3.9	2.9	1.0	4.7
2014/15				
Southend	4.2	3.2	1.0	x
England	4.0	3.0	1.0	4.9

Notes Data based on six half terms. Persistent Absence is based on 15%+ absence
Source SFR411/2015 Table LA6
Data Final

Table 18

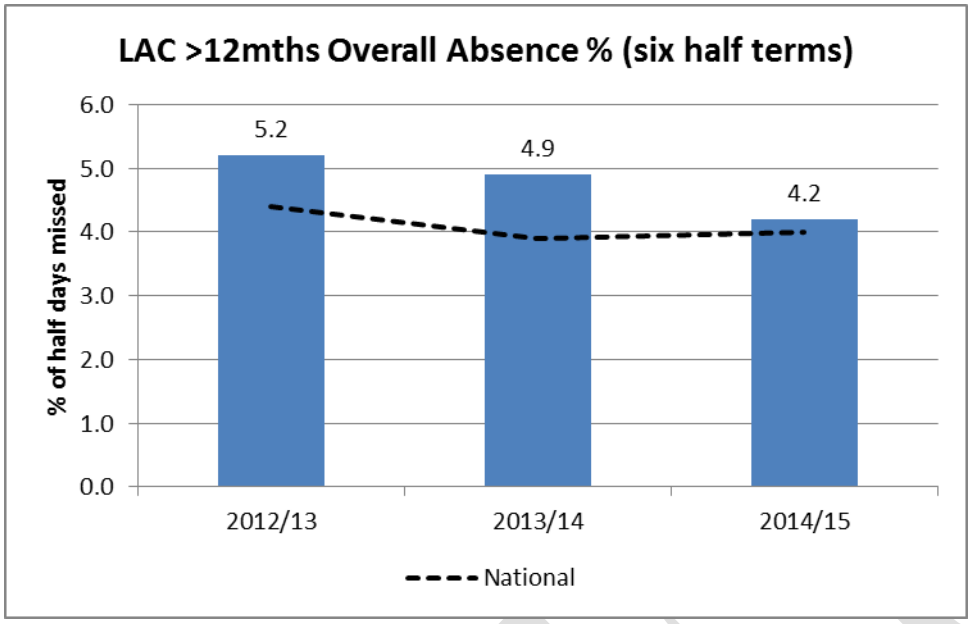


Figure 31

Exclusions

The latest published data shows that there have been no permanent exclusions for looked after children in Southend for the last three years. The percentage of pupils with at least one fixed period exclusion is shown below. Southend has been above the national average over the period shown.

Percentage of children with at least one fixed period exclusion

	2011/12	2012/13	2013/14
Southend	13.74	10.74	11.88
England	11.32	9.77	10.25

Source	SFR411/2015 Table LA5
Data	Final

Figure 32

Section 4 Behaviour and Attendance

Behaviour

One measure of how well children behave in schools is to consider the number of fixed term and permanent exclusions from schools across the Local Authority. It is generally accepted that pupils excluded from school are having their education interrupted, which will have an impact on the progress and achievement of an individual. As a result, schools and local authorities try as far as possible to manage children's behaviour within the school system, although it is recognised that some young people are not able to be educated in the mainstream school system and may need specialist individual education provision.

Overall exclusion data can be looked at in the various phases of education and this data can be compared with that available nationally. This comparison gives an indication as to whether Southend schools have been more or less successful than schools nationally in managing pupils' behaviour positively.

Fixed term exclusions

Fixed term exclusions are short term exclusions from the school due mainly to inappropriate behaviour. Published data is not yet available for the last academic year but in all schools the percentage of fixed term exclusions has increased in 2015. In primary schools over the last three years the percentage of fixed term exclusions has been consistently lower than that nationally, but in 2015 the numbers increased following a dip in 2014. In secondary schools, the figure is closer to the national average and also rose in 2015. The rate for Southend's special schools has been more variable but has dropped since 2014. The total exclusion rate for Southend schools was slightly higher than the national figure in 2015.

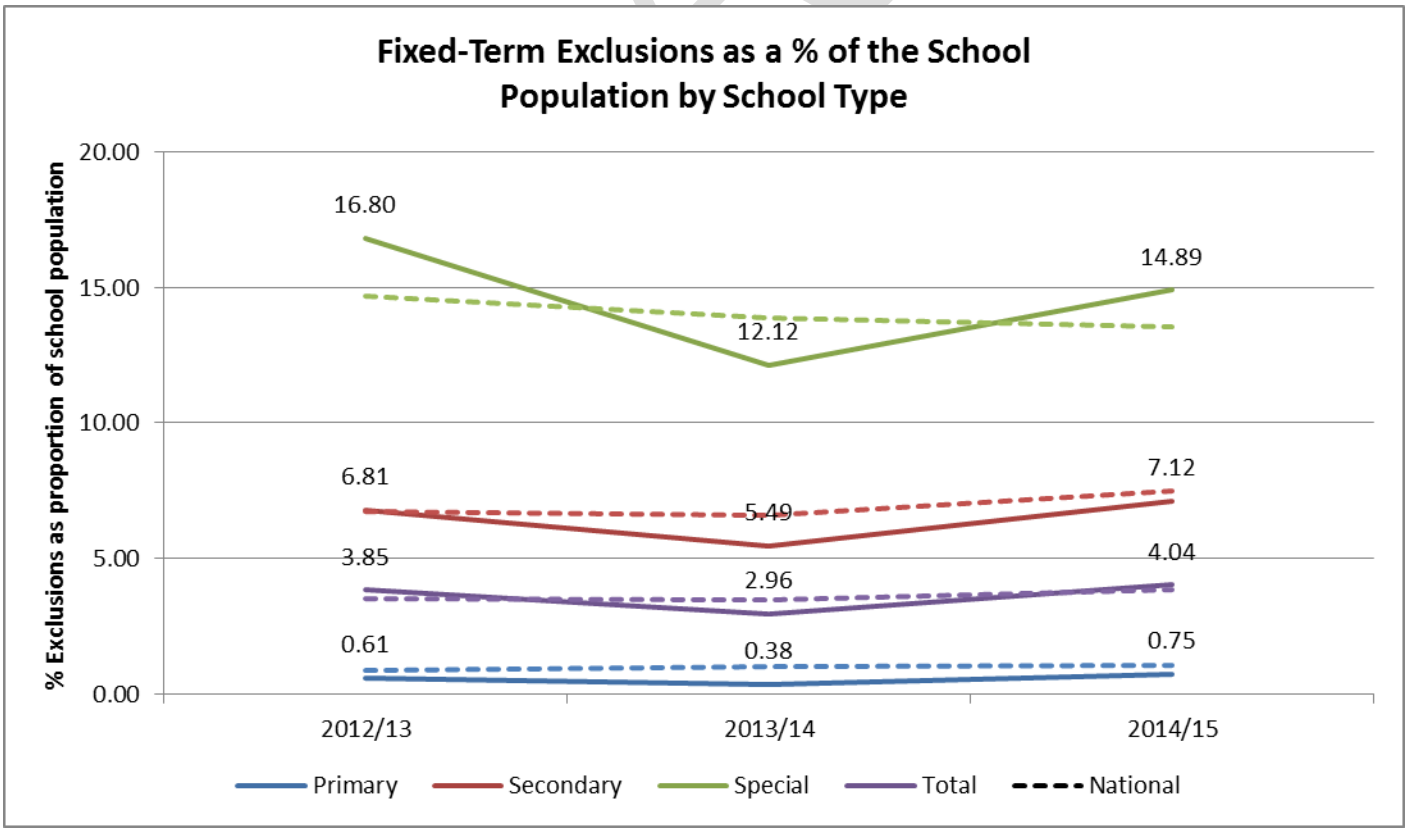


Figure 33

Permanent exclusions

Successes

The LA for many years, together with schools in Southend, had the aim of ensuring no child or young person is permanently excluded from school. This aim, supported by a range of strategies has seen a significantly lower percentage of pupils permanently excluded from either primary, secondary or special schools than that nationally. The data between 2012 /13 and 2014 / 15 in table shows the significance of the much lower permanent exclusion rates in the borough. The overall rate has been lower than the national average over the last 3 years. For a number of years there have been no permanent exclusions in primary or special schools. In secondary schools there is a very low number of young people permanently excluded, which has been consistent for a number of years.

Permanent exclusions by school type

	2012/13		2013/14		2014/15	
	No. of permanent exclusions	% of the school population	No. of permanent exclusions	% of the school population	No. of permanent exclusions	% of the school population
Primary						
Southend	0	0.00	0	0.00	0	0.00
England	670	0.02	870	0.02	920	0.02
Secondary						
Southend	x	x	6	0.05	5	0.04
England	3,900	0.12	4,000	0.13	4,790	0.15
Special						
Southend	0	0.00	0	0.00	0	0.00
England	60	0.07	70	0.07	90	0.09
Total						
Southend	x	x	10	0.02	10	0.04
England	4,630	0.06	4,950	0.06	5,800	0.07

Notes

Source SFR26/2016 - Table 16
SFR10/2016 - Table 11.1 for pupil enrolment figures

Data Final

Table 19

Attendance

Poor school attendance can impact dramatically on a young person's life chances. There are clear links between attendance and attainment, and as a consequence poor school attendees overall go on to have poorer job prospects and lower earnings in the future. There is a great deal of evidence to suggest that pupils who are regularly absent from school are often disengaged and disaffected, and therefore vulnerable. They are more likely to become involved in antisocial behaviour or be the victims of crime. Children are safer in school, and ensuring good school attendance is an important aspect of the safeguarding agenda. For these reasons, Southend places a high priority on school attendance levels, and this is reflected in our strategy.

Additionally a child's or young person's full attendance at school is seen as an important aspect in child protection work. Periods of absence from school for some children is a cause for concern, as there then maybe no statutory service who is in regular contact with the child. Full attendance at school enables children at risk to be seen by professionals regularly.

Absence from school is noted as either authorised or unauthorised. Authorised absence is usually as the result of medically certificated illness or other matters where there is a reason that is listed by the government as being able to be classified as such. Unauthorised absence is for almost all other absences including holidays taken during school time.

Some pupils are absent from school on many occasions. These are defined as having more than a 15% absence rate and recorded as persistent absentees.

Southend's emphasis is on prevention. We believe that the key to high attendance is to ensure that children are encouraged to attend school through a whole-school approach. Enforcing attendance through legal measures should be seen as a last resort, only taken when all other options have been exhausted, as there is evidence to suggest that statistically this has the least impact on improving attendance.

Successes

Data for 2015/16 has not yet been published for pupil absence. Overall absence has reduced in Southend's schools over the last 3 years from 5.4% of sessions lost in 2012/13 to 4.4% in 2014/15. Both primary and secondary schools have seen a 1 percentage decrease in absence rates over this period and are now both below the national average. whilst special schools absence rates have been more variable and remain higher than national at 13.2 %.

Persistent absentees during this period were classed as pupils missing 15% or more of sessions over the course of a year. The percentage of pupils deemed to be persistent absentees has also reduced from 5.4% in 2012/13 to 2.8% in 2014/15, which is nearly 1 percentage point below the national average. There has been a particularly large decrease in secondary schools from 7.2% to 3.7% over 3 years.

The Council's approach to improving school attendance is led by the Child and Family Early Intervention team in partnership with schools, parents, children and young people. The following initiatives have been introduced to improve school attendance:

- Every School Day Matters: an innovative street patrol programme launched in 2013
- Attend to Achieve Programme: providing one to one support for school Governors in order to keep school attendance data under review
- A Guidance for School Governors on monitoring school attendance
- Locality Attendance Lead Forums

- A Health Toolkit in schools to improve attendance

The child and family early intervention service provides challenge and support to schools, children, young people and their families, offering intensive casework in the home using targeted intervention in order to improve school attendance using an early help assessment.

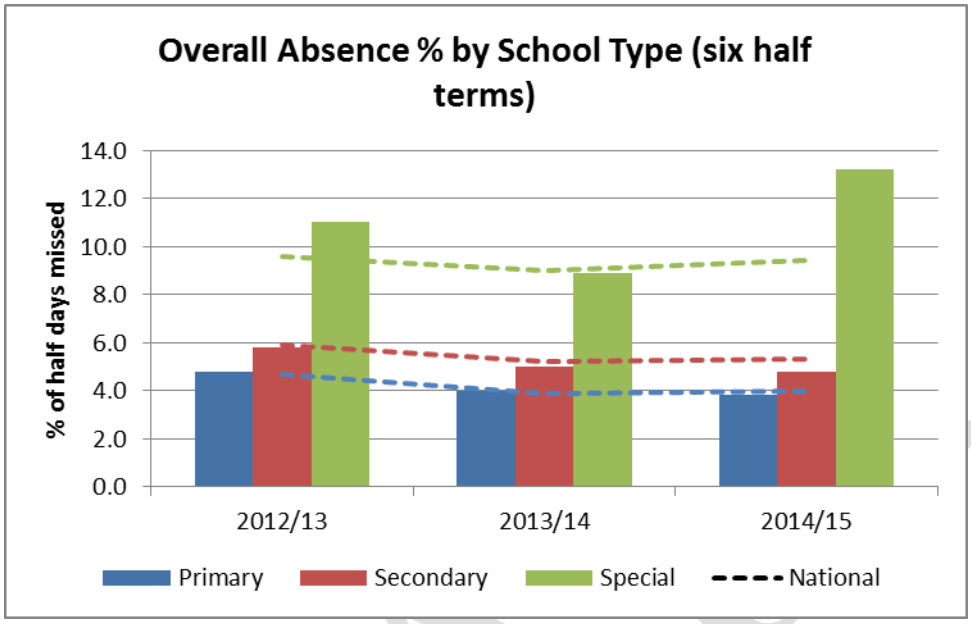


Figure 34

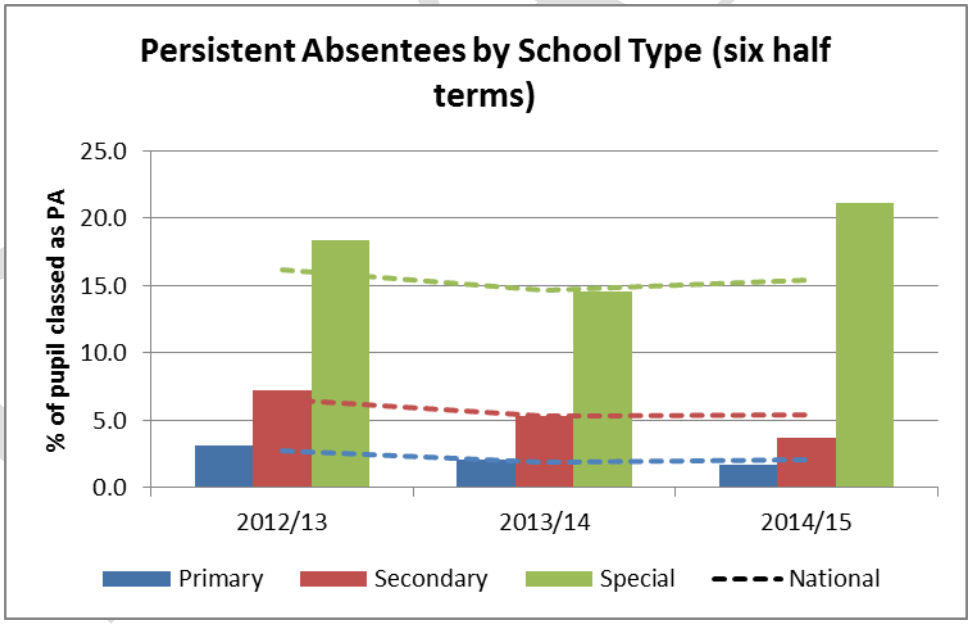


Figure 35

Section 5 OfSTED Inspection outcomes

The Office for Standards in Education (OfSTED) inspects all schools in England on a regular basis. The interval between school inspections depends on the outcome from the last inspection and a risk assessment based on analysis of pupil performance and other factors which may come to OfSTED's attention. Outstanding schools are not routinely inspected but are risk assessed. Good schools were risk assessed at two years and could be inspected every 2 – 5 years. Requires Improvement and Inadequate schools will have Section 8 monitoring inspections with an HMI. They can have up to 5 of these in 2 years but will then have to have a full Section 5 inspection. Changes to these schedules of inspection were made in the revised framework guidance in September 2015. (see below)

The inspection will judge the school in a number of key areas of its work, but pupil achievement (attainment and progress) is the major focus for inspectors. Leadership and management (including governance), the quality of teaching and the behaviour and safety of pupils are the main areas judged and reported.

OfSTED has, in the last few years, collated data from inspections which enables the production of data to show how many children in a local authority area are educated in good or outstanding schools and how many are education in schools which are judged to be inadequate or requiring improvement. It is OfSTED's expectation that all children will attend a good or outstanding school and this is also the aim of Southend Council.

Ofsted updates this data regularly throughout the year. The data presented in the appendix is based on the update published in August 2016. This data will not include any school that has not been inspected and this will include schools that have recently become Academies. The data for the pre-academy school is removed from the data set at the next update after the school becomes an academy.

There is a new Framework from September 2015. Under this framework outstanding schools will not be inspected unless the risk assessment gives a cause for concern. Good Schools will have a new one day short inspection by an HMI every three years from the date of their last inspection. Schools that convert to become an Academy when judged as good, will also have the short inspection three years from the last good inspection judgement. Schools judged as Requires Improvement or Inadequate will continue to be regularly monitored by Section 8 Inspections. The Department for Education (DfE) may also identify a new group of schools causing concern as 'coasting schools'.

School Inspections

As at the end of the 2015 / 16 academic year, out of 49 open schools in Southend with inspection ratings, 9 were judged as outstanding and 37 were rated as good. This equates to 98% of all pupils within these schools. All of Southend's primary schools were rated as good or outstanding, with just 3 schools in total judged as requiring improvement. Note that these figures exclude schools without a current inspection rating such as closed schools which became academies.

Successes

Southend aspires to 'all children will attend a good or better school' so there is still work to be done to support all schools to be judged, in inspection, as good or better. The improvement in the number of schools judged positively is due to:

- greater focus on tracking progress and make clear the lines of accountability.
- to Intensive brokerage of school support through education partners such as SETSA.
- working more closely with partnership organisations to give more joined up support.
- extra training and support to enable schools, including Governing Bodies, to be Ofsted ready.

Areas for further development

There has been a steady rise in the number of schools rated good or outstanding school over the last three years and this overall figure is now above the national percentage overall (94% of schools in Southend compared to 86% nationally). Individually Primary, Secondary and Special School data show over 98% of Southend students attending good or better schools as judged in their last Ofsted inspection. The published data however, does not include four new academies whose last Ofsted inspection occurred before the school closed. Three of these schools' last ratings were 'Inadequate' and therefore the overall percentage of schools rated good or outstanding is adjusted to 89% when they are included. The focus for 2015-2016 is therefore to continue to strengthen leadership and governance along with the identification and addressing specific weaknesses in teaching, whilst supporting the good schools to:

a) prevent them being identified as coasting and
b) to enable them to improve their effectiveness to outstanding under the new Common Inspection Framework starting September 2015.

Section 6 School to School Support: The Southend Challenge

Overall school performance

School performance in 2016-17 improved from previous years in a number of key performance indicators. The OFSTED annual report places Southend on Sea third nationally (out of over 150 Local Authorities) with 100% of primary schools being judged good or outstanding, an improvement 15 places since 2015 and 34 since 2012. (NB although this is the nationally reported means of calibration that takes account of schools losing their OFSTED status on conversion, in Southend on Sea we calculate the "true" %, currently 86.6% across all phases. Additionally it was a snapshot taken in July 2016).

In the secondary sector it places Southend on Sea 23rd nationally with 95%, an improvement of 9 places since 2015 and 19 since 2012. In the Eastern Region supplement to the annual report, Southend on Sea achieved the strongest average attainment 8 score regionally (53.3; 3.4 points above the national). Southend also had the strongest performance for the achievement of EBacc, with over a third achieving it (33.7%). Locally, 68.5% achieved a GCSE in English and mathematics at grades A* to C, the second highest rate for the region.

The means by which the Local Authority supported and challenged schools has subtly shifted since previous annual education reports. Previously, where the majority of schools were maintained by the Council, they were formed into challenge groups. With more any more schools, including in the primary sector, forming Multi Academy Trusts, this means of school to school support was no longer effective

The Council worked with the Southend Schools Forum to change its remit to establish an Education Board, a board made up of school forum members, plus a wider education representation. The Board is supported by a number of sub groups, for school performance; vulnerable learners; skills and yet to be established for finance. Board and its sub groups scrutinise and challenge school performance, determining where and what support and challenge may be required. This includes academy schools, as the Regional Commissioner for Schools, responsible for improvements in academies and free schools, is a full member of Board and the school performance sub group. In this way, following the annual work plan, it systematically analyses, and then commissions support for the school from its partnership with the Teaching School Alliance. Where the improvements required are in an academy, the Board seeks assurance from the Trust responsible that they have the capacity to ensure that the academy makes rapid and sustained progress. Lastly, through its work with the Teaching School Alliance, serving Headteachers and other expert practitioners have been trained to undertake this level of school to school support. However, ultimately, including in academies, the Council remains accountable for school performance and improvement in all Southend state funded schools, irrespective of their status.

Section 7 Future Priorities

Key and overarching priorities

Several of the areas of focus in the previous annual Education Report remain current. The Council, through the means described above in section 5, will re-energise its efforts to make impact in these areas. They are:

- Raise the achievement of disadvantaged young people, children and young people who are looked after and those with SEND in all key stages to be closer to that of their peers
- Ensure all schools inspected by OFSTED are judged to be at least good by the end of the academic year 2018
- Working through the Education Board to ensure that all schools, regardless of their governance arrangements, continue to work with the local authority to ensure the best outcomes for children and young people in Southend
- Prepare for a successful SEND area inspection
- Continuing to ensure that pupils are enabled to remain in the mainstream school system with the aim of removing permanent exclusions from the secondary sector
- Working with parents to reduce the level of absence and further reduce the rate of persistent absenteeism
- Ensuring that there are sufficient secondary places over the next five years for Southend pupils
- Embedding the work of our virtual skills academy to allow us to promote the interface between education and the local skills market

Our recently published document "Our ambitions for your child's education in Southend" sets out a clear agenda for the delivery of our obligations to children and their families. This document sets out clearly and unambiguously what it is that the Council is required to do for its residents, and we will be held to account for the ambitions it portrays.

Southend-on-Sea Borough Council

Report of Deputy Chief Executive (People)
to
Cabinet
on
14th March 2017

Report prepared by: Chrissy Papas, Pupil Access Manager

Agenda Item No.

12

School Term Dates 2018/19
People Scrutiny Committee
Executive Councillor: Councillor James Courtenay

A Part 1 Public Agenda Item

1. Purpose of Report

1.1 To propose the guideline school term and holiday dates for the academic year 2018/19.

2. Recommendation

2.1 That the school term and holiday dates for 2018/19 as set out in Appendix 1 be approved as a guide to schools.

3. Background

3.1 There is no national determination of school term dates. Historically the Council has set the term dates for community schools in Southend. In the main, academies, foundation, voluntary aided and maintained schools have chosen to adopt dates set by the Council.

3.2 In view of the cross border movement with Essex County Council of both pupils and staff, the coordination with Essex has been an important principle. Discussion took place directly with ECC officers concerning the feasibility of moving the school half term week in order to provide opportunities for cheaper holidays for residents. The importance of maintain parallel term dates and the practicalities of making this happen, especially linking with Thurrock, did not allow changes this year.

3.3 It is recommended that we proceed with the dates as set out in Appendix 1 for Southend-on-Sea with a very minor variation to the Essex dates. It is anticipated that any further date variations between Southend-on-Sea and schools in Essex will be minimal.

3.4 It is further recommended that any minor amendments are approved by the Deputy Chief Executive (People).

4. Proposed term dates

4.1 The proposed term dates for 2018/19 are set out in Appendix 1. Please note that these dates have been amended in response to the below comments from the consultation.

4.2 A recommendation was received from a representative of the ATL National Executive (UK School leadership). The recommendation reported that;

'I do not think a return to school on January 2nd (2019) will be well-received by pupils or staff: especially those who have travelled for family celebrations at the New Year.

My recommendation is that the Autumn Term is extended to include Thursday 20th December and the Spring term commences (as it did this year) with a two day week on Thursday 3rd January.' Robin M. Bevan Headteacher and ATL National Executive (UK School Leadership representative and views supported by GMB, Unison, Mr N Houchen and Mr J Glazier

4.3 The proposed dates were discussed previously with officers from Essex County Council. Following this they were notified formally of these changes on the 20th January 2017 and have raised no objections.

4.4 The date variation has been accommodated and it is the view of officers that Southend-on-Sea should proceed with the approval of the term dates as set out in Appendix 1.

5. Reasons for recommendations

5.1 As set out in the report.

6. Corporate Implications

6.1 Contribution to Council's Vision & Corporate Priorities
Improving public satisfaction is a critical priority for the Council. It is anticipated that as the proposed dates coincide with Essex they should be acceptable to the majority of parents and carers.

6.2 Financial Implications - None

6.3 Legal Implications - None

6.4 People Implications – Coordination with Essex is important for pupils and staff.

6.5 Property Implications - None

6.6 Consultation – as detailed in section 4.2 of the report.

6.7 Equalities and Diversity Implications – None

6.8 Risk Assessment – None undertaken.

6.9 Value for Money implications – None

6.10 Community Safety Implications – None

6.11 Environmental Impact – The coordination of term and holiday dates will minimise the number of car journeys to school.

7. Background Papers

7.1 There are no background papers.

8. Appendices

Annexure 1

8.1 Appendix 1 – Southend-on-Sea Proposed school term and holiday dates ~~2018/19~~

September 2018						
M	T	W	T	F	S	S
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	18	20	21	22	23
24	25	26	27	28	29	30

October 2018						
M	T	W	T	F	S	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

November 2018						
M	T	W	T	F	S	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

December 2018						
M	T	W	T	F	S	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

January 2019						
M	T	W	T	F	S	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
26	29	30	21			

February 2019						
M	T	W	T	F	S	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28			

March 2019						
M	T	W	T	F	S	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

April 2019						
M	T	W	T	F	S	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

May 2019						
M	T	W	T	F	S	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

June 2019						
M	T	W	T	F	S	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

July 2019						
M	T	W	T	F	S	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

August 2019						
M	T	W	T	F	S	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Draft Southend-on-Sea Borough Council School Term and Holiday Dates for Community and Voluntary Controlled Schools - Academic Year 2018-2019

= Schooldays / Weekends = School holidays = Bank holidays

In addition, schools allocate five non-pupil days out of the school days indicated, or the equivalent in disaggregated twilight sessions.

Autumn Term:	Wednesday 5 September 2018 – Thursday 21 December 2018 *Half Term 22 October – 26 October*	72 days
Spring Term:	Thursday 3 January 2019 – Friday 5 April 2019 *Half Term 18 February - 22 February*	62 days
Summer Term:	Monday 23 April 2019 – Wednesday 24 July 2019 *Half Term 27 May – 31 May, and May Bank Holiday, 6 May*	61 days
		195 days

Please note: The above dates may vary for individual schools, especially Foundation and Voluntary Aided schools and Academies. You are strongly advised to check with your child's school before making any holiday or other commitments.

Southend-on-Sea Borough Council

Agenda Item No.

~~11~~ 14

Report of Deputy Chief Executive (People)

to

Cabinet

on

14th March 2017

Report prepared by: Andrea Atherton, Director of Public Health

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The 2016 Annual Report of the Director of Public Health

People Scrutiny Committee
Executive Councillor: Councillor L Salter

A Part 1 Public Agenda Item

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1. Purpose of Report

1.1 To present the 2016 Annual Report of the Director of Public Health.

2. Recommendation

2.1 To consider and note the content and recommendations of the 2016 Annual Report of the Director of Public Health.

3.0 Background

3.1 The Health and Social Care Act 2012 requires the Director of Public Health to prepare an annual report on the health of the local population. This is an independent report which the local authority is required to publish. The report is an opportunity to focus attention on particular issues that impact on the health and wellbeing of the local population, highlight any concerns and make recommendations for further action.

4.0 The 2016 Annual Report of the Director of Public Health

4.1 Health protection is the branch of public health concerned with planning for emergencies, protecting the population from communicable diseases and a range of environmental hazards. Health protection also includes the delivery of the national immunisation and screening programmes.

4.2 The transfer of public health into local authorities in April 2013, brought with it new responsibilities for health and health protection. These new health protection duties build on the existing health protection function and statutory powers bestowed on local authorities by various Acts of Parliament, such as the Public Health (Control of Diseases) Act 1984, and associated regulations,

and delivered through environmental health, trading standards and regulatory services.

4.3 The Director of Public Health, acting on behalf of their local authority, is responsible for ensuring that plans are in place to protect the health of the local population from threats ranging from relatively minor outbreaks and contaminations to full-scale emergencies. The scope and scale of this work is driven by the health risks in the local area.

4.4 In undertaking this assurance role, the Director of Public is expected to provide relevant information, advice as well as challenge to key partners so that threats to health are properly understood and addressed. Public Health England in particular plays a significant role in supporting local authorities with their new health protection responsibilities. Other key partners include NHS England, Clinical Commissioning Groups as well as provider organisations.

4.5 The 2016 Annual Report of the Director of Public Health Report provides an overview of the following health protection issues:

- Communicable Diseases and Outbreaks
- Immunisation
- Seasonal Influenza
- Tuberculosis
- Sexual Health and Blood Borne Viruses
- Healthcare Associated Infections
- Emergency Preparedness
- Screening

A number of recommendations are made for each of the topic areas for the Council and relevant partners to consider.

5.0 Other Options

There are no other options presented as it is a statutory duty of the Director of Public Health to prepare an Annual Public Health Report.

6.0 Reason for Recommendations

6.1 The Health and Social Care Act 2012 requires Directors of Public Health to prepare an annual report on the health of the local population.

6.0 Corporate Implications

6.1 Contribution to Council's Vision & Corporate Priorities

The Council has a statutory duty to protect the health of the local population. The 2016 Annual Public Health Report highlights the key heath protection issues for people in Southend and actions being taken to address them.

6.2 Financial Implications

There are no financial implications arising directly from the contents of this report.

6.3 Legal Implications

There are no legal implications arising directly from this report.

6.4 People Implications

None.

6.5 Property Implications

None.

6.6 Consultation

There will not be any formal consultation on the Annual Public Health Report, although it will go through the relevant governance route within the Council as well as to the Southend Health & Wellbeing Board.

6.7 Equalities and Diversity Implications

The Annual Public Health Report provides evidence that population health needs are assessed and considered.

6.8 Risk Assessment

A risk assessment will be undertaken of individual initiatives introduced to tackle the key issues highlighted in the report.

6.9 Value for Money

No implications.

6.10 Environmental Impact

None.

7.0 Background Documents

7.1 Background documents are listed in the Annual Public Health Report.

8.0 Appendices

8.1 The 2016 Annual Report of the Director of Public Health for Southend.

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ANNUAL REPORT

OF THE

DIRECTOR OF PUBLIC HEALTH

2016

Contents

Foreword

The Director of Public Health has a statutory duty to produce an independent report on the health of the local population. This year my annual report focuses on health protection, a branch of public health concerned with planning for emergencies and protecting our population from communicable diseases, as well as minimising the health impact of a range of environmental hazards**.** Health protection also includes the delivery of major programmes such as national immunisation and screening programmes.

When public health transferred into local authorities in April 2013, it brought with it new responsibilities for health and health protection. These new health protection duties build on the existing health protection function and statutory powers bestowed on local authorities by various Acts of Parliament, such as the Public Health (Control of Diseases) Act 1984, and associated regulations, and delivered through environmental health, trading standards and regulatory services.

The Director of Public Health, acting on behalf of their local authority, is responsible for ensuring that plans are in place to protect the health of the local population from threats ranging from relatively minor outbreaks and contaminations to full-scale emergencies. The scope and scale of this work is driven by the health risks in the local area.

In undertaking this assurance role, the Director of Public Health is expected to provide relevant information and advice, as well as challenge to key partners so that threats to health are properly understood and addressed. Public Health England in particular plays a significant role in supporting local authorities with their new health protection responsibilities. Other key partners include NHS England and Clinical Commissioning Groups, as well as provider organisations.

The first part of the report provides an overview of communicable diseases and outbreaks, as well as a more in-depth look at tuberculosis, sexually transmitted infections, blood borne viruses, and healthcare acquired infections. This includes raising awareness of what can be done to prevent their spread and complications.

The important topic of immunisation for the prevention of communicable diseases is explored, with a focus on childhood illnesses and seasonal influenza.

The report covers arrangements for dealing with emergencies relating to issues that threaten public health, including extremes of weather.

The final section covers the various national screening programmes in place to identity those at risk of serious illnesses that may not cause symptoms early on.

I hope that my report will serve to reinforce the important health protection issues for Southend. As in previous years I would welcome your feedback, comments and suggestions.

Dr Andrea Atherton
Director of Public Health

Acknowledgments
I am indebted to many people who have supported and contributed to my report. These include: Margaret Gray, Liesel Park, James Williams, Angela Squires, Erin Brennan-Douglas, Lisa Holloway, Simon D Ford and Sally Watkins.

I would also like to thank:
Dr Smita Kapadia and Caroline Back, Public Health England.
Matt Rangue and Sheila O'Mahony, NHS Southend Clinical Commissioning Group
Dr Pam Hall and Oliver Jackson, NHS England

Executive Summary

The 2016 Annual Public Health Report explores the topic of health protection. This is a branch of public health concerned with planning for emergencies, protecting the population from communicable diseases and a range of environmental hazards, and also includes the delivery of the national immunisation and screening programmes.

Communicable diseases and outbreaks

There has been a statutory requirement to notify cases of certain infectious diseases since the end of the 19th century. More recent regulations have added substances thought to present a significant risk to human health, as well as additional infections to the notification list.

Notifications of infectious disease are sent directly from medical practitioners and laboratories in England to Consultants in Communicable Disease Control based at the Public Health England East of England Centre, who act as the Proper Officer for Southend Borough Council. These notifications are collated and an analysis of national and local disease trends is published weekly by Public Health England.

Populations of local authority areas are too small to show meaningful trends even in the most common infection, as variations in reported cases between years may be real or reflect erratic reporting.

Campylobacter, the most common cause of food poisoning in the UK, was the most commonly reported infection in Southend in 2014 and 2015. Campylobacter is found in the intestinal tract of animals and birds, and people can become infected by eating raw or undercooked meat, particularly chicken; or drinking unpasteurised milk and contaminated water. Transmission may also occur from cooked foods that have been cross-contaminated with the bacteria from raw meat. Salmonella is also an important but less common cause of food poisoning.

Good hygiene in the kitchen when storing and preparing food, particularly raw chicken, and ensuring that food is thoroughly cooked are important in the prevention of food poisoning.

The Regulatory Services Team within the Council is responsible for developing the Annual Southend Official Feed and Food Service Plan, which outlines the inspection programme for the 1788 food premises in Southend.

An outbreak is defined as an incident in which two or more people experiencing a similar illness are linked in time or place. Early recognition of an outbreak is important so that the source can be identified and further action can be taken to prevent further spread or recurrence of the infection.

A significant proportion of outbreaks are handled as part of the routine business of the Public Health England local Health Protection Teams. In some situations it may be necessary to establish an Outbreak Control Team, which includes members of environmental health and public health.

Care homes are a common setting for outbreaks to occur. In 2014 and 2015, care homes in Southend accounted for a significant proportion of reported outbreaks of gastroenteritis and respiratory illness.

Immunisation

After clean water, immunisation is recognised as one of the most effective public health interventions for saving lives and promoting good health.

Although the primary aim of immunisation is to protect the individual who receives the vaccine, when enough people in a community are immunised they are less likely to be a source of infection to unvaccinated individuals - a concept known as “herd immunity”. The World Health Organisation generally recommends vaccination uptake of at least 95% of the eligible population to achieve “herd immunity”.

There is generally good uptake of primary childhood immunisations in Southend, with sufficient uptake to achieve herd immunity for most of the programmes. Uptake of the second dose of MMR (measles, mumps and rubella) vaccine still remains around 5% below the target uptake.

Following a national pertussis (whooping cough) outbreak in 2012, pregnant women were offered pertussis immunisation to protect their babies from birth through the intrauterine transfer of maternal antibodies. Pertussis activity remained high in 2016 and unprotected young infants continue to be at risk. In Southend the monthly uptake of the prenatal pertussis vaccine ranged from between 40.8% and 55.7% between April 2015 and March 2016.

Older people are at greater risk of morbidity and mortality from vaccine-preventable diseases as a consequence of reduced immunity with age, and also as they may not have received immunisations in younger years.

In 2014/15 only 58.4% of eligible people aged 65 years or over in Southend received the pneumococcal vaccine, which is significantly lower than the England average (70.1%). Uptake of shingles vaccine in 2014/15 in 70 year olds was also significantly lower than the England average, at 46.6% compared to 58.3%.

Staff in NHS England local area teams are responsible for commissioning the national immunisation services locally and for providing system leadership, training and support to all those involved, including GPs, community pharmacists and community providers.

Influenza

The influenza virus is highly contagious and is easily passed from person-to-person when an infected person coughs or sneezes. For most healthy individuals, influenza is an unpleasant but usually self-limiting illness. However, for some it can lead to serious complications which may require treatment in hospital and can be life threatening.

Seasonal influenza vaccine is offered to those at higher risk of serious complications including people aged 65 or over, children and adults with an underlying chronic health condition such as respiratory disease, heart disease and diabetes, those with weakened immune systems as well as pregnant women.

Immunisation is also offered to frontline health and social care staff, main carers of older or disabled people and household contacts of immunocompromised people.

Different strains of influenza virus circulate each year, and the vaccine is changed annually based on the strains most likely for the coming influenza season. This means that eligible people need to get a flu jab every year.

The annual influenza immunisation programme is being extended to include vaccination of healthy children from the age of two. These children will generally receive the vaccine as an intranasal spray. From 2016/17, the vaccine will be offered to two, three and four year olds and children in school years 1, 2 and 3. The programme will gradually extend over future years to all primary school aged children.

There is poor uptake of influenza vaccine across virtually all eligible groups at a local level, with only 64.1% (target 75%) of people aged over 65 and 38% (target 55%) under 65 in a clinical risk group in Southend receiving the flu vaccine in 2015/16.

A multiagency Southend Seasonal Flu Oversight Group implemented a range of initiatives to increase uptake of flu vaccine as part of the 2016/17 immunisation programme. Public health continues to commission a service to assist with the management of outbreaks of influenza in care homes.

Tuberculosis

Tuberculosis (TB) is a bacterial infection that can affect almost any part of the body, most commonly the lungs. TB is much less infectious than other respiratory infections, such as influenza.

In some people the initial infection may be eliminated or they may develop latent disease. Latent TB infection (LTBI) may reactivate later in life, particularly if an individual's immune system has become weakened e.g. through HIV or cancer chemotherapy.

At the beginning of the 20th century there were over 117,000 new cases of TB in England every year. This fell to a low of 5086 new cases every year in 1987, the downward trend then reversed until it reached a peak in 2011, (8,280 cases or 15.6 new cases per 100,000 population). There has been a year-on-year decline since then to 5,758 new cases or 10.5 new cases per 100,000 in 2015.

The peak incidence of TB in Southend occurred in 2004-6, and has since continued to decline to a three average rate of 7.5 new cases per 100,000 population in 2013-15.

TB is now a disease that occurs predominantly in specific population subgroups, including communities with connections to higher-prevalence areas of the world and in communities with social risk factors such as homelessness, drug or alcohol misuse and imprisonment.

The East of England TB Control Board, which covers the population of Southend, has comprehensive plans in place to address the key recommendations of the national TB strategy across the region.

Locally a community tuberculosis service provides diagnostic, treatment and screening services, in which all tuberculosis patients are cared for by a multidisciplinary team.

Sexual health and blood borne viruses

Within the population sexual health needs vary according to factors including age, gender, ethnicity and sexuality, with some groups disproportionately at risk of poor sexual health. Intervention programmes to improve sexual health outcomes should be developed based on a robust evidence base and local needs.

Chlamydia is the most common bacterial sexually transmitted infection in England, with rates substantially higher in young adults than any other age group. The National Chlamydia Screening Programme recommends that all sexually active men and women aged under 25 years old are tested for chlamydia every year or on change of sexual partner.

Southend continues to have a significantly better rate of chlamydia screening in 15-24 year olds than the national average. The chlamydia detection rate in Southend is also similar to the England average, but remains below the recommended level to reduce the prevalence of chlamydia in the population.

The diagnostic rate of genital warts and genital herpes in Southend are both similar to the England average, whereas the diagnostic rates of gonorrhoea and syphilis in are both significantly lower than the England average.

HIV remains an important communicable disease in the UK. People living with HIV can expect a near normal life expectancy if they are diagnosed and treated promptly.

The prevalence of HIV in Southend has historically been higher than the national average, although, over time the difference has narrowed. The rate of new HIV diagnosis in Southend has almost halved since 2012, and is now lower than the England average.

HIV testing is integral to the treatment and management of HIV. Knowledge of HIV status increases survival rates, improves quality of life and reduces the risk of HIV transmission. HIV test coverage in Southend is significantly higher than the national coverage.

Late diagnosis of HIV is the most important predictor of morbidity and mortality among those with the infection. Over the last five years there has been a continued

downward trend in the proportion of individuals diagnosed late with HIV in Southend, which is now similar to the England average.

Locally the SHORE (Sexual Health, Outreach, Reproduction and Education) Integrated Sexual Health Service provides comprehensive sexually transmitted infection testing and treatment services and contraceptive services across all its sites. Southend residents are also able to access the online national HIV self-sampling service to request an HIV testing kit.

The hepatitis B and C viruses can be transmitted through contact with the blood or body fluids contaminated with blood. Many people infected with these viruses won't experience any symptoms. Up to 80% of people infected with hepatitis C go on to develop chronic infection, whereas the likelihood of developing chronic hepatitis B infection varies with age. The long term complications of chronic hepatitis B and C infections include cirrhosis of the liver and primary liver cancer.

Transmission of hepatitis B can be prevented through a course of vaccinations. Although there is no vaccine for hepatitis C, it is a potentially curable disease with antiviral therapy.

Specialist drug and alcohol services in Southend prioritise hepatitis B and C interventions within their nurse-led health and wellbeing work. There are close links with the specialist hepatology services and liver nurses to ensure that clients are quickly identified and referred for support and treatment where necessary.

Healthcare Associated Infection

Healthcare associated infections are a range of infections acquired in healthcare settings or as a direct result of healthcare interventions such as medical or surgical treatment. The most common types of healthcare-associated infection are respiratory infections, urinary tract infections and surgical site infections.

Everyone carries large numbers of micro-organisms on their skin or in their bodies, which only become a problem when the person becomes unwell or when the organisms have the opportunity to enter the bloodstream e.g. from an intravenous cannula.

There are national surveillance programme to monitor the numbers of certain infections that occur in healthcare settings, including Staphylococcus aureus, Escherichia coli, Clostridium difficile and surgical site infection. These infections can range from mild to life threatening.

Some strains of Staphylococcus aureus have developed resistance to antibiotics, such as meticillin resistant Staphylococcus aureus (MRSA), and will require different types of antibiotic to treat them.

Numerous interventions aimed at reducing the incidence of healthcare associated infections have been introduced over the last 8 years. These have contributed to a marked decrease in MRSA bacteraemia and Clostridium difficile infection rates in Southend and England over this time.

It is probably impossible to completely eradicate healthcare associated infections. In addition to clean environments, the key interventions that can significantly reduce their incidence include good hand hygiene practices, proper use of invasive medical equipment and prudent use of antibiotics.

The inappropriate use of antibiotics has contributed to the dramatic rise in antibiotic resistance over the last 40 years, and few new antibiotics have been developed. Work is being undertaken at a national level to tackle antimicrobial resistance, directed by a cross-government antimicrobial resistance strategy.

At a local level a multidisciplinary Antimicrobial Resistance Group has been established to develop a local strategy and action plan to slow the development and spread of antimicrobial resistance by tackling overuse and misuse of antibiotics. In addition healthcare professionals and members of the public are being encouraged to become an “Antibiotic Guardian”.

Emergency preparedness

Threats to the public’s health such as outbreaks of disease or severe weather conditions can arise at any time. On occasions these can escalate into a major incident requiring the implementation of special arrangements by one or a number of agencies.

The Civil Contingencies Act 2004 (CCA) was brought in to ensure that the organisations best placed to manage emergency response and recovery are at the heart of civil protection.

The Act divides local responders into two categories. Category 1 responders are those organisations at the core of emergency response, such as the emergency services, local authorities and acute hospitals. They have a range of specific duties around risk assessment, the development of emergency plans and business continuity management arrangements; as well as making information available to the public with the ability to ’warn, inform and advise’ in the event of an emergency.

Category 2 responders include the utilities, transport, the Health and Safety Executive and Clinical Commissioning Groups. They generally support the emergency response through the provision of specialist support, equipment or advice.

The CCA requirement for multi-agency co-operation in emergency preparedness is fulfilled at the local level by the Essex Local Resilience Forum, which brings together Category 1 and 2 responders. The Emergency Planning Lead Officer for Southend Borough Council and the Director of Public Health are both members of the Essex LRF.

There is also an Essex Local Health Resilience Partnership which brings together senior representatives from the health sector across Essex to co-ordinate and support joint working and effective planning of the health emergency response. Their key responsibilities include the production of local sector-wide health plans to

respond to emergencies as well as to contribute to multi-agency emergency planning.

Greater numbers of people are known to die during periods of extreme temperature. In response, Public Health England has developed a Cold Weather Plan and Heatwave Plan, associated with a national Weather Alert service which operates from 1 November to 31 March and from 1 June to 15 September. This uses Met Office data to trigger levels of response from NHS, local government and the public health system and communication of risks to the public when severe cold or hot weather is forecast.

At a local level, Southend Borough Council facilitates the distribution of relevant heatwave and cold weather planning guidance to the relevant non NHS agencies in the community (including education establishments and residential homes) and cascades the Weather Alert Level notifications.

Screening

Screening is the process of identifying apparently healthy people, who may be at increased risk of a disease or condition. They can then be offered information, further tests and appropriate treatment to reduce associated risks or complications arising from the disease or condition.

However, the screening process is not perfect and in every screening programme there are some false positives (wrongly reported as having the condition) and false negatives (wrongly reported as not having the condition). The UK National Screening Committee advises the NHS on which population screening programmes are implemented. There are currently 11 NHS systematic population screening programmes, including 5 young person and adult screening programmes.

England has 3 national cancer screening programmes; breast, cervical and bowel. The NHS Breast Screening Programme aims to find breast cancer at an early stage, often before there are any symptoms. To do this, X-rays are taken of each breast (mammogram) to look for any abnormalities in breast tissue.

Women in England aged 50-70 years are invited for screening every three years. The NHS is currently in the process of trialling extending the programme, offering screening to some women from the age 47 and up to 73 years old.

In Southend the breast screening coverage for women aged 50-70 years in 2015 was 67.9%, which is significantly lower than the England average of 75.4%.

The NHS Cervical Screening Programme aims to prevent cancer by detecting abnormalities in cells of the cervix and referring women for further investigation and potential treatment.

Screening is offered every three years to all women aged 25 to 49 years and every five years to those aged 50 to 64 years. Southend has historically had a low coverage in this screening programme and most recent data (2015) shows that there has been no significant improvement, with coverage currently at 72.6%.

The NHS Bowel Cancer Screening Programme aims to detect bowel cancer at an early stage when treatment is more likely to be effective. A faecal occult blood (FOB) screening kit is offered to men and women aged 60 to 74 every two years. This test detects occult traces of blood in a small stool sample. People with a positive test are referred further tests and treatment, if necessary.

An additional one-off bowel scope screening test is gradually being offered in England to men and women at the age of 55. A bowel scope (a thin, flexible instrument) is used to look inside the lower part of the bowel to find any small polyps which may develop into bowel cancer if left untreated.

The NHS Bowel Cancer Screening Programme has been in place for 10 years, but uptake is still low both nationally and locally. For Southend, in 2015 coverage was 53.7% compared with an England average of 57.1%, against a required target of 75%.

People with diabetes are at risk of a condition called diabetic retinopathy. This condition occurs when diabetes affects small blood vessels, damaging the part of the eye called the retina. The NHS Diabetic Eye Screening Programme offers screening every 12 months to all people with diabetes aged 12 and over. The screening test involves examining and taking photographs of the back of the eyes.

An abdominal aortic aneurysm (AAA) is a dangerous swelling (aneurysm) of the aorta, which is the main blood vessel that runs from the heart, down through the abdomen to the rest of the body. An AAA usually causes no symptoms, but if it bursts it is extremely dangerous and usually fatal. The condition is far commoner in men aged over 65 than in women or younger men.

The NHS Abdominal Aortic Aneurysm (AAA) Screening Programme involves a simple ultrasound scan to measure the abdominal aorta. Once identified AAAs can be monitored or treated, greatly reducing the chances of the aneurysm causing serious problems.

Summary of Recommendations

- Southend Public Health Department should support the Public Health England local Health Protection Team to provide regular updates on the reporting of and management of communicable diseases and outbreaks for staff in primary care and schools.

- Ensure timely sharing of information between Public Health England, Southend Borough Council and Primary Care about outbreaks in healthcare settings, care homes and schools so that prompt action can be taken.

- Every opportunity should be taken to actively promote immunisation uptake in children across Southend. This should include promotion in children's centres and at school entry.

- Work should continue with primary care and midwives to immunise more pregnant women against whooping cough.

- Provide information about immunisations to a broad range of partners who work with older people to enable them to pass on accurate information on the importance of immunisations at appropriate opportunities.

- A review is undertaken of the Southend Seasonal Influenza Action Plan outcomes for 2016/17, and the findings used to inform any changes to the action plan for 2017/18.

- Share best practice of those GPs delivering high rates of seasonal vaccination as part of the 'locality approach' of the South and Mid Essex Sustainable Transformation Plan.

- All health and social care organisations covering Southend should put in place plans to increase staff influenza vaccination uptake to meet the nationally agreed targets.

- Southend University Hospital NHS Foundation Trust to review how to provide additional support to increase uptake of influenza vaccination in at risk groups and specifically pregnant women.

- Training is made available to professionals to raise awareness of TB in vulnerable groups including homeless, drug and alcohol misusers, as well as new migrants from high incidence countries, to ensure prompt referral when TB is suspected.

- The Council collaborates with the East of England TB Control Board and local partners to ensure directly observed therapy (DOT) is available for those people with TB in the most disadvantaged or hard to reach groups.

- The Council supports the East of England TB Control Board and local stakeholders to implement the local plan for latent TB infection testing and treatment services.

- Undertake a review of availability of chlamydia screening in sexual health service venues and community based settings to ensure screening is available in the populations with the highest need based on positivity.

- Raise professional awareness about who to screen and test for HIV to continue the reduction in late diagnosis.

- Continue efforts to reduce stigma and highlight testing opportunities to those at greatest risk of HIV.

- Continue to increase standards and implementation of infection control measures across health and social care services (such as hand washing, use of personal protective equipment, decontamination, sterilisation, and patient isolation).

- Continue to promote the role of Antibiotic Guardian with healthcare professionals and the public.

- Promote public education about appropriate use of antibiotics and the importance of adherence to the prescribed dose and taking the full course of antibiotics.

- The Essex Local Health Resilience Partnership should be asked to prepare an Annual Report and present to the Southend Health & Wellbeing Board and Cabinet to provide assurance to the Council on local health sector emergency preparedness.

- Consideration to be given to the inclusion of information on NHS screening programmes in ‘Making Every Contact Count’ training. This will enable staff from health, the local authority and other organisations to promote screening through routine health promotion messages to residents.

- Increase uptake and decrease inequity in uptake across all the screening programmes by targeting groups and communities who are less likely to access screening.

My final recommendation is:

- Establish a multiagency subgroup of the Southend Health and Wellbeing Board to oversee the development of an action plan to ensure the implementation of the recommendations of this report.

Chapter 1 Communicable Diseases and Outbreaks

1.0 Background

There has been a statutory requirement to notify cases of certain infectious diseases since the end of the 19th century. Regulations which came into force in 2010 take a wider and more flexible approach to hazards, including chemicals, radiation and other environmental hazards. In addition to the specified list of infectious diseases which require notification (Table 1), there is a requirement to notify cases of other infections or substances thought to present a significant risk to human health.

It is the statutory responsibility of the attending medical practitioner to complete a notification certificate or telephone the 'Proper Officer' for the Local Authority on clinical suspicion, without waiting for laboratory confirmation of the diagnosis. For Southend Borough Council and the other local authorities in Essex, the Consultants in Communicable Disease Control at the Public Health England East of England Centre act as their Proper Officers and receive the notifications directly.

All laboratories in England performing a primary diagnostic role must also notify Public Health England when they confirm a notifiable organism. Public Health England collates the notifications and publishes an analysis of local and national trends every week.

Table 1 Notifiable Diseases under the Health Protection (Notifiable) Regulations 2010

Acute encephalitis	Haemolytic uraemic syndrome (HUS)	Rabies
Acute infectious hepatitis		Rubella
Acute meningitis	Infectious bloody diarrhoea	Severe acute respiratory syndrome (SARS)
Acute poliomyelitis	Invasive group A streptococcal disease	Scarlet fever
Anthrax		Smallpox
Botulism	Legionnaires' disease	Tetanus
Brucellosis	Leprosy	Tuberculosis
Cholera	Malaria	Typhus
Diphtheria	Measles	Viral haemorrhagic fever (VHF)
Enteric fever (typhoid or paratyphoid)	Meningococcal septicaemia	Whooping Cough
	Mumps	
Food poisoning	Plague	Yellow Fever

2.0 Incidence of Selected Notifiable Diseases in Southend

The prime purpose of the notifications system is to allow rapid detection of possible outbreaks in order to enable prompt action to be taken to prevent further cases. As cases are notified based on clinical suspicion, not all will subsequently prove to have the disease. In addition, not all cases of infectious disease are notified, as the patient may not seek medical attention, or the doctor may fail to notify.

Populations of local authority areas are too small to show meaningful trends even in the most common infections. Variations in reported cases between years may be

real, or may reflect erratic reporting. All of these factors need to be taken into consideration when reviewing the data in the next section.

Selected notifiable diseases reported to Public Health England for Southend in 2014 and 2015 are shown in Table 2.

Table 2 Selected notifiable diseases reported to Public Health England for Southend and East of England in 2014 & 2015 (crude rate per 100,000 population and number of cases)

Infection	Rate per 100,000 population and (number of cases) 2014		Rate per 100,000 population and (number of cases) 2015	
	Southend	East of England	Southend	East of England
Gastrointestinal				
Campylobacter	111.84 (199)	110.17 (6980)	123.64 (220)	91.29 (5784)
Cryptosporidium	2.81 (5)	6.76 (428)	8.99 (16)	9.75 (618)
E coli 0157	0.00 (<5)	1.12 (71)	1.69 (<5)	0.79 (50)
Giardia	0.00 (<5)	5.93 (376)	2.25 (<5)	6.63 (420)
Salmonellosis	8.99 (16)	9.83 (623)	14.05 (25)	11.10 (703)
Vaccine preventable				
Measles	0.00 (<5)	0.21 (13)	0.00 (<5)	0.06 (<5)
Mumps	3.37 (6)	3.46 (219)	0.56 (<5)	0.98 (62)
Pertussis (whooping cough)	3.93 (7)	5.89 (373)	2.25 (<5)	6.23 (395)
Rubella	0.00 (<5)	0.02 (<5)	0.00 (<5)	0.06 (<5)
Other				
Meningitis (all)	1.12 (<5)	0.95 (60)	1.12 (<5)	1.20 (76)
Meningococcal septicaemia	1.12 (<5)	0.51 (32)	0.56 (<5)	0.55 (35)
Hepatitis B	26.98 (48)	19.29 (1222)	29.22 (52)	22.79 (1444)
Hepatitis C	19.11 (34)	13.31 (843)	13.49 (24)	15.33 (971)

Data sources: Public Health England: HPZone, Second Generation Surveillance System and Enhanced Tuberculosis surveillance. ONS Mid-Year Estimates 2015 used to calculate rates.

2.1 Food Poisoning

Two important bacterial causes of food poisoning are Campylobacter and Salmonella.

Campylobacter

Campylobacter is the most common bacterial cause of food poisoning in the UK and is estimated to make more than 280,000 people ill each year. Campylobacter is found in the intestinal tract of animals and birds. Methods of transmission to humans include the consumption of raw or undercooked meat, particularly chicken, as well as unpasteurised milk and contaminated water. Transmission may also occur from ready to eat foods that have been cross-contaminated with the bacteria from raw meat. It is therefore important to take care to avoid cross contamination by keeping

raw meat separate to cooked and ready to eat foods, and ensuring that hands are thoroughly washed after handling raw meat.

A UK wide survey was undertaken in 2014-15 to determine the levels of Campylobacter on whole fresh retail chickens and their packaging (1). A joint Food Standards Agency and industry target was set up to reduce the prevalence of the most contaminated chickens.

All chickens, regardless of which retail outlet they are bought from, are at risk of being contaminated with Campylobacter, which is why it is important for consumers to handle and cook their chicken safely. Effective cooking will kill any Campylobacter on the chicken.

Chicken is safe as long as consumers follow good kitchen practice:

- **Cover and chill raw chicken**: Cover raw chicken and store on the bottom shelf of the fridge so juices cannot drip on to other foods and contaminate them with food poisoning bacteria such as Campylobacter;
- **Don't wash raw chicken**: Cooking will kill any bacteria present, including Campylobacter, while washing chicken can spread bacteria by splashing;
- **Wash hands and used utensils**: Thoroughly wash and clean all utensils, chopping boards and surfaces used to prepare raw chicken. Wash hands thoroughly with soap and warm water, after handling raw chicken. This helps stop the spread of Campylobacter by avoiding cross contamination.
- **Cook chicken thoroughly**: Make sure chicken is steaming hot all the way through before serving. Cut in to the thickest part of the meat and check that it is steaming hot with no pink meat and that the juices run clear.

Salmonella

Salmonella is found in the intestinal tracts of wild and domestic birds, animals and reptiles. The main route of transmission is through the consumption of contaminated food, particularly meat, raw eggs and dairy produce. This may occur either as a result of contamination of cooked food by raw food, or by the use of insufficiently high temperatures during cooking. Spread can also occur through close contact with infected people or animals.

2.2 What is Being Done Locally?

Measures are being taken to reduce the burden of vaccine preventable diseases, tuberculosis and blood borne viruses. These are discussed in other chapters of this report.

The Food Standards Agency (FSA) requires every local authority to develop and submit an annual food enforcement service plan. The purpose of the plan is to ensure that the highest achievable levels of food control (including food safety, food standards and control of feeds) are maintained, and is the basis on which local authorities are monitored and audited by the FSA.

The Regulatory Services Team within the Council is responsible for developing the Annual Southend Official Feed and Food Service Plan (2). The Service Plan outlines the inspection programme for the 1788 food premises in Southend. Priority for inspections and interventions is given to premises which have been risk assessed as presenting the highest risk in terms of their activity and the conditions at the premises. All high and medium risk category programmed inspections are to be completed within the financial year with appropriate alternative approaches adopted for the remaining inspections. For 2016/17, 964 premises required an official food hygiene intervention. There are also 9 Approved Food Premises in Southend, including the cockle processors, which are inspected annually.

3.0 Responding to Outbreaks

Definition

An outbreak may be defined as:

an incident in which two or more people experiencing a similar illness are linked in time or place

The primary objective in outbreak management is to protect the public's health by identifying the source and implementing control measures to prevent further spread or recurrence of the infection.

A significant proportion of outbreaks are handled as part of the routine business of the Public Health England local Health Protection Teams (3). However, the establishment of an Outbreak Control Team is appropriate when an outbreak is characterised by:

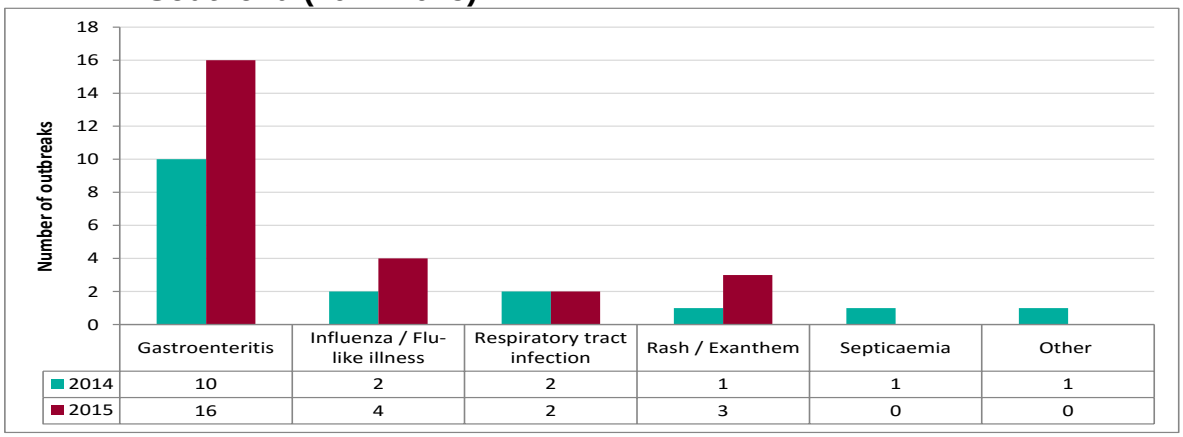
- immediate or continuing significant risk to the health of the population
- one or more cases of serious communicable disease (e.g. diphtheria)
- a large number of cases
- cases identified over a large geographical area suggesting a dispersed source

Membership of an Outbreak Control Team will vary according to the type of outbreak and the incident level. In addition to a local Health Protection Team member, members are likely to include an Environmental Health Officer, the Director of Public Health and a public health microbiologist.

Measures taken to control an outbreak can require a need to urgently mobilise resources. This might include the collection of samples for screening or diagnostic purposes or the provision of vaccines or antibiotic prophylaxis for contacts.

Figure 1 shows the number of outbreaks in Southend by type of infection reported to Public Health England (PHE) East of England in 2014 and 2015. Figure 2 shows the number of outbreaks and type of infection in Southend by setting.

Figure 1 Number of outbreaks reported to PHE East of England in Southend (2014-2015)



	Gastroenteritis	Influenza / Flu-like illness	Respiratory tract infection	Rash / Exanthem	Septicaemia	Other
2014	10	2	2	1	1	1
2015	16	4	2	3	0	0

Figure 2 Number of outbreaks reported to PHE East of England in Southend by year (2014-2015) and setting

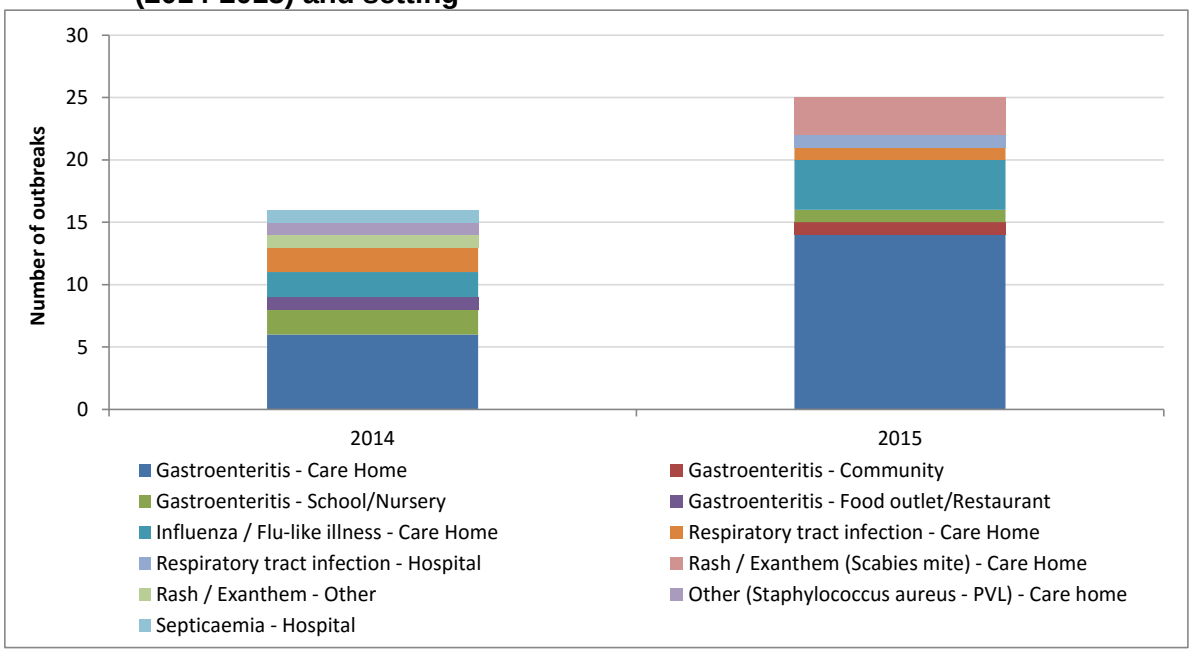


Figure 2 highlights that care homes are a common setting for outbreaks to occur. It is crucial that there are well established procedures for identifying and responding to these outbreaks. The management of outbreaks of influenza in care homes is described in Chapter 3.

4.0 Recommendations

- Southend Public Health Department should support the Public Health England local Health Protection Team to provide regular updates on the reporting of and management of communicable diseases and outbreaks for staff in primary care and schools.

- Ensure timely sharing of information between Public Health England, Southend Borough Council and Primary Care about outbreaks in healthcare settings, care homes and schools so that prompt action can be taken.

Chapter 2 Immunisation

1.0 Background

After clean water, immunisation is recognised as one of the most effective public health interventions for saving lives and promoting good health (1). Due to routine immunisation programmes, we no longer see serious illnesses like smallpox, and polio has almost been eradicated.

Immunisation is the process whereby a person is made immune or resistant to an infectious disease by the administration of a vaccine. Vaccines work by stimulating the body's own immune system to produce antibodies to protect against subsequent infection or disease. Immunisation programmes aim to produce long lasting immunity and have led to a drastic reduction in illness and death from infectious diseases.

Immunity can also be acquired from the transfer of antibodies from immune individuals, such as mothers to their babies across the placenta. However, this 'passive' immunity lasts for only a few weeks or months.

The primary aim of immunisation is to protect the individual who receives the vaccine. If enough people in a community are immunised they are less likely to be a source of infection to unvaccinated individuals. This concept is known as "herd immunity".

The World Health Organisation generally recommends vaccination uptake of at least 95% of the eligible population to achieve "herd immunity".

2.0 The UK Routine Immunisation Schedule

The routine immunisation schedule is based on the advice of the Joint Committee on Vaccination and Immunisation (JCVI) (2). The schedule has changed over time as new vaccines become available.

The aim of the routine immunisation schedule is to provide protection against the following vaccine-preventable infections:

- diphtheria
- tetanus
- pertussis (whooping cough)
- Haemophilus influenza type b (Hib)
- polio
- meningococcal disease (certain serogroups)
- measles
- mumps
- rubella
- pneumococcal disease (certain serotypes)
- human papillomavirus (certain serotypes)
- rotavirus

The immunisation schedule has been designed to provide early protection against infections. Some immunisations are provided very early in life to offer protection against infections that are most dangerous for the very young. Further vaccinations are offered at other points throughout life to provide protection against infections before eligible individuals reach an age when they become at increased risk from those diseases. Table 1 details the routine childhood immunisation schedule as at September 2016 (2).

Table 1 UK Routine Childhood Immunisation Programme (September 2016)

When to immunise	Diseases protected against	Vaccine given
Eight weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio and *Haemophilus influenzae* type b (Hib) Pneumococcal infection Meningococcal group B Rotavirus gastroenteritis	DTaP/IPV/Hib Pneumococcal conjugate vaccine, (PCV) MenB Rotavirus
Twelve weeks old	Diphtheria, tetanus, pertussis, polio and *Haemophilus influenzae* type b (Hib) Rotavirus gastroenteritis	DTaP/IPV/Hib Rotavirus
Sixteen weeks old	Diphtheria, tetanus, pertussis, polio and *Haemophilus influenzae* type b (Hib) Meningococcal group B Pneumococcal infection	DTaP/IPV/Hib MenB PCV
One year old	*Haemophilus influenza* type b (Hib)/ Meningitis C Pneumococcal infection Measles, mumps and rubella Meningococcal B	Hib/MenC booster PCV booster MMR MenB booster
Two to up to seventeen years old	Influenza (each year from September)	Live attenuated influenza vaccine (LAIV)
Three years & four months or soon after	Diphtheria, tetanus, pertussis and polio Measles, mumps and rubella	DTaP/IPV or dTaP/IPV +MMR
Girls aged twelve to thirteen	Cervical cancer caused by human papilloma virus types 16 and 18	HPV (2 doses 6-24 months apart)
Fourteen years old (School Year 9)	Diphtheria, tetanus, polio Meningococcal groups A,C,W and Y	Td/IPV MenACWY

Source: Public Health England (2)

2.0 Monitoring Uptake of Childhood Immunisations

Vaccination coverage is the best indicator of the level of protection a population will have against vaccine preventable diseases, and is closely correlated with levels of disease. Monitoring vaccine coverage can help to identify possible drops in immunity before levels of disease rise.

The effectiveness of the national childhood routine immunisation programme is monitored by Public Health England, through looking at the percentage of eligible population immunised in the given period. The programme COVER (cover of vaccination evaluated rapidly) data looks specifically at the percentage of the population that has received each vaccination by ages one year, 2 years and 5 years within certain timeframes (i.e. quarter and annual).

Tables 2-4 detail how Southend childhood vaccine uptake rates compare to England and regional rates.

Table 2 Percentage of children immunised by their 1st birthday 2015/16

Area	Diphtheria, Tetanus, Polio, Pertussis, Hib (DtaP/IPV/Hib) (%)	Pneumococcal Disease (PCV) (%)	Rotavirus (%) – 2015/16 data*
Southend	93.8	94.1	90.7
East of England	95.6	95.6	-
England	93.6	93.5	-

Source: COVER data, Public Health England
*Rotavirus data still undergoing evaluation

Table 3 Percentage of children immunised by their 2nd birthday 2015/16

Area	Diphtheria, Tetanus, Polio, Pertussis, Hib (DTaP/IPV/Hib) (%)	MMR (%)	Pneumococcal Disease (PCV) (%)
Southend	95.4	93.0	93.5
East of England	96.4	93.5	93.5
England	95.2	91.9	91.5

Source: COVER data, Public Health England

Table 4 Percentage of children immunised by their 5th birthday 2015/16

Area	Diphtheria, Tetanus, Polio, Pertussis, Hib (DTaP/IPV/Hib) Primary (%)	Diphtheria, Tetanus, Polio, Pertussis, Hib (DTaP/IPV/Hib) Booster (%)	MMR first dose (%)	MMR first and second dose (%)	Hib/ Men C booster (%)
Southend	95.9	91.6	94.8	90.4	93.9
East of England	96.7	90	96.8	91.8	94.4
England	95.6	86.3	94.8	88.2	92.6

Source: COVER data, Public Health England

Uptake of flu immunisation in children in discussed in Chapter 3.

There is generally good uptake of primary childhood immunisations in Southend, with sufficient uptake to achieve herd immunity for most of the programmes. Uptake of the second dose of MMR (measles, mumps and rubella) vaccine, however, still remains an issue and remains around 5% below the target uptake. This has important implications for herd immunity against measles.

Public Health England undertakes surveillance to ensure early detection of increased numbers of cases of infectious diseases. Following an increase in cases of pertussis (whooping cough), including in infants under three months of age who are most vulnerable to severe disease, a national pertussis outbreak was declared in April 2012. This led to a temporary immunisation programme in which pregnant women were offered pertussis immunisation to protect infants from birth, through intra-uterine transfer of maternal antibodies until they can receive the pertussis vaccine at 8 weeks old (3). The reported incidence of pertussis in infants under three months subsequently fell back to levels observed before the 2012 peak. In 2014, this maternal immunisation programme was extended for a further five years (4).

Pertussis activity remains high in 2016 and unprotected young infants continue to be at risk. In Southend the monthly uptake of the prenatal pertussis vaccine ranged from between 40.8% and 55.7% each month between April 2015 and March 2016. GPs, practice nurses, obstetricians and midwives should continue to encourage pregnant women to receive the vaccine.

3.0 Recent Changes to the Childhood Immunisation Programme

A number of changes to the national immunisation programme were made during 2015-16 to reflect the recommendations by the national Joint Committee on Vaccination and Immunisation (JCVI) to improve the overall level of protection against preventable diseases.

The main changes relate to vaccines for meningococcal disease. Meningococcal disease can affect all age groups, but cases increase from birth and peak at five months before declining gradually until 24 months. Cases remain low until 12 years of age and then gradually increase to a smaller peak at 18 years before declining again.

Since September 2015, all infants born from 1 July 2015 became eligible for the meningococcal B vaccine which is administered together with the other primary immunisations at 2 months, 4 months and 12 months.

Due to the success of the MenC programme introduced in 1999, there are now very few cases of invasive meningococcal serogroup C disease. Since July 2016, infants no longer require the MenC vaccine at 12 weeks of age (5). Children will continue to be immunised against MenC via the Hib/MenC vaccine dose given at 12 months of age and the MenACWY conjugate vaccine dose given at around 14 years of age.

Various sub groups of meningococcal disease can spread quickly in areas where people live closely to each other, such as in university halls of residence. Young people aged 25 and under about to start university and have not received MenACWY will also be offered the vaccine.

4.0 Adult Immunisations

Immunisation is often seen as the domain of children, however, immunisation should be seen as a necessary intervention across all stages of life. Evidence demonstrates that older people are at greater risk of morbidity and mortality from vaccine-preventable diseases. The reasons for this include reduced immunity with age leading to increased susceptibility to more severe and frequent infections. In addition they may not have received immunisations in younger years and newer vaccines may not have been available to them when they were children.

Older adults (65 years or older) should be routinely offered a single dose of pneumococcal polysaccharide vaccine, if they have not previously received it. Annual influenza vaccination should also be offered.

Adults aged 70 should also be offered shingles vaccine, with a phased ‘catch up’ so that those up to 79 are offered the vaccine.

Uptake of influenza vaccination is discussed in detail in Chapter 3. In 2014/15 only 58.4% of eligible people aged 65 years or over in Southend received the pneumococcal vaccine, which is significantly lower than the England average (70.1%). Similarly uptake of shingles vaccine in 2014/15 in 70 year olds is also significantly lower than the England average, at 46.6% compared to 58.3%.

5.0 What is Being Done Locally?

NHS England local area teams are responsible for commissioning the national immunisation services locally and for providing system leadership to all those involved.

Contracts to provide immunisation services are held with a range of providers, including general practices for immunisations given in primary care and community providers for immunisations given in a school setting. Contracts are also held with some community pharmacists, for example for flu vaccine.

The local NHS England team offers help and support to immunisation providers and recently commissioned a series of free update sessions aimed at practice nurses across Essex. The aim of these sessions is to help share learning from recent incidents and to provide a round-up of hot topics, general updates and changes to the immunisation schedule.

The Health Protection Team, part of Public Health England, has provided training and update sessions on the pertussis and flu vaccinations for pregnant women for the midwives in Essex.

The local NHS England team lead commissioner for immunisations holds a bimonthly immunisaton oversight meeting attended by public health staff from the three upper tier authorities in Essex.

6.0 Recommendations

- Every opportunity should be taken to actively promote immunisation uptake in children across Southend. This should include promotion in children's centres and at school entry

- Work should continue with primary care and midwives to immunise more pregnant women against whooping cough

- Provide information about immunisations to a broad range of partners who work with older people to enable them to pass on accurate information on the importance of immunisations at appropriate opportunities

Chapter 3 Seasonal Influenza

1.0 Background

Influenza (flu) is an acute viral infection of the respiratory tract. Symptoms frequently include fever, headache, cough, sore throat, extreme fatigue, and aching muscles and joints.

The influenza virus is highly contagious and is easily passed from person-to-person when an infected person coughs or sneezes. Transmission can also occur by touching a contaminated surface e.g. a door handle, and then putting the fingers in the mouth or near the eyes. Even people with mild or minimal symptoms can still infect others.

For most healthy individuals, influenza is an unpleasant but usually self-limiting illness with recovery usually within a week. However, for some it can lead to serious complications such as bronchitis and secondary bacterial pneumonia, which may require treatment in hospital and can be life threatening.

Those at higher risk of serious complications include people aged 65 or over, children and adults with an underlying chronic health condition such as respiratory disease, heart disease and diabetes, those with weakened immune systems as well as pregnant women (1).

Most cases of seasonal influenza in the UK tend to occur during an eight to ten week period during the winter. The timing, extent and severity of this can vary from year to year. In addition to the impact on the health and social care system (2), seasonal influenza can have a significant impact on the wider society through sickness absence amongst the working age population. The latest UK Labour force market survey identified that minor illnesses, including influenza, accounted for 27.4 million lost working days in 2013. This was 30% of all sickness absences and the most common reason for worker absence (3).

2.0 The Influenza Immunisation Programme

The aim of the national influenza immunisation programme is to protect those who are at a higher risk of serious illness or death should they develop influenza. It also helps to reduce transmission of the infection (4).

Seasonal influenza vaccine, or 'flu jab' should be offered, ideally before influenza starts circulating, to those in the following clinical risk groups:

- All those aged 65 or older
- Adults and children (over the age of 6 months) with chronic underlying health problems
    - A chest complaint or breathing difficulties, e.g. severe asthma, chronic bronchitis or emphysema
    - A heart problem
    - A kidney disease
    - Liver disease

  - A neurological disease e.g. multiple sclerosis
  - Diabetes
- Lowered immunity due to disease or treatment e.g. cancer treatment
- All pregnant women

Immunisation is also offered to health and social care staff directly involved in the care of patients/ clients to contribute to the protection of these vulnerable groups and to reduce sickness absence through the winter. It can also be offered to the main carers of older or disabled people and household contacts of immunocompromised people.

As different strains of influenza virus circulate each year, the vaccine formula is changed annually based on the strains most likely for the coming influenza season. This means that eligible people need to get a flu jab every year.

Following advice from the Joint Committee for Vaccination and Immunisation, the annual influenza immunisation programme is being extended to include vaccination of healthy children aged two to less than 17 years old. These children will generally receive the vaccine as an intranasal spray. In addition to preventing a large number of cases of influenza in children, it will also provide indirect protection by reducing transmission of influenza from children to adults and those in the clinical risk groups of any age.

Due to the scale of the programme it is being phased in over a number of years. This began in 2013, with the inclusion of children aged two and three years in the routine programme. There were also seven geographical pilots of primary school aged children, including one in South East Essex covering Southend.

From 2016/17, the intranasal influenza vaccine will be offered to two, three and four year olds and children in school years 1, 2 and 3. In addition, the pilot influenza immunisation programmes in primary schools will be continued. The intent is that the programme will gradually extend over future years to all primary school aged children.

2.1 Uptake of Influenza Vaccine in Southend

NHS England local area teams are responsible for commissioning the national influenza immunisation programme. Contracts to provide influenza immunisation services are held with a range of providers, including general practices for immunisations given in primary care and community providers for immunisations given in a school setting.

The NHS England Essex Area Team undertook an influenza immunisation pilot in 2014/15 with a number of community pharmacists, which evaluated positively. From 2015/16, a national scheme was introduced to enable all community pharmacies to provide flu vaccination to eligible adult patients where they met key criteria.

Influenza immunisation should be offered to 100% of those eligible to receive it. Table 1 shows the percentage uptake of influenza vaccine for each eligible group in 2015 -2016. The range of the lowest and highest uptake by GP practice in Southend

is also provided for people aged over 65, those under 65 in a clinical risk group, and pregnant women.

Table 1 Seasonal Influenza Vaccine Uptake by Eligible Population in Southend compared with England 2015/16

Eligible Population	National Targets 2015/16	Uptake of influenza vaccine in England 2015/16	Uptake of influenza vaccine in Southend 2015/16
Aged 2 years	65%	35.4%	18.8%
Aged 3 years	65%	37.7%	22.1%
Aged 4 years	65%	30.0%	15.7%
Age 5 (School year 1)	Not included	N/A	54.4% (local pilot)
Age 6 (School year 2)	Not included	N/A	52.9% (local pilot)
Age 7 (School year 3)	Not included	N/A	NA
All Pregnant Women	(range 40 to 65%) as per at risk groups)	42.3%	39.2%* (Range 26.7% - 60.6%)
Under 65- at risk	55%	45.1%	38.0%* (Range 23.2% - 63.3%)
65 and over	75%	71%	64.1%* (Range 50.3% - 80.3%)
Health Care Workers	75%	54.6%	SUHFT-59.3% SEPT- 30.1% NELFT-24.7%
Social Care Workers	75%	Data not available	Data not available

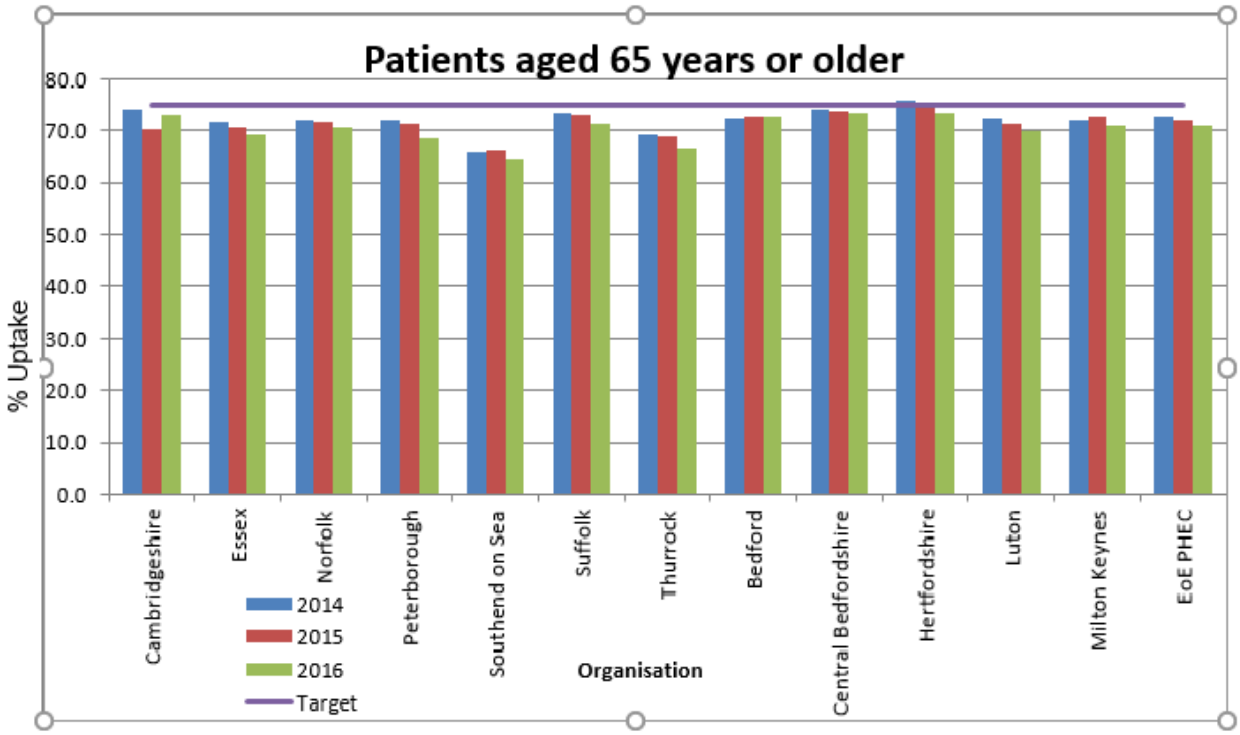
Source: Public Health England Public (PHE) 2016. Influenza Immunisation Vaccine Uptake Monitoring Programme

* The range of the lowest and highest uptake by GP practice in Southend is provided for people aged over 65, those under 65 in a clinical risk group, and pregnant women.

The poor uptake of influenza vaccine across virtually all eligible groups at both a national and a local level is concerning. Figure 1 highlights the continued downward trend of influenza vaccine uptake in persons aged 65 and over in Southend since 2014. This downward trend is generally reflected in the other local authority areas covered by the Public Health East of England Centre.

The exact cause of this downward trend in uptake of influenza vaccine is not known. It is unfortunate that there is often poor public perception of the benefits of influenza immunisation, often fuelled by negative media coverage and general misinformation.

Figure 1 **Trend of influenza vaccine uptake in persons aged 65 and over in Southend compared to the Public Health England East of England Region for 2014 to 2016.**



Source: Public Health England (PHE) 2016. Influenza Immunisation Vaccine Uptake Monitoring Programme

3.0 What is Being Done Locally?

Addressing the impact of seasonal influenza is a priority for the Southend health and care economy. Southend has an older population, with 18.9% of people aged 65 and over compared to the England average of 17.6%. Southend also has more people living with three or more long term conditions compared with England. This means that Southend has more people in the higher risk clinical groups who are more likely to suffer complications from influenza.

The commissioning of the seasonal influenza vaccination programme is undertaken by staff in the NHS England local area teams. The Director of Public Health in local authorities has a challenge and assurance role for local arrangements to ensure access to flu immunisation to improve uptake by eligible populations (5).

Following a review of the 2015/16 seasonal influenza immunisation programme in Southend, initiatives were put in place to increase local uptake. These included the establishment of a multi-agency Seasonal Flu Oversight Group to develop a detailed Southend Seasonal Influenza Action Plan to increase uptake of flu vaccine as part of the 2016/17 immunisation programme.

This group comprised representation from all key stakeholders, including local GPs and Community Pharmacists, Social Care, Public Health England, Southend

University Hospital NHS Foundation Trust, South Essex Partnership NHS Trust and NHS Southend CCG.

To set an example to other employers and increase uptake of flu vaccine amongst its own workforce, the Borough Council commissioned an influenza immunisation programme for all Council front line staff. This programme covered care staff working in council commissioned residential and care homes and staff employed by domiciliary care providers working in Southend. This programme has been commissioned for the 2016/17 season.

The Council also worked closely with NHS Southend CCG and Public Health England to increase uptake of influenza vaccination amongst staff in the top twenty care homes in the borough with the highest rates of patients admitted to hospital as a result of a respiratory condition. This work included a major communications and publicity programme to promote the benefits of flu immunisations as well as challenging the myths and misinformation about the vaccine. A number of face to face workshops and training sessions were also delivered in the community and local care homes.

The Council's Public Health Team has worked closely with NHS Southend to develop a specific plan for outbreaks of influenza in residential and care homes in Southend. When the Public Health England East of England local health protection team is alerted to a number of residents in a home with clinical symptoms suggestive of influenza, nose and throat swabs of those affected are sent off for laboratory confirmation. If the infection is confirmed as influenza, all unaffected residents are offered antiviral prophylaxis and appropriate infection control measures are put in place in the home. Public health commission the service for taking swabs and provision of antivirals, and NHS Southend Clinical Commissioning Group provide the funding for antivirals.

4.0 Recommendations

- A review is undertaken of the Southend Seasonal Influenza Action Plan outcomes for 2016/17 and the findings used to inform any changes to the action plan for 2017/18.

- Share best practice of those GPs delivering high rates of seasonal vaccination as part of the 'locality approach' of the South and Mid Essex Sustainable Transformation Plan

- All health and social care organisations covering Southend should put in place plans to increase staff influenza vaccination uptake to meet the nationally agreed targets

- Southend University Hospital NHS Foundation Trust to review how to provide additional support to increase uptake of influenza vaccination in at risk groups and specifically pregnant women

Chapter 4 Tuberculosis

1.0 Background

Tuberculosis (TB) is caused by infection with the bacteria Mycobacterium tuberculosis and can affect almost any part of the body, most commonly the lungs (1). The disease develops slowly and it may take several months before symptoms appear. Symptoms of TB include persistent cough, possibly with blood stained sputum, fever, weight loss and night sweats, and can be fatal if left untreated.

TB is spread by breathing in airborne droplets when a person with infectious respiratory TB coughs or sneezes. However, TB is much less infectious than other respiratory infections, such as influenza. Prolonged close contact such as living in the same household with an infected person is generally required to transmit the disease.

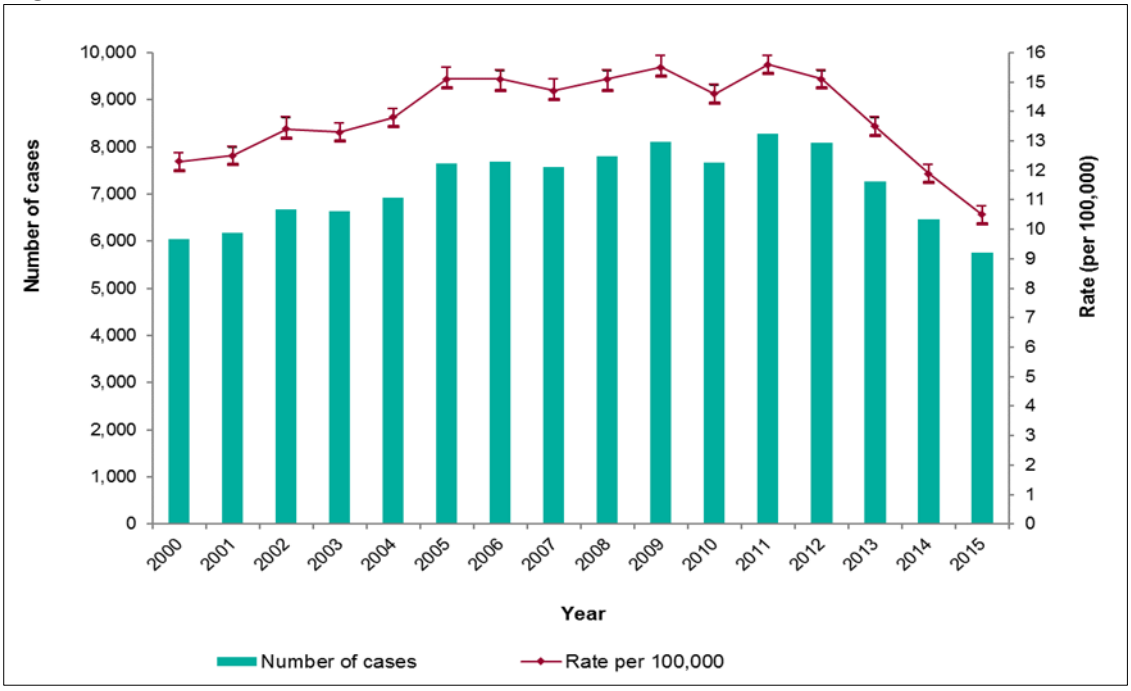
Not everyone who comes into contact with TB gets the disease. In some people the initial infection may be eliminated or they may develop latent disease when the TB bacteria remain in the body but the individual has no symptoms. Latent TB infection (LTBI) may reactivate later in life, particularly if an individual's immune system has become weakened e.g. through HIV, cancer chemotherapy or in old age. Up to 10% of people who have LTBI will develop the disease at some point in their lifetime (2).

At the beginning of the 20th Century there were over 117,000 new cases of TB in England every year. By the 1980s, with better housing and nutrition along with effective treatments, the number of new cases fell to a low of 5,086 in 1987 (1).This trend then reversed with a steady increase in the number of new reported cases, reaching a peak of over 8,280 in 2011 (15.6 new cases per 100,000 population), with the highest numbers concentrated in urban areas, particularly London (3).

Over the past four years there has been a year-on-year decline in the number of new cases of TB in England, down to 5,758 cases (10.5 new cases per 100,000 population) in 2015, a reduction of one third since the peak in 2011. This trend is shown in Figure 1.

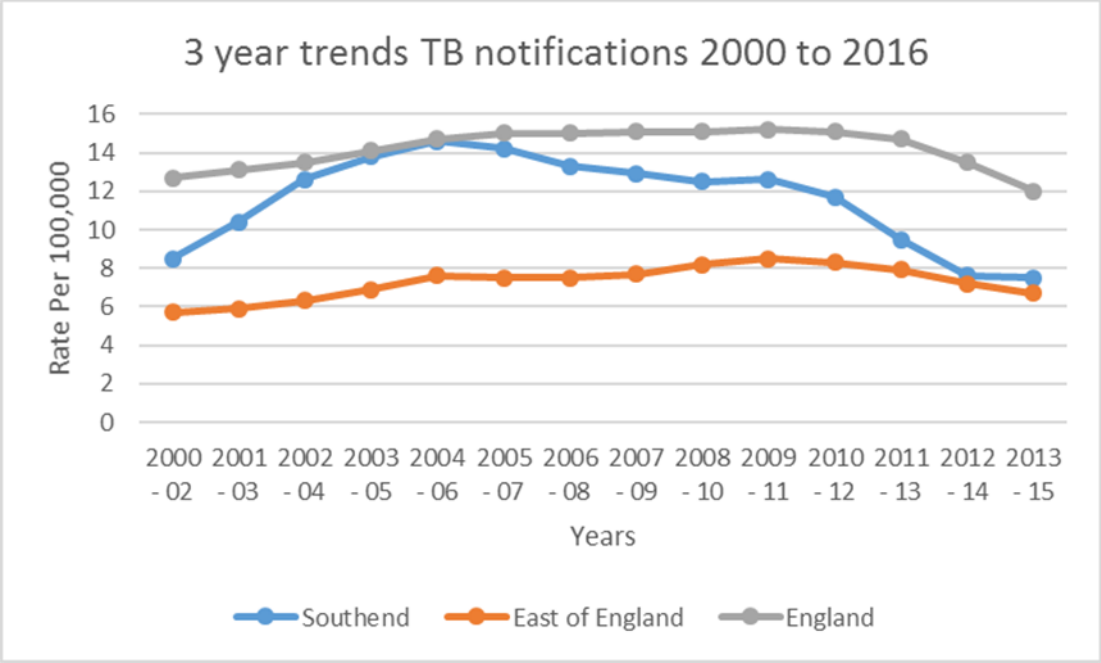
Figure 2 highlights the three yearly trend of TB notifications in Southend from 2000-2 to 2013-15. The peak incidence of TB occurred in 2004-6 and has since continued to decline to a three average rate of 7.5 new cases per 100,000 population in 2013-15.

Figure 1 TB case notifications and rates, England, 2000-2015



Source: Public Health England

Figure 2 Notifications of TB in Southend compared to England and East of England Region (three year average incidence per 100,000, 2000-2 to 2013-15)



Source: Public Health England 2016. TB Strategy Monitoring Indicators (4)

2.0 The Changing Pattern of Tuberculosis

Over the last 50 years TB has changed from a being disease that occurred across all parts of the population to one occurring predominantly in specific population subgroups (1).

Rates of TB are higher in certain communities, mainly by virtue of their connections to higher-prevalence areas of the world. The rate of TB in the non-UK born population is 15 times higher than in the UK born population, and 73% of all TB cases notified in 2015 were born abroad (3). Of these, 60% had been in the country for longer than six years, suggesting latent TB infection may have played a role in these cases.

In other communities, social risk factors such as homelessness, drug or alcohol misuse and imprisonment, are important factors. Despite the recent reduction in overall TB cases, the proportion of cases with at least one social risk factor increased from 9.8% in 2014 to 11.8% in 2015.

2.1 National Initiatives to Tackle Tuberculosis

Although England is considered as a low incidence country for TB, it still has one of the highest rates of TB notifications in Western Europe. To tackle this problem Public Health England in close collaboration with NHS England and a coalition of key stakeholders launched the TB strategy for England 2015-2020 (5). This aims to achieve a year-on-year decrease in TB incidence, and ultimately the elimination of TB as a public health problem in England.

The strategy includes ten key areas of action including the prompt identification of individuals who are infectious and ensuring that they are placed on appropriate treatment; vaccination of high risk groups; maintaining excellent diagnostic services; tackling drug resistant TB; identifying and treating those with latent TB; ensuring contact tracing happens; and workforce planning to deliver these interventions.

The national TB strategy created a national TB Office and seven multiagency TB Control Boards to oversee the implementation of the national strategy.

The UK previously screened migrants from countries with a high incidence of TB at the time of entry into the country. This has since been replaced with a chest x-ray based screening for active pulmonary TB prior to entry to the UK (6).

There are effective treatments for TB and there is now a focus on picking up the disease when it is latent. From 2015, there has been a national roll-out through GP practices of systematically testing and treating eligible new migrants for latent TB infection (7).

The BCG vaccine is most effective against the most severe forms of the TB in children, but less effective in preventing respiratory TB, which is the more common form in adults (1). From 2005, the BCG vaccine has been given to babies and children with a parent or grandparent from a country with a high incidence of TB

(over 40 cases per 100,000), or those who live in an area of the UK where the incidence of TB is high.

3.0 What is Being Done Locally?

The East of England TB Control Board, which covers the population of Essex, has comprehensive plans in place to address the key recommendations of the national TB strategy across the region. A network of local TB Control Boards from across the region, including Southend, link to the regional Board.

Over the past year, the Council has been working with the Essex TB Control Board on a number of initiatives, including the delivery of housing solutions for vulnerable homeless people diagnosed with TB.

The Clinical Commissioning Groups in South Essex commission the community TB service from South Essex Partnership NHS Foundation Trust. The aim of the service is to prevent the spread of TB in the community by providing rapid assessment of those suspected to have active TB and to arrange treatment at the earliest opportunity. All tuberculosis patients are cared for by a multidisciplinary team, and specialist TB nurses follow up and support patients once they are presumed to have TB to ensure medication is taken to completion. The nurses also identify and screen those who have been in contact with the case and provide support to people with TB and their families.

The local drug and alcohol service collaborates with the community TB service to support directly observed therapy (DOT) for people with TB with substance misuse problems. This involves the supervision of the patient by a healthcare worker when taking their medication, leading to better compliance with treatment. The local sexual health services have also been promoting the uptake of TB screening for all those offered HIV testing.

4.0 Recommendations

To continue the downward trend of TB notifications in Southend it is recommended that:

- Training is made available to professionals to raise awareness of TB in vulnerable groups including homeless, drug and alcohol misusers, as well as new migrants from high incidence countries, to ensure prompt referral when TB is suspected.

- The Council collaborates with the East of England TB Control Board and local partners to ensure DOT therapy is available for those people with TB in the most disadvantaged or hard to reach groups

- The Council supports the East of England TB Control Board and local stakeholders to implement the local plan for latent TB infection testing and treatment services

Chapter 5 Sexual Health and Blood Borne Viruses

1.0 Background

Good sexual health is fundamental to the health and wellbeing of individuals. It is underpinned by the provision of high quality, safe and accessible sexual health services and interventions.

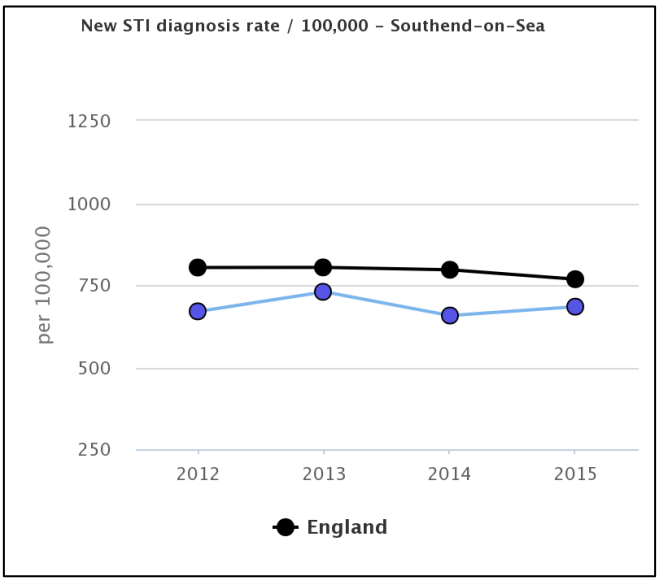
Despite progress in recent years, the UK continues to have high rates of sexual ill health. Within the population sexual health needs vary according to factors including age, gender, ethnicity and sexuality, with some groups disproportionately at risk of poor sexual health. These include young people aged 16-24, men who have sex with men, the 50+ age group, black and minority ethnic groups and other high risk groups such as sex workers and people misusing drugs and/or alcohol (1).
In order to improve sexual health outcomes, intervention programmes should be developed based on a robust evidence base and local needs.

Since April 2013, local authorities in England have been responsible for commissioning the majority of sexual health services, including sexually transmitted infections (STI) testing and treatment, and notification of sexual partners of infected persons (2). Clinical Commissioning Groups and NHS England commission other aspects of sexual health care.

2.0 Sexually Transmitted Infections

Information on the burden of sexually transmitted infections (STIs) in the population is collected from Genitourinary Medicine (GUM) Services, primary care and community services. The rate of new STI diagnoses in Southend remains significantly lower than the national average (Figure 1).

Figure 1 New STI Diagnoses in Southend compared to England average (rate per 100,000 and excluding Chlamydia in under 25's)



Source:PHE Fingertips

2.1 Chlamydia

Chlamydia is the most common bacterial sexually transmitted infection in England, with rates substantially higher in young adults than any other age group

Chlamydia infection is often asymptomatic and if left untreated it can cause a range of complications such as pelvic inflammatory disease, infertility and ectopic pregnancy.

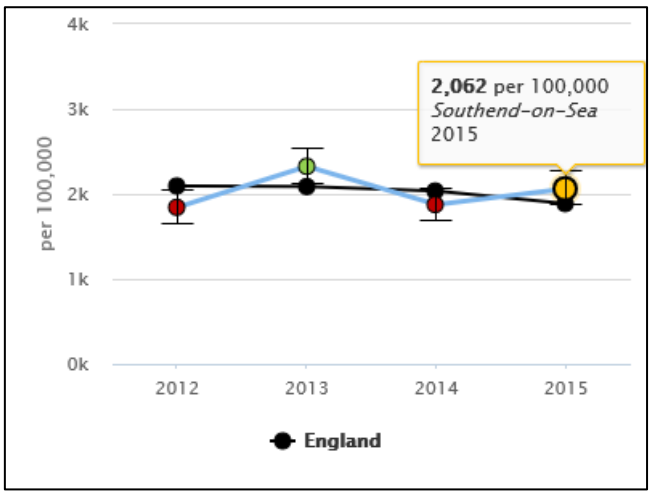
The National Chlamydia Screening Programme (NCSP) recommends that all sexually active under 25 year old men and women are tested for chlamydia every year or on change of sexual partner. By diagnosing and treating asymptomatic chlamydia infections, chlamydia screening can reduce the duration of infection, reduce the risk of developing complications, and reduce transmission (3).

The chlamydia detection rate amongst under 25 year olds is used as a measure of chlamydia control activity, with an increased detection rate being indicative of increased control activity. Public Health England recommends that local authorities should be working towards achieving a detection rate of at least 2,300 per 100,000 population aged 15-24.

Southend continues to have a significantly better rate of chlamydia screening in 15-24 year olds than the national average (23.8% compared to 22.5% in 2015).

Figure 2 highlights that the chlamydia detection rate in Southend is similar to the England average, but remains below the recommended level to reduce the prevalence of chlamydia in the population.

Figure 2 Chlamydia Detection Rate in Southend compared to England (rate per 100,000 aged 15-24, 2012- 2015)



Source:PHE Fingertips

2.2 Other Sexually Transmitted Infections

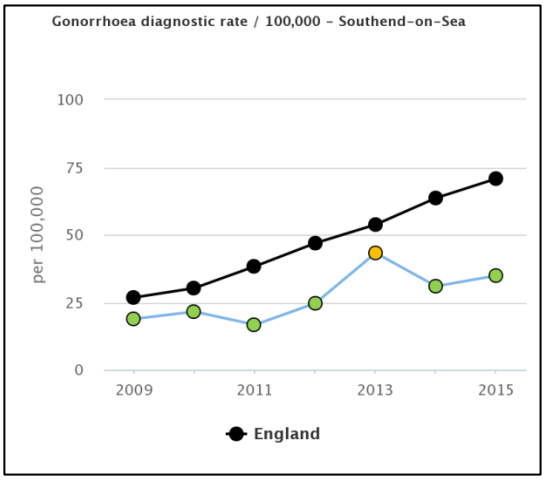
Gonorrhoea

Gonorrhoea is the second most common bacterial sexually transmitted infection in the UK. Diagnoses of gonorrhoea are particularly concentrated in young adults, men who have sex with men and black ethnic minority populations.

Gonorrhoea is often used as a marker for rates of unsafe sexual activity. This is because the majority of cases are diagnosed in genitourinary medicine (GUM) settings, and consequently the number of cases may be a measure of access to sexually transmitted infection treatment. Infection with gonorrhoea is also more likely than chlamydia to result in symptoms.

Rates of gonorrhoea in Southend are significantly lower than the national average (Figure 3).

Figure 3 Gonorrhoea Diagnostic Rate in Southend Compared to England Average (Rate per 100,000 population, 2009-2015)

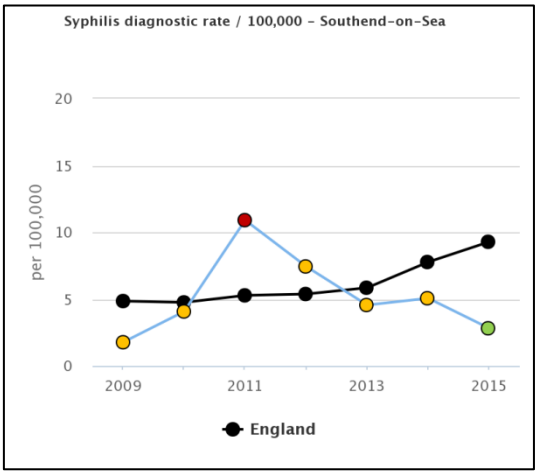


Source: PHE Fingertips

Syphilis

If untreated, syphilis can have serious health implications. These include damage to the internal organs, nervous system, bones and even death. Syphilis is an important public health issue in men who have sex with men (MSM) among whom incidence has increased over the past decade. Figure 4 illustrates the trend in all syphilis diagnoses among people accessing GUM services in Southend. The diagnostic rate has continued to fall since 2011, and is now significantly lower than the national rate (Figure 4).

Figure 4 Syphilis Diagnostic Rate in Southend Compared to England Average (Rate per 100,000 population, 2009-20015)



Source: PHE Fingertips

Genital Warts and Genital Herpes

Genital warts are the result of a viral skin infection caused by the human papilloma virus and genital herpes is caused by herpes simplex virus, types 1 and 2. The diagnostic rate of genital warts and genital herpes in Southend are both similar to the England average.

3.0 Human Immunodeficiency Virus (HIV) and Blood Borne Viruses

Blood-borne viruses (BBVs) are viruses that are carried in the blood and can be transmitted from one person to another. Those infected with a BBV may show little or no symptoms of serious disease, but other infected people may be severely ill.

The most common blood borne viruses are:

- Human immunodeficiency virus
- Hepatitis B
- Hepatitis C

3.1 HIV

Human immunodeficiency virus (HIV) is a virus that attacks the body's immune system, by destroying a type of white blood cell called a T cell (or CD4 cell), weakening the ability to fight infections and disease, including cancer. There is currently no cure for HIV but there is a range of effective treatments.

HIV can be transmitted by unprotected sexual intercourse, shared needle use by injecting drug users, needle stick injuries in healthcare workers as well as mother to child transmission before, during or after (via breast milk from an infected mother) the birth of the child.

HIV remains an important communicable disease in the UK. It is associated with considerable morbidity and mortality, high treatment and care costs. Treatment is available with highly active anti-retroviral therapy, which has led to a substantial reduction in the incidence of AIDS and the numbers of HIV-related deaths (4).

In 2015, there were an estimated 101,200 people living with HIV infection in the UK, equivalent to 1.6 per 1,000 people; 13% were unaware of their infection and at risk of passing on the infection. There were also 6,095 new HIV diagnoses in the UK in 2015, this represents a new diagnosis rate of 11.4 per 100,000 people which is higher than most other countries in western Europe (5).

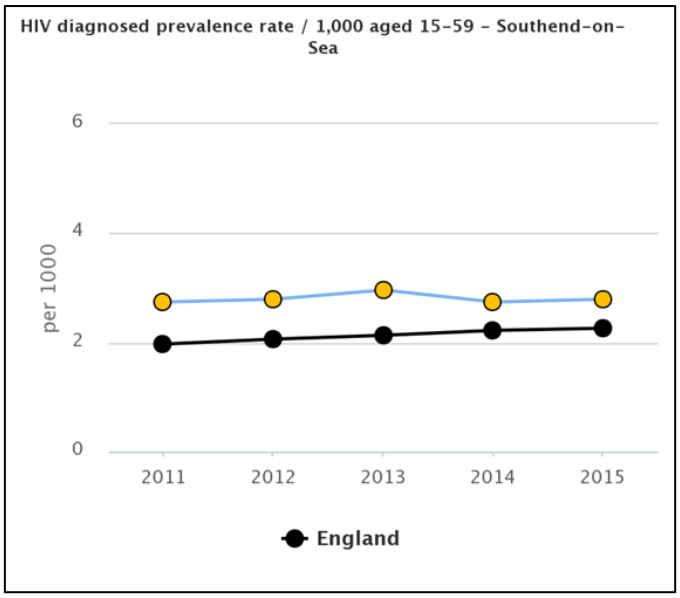
Of those diagnosed in 2015, 71% were aged between 25 and 49 years, and 17% were aged 50 years and over. The number of new cases of HIV reported in gay and bisexual men remains high and accounted for 54% of the new diagnoses in 2015. Of the 39% of the new cases of HIV acquired heterosexually, fewer cases were in people who were born abroad.

People living with HIV can expect a near normal life expectancy if they are diagnosed and treated promptly. A late HIV diagnosis (defined as having a CD4 cell count less than 350/mm3 within three months of diagnosis) can have adverse consequences on the individual including making it more likely the person will have frequent admissions to hospital due to illness and reducing their life expectancy. In 2015, among those with CD4 data available, 39% of adults were diagnosed late.

3.2 HIV in Southend

The prevalence of HIV in Southend has historically been higher than the national average, although, over time the difference has narrowed (Figure 5).

Figure 5 HIV prevalence in Southend compared to England (diagnosed rate per 1000 population aged 15-59 years)

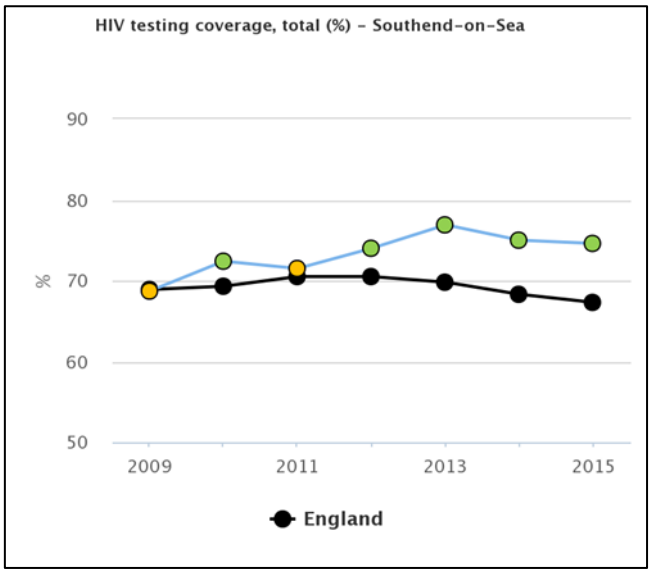


Source: PHE Fingertips

The rate of new HIV diagnosis in Southend has almost halved since 2012. In 2015, there were 8.9 new HIV diagnosis per 100,000 population among people aged 15 and over in Southend, which is lower than England average (12.1 per 100,000 population aged 15+)

HIV testing is integral to the treatment and management of HIV. Knowledge of HIV status increases survival rates, improves quality of life and reduces the risk of HIV transmission. Figure 6 shows that HIV test coverage in Southend is significantly higher than the national coverage. HIV testing coverage data represents the number of people tested for HIV.

Figure 6 HIV testing coverage in Southend compared to England, 2009-15 (% uptake in eligible new attendees to genitourinary medicine clinics)

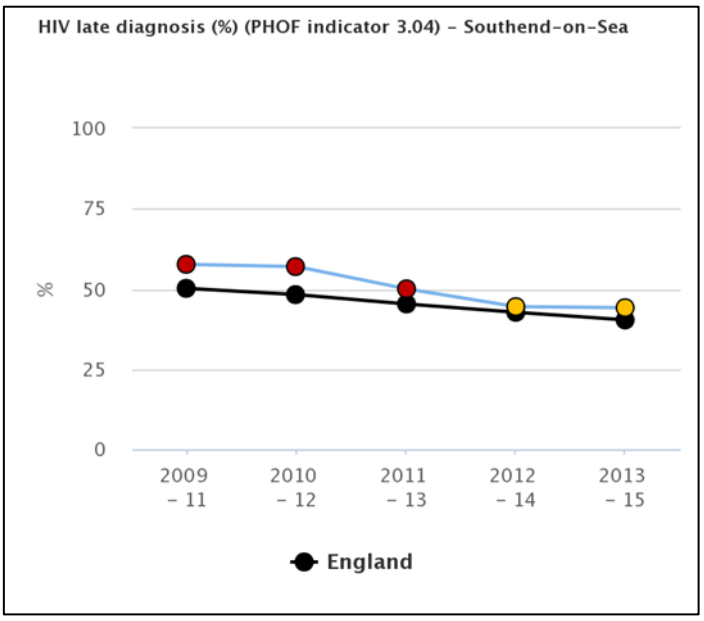


Source: PHE Fingertips

Late diagnosis of HIV is the most important predictor of morbidity and mortality among those with the infection. Those diagnosed late have ten times the risk of death compared to those diagnosed promptly.

Over the last five years there has been a continued downward trend in the proportion of individuals diagnosed late with HIV in Southend, which is now similar to the England average (Figure 7).

Figure 7 HIV late diagnosis in Southend compared to England 2009-15



Source: PHE Fingertips

4.0 Hepatitis B and C

Hepatitis B virus (HBV) replicates in the liver, and is also present at very high levels in the blood of people who are infected. The virus is transmitted by contact with an infected person's blood or body fluids contaminated by blood, and can be spread through sexual transmission, needle stick injuries, tattooing and body piercing, use of contaminated equipment for IV drug use as well as transmission from an infectious mother to her unborn child.

Many people with hepatitis B won't experience any symptoms and the infection will resolve without them realising they had it. In some people the virus persists for six months or more to develop chronic hepatitis B. The risk of chronic infection varies with age, occurring in 90% of those infected perinatally, but is less frequent in those infected as children. About 5% or less of previously healthy people infected as adults become chronically infected (6). The long term complications of chronic hepatitis B infection include liver cirrhosis and hepatocellular carcinoma, the most common type of primary liver cancer.

Hepatitis B is relatively uncommon in the UK and most cases affect people who become infected while growing up in part of the world where the infection is more common, such as Southeast Asia and sub-Saharan Africa.

Transmission of hepatitis B can be prevented through a course of vaccinations. These are offered to those at highest risk of infection: household contacts of people with hepatitis B including the babies of mothers with hepatitis B, injecting drug users and healthcare workers.

The hepatitis C virus (HCV) is also transmitted by contact with an infected person's blood or body fluids contaminated by blood. The routes of transmission are similar to hepatitis B, although transmission through unprotected sexual intercourse is less likely.

Most people with hepatitis C do not experience any symptoms. Unlike hepatitis B, 50-80% of people infected with hepatitis C go on to develop chronic infection. Of these 15% will develop liver cirrhosis and 2- 5% will develop hepatocellular carcinoma every year (7).

About 214,000 people have chronic hepatitis C in the UK, which is equivalent to 0.4% of the adult population. Up to 90% of hepatitis C infections in the UK are acquired through injecting drug use.

Although there is no vaccine for hepatitis C, it is a potentially curable disease. People with chronic hepatitis C infection should be referred to a specialist and considered for antiviral therapy.

5.0 What is Being Done Locally?

5.1 Sexual Health and HIV

Southend-on-Sea Borough Council has commissioned the SHORE (Sexual Health, Outreach, Reproduction and Education) Integrated Sexual Health Service.
This is delivered through a collaborative partnership between South Essex Partnership Trust, Southend University Hospital Foundation Trust Hospital and Brook young people's sexual health organisation.

The integrated sexual health service ensures that all aspects of the service are working consistently to national standards and contractual requirements. It includes:

- Contraceptive, sexual health and reproductive health services
- Genitourinary medicine services
- Specialist input for termination of pregnancy service
- Chlamydia screening including online and postal chlamydia testing services, and a data administration service
- Education Based Health Service - delivered in identified secondary schools and further/higher colleges in Southend.
- Management of the chlamydia testing and treatment and Long Acting Reversible Contraception services in primary care general practice settings
- Management of the chlamydia testing and treatment services and Emergency Hormonal Contraception in primary care community pharmacy settings
- Microbiology Services
- The Brook My Life programme: This is a programme that enables individuals and groups of young people to take charge to improve their own health and wellbeing by exploring skills, goal setting and becoming more emotionally resilient.
- Management of a separately commissioned 'Sexual Health Promotion and Community HIV Prevention Service' contract. This is currently contracted to the Terrence Higgins Trust.

SHORE now provides same day HIV testing as part of a four sexually transmitted infections (STI) test offer (HIV, syphilis, chlamydia and gonorrhoea) and full STI screening across all its sites.

The Council has also commissioned the national HIV self-sampling service to deliver online HIV tests since January 2016, to Southend-on-Sea residents through the online kit request service (www.test.hiv). This service is being promoted through the national website and by SHORE and Terrence Higgins Trust with targeted communities and businesses.

5.2 Hepatitis B and C

Specialist drug and alcohol services in Southend prioritise hepatitis B and C interventions within their nurse-led health and wellbeing work. They have developed pathways to specialist hepatology services and are working closely with liver nurses to ensure clients are quickly identified and referred for support where necessary. The most recent data suggests that this work is having an effect, and that the number of patients receiving hepatitis C tests is now greater than the England average.

6.0 Recommendations

- Undertake a review of availability of chlamydia screening in sexual health service venues and community based settings to ensure screening is available in the populations with the highest need, based on positivity.

- Raise professional awareness about who to screen and test for HIV to continue the reduction in late diagnosis.

- Continue efforts to reduce stigma and highlight testing opportunities to those at greatest risk of HIV.

Chapter 6 Healthcare Associated Infection

1.0 Background

Healthcare associated infections are a range of infections acquired in healthcare settings or as a direct result of healthcare interventions such as medical or surgical treatment (1). They occur most frequently in hospitals but can also be acquired in the community (including clinics, care homes and patient's own home); and affect patients, healthcare workers, carers and visitors.

Healthcare associated infection can result in significant harm to those infected; causing illness, delaying recovery, prolonging hospital stay, and may cause serious disability or even death.

2.0 The Scale of the Problem

Approximately, 300,000 patients a year in England are affected by a healthcare-associated infection as a result of care within the NHS (2). The most common types of healthcare-associated infection are respiratory infections (22.8%), urinary tract infections (17.2%) and surgical site infections (15.7%) (3).The cost of healthcare associated infections to the NHS is estimated to be in the region of £1 billion a year (4).

Everyone carries large numbers of micro-organisms on their skin or in their bodies, which only become a problem when the person becomes unwell or when the organisms have the opportunity to enter the bloodstream. People are at a greater risk of getting an infection when

- they are very young or very old,
- they have underlying health conditions e.g. diabetes which can impair their natural immune response
- their treatment involves invasive procedures e.g. urinary catheters or intravenous drips that provide an entry point for infection,
- they have a compromised immune system e.g. patients receiving chemotherapy
- they have a longer length of hospital stay or are in a high-risk area e.g. Intensive Care Unit (2).

3.0 Types of Healthcare Associated Infections

As part of the work to reduce healthcare associated infections, Public Health England runs a national surveillance programme to monitor the numbers of certain infections that occur in healthcare settings.

There are 4 mandatory surveillance programmes:

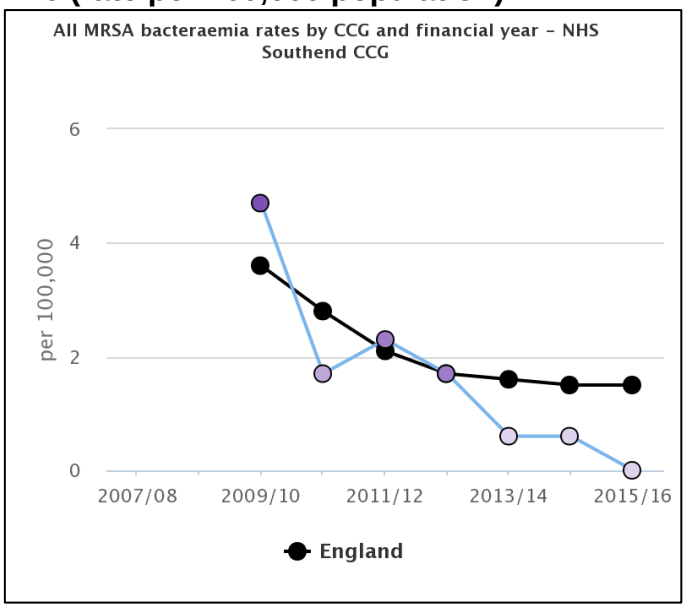
- Staphylococcus aureus (methicillin resistant Staphylococcus aureus or MRSA and methicillin sensitive Staphylococcus aureus or MSSA)
- Escherichia coli
- Clostridium difficile infection
- Surgical site infection

3.1 Staphylococcus aureus

Staphylococcus aureus (S. aureus) is a bacterium that is commonly found on human skin and mucosa without causing any problems. However, if the bacteria enter the body e.g. through a break in the skin or via medical equipment, such as catheters and drips, they can cause health problems ranging from mild to life threatening. These include skin and wound infections, abscesses, joint infections, infections of the heart valves, pneumonia and bacteraemia (blood stream infection).

Most strains of S. aureus are sensitive to commonly used antibiotics, but others have developed resistance, such as methicillin resistant Staphylococcus aureus (MRSA), and will require different types of antibiotic to treat them.

Figure 1 MRSA bacteraemia rates in Southend and England, 2007-16 (rate per 100,000 population)

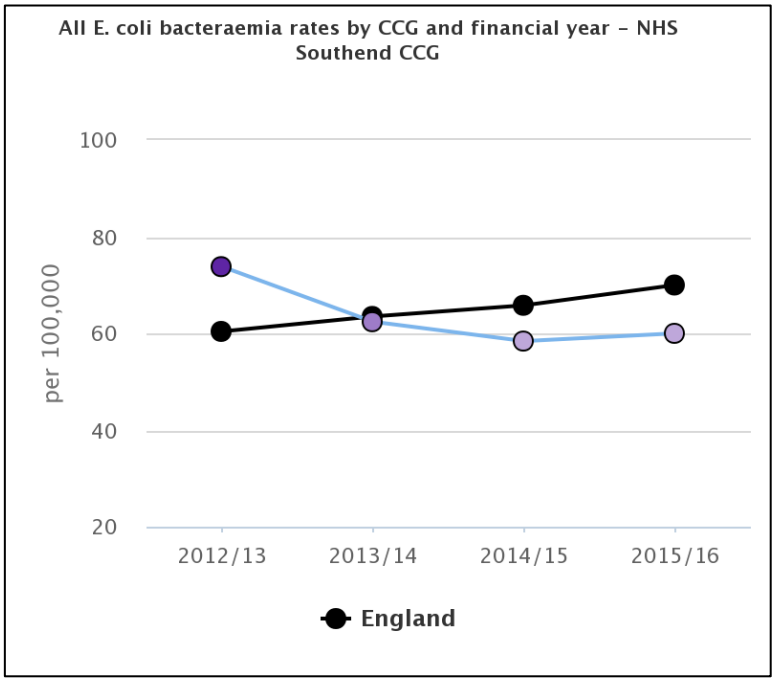


Source: Public Health England

3.2 Escherichia coli

Escherichia coli (E. coli) bacteria are found in the intestines of humans and animals. E. coli bacteria can cause a range of infections including urinary tract infection, intestinal infection and can also spread to the blood causing bacteraemia.
In England there has been a steady rise in the number of cases of E. coli bacteraemia reported over the past 4 years. Southend has not seen the same increase and remains below the England average (Figure 2).

Figure 2 E Coli Bacteraemia rates in Southend and England, 2012 -16 (rate per 100,000 population)



Source: Public Health England

Bacteraemia can be divided into two categories: 'hospital-acquired,' in which positive blood cultures occur more than 2 days after hospital entry; and 'community-onset,' occurring in the community or detected before 2 days of hospitalisation. Surveillance indicates that three quarters of E. coli bacteraemia cases have their onset in the community, so this is the setting where prevention and infection control interventions will have most benefit.

3.3 Clostridium difficile

Clostridium difficile (C. difficile) is a bacterium that is found in people's intestines. It can be found in healthy people (3% of adults) where it causes no symptoms. When people are unwell and treated with antibiotics, this allows C. difficile to grow to take over the gut and causes diarrhoea.

C. difficile infections can range in severity from mild diarrhoea through to severe inflammation of the intestine, but they can usually be treated with another course of antibiotics (5). Infection with C difficile can spread easily to others from contact with a contaminated environment or infected person.

Since 2004 the reporting of C difficile has been mandatory and there has been an overall decrease in the counts and rates of all reported cases since 2007.

NHS England set official guidance for C. difficile infection for NHS organisations in 2016/17, including objectives for maximum number of cases and rates of infection for acute hospitals and NHS commissioners. Table 1 shows the objectives for the local area. A sanction can be applied if hospitals exceed their case objective.

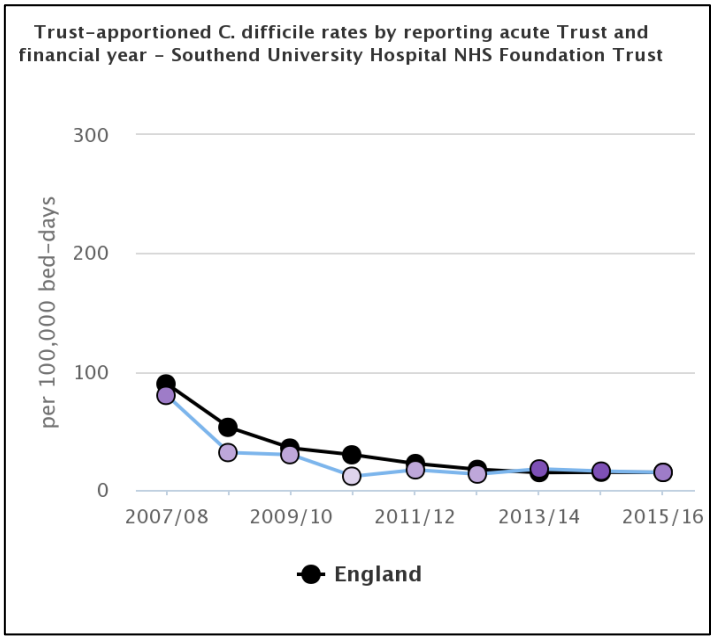
Table 1: Clostridium difficile (CDI) objectives for Southend University Hospital NHS Foundation Trust and NHS Southend Clinical Commissioning Group 2016/17

Organisation	CDI case objective	CDI rate objective
Southend University Hospital NHS Foundation Trust	**30**	**17.3**
NHS Southend Clinical Commissioning Group	**36**	**20.5**

Source: NHS England

Southend University Hospital NHS Foundation Trust has shown the same decrease in rates of C. difficile as has been seen nationally (Figure 3) and is below the expected case maximum.

Figure 3 Trust apportioned C. difficile rates Southend University Hospital Foundation NHS Trust 2007-2016



Source: NHS England

3.4 Surgical Site Infection (SSI)

A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery took place. Surgical site infections can sometimes be relatively minor infections involving the skin only. Other surgical site infections are more serious and can involve tissues under the skin, organs, or implanted material.

4.0 Reducing Healthcare Associated Infections

The Department of Health has made the control and prevention of healthcare associated infections a top priority (6). In addition improving cleanliness and reducing healthcare associated infections is a top tier ‘must do’ target for the NHS (7).

Although it is probably impossible to completely eradicate healthcare associate infections, in addition to clean environments, the key interventions that can significantly reduce their incidence are:

- Good hand hygiene practices
- Proper use of invasive medical equipment e.g. intravascular (IV) lines mechanical ventilation and catheters
- Prudent use of antimicrobials and optimising prescribing practice

4.1 Good Hand Hygiene Practices

The single most cost-effective intervention to prevent the transmission of healthcare associated infection is good hand hygiene, by washing hands with soap and water or using alcohol-based hand rubs before and after patient contact (8).

The *Cleanyourhands* campaign run by the National Patient Safety Agency was associated with increased hospital procurement of both alcohol hand rub and soap, with reduced rates of MRSA bacteremia and C difficile infection (9). This campaign has now been superseded in hospitals by the World Health Organisation’s ‘Save Lives – Clean your hands’ and the ‘Five Moments for hand hygiene.

Sometimes even the best hand washing will not be enough, and there is a need to wear protective equipment such as gloves and an apron.

4.2 Proper Use of Invasive Medical Equipment

Common invasive devices e.g. urinary catheters or intravenous cannulas carry a greater risk of healthcare associated infections. These may result from contamination from the skin during insertion of the device, contamination on staff hands when manipulating the device, or if the device is left in place for prolonged periods.

Strict infection control guidelines govern the use and management of invasive devices, their decontamination and disposal and the frequency with which they are checked and replaced while in use.

4.3 Prudent Use of Antibiotics

Modern medicine relies on antibiotics for preventing and treating serious infections, and their use is an essential component of modern surgery, cancer chemotherapy and organ transplants.

Antibiotic resistance (also known as antimicrobial resistance) occurs when bacteria adapt and become resistant to the medicines used so that they no longer work effectively.

The inappropriate use of antibiotics has contributed to the dramatic rise in antibiotic resistance over the last 40 years, and few new antibiotics have been developed. This has led to increased pressure on existing antibiotics and greater challenges in treating patients (10).

Work is being undertaken at a national level to tackle antimicrobial resistance, directed by a cross-government antimicrobial resistance strategy (11). This focuses activities around improving the knowledge and understanding of antimicrobial resistance, conserving the effectiveness of existing treatments and stimulating the development of new antibiotics, diagnostics and novel therapies

There are also a wide range of national initiatives to improve antibiotic prescribing practice:

- Raising awareness e.g. European Antibiotic Awareness Day' (EAAD) is held in November each year, aimed at health professionals and the public
- Optimising prescribing in primary care via education programmes such as Stemming the Tide of Antibiotic Resistance and Treat Antibiotics Responsibly, Guidance, Education, Tools (TARGET). Health Education England has also produced an e-learning module *Reducing Antimicrobial Resistance: An Introduction* aimed at all health and social care staff
- Optimising prescribing in hospitals and antimicrobial stewardship - the introduction of multi-professional specialist teams to monitor prescribing, resistance, and infections, and to supporting prescribers in choice and use of antibiotics (12)
- Measures to reduce the use of some antibiotics (associated with an increased risk of infection) e.g. cephalosporin and quinolone antibiotics
- Funding research

NICE have recently issued guidance on the effective use of antimicrobials (including antibiotics) which aims to change prescribing practice to help slow the emergence of antimicrobial resistance (13).
The change in prescribing practice needs to be coupled with further public campaigns around antibiotics. There is good evidence that these campaigns lead to reduction in use (14).

5.0 What is Being Done Locally?

5.1 Healthcare Associated Infections

Healthcare associated infections have been tackled successfully in recent years in Southend. This has resulted from a wide range of initiatives that have already been launched across the health economy. These include the widespread implementation of the "clean your hands campaign" and the Saving Lives High Impact Interventions initiative which focuses on actions that are known to make a difference, such as good catheter care.

Southend Clinical Commissioning Group (CCG) works closely with Southend University NHS Foundation Trust on infection control issues and audits cases of C difficile and MRSA bacteraemia. All cases of Clostridium difficile and MRSA bacteraemia are reviewed by provider organisations with CCG infection prevention and control input. The CCG Governing Body receives regular updates on healthcare associated infections.

5.2 Antimicrobial Resistance

A multidisciplinary Antimicrobial Resistance Group has been established to develop a strategy and action plan to slow the development and spread of antimicrobial resistance by tackling overuse and misuse of antibiotics.

The Public Health team has highlighted a resource called ‘e-bug’ which has gone out to schools through the local Schools Learning Network. E-bug is a free educational resource for classroom and home use to make learning about micro-organisms, the spread, prevention and treatment of infection, fun and accessible for all students.

All healthcare professionals and members of the public are being encouraged to become an Antibiotic Guardian.

The Southend CCG Medicines Management Team continues to work with prescribers and pharmacists to educate staff, promote good antibiotic prescribing practice and to audit antibiotic prescribing.

The use of delayed prescriptions in primary care for simple non-bacterial infections e.g. sore throats. Prescribers issue an antibiotic prescription but ask the patient to wait 24-48 hours to see if the condition resolves before commencing use. This has been shown to reduce antibiotic usage.

6.0 Recommendations

- Continue to increase standards and implementation of infection control measures across health and social care services (such as hand washing, use of personal protective equipment, decontamination, sterilisation, and patient isolation).

- Continue to promote the role of Antibiotic Guardian with healthcare professionals and the public.

- Promote public education about appropriate use of antibiotics and the importance of adherence to the prescribed dose and taking the full course of antibiotics.

Chapter 7 Emergency Preparedness

1.0 Background

Threats to the public's health such as outbreaks of disease, environmental hazards and severe weather conditions are continually emerging and can arise at any time. On occasions these can escalate into a major incident in a short space of time, requiring the implementation of special arrangements by one or a number of agencies such as the emergency services, the NHS or the local authority.

A key role of the Director of Public Health, acting on behalf of their local authority, is to ensure that plans are in place to protect the health of their population from threats ranging from relatively minor outbreaks to full-scale emergencies (1).

This role involves collaboration with Public Health England, NHS England and other relevant agencies to plan and prepare for, and contribute to a 24/7 response capability to deal quickly and effectively with emergency situations.

2.0 Emergency Preparedness and Planning

The Government is responsible for emergency planning and brought in the Civil Contingencies Act 2004 (CCA) (2) to ensure that the organisations best placed to manage emergency response and recovery are at the heart of civil protection.

The Act defines an emergency as:

- an event or situation which threatens serious damage to human welfare
- an event or situation which threatens serious damage to the environment
- war or terrorism, which threatens serious damage to security

The Act divides local responders into two categories depending on the extent of their involvement in civil protection work, and places a proportionate set of duties on each.

Category 1 responders are those organisations at the core of emergency response (e.g. emergency services, local authorities, acute hospitals, Public Health England and NHS England) and are subject to the full set of civil protection duties.

These duties include the assessment of risk of emergencies occurring and using this to inform contingency planning; putting in place emergency plans and business continuity management arrangements; having arrangements to make information available to the public about civil protection matters as well as the ability to 'warn, inform and advise' public in the event of an emergency

Category 2 responders include the utilities, transport, the Health and Safety Executive and Clinical Commissioning Groups. They generally support the emergency response through the provision of specialist support, equipment or advice.

2.1 What is Being Done Locally?

Essex Local Resilience Forum

The CCA requires multi-agency co-operation in emergency preparedness. At a local level this is fulfilled by the Essex Local Resilience Forum (Essex LRF) which brings together Category 1 and 2 responders. There is also a requirement for the Essex LRF to compile a Community Risk Register based on an assessment of the key risks facing the local community. The Risk Register is then used to inform emergency planning.

To facilitate close partnership working between the organisations that make up the Essex LRF, all of their emergency planning leads meet up for a day every week ("Working on Tuesdays" group) to help prepare and update plans for responding to major emergencies. This group also helps with the preparation and running of multiagency exercises and ensures that any lessons learnt are subsequently incorporated into the relevant plans.

The Emergency Planning Lead Officer for Southend Borough Council and the Director of Public Health are both members of the Essex LRF.

Essex Local Health Resilience Partnership

Local Health Resilience Partnerships (LHRPs) bring together health sector organisations to co-ordinate and support joint working and effective planning of the health emergency response (3). Their key responsibilities include the production of local sector-wide health plans to respond to emergencies as well as to contribute to multi-agency emergency planning. LHRPs are coterminous with LRFs and provide assurance about the ability of the health sector to respond in partnership to emergencies at the LRF level.

LHRPs are not statutory organisations and each constituent organisation remains responsible and accountable for their effective response to emergencies, in line with their statutory duties and obligations.

The Essex Local Health Resilience Partnership is co-chaired by the Director of Public Health for Southend-on-Sea Borough Council and the NHS England Locality Director for Mid and South Essex. The membership includes senior representatives from the health sector across Essex and the Health Protection Team at the Public Health England East of England Centre. All organisations represented on the Essex LHRP have signed a Memorandum of Understanding in relation to dealing with outbreaks involving a multiagency response.

NHS England is responsible for seeking assurance on the preparedness of the NHS in England to respond to an emergency, and that there is resilience in relation to continuing to provide patient care. This process is undertaken on an annual basis via LHRPs, and requires both health commissioners and providers to undertake a self-assessment against relevant NHS Emergency Preparedness, Resilience and Response (EPRR) Core Standards.

In the most recent assurance exercise, NHS Southend Clinical Commissioning Group was assessed as being “fully compliant” across all applicable core EPRR standards and sufficiently ready to respond to an emergency (4). Over the next 12 months Southend Clinical Commissioning Group will be undertaking further work to gain assurance that any providers they commission and any sub-contractors have robust business continuity planning arrangements in place.

On the basis of the self-assessment against the NHS Core Standards for EPRR, Southend University Hospital NHS Foundation Trust’s overall compliance is considered to be “substantially compliant”. Action has been taken to address the four criteria rated as ‘partially compliant’ within the next 6 months (5).

3.0 Extreme Weather and Health

Our climate is changing and evidence suggests that more extreme changes to our climate and extreme weather events can be expected in the future. Changing climate will affect people’s health, both directly and indirectly. Taking appropriate action and preparing for these changes now should lessen their impact.

3.1 Health and cold weather

Greater numbers of people are known to die during the winter months. Cold weather increases the risk of heart attacks, strokes, and respiratory diseases, as well as injuries from slips and falls in the snow or ice. Older people, very young children, and people with serious medical conditions are particularly vulnerable to the effects of cold weather.

The reasons more people die in winter are complex and interlinked with inadequate heating and poorly insulated housing, as well as circulating infectious diseases, particularly flu and norovirus, and the extent of snow and ice.

Excess winter deaths are additional deaths which occur between December and March (December-March) compared to the average number of deaths in non-winter months (August-November and April-July). The Excess Winter Death Index in Southend is similar to the rest of England (6).

Fuel poverty is an important public health issue, and is considered to be the cause of up to 1 in 10 excess winter deaths (7). Currently 9% of households in Southend experience fuel poverty, which is significantly better than the England average (6).

3.2 What is Being Done Locally?

Local action to tackle fuel poverty was covered in detail in my last two annual reports, which are available on the Council’s website.

Every year detailed local multi-agency planning takes place to inform the System Winter Resilience Plan, with the aim of minimising the impact of cold weather on the local population and on health and social care services. This includes a detailed communications plan covering actions to increase uptake of seasonal flu vaccine in eligible groups and a ‘keep warm and well’ campaign for the general public.

As part of the Cold Weather Plan for England (8), a national Cold Weather Alert service operates from 1 November to 31 March. This uses Met Office forecasts and data to trigger levels of response from NHS, local government and the public health system and communication of risks to the public when severe cold weather is forecast.

3.2 Health and Hot Weather

In contrast to deaths associated with cold snaps in winter, the rise in mortality as a result of very warm weather follows very sharply – within one or two days of the temperature rising. This means that by the time a heatwave starts, the window of opportunity for effective action is very short indeed; and therefore advanced planning and preparedness is essential

The Heatwave Plan for England and Heat Health Watch alert system were first developed following the Heatwave in 2003 when there were an estimated 2000 extra deaths in England (9). To support the Plan, the Met Office issues Heatwave Alerts from 1 June to 15 September each year.

3.3 What is Being Done Locally?

At a local level, Southend Borough Council facilitates the planning for the distribution of relevant heatwave planning guidance to the relevant non NHS agencies in the community (including education establishments and residential homes) and cascades the Heat Alert Level notifications. NHS England Midlands and East Regional Team have made similar arrangements for NHS organisations.

4. Recommendation

- The Essex Local Health Resilience Partnership should be asked to prepare an Annual Report and present to the Southend Health & Wellbeing Board and Cabinet to provide assurance to the Council on local health sector emergency preparedness.

Chapter 8 Screening

1.0 Background

Screening is the process of identifying apparently healthy people, but who may be at increased risk of a disease or condition. They can then be offered information, further tests and appropriate treatment to reduce associated risks or complications arising from the disease or condition.

The aim of screening is to identify those who are more likely to be helped than harmed by further tests or treatment to reduce risk. However, the screening process is not perfect and in every screening programme there are some false positives (wrongly reported as having the condition) and false negatives (wrongly reported as not having the condition). Before a screening programme is established there are a number of important criteria that must be met relating to the condition itself, the test, the intervention and the programme (1).

The UK National Screening Committee advises the NHS on which population screening programmes are implemented. Public Health England leads the NHS Screening Programmes and is responsible for quality assurance and monitoring uptake. Commissioning of NHS screening programmes is undertaken by NHS England. The Essex Screening and Immunisation Team based in NHS England East Team commissions the national screening programmes for the population of Southend.

There are currently 11 NHS systematic population screening programmes; six antenatal and newborn, three cancer and two young person and adult (2). This chapter focuses on the cancer and young person and adult screening programmes.

2.0 Cancer Screening

England has 3 national cancer screening programmes; breast, cervical and bowel.

2.1 NHS Breast Screening Programme

Breast cancer is the most common type of cancer in females in the UK and the second most common cause of cancer death in women (3). Approximately 45,000 cases of breast cancer are diagnosed every year, usually in women who are over 50 years of age (3).

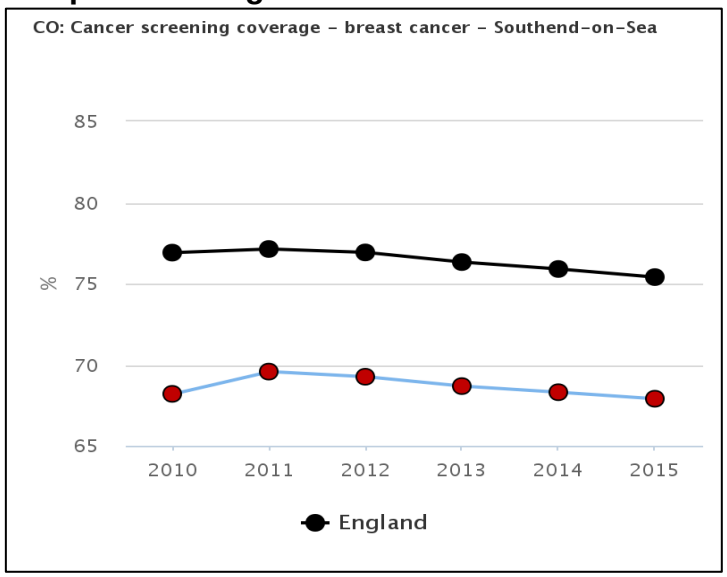
The NHS Breast Screening Programme aims to find breast cancer at an early stage, often before there are any symptoms. To do this, digital scans are taken of each breast (mammogram) to look for any abnormalities in breast tissue. Early detection may mean simpler and more successful treatment.

Women in England aged 50-70 years are invited for screening every three years. Women over 70 can continue to be screened by making an appointment at their local screening unit every three years. The NHS is currently in the process of trialling extending the programme, offering screening to some women aged 47- 49 and 71-73 years.

For the screening programme to be effective, it is important that a substantial proportion of the eligible population participate. The minimum standard is for 70% of women who are invited over a 3-year period to be screened and the target is 80%.

In Southend the breast screening coverage for women aged 50-70 years in 2015 was 67.9%, which is significantly lower than the England average of 75.4% (Figure 1). Breast screening coverage has been decreasing both nationally and locally since 2011. There is a need to increase screening coverage to further improve outcomes and breast cancer survival rates.

Figure 1 Breast Cancer Screening Coverage in Southend Compared to England 2010 -2015 *



Source: Public Health Outcomes Framework
(* % of eligible women screened in previous 3 years)

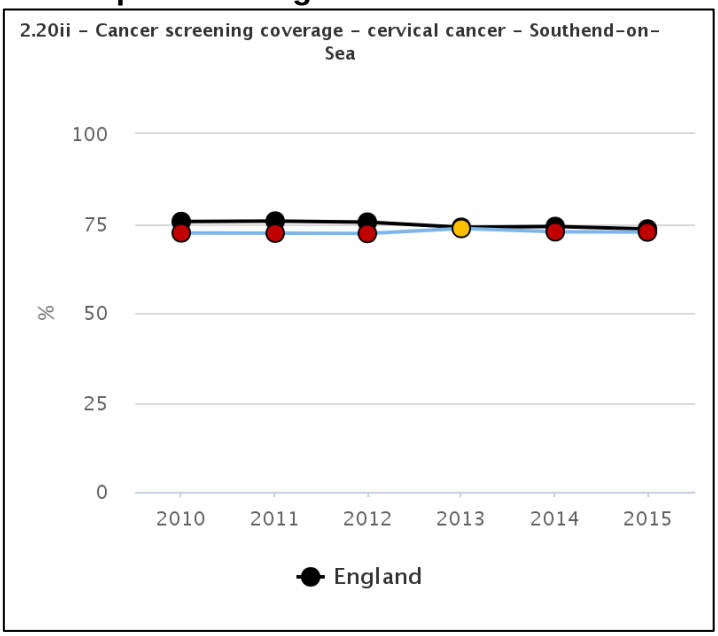
2.2 NHS Cervical Screening Programme

Cervical cancer is the 20th most common cancer in the UK, with around 3,200 new cases per year (3). The NHS Cervical Screening Programme aims to prevent cancer by detecting abnormalities in cells of the cervix and referring women for further investigation and potential treatment. Screening is offered every three years to all women aged 25 to 49 years and every five years to those aged 50 to 64 years.

It is estimated that early detection and successful treatment can prevent up to 75% of cervical cancers from developing (3). Since its introduction, the screening programme has helped half the number of cervical cancer cases, and is estimated to save approximately 4,500 lives per year in England (4).

Southend has historically had a low coverage in this screening programme and most recent data shows that there has been no significant improvement.

Figure 2 **Cervical Screening Coverage in Southend Compared to England 2010 -15 ***



Source: Public Health Outcomes Framework

(*% of eligible women screened adequately within the previous 3.5 or 5.5 years)

2.3 NHS Bowel Cancer Screening Programme

About one in 20 people in the UK will develop bowel cancer during their lifetime. It is the third most common cancer in the UK, and the second leading cause of cancer death (3). The risk of bowel cancer increases with age, with over 80% of bowel cancers arising in people who are 60 or over.

The NHS Bowel Cancer Screening Programme aims to detect bowel cancer at an early stage when treatment is more likely to be effective. Bowel cancer screening also detects polyps, which are not cancers but may develop into cancers over time and can easily be removed.

The NHS offers two types of bowel cancer screening to adults registered with a GP in England:

- A faecal occult blood (FOB) screening kit is offered to men and women aged 60 to 74 every two years. The kit is completed at home and posted to a laboratory for analysis. The FOB test detects occult (hidden) traces of blood in a small stool sample. People who test positive for FOB are referred further tests and, if necessary, treatment.

- An additional one-off test called bowel scope screening is gradually being introduced in England. This is offered to men and women at the age of 55. It involves a doctor or nurse using a sigdmoidoscope (a thin, flexible instrument) to look inside the lower part of the bowel. The aim is to find any small polyps which may develop into bowel cancer if left untreated

The NHS Bowel Cancer Screening Programme has been in place for 10 years, but uptake is still low both nationally and locally. For Southend, in 2015 coverage was 53.7% compared with an England average of 57.1%, against a required target of 75%.

2.4 What is Being Done Locally?

Depending on their area of residence and the breast screening round, women in Southend can access the breast screening programme at one of a number of sites. This can include the Southend University Hospital NHS Foundation Trust site, or the breast screening mobile unit which is placed at a number of venues in Southend.

In view of the falling cervical screening coverage in 25-29 year olds, a social marketing exercise has been undertaken in Essex with a wide range of stakeholders and 25-29 year old women. The findings will be used to inform local work, including a programme of communications targeting younger women.

The South Essex Bowel Cancer Screening Programme centre, which covers eligible men and women of Southend, commenced the bowel scope screening in December 2016, with plans for full implementation by the end of 2018.

3.0 Non-cancer young people and adult screening programmes

3.1 NHS Diabetic Eye Screening Programme

People with diabetes are at risk of a condition called diabetic retinopathy. This condition occurs when diabetes affects small blood vessels, damaging the part of the eye called the retina. Untreated this retinopathy is one of the most common causes of sight loss among people of working age. It may not cause symptoms until it is quite advanced.

The NHS Diabetic Eye Screening Programme aims to reduce the risk of sight loss in people with diabetes through the early detection, appropriate monitoring and referral for treatment of diabetic retinopathy. It offers screening every 12 months to all people with diabetes aged 12 and over. The screening test involves examining the back of the eyes and taking photographs.

The data for screening uptake is at present only available at regional level. The uptake for East of England in 2014/15 (82.4%) is similar to the England average (82.9%).

3.2 NHS Abdominal Aortic Aneurysm Screening Programme

Abdominal aortic aneurysm (AAA) screening is a way of detecting a dangerous swelling (aneurysm) of the aorta – the main blood vessel that runs from the heart, down through the abdomen to the rest of the body The swelling occurs when the wall of the aorta weakens and stretches. What causes this weakness is still unclear, however, smoking and high blood pressure are thought to increase the risk of an aneurysm.

An AAA usually causes no symptoms, but if it bursts it is extremely dangerous and usually fatal. Around 8 out of 10 people with a ruptured AAA either die before they reach hospital or do not survive surgery.

Early detection is important because once identified AAAs can be monitored or treated, greatly reducing the chances of the aneurysm causing serious problems. AAA screening involves a simple ultrasound scan to measure the abdominal aorta.

AAA is far more common in men aged over 65 than it is in women and younger men, so men are invited for screening in the year they turn 65. Men over 65 who have not previously been tested can self-refer for screening.

The NHS Abdominal Aortic Aneurysm (AAA) Screening Programme aims to reduce the number of ruptured AAAs and premature deaths among men aged 65 and over by up to 50% through early detection, follow-on tests and referral for treatment.

The Essex AAA Screening service was launched in May 2013.The uptake for 2015/16 for Essex was 78.8%. This is a promising start for a very new programme, especially as it is aimed only at men and for a condition that is not as widely known about. Data is also available at Clinical Commissioning Group level, and this shows that there is a lower uptake for AAA screening in Southend (75.4%).

3.3 What is Being Done Locally?

As part of the new Essex Diabetic Eye Screening Programme, an Engagement Manager has been recruited who is working with local diabetes support groups to enhance the service and improve access. They are also working with GP practices in the promotion of the service.

The Essex AAA programme is managed by Southend University Hospital NHS Foundation Trust. The programme continues to work with GP practices and local community services to promote the programme and raise awareness among the target age group.

4.0 Recommendations

- Consideration to be given to the inclusion of information on NHS screening programmes in ‘Making Every Contact Count’ training. This will enable staff from health, the local authority and other organisations to promote screening through routine health promotion messages to residents.

- Increase uptake and decrease inequity in uptake across all the screening programmes by targeting groups and communities who are less likely to access screening.

Feedback from Recommendations for 2015

This section highlights some of the initiatives that have taken place in the past year that are linked to the recommendations from the 2015 Annual Public Health Report.

Healthy Early Education and Childcare Settings

- A research report was commissioned by A Better Start Southend looking at childhood obesity. This highlighted a range of issues that contribute to childhood obesity and the associated high impact changes to address them. Children's Centres will be central to the delivery of a number of the initiatives, including peer support for breast feeding, support for the introduction of solid foods including skills for healthy cooking on a low budget, and healthy portion size.

- The appropriate regulations, including a licence from the Medicines and Healthcare Products Regulatory Agency (MHRA), and staff training have been put in place to enable Children's Centres to distribute Healthy Start Vitamins from their premises.

Healthy Schools

- All Southend Schools engage with the Healthy Schools Agenda. There are 42 Southend schools (80%) currently working towards achieving Enhanced Healthy School Status. In July 2016, 12 further schools achieved Enhanced Healthy Schools status.

- A number of primary schools in Southend are now participating in the 'Daily Mile'. This is a simple and free initiative where children take a brisk walk outside in the playground averaging a mile each day.

Healthy Homes

- Southend Council worked with the multi-agency South East Essex System Resilience Group to develop a 'Keep Warm, Keep Well' campaign to promote key messages to the public about how to stay well during winter, including having a flu jab.

- Southend Council continues to promote Southend Energy, an energy partnership between Southend Council and OVO Energy. Southend Energy offers Southend residents offers savings on their energy through competitive tariffs, including much-reduced standing charges and 3% interest reward on all credit balances.

- Southend Council has employed a dedicated public health private sector housing officer. This officer works predominantly with vulnerable older people, supporting them to maintain their properties and take relevant action to address issues that might impact on their physical and mental health. This enables people to stay in their own homes, reducing the likelihood of a placement in a residential or nursing

home. It also helps reduce the emergency hospital admissions, attributable to poor housing conditions.

Healthy Workplaces

- During 2016, over 40 small and medium enterprises signed up to the Southend Public Health Responsibility Deal. Employees have had the opportunity to access a number of initiatives to improve their health and wellbeing, including health checks, various physical activities and workshops on topics such as eating for performance.

- Southend Council has continued to promote the health and wellbeing of its staff through a number of staff health events. This has also included the use of ‘step jockey’ to prompt greater physical activity by labelling the stairs for ‘calorie burn’.

Healthy Southend

- Southend Council declared an Air Quality Management Area in 2016 and is currently in the process of developing an air quality strategy and Air Quality Management Area action plan.

- A Southend Physical Activity Strategy has been developed with an associated comprehensive action plan. This includes actions to promote the use of green spaces and parks in the borough to increase physical activity.

- Fourteen restaurants, cafes and sandwich shops have signed up to Southend Public Health Responsibility Deal and have committed to offering healthy options on their menu.

- The Southend Public Health Responsibility Deal has been promoted to schools via the Healthy Schools Programme, resulting in 12 schools signing up to the Deal.

- A Southend Joint Adult Prevention Strategy has been developed and has identified the key areas for prioritisation of resources across the spectrum of prevention.

- Southend launched its own version of the national “One You” health initiative. This programme is focused on adults and aims to help them live longer healthier lives by addressing negative lifestyle factors.

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Southend-on-Sea Borough Council

Agenda Item No.

~~11~~ 12

Report of Chief Executive

to

People Scrutiny Committee

11th April 2017

Report prepared by:
Fiona Abbott

Scrutiny Committee - updates

A Part 1 Agenda Item

1. Purpose of Report

To update the Committee on a number of health scrutiny matters and other matters relating to the work of the Committee.

2. Recommendations

2.1 That the report and any actions taken be noted.

2.2 That the Report of the Task & Finish Group looking at mental health issues for children and young people in Essex be received and noted.

3. NHS Southend CCG & Castle Point & Rochford CCG Consultation

3.1 The above mentioned CCGs carried out a consultation on proposals to change the service restriction policy of 3 specific treatments - Gynaecomastia (enlargement of the male breast tissue); spine injections for back pain; implantation of toric lenses for corneal astigmatism during cataract surgery. The consultation ran from 21st February – 14th March 2017.

3.2 The consultation document was circulated to Committee members on 21st February 2017 and advised that this was now a joint consultation with NHS Castle Point and Rochford CCG and also that the consultation on bariatric surgery will be undertaken at another time. No comments were received from the Committee and the CCG was advised accordingly.

3.3 The CCG will report the outcomes from this consultation to the Clinical Executive Committee(s) and Governing Body and also keep the Committee informed throughout.

4 Quality Report / Account – 1st April 2016 – 31st March 2017

4.1 The Scrutiny Committee, as a statutory consultee is invited to comment on the draft Quality Accounts received from health bodies. Unfortunately there is no discretion in the statutory timescales. In 2016, the draft Quality Accounts from South Essex Partnership Trust (SEPT) and Southend Hospital were circulated to

Committee members for any comments and a submission was sent to the Trusts in the time frame (Minute 778 refers).

4.2 Quality Report / Account - 1st April 2016 – 31st March 2017 - SEPT have advised that the draft Quality Account for 2016/17 will be sent on the 21st April 2017 and the Hospital have advised they will be sending through the document in the third week of April. The documents will be circulated to the Committee as soon as they are received. There is a requirement that any comments must be received by the Trusts within 30 days, in accordance with the Regulations.

5. Mental health services for children and young people

5.1 The Committee will recall that Councillors Boyd and Endersby joined this Essex HOSC Task & Finish Group looking at mental health issues for children and young people in Essex – refer to Minute 356 (October 2016) & Minute 501 (November 2016).

5.2 The focus of the Group was on the perception, awareness, signposting and accessibility to service aimed at children of school age. The Group were interested to see how the wider system worked and explored some of the issues around the level of coordination and joined up working between agencies.

5.3 The final report from the review has been considered and agreed by the Essex HOSC at its meeting on 20th March, with some minor amendments made. A copy of the summary report from the review is attached at **Appendix 1**. The full report has been placed in the members area. The Committee is asked to note the publication of the report.

6. Other matters

6.1 GP practice change – on 21st February 2017 the CCG advised about a change to the practice operating at the University of Essex, Southend Campus in Luker Road, Southend. This information was shared with the Chairman & Ward Councillors.

NHS Property had advised the CCG that the landlord to this practice will no longer offer the university building to the practice, which is a branch surgery to the Northumberland Avenue practice, which is not closing. There are about 5,000 on the whole registered list and that there is capacity in the local area to take any additional patients who choose to move following the change, which will be from October 2017. The CCG do know that there are a higher number of students registered at the practice and have said they will monitor student movement. The CCG have also said that they would be grateful for any feedback from Councillors on any increase in appointment times for residents in the central area, to enable them to investigate issues. The Committee is asked to note the position.

6.2 St Lukes Primary Care Development – the CCG has been asked to provide an update on this project which will be circulated as soon as it is received.

6.3 Update on SEPT/ NEP merger – the Committee will be aware of the proposed merger of SEPT and North East Partnership NHS Foundation Trust (NEP) on 1st April 2017 to form Essex Partnership University NHS Foundation Trust (EPUT).

An update briefing note prepared by SEPT on this matter is attached at **Appendix 2** which the Committee is asked to note.

6.4 Success Regime / STP - as advised at the last meeting, the Regional Health Scrutiny officers group held a half day workshop on STP on 6th February 2017. The meeting was facilitated by Brenda Cook, regional advisor with the Centre for Public Scrutiny and the training offered for all Eastern region health scrutiny Chairmen and Vice Chairmen and Scrutiny Officers and was attended by Cllr Moyies, Cllr Nevin and Fiona Abbott. A copy of the presentation slides have been placed in the members area.

Councillors Moyies, Nevin and Boyd met with the Essex CC HOSC Chairman and 2 other County Council HOSC members from the south east Essex area on 23rd March. The meeting was held in Southend. They met with NHS England and discussed timelines and future work programming.

A special meeting of the Scrutiny Committee will be held on 6th April 2017 and NHS England have been requested to update the Committee on the clinical evidence base underpinning the proposals and potential (hospital) models, and for the business case to be shared with the Committee prior to the public consultation stage. Any slides from the meeting will be circulated.

6.5 School achievement data – at the meeting on 24th January 2017 it was agreed that a training session would be arranged for Committee members on this new annual set of data (Minute 691 refers). Six Councillors attended the session which took place on 21st March and was led by the Director of Learning.

7. Corporate Implications

7.1 Contribution to Council's Vision and Critical Priorities – Becoming an excellent and high performing organisation.
7.2 Financial Implications – There are no financial implications arising from the contents of this report. The cost of any Joint Committee work can be met from existing resources.
7.3 Legal Implications – none.
7.4 People Implications – none.
7.5 Property Implications – none.
7.6 Consultation – as described in report.
7.7 Equalities Impact Assessment – none.
7.8 Risk Assessment – none.

8. Background Papers

- Emails regarding CCG consultation
- Emails regarding Quality Accounts; letter from SEPT dated 17th March 2017 regarding Quality Account / Report process and new organisation being created
- Emails regarding GP practice change
- Emails regarding SEPT / NEP merger update
- Emails with NHS England re SR
- Emails regarding arrangements for briefing re school achievement data

9. Appendices

Appendix 1 – Summary document
Appendix 2 – Briefing on SEPT / NEP merger

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all together, better

Update report on the merger of North Essex Partnership University NHSFT (NEP) & South Essex Partnership University NHSFT (SEPT)

Southend on Sea Borough Council Members & People Scrutiny Committee Briefing
Monday 3rd April 2017 2017

Update Report on the Merger of NEP and SEPT to create Essex Partnership University NHSFT (EPUT)

This report updates the wider Councillor membership of Southend on Sea Borough Council and the People Scrutiny Committee with the merger between North Essex Partnership University NHSFT (NEP) and South Essex Partnership NHSFT (SEPT) to create Essex Partnership University NHSFT (EPUT).

This paper builds upon the report given on 3rd October 2016, in which it was noted that the Trusts were in the process of finalising the Full Business Case for the merger for submission to their regulator NHS Improvement. This case was submitted on 5th December 2016.

It was also noted that an Interim Board would be in place for 1st November 2016 and this was achieved. The Board is chaired by Janet Wood until a substantive Chair is sought in the summer of 2017 and the executive team is led by Sally Morris as Chief Executive Officer.

This report will update members on the key aspects of the assessment process from NHSI and the integration plans for the first year of EPUT's operation.

Summary

The Trust first approached the idea of a formal merger in September 2015, in response to regional plans for the future. The strategic rationale for a proposed merger remains strong with the publication of the four Sustainability and Transformation Plans (STPs) which affect the proposed new Trust and the Essex Mental Health Strategy.

The Outline Business Case, competition reviews and the due diligence exercise confirmed that a proposed merger is a feasible and deliverable proposition. The Full Business Case (FBC) defines and describes the benefits of the proposed merger and details how it will be implemented fully. This was agreed by both Trust Boards in November 2016 and submitted to NHS Improvement (NHSI), our regulator, in early December 2016 – as advised by CEO letter to HOSC Chair that same month.

Engagement with a range of stakeholders, specifically staff at both Trusts and service users and carers via a proposed merger stakeholder reference group, has continued throughout the process.

Current merger status

The Trust Boards received and approved a Full Business Case for the merger at their meetings on 30th November 2016. Following some final comments and additions this was submitted to NHSI on 5th December 2016 for their review.

This triggered the NHSI assessment process. Following authorisation from the Trust Boards of both NEP and SEPT in November 2016 the draft Full Business Case and draft Post Transaction Integration Plan was submitted to NHS Improvement's Provider Assessment team.

The assessment process is fully described in the Transactions Guidance at pp35 to 57 available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/417799/Transactions_guidance_2015_FINAL.pdf .

In summary the process focuses on four areas:

- strategy: Is there a clear strategic rationale for the transaction and does the board have the capability, capacity and experience to deliver the strategy?
- finance: Does the transaction result in an entity that is financially viable?
- quality: Is quality maintained or improved as a result of the transaction?
- transaction execution: Does the trust have the ability to execute the transaction successfully?

The assessment takes the form of a review of various background evidence used to write the business case and integration plans; meetings with Interim Executive Directors and other staff members to understand, assess and challenge the assumptions used in the business case; and finally a meeting with the Interim Board and NHSI Executives to summarise the findings of the assessment and challenge any outstanding areas of concern.

NHSI confirmed in its letter of 20th March 2017 that it had given the transaction a "green" rating meaning that they had no material concerns.

In parallel, Grant Thornton (NEP's current external auditors and appointed as Reporting Accountants for the merger by both Boards) completed their assessment

of the transaction to allow them to provide each Board with an independent expert opinion regarding:

- proposed financial reporting procedures
- proposed quality governance procedures
- integration planning

The opinion was given on a Board Memorandum that covers each of the topics above and presented to the NEP and SEPT Boards at the end of February.
The formal audit opinion of Grant Thornton and the green risk rating letter from NHSI was shared with both Trusts' Councils of Governors who were asked to vote to confirm that the Boards of Directors had approved the merger after undertaking all due diligence and had sought and gained the views of the Trusts' membership.

Both Councils and the Trusts then signed a legally binding merger agreement. This allowed NHSI to agree a Grant of Merger that dissolves NEP and SEPT on 31st March 2017 and creates Essex Partnership University NHS Foundation Trust on 1st April 2017. All the assets and liabilities of NEP and SEPT legally transferred to EPUT at the stroke of midnight 31st March 2017.

Planned engagement with stakeholders.

The Trusts have established a Stakeholder Reference Group of service users, carers and Healthwatch Mental Health Ambassadors. This group is chaired by a service user. It is an active and engaging group. Members are keen to develop it themselves and, at the next meeting, will be debating draft Terms of Reference developed by a member. The group is being engaged by the Trusts' clinical leaders on the emerging clinical model from the design stage onwards. Anyone with an interest in the proposed model can join the group. It is advertised widely on both Trusts' websites and at public meetings.

A major public meeting was held at the end of January 2017 in Brentwood. Attendees were able to meet the Interim Board of the proposed new Trust and ask questions related to the merger plans and the proposed new organisation. It was a lively and very well attended meeting. People who were unable to attend had the opportunity to send in questions in advance. These were read out and answered on the night. In addition, both Trusts have held or are holding public meetings in their localities for people to ask questions directly about the merger proposals.

In the summer, many staff took part in focus groups to discuss the Trusts' current cultures. Following on from these, joint workshops for staff were run, along with surveys for staff and service users and carers, to engage everyone in co-producing the proposed new organisation's vison and values. The outcomes were that the vision 'Working to improve lives' and the values 'Open, Compassionate and Empowering' were agreed. These are values that staff in the proposed new

organisation, including the Interim Trust Board, will be expected by colleagues and people who use the proposed new Trust's services to demonstrate in every contact they make at work. Also, they will be part of the proposed new Trust's processes such as recruitment, supervision and appraisal of staff.

The Consultants and other clinical and social care leaders from both current Trusts have been meeting together to help shape the proposed future Trust. Their discussions have included the principles for the emerging proposed new Essex-wide integrated health and social care model for mental health services for adults and older people. The proposed model is being co-produced with a range of stakeholders including staff, commissioners, service users and carers. Progress to date was shared with the East of England Clinical Senate in February 2017 and we are awaiting their formal feedback.

The CEOs of both Trusts have provided other key stakeholders with written updates at key points in the merger process, including MPs, Local Authorities, NHS partners, Healthwatches and HOSCs. The Trusts have attended HOSC meetings in Essex, Thurrock and Southend to present to members on the merger proposals and have provided detailed merger progress updates which have been published on Council websites. A merger update is discussed at every public meeting of each Trust Board and published on the Trusts' websites.

The FBC document contains much information that is commercially sensitive to the Trust and its partners and so will not be made available publicly. A "Proposed Trust Prospectus" has been published on both Trusts' websites and made available at public meetings.

Planned Timetable for Merger

The merger will legally take effect at one minute past midnight on Saturday 1st April 2017 when all operational services are transferred to Essex Partnership University NHSFT.

There will be no significant changes to the clinical services brought about by the merger until the new clinical model is agreed with commissioners, service users and other stakeholders. This is scheduled for Quarter 3 of 2017/18 – from about October 2017. Until we have agreement on the new service model and any changes to service configuration – which will mean, potentially, formal consultation – the services continue to be commissioned and delivered much as they are now. In the first year, changes will be incremental and have been agreed as part of our contracts with commissioners for 2017/18.

The first year changes are in corporate services – creating a single Board, ensuring that corporate support services such as IT and estates are working together as a single team, to reduce our overall corporate costs. This allows a solid foundation for

EPUT to work with commissioners and stakeholders to plan and deliver truly transformational clinical change from 2018/19 and beyond.

What are the main benefits of merger?

The Trusts believe that by merging they will be 'stronger together'. They will be better able to co-produce the transformed mental health and social care services required by changing commissioning intentions and to meet patients/service users' needs. They will also be able to deliver the additional savings required which would assist the local health and social care system to come back into financial balance.

The main benefits of merger are set out in the merger prospectus published on the Trusts' websites and include:

- Protecting and improving front line services by using the economies of scale and resources released by the merger to deliver significantly improved care for local people and to protect NHS frontline services from increasing financial pressures.
- Fewer patients needing to use beds outside of Essex.
- Better ability to recruit and retain doctors, nurses and therapists with greater opportunities for career development, rotation between different units and research and education programmes at two universities instead of one each
- We will be better able to make best use of bank staff as both current banks would be shared. This could help reduce use of agency staff.
- Better access to more specialist expertise as service users would have access to staff from both Trusts.
- The merged Trust's new clinical model for Essex-wide mental health services supports the locally-agreed principles of transforming a whole system of integrated care for people with mental health needs. It fits well with the co-produced Essex-wide mental health strategy. A merged Trust can do this better than two Trusts working separately in different parts of the county.
- Better consistency of care as more standardised training of staff would lead to higher quality and less variation in the standards of clinical care and better outcomes for service users. Each Trust has different areas where excellent care is provided and different areas where there are improvements to be made. They are both aiming to improve clinical standards to offer excellent services. They are starting from different points, but aiming for the same goal and will be more likely to achieve this by pooling their expertise as a one organisation.
- More efficient use of our facilities to release money for front line services.
- Integrating our community health and mental health teams to provide more rounded care for people with physical and mental health needs.
- Wrapping our services around local primary care services in a new clinical model for adults and older people's mental health services would mean more people could be assessed and treated in their GP surgery or clinic and more people could be cared for at home.

The merger will also bring a more secure and stable financial future. Not merging the Trusts would, we calculate, cost taxpayers around £16 million more over five years.

What commissioner preparations and support has there been for the merger?

A key driver of the merger has been to respond to the Essex Review of Mental Health Services and the Greater Essex Mental Health Strategy that came from the review. The Trusts played an active role in the review and helping commissioners to develop the subsequent strategy.

Commissioner representatives from all CCGs and local authorities have formed part of the working groups that developed our initial clinical model for mental health and were also interviewed by NHSI as part of their assessment for our plans for integration. The Accountable Officer for the lead CCG for mental health commissioning across the county of Essex – Sam Hepplewhite from North East Essex CCG – has been invited to all meetings of the Merger Project Board and Interim Board as we moved through the business case process.

We will have the final version of the revised clinical model, that meets the expectations of commissioners in their new mental health strategy, ready for stakeholder review by the beginning of October 2017. At this point we will engage with wider stakeholders and undertake any formal process of consultation that is required to be ready to implement the new model from April 2018.

Acronyms used in update report:

CCG	Clinical Commissioning Group
CEO	Chief Executive Officer
CQC	Care Quality Commission
EPUT	Essex Partnership University NHS Foundation Trust *(proposed new Trust)*
FBC	Full Business Case
HOSC	Health Overview and Scrutiny Committee
IT	Information Technology
MPs	Members of Parliament
NEP	North Essex Partnership University NHS Foundation Trust
NHS	National Health Service
NHSFT	NHS Foundation Trust
NHSI	NHS Improvement
SEPT	South Essex Partnership University NHS Foundation Trust
STPs	Sustainability & Transformation Plans

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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