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SOUTHEND-ON-SEA BOROUGH COUNCIL

People Scrutiny Committee

Date: Tuesday, 1st December, 2015

Time: 6.30 pm

Place: Committee Room 1 - Civic Suite, Victoria Avenue, Victoria Avenue

Contact: Fiona Abbott 01702 215104

Email: committeesection@southend.gov.uk

AGENDA

**** **Part I**

- 1 Apologies for Absence
- 2 Declarations of Interest
- 3 Questions from Members of the Public
- 4 Minutes of the Meeting held on Tuesday 13th October, 2015 (Pages 1 - 8)
- 5 Minutes of the Meeting held on Monday 7th September, 2015 (Pages 9 - 12)

**** **ITEMS CALLED-IN/REFERRED DIRECT FROM CABINET - Tuesday 10th November, 2015**

- 6 **Monthly Performance Report** (Pages 13 - 79)
Members are reminded to bring with them the most recent MPR for the period to end September 2015. An Exceptions Report will be circulated shortly and copies will be available at the meeting.

Comments/questions should be made at the appropriate Scrutiny Committee relevant to the subject matter.

- 7 **Notice of Motion on HIV Testing** (Page 80)
Minute 402 – Item 7 refers
Called-in by: Councillors J L Lamb and A E Holland
- 8 **Market Position Statement** (Pages 81 - 98)
Minute 412 – item 18 refers
Called-in by Councillors J L Lamb and A E Holland

PRE-CABINET SCRUTINY ITEMS

None

ITEMS CALLED-IN FROM THE FORWARD PLAN

None

**** **OTHER SCRUTINY MATTERS**

- 9 **Scrutiny Committee - Updates** (Pages 99 - 108)
Report of Corporate Director for Corporate Services

10 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 II**

11 21st Century Children's Centres - A Model for Sustainability (Pages 109 - 146)

Minute 418 – Item 24 refers

Called-in by Councillors J L Lamb and A E Holland

12 The Acquisition of Land and Buildings for School Improvement and Secondary Places (Pages 147 - 172)

Minute 421 – Item 27 refers

Called-in by Councillor J L Lamb and A E Holland

****** OTHER SCRUTINY MATTERS**

13 Schools Progress Report (Pages 173 - 178)

Report of Corporate Director for People

14 Multi-academy Trusts and Academies Briefing Paper (Pages 179 - 180)

Report of Corporate Director for People

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

Councillor Salter (Chair), Councillor Hadley (Vice-Chair)

Councillors M Assenheim, B Ayling, M A Betson, M L Borton, S Buckley, M Butler, M W Davidson, L Davies, C J Endersby N J Folkard, D C McGlone, C J Nevin, I T Robertson, K R Robinson and M Stafford

Co-opted Members

Church of England Diocese –

Mr Paul Chisnell (Voting on Education matters only)

Roman Catholic Diocese –

Mr Vincent Copeland (Voting on Education matters only)

Parent Governors –

(i) Mr Mark Rickett (Voting on Education matters only)

(ii) VACANT (Voting on Education matters only)

SAVS – Alison Semmence (Non-Voting);

Healthwatch Southend – John Cooke (Non-Voting);

Southend Carers Forum – Angelina Clarke (Non-Voting)

Observers

Youth Council

- (i) James Aris (Non-voting)
- (ii) Isreal Genius (Non-Voting)

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SOUTHEND-ON-SEA BOROUGH COUNCIL

Meeting of People Scrutiny Committee

Date: Tuesday, 13th October, 2015

Place: Jubilee Room, Civic Centre, Southend-on-Sea

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Present: Councillor L P Salter (Chairman),
Councillors B Arscott*, M Assenheim, M A Betson, M L Borton, S Buckley,
T Cox*, M W Davidson, C J Endersby N J Folkard, D C McGlone, C J
Nevin, I T Robertson, K R Robinson and M Stafford
Dr Chisnell, A Semmence, J Cooke and M Rickett (co-opted members)
(*Substitute in accordance with Council Procedure Rule 31)

In Attendance: Councillors A P Jones and J W Moyies (Executive Councillors)
Councillor M F Evans
D Simon, F Abbott, S Leftley, Dr Atherton, L Park, H Tomlinson, J
O'Loughlin, S Houlden and M Singleton

Start/End Time: 18.30 / 20.35

**** **Part I**

313 Apologies and substitutions.

Apologies for absence were received from Councillor M Butler (substitute Cllr B Arscott), Councillor R E Hadley (substitute Cllr T Cox), Councillor B Ayling (no substitute) and Councillor L Davies (no substitute), V Copeland and A Clarke (co-opted members).

314 Declarations of interest.

The following interests were declared at the meeting:

(a) Councillors Jones and Moyies - interest in the referred/called-in 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 item relating to Scrutiny Committee update - non-pecuniary - husband is Business Unit Director at Southend Hospital for surgical services including oral surgery - urology;

(c) Councillor Robinson - agenda items relating to - Scrutiny Committee update; Schools Progress Report - non-pecuniary – NHS employee of Trust in Southend, mentioned in report; parent of children at schools mentioned in report;

(d) Councillor Nevin - agenda items relating to – Local Account; Smoke Free Southend; Scrutiny Committee update - non-pecuniary – NHS employee at Bart's which supplies dental care to Southend; previous employee at Southend Hospital;

(e) Councillor Borton – agenda items relating to – School Admission arrangements; Local Account – non-pecuniary – School Governor at Milton Hall School; Jobcentre Plus mentioned in the draft report – employer;

(f) Councillor Davidson - agenda item relating to Local Account - non-pecuniary – volunteer for Healthwatch Southend; member of Safe, support group for people with Asperger’s & their families;

(g) Councillor Betson - agenda item relating to School Admission arrangements – non-pecuniary – School Governor at Heycroft School;

(h) Councillor Folkard – agenda item relating to Scrutiny Committee update – non-pecuniary - ambassador for fundraising team at Southend Hospital; on reading panel at Southend Hospital for information leaflets;

(i) Councillor Moyies – agenda items relating to - Turning Tides presentation; Smoke Free Southend – non-pecuniary - mother-in-law works with Turning Tides; in past undertaken consultancy work in this area;

(j) Mr M Rickett – agenda item relating to Schools Progress – non-pecuniary – Parent Governor at school mentioned in report.

315 Questions from Members of the Public.

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

316 Minutes of the Meeting held on Tuesday, 14th July, 2015

Resolved:-

That the Minutes of the meeting held on Tuesday, 14th July, 2015 be received, confirmed as a correct record and signed.

317 Turning Tides

Further to Minute 134 of the meeting held on 14th July 2015, the Committee received a presentation from Alison Semmence, Chief Executive Officer, SAVS and Anthony Quinn, Turning Tides Team Manager on working with older people in Southend.

Mr Quinn outlined the work of VCS around older people through the ‘Folk Like Us’ project and the engagement with older people at The Hub and home visits and the ‘Safe as Houses’ project. Ms Semmence briefly outlined other services for older people in Southend.

The Committee asked a number of questions which were responded to. In response to a question, Ms Semmence clarified the current funding position for the projects – the ‘Folk Like Us’ project received Big lottery funding to 2019 and the ‘Safe as Houses’ project received funding from the Police & Crime Commissioner in sum of £17,000 for 11 months, and are hopeful that this project will be extended.

Resolved:-

That Mr Quinn and Ms Semmence be thanked for the interesting and informative presentation.

318 Monthly Performance Report - July 2015

The Committee considered Minute 245 of Cabinet held on 22nd September 2015, together with the Monthly Performance Report (MPR) covering the period to end August 2015, which had been circulated recently.

Resolved:-

That the report be noted.

Note:- This is an Executive Function.

Executive Councillor:- As appropriate to the item.

319 In depth scrutiny report – How the Council assists and excites individuals and community groups to achieve healthier lifestyles

The Committee considered Minute 244 of Cabinet held on 22nd September, 2015, which had been called in to scrutiny, together with a report of the Corporate Director for Corporate Services which presented the final report of the in-depth scrutiny project ‘How the Council assists and excites individuals and community groups to achieve healthier lifestyles’.

In response to a question, the Executive Councillor for Health and Adult Social Care said that he would take on board the comment with regard to the need to work with schools as well.

Resolved:-

That the following decisions of Cabinet be noted:-

“1. That the report and recommendations from the in-depth scrutiny project, attached at Appendix 1 to the submitted report, be approved.

2. That it be noted that approval of any recommendations with budget implications will require consideration as part of future years’ budget processes prior to implementation.

3. That the Action Plan update, attached at Appendix 2 to the submitted report, be noted.”

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

320 Annual Report – Comments, Compliments and Complaints

The Committee considered Minute 246 of Cabinet held on 22nd September 2015, which had been called in to all 3 scrutiny committees, together with a report of the Corporate Director for Corporate Services presenting the annual report on comments, compliments and complaints received throughout the Council for 2014/15.

In response to questions on the funding for commissioned home care and the position 3 years ago, the Corporate Director for People said that he would provide a short briefing note to members.

Resolved:-

That the following decision of Cabinet be noted:-

“That the performance in respect of compliments, comments and complaints for 2014/15 be noted.”

Note:- This is an Executive Function
Executive Councillors:- Woodley, Moyies and Jones

321 School Admission Arrangements for Community Schools and the Coordinated Admission Scheme for Academic Year 17/18

The Committee considered Minute 257 of Cabinet held on 22nd September, 2015, which had been called in to scrutiny, together with a report of the Corporate Director for People, which set out the proposed admission arrangements for community schools for the 2017/18 academic year together with the Coordinated Admissions Scheme for 2017 onwards.

In response to questions on the sibling admission criteria, the Corporate Director for People said that the matter would be taken to the School Places Working Party for further investigation, to take a view on the extent of the problem over the last year and if this justifies the need to consult on any change.

Resolved:-

That the following decisions of Cabinet be noted:-

“1. That there be no consultation on the admissions arrangements for community schools for the 2017/18 academic year.

2. That consultation with governing bodies of community schools takes place on the published admission numbers for community infant, junior and primary schools for September 2017, as set out in Appendix 1 to the submitted report.

3. That the Coordinated Admissions Scheme for 2016, as set out in Appendix 2 to the submitted report, be approved in principle, and if there are any minor issues to be resolved following consultation with the schools, the Corporate Director for People, in consultation with the Executive Councillor for Children & Learning, be authorised to make minor amendments to the scheme.”

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

322 Local Account of Adult Social Care

(This is a pre-Cabinet Scrutiny item).

The Committee considered a report by the Corporate Director for People by way of pre-Cabinet Scrutiny. This presented the draft of the Local Account of Adult Social Care services in 2014/15, including priorities and plans for 2015/16.

This is the 5th annual report of this sort to be produced by the Council. The Local Account aims to provide information about the quality and value of the social care services to the users of services and local people. It is the Council's self assessment of how it provided services during 2014/15 together with plans for the future which contribute to the overall health and wellbeing of the local community.

Referring to paragraph 3.2 of the covering report, the Corporate Director for People said that will be able to include the performance data for 2014/15 in the Cabinet Report and it will be formatted and finalised for publication.

In response to questions, the Head of Adult Services and Housing agreed to provide information on the following matters:

- Page 16 – Carers Emergency Respite Scheme – the numbers registered to scheme;
- Page 16 – Priory & Delaware Residential Care Homes – clarify the current occupancy rates at Priory House;
- Page 22 - carers receiving direct payments –reduction in numbers / categories under Care Act.

The Committee discussed the report in detail and there was general consensus and support for this local account and about the content of the report.

The Committee asked that their congratulations be forwarded to all involved following the recent CQC inspection.

Resolved:-

That the draft report be noted and endorsed for submission to Cabinet for consideration at its meeting on 10th November 2015 with the inclusion of the following:

- Need overview read of Local Account to ensure consistency in language (e.g. 'you' / 'third person' etc.);
- Page 6 – need to describe what 'SHIP' is;

- Page 7 – paragraph on Better Care Fund – some typo changes & rewording needed;
- Page 15 – welcome development of Autism Partnership Board – need to be put in context though and need to establish a local strategy, joint with NHS agencies;
- Page 22 – include information on total numbers (so know proportion);
- Page 28 / Page 37 – needs to be consistent referencing to Southend Adults Board throughout report (which is in line with legislation).

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

323 Smoke Free Southend: A strategy to tackle smoking in Southend-on-Sea 2015- 2018

(This is a pre-Cabinet Scrutiny item).

'The Committee considered a report by the Corporate Director of Public Health by way of pre-Cabinet Scrutiny which outlined the contents of 'Smoke Free Southend: A Strategy to tackle smoking in Southend-on-Sea 2015-2018'.

In response to questions, the Executive Councillor said that he would take on board the comments made about exclusion zones around school entrances.

The Committee discussed the report in detail and there was general consensus and support for this strategy and about the content of the report.

Resolved:-

That the draft report be noted and endorsed for submission to Cabinet for consideration at its meeting on 10th November 2015 with the inclusion of the following:

- Page 18 – need to reword 'what's been proven to work?' section;
- Page 26 – add community events such as Village Green etc. and also reward mechanism to encourage people to attend smoking cessation;
- Add that regulations around e-cigarettes coming into force from 2016.

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

324 School Organisation Data Supplement 2015

The Committee considered the School Organisation Data Supplement 2015. The Data Supplement is prepared annually to inform Members, schools and the public of trends in: demographics; admissions; and the number of school places in Southend.

In response to a question, the Corporate Director for People agreed to check the developments listed on page 22 of the data supplement.

Resolved:-

That the report be noted.

Note:- This is an Executive Function.

Executive Councillor:- Jones

325 Minutes of the Meeting of Chairmen's Scrutiny Forum held on Tuesday, 8th September, 2015

Resolved:

That the Minutes of the meeting of Chairmen's Scrutiny Forum held on Tuesday, 8th September, 2015 be received and noted and the recommendations therein endorsed.

Note: This is a Scrutiny Function.

326 Scrutiny Committee – Updates

The Committee received a report of the Corporate Director for Corporate Services which updated Members on some scrutiny matters, as follows:

- (a) Complex Urological cancer surgery in Essex – update information set out in section 3 of the report – noted;
- (b) South Essex Partnership Trust – information set out in section 4.1 of the report regarding closer collaboration between SEPT and NEP and at Appendix 1– noted;
- (c) CAMHS – the new provider in Essex is NELFT – information set out in section 4.2 of the report – noted;
- (d) Southend Hospital – proposed move of PET CT service to the existing fixed scanner at the Hospital – information set out in section 4.3 of the report and briefing paper by NHS England attached at Appendix 2 – noted;
- (e) Proposed project plan for the in depth scrutiny project – ‘Transition arrangements from children’s to adult services’ set out in section 5 and at Appendix 3 – agreed. It was noted that the witness session will be held on Wednesday 24th February 2016.

Resolved:-

1. That the report and actions taken be noted.
2. To support the proposals by NHS England to move the PET-CT service to the existing fixed scanner at Southend Hospital, as it offers the best long term benefits for patients and the future of the PET-CT service and to support the timescale for implementation.
3. That the project plan for the in depth scrutiny project – ‘Transition arrangements from children’s to adult services’ be agreed.

Note: This is a Scrutiny Function.

327 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 item of business set out below, on the grounds that it 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.

**** **Part II(Confidential)**

328 Schools Progress Report

The Committee received a report of the Corporate Director for People. This advised Members of the 2015 provisional SATS and GCSE outcomes and measures taken to support, challenge and intervene in schools identified as causing concern and also advised Members of the progress made against corporate priorities and the measures planned to address these priorities in 2015.

The Committee asked that their congratulations be forwarded to the staff, governors and children at Futures on its good progress in 2015.

Resolved:-

That the report be noted.

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

SOUTHEND-ON-SEA BOROUGH COUNCIL

Meeting of People Scrutiny Committee

Date: Monday, 7th September, 2015

Place: (Special Meeting) Jubilee Room, Civic 1

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Present: Councillor L P Salter (Chairman),
Councillor R E Hadley (Vice-Chairman), Councillors B Ayling, M A Betson,
M L Borton, S Buckley, M Butler, N J Folkard, D C McGlone, C J Nevin, G
A F Phillips* and I T Robertson
Dr P Chisnell, Mr J Cooke and Ms A Semmence (co-opted members)
(*Substitute in accordance with Council Procedure Rule 31)

In Attendance: Councillors B C Arscott, M F Evans, M A Flewitt, I D Gilbert, J L Lamb, J
W Moyies, M W Terry and Dr M Velmurugan
R Tinlin, D Simon, F Abbott, S Leftley and Dr Atherton
Youth Council observer – I Genius
M Craig, J Skinner, P Illett, R Shaw, S Parker and I Ross (NHS Southend
CCG) and C Barnes (NHS England)

Start/End Time: 18.00 / 20.40

**** **Part I**

220 Apologies and substitutions.

Apologies for absence were received from Councillor M Assenheim (no substitute),
Councillor M W Davidson (substitute Cllr G A F Phillips), Councillor C J Endersby
(substitute Cllr P R Van-Looy sent apologies), Councillor M Stafford (no substitute),
Councillor K R Robinson (no substitute) and Mr V Copeland and Ms A Clarke (co-
opted members).

221 Declarations of interest.

The following interests were declared at the meeting:

- (a) Councillor Salter – agenda items relating to – primary care strategy; health services in Shoebury; urgent care centre - non-pecuniary - husband is Business Unit Director at Southend General Hospital for surgical services including oral surgery - urology; son-in-law is GP in Borough;
- (b) Dr Chisnell - agenda items relating to - primary care strategy; health services in Shoebury; urgent care centre - non-pecuniary – freelance locum GP;
- (c) Councillor Nevin - agenda items relating to - primary care strategy; health services in Shoebury; urgent care centre - non-pecuniary – NHS employee in Trust outside area & previously at Mid Essex & Southend Acute Trusts; children work for Mid Essex Hospitals Trust (MEHT) at Broomfield Hospital;
- (d) Councillor Dr Velmurugan - agenda items relating to - primary care strategy; health services in Shoebury; urgent care centre - non-pecuniary – GP in Borough and Council representative on SEPT and Southend University Hospital NHS Foundation Trust;
- (e) Councillor Folkard – agenda item relating to urgent care centre – non-pecuniary – ambassador for the fund raising team at Southend University Hospital NHS Foundation Trust.

222 Questions from Members of the Public.

Councillor Moyies, the Executive Councillor for Health & Adult Social Care responded to 2 written questions received from Mr Ali and to a written question received from Mr Webb.

223 Health Services in Shoebury

The Committee received a presentation from Melanie Craig, Chief Officer, NHS Southend CCG which covered some overarching issues of 'the NHS and who does what' following changes brought in by the Health & Social Care Act 2012 and how the Primary Care Strategy has been developed. The CCG had attended the Scrutiny Committee on 2nd December 2014 to discuss the Strategy (Minute 430 refers) and had received an update at the meeting on 14th April 2015 (Minute 811 refers).

Ms Craig outlined the plans for improving primary care services in Shoeburyness, the options for a new primary care centre and next steps and responded to a number of questions:-

- Services provided in Shoebury and at Thorpedene Clinic - are seeking to increase the capacity of services locally and the hospital is very keen to increase provision of phlebotomy services and physiotherapy assessment.
- Parking in area is problematic – will be a thorough options appraisal undertaken for the sites being considered for the new centre.
- Views of local people – survey undertaken by the Residents Association and the CCG held a public meeting in May which had been positive.
- Assurances about future health services in Shoebury – the current building has reached end of working life and the proposal will be considered at the CCG's meeting in March 2016. A business case will be developed and finalised in partnership with NHS England which will include a definitive location.

Resolved:-

That the update on the options for a new primary care centre in Shoebury be noted.

Note:- This is a Scrutiny Function.

224 Primary care services in the St Luke's GP led Health Centre

With reference to the meeting held on 14th July 2015 (Minute 139 refers), Ms Craig outlined the plans for improving primary care services in St Lukes. NHS Southend CCG is currently consulting on proposals for the walk in service and the St Luke's GP practice.

Ms Craig gave a detailed presentation on the urgent care services consultation and the Committee asked a number of detailed questions which were responded to.

Resolved:-

That the views of the Committee on the Urgent Care Services Consultation on 3 specific consultation questions, as set out below, be forwarded to NHS Southend CCG:

Views on the preferred option 3 – i.e. that when the current contract for the walk-in service at St Lukes ends, a new service will be developed and be co-located with A&E at Southend Hospital.

The Committee had the following comments:

(a) Parking at the hospital – ease of parking and cost – the extra patients attending A&E will place additional strain on residents / local roads. There needs to be radical solution – the example of the ‘Park and Ride’ at Canterbury was mentioned by one Councillor.

(b) Recognise that the new service will be open 24 hours day, 365 days a year which is an improvement on the current provision, but the proposed waiting time will be 4 hour standard rather than the current 2 hour standard at St Lukes which is a concern.

(c) Clarify that new service is for people attending A&E who do not have a ‘major condition’ who can be seen by GP or nurse.

(d) Local pharmacies are an excellent and often underused resource. At the hospital, consider if an independent pharmacy company could be located at hospital.

(e) The layout internally of the urgent care centre needs to allow for privacy and dignity of patients.

(f) Staffing numbers – hope the new service will give resilience.

(g) Booking a GP appointment whilst at new service – welcome this ambition.

(h) Need media campaign / education programme about change. Also need to promote use of other alternatives available, such as NHS 111 and out of hour’s services.

Q15 – new and permanent premises for GP practice at St Luke’s Health Centre

The Committee had the following comments:

(a) Needs to be adequate parking provided at new location.

(b) Very helpful if there are good public transport links.

(c) Pleased that as part of plans, intend to build in growth in the patient list.

(d) Welcome the assurances that the new GP service will offer 7 day opening and will be fully open during core hours and some evening extended opening and will offer appointments at weekends.

Q16 – health services to be delivered from new premises

The following services were mentioned specifically:

- Phlebotomy services
- Physiotherapy assessment

Note:- This is a Scrutiny Function.

225 Update on Primary Care Strategy

The Committee received a presentation from Ms Craig on improving capacity in GP practices and sustainability for the future, as follows:

(a) Implementing plans to develop a number of initiatives, such as the Babylon app, which is currently being piloted in Southend at 2 local practices.

(b) Improving the quality of primary medical services to residents of care homes. The proposal is to commission a stand-alone GP practice for care home patients

which will be a pilot service for 12 months from November and it will be a fully mobile service.

(c) Improving the quality of primary and community care service to elderly complex care patients (primary care hub) – to be centrally located if possible.

(d) Co-commissioning primary medical services with NHS England.

Ms Barnes and Ms Craig responded to the following questions from the Committee:-

- Funding and role of pharmacists – have sign-posting, prescribing role, NHS England provide funding.
- GP APMS and GMS contracts and GP appointments – CCG are currently undertaking a survey of appointment availability etc. in practices and the Clinical Executive will consider the results.

On behalf of the Committee, the Chairman thanked Ms Craig and colleagues for attending the meeting and for their detailed updates on a number of issues.

Resolved:-

That the updates be noted.

Note:- This is a Scrutiny Function.

Chairman: _____

Section 1: 2015-2016 Exceptions - Current Month Performance





Comments on Indicators rated Red or Amber

Generated on: 27 November 2015 11:46



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 2015/16	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	October 2015	78.2%	85%	85%			<p>From 1st April to 31st October 2015, 101 missing children returned to home. 22 of these have not been seen, so 79 have been seen (78.2%).</p> <p>Of the 22 children who have not been interviewed, 12 children have never been seen and 10 have had unsuccessful visits. Reasons for the 12 never seen;</p> <p>2 are out of borough, 1 is open to Essex and now in custody, 3 we received the found reports only recently from the police, and, 6 were found in October and due to be visited.</p> <p>Reasons for the 10 unsuccessful visits.</p> <p>6 went missing once and had no response to multiple contact attempts. 1 child went missing twice and is due to be seen by Essex SC. 1 child went missing once and is LAC. 1 child went missing once and refused a visit. 1 Essex LAC child went missing 6 times and refused all visits.</p>	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 2015/16	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, woundings, robbery. [Cumulative]	Aim to Minimise	October 2015	4920	4478	7389			Southend Community Safety Partnership continues to monitor closely the current performance on crime figures. The majority of the increase in reported crime is within the category 'violence without injury' – typically common assault, harassment and threat offences. A large proportion of these offences have been reported following domestic abuse incidents, which is encouraging as we know that this is traditionally a crime type that is under-reported. Also within this crime category is a change in national crime recording rules which means that Malicious Communications is now recorded as a crime. About 70 such offences have been recorded this year that would not have been recorded last year. The CSP has commissioned a detailed crime strategic intelligence assessment for the Borough, which should provide a broader picture and assist in addressing the priorities for crime and disorder over the coming year.	Policy & Resources Scrutiny



Expected Outcome Some slippage against target
Responsible OUs Corporate Services

MPR Code	Short Name	Minimise or Maximise	Latest Month	Month's Value	Month's Target	Annual Target 2015/16	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	October 2015	3.69	3.51	7.20			This month's Corporate result has missed the in-month target, and the Corporate cumulative result is slightly above target. HR will continue to work with our Occupational Health provider to address absence trends and implement strategies to manage absence. The sickness absence action plan 2015/16 continues to be implemented so that additional preventative measures can continue to take effect.	Policy & Resources 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 2015/16	Expected Outcome	Better or worse than last year	Comment - explanation of current performance, actions to improve performance and anticipated future performance	Scrutiny Committee
CP 3.1	Proportion of older people 65 and over who were still at home 91 days after discharge from hospital to rehab/rehab [Cumulative]	Aim to Maximise	October 2015	82.8%	86%	86%			For October, 111 people from 134 were still at home after 3 months of starting reablement (82.8%). Year to date, 915 people started reablement, of which 753 (82.3%) were at home 3 months later.	People Scrutiny

Expected Outcome Some slippage against target
Responsible OUs Place

MPR Code	Short Name	Minimise or Maximise	Latest Month	Month's Value	Month's Target	Annual Target 2015/16	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	October 2015	51.49%	54.00%	54.00%			Over the past 18 months there has been a regional decline in recycling targets across all 12 Districts/Boroughs within Essex (average - 2.6%). There has also been a general increase in total waste arising (average +3.1 %). Commissioning status at the partnerships Mechanical Biological Treatment Plant was also delayed meaning residual waste has not been processed to extract recycling which would have equated to a recycling increase of 3-4% to the 2015-16 figure; black bag waste has now commenced being taken into the MBT.	Place 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 2015/16	Expected Outcome	Better or worse than last year	Comment - explanation of current performance, actions to improve performance and anticipated future performance	Scrutiny Committee
CP 3.4	Public Health Responsibility Deal [Cumulative]	Aim to Maximise	October 2015	15	23	40			We have had 2 sign ups to the PHRD in October. The Business Engagement Officer's induction programme is now complete and contact is being made with businesses through a variety of networks.	People Scrutiny

MPR Code	Short Name	Minimise or Maximise	Latest Month	Month's Value	Month's Target	Annual Target 2015/16	Expected Outcome	Better or worse than last year	Comment - explanation of current performance, actions to improve performance and anticipated future performance	Scrutiny Committee
CP 3.5	Number of people successfully completing 4 week stop smoking course [Cumulative]	Aim to Maximise	October 2015	518	650	1,300			<p>Final quit figures for October are unlikely to complete until the end of December as Department of Health guidelines state successful quits can be registered up to 42 days after quit date is set.</p> <p>In September the lung test campaign took place and over 1000 tests were undertaken. 25% of the people tested were smokers and were given information and signposted to stop smoking services.</p> <p>The national Stoptober road show campaign and media exposure commenced mid-September, with activities continuing throughout October around the borough.</p>	People Scrutiny

MONTHLY PERFORMANCE REPORT

September 2015

Contents







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Version: **V1.0**

Published by the Policy & Partnerships Team

Further information: leolord@southend.gov.uk or (01702) 215685

Key to Columns and symbols used in report

Column Heading	Description
Minimise, Maximise or Goldilocks	Indicates whether a higher or lower number is better: Minimise = lower is better, maximise = higher is better, Goldilocks = just right (neither too high or too low)
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 2014/15	Annual target for 2015/16
<u>Outcome</u>	<p>Symbol based on a traffic light system; Red, Amber, Green indicating whether an indicator's performance has achieved the annual target. Symbols used and their meaning are:</p> <p> = at risk of missing target</p> <p> = some slippage against target, but still expected to meet year-end target (31/03/2016)</p> <p> = on course to achieve target</p>
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	<p>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:</p> <p> = Latest Month's performance is better than the same month last year</p> <p> = Latest Month's performance is worse than the same month last year</p> <p> = Data not available for current or previous year</p>

Version: **V1.0**

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Section 1: 2015-2016 Exceptions - Current Month Performance



Comments on Indicators rated Red or Amber

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 2015/16	Expected Outcome	Better or worse than last year	Comment - explanation of current performance, actions to improve performance and anticipated future performance	Scrutiny Committee
CP 3.1	Proportion of older people 65 and over who were still at home 91 days after discharge from hospital to rehab/rehab [Cumulative]	Aim to Maximise	September 2015	79.8%	86%	86%			For September, 95 people from 119 were still at home after 3 months of starting reablement. Year to date, 781 people started reablement, of which 642 (82.2%) were at home 3 months later. A detailed review has commenced jointly with the Southend Clinical Commissioning Group in preparation for re-commissioning reablement services next year.	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 2015/16	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, woundings, robbery. [Cumulative]	Aim to Minimise	September 2015	4187	3773	7389			Southend Community Safety Partnership continues to monitor closely the current performance on crime figures. The majority of the increase in reported crime is within the category 'violence without injury' – typically common assault, harassment and threat offences. A large proportion of these offences have been reported following domestic abuse incidents, which is encouraging as we know that this is traditionally a crime type that is under-reported. Also within this crime category is a change in national crime recording rules which means that Malicious Communications is now recorded as a crime. About 70 such offences have been recorded this year that would not have been recorded last year.	Policy & Resources Scrutiny



MPR Code	Short Name	Minimise or Maximise	Latest Month	Month's Value	Month's Target	Annual Target 2015/16	Expected Outcome	Better or worse than last year	Comment - explanation of current performance, actions to improve performance and anticipated future performance	Scrutiny Committee
									The CSP has commissioned a detailed crime strategic intelligence assessment for the Borough, which should provide a broader picture and assist in addressing the priorities for crime and disorder over the coming year.	

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 2015/16	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	September 2015	77.27%	85%	85%			<p>From 1st April to 30th September, 73 children have been reported missing a total of 154 times. Of the 154 episodes,</p> <ul style="list-style-type: none"> . 119 successful visits . 4 had visits but the child wasn't seen . 8 were refused . 7 were unable to take place . 16 outstanding <p>In September, 14 children went missing a total of 30 times. Out of the 30 missing episodes, 15 had successful visits and 2 was unable to take place (Essex will conduct one of the RHIs). Visits remain outstanding for 13 missing episodes which are accounted for by 3 children. Of these 3 children, 2 are LAC; one in Southend and one in Kent, the third child is open to Essex and placed in Southend.</p>	People Scrutiny



MPR Code	Short Name	Minimise or Maximise	Latest Month	Month's Value	Month's Target	Annual Target 2015/16	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	September 2015	47.1	37.8-45.2	37.8-45.2			The rate of children subject to a child protection plan has increased in September - following two months of lower than average numbers. There has been a higher than average number of initial child protection plans made, and whilst there was also a higher than average number of child protection plans discontinued, the overall result was an increase in rate. Work continues to scrutinise implementation of child protections plans to ensure that risks are reduced in an effective and timely way.	People Scrutiny

Expected Outcome Some slippage against target
Responsible OUs Place

MPR Code	Short Name	Minimise or Maximise	Latest Month	Month's Value	Month's Target	Annual Target 2015/16	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	September 2015	51.49%	54.00%	54.00%			The delayed commissioning status at the partnerships Mechanical Biological Treatment Plant means residual waste has not been processed to extract recycling. There is also a general rise in waste.	Place 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 2015/16	Expected Outcome	Better or worse than last year	Comment - explanation of current performance, actions to improve performance and anticipated future performance	Scrutiny Committee
CP 3.4	Public Health Responsibility Deal [Cumulative]	Aim to Maximise	September 2015	13	20	40			We have had one business sign up to Public Health Responsibility Deal in September. The new Business Engagement officer commenced their role on 5th October and their work plan includes targets and monthly trajectories to ensure delivery of the annual target.	People Scrutiny

MPR Code	Short Name	Minimise or Maximise	Latest Month	Month's Value	Month's Target	Annual Target 2015/16	Expected Outcome	Better or worse than last year	Comment - explanation of current performance, actions to improve performance and anticipated future performance	Scrutiny Committee
CP 3.5	Number of people successfully completing 4 week stop smoking course [Cumulative]	Aim to Maximise	September 2015	383	530	1,300			The new Tobacco Control Strategy will be considered at Cabinet on 10 th November. As part of our Stoptober activity over 1000 free lung tests were carried out. The national Stoptober road show visited Southend at the end of September - as at the 23 rd October over 200 smokers have set a quit date making it our best month to date. We continue to monitor the use of electronic cigarettes as smokers are accessing this product without the benefit of clinical and behavioural support to become totally smoke free.	People Scrutiny

Section 2: 2015-2016 Corporate Performance Indicators



Performance Data Expected Outcome: At risk of missing target 2 On course to achieve target 21 Some slippage against target 5

Priority • Create a safe environment across the town for residents, workers and visitors. • Work with Essex Police and other partners 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 2015/16	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, woundings, robbery. [Cumulative]	Aim to Minimise	September 2015	4187	3773	7389			Dipti Patel	Policy & Resources Scrutiny
CP 1.2	Adults in contact with secondary mental health services who are in stable accommodation (ASCOF 1H)	Aim to Maximise	September 2015	68.8%	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	September 2015	77.27%	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	September 2015	47.1	37.8-45.2	37.8-45.2			John O'Loughlin	People Scrutiny
CP 1.5	Rate of Looked After Children per 10,000 [Monthly Snapshot]	Goldilocks	September 2015	62.5	54.4-65	54.4-65			John O'Loughlin	People Scrutiny



















Priority • 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 2015/16	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	September 2015	30	45	45	✓	↑	Dipti Patel	Place Scrutiny
CP 2.2	% acceptable standard of cleanliness: litter [Cumulative]	Aim to Maximise	September 2015	99%	90%	90%	✓	↑	Dipti Patel	Place Scrutiny
CP 2.3	Percentage of household waste sent for reuse, recycling and composting [Cumulative]	Aim to Maximise	September 2015	51.49%	54.00%	54.00%	⚠	↑	Dipti Patel	Place Scrutiny









Priority • Promote healthy and active lifestyles for all. • Work with the public and private rented sectors to provide good quality housing. • Enable the planning and development of quality, affordable housing.

MPR Code	Short Name	Minimise or Maximise	Latest Month	Month's Value	Month's Target	Annual Target 2015/16	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 [Cumulative]	Aim to Maximise	September 2015	79.8%	86%	86%	⚠	↓	Sharon Houlden	People Scrutiny
CP 3.2	Delayed transfers of care from hospital (social care) [Cumulative]	Aim to Minimise	September 2015	5	12	24	✓	↑	Sharon Houlden	People Scrutiny
CP 3.3	Number of attendances at council run or affiliated arts and sports events and facilities [Cumulative]	Aim to Maximise	September 2015	1,674,170	1,714,500	3,429,000	✓	?	Nick Harris	Place Scrutiny
CP 3.4	Public Health Responsibility Deal [Cumulative]	Aim to Maximise	September 2015	13	20	40	⚠	↓	James Williams	People Scrutiny
CP 3.5	Number of people successfully completing 4 week stop smoking course [Cumulative]	Aim to Maximise	September 2015	383	530	1,300	⚠	↓	Liesel Park	People Scrutiny
CP 3.6	Take up of the NHS Health Check programme - by those eligible [Cumulative]	Aim to Maximise	September 2015	3,735	2,632	5,673	✓	↑	Margaret Gray	People Scrutiny
CP 3.7	Number of new affordable homes acquired	Aim to Maximise	September 2015	0	0	70	✓	▬	Sharon Houlden	People Scrutiny

Priority • Ensure residents have access to high quality education to enable them to be lifelong learners and have fulfilling employment. • Improve the life chances of our residents, especially our vulnerable children & adults, by working to reduce inequalities and social deprivation across our communities. • Ensure the town is 'open for businesses' and that new, developing and existing enterprise is nurtured and support. • 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 2015/16	Expected Outcome	Better or worse than last year	Managed By	Scrutiny Committee
CP 4.1	Proportion of appropriate people using social care who receive direct payments [Monthly Snapshot]	Aim to Maximise	September 2015	34.3%	21%	21%			Sharon Houlden	People Scrutiny
CP 4.2	Proportion of adults with learning disabilities in paid employment [Monthly Snapshot]	Aim to Maximise	September 2015	11.6%	10%	10%			Sharon Houlden	People Scrutiny
CP 4.3	% of Council Tax for 2015/16 collected in year [Cumulative]	Aim to Maximise	September 2015	52.80%	52.60%	97.00%			Joe Chesterton	Policy & Resources Scrutiny
CP 4.4	% of Non-Domestic Rates for 2015/16 collected in year [Cumulative]	Aim to Maximise	September 2015	55.20%	55.10%	97.60%			Joe Chesterton	Policy & Resources Scrutiny
CP 4.5	Major planning applications determined in 13 weeks [Cumulative]	Aim to Maximise	September 2015	85.71%	79.00%	79.00%			Peter Geraghty	Place Scrutiny
CP 4.6	Minor planning applications determined in 8 weeks [Cumulative]	Aim to Maximise	September 2015	94.59%	84.00%	84.00%			Peter Geraghty	Place Scrutiny
CP 4.7	Other planning applications determined in 8 weeks [Cumulative]	Aim to Maximise	September 2015	91.17%	90.00%	90.00%			Peter Geraghty	Place Scrutiny
CP 4.8	Current Rent Arrears as % of rent due	Aim to Minimise	September 2015	1.43%	1.77%	1.77%			Sharon Houlden	Policy and Resources Scrutiny
CP 4.9	The % of children in good or outstanding Schools [Monthly Snapshot]	Aim to Maximise	September 2015	81.62%	75%	75%			Heather Tomlinson	People Scrutiny

Priority • 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 2015/16	Expected Outcome	Better or worse than last year	Managed By	Scrutiny Committee
CP 5.1	Number of volunteers hours delivered within cultural services [Cumulative]	Aim to Maximise	September 2015	6,710	6,500	12,000			Nick Harris	Place Scrutiny
CP 5.2	Govmetric Measurement of Satisfaction (3 Channels - Phones, Face 2 Face & Web) [Cumulative]	Aim to Maximise	September 2015	92.30%	80.00%	80.00%			Nick Corrigan	Policy & Resources Scrutiny
CP 5.3	Number of payments made online [Cumulative]	Aim to Maximise	September 2015	30,557	24,996	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	September 2015	2.98	3.01	7.20			Joanna Ruffle	Policy & Resources Scrutiny

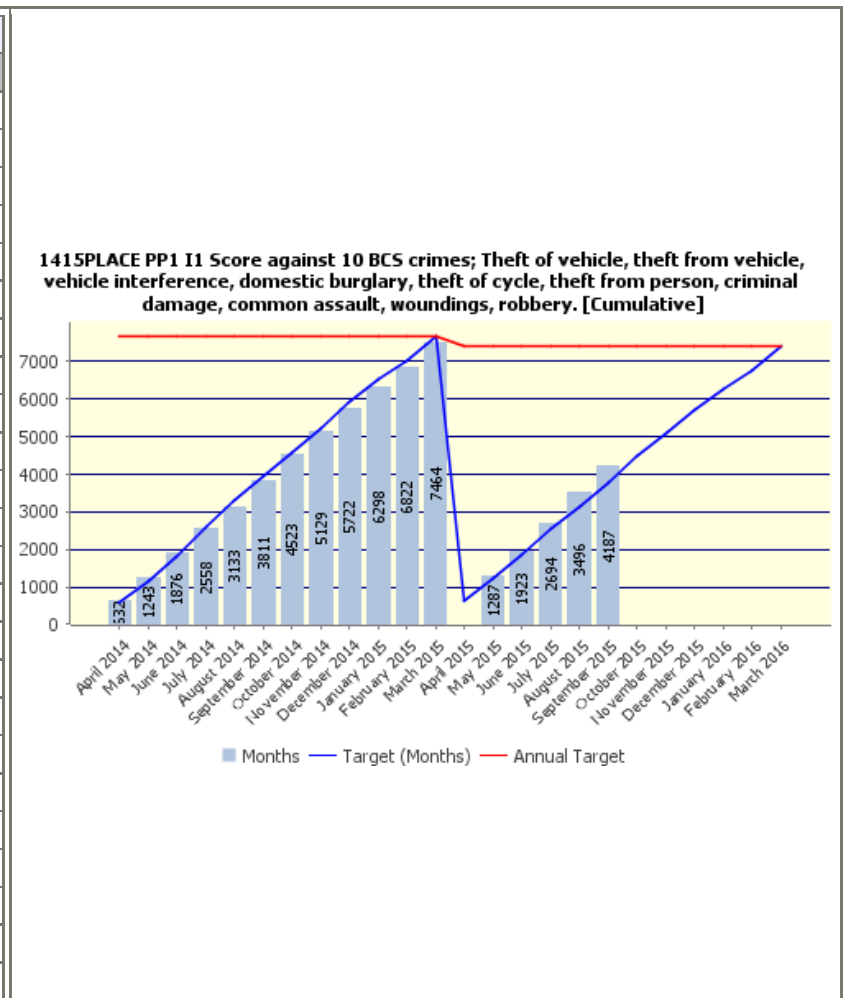
Section 3: Detail of indicators rated Red or Amber

Priority • Create a safe environment across the town for residents, workers and visitors. • Work with Essex Police and other partners to tackle crime. • Look after and safeguard our children and vulnerable adults.

Expected Outcome: At risk of missing target 1 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, woundings, robbery. [Cumulative]			
Expected Outcome		Format	Aim to Minimise	
Managed By	Dipti Patel			
Year Introduced	2007			

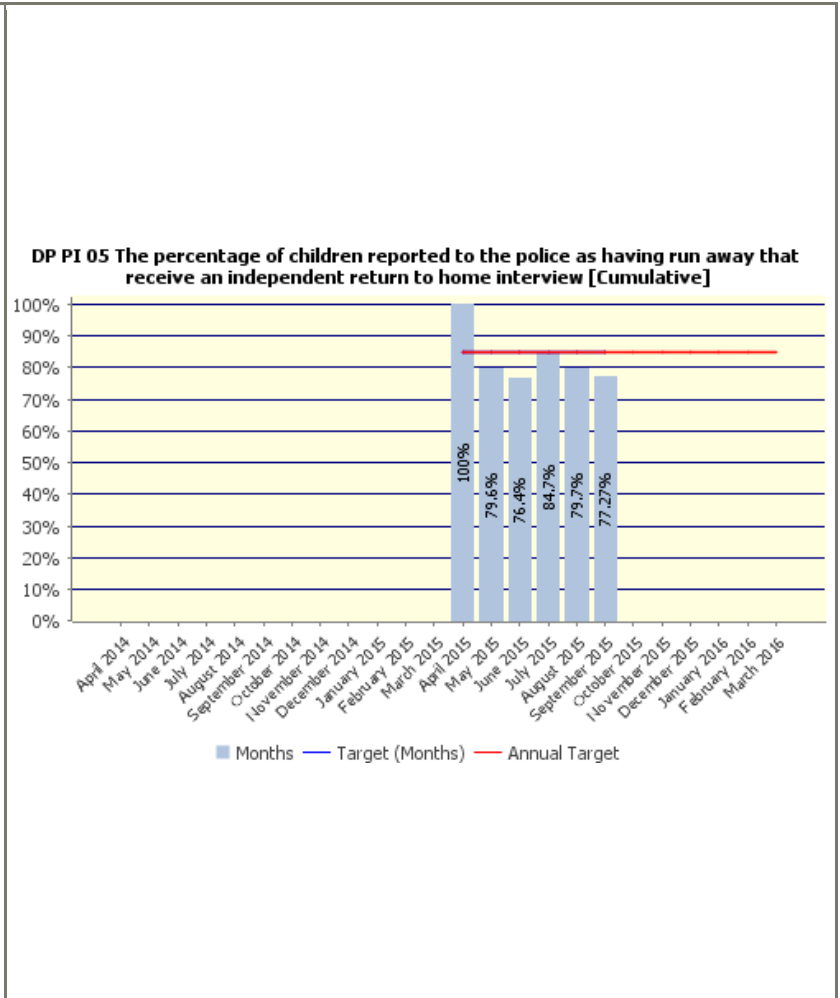
Date Range 1		
	Value	Target
April 2014	632	570
May 2014	1243	1149
June 2014	1876	1821
July 2014	2558	2602
August 2014	3133	3301
September 2014	3811	3942
October 2014	4523	4552
November 2014	5129	5201
December 2014	5722	5926
January 2015	6298	6531
February 2015	6822	7006
March 2015	7464	7629
April 2015	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		4478
November 2015		5078
December 2015		5665
January 2016		6235
February 2016		6754
March 2016		7389



Southend Community Safety Partnership continues to monitor closely the current performance on crime figures. The majority of the increase in reported crime is within the category 'violence without injury' – typically common assault, harassment and threat offences. A large proportion of these offences have been reported following domestic abuse incidents, which is encouraging as we know that this is traditionally a crime type that is under-reported. Also within this crime category is a change in national crime recording rules which means that Malicious Communications is now recorded as a crime. About 70 such offences have been recorded this year that would not have been recorded last year. The CSP has commissioned a detailed crime strategic intelligence assessment for the Borough, which should provide a broader picture and assist in addressing the priorities for crime and disorder over the coming year.

CP 1.3	The percentage of children reported to the police as having run away that receive an independent return to home interview [Cumulative]			<p>September 2015 result</p>
Expected Outcome		Format	Aim to Maximise	
Managed By	John O'Loughlin			
Year Introduced	2013			


Date Range 1		
	Value	Target
April 2014		
May 2014		
June 2014		
July 2014		
August 2014		
September 2014		
October 2014		
November 2014		
December 2014		
January 2015		
February 2015		
March 2015		
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		
November 2015		
December 2015		
January 2016		
February 2016		
March 2016		

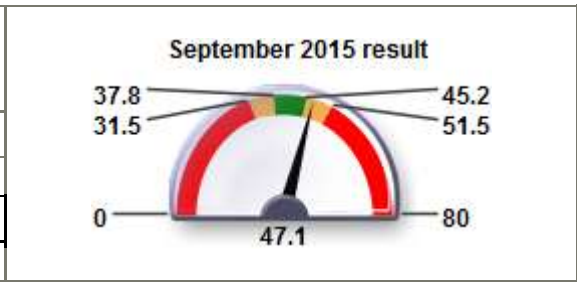


From 1st April to 30th September, 73 children have been reported missing a total of 154 times. Of the 154 episodes,

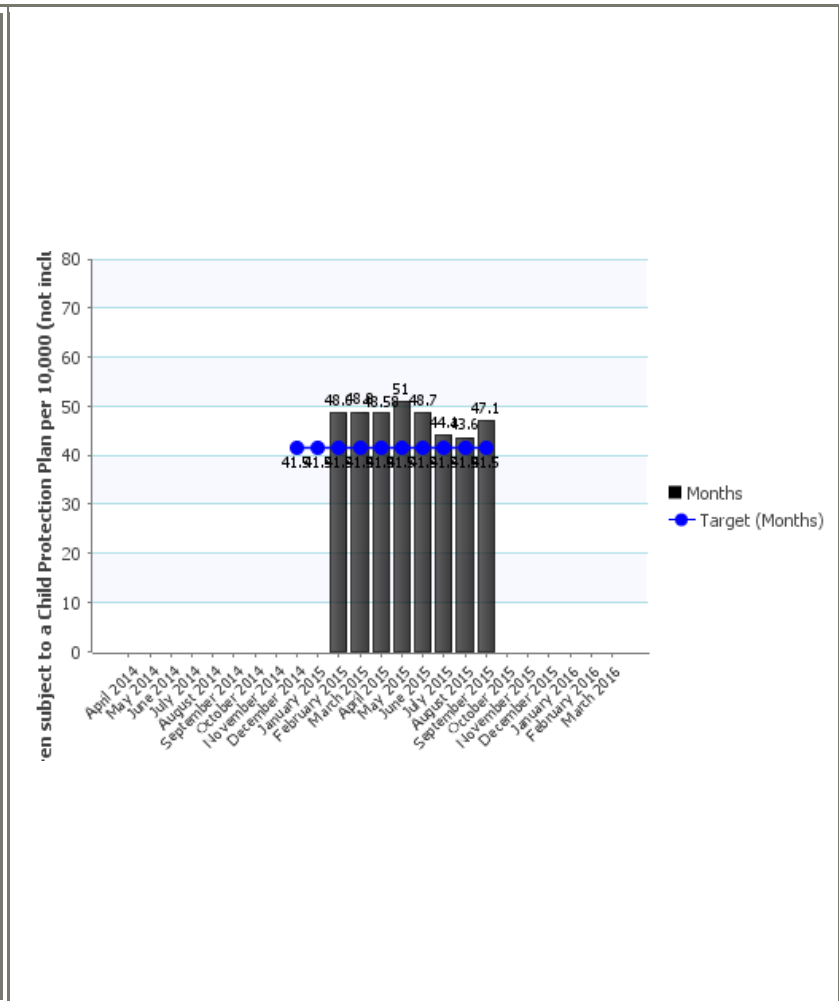
- . 119 successful visits
- . 4 had visits but the child wasn't seen
- . 8 were refused
- . 7 were unable to take place
- . 16 outstanding

In September, 14 children went missing a total of 30 times. Out of the 30 missing episodes, 15 had successful visits and 2 was unable to take place (Essex will conduct one of the RHIs). Visits remain outstanding for 13 missing episodes which are accounted for by 3 children. Of these 3 children, 2 are LAC; one in Southend and one in Kent, the third child is open to Essex and placed in Southend.

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 2014		
May 2014		
June 2014		
July 2014		
August 2014		
September 2014		
October 2014		
November 2014		
December 2014		41.5
January 2015		41.5
February 2015	48.6	41.5
March 2015	48.8	41.5
April 2015	48.58	41.5
May 2015	51	41.5
June 2015	48.7	41.5
July 2015	44.1	41.5
August 2015	43.6	41.5
September 2015	47.1	41.5
October 2015		
November 2015		
December 2015		
January 2016		
February 2016		
March 2016		



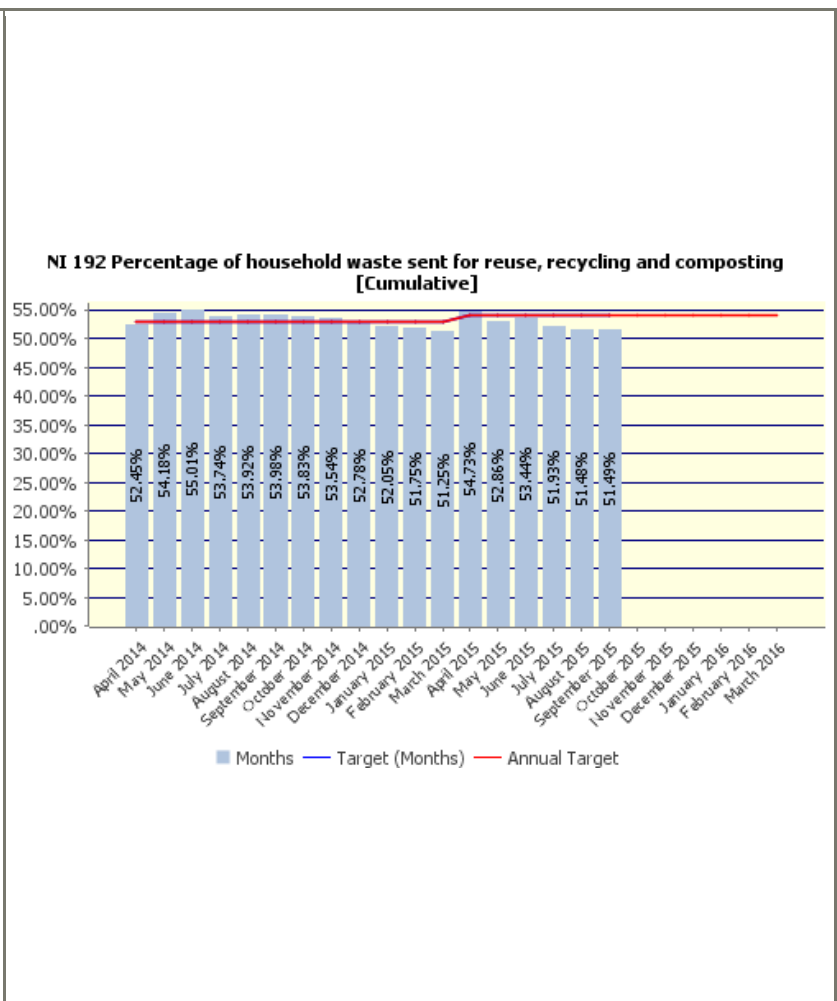
The rate of children subject to a child protection plan has increased in September - following two months of lower than average numbers. There has been a higher than average number of initial child protection plans made, and whilst there was also a higher than average number of child protection plans discontinued, the overall result was an increase in rate. Work continues to scrutinise implementation of child protections plans to ensure that risks are reduced in an effective and timely way.

Priority • 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: Some slippage against target 1

CP 2.3	Percentage of household waste sent for reuse, recycling and composting [Cumulative]			<p>September 2015 result</p>
Expected Outcome		Format	Aim to Maximise	
Managed By	Dipti Patel			
Year Introduced	2008			

Date Range 1		
	Value	Target
April 2014	52.45%	53.00%
May 2014	54.18%	53.00%
June 2014	55.01%	53.00%
July 2014	53.74%	53.00%
August 2014	53.92%	53.00%
September 2014	53.98%	53.00%
October 2014	53.83%	53.00%
November 2014	53.54%	53.00%
December 2014	52.78%	53.00%
January 2015	52.05%	53.00%
February 2015	51.75%	53.00%
March 2015	51.25%	53.00%
April 2015	54.73%	54.00%
May 2015	52.86%	54.00%
June 2015	53.44%	54.00%
July 2015	51.93%	54.00%
August 2015	51.48%	54.00%
September 2015	51.49%	54.00%
October 2015		
November 2015		
December 2015		
January 2016		
February 2016		
March 2016		



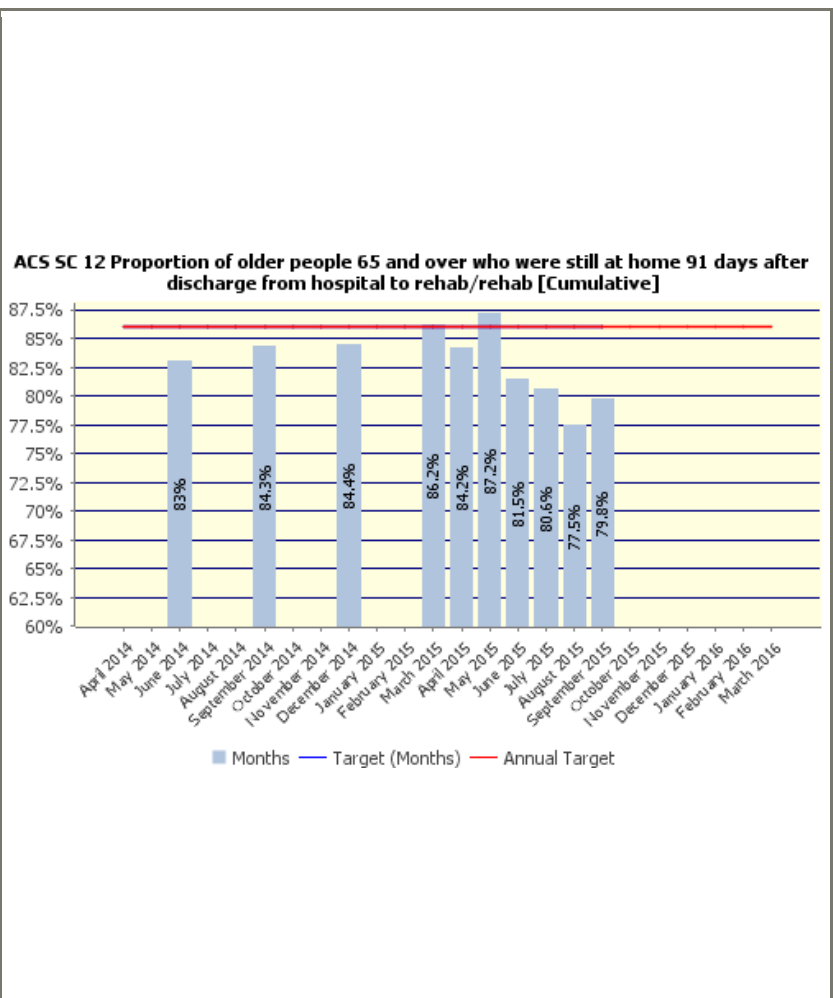
The delayed commissioning status at the partnerships Mechanical Biological Treatment Plant means residual waste has not been processed to extract recycling. There is also a general rise in waste.

Priority • Promote healthy and active lifestyles for all. • Work with the public and private rented sectors to provide good quality housing. • Enable the planning and development of quality, affordable housing.


Expected Outcome: At risk of missing target 1 Some slippage against target 2

CP 3.1	Proportion of older people 65 and over who were still at home 91 days after discharge from hospital to rehab/rehab [Cumulative]			<p>September 2015 result</p> <p>81.7%</p> <p>84.3%</p> <p>79.8%</p> <p>60%</p> <p>95%</p>
Expected Outcome		Format	Aim to Maximise	
Managed By	Sharon Houlden			
Year Introduced				

Date Range 1		
	Value	Target
April 2014		86%
May 2014	N/A	86%
June 2014	83%	86%
July 2014	N/A	86%
August 2014	N/A	86%
September 2014	84.3%	86%
October 2014	N/A	86%
November 2014	N/A	86%
December 2014	84.4%	86%
January 2015	N/A	86%
February 2015	N/A	86%
March 2015	86.2%	86%
April 2015	84.2%	86%
May 2015	87.2%	86%
June 2015	81.5%	86%
July 2015	80.6%	86%
August 2015	77.5%	86%
September 2015	79.8%	86%
October 2015		
November 2015		
December 2015		
January 2016		
February 2016		
March 2016		

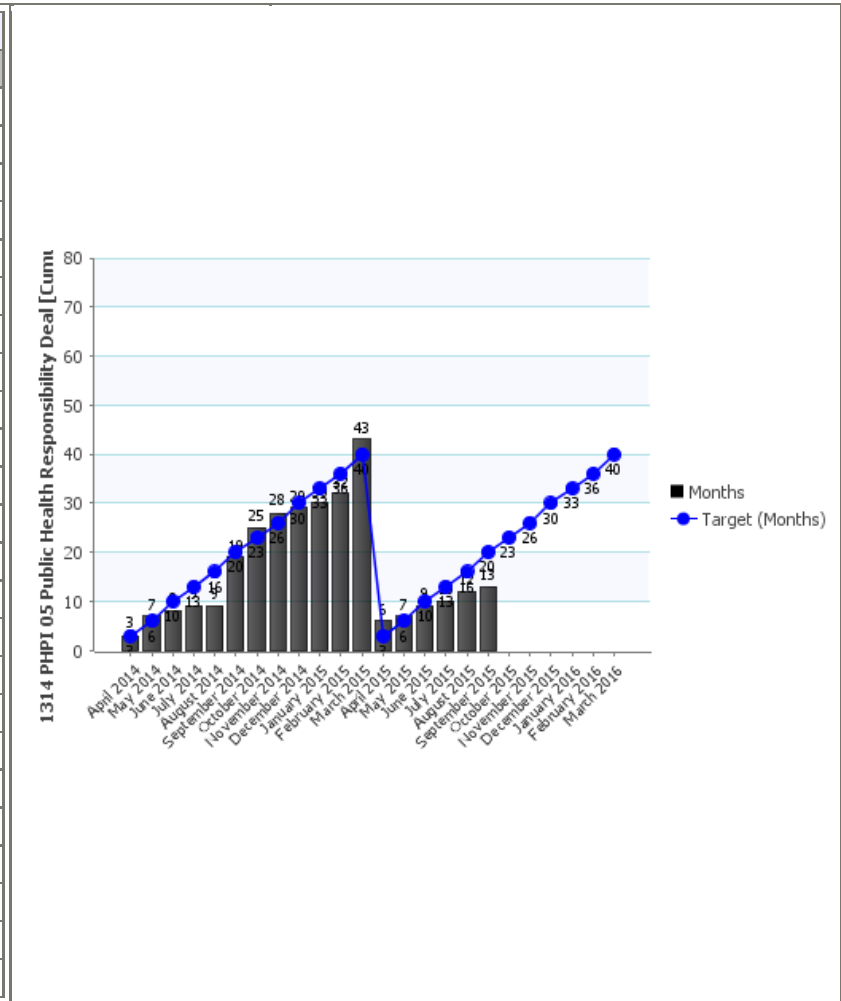


For September, 95 people from 119 were still at home after 3 months of starting reablement. Year to date, 781 people started reablement, of which 642 (82.2%) were at home 3 months later. A detailed review has commenced jointly with the Southend Clinical Commissioning Group in preparation for re-commissioning reablement services next year.


CP 3.4	Public Health Responsibility Deal [Cumulative]		
Expected Outcome		Format	Aim to Maximise
Managed By	James Williams		
Year Introduced			



Date Range 1		
	Value	Target
April 2014	3	3
May 2014	7	6
June 2014	8	10
July 2014	9	13
August 2014	9	16
September 2014	19	20
October 2014	25	23
November 2014	28	26
December 2014	29	30
January 2015	30	33
February 2015	32	36
March 2015	43	40
April 2015	6	3
May 2015	7	6
June 2015	9	10
July 2015	10	13
August 2015	12	16
September 2015	13	20
October 2015		23
November 2015		26
December 2015		30
January 2016		33
February 2016		36
March 2016		40

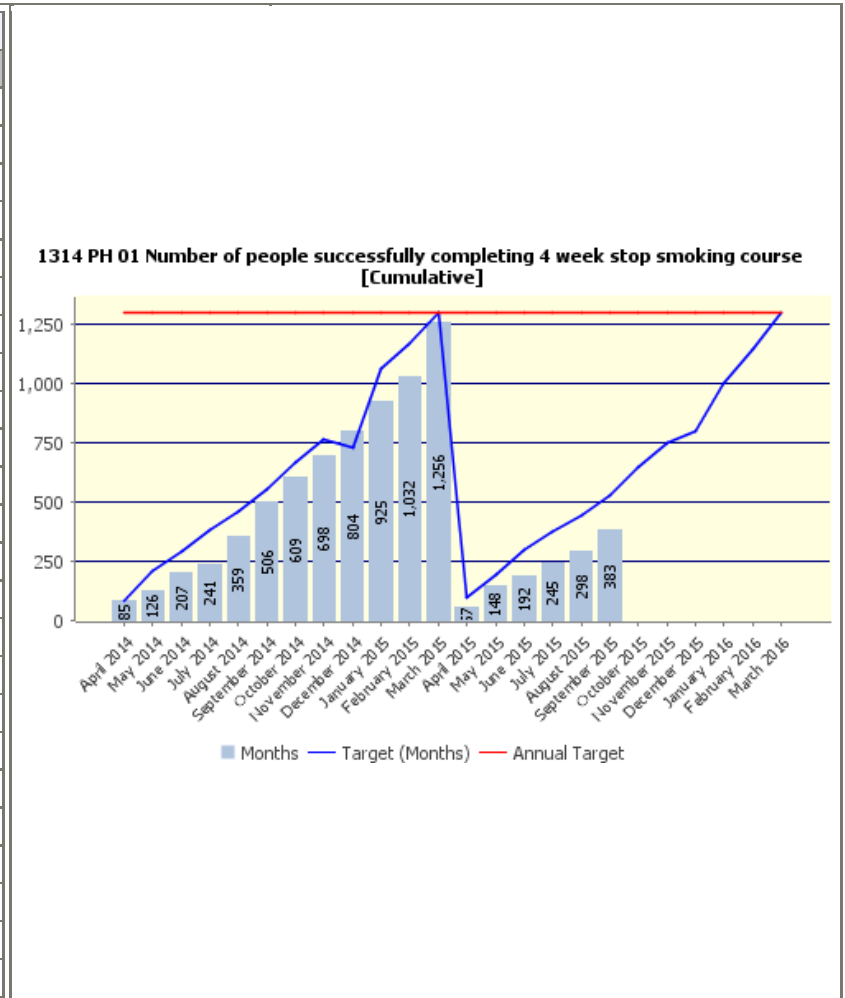


We have had on business sign up to Public Health Responsibility Deal in September. The new Business Engagement officer commenced their role on 5th October and their work plan includes targets and monthly trajectories to ensure delivery of the annual target.

CP 3.5	Number of people successfully completing 4 week stop smoking course [Cumulative]		September 2015 result	
Expected Outcome		Format	Aim to Maximise	
Managed By	Liesel Park			
Year Introduced				



Date Range 1		
	Value	Target
April 2014	85	89
May 2014	126	208
June 2014	207	297
July 2014	241	383
August 2014	359	464
September 2014	506	558
October 2014	609	672
November 2014	698	769
December 2014	804	729
January 2015	925	1,068
February 2015	1,032	1,171
March 2015	1,256	1,300
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		650
November 2015		750
December 2015		800
January 2016		1,000
February 2016		1,150
March 2016		1,300



The new Tobacco Control Strategy will be considered at Cabinet on 10th November. As part of our Stoptober activity over 1000 free lung tests were carried out. The national Stoptober road show visited Southend at the end of September - as at the 23rd October over 200 smokers have set a quit date making it our best month to date. We continue to monitor the use of electronic cigarettes as smokers are accessing this product without the benefit of clinical and behavioural support to become totally smoke free.

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Revenue Budget Monitoring 2015/16

Period 6

**as at 30 September 2015
Portfolio Summary**

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1. Commentary

This report outlines the budget monitoring position for the General Fund and Housing Revenue Account for 2015/16, based on the views of the Directors and their Management Teams, in light of expenditure and income to 30 September 2015.

The starting point for the budget monitoring is the original budget as agreed by Council in February 2015. 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 July, corporate savings of £35,000 have still to be allocated to service departments and this will be done in the coming months as the detailed allocations are finalised by directors.

2. Overall Budget Performance – General Fund

A variation to the overall Council budget of a £421,000 underspend is currently being forecast for the year-end. Within this position there is a projected overspend of £185,000 in Council departmental spending. This position reflects the budget pressures some services are reporting, offset by some significant one-off underspends as shown in the detail in section 3 on service variances. Without these one-off underspends, pressures would still exist in the Council base budget. The departmental position is then mainly offset by £606,000 in non-service areas.

General Fund Portfolio Forecast Comparison 2015/16 at 30 September 2015 - Period 6

Portfolio	Latest Budget 2015/16 £000	Projected Outturn 2015/16 £000	September Forecast Variance £000	August Forecast Variance £000
Health & Adult Social Care	41,686	42,164	478	429
Children & Learning	34,035	34,154	119	103
Leader	4,314	4,422	108	97
Enterprise, Tourism & Economic Development	14,113	13,808	(305)	(260)
Community & Organisational Development	2,823	2,632	(191)	(121)
Public Protection, Waste & Transport	25,460	25,410	(50)	5
Housing, Planning & Regulatory Services	12,583	12,609	26	26
Total Portfolio	135,014	135,199	185	279
Non-Service Areas	(8,920)	(9,476)	(606)	(606)
Net Expenditure / (Income)	126,094	125,723	(421)	(327)

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 is produced by the year end.

3. Service Variances (£185,000 forecast overspend)

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

Portfolio	Unfavourable £(000)	Favourable £(000)	Net £(000)
<u>Health and Adult Social care</u>			
Additional income from court of protection		(34)	
Anticipated pressure on staffing vacancy factor	24		
People with a Learning Disability - Lower than estimated homecare and residential care placements		(625)	
People with Mental Health Needs - Higher than estimated residential care placements, direct payment packages and supported living	1,052		
Physical and Sensory Impairment - Higher than estimated residential care placements.	266		
Older People - Reduced residential care packages partly offset by higher than estimated homecare and direct payment packages		(205)	
Minor Variances			
	1,342	(864)	478
<u>Children & Learning</u>			
Connexions Service - income shortfall	20		
Legal charges for children in care - high case load	95		
Children's Placements -high cost children with disabilities	175		
Children's Placements - current cohort of LAC		(321)	
Additional spend on qualified social workers	285		
Internal Fostering underspend and in year savings on		(180)	
Agency spend on Independent Reviewing Officers	80		
Staffing synergies in Early Years teams		(30)	
Secure Youth Remand	25		
Agency cover for Educational Psychologist	25		
Home to School Education Transport		(50)	
Minor Variances		(5)	
	705	(586)	119
<u>Leader</u>			
Underspend on Asset Management Professional Fees			
Overspend on cleaning costs and Civic Campus	50		
Treasury Management cost in relation to LED street lighting project	79		
Council Tax Court Costs raised		(100)	
Reduction in Property and Regeneration contract income	100		
Member Conference Expenses		(16)	
Minor Variances		(5)	
	229	(121)	108

Portfolio (Cont.)			
<u>Enterprise, Tourism & Economic Development</u>			
Leisure contract saving		(300)	
Lower than expected Arts Grants	10		
Cliff lift maintenance	10		
Museums staffing	10		
Grounds maintenance staffing overspend	50		
Grounds maintenance income		(20)	
Economic development funded by grant		(40)	
High Street market income		(15)	
Advertising and marketing		(20)	
SMAC income and instructor recruitment issues	10		
	90	(395)	(305)
<u>Community Development</u>			
Bereavement Services Income		(80)	
Change to the Collection Fund Accounting Treatment of Discretionary Relief in the Voluntary Sector		(131)	
Additional overtime and agency costs in Benefits team	90		
Staff Vacancies in Customer Service team		(15)	
Staff Vacancies in Information, Comms & Technology		(55)	
	90	(281)	(191)
<u>Public Protection, Waste & Transport</u>			
Car parking income		(100)	
Structural maintenance contractor costs	200		
Street works permit income		(150)	
	200	(250)	(50)
<u>Regulatory Services</u>			
Animal Warden contractors	26		
	26	0	26
Total	2,682	(2,497)	185

4. Non Service Variances (£606,000 forecast underspend)

Borrowing repayments - principal (£101K)

This provision is forecast to be underspent against budget at the year-end as the financing charges for 2015/16 are affected by the financing of the 2014/15 capital programme, as no borrowing was undertaken in that year.

HRA item 8 debit charge (£185K)

Interest receivable on the HRA's internal borrowing is expected to be higher than estimated in the budget.

Appropriations from Reserves (£320K)

There is forecast to be £320,000 appropriations from reserves at the year-end; £300K from the Adults Social Care reserve and £20K from the SEN reform grants reserve.

5. Appropriations to / from Earmarked Reserves

Net appropriations from Earmarked Reserves totalling £1,889,000 were agreed by Council when setting the 2015/16 budget in February 2015. The current outturn position allows for further in-year appropriations from/(to) reserves, totalling £2,234,340. Total net appropriations from reserves for 2015/16 will therefore equal £4,123,340.

- £ 415,100 from the Business Transformation Reserve to enable the progression of various projects,
 - £ 227,900 of Social Work Training grants and the Practice Learning Fund,
 - £ 145,600 from the Adoption Reform grant reserve,
 - £1,401,090 from the Public Health Grant
 - (£ 275,350) to the Supporting People reserve
 - £ 300,000 from the Adults Social Care reserve
 - £ 20,000 from the SEN Reform Grant reserve
- £2,234,340**

Planned appropriations from Earmarked Reserves which will also be carried out later in the year for specific purposes are;

- £200,000 from the School Improvement Reserve
- £100,000 from the Early Years Reserve
- £293,000 from the single homeless & rough sleeper Grant
- £593,000

6. Revenue Contributions to Capital Outlay (RCCO)

The original budget for 2015/16 included planned revenue contributions for capital investments, via the use of Earmarked Reserves, of £3,090,000.

7. Performance against Budget savings targets for 2014/15

As part of setting the Council budget for 2015/16, a schedule of Departmental and Corporate savings was approved totalling £10.5 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.

The latest position is that the majority of savings reported on are on track for full delivery by the year end. Where savings are not being achieved then the relevant Directors are identifying alternative measures to achieve full savings as required.

A detailed 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						
Corporate Services	35	665	767	1,467	1,403	(64)
People	0	1,935	4,530	6,465	6,360	(105)
Place	40	930	1,598	2,568	2,506	(62)
Total	75	3,530	6,895	10,500	10,269	(231)

Although the current forecast is showing a shortfall of £231,000 against the required savings total of £10.5 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.

8. Budget Virements

In line with the new financial procedure rules approved by Council on 23rd July, 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 from 1st August 2015.

	DR £	CR £
Virements up to 31/07/2015	950	(950)
Virements over £50,000 in reported period	169	(169)
Virements over £50,000 in previous periods	-	-
Total in period virements over £50,000	1,119	(1,119)
Virements approved under delegated authority	147	(147)
Total virements	1,266	(1,266)

The virements for Cabinet approval this period are for £169,000 transferring Best Interest Assessors budget to employee lines.

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

The HRA budget was approved by Council on 26th February 2015 and anticipated that £2,721,000 would be appropriated to earmarked reserves in 2015/16.

The closing HRA balance as at 31st March 2015 was £3,502,000.

The current forecast is projecting an overspend on capital financing charges of £185,000 because the interest payable on the HRA's internal borrowing is higher than estimated in the budget, and a pressure of £71,000 relating to the residential security patrol services at Victoria ward. There is also a projected higher than expected rental income of £300,000 and £30,000 fees and charges due to a lower number of void properties than estimated in the budget. It is proposed that the net underspend of £114,000 be transferred to the HRA Capital Investment Reserve, therefore leaving the main revenue reserve unchanged.

General Fund Forecast 2015/16
at 30 September 2015 - Period 6
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
Health & Adult Social Care	73,831	(33,702)	40,129	1,557	41,686	42,164	478	20,729	20,978	249
Children & Learning	141,833	(108,356)	33,477	558	34,035	34,154	119	14,071	14,197	126
Leader	20,753	(16,655)	4,098	216	4,314	4,422	108	287	(128)	(415)
Enterprise, Tourism & Economic Development	18,953	(5,009)	13,944	169	14,113	13,808	(305)	7,360	7,186	(174)
Community & Organisational Development	116,541	(113,928)	2,613	210	2,823	2,632	(191)	1,539	1,139	(400)
Public Protection, Waste & Transport	37,593	(12,357)	25,236	224	25,460	25,410	(50)	12,527	12,193	(334)
Housing, Planning & Regulatory Services	14,968	(2,222)	12,746	(163)	12,583	12,609	26	6,233	6,245	12
Portfolio Net Expenditure	424,472	(292,229)	132,243	2,771	135,014	135,199	185	62,746	61,810	(936)
Reversal of Depreciation	(26,976)	6,994	(19,982)	0	(19,982)	(19,982)	0	(9,765)	(9,765)	0
Levies	550	0	550	0	550	550	0	254	249	(5)
Financing Costs	20,050	(3,988)	16,062	(48)	16,014	15,728	(286)	6,753	6,567	(186)
Contingency	4,825	0	4,825	(809)	4,016	4,066	0	1,859	0	(1,859)
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	299	299
Sub Total	(6,333)	3,006	(3,327)	(857)	(4,184)	(4,420)	(286)	(899)	(2,650)	(1,751)
Net Operating Expenditure	418,139	(289,223)	128,916	1,914	130,830	130,779	(101)	61,847	59,160	(2,687)
General Grants	0	(3,973)	(3,973)	0	(3,973)	(3,973)	0	(2,011)	(1,963)	48
Corporate Savings	(50)	0	(50)	0	(50)	(50)	0	0	0	0
Revenue Contribution to Capital	3,090	0	3,090	0	3,090	3,090	0	1,545	0	(1,545)
Contribution to / (from) Earmarked	(1,889)	0	(1,889)	(1,914)	(3,803)	(4,123)	(320)	(1,694)	(396)	1,298
Contribution to / (from) General Reserves	0	0	0	0	0	421	421	0	0	0
Net Expenditure / (Income)	419,290	(293,196)	126,094	0	126,094	126,144	0	59,687	56,801	(2,886)
Use of General Reserves										
Balance as at 1 April 2015			11,000		11,000	11,000	0			
Use in Year			0	0	0	421	421			
Balance as at 31 March 2016			11,000	0	11,000	11,421	421			

**General Fund Forecast 2015/16
at 30 September 2015 - Period 6
Health and Adult Social Care
Portfolio Holder - Cllr J Moyies**

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	498	(507)	(9)	0	(9)	(9)	0	(3)	46	49
b Commissioning Team	2,063	(2,062)	1	(40)	(39)	(73)	(34)	(18)	(39)	(21)
c Strategy & Development	1,878	(1,934)	(56)	(14)	(70)	(46)	24	(25)	(81)	(56)
d People with a Learning Disability	16,712	(1,734)	14,978	56	15,034	14,409	(625)	7,532	7,156	(376)
e People with Mental Health Needs	3,105	(165)	2,940	45	2,985	4,037	1,052	1,496	2,132	636
f Older People	31,999	(14,581)	17,418	294	17,712	17,507	(205)	8,102	8,068	(34)
g Other Community Services	3,226	(2,880)	346	(19)	327	327	0	994	992	(2)
h People with a Physical or Sensory Impairment	4,595	(552)	4,043	(6)	4,037	4,303	266	1,971	2,287	316
i Service Strategy & Regulation	328	(107)	221	0	221	221	0	57	151	94
j Drug and Alcohol Action Team	2,717	(2,548)	169	323	492	492	0	248	247	(1)
k Young Persons Drug and Alcohol Team	301	(263)	38	5	43	43	0	(110)	(102)	8
l Public Health	6,409	(6,369)	40	913	953	953	0	485	121	(364)
Total Net Budget for Portfolio	73,831	(33,702)	40,129	1,557	41,686	42,164	478	20,729	20,978	249

Virements

£000

Transfer from earmarked reserves
Allocation from Contingency
In year virements

1,295
297
(35)

1,557

**General Fund Forecast 2015/16
at 30 September 2015 - Period 6
Health and Adult Social Care
Portfolio Holder - Cllr J Moyies**

Forecast Outturn Variance	Year to Date Variance
a.	
b. Additional income from court of protection.	
c.	
d. Forecast underspend because of lower than projected residential care placements and direct payments.	Forecast underspend because of lower than projected residential care placements and direct payments.
e. Overspend as a result of higher than estimated residential care placements, direct payments and supported living.	Overspend as a result of higher than estimated residential care placements, direct payments and supported living.
f. Reduced residential care placements offset by higher homecare and direct payment packages. Because of the volatility of this budget, the forecast variance may suddenly change over the year.	
g.	
h. Higher than estimated residential care placements and supported living.	Higher than estimated residential care placements and supported living.
i.	
j.	
k.	
l.	Underspend to date due to vacancies in the Public health team and some delays in starting a number of projects.

**General Fund Forecast 2015/16
at 30 September 2015 - Period 6
Children and Learning
Portfolio Holder - Cllr A P Jones**

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	1,093	(558)	535	(34)	501	496	(5)	265	277	12
b Children with Special Needs	2,171	(777)	1,394	320	1,714	1,984	270	856	1,019	163
c Early Years Development and Child Care Partnership	11,089	(9,623)	1,466	1	1,467	1,437	(30)	674	658	(16)
d Children Fieldwork Services	4,887	0	4,887	0	4,887	5,172	285	2,445	2,591	146
e Children Fostering and Adoption	7,182	(208)	6,974	194	7,168	6,988	(180)	3,585	3,473	(112)
f Youth Service	1,813	(390)	1,423	0	1,423	1,443	20	640	650	10
g Age 14 to 19 Learning and Development	0	0	0	0	0	0	0	0	1	1
h Other Education	577	(524)	53	0	53	53	0	26	18	(8)
i Schools Retained Budgets	0	0	0	0	0	0	0	0	0	0
j Private Voluntary Independent	4,465	(160)	4,305	0	4,305	3,984	(321)	2,153	2,026	(127)
k Schools Delegated Budgets	71,093	(71,093)	0	0	0	0	0	(620)	(620)	0
l Children Specialist Commissioning	1,201	(59)	1,142	76	1,218	1,298	80	609	619	10
m Children Specialist Projects	219	(216)	3	1	4	4	0	2	43	41
n School Support and Preventative Services	32,969	(23,616)	9,353	0	9,353	9,328	(25)	2,677	2,677	0
o Youth Offending Service	3,074	(1,132)	1,942	0	1,942	1,967	25	759	765	6
Total Net Budget for Portfolio	141,833	(108,356)	33,477	558	34,035	34,154	119	14,071	14,197	126

Virements

£000

Transfer from earmarked reserves
Allocation from Contingency
In year virements

374
151
33

558

**General Fund Forecast 2015/16
at 30 September 2015 - Period 6
Children and Learning
Portfolio Holder - Cllr A P Jones**

Forecast Outturn Variance	Year to Date Variance
a. Probable underspend on the School Admissions service with changing management arrangements.	
b. Current cohort includes 3 high cost LDD placements. Overspend also due to costs of legal representation in child protection cases and direct payments.	Current cohort includes 3 high cost LDD placements. Overspend also due to costs of legal representation in child protection cases and direct payments.
c. Cost pressure of £100K from delayed saving on management of Children's Centres will be contained for one year by drawing down on reserves earmarked for this purpose. Some underspend on staffing due to synergies with 'A Better Start' project.	
d. Overspend due to cost of Agency Social Workers in frontline child protection roles in Care Management and First Contact teams.	
e. Forecast for current cohort of fostering places, indicates £180K underspend.	Underspend to date broadly in line with annual forecast.
f. Projected shortfall on traded service income and staffing restructure as service adapts to meet current year savings target.	
g.	
h.	
i.	
j. Current cohort of PVI placements is forecast to underspend but this budget remains volatile and susceptible to sudden changes in demand from high cost placements.	Current cohort have cost less than budget to date, but do not yet include any Secure Accommodation placements.
k.	
l. Agency spending on Independent Reviewing Officers.	
m.	
n. Home to School Transport forecast indicates an underspend in line with last year following review of procedures and contracts. This offsets an overspend caused by an interim agency Education Psychologist. Earmarked reserves to be used for specific targeted school improvement actions in year.	Earmarked reserves to be drawn down for specific targeted school improvement actions. SEN and SEND grants will continue to be used to support the work required following the ECHP reforms.
o. 5 Young people currently in remand so costs are likely to exceed the grant and reserves available by £50k. Vacant post in the Youth Offending Service offsets this overspend.	

**General Fund Forecast 2015/16
at 30 September 2015 - Period 6
Leader
Portfolio Holder - Cllr R Woodley**

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 Accounts Payable	194	(154)	40	0	40	40	0	23	16	(7)
b Accounts Receivable	274	(282)	(8)	0	(8)	(8)	0	(4)	(11)	(7)
c Accountancy	2,616	(2,834)	(218)	0	(218)	(218)	0	(96)	(140)	(44)
d Asset Management	429	(428)	1	15	16	11	(5)	16	(12)	(28)
e Internal Audit & Corporate Fraud	855	(907)	(52)	0	(52)	(52)	0	(24)	(27)	(3)
f Buildings Management	2,843	(2,873)	(30)	(129)	(159)	(109)	50	125	151	26
g Administration & Support	549	(550)	(1)	0	(1)	(1)	0	0	(28)	(28)
h Community Centres and Club 60	63	(1)	62	0	62	62	0	31	31	0
i Corporate and Industrial Estates	921	(2,350)	(1,429)	0	(1,429)	(1,429)	0	(708)	(717)	(9)
j Corporate and Non Distributable Costs	3,354	(172)	3,182	1	3,183	3,262	79	(796)	(1,129)	(333)
k Corporate Subscriptions	73	0	73	0	73	73	0	36	28	(8)
l Council Tax Admin	1,413	(471)	942	50	992	892	(100)	504	288	(216)
m Emergency Planning	102	0	102	0	102	102	0	51	53	2
n Democratic Services Support	458	0	458	0	458	449	(9)	231	219	(12)
o Media And Communication	0	0	0	0	0	0	0	0	0	0
p Member Expenses	732	0	732	0	732	716	(16)	367	347	(20)
q Department of Corporate Services	1,053	(1,053)	0	10	10	24	14	13	36	23
r Elections and Electoral Registration	394	0	394	25	419	419	0	280	265	(15)
s Strategy & Performance	895	(966)	(71)	9	(62)	(62)	0	(42)	(66)	(24)
t Programme Office	340	(341)	(1)	0	(1)	(6)	(5)	0	(10)	(10)
u Information and Governance	0	0	0	0	0	0	0	0	0	0
v Insurance	195	(241)	(46)	0	(46)	(46)	0	19	14	(5)
w Local Land Charges	255	(319)	(64)	1	(63)	(63)	0	(3)	(62)	(59)
x Legal Services	1,105	(1,131)	(26)	15	(11)	(11)	0	3	(1)	(4)
y Non Domestic Rates Collection	360	(302)	58	0	58	58	0	36	44	8
z Payroll	0	0	0	0	0	0	0	0	0	0
aa Corporate Procurement	705	(705)	0	89	89	89	0	58	(8)	(66)
ab Property Management & Maintenance	575	(575)	0	130	130	230	100	167	591	424
Total Net Budget for Portfolio	20,753	(16,655)	4,098	216	4,314	4,422	108	287	(128)	(415)

**General Fund Forecast 2015/16
at 30 September 2015 - Period 6
Leader
Portfolio Holder - Cllr R Woodley**

Virements	£000
Transfer from earmarked reserves	139
Allocation from Contingency	85
In year virements	(8)
	216

Forecast Outturn Variance	Year to Date Variance
a.	
b.	
c.	Underspend due to staff vacancies. More income has been raised than profiled to date in the budget
d. Excess of income on the EPAM System	An underspend on professional fees may be offset by further valuation fees. Income is currently exceeding the profiled budget
e.	
f. Cleaning costs are expected to exceed budget by the end of the year	An overspend on Electricity costs is being offset by an underspend on the costs of Gas. The overspend on Cleaning costs is being partially offset by an underspend on Furniture
g.	Vacancies and vacant hours
h.	
i.	
j. One-off Treasury Management Fees	Current underspend on Salary costs, Pension Backfunding and Corporate Subscriptions. Due to the ad-hoc and high value nature of expenditure for Corporate Initiatives and Pension Backfunding, it is not possible to accurately profile the budget
k.	
l. More court costs relating to Council Tax have been raised to date than anticipated in the budget	More court costs relating to Council Tax have been raised than anticipated although this is likely to result in a high provision for Bad Debt at the end of the year. The higher income is offsetting a pressure on Council Tax employee costs due to agency staffing

Forecast Outturn Variance	Year to Date Variance
m.	
n. Expected underspend on the Members' scrutiny budget	Lower than budgeted national insurance & transport expenses and a general underspend across Supplies and Services
o.	
p. Based on an analysis of expenditure in previous years, there is expected to be an underspend on the budget for conferences	Current underspend on Members' national insurance, hospitality and conference budgets
q. Final employee settlement payment following long term sickness, overtime and agency expenditure for P.A. support and costs associated with the staff induction video	Employee costs, staff induction video, advertising audit and training are all contributing to a budget overspend
r.	Grant income received is not yet fully spent
s.	A current underspend on employee budget in the PEC team is being partially offset by Agency costs. There is an underspend across Supplies and Services compared to the profiled budgets
t. Underspend on employee costs	An underspend in salary budgets is being partially offset by higher than expected agency costs in the Programme Office. Printing costs have reduced since the completion of the New Ways of Working project
u.	
v.	
w.	Income is currently exceeding the profiled budget but due to the unpredictable nature of the income/expenditure it may level out by the year-end
x.	
y.	
z.	
aa.	
ab. Income shortfall due to the termination of a contract with Seevic.	Capitalisation of salaries information currently not available.

**General Fund Forecast 2015/16
at 30 September 2015 - Period 6
Enterprise, Tourism & Economic Development
Portfolio Holder - Cllr G Longley**

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	516	(205)	311	3	314	324	10	160	197	37
b Amenity Services Organisation	3,005	(2,389)	616	30	646	676	30	369	480	111
c Economic Development	483	(112)	371	90	461	421	(40)	261	100	(161)
d Culture Management	135	(6)	129	0	129	129	0	65	67	2
e Library Service	3,509	(387)	3,122	0	3,122	3,122	0	1,710	1,701	(9)
f Museums And Art Gallery	1,168	(92)	1,076	45	1,121	1,141	20	608	613	5
g Parks And Amenities Management	4,458	(663)	3,795	(30)	3,765	3,765	0	1,829	1,755	(74)
h Climate Change	218	0	218	0	218	218	0	109	100	(9)
i Resort Services Pier and Foreshore and Southend Marine Activity Centre	3,130	(947)	2,183	0	2,183	2,193	10	1,140	1,163	23
j Sports Development	277	(134)	143	30	173	173	0	77	71	(6)
k Sport and Leisure Facilities	836	0	836	0	836	536	(300)	418	360	(58)
l Southend Theatres	582	(16)	566	0	566	566	0	296	281	(15)
m Support to Mayor	211	0	211	0	211	211	0	113	108	(5)
n Town Centre	124	(48)	76	1	77	62	(15)	58	72	14
o Tourism	301	(10)	291	0	291	271	(20)	147	118	(29)
Total Net Budget for Portfolio	18,953	(5,009)	13,944	169	14,113	13,808	(305)	7,360	7,186	(174)

Virements

Transfer from earmarked reserves
Allocation from Contingency
In year virements

£000

31

0

138

169

**General Fund Forecast 2015/16
at 30 September 2015 - Period 6
Enterprise, Tourism & Economic Development
Portfolio Holder - Cllr G Longley**

Forecast Outturn Variance	Year to date Variance
a. Focal Point Gallery grant less than anticipated.	Exhibition expenditure.
b. Additional employee costs within the service.	Staff costs greater in the summer season. Inventory purchased in bulk.
c. Some service functions are being funded by grant this year leaving an underspend within the section.	Grant funding received in advance of project commencement.
d.	
e.	
f. Annual servicing of the Cliff lift and peak relief staff costs.	
g.	Grant funding for the Belfair's Woodland Centre project to be spent and a current underspend on third party payments.
h.	
i. SMAC income shortfall.	
j.	
k. Saving achieved from the new Leisure Management Contract.	Saving achieved from the new Leisure Management Contract.
l.	
m.	
n. Market income expected to be greater than targeted.	
o. Full budget not committed for the year.	

**General Fund Forecast 2015/16
at 30 September 2015 - Period 6
Community & Organisational Development
Portfolio Holder - Cllr I Gilbert**

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 Closed Circuit Television	403	(18)	385	92	477	477	0	236	251	15
b Cemeteries and Crematorium	1,437	(2,044)	(607)	0	(607)	(687)	(80)	(259)	(424)	(165)
c Community Safety	356	(41)	315	(93)	222	222	0	92	52	(40)
d Customer Services Centre	1,922	(1,968)	(46)	49	3	(12)	(15)	4	(71)	(75)
e Council Tax Benefit	0	0	0	0	0	0	0	0	(32)	(32)
f Dial A Ride	103	(17)	86	(1)	85	85	0	42	37	(5)
Housing Benefit and Council Tax Benefit Admin	2,830	(1,285)	1,545	(300)	1,245	1,335	90	606	684	78
g										
h Rent Benefit Payments	98,947	(99,050)	(103)	300	197	197	0	99	169	70
i Partnership Team	327	0	327	10	337	337	0	173	154	(19)
j Registration of Births Deaths and Marriages	470	(323)	147	1	148	148	0	74	44	(30)
k Support To Voluntary Sector	913	0	913	0	913	782	(131)	394	387	(7)
l Human Resources	1,936	(1,946)	(10)	39	29	29	0	192	171	(21)
m Information Comms & Technology	5,064	(5,450)	(386)	100	(286)	(341)	(55)	(165)	(322)	(157)
n People & Organisational Development	449	(455)	(6)	11	5	5	0	7	9	2
o Transport Management	209	(209)	0	29	29	29	0	15	(2)	(17)
p Tickfield Training Centre	366	(349)	17	0	17	17	0	24	22	(2)
q Vehicle Fleet	809	(773)	36	(27)	9	9	0	5	10	5
Total Net Budget for Portfolio	116,541	(113,928)	2,613	210	2,823	2,632	(191)	1,539	1,139	(400)

Virements

£000

Transfer from earmarked reserves
Allocation from Contingency
In year virements

190
100
(80)

210

**General Fund Forecast 2015/16
at 30 September 2015 - Period 6
Community & Organisational Development
Portfolio Holder - Cllr I Gilbert**

Forecast Outturn Variance	Year to Date Variance
a. Income for burials and cremations is expected to exceed budget	Income for burials and cremations is exceeding the profiled budget
b. Crematorium income is expected to exceed budget	Cemetery and Crematorium income are both currently exceeding the profiled budget
c.	
d. In year vacancies	In year additional computer costs are reducing the underspend on employee budgets
e.	Overpayments repaid relating to prior years
f.	
g. Budget pressure on employees budget due to agency staff and overtime	Overtime and agency costs
h.	Monitored position at Period 6
i.	The supplies and services budget is not currently being spent in line with the profiling
j.	Income is currently exceeding expectation however this is expected to come in line with budget by year-end due to less demand in the winter period
k. There is an expected underspend in the Voluntary Sector premises costs due to a change in the accounting treatment of business rates. Additionally there should be a saving on employee budgets due to a member of staff now working part-time	
l.	Income currently exceeding profiled budget, which is helping to offset an overspend in staffing costs (overtime and agency)
m. Vacancies.	Staffing vacancies, higher than profiled income and lower than profiled corporate IT application costs are creating an underspend against the year to date budget
n.	
o.	Vacancies are being offset by higher than profiled transport costs and lower than expected income for the time of year
p.	
q.	

**General Fund Forecast 2015/16
at 30 September 2015 - Period 6
Public Protection, Waste & Transport
Portfolio Holder - Cllr M Terry**

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 Bridges and Structural Engineering	392	0	392	0	392	392	0	196	180	(16)
b Concessionary Fares	3,489	0	3,489	0	3,489	3,489	0	1,749	1,775	26
c Decriminalised Parking	1,965	(1,601)	364	50	414	414	0	177	91	(86)
d Enterprise Tourism and Environment Central Pool	1,858	(1,925)	(67)	0	(67)	(67)	0	(30)	(53)	(23)
e Flood and Sea Defence	874	(63)	811	0	811	811	0	407	225	(182)
f Highways Maintenance	10,296	(2,232)	8,064	0	8,064	8,114	50	4,010	4,075	65
g Car Parking Management	1,437	(5,647)	(4,210)	1	(4,209)	(4,309)	(100)	(2,318)	(2,400)	(82)
h Passenger Transport	389	(61)	328	0	328	328	0	185	187	2
i Public Conveniences	661	0	661	0	661	661	0	355	351	(4)
j Road Safety and School Crossing	365	(60)	305	0	305	305	0	124	131	7
k Regional And Local Town Plan	1,669	(752)	917	0	917	917	0	461	441	(20)
l Traffic and Parking Management	786	(5)	781	0	781	781	0	402	368	(34)
m Waste Collection	3,860	0	3,860	40	3,900	3,900	0	1,945	2,236	291
n Waste Disposal	4,019	0	4,019	96	4,115	4,115	0	2,052	1,618	(434)
o Environmental Care	652	(4)	648	0	648	648	0	328	337	9
p Civic Amenity Sites	654	0	654	14	668	668	0	343	336	(7)
q Waste Management	2,034	0	2,034	0	2,034	2,034	0	1,016	1,067	51
r Cleansing	2,193	(7)	2,186	23	2,209	2,209	0	1,125	1,228	103
Total Net Budget for Portfolio	37,593	(12,357)	25,236	224	25,460	25,410	(50)	12,527	12,193	(334)

Virements

Transfer from earmarked reserves
Allocation from Contingency
In year virements

£000

50
173
1

224

**General Fund Forecast 2015/16
at 30 September 2015 - Period 6
Public Protection, Waste & Transport
Portfolio Holder - Cllr M Terry**

Forecast Outturn Variance	Year to Date Variance
a.	
b.	
c.	
d.	
e.	Contractor costs to be incurred later in the year.
f. Contractor overspend is being partially offset by streetwork permit income.	Contractor overspend is being partially offset by streetwork permit income.
g. Car park income is exceeding expectations.	Car park income is exceeding expectations.
h.	
i.	
j.	
k.	
l.	
m.	Savings for new contract to be reprofiled into the 2 nd half of the year.
n.	Penalty costs received from contractor due to not achieving contracted recycling rates.
o.	
p.	
q.	
r.	Savings for new contract to be reprofiled into the 2 nd half of the year.

**General Fund Forecast 2015/16
at 30 September 2015 - Period 6
Housing, Planning & Regulatory Services
Portfolio Holder - Cllr D Norman**

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 Building Control	593	(389)	204	0	204	204	0	141	114	(27)
b Development Control	1,022	(509)	513	0	513	513	0	284	223	(61)
c Regulatory Business	661	(11)	650	121	771	771	0	390	394	4
d Regulatory Licensing	632	(474)	158	20	178	204	26	(40)	21	61
e Regulatory Management	239	0	239	(155)	84	84	0	42	(1)	(43)
f Regulatory Protection	335	(62)	273	46	319	319	0	131	125	(6)
g Strategic Planning	398	0	398	0	398	398	0	225	232	7
h Strategy & Planning for Housing	0	0	0	0	0	0	0	0	0	0
i Private Sector Housing	5,866	(338)	5,528	81	5,609	5,609	0	2,804	2,793	(11)
j Housing Needs & Homelessness	1,449	(439)	1,010	0	1,010	1,010	0	507	553	46
k Supporting People	3,773	0	3,773	(276)	3,497	3,497	0	1,749	1,723	(26)
l Queensway Regeneration Project	0	0	0	0	0	0	0	0	68	68
Total Net Budget for Portfolio	14,968	(2,222)	12,746	(163)	12,583	12,609	26	6,233	6,245	12

Virements

Transfer from/(to) earmarked reserves
Allocation from Contingency
In year virements

£000

(164)

0

1

(163)

Forecast Outturn Variance	Year to date Variance
a.	
b.	Vacant posts within Development Control.
c.	
d. Saving not achieved regarding contractor costs.	
e.	
f.	
g.	
h.	
i.	
j.	
k.	
l.	

Housing Revenue Account Forecast 2015/16
at 30 September 2015 - Period 6
Corporate Director - 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	279	0	279	279	0	140	143	3
b Premises (Excluding Repairs)	673	0	673	633	(40)	100	60	(40)
c Repairs	5,236	0	5,236	5,236	0	2,819	2,819	0
d Supplies & Services	66	0	66	137	71	33	55	22
e Management Fee	9,264	0	9,264	9,264	0	4,988	4,988	0
f MATS	956	0	956	956	0	478	478	0
g Provision for Bad Debts	361	0	361	361	0	0	0	0
h Capital Financing Charges	13,770	0	13,770	13,955	185	6,616	6,724	108
Expenditure	30,605	0	30,605	30,822	216	15,175	15,268	93
i Fees & Charges	(3,789)	0	(3,789)	(3,819)	(30)	(1,882)	(1,988)	(106)
j Rents	(26,877)	0	(26,877)	(27,177)	(300)	(13,008)	(13,255)	(247)
k Other	(227)	0	(227)	(227)	0	(214)	(214)	(1)
l Interest	(90)	0	(90)	(90)	0	(45)	(45)	0
m Recharges	(530)	0	(530)	(530)	0	(265)	(213)	52
Income	(31,513)	0	(31,513)	(31,843)	(330)	(15,414)	(15,715)	(302)
n Appropriation to Earmarked reserves	2,721	0	2,721	2,835	114	0	0	0
o Statutory Mitigation on Capital Financing	(1,813)	0	(1,813)	(1,813)	0	(1,360)	(1,360)	0
Net Expenditure / (Income)	0	0	0	0	0	(1,599)	(1,807)	(209)
Use of Reserves								
Balance as at 1 April 2014	3,502	0	3,502	3,502	0			
Use in Year	(0)	0	(0)	(0)	(0)			
Balance as at 31 March 2015	3,502	0	3,502	3,502	(0)			

**Housing Revenue Account Forecast 2015/16
at 30 September 2015 - Period 6
Corporate Director - Simon Leftley**

Forecast Outturn Variance	Year to Date Variance
a.	
b. Forecast underspend on void sheltered accommodation council tax bills.	
c.	
d. Overspend due to the cost of patrol services at Victoria ward.	
e.	
f.	
g.	
h. Interest payable on the HRA's internal borrowing is higher than estimated in the budget.	Interest payable on the HRA's internal borrowing is higher than estimated in the budget.
i. Higher than estimated service charges because of a lower number of void properties than estimated in the budget.	Higher than estimated service charges because of a lower number of void properties than estimated in the budget.
j. Higher than estimated rental income because of a lower number of void properties than estimated in the budget. There is also higher rental income because all new and transferring tenancies are being let at formula rent.	Higher than estimated rental income because of a lower number of void properties than estimated in the budget. There is also higher rental income because all new and transferring tenancies are being let at formula rent.
k.	
l.	
m.	
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p.	
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r.	
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**Capital Programme Budget
Monitoring 2015/16**

Period 6

**as at 30th September 2015
Departmental Summary**

Capital Programme Monitoring Report – September 2015

1. Overall Budget Performance

The revised Capital budget for the 2015/16 financial year is £63.257million which includes all changes agreed at June and September Cabinet. Actual capital spend at 30th September is £16.128million representing approximately 25% of the revised budget. This is shown in Appendix 1. (Outstanding creditors totalling £0.838million 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 2015/16 £'000	Actual 2015/16 £'000	Expected outturn 2015/16 £'000	Latest Expected Variance to Revised Budget 2015/16 £'000	Previous Expected Variance to Revised Budget 2015/16 £'000
Corporate Services	10,141	1,415	5,063	(5,078)	(4,713)
People	15,880	5,959	12,083	(3,797)	(64)
Place	26,890	5,566	24,125	(2,765)	(1,352)
Housing Revenue Account (HRA)	10,346	3,188	9,645	(701)	-
Total	63,257	16,128	50,916	(12,341)	(6,129)

The capital programme is expected to be financed as follows:

Department	External Funding			Total Budget £'000
	Council Budget £'000	Grant Budget £'000	Developer & Other Contributions £'000	
Corporate Services	10,074	67	-	10,141
People	3,373	12,507	-	15,880
Place	15,160	9,740	1,990	26,890
Housing Revenue Account (HRA)	10,232	-	114	10,346
Total	38,839	22,314	2,104	63,257

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 30th September 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
Corporate Services	67	-	67	67	-
People	12,507	-	12,507	9,958	2,549
Place	9,740	1,990	11,730	7,787	3,943
Housing Revenue Account (HRA)	-	114	114	35	79
Total	22,314	2,104	24,418	17,847	6,571

2. Department Budget Performance

Department for Corporate Services

The revised capital budget for the Department for Corporate Services is £10.141million. The budget is distributed across various scheme areas as follows:

Department for Corporate Services	Revised Budget 2015/16 £'000	Actual 2015/16 £'000	Expected outturn 2015/16 £'000	Latest Forecast Variance to Year End 2015/16 £'000	Previous Forecast Variance to Year End 2015/16 £'000
Accommodation Strategy - Main	179	135	179	-	-
Accommodation strategy - CCTV	1	1	1	-	-
Civic Centre – Server Room	83	-	-	(83)	-
Tickfield	84	59	84	-	-
Asset Management (Property)	4,040	511	1,439	(2,601)	(2,713)
Cemeteries & Crematorium	2,360	71	360	(2,000)	(2,000)
ICT Programme	3,339	638	2,945	(394)	-
Subtotal	10,086	1,415	5,008	(5,078)	(4,713)
Priority Works (see table)	55	-	55	-	-
Total	10,141	1,415	5,063	(5,078)	(4,713)

Priority Works	£'000
Budget available	1,000
Less budget allocated to agreed schemes	(945)
Remaining budget	55

Actual spend at 30th September stands at £1.415million. This represents 14% of the total available budget.

Accommodation Strategy - Main

As part of the refurbishment of Civic 2, it was originally decided to give the toilets a minor refresh. However the toilets proved to be in a worse condition than realised so it was agreed to undertake a full refurbishment which is now underway. £75k has been allocated

for the refurbishment of the toilets and for the creation of a first aid room on the lower ground floor of Civic 1. The first aid room has now been completed and the works to the Civic 2 toilets commenced on 28th September. All works will be completed by the end of November.

Civic Centre – Server Room

The final Server Room works have been amalgamated with other ICT schemes and the £83k budget will be transferred over to ICT at November Cabinet to cover part of the forecast overspend on the Core Infrastructure budget.

Tickfield

All building works have now been completed at Tickfield. The final delivery of furniture and signage is still outstanding.

Asset Management (Property)

The development agreement for the Airport Business Park site has now been signed. The rugby pitch and infrastructure works are due to start during Easter 2016. It is estimated that £556k budget will be required during 2015/16 with the remaining £2.3m to be included as a carry forward request in the report to November Cabinet.

The £109k budget for the second phase of the new beach huts will be included in the report to November cabinet as a carry forward request. This is because the project is currently on hold until 2016/17.

Works on the refurbishment of Thorpe Hall Avenue toilets are currently at planning stage and they are on track to complete before the end of the financial year.

Various projects within the Victoria Avenue Improvement scheme are currently being considered and costed. It is estimated that only £40k will be required in 2015/16 for feasibility work on the East and Library car parks and the remaining £190k will be included as a carry forward request in the report to November Cabinet.

The Brunel Road Redevelopment scheme is currently under consideration due to viability therefore the £2k budget will be included as a carry forward request in the report to November Cabinet.

Cemeteries and Crematorium

The £10k budget for essential Crematorium equipment has been allocated for a replacement fire alarm system in the Crematorium. This is currently with the Property Services team who are carrying out a survey for the tender specification.

The work on the cremator to fully reline the hot bricks is now complete and all invoices have now been paid. This scheme has underspent by £4k which will be used to cover the overspend on the west chapel pipe organ refurbishment.

The legal negotiating process for the purchase of the new burial ground is on-going. It is estimated that only £279k of the budget will be spent in 2015/16 therefore a carry forward request of £2.0 million will be included in the report to November Cabinet as a carry forward request.

The west chapel pipe organ refurbishment is complete and has been reinstalled in the West Chapel. The works came in at £4k over budget but there is an under-spend on the relines of the crematorium to cover this.

ICT

My Southend went live on 22nd September as part of the Citizen Account scheme.

Friars and Thorpedene libraries have been replaced by the new Hub Library located in Shoebury Youth Centre and the availability of wireless is part of the new build. Wireless has now been finalised and handed over at Leigh Library. Other libraries are yet to determine their final requirements therefore £17k of the budget will be included as a carry forward request in the report to November Cabinet.

The budget on the Vehicle Tracking and Performance System scheme has been allocated to fund the Dial a Ride replacement system. The system has now been procured and the system data is currently being input in preparation for go-live anticipated for early November.

Works have begun on the Wireless Borough/City Deal to implement WiFi in areas of the town with high footfall and to develop greater social inclusion. The contract is now out to tender with a closing date at the end of October. The remaining budget of £371k will be included in the report to November Cabinet as a carry forward request as the works are not expected to begin until 2016/17.

The final works on the new server room are taking place as part of the ICT Core Infrastructure scheme and the £83k budget will be transferred at November Cabinet to cover the forecast spend. A further £660k accelerated delivery request will be included to cover further planned works on this scheme.

The Re-provision of Care First scheme will continue into the next financial year and £470k of the 2015/16 budget will be included as a carry forward request in the report to November Cabinet.

Final projects for the Capita One Enhancements and Developments are still to be discussed and agreed with Childrens Services and progress is not expected until 2016/17. A carry forward request of £32k will therefore be included in the report to November Cabinet to continue the project in 2016/17.

The ICT Enterprise Agreement has provided some management software called Microsoft System Centre which is currently in the process of being tested. The payment arrangements as part of the agreement cover numerous financial years therefore a carry forward request of £154k is required in the report to November Cabinet to continue the support.

The E-Procurement System project is currently with procurement and no action is expected in 2015/16. The full budget of £53k will be included as a carry forward request in the report to November Cabinet.

The new Cash Receipting System went live to S-cloud on 10th August however there is further work to carry out to resolve printing and Citrix issues. A carry forward request of £15k will be included in the report to November Cabinet to continue the works to the system.

The systems on the Pier are currently being upgraded and the plan for 2015/16 is to spend £155k on CCTV/Public Safety systems and Symology. The remaining £25k will be included in the report to November Cabinet as a carry forward request.

Priority Works

The Priority works provision budget currently has £55k remaining unallocated.

Summary

Carry forward requests to be included in the report to November Cabinet are Pier ICT Improvement Programme for £25k, Capita One Enhancements for £32k, ICT Enterprise Agreement for £154k, ICT E-Procurement System for £53k, Libraries Wireless Project for £17k, Replacement and Enhancement of Cash Receipting System for £15k, Wireless Borough City Deal for £371k, Southend Airport Business Park for £2.3m, Brunel Road Redevelopment for £2k, New Beach Huts phase two for £109k, Victoria Avenue Improvements for £190k, Re-provision of Carefirst for £470k and the New Burial Ground for £2.0 million.

An accelerated delivery request of £660k on the ICT Core Infrastructure scheme will also be included in the report to November Cabinet.

£83k will be transferred from the Server Room to ICT at November Cabinet.

Department for People

The revised Department for People budget totals £15.880million.

Department for People	Revised Budget 2015/16 £'000	Actual 2015/16 £'000	Expected outturn 2015/16 £'000	Latest Expected Variance to Year End 2015/16 £'000	Previous Expected Variance to Year End 2015/16 £'000
Adult Social Care	2,698	137	1,029	(1,669)	-
General Fund Housing	2,926	523	1,606	(1,320)	-
Children & Learning Other	180	4	116	(64)	(64)
Condition Schemes	1,381	665	1,137	(244)	-
Devolved Formula Capital	310	297	310	-	-
Primary School Places	8,385	4,333	7,885	(500)	-
Total	15,880	5,959	12,083	(3,797)	(64)

Actual spend at 30th September stands at £5.959million. This represents 38% of the total available budget.

Adult Social Care

The Adult Social Care budget consists of the Community Capacity grant which includes £172k for the Care Act capital scheme. The remainder of the Community Capacity grant will be spent on major adaptations that will enable vulnerable individuals to remain in their own homes and to assist in avoiding delayed discharges from hospital. £420k of this budget is estimated to be spent in 2015/16 therefore the remaining budget of £269k will be included in the November Cabinet report as a carry forward request.

The budget for Mental Health has now been allocated to be spent on crisis provision, enabling mental wellbeing and a community recovery college in 2015/16.

Adult Social Care also includes a £165k grant from the Department of Health for Transforming Care Housing. Plans are underway to redesign the support given to people with Learning Disabilities, Autism and Aspergers.

The feasibility study for the Viking Day Service Provision is underway. The remainder of the project is not expected to commence in 2015/16 therefore budget totalling £1.4m will be included as a carry forward request in the report to November Cabinet.

General Fund Housing

A thorough review of how the Disabled Facilities service is delivered is currently being undertaken and a report on the outcome will be published in the autumn. Only £900k of the 2015/16 budget is forecast to be spent therefore a carry forward request of £129k will be included in the report to November Cabinet.

The Private Sector Renewal scheme is in place to ensure that the private sector stock is kept in a good condition. It is expected that £500k will be required in 2015/16 therefore the

remaining budget of £744k will be included as a carry forward request in the report to November Cabinet.

The Empty Dwellings Management scheme is currently concentrating on bringing more empty homes back into use. It is not expected that the full budget will be required in 2015/16 therefore a carry forward request of £338k will be included in the report to November Cabinet.

The Private Sector Housing Works in Default Enforcement budget is on-going and only £60k will be required to cover enforcements in 2015/16 therefore a carry forward request of £90k will be included in the report to November Cabinet.

The £19k budget for Choice Based Lettings is no longer required and will be removed in the report to November cabinet.

Children & Learning Other Schemes

The Short Breaks for Disabled Children scheme has only spent £4k to date and no more is expected for 2015/16. A carry forward request of £64k will be included in the report to November Cabinet.

Retentions of £80k are being held against projects at Hinguar Primary and Kingsdown Special Schools 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 £1.381m has been allocated to address larger conditions in schools where the cost is over the schools capabilities to fund. Of this amount, £229k is for projects started in 2014/15. Most of these works have been undertaken over the summer holidays to minimise disruption to the schools.

Retentions of £28k are being held for works completed in 2014/15 at eight primary schools. This figure is included in the creditors shown above.

The scheme to rewire Prince Avenue Primary School is ahead of schedule and the main works will be taking place in 2015/16. An accelerated delivery request of £81k will be in the report to November Cabinet to fund the additional works taking place.

Condition schemes at Edwards Hall and Futures Community College are progressing but they are expected to continue into 2016/17. Carry forward requests of £58k and £12k will be included in the report to November Cabinet.

The budgets for Shoebury Youth Centre, Chase High Boilers, Temple Sutton Underpinning and West Leigh Junior Gables totalling £135k are to be removed from the capital programme in the report to November Cabinet as these schemes have now finished. The £10k grant funding on the Shoebury Youth Centre will be transferred to the Library Review scheme in Culture to replace part of the borrowing to fund the new library in Shoeburyness.

The £120k budget on the Youth Service Review scheme is to be transferred to the Library Review project in Culture in the report to November Cabinet. This is to support works on the new Library in Shoeburyness.

Devolved Formula Capital

This is an annual devolution of dedicated capital grant to all maintained schools. The grant for 2015/16 is £310k.

Primary School Places

Capital expansions, both permanent and temporary are on-going to supply primary places to meet significant increased demands. In 2015/16, spend of £8.385m is programmed. This covers large, multi-year projects at St Helen's Catholic Primary, Sacred Heart Catholic Primary, Hamstel Infant and Juniors, The Federation of Greenways Schools, Darlington Primary, St Mary's Prittlewell C of E Primary and Porters Grange Primary Schools.

The contractors are on site at St Helens and a carry forward request of £500k will be in the report to November Cabinet to meet contract milestones in 2016/17.

A further £79k is also being held as retention payments against works completed in 2014/15 on smaller expansion projects. This figure is included in the creditors shown above.

Summary

Carry forward requests to be included in the report to November Cabinet include Viking Day Service Provision for £1.4m, Empty Dwellings Management for £338k, Works in Default Enforcement for £90k, Community Capacity for £269k, Disabled Facilities for £129k, Private Sector Renewal for £744k, Edwards Hall Roof for £58k, Futures Heating and Pipe Ducts for £12k, St Helens for £500k and Short Breaks for Disabled Children for £64k.

An accelerated delivery request for Prince Avenue Rewire for £81k will also be included in the report.

£120k will be transferred from Youth Service Review to the Library Review Scheme in Culture.

£19k budget for Choice Based Lettings, £10k for Shoebury Youth Centre, £34k for Temple Sutton Underpinning, £70k for West Leigh Gables and £21k for Chase High Boilers will be removed from the capital programme.

Department for Place

The revised capital budget for the Department for Place is £26.890million. This includes all changes approved at June and September Cabinet. The budget is distributed across various scheme areas as follows:

Department for Place	Revised Budget 2015/16 £'000	Actual 2015/16 £'000	Expected outturn 2015/16 £'000	Latest Expected Variance to Year End 2015/16 £'000	Previous Expected Variance to Year End 2015/16 £'000
Culture	3,748	1,622	3,517	(231)	-
Enterprise, Tourism & Regeneration	3,972	62	2,993	(979)	(948)
Coastal Defence	2,606	587	1,733	(873)	-
Highways and Infrastructure	4,847	509	4,847	-	-
Parking Management	550	98	550	-	-
Section 38 & 106 Agreements	1,690	94	1,038	(652)	(404)
Local Transport Plan	2,794	1,134	2,794	-	-
Local Growth Fund	2,420	189	2,420	-	-
Transport	814	387	784	(30)	-
Waste	597	565	597	-	-
Energy Saving Projects	2,852	319	2,852	-	-
Total	26,890	5,566	24,125	(2,765)	(1,352)

Actual spend at 30th September stands at £5.566million. This represents 21% of the total available budget.

Culture

The drainage works at Belfairs Golf Course are now complete. Other drainage works at Belfairs Park and Southchurch Park are on site and nearing completion.

New external funding totalling £260k from Sport England to part fund the Belfairs Swim Centre Health and Safety works will be added to the capital programme in the report to November Cabinet. The project is now complete and this grant will fund works already carried out.

Works to replace the floor in the auditorium at the Cliffs Pavilion are now complete. External works above the Maritime Room are on-going with a scheduled completion date of March 2016. A specification for tender for the under-croft piping replacement is currently being drawn up with a proposal to go out during November.

Works have now commenced on the Hard Surface Path Improvements in the Parks with a newly appointed contractor. Subject to weather conditions, the works should complete within the current financial year.

The Library Review was partly used to fund the new Shoeburyness Library which opened on 14th September. A programme of works is currently being developed for improvements at Leigh, Westcliff and Kent Elms Libraries to utilise the remainder of the budget. A carry forward request of £130k will be included in the report to November Cabinet to continue these works.

New external funding for £10k from Cory Environmental will be added to the capital programme in the report to November Cabinet to fund works on the Milton Gardens Children's Multi Play Unit.

Scheduled Ancient Monument Consent has now been received for the works to Priory Park Water Main. A start date has been proposed for 26th October.

The publication date for the research on the Prittlewell Prince is later than anticipated therefore the full budget of £38k will be included in the report to November Cabinet as a carry forward request.

Works are progressing on the refurbishment of the war memorials within the Borough. The works on the Cenotaph have been completed and the refurbishment of the Victory Sports Ground gates commenced on 31st August. Future works are scheduled for the St Erkenwalds Memorial at Sutton Road Cemetery and the Priory Park War Memorial.

Plans are being made for the use of the Pump Priming Budget for 2016/17 and budget of £333k will be included in the November Cabinet report as a carry forward request.

Enterprise, Tourism & Regeneration

The Regeneration projects include all the work currently taking place on Southend Pier and the City Deal Incubation Centre as well as the Coastal Communities Fund.

Tenders for the concrete and structural repairs needed on the pier have come in over budget and are currently being value engineered to propose a way forward.

A technical issue with the repair of the Prince George Extension on the pier has caused delays and it is likely that a carry forward request will be required once more detail is known for the costs involved in 2015/16.

The timeframe for spend on the Coastal Communities Fund has been extended by the Big Lottery and CLG. Negotiations are continuing with the Yacht club to enable delivery of the lagoon and costs of enabling works are being explored. It is estimated that around £200k will be spent in 2015/16 with the remaining £948k to be included as a carry forward request at November Cabinet.

The works for emergency maintenance on Pier Hill lifts are now complete and there is a forecast under-spend of £4k once the final invoices have come in. This will be removed from the capital programme in the report to November Cabinet.

The £27k budget on Western Esplanade Cliffs Stabilisation is no longer required and the full budget will be transferred to cover the over-spend on the Coastal Defence Storm Damage scheme. This will be included in the report to November Cabinet.

Coastal Defence

Works for the cliff stabilisation at Clifton Drive commenced on 12th April and are progressing well.

A grant from DeFRA is in the process of being claimed for improving resilience to private properties. The budget for this was originally set at £1.5m but it is expected that only £600k will be spent therefore £900k will be removed from the budget in the report to November Cabinet.

The £27k over-spend relates to the Coastal Defence Storm Damage scheme and a transfer from Western Esplanade Cliffs stabilisation will be used to cover this.

Highways and Infrastructure

Plans for 2015/16 are currently in hand and implementation works have commenced for the Highways Planned Maintenance schemes. These will continue on a phased basis for the remainder of the financial year.

Further discussions have taken place with Network Rail about moving the fence separating the Cinder Path from Essex Thameside Rail Link. Once the estimate has been received from the contractor, works can be programmed to coincide with the next appropriate rail possession. Resurfacing of the widened Cinder Path can then commence. It is anticipated that works will commence after Christmas with the associated resurfacing works planned before the end of the financial year. The programme is dependent on a suitable quote being received from the contractor.

The revised Street Lighting budget is a multi-million pound, multi-year scheme to be part funded by the Challenge fund from the Department for Transport. Surveys have commenced to prepare for the cast iron replacements and the sleeve manufacturer has started measuring the concrete columns so that materials can be ordered. The contractor is currently working in Eastwood to fit sleeves to concrete columns where LED lanterns have been fitted previously. This work will continue for the remainder of the year.

Parking Management

Works to the Civic Centre North car park are well underway and expected to complete during October. Any surplus funding will be utilised for works on the Library car park and works to improve the other Borough car parks.

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 Fossetts Farm Bridleway and North Shoebury Road.

Schemes totalling £604k have been identified as delayed until 2016/17 therefore a carry forward required will be included in the report to November Cabinet. £61k of additional S106 funds and the removal of £109k S106 funds will also be included in this report.

Local Transport Plans (LTP Schemes)

Various schemes are now underway for Better Networks and Better Sustainable Transport. A few delays are currently being experienced in the works for Better Operations of Traffic Control Systems and the Highways team are currently working to resolve this.

Programmed resurfacing works have now commenced and are set to continue for the remainder of the summer months.

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 on new business. The improvement will also support background growth of Southend and Rochford.

The business cases for A127 Kent Elms and Bridge and Highway Maintenance have been approved by South East Local Enterprise Partnership Individual Technical Evaluator to draw down 2015/16 funding. Further work is underway to support the business cases for 2016/17 onwards. 2015/16 works for Kent Elms will be focussing on the design and construction of the advance surface crossing works and design and survey work for the main junction improvement works. Advance utility diversion works for the new surface crossing are nearing completion. Ground penetration radar and drainage surveys are complete and being reviewed. A bridge survey has been commissioned and is currently waiting for a programme. Works on the Bell junction will be focussing on survey work to inform the design for the main junction improvement works. Once Kent Elms survey works have been received and reviewed, similar surveys will be commissioned for the Bell. Bridge and Highway Maintenance will be focussing on investigation works for the improvement to the A127 corridor and also necessary surfacing to the east bound section of the A127 from Boundary to just prior to the Progress Road improvement works.

Transport

Main works on the A127 Tesco junction improvements were completed on 29th March 2015 with the switching on of the traffic signals. Traffic signal monitoring will continue to be adjusted as necessary. Repairs to the defects are now underway.

Minor adjustments to traffic signals on Progress road are yet to be completed.

Southend Transport Model is an on-going scheme to support various multi modal transport projects. Spend is expected at £62k in 2015/16 and a carry forward request of £30k will be included in the report to November Cabinet.

Waste

There are commitments for the year in relation to the Commercial Waste and Recycling Centre which will involve ground works, a salt dome and refurbishment of the toilets. Some disused buried structures and contaminated soil have been discovered on site and this has slightly delayed the project. Works are due to finish during October with final snagging to be carried out and the final accounts to be reviewed.

Energy Saving Projects

Solar panels have been part installed at Southend Adult Community College and Temple Sutton Primary School. The gas boilers have now been installed at Southend Adult Community College and a tender for energy efficiency work is due to go out at the end of October. The biomass boiler installation started on 3rd October at Temple Sutton and the windows installation is to be completed by February 2016 based on weekend and holiday working.

Some improvements have been made to the Civic Centre heating controls but this has not fully resolved the issue. New thermostats are due to be installed along with a new burner and gas booster on the boiler and this is now out to tender.

Summary

Carry forward requests to be included in the report to November Cabinet are Prittlewell Prince Museum for £38k, Pump Priming Budget for £333k, Library Review for £130k,

Coastal Communities Fund for £948k, Southend Transport Model for £30k and various S106 schemes totalling £604k.

£61k of S106 funds will be added and £109k will be removed at November Cabinet.

The under-spend on the Pier Hill lifts emergency maintenance of £4k and £900k for the Flooding Repairs and Renewals will be removed from the capital programme at November Cabinet.

The £27k budget on Western Esplanade Cliffs Stabilisation will be transferred to Coastal Defence Storm Damage in the report to November Cabinet.

New external funding totalling £260k will be added to the capital programme for Belfairs Swim Centre Health and Safety works and £10k for the Milton Gardens Children's Multi Play Unit.

Housing Revenue Account

The revised budget for the Housing Revenue Account capital programme for 2015/16 is £10.346million. The latest budget and spend position is as follows:

Housing Revenue Account	Revised Budget 2015/16 £'000	Actual 2015/16 £'000	Expected outturn 2015/16 £'000	Forecast Variance to Year End 2015/16 £'000	Previous Forecast Variance to Year End 2015/16 £'000
Decent Homes Programme	7,314	2,825	6,994	(320)	-
Council House Adaptations	500	239	500	-	-
Sheltered Housing Remodelling	345	-	-	(345)	-
32 Byron Avenue	16	-	16	-	-
Other HRA	2,171	124	2,135	(36)	-
Total	10,346	3,188	9,645	(701)	-

The actual spend at 30th September of £3.188million represents 31% of the HRA capital budget.

Decent Homes Programme

The on-going Decent Homes schemes are continuing in 2015/16. Kitchens, bathrooms and electrical works are programmed to be complete by December 2015. Additional works are being undertaken to upgrade boilers following requirements identified during the Gas Servicing Programme.

Some of the works for Common Area Improvements and Environmental Health and Safety are currently delayed and carry forward requests of £220k and £100k will be included in the report to November Cabinet.

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 2015/16.

Sheltered Housing Remodelling

There are no plans for the Sheltered Housing Remodelling budget in 2015/16. The budget of £345k will be included in the report to November Cabinet as a carry forward request.

S106/RTB funded schemes

The build at 32 Byron Avenue is now complete and settlement of the final accounts is expected by the end of 2015.

Other HRA

A scheme to review HRA land is currently underway and planning permission was received on 15th April for the proposed sites. The plan is to construct 18 housing units within the Shoeburyness ward. The tender for construction is currently out for approval with an anticipated start date on site in early 2016. £30k S106 funding has been received to contribute to the feasibility stage of this scheme. A further budget for a S106 contribution as part of the main scheme was duplicated and £66k will be removed from the programme in the report to November Cabinet to correct this.

Summary

Carry forward requests for Common Area Improvements for £220k, Environmental Health and Safety for £100k and Sheltered Housing for £345k will be included in the report to November Cabinet.

£30k S106 contribution will be added to the HRA Land Review feasibility and £66k will be removed from the HRA Land Review main scheme.

Summary of Capital Expenditure at 30th September 2015

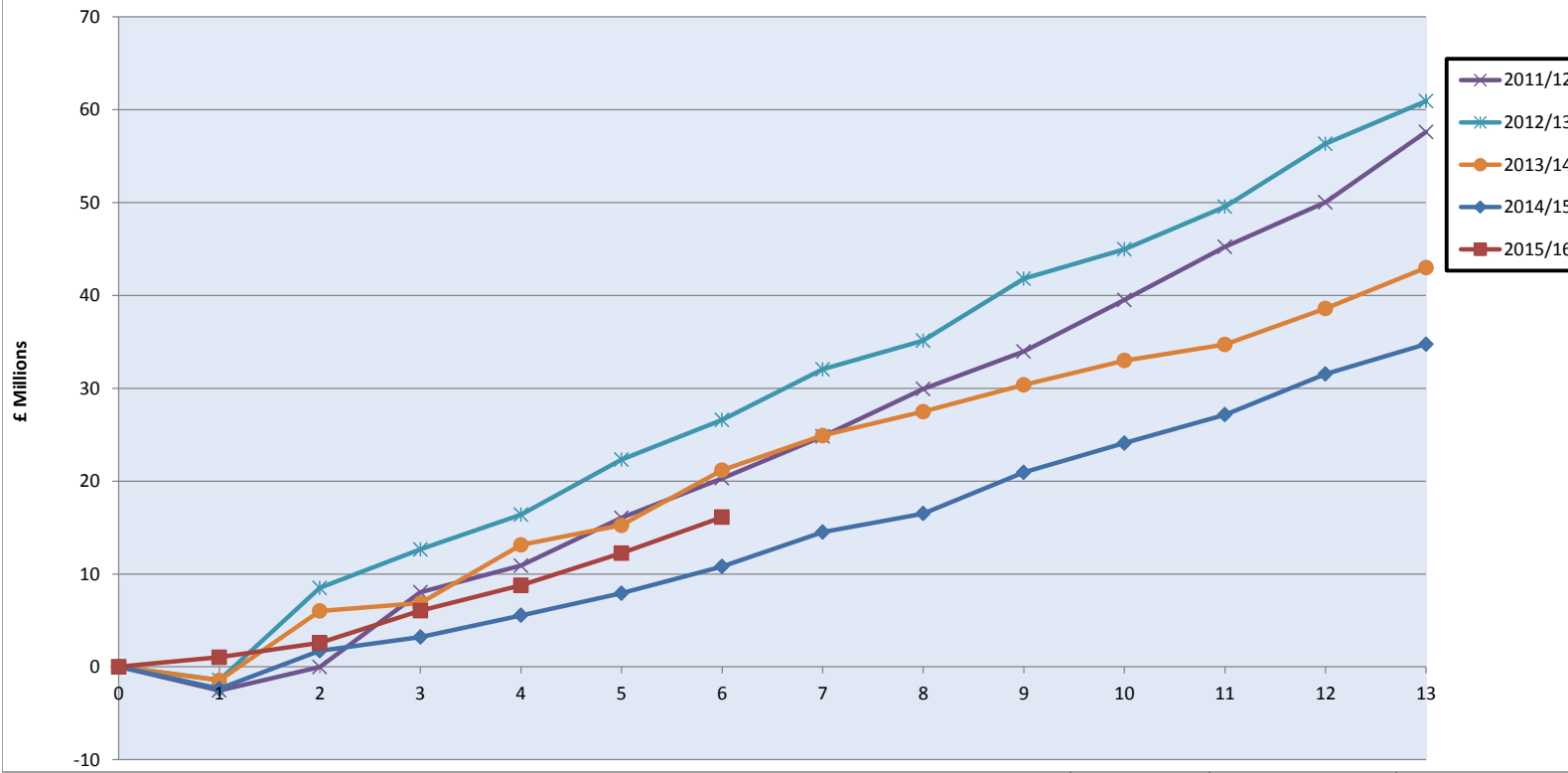
Appendix 1

	Original Budget 2015/16 £000	Revisions £000	Revised Budget 2015/16 £000	Actual 2015/16 £000	Forecast outturn 2015/16 £000	Forecast Variance to Year End 2015/16 £000	% Variance
Corporate Services	10,252	(111)	10,141	1,415	5,075	(5,066)	14%
People	15,392	488	15,880	5,959	12,278	(3,602)	38%
Place	17,859	9,031	26,890	5,566	23,317	(3,573)	21%
Housing Revenue Account	10,002	344	10,346	3,188	10,001	(345)	31%
	<u>53,505</u>	<u>9,752</u>	<u>63,257</u>	<u>16,128</u>	<u>50,671</u>	<u>(12,586)</u>	<u>25%</u>
Council Approved Original Budget - February 2015	53,505						
Corporate Services amendments	(94)						
People amendments	(684)						
Place amendments	4,970						
Carry Forward requests	7,587						
Accelerated Delivery requests to 2014/15	(582)						
Budget re-profiles (July, November and February Cabinet)	(1,872)						
New external funding	427						
Council Approved Revised Budget - September 2015	<u>63,257</u>						

Actual compared to Revised Budget spent is £16.128M or 25%

Appendix 2

Capital programme Delivery
Cummulative Capital Expenditure 2011/12 to 2015/16



Year	Outturn £m	Outturn %
2011/12	57.6	97.3
2012/13	61.0	97.9
2013/14	43.3	93.8
2014/15	34.8	83.8

Notice of Motion on HIV Testing

That this Council:

- (i) recognises the importance of local action in co-ordinating and commissioning accessible and effective HIV testing to reach the undiagnosed and reduce the late HIV diagnosis. 107,800 people were living in the United Kingdom with HIV in 2013; 24% were unaware of their status; and 42% of people diagnosed with HIV in 2013 were diagnosed late (with a CD4 count <350mm³). Late diagnosis impacts on individual health, public health and health budgets;
- (ii) recognises that Southend-on-Sea has a high prevalence of HIV (over diagnosed per 1000 residents) and commits to strengthening its own provision of HIV testing services through working with local NHS partners, HIV charities and patient groups;
- (iii) recognises that late HIV diagnosis is a Public Health Outcomes Indicator in the Public Health Outcomes Framework and that, if diagnosed early, put on a clear treatment pathway and guaranteed access to antiretroviral therapy (ART), people living with HIV can expect to have a near normal life expectancy and live healthy and active lives; and
- (iv) recognises the volume and quality of public health and local government guidelines and performance indicators designed to support local authority implementation and monitoring of appropriate and effective testing guidelines.

Recognising the weight of evidence in favour of expanding local HIV testing services, Southend-on-Sea Borough Council:

- (i) resolves to:
 - act to halve the proportion of people diagnosed late with HIV (with a CD4 count <350mm³) in the Borough of Southend-on-Sea by 2020; and
 - act to halve the proportion of people living with undiagnosed HIV in the Borough by 2020.
- (ii) Further resolves to:
 - ensure that rates of late diagnosed HIV are included as an indicator in its Joint Strategic Needs Assessment (JSNA); and
 - ask the Director for Public Health to provide a report outlining what needs to be done locally in commissioning and provision of services in order to halve the late diagnosed and undiagnosed HIV by 2020.

Proposed by: Councillor Evans

Seconded by: Councillor Flewitt

Southend-on-Sea Borough Council
Report of Corporate Director for People
to
Cabinet
on
10 November 2015

8

Report prepared by: Mike Sinden, Strategy, Commissioning
and Funding Manager, Department for People

Southend Market Position Statement

Executive Councillor: Councillor James Moyies
A Part 1 Public Agenda item

1. Purpose of Report

This report introduces Southend's first integrated Market Position Statement.

2. Recommendations

- 2.1 That Cabinet agrees the commitments set out in Appendix 1 for citizens, commissioners and providers (pages 1 and 2);
- 2.2 That Cabinet notes tools to support the market (page 2)
- 2.3 That Cabinet commits to the next steps (page 13); and
- 2.4 That Cabinet delegates powers of authority to publish refreshed and focussed chapters to the portfolio holder for Health and Adult Social Care in consultation with Director for Department of People and Chief Accountable Officer of Southend Clinical Commissioning Group (CCG).

3. Background

- 3.1 The Market Position Statement has been produced for providers of adult health and social care services. It sets out how commissioners intend to work with the community and providers to support people with care needs. In doing so the Market Position Statement confirms the local authority's strategic vision for care provision.
- 3.2 The Market Position Statement is not a statutory document but it is a conduit to deliver duties placed on Local Authorities through the Care Act 2014, namely to;
 - Facilitate and shape the market;
 - Focus on outcomes and wellbeing;

- Promote quality, including workforce development;
- Support sustainability and ensure choice; and
- Market oversight and market failure.

3.2 Some Local Authorities approach the Market Position Statement by producing focussed sub chapters. Southend will use this approach. Our focussed chapters will benefit providers who offer specialist support.

The Market Position Statement is the start and not the end point of a process of market facilitation and community empowerment.

The content of the Market Position Statement is reflective of the priorities for Southend Borough Council as well as the Clinical Commissioning Group and incorporates feedback coordinated through Southend Association of Voluntary Sector.

This document needs to be endorsed through both Southend Council and Southend Clinical Commissioning Groups governance routes.

3.3 The current draft Market Position Statement sits alongside the Joint Strategic Needs Assessment. It considers performance highlighted through the Local Account and fits within the strategic direction offered through the Health and Well-Being Strategy. It is reflective of the priorities identified within the Better Care Fund Programme.

3.4 The Market Position Statement sets out clear commissioning principles and expectations for providers, as well as identifying the tools to deliver an improved commissioning service. It acknowledges several cross cutting themes and priority areas, which are equally relevant to all client groups; emphasising personalisation, prevention and support for carers. Social Value is promoted as a key component of our commissioning model.

The market position statement does not offer detailed insight of any demographic group – this will be addressed through production of focussed chapters which align with the Joint Strategic Needs Assessment chapters.

Commissioners will continue to deliver the priorities set out in the Integrated Commissioning Work plan, Southend Borough Council Procurement plan and Southend Clinical Commissioning Group Operational plan.

4. Other Options

None

5. Reasons for Recommendation

None

6. Corporate Implications

6.1 Contribution to Council's Vision & Corporate Priorities

The Market Position Statement supports the council's vision and the corporate priorities which focus on health, prosperity and excellence.

6.2 Financial Implications

There are no direct financial implications of this market position statement. There is a commitment to commission intelligently and provide better value for money.

6.3 Legal Implications

The Market Position Statement has been produced for providers of Adult Community Care Services. It is not a statutory document but Local Authorities are expected to have one because it informs providers about the strategic direction for care provision in the borough – in this respect it also shows how local authorities will meet statutory duties as set out in the Care Act.

6.4 People Implications

The Market Position Statement sets out how Community Care Commissioning will ensure citizens will:

- Live in active and supportive communities - keeping friends, family and place;
- Have access to information to make decisions about lives;
- Have greater choice and control;
- Will have access to support to define the outcomes they want to achieve;
- Have the information they need, when they need it;
- Have personalised support;
- Always have dignity and respect;
- Live interdependently to benefit from a better Southend.

6.5 Property Implications

None

6.6 Consultation

The market position statement is a live document which will be updated annually. The current version has been produced by the integrated commissioning team and incorporates feedback from departments within Southend Council, Southend Clinical Commissioning Group as well as Southend's Association of Voluntary Services.

As an integrated position statement, the document requires sign off through both Southend Council and Southend Clinical Commissioning Group's governance routes.

6.7 Equality and Diversity Implications

The Market Position Statement advocates evidence based commissioning. This will include conducting risk assessments as part of the options appraisal for future commissioning activity.

6.8 Risk Assessment

The Market Position Statement advocates evidence based commissioning. This will include conducting risk assessments as part of the options appraisal for future commissioning activity.

6.9 Value for Money

There are no direct financial implications of this market position statement.
There is a commitment to commission intelligently and provide better value for money.

6.10 Community Safety Implications

None

6.11 Environmental Impact

None

7. **Background Papers**

None

8. **Appendices**

Appendix 1 – Southend-on-Sea Market Position Statement.

The future of Adult Community Care Commissioning in Southend

The production of an Integrated Health and Social Care Market Position Statement comes from the duty placed upon Local Authorities under the newly introduced Care Act 2014. Through this statement we aim to establish the responsibilities of all parties, and this includes citizens, commissioners of community health and social care services and providers.

Citizens will¹:

- Live in active and supportive communities - keeping friends, family and place;
- Have access to information to make decisions about lives;
- Have greater choice and control;
- Will have access to support to define the outcomes they want to achieve;
- Have the information they need, when they need it;
- Have personalised support;
- Always have dignity and respect;
- Live interdependently to benefit from a better Southend.

Integrated Community Care Commissioners will:

- Be proactive, coproducing solutions to future challenges;
- Be adaptive to the environment, ensuring there are a variety of support options in the community;
- Commission intelligently – basing decisions on evidence (qualitative and quantitative);
- Coproduce service specifications with citizens, professionals and partners to best meet the needs of the individual and the community;
- Actively divert resources to prevent demand escalating to unnecessary, more costly support packages – including emergency admission to hospital;
- Invest to save - encouraging and rewarding innovation to provide greater flexibility for providers to increase the range of care options available;
- Clarify funding streams;
- Only invest in providers who can demonstrate how their services will make a better Southend;
- Facilitate provider events to share learning and improve services;
- Be consistent in our approach with providers from private, public, charity and community sectors; and
- Be clear about the quality expected of services and how failure to deliver will be challenged.

Providers will be able to:

- Promote and manage directly their services on Southend's Health and Well-Being Info Point (SHIP);
- Work with commissioners and citizens to coproduce services which meet growing need in an increasingly challenging financial climate;
- Commit to actively seeking and acting on feedback to improve services;
- Give citizens choice and control over their lives to maximise independent living and reduce escalation of need;
- Recruit and retain skilled staff;
- Promote independence, wellbeing and recovery through innovative solutions which lead to a reduction in care; and

¹ Reference TLAP

- Be entitled to business support.

What is our Market Position Statement (MPS)?

We are committed to stimulating a diverse, active market where quality and positive outcomes are rewarded. This is an important role for everyone and a key part of shaping Southend-on-Sea; namely a place where citizens, their families and carers are included and involved in community, economic and social life regardless of circumstance and quality of health.

We want to build on our current successes in integrated care delivery to ensure that prevention and self-management options support people with care needs. Our goal is to remove barriers to ensure that providers and citizens will receive the same quality of service regardless of service type or funding stream. We will achieve a consistent approach to the market through a shared approach to:

- Purpose and strategy;
- Development of community support networks;
- Needs assessment and market Intelligence;
- Stakeholder engagement programmes;
- Resource allocation and management;
- Workforce development strategy;
- Market management;
- Contracting;
- Meeting individual outcomes that promote independence and recovery; and
- Safeguarding.

The Market Position Statement is the start and not the end point of a process of market facilitation. We will work with providers, adults and their families/carers and operational teams to establish priority market related actions over the next three years – publishing citizen/theme specific chapters as required.

Who is the Market Position Statement For?

The MPS promotes opportunities to:

- Existing providers of adult community care services in Southend-on-Sea;
- Community Care providers and organisations not currently active in Southend-on-Sea;
- Voluntary and Community Organisations as well as people interested in local business development and social enterprises; and
- Private providers.

This document will also be used and regarded by Southend Council, Southend Clinical Commissioning Group (CCG), Southend Public Health, providers of Adult Community Care Services and other key stakeholders as a commitment to:

- Service remodelling;
- Embed and promote well-being;
- Offer equality of care across all health and adult social care in Southend;
- Set quality standards; and
- Establish a basis for all contracting arrangements

Services targeted at children and their families will be explored further within our next Market Position Statement which is intended to be produced by April 2016. Our vision for children's services is currently available in the Children and Young People's Plan.

Why is our Market Position Statement needed?

The Care Act 2014ⁱ represents the largest reform to adult social care for over sixty years and introduces the 'Well-Being Principle', which underpins the ethos of the Care Act. The Act places new duties on the Local Authority and on providers to ensure that the needs of individuals are met. In doing so, additional emphasis is placed on:

- Everyone involved in supporting adults who need services to prevent/postpone the need for care and support;
- Putting people in control of their lives so they can pursue opportunities to realise their potential;
- Ensuring everyone across England is assessed and supported in a consistent way;
- Providing Carers with the same legal rights as those they care for;
- Local Authorities to ensure the availability of timely, accurate Information, Advice and Guidance services for the whole population;
- The role and provision of local advocacy services;
- The Duty to integrate care and support with health, while referencing the significant role that housing and local community has to play in a person's wellbeing; and
- The Local Authority has a statutory function to manage market failure to protect the provision of care services adults receive.

The NHS has introduced their strategic vision - The Five Year Forward Viewⁱⁱ which considers the role of health providers alongside social care and places a strong emphasis on:

- Prevention: supporting the population to remain healthier for longer - where support is required, the preferred option is to deliver it within the community wherever possible and reduce the pressure on acute services;
- Personalisation: supporting people to make more decisions over managing their own care – ensuring they are treated with dignity and respect;
- System change: the systems that deliver social care and health are changing and integrating due to a number of factors, including demographic shifts and technological advances. This is an opportunity to improve existing systems;
- Service standardisation: the need to prioritise improvements in areas which perform worse than in neighbouring regional and national counterparts; and
- Working with partners: there is a realisation that the future health and social care system will not be able to meet all the demands without working collaboratively with other organisations, including the third sector and the community. This is an opportunity to share knowledge, skills and experience as well as resources.

We are keen to promote the benefits of working in Southend and will reduce the administrative burden often associated with the public sector so that providers can rightly focus on delivery. Registering with the following websites will ensure that providers are kept abreast of opportunities to tender and given a platform to do so in line with amendments to the UK Contract Regulations (Feb 2015).

- Crown Contracts Finder website (we must legally publish all opportunities >£25k); and
- Our E-Procurement website where we now need to host all our tender opportunities and will utilise the quick quote element in the near future. Over the next two years the E-

Draft Integrated Southend Market Position Statement

2015

Procurement tool will be developed as a resource to support contract review meetings and performance management.

We will also draw on the expertise available across our organisations to provide a range of business support services. Through <http://www.businesssouthend.co.uk/> you will be able to access a range of support services tailored to assist with the start-up of local businesses as well as growth and funding opportunities. We are keen to develop relationships with the private sector to explore local learning opportunities and collaborative arrangements - nationally *Shopping for Shared Value* and *Social Impact bonds* are two examples of innovation where the private sector can work alongside local community care services.

Financial Expenditureⁱⁱⁱ

The table below shows expenditure for 2013-14, 2014-15 and planned expenditure for 2015-16.

	2013-14	2014-15	2015-16
	Actual	Actual	Budget
Service			
Drug & Alcohol Action Team	172,617	156,863	169,300
Older People	19,561,152	18,630,360	17,383,884
Learning Difficulties	14,358,513	14,202,245	14,945,131
Physical or Sensory Impairment	4,125,662	4,634,731	4,033,755
Mental Health Needs	4,079,313	4,318,110	2,933,119
Other Community Services	473,560	380,202	344,694
Service, Strategy & Regulation	485,008	120,305	220,267
	43,255,826	42,442,816	40,030,150

Social Performance in 2014-15

Our performance and the outcomes we achieve for our residents is measured and reported through a variety of local and national frameworks. With our health partners, Southend-on-Sea Borough Council (including the Public Health function of the council) is working to achieve the outcomes of the following national outcomes frameworks:

- The Adult Social Care Framework
- The Public Health Framework
- The NHS Outcome Framework

These outcomes frameworks offer a way of comparing the performance of health and local authorities in different locations across the United Kingdom.

The Adult Social Care Outcomes Framework (ASCOF) seeks to achieve the following:

1. Enhancing the quality of life for people with care and support needs
2. Delaying and reducing the need for care and support
3. Ensuring that people have a positive experience of care and support

4. Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm

In 2015 we carried out a self-assessment of our adult social care services along with our regional colleagues. This was as part of our sector led improvement agenda through which we aim to reflect on and improve our performance by talking to and benchmarking ourselves against other Local Authorities. Our self-assessment demonstrated that we are performing well in the areas of supporting people with disabilities; we have a higher level of people with disabilities living at home or with their family and higher levels of people with a disability in paid employment relative to our comparators and national figures. Southend is also very strong at preventing any delays in the care transfer process, moving people from hospital to other care services, this ensures “bed blocking” in our hospital is minimised. Our self-assessment also points to some areas for us to focus on. This includes ensuring that carers and service users are able to access information about support and services in an easy and straight forward manner and that people who use our services are satisfied with what they receive.

ASCOF Outturns Source: ASCOF 2014/15, HSCIC

The Adult Social Care Outcomes Framework (ASCOF) is a set of measures that benchmark the performance of adult social care services.

In 2014/15 we supported 5514 adults of which 4408 were supported through community based services. This reflects our focus on preventing, reducing and delaying the need for social care, ensuring more people receive support earlier to prevent their care needs becoming more serious. It also reflects our development of innovative community based services to reduce the reliance on residential based services.

We continue to see an increase in the proportion of people in Southend choosing to receive direct payments up from 14.6% in 13/14 to 24.0% in 2014/15. This is what is expected as we continue to promote personal choice as a means of people gaining real control over their lives and being able to decide how their needs are met and by whom. Results from 2014-15 tell us that when compared to 2013-14 the proportion of people who use services who have control over their daily lives has improved from 73.8% to 76.6%.

Our out turned performance in 2014/15 further shows that Southend’s Proportion of adults with learning disabilities in paid employment is 7.1% against a national figure of 6% and in addition our performance on this measure is in line with our Eastern Region peers. The 2014/15 performance for the Proportion of adults with learning disabilities who live in their own home or with their family (%) was 81.4% significantly above the national benchmark of 73.3%, the Eastern Region out turned below this benchmark. Southend’s delayed transfers of care from hospital which are attributable to adult social care per 100,000 population was just 1 against a national benchmark of 3.7 demonstrating that this is a real strength for Southend, the Eastern region outturns at a similar level to the national figure.

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In the self assessment we acknowledged that we could focus more on ensuring that we improve the proportion of people who use services and carers who find it easy to find information about support. In 2014/15 we out turned 65.3% which is slightly above our Eastern Region peers and only fractionally below the national figure of 65.5%

	2011-12	2012-13	2013-14	2014-15
NUMBER OF SERVICE USERS HELPED	5740	5640	5514	5674
OF WHICH;				
NUMBER OF PEOPLE RECEIVING COMMUNITY BASED SERVICES (18-64)	1210	1231	1282	1066
NUMBER OF PEOPLE RECEIVING COMMUNITY BASED SERVICES (65+)	3363	3255	3126	3524
NUMBER OF PEOPLE IN RESIDENTIAL CARE (18-64)	159	135	148	156
NUMBER OF PEOPLE IN RESIDENTIAL CARE (65+)	986	1003	939	921
NUMBER OF PEOPLE IN NURSING CARE (18-64)	1	0	8	1
NUMBER OF PEOPLE IN NURSING CARE (65+)	27	16	11	6
NUMBER OF PEOPLE ASSESSED (18-64)	393	493	542	-
NUMBER OF PEOPLE ASSESSED (65+)	1710	1813	1714	-
TOTAL ASSESSMENTS	2103	2306	2256	-
New client assessments (18-64)				290
New client Assessments (65+)				1646
Total new clients assessed				1936
TOTAL CARERS SUPPORTED WITH SERVICES and ADVICE	959	1005	1094	1248
NUMBER OF SERVICE USERS RECEIVING DIRECT PAYMENTS	517	587	712	695
NUMBER OF CARERS RECEIVING DIRECT PAYMENTS	119	90	83	23
PERCENTAGE OF CLIENTS AND CARERS RECEIVING DIRECT PAYMENTS	11.30%	13.08%	16.15%	21.20%
				%
NUMBER OF CLIENTS REVIEWED	4762	4688	4536	3913
PERCENTAGE OF CLIENTS REVIEWED	82.96%	83.12%	82.26%	78.49%
				%

Please note that in 2014-15 the Adult Social Care Framework of performance changed. 2014-15 data is generally not comparable with historical year's data.

The Community Care Market in Southend

Community Care describes the services and support which help people to continue to live as independently as possible in their own home.

In this document the term 'market' is used to refer to those people who are Southend residents who need short or long-term support in the community. There will be occasions where we explore joint commissioning opportunities with neighbouring Local Authorities and Clinical Commissioning Groups in order to achieve economies of scale and improved quality – where this is the case we will always prioritise the offer which is best for residents of Southend.

In the future Southend's commissioners welcome the opportunity to work with providers to better understand what *'their'* market is. In many respects Southend is unique because our Community Care provider's business is dependent on several routes – in the case of permanent residential care we recognise that almost half of the placements are made direct by self funders and other Local Authorities – which underlines the importance of us working to understand the market from a providers perspective to ensure we continue to meet the needs of Southend's communities. We need to better understand the market for self funded services, the likely impact of the £72,000 cap from 2020 and the citizens right to subsidise their package (topping it up with their own resources if they choose to buy extra services beyond their assessed need).

Throughout this MPS we highlight the importance of personalised support which put the citizen at the heart of not only the care but also its development. We will encourage providers to develop preventative community focussed services rather than intense institutional ones which come with a premium cost. In a world where there is not a one size fits all approach to service provision, we will look at the person beyond the condition and work with them, their families, carers, peers, operational staff and providers to offer the right services at the right time for the right cost – our commitment to effective stakeholder engagement and co-production will shape future services and our commitment to advocacy will help citizens to pick the services which are right for them. We will make sure everyone with an assessed level of need has a personal budget with the opportunity to receive Direct Payments.

In Southend there are currently 97 permanent residential homes with a capacity of 2096 beds. In 2014 payments to permanent residential homes represented 44% of the total spend for Older People Services, 35% of the total spend for Learning Disability services, 11% of the total spend for Physical and Sensory Impairment Services and 38% of the total spend for Mental Health Services. **This represents £15,627,000 expenditure in 2014/15.**

We expect there to be an increase in community care provision and recommend existing residential and nursing care providers to consider preventative, high quality care which reduces dependency and maximises interdependency. We would also recommend considering the role of assistive technology as we look to support people to live in their own home.

The 2011 Census reports that there were 17,628 unpaid carers in Southend. Carers are vital to the wellbeing and independence of thousands of people and a key component of our Prevention agenda. Many Southend carers provide more than 50 hours of unpaid support per week; the demands of which can have a negative impact on their quality of life. It has been calculated that the Social Return on Investment for carers services is almost £4 for every £1 spent (NHS England, 2014. P.34.)^{iv}.

Greater emphasis will be placed on the support available to carers, regardless of whether those they care for are supported by social care. We will prioritise:

- use assistive technology to support the carer as well as the vulnerable adult;
- extending our tailored training packages to support carers;

- better identification of unpaid carers so that we can support them in their caring role as well as signposting them direct to support services; and
- expecting providers to engage with carers as partners to develop support packages.

Encouraging and Supporting 'Outstanding' Community Care Services

Increasing service demand, greater numbers of self-funders, an increase in Direct Payments and restrictions in local government expenditure will mean significant change to the health and social care market in the coming years - which means we need to change the way we interpret and address the challenges we face. For Southend Council alone, this means making a saving in excess of £33 million over the next 3 years- which is approximately £42,000 per working day.

This challenge is reflective of the current national economic climate and we understand the impact that it is having on our private, voluntary and independent adult social care providers who are also experiencing a similar reduction in financial resources. This understandably leads to a review of business priorities and service scope against a backdrop of the more challenging quality standards driven by the Care Act; reinforced through Care Quality Commission Inspections and supported by the introduction of a new induction framework. Significant issues in recruiting and retaining the adult social care Workforce puts existing Care Providers in an increasingly challenging position. Southend Borough Council and Southend Clinical Commissioning Group need to work with all providers, including those from the voluntary and third sectors, to jointly explore realistic, sustainable business models which deliver high quality services that support both the current market conditions and economic climate – recognising how the cost of our service provision differs to local, regional and national comparators. As the Integrated Commissioning Team identifies efficiencies in service provision we will work with providers to explore the full costs of all provision and review our payment structure accordingly. Rollout of the 'Making Every Contact Count' (MECC) programme highlights our shared responsibility to support adults with care needs.

For providers we acknowledge that staff pay has been highlighted as a factor which affects care quality. We are considering our policy on minimum hourly rates, as well as exploring other ways we are able to incentivise the workforce; promoting the career potential health and social care professions offer. It is important that providers become familiar with the integrated Procurement Framework as this sets out how providers will be appointed and costs agreed. Our new easy to use e-procurement system will support bidders through the tendering process, reducing bureaucracy and cutting administrative requirements placed on your organisation.

Our commissioning focus will turn to whether we feel services can achieve positive outcomes rather than individual outputs. We believe this shift will encourage creativity, innovation and commitment from providers who will be able make the most of their sector experience to offer better services within the financial constraints. Providers should be able to evidence how their service makes a difference to individuals ' and communities' health and quality of life as well as how they are providing cost savings and benefits.

Southend Borough Council and its partners are committed to and are aware of the value, need and benefit of independent advocacy for the most vulnerable in our community and wish to commission services which support and enable people to be in control of their lives.

The different types of advocacy and client groups means there is potential for advocacy itself to become complicated; therefore, we want to commission a clear, straightforward pathway of advocacy services which are easy for people to access.

We will place greater emphasis on the impact of social value when considering tenders and expect all service providers to sign up to the Public Health Responsibility Deal. As part of the commissioning process we will consider the social value of providers to the local community before offering a contract.

Southend-on-Sea has changed significantly during the last decade and will continue to do so. Major public sector regeneration, airport expansion, new hotel investment, improved road and rail provision and thriving, diverse business sectors have contributed to new opportunities for those who live, work and visit the area. Southend-on-Sea now boasts a story of renewal and positive energy that makes it an attractive investment – for businesses and residents. With Southend attracting more residents, there will also be more demand for health and social care services and greater competition among employers.

We will ensure that everyone living in Southend-on-Sea has the best possible opportunity to live long, fulfilling, healthy lives through both its Fulfilling Lives and its Better Care Fund Programmes.

Key considerations for providers of any service include:

- How it complements existing provision;
- Early diagnosis of conditions to allow for more effective planning of treatment and appropriate support for the person and their family;
- All providers should maximise use of latest technology;
- Easy access to Information, Advice and Guidance and support for pre and post diagnosis;
- Effective data sharing; and
- Enhanced home support.

Our commitment to creating a better Southend is clear through our determination to secure funding to lead transformational programmes. Through Southend's Big Lottery Funded Programme: Fulfilling Lives, a £40million ten year initiative to provide services which improve the life chances of children aged 0-three years old across Six wards: Kursaal, Milton, Victoria, Westborough, Shoebury, and West Shoebury will undoubtedly present opportunities for local providers. Southend's Better Care Fund (BCF) Plan describes how schemes will reduce demand on acute services by adopting a system wide view which understands the impact on all key constituents. Providers should also be aware of our BCF schemes which focus predominantly on long-term conditions and older people services. They are:

1) Redesign Social Services through Independent living

To invest in services which support independent living and reduce the reliance on all forms of institutional care. The scheme aims to reduce permanent admissions to residential care and reduce or delay reliance on longer term social care. The success of the scheme is linked to the range of local providers to offer reablement, home care, non-statutory advice and support and care home placements.

2) End of Life, Palliative Care and Community Services

To redesign and remodel existing services to increase the number of people supported to remain in their home and community setting to achieve their preferred place of care. This will promote

choice and control during the final stages of their lives and ensure that the appropriate services are available to people to avoid any unnecessary admissions for hospital care.

3) Prevention including Intermediate Care, Primary Care, Reablement and transforming the Emergency Pathway

The Community Recovery and Independence pathway includes a range of services traditionally referred to as intermediate care, reablement and rehabilitation. Rather than commissioning separate services to provide reactive, short-term interventions to realise independence, this model represents a **single** pathway across health and social care and may include, but is not exclusive to:-

- Crisis and rapid response
- Hospital supported discharge
- Community rehabilitation and reablement
- Bed based rehabilitation
- Domiciliary care
- Falls prevention services
- Voluntary sector provision (including universal provision to sign posted services)

4) Integrated Care through the Community Hub

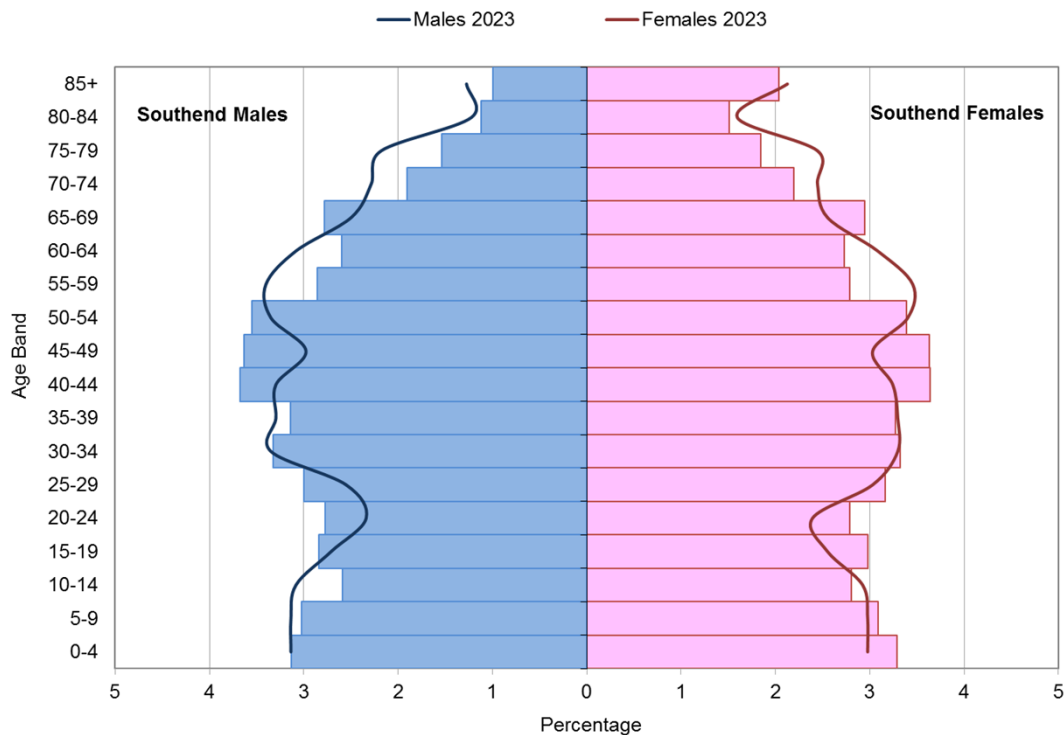
The strategic objective of this scheme is to reduce hospital admissions and support social services. The Community Hub will act as an 'early adopter', and a catalyst for improvement that will deliver seven-day services across the whole system. This will ensure better outcomes and improved patient experience. Services will be monitored and evaluated to understand impact and effectiveness which may lead to further project design, or full roll-out to other GP practices.

It is imperative that commissioners work with providers to consider the opportunities for local community care provision as details of the programmes are agreed.

Population headlines

The Joint Strategic Needs Assessment provides in depth analysis of Southend's communities. The illustration below provides a helpful summary of the breakdown of the population in Southend.

Southend-on-Sea Population Pyramid Mid-year Estimate 2014



Source: [ONS Population Estimate Analysis Tool, Mid-2014](#)

It is our intention to produce a series of focussed sub chapters to the Market Position Statement which align with the chapters of the Joint Strategic Needs Assessment. These will offer providers greater direction for service related decisions.

The proportion of people aged 65 and over currently living in Southend-on-Sea is higher than the average for England (18.7% compared to 17.3% respectively). *There are significant implications for health and social care services, associated with managing issues arising from an increasing ageing population.* Southend-on-Sea has the 6th highest level of older people living in poverty in the East of England, and disadvantage in older people is significantly higher than the England average. Life expectancy is 10.1 years lower for men and 9.7 years lower for women in the most deprived areas of Southend-on-Sea compared to the least deprived.

Much can be gained from focussing on community based factors which impact on the ageing process such as nutrition, lifestyle and the environmental factors such as poverty, housing, transport and employment, often referred to as the wider determinants of health^v – all of which contribute to health inequalities which separate our communities^{vi}. Therefore the health of Southend’s older people is a good indication of the quality of life and services in the borough. This is emphasised within the Corporate Plan^{vii} and the local Health and Well-being strategy^{viii}. We recognise that one of the roles of commissioners is to support existing community assets and their future development.

Complex and wide ranging issues affect this group of people, the following list highlights the scope for preventative services.

- quality of housing and fuel poverty that impacts on health and well-being. For example studies show people living in cold homes are at greater risk from heart disease, stroke, have reduced resistance to respiratory infections and are susceptible to poor mental health.

Locally a number of initiatives are in place to address these issues. The Council has been working with the voluntary sector and local housing charities to implement a 'Warm and Well' project. Local action on fuel poverty is believed to have contributed to the downward trend and reduction in excess winter deaths evidenced in Southend-on-Sea from 2007 to 2013.

- There are recognised benefits associated with being physically active, however, fewer than 20% of men and women aged 65-74 achieve the recommended levels of 30 minutes of physical activity five times per week.
- Diet also affects key aspects of health in old age. The proportion of people who are overweight or obese tends to increase with age. Being obese is not the only issue for older people. Research suggests 1 in 10 of people aged over 65 are malnourished or at risk of malnutrition.
- Falls and fall-related injuries are a common and serious problem for older people. It is estimated that 9,185 local people aged 65 years and over will have experienced a fall in the last 12 months. Of these falls, 2.8% will have been an injurious fall resulting in a fracture or soft tissue damage that requires treatment. There were 224 hip fractures in people aged 65 and over in Southend-on-Sea during 2012/13. The local falls prevention programme includes a Community Falls Service, a Postural Stability Instructor Programme, reablement services and a Fracture Liaison Service.
- Flu vaccination is a safe and effective way to protect older people and reduce avoidable illness, hospitalisation and excess seasonal deaths. Only 66% of people aged 65 and over living in Southend-on-Sea received flu vaccine in 2013, which is below the England average (73.2%) and below the World Health Organisation target of 75% for vulnerable groups.
- The prioritisation of the management of long term conditions, such as coronary heart disease, chronic obstructive pulmonary disease and diabetes is a major issue for Southend-on-Sea. Long term conditions are more prevalent in older people. Most long term conditions are multifactorial, however, there is a strong link between unhealthy lifestyle behaviours and some of the most prevalent and disabling long term conditions.

Dementia is one of the major health and social care issues of our time. Currently around 815,827 people in the UK have dementia and this number is set to increase by 40% in the next 12 years. It is more common in people aged over 65 and prevalence roughly doubles from this age onwards. In Southend currently less than half (40.78%) of the estimated number of people with dementia have received a formal diagnosis. We anticipate an increase in the **number of people diagnosed with Dementia from 2504 people in 2014 to 3867 by 2030.**

We expect to see an increase in the number of people diagnosed with a mental health disorder increase by 1362 from 25,881 in 2014 to 27,243.

Over the next few years there will be an increase in the number of **people living with a Learning Disability in Southend, from 3159 in 2014 to 3330 in 2030.** There will also be more people with complex health needs surviving into adulthood and, significantly, we will have more people coming through transition to adult services which presents an opportunity to explore a pilot for integrated personal budgets (health and personal budgets) as the successor to Education, Health and Care budgets (EHC) which are used to purchase Children's services Plans.

The Joint Strategic Needs Assessment 2015 will offer further insight into demand for all citizen specific groups including those people on the Spectrum of Autism and those with physical and sensory impairments.

Next Steps:

Southend Council's current procurement plan is available at ****hyperlink to be confirmed and added prior to final publication****

Southend Clinical Commissioning Group's procurement plan is available at **** hyperlink to be confirmed and added prior to final publication****

Our aim is to avoid unnecessary care or treatment, but if support is required, to place the person at the centre so they remain in control of their lives and maintain their social networks. This principle underpins our commitment to remodel services in Southend.

The Transforming Care programme will make sure that we provide accessible community support which is not restricted by labels or conditions. We will continue to grow and learn from our successful dementia action alliance programme to build a more resourceful and resilient community.

By April 2016 we will pilot a Mental Health Recovery College in Southend. This will challenge historical models of delivery and reposition provision across the community.

We will continue to meet our statutory requirements while redesigning adult social services around strengths already present in the community. Wherever possible we will work with adults to create support networks around their lives and close to their home. Our sheltered housing review is integral to this approach as is our ongoing review of the reablement service.

The voluntary and community sector will play a strong part in maintaining people's independence. Our remodelled advocacy service will be procured by October 2016.

A new carers strategy will be coproduced with the community so that we better recognize, support and recruit carers. Carers are one of our greatest assets and the remodelled carers services will reflect this with new contracts by October 2016.

We will improve our networking capacity to ensure that we listen to and work with front line services and adults. A communication and consultation plan will be published so that we capture invaluable qualitative feedback as we look to learn more about life in Southend. Experience will be considered as we commission and case studies will form part of contract reviews.

We will publish a suite of focussed documents to support providers to identify development opportunities. All JSNA chapters will be used within focussed market position statement chapters. These will be refreshed annually to align community development, providers and commissioners. JSNA chapters are available at **** hyperlink to be confirmed and added prior to final publication****.

In 2016 we will remodel our community catering offer to ensure that nutritional needs of adults are met across Southend in a way that best fits with their lifestyle.

We will explore the potential use of health technology such as blood pressure monitors / virtual consultations to monitor and deliver timely interventions for patients with long-term conditions. Southend will have a Community Geriatrician to complement the skill sets of existing GP practices and offer a targeted health service for those who are frail and require complex care. This will increase older people access to primary care and reduce unnecessary admissions to hospital.

We will also commission a dedicated GP service for residents of our older people's care and nursing homes. The service will provide more proactive support to care home residents and will develop strong working relationships with care home staff to provide a more responsive service.

Our integrated commissioning team is keen to develop a proactive commissioning model; coproducing solutions to future challenges.

For more information please contact a member of the integrated commissioning team on:

***** "hyperlink to be confirmed and added prior to final publication"*****

ⁱ <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

ⁱⁱ <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

ⁱⁱⁱ Local Account

^{iv} NHS England, 2014. Commissioning for Carers: Principles and resources to support effective commissioning for adult and young carers. London: NHS England. P.34.

^v http://www.who.int/social_determinants/en/

^{vi} http://www.lho.org.uk/LHO_Topics/National_Lead_Areas/HealthInequalitiesOverview.aspx

^{vii} http://www.southend.gov.uk/info/200403/information_centre/453/about_southend-on-sea_borough_council/2

^{viii} http://www.southend.gov.uk/info/200403/information_centre/453/about_southend-on-sea_borough_council/2

Southend-on-Sea Borough Council

Agenda
Item No.

9

Report of Corporate Director for Corporate Services

To

People Scrutiny Committee

1st December 2015

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 matters, as follows:

- Urological cancer surgery in Essex;
- Southend Hospital - PET CT scanner;
- Admission arrangements – sibling admission criteria;
- Emotional wellbeing and mental health service;
- Community dental services in Essex; and
- In depth scrutiny project.

2. Recommendation

That the report and any actions taken be noted.

3. Complex urological cancer surgery in Essex - update

- 3.1 The Committee will be aware that a Joint Committee has been established with Essex and Thurrock Councils to review the proposed changes to the provision of specialised urological cancer surgery in Essex. The Committee received a further brief update on issues at the meeting on 13th October 2015 (Minute 326 refers).
- 3.2 NHS England is looking to concentrate the most complex specialist surgery for prostate, bladder and kidney cancers at one centre in Essex. The purpose of the Joint Committee is to consider these proposals, particularly in relation to:
- the extent to which the proposals are in the interests of the health service in Essex, Southend and Thurrock;
 - the impact of the proposals on patient and carer experience and outcomes and on their health and well-being;
 - the quality of the clinical evidence underlying the proposals;
 - the extent to which the proposals are financially sustainable;
 - to make a response to NHS England and other appropriate agencies on the proposals, at appropriate times during the pre-tender and evaluation processes;
 - to consider and comment on the extent to which patients and the public have been involved in the development of the proposals and the extent to which their views have been taken into account.

- 3.4 The single-centre model has been agreed in principle with the five Essex Acute Trusts. NHS England has met with the Trusts and the expressions of interest /invitation to tender documentation has been formally sent out to the Trusts. This will be shared with the Joint Committee
- 3.5 As part of the communications strategy, there are some planned public information events and details will be shared when available. At this stage it is anticipated that the Joint Committee will meet again in January and mid- March 2016. The Committee is asked to note this update.

4. Other matters

4.1 Southend Hospital – at the last meeting, the Committee was advised about proposals to move the PET CT service to the existing fixed scanner at Southend Hospital (Minute 326 refers). The Committee resolved to support the proposals by NHS England to move the PET-CT service to the existing fixed scanner at Southend Hospital, as it offers the best long term benefits for patients and the future of the PET-CT service and to support the timescale for implementation.

4.1.1 The matter was considered at the Thurrock and Essex Scrutiny Committee meeting on 13th and 14th October 2015 and unfortunately took a different position. NHS England have therefore not taken a decision on the future location of the scanner and are undertaking some further clinical and stakeholder engagement. A briefing paper on the matter is attached at **Appendix 1.**

4.2 School admission arrangements – sibling admission criteria – at the last meeting, the Committee considered the proposed admission arrangements for community schools (Minute 321 refers).

4.2.1 In response to questions on the sibling admission criteria, the Corporate Director for People said that the matter would be taken to the School Places Working Party for further investigation, to take a view on the extent of the problem over the last year and if this justifies the need to consult on any change.

4.2.2 The School Places Working Party met on 21st October 2015 and the Council's Strategic Lead for School Place Planning and Capital presented information on admission arrangements for community schools 2013 – 2015 which highlights that the issue seems to be around out of catchment area siblings. Based on the evidence presented the Working Party felt that no change was necessary and noted the position. The Working Party also agreed to keep a 'watching brief' on this issue.

4.3 Emotional wellbeing and mental health service - at the last meeting, the Committee was advised that from the beginning of November, NELFT became the new provider across Essex for all Emotional & Wellbeing and Mental Health Services (EWMHS) (Minute 326 refers). An information booklet and a copy of the stakeholder presentation was circulated to members on 13th November and a copy placed in the members work room. It is also suggested that it would be useful to invite NELFT to give a presentation at a separate, all member briefing.

4.4 Community Dental services in Essex – a briefing paper on this issue from NHS England is attached at **Appendix 2** which the Committee is asked to note.

5. In depth scrutiny project

- 5.1 At the last meeting, the Committee agreed the project plan for the in depth project for the current municipal year would be on the following topic – ‘Transition arrangements from children’s to adult services’ (Minute 326 refers).
- 5.2 The project is Chaired by Councillor Folkard and the project team will meet again on 26th November. A further meeting will be held in January to finalise arrangements for the witness session which will take place on 24th February 2016. The Committee is asked to note the update.

6. Corporate Implications

- 6.1 Contribution to Council’s Vision and Critical Priorities – Becoming an excellent and high performing organisation.
- 6.2 Financial Implications – There are no financial implications arising from the contents of this report. The cost of the Joint Committee work can be met from existing resources.
- 6.3 Legal Implications – Where an NHS body consults more than one local authority on a proposal for substantial development of the health service or a substantial variation in the provision of such a service, those authorities are required to appoint a joint committee for the purposes of the consultation. Only that joint committee may - make comments on the proposal to the NHS body; require the provision of information about the proposal; require an officer of the NHS body to attend before it to answer questions in connection with the proposal.
- 6.4 People Implications – none.
- 6.5 Property Implications – none.
- 6.6 Consultation – as described in report.
- 6.7 Equalities Impact Assessment – none.
- 6.8 Risk Assessment – none.

7. Background Papers

None

8. Appendices

Appendix 1 – PET – CT scanner - update from NHS England

Appendix 2 – community dental services in Essex - update from NHS England

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MIDLANDS AND EAST SPECIALISED COMMISSIONING TEAM

SOUTH ESSEX PET-CT SERVICE REVIEW UPDATE

1. PURPOSE

- 1.1. This paper provides a summary of the key issues and an update on matters relating to the PET-CT service review in South Essex.
- 1.2. It outlines the next steps in the process to determine the site for PET-CT scanner in South Essex.

2. BACKGROUND

- 2.1. PET-CT is a diagnostic service that is used in the diagnosis of cancers; predominately lung cancer, lymphoma and head and neck cancers.
- 2.2. PET CT is a specialised service and in February 2015 NHS England, as part of a national procurement exercise, awarded a national contract for 10 years for the North, Midlands and East and South and South West of England. This is about 50% of the total scans undertaken within the NHS.
- 2.3. This contract has not only increased the number of scans and reduced costs for NHS England, but will provide new scanners and move them to a fixed site model rather than the current mobile delivery model. Clinicians agree that a fixed site scanner is preferable to a mobile scanner.
- 2.4. The new company, Alliance Medical Ltd, as part of the mobilisation of this contract within South Essex asked NHS England to consider a move of the current mobile site at Basildon Thurrock Hospital (BTUH) to a modular fixed site at Southend University Hospital (SUH) which had been built by the former contract holder. This would be then collocated with the Radiotherapy service at SUH. They asked NHS England to review the clinical case for change and consider using the SUH service.
- 2.5. The Clinical Case for change has reviewed two options:

Options		Timescale
1.	Status Quo – continue the mobile scanner and develop plans for a fixed scanner at BTUH	Approx. 12 months from decision
2.	Move the PET-CT service to the existing fixed scanner at Southend	Approx. 1 month from decision

- 2.6. NHS England has undertaken a clinical sense check and impact assessment of the options. Advice has been sought from key national clinical leads to provide us with an independent opinion on the requirement for co-location with other services in terms of the current requirements of the service and the likely future requirements of the service for the next ten years. We have also considered the benefits and disadvantages of both options for patients and the impact of the mobilisation timescales for the proposed options.
- 2.7. The Regional Specialised Commissioning Team sought advice from the Royal College of Radiologists, particularly their Clinical Oncology Subcommittee, the chair of the PET-CT Clinical Reference Group, Intercollegiate Standing Committee for Nuclear Medicine (a combined

committee of the Royal College of Radiologists and Royal College of Physicians), Institute of Physics and Engineering in Medicine, Strategic Clinical Network Clinical Director, Regional Medical Director, Clinical Commissioning Groups in South Essex and also sought an Expert Patient view.

- 2.8. The initial view gathered suggested that option two was of greater clinical benefit and this was reflected in the clinical case that was presented to the three local scrutiny committees.

3. COMMUNICATIONS AND ENAGEMENT

- 3.1. Engagement over the intended change has already commenced with stakeholders and clinicians and an initial paper was submitted to the Essex Health Overview and Scrutiny Committee (HOSC), the Southend People's Committee and the Thurrock Health Overview and Scrutiny Committee seeking their initial feedback and advice over public engagement. A discussion has been held with the Thurrock GP Forum and detailed letters have been sent to MPs and Healthwatch organisations.
- 3.2. Following presentations to the three HOSCs; Thurrock has rejected the recommendations, Essex has asked for more engagement and information and Southend has agreed and endorsed the recommendations of NHS England. The scrutiny committees raised questions around patient flows that NHS England is currently analysing, as well as concerns over the extent of engagement planned.
- 3.3. Following the initial presentation to the HOSCs, twice monthly telephone meetings are taking place with the HOSC officers and the communications lead for NHS England's Specialised Commissioning Team.
- 3.4. A communications group has been established with the leads from the CCGs and acute Trusts. A Healthwatch representative was also invited to attend. This group met once in November and agreement has been made to make the most of the CCG contacts and communications channels to engage stakeholders and the public. Letters have also been prepared to more than 40 local patient or public groups.
- 3.5. A series of public roadshows is planned to be held in Basildon, Grays, Southend, Rayleigh and Chelmsford. These are scheduled to begin the week commencing Monday 14th December, although confirmation is still awaited from some public venues.
- 3.6. Independent clinical views continue to be sought, particularly from specialties with strong interaction with PET-CT. In addition, clinician to clinician dialogue has begun with local hospital clinicians and the acute trusts have been approached to support a workshop with clinicians from each hospital
- 3.7. A meeting has been held with the medical leads from the current provider who have reiterated their commitment to ensuring the best outcomes for patients.
- 3.8. A well respected and independent clinician (clinical oncologist Professor Peter Hoskin) has agreed to facilitate a workshop between consultants from Basildon Hospital, Southend Hospital and AML (the provider of the service). In particular, representatives from Lung cancer, Lymphoma, Head and Neck cancer, Upper GI cancer, Colorectal cancer, Gynaecological cancer, PET-CT, radiotherapy and radiography, and physics. Patient, CCG and IT representation will also be involved. This workshop will explore the clinical advantages and disadvantages of each option and attempt to reach a clinical consensus on the best way forward.
- 3.9. The original intended 30 day consultation has been extended to allow for more effective clinical and public engagement. This will now conclude in January 2016.
- 3.10. There has been local media coverage about the unused scanner at Southend. This scanner belongs to the independent provider of the service and is not costing NHS or taxpayer money.
- 3.11. As a consequence of the above activity, the revised timetable is below:

Actions	RO	Completed By
Discussion with Stakeholders	Midlands and East Specialised Commissioning Team	July – December 2015
Initial discussion with HOSC	Midlands and East Specialised Commissioning Team	October 2015
Engagement, including clinical engagement	Midlands and East Specialised Commissioning Team	October 2015 – January 2016
Mobilisation	AML	January / February 2016 (SUH) or December 2016 to March 2017 depending on procurement (BTUH)

4. NEXT STEPS

- 4.1. A project group has been established to oversee the process
- 4.2. Formal decision making will be through the Regional Executive Team of NHS England and will need to take account of the timing and delivery of the options as well as the clinical consensus and views expressed through the stakeholder engagement.
- 4.3. We will also need to maintain a dialogue with AML and maintaining the two options until we have completed the engagement. There is the potential that on commercial grounds they may choose to move the modular scanner from SUH to another venue and the timing of the option may be less attractive.

Authors:

Ruth Ashmore- Assistant Director SCT

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Date submitted: 23rd November 2015

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Briefing on Procurement of Community Dental Services in Essex

Background

NHS England is responsible for commissioning primary and secondary care dental services in Essex and this includes Community Dental Services.

Community Dental Services provide dental services to vulnerable people of all ages to ensure that there is access for all patients. It intends to treat patients of any age whose care cannot be met by other local general dental practitioners due to their special needs, whether that is medical, physical or behavioural.

There are four providers of Community Dental Services across the County. The current services are delivered from a number of clinics in each of the localities of Essex. In reviewing the historic contracts it has been identified that there are slight variations in the way that services have been commissioned and delivered.

Current Position

As the current contracts come to an end, NHS England is re-procuring these services to ensure that patients have access to a consistent service across the County of Essex. It is planned to have a single provider with a single point of access to make it easier for patients to access the service. It is proposed that the new provider will be expected to deliver Community Dental Services to those vulnerable dental patients that are not able to access services from a General Dental Practitioner. Services will continue to be provided from various locations in Essex to ensure that accessibility is maintained.

Patients and their carers have been asked for their views on how the service could be improved and these responses have been used to inform the service specification. This has included provision of a bariatric service and simplifying the referral process.

The benefits of this change are:

- There will be a single provider who will manage all of the Community Dental Services across Essex;
- There will be a single point of contact for patients;
- Patients will be offered a choice of time and location for their appointments;
- The service will include dental services for bariatric patients;
- More cost effective use of NHS resources

A procurement panel has been put together and this includes a patient representative who will be part of the decision-making process to identify a new single Provider. It is likely that this representative will be from Healthwatch Essex.

It is intended to commence the new service from 1st October 2016. NHS England will update stakeholders throughout the process.

Karen Fowle
Communications Officer
NHS England – Midlands & East (East)

For all media enquiries, please contact england.mediahub@nhs.net or 0113 825 3231.

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