

Public Document Pack
SOUTHEND-ON-SEA CITY COUNCIL

People Scrutiny Committee

Date: Tuesday, 11th July, 2023

Time: 6.30 pm

Place: Committee Room 1 - Civic Suite

Contact: Stephanie Cox (Principal Democratic Services Officer)

Email: committeesection@southend.gov.uk

AGENDA

1 Chair's Introduction & Apologies for Absence

2 Declarations of Interest

3 Questions from Members of the Public

4 Minutes of the Meeting held on 6 June 2023

**** **ITEMS FOR PRE-CABINET SCRUTINY / CALLED-IN FROM THE FORWARD PLAN**

5 Public Annual Health Report (Pages 3 - 54)

**** **OTHER SCRUTINY MATTERS**

6 In-Depth Scrutiny Projects 2022/23 & 2023/24 (Pages 55 - 82)

Report of Executive Director (Finance and Resources) attached.

7 Outside Bodies Task and Finish Group (Pages 83 - 88)

8 Scrutiny Work Programme 2023/24 (Pages 89 - 96)

To discuss items for the Scrutiny Work Programme 2023/24.

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

Councillor T Cowdrey (Chair), Councillor K Murphy (Vice-Chair)
Councillors B Beggs, S Buckley, C Campbell, P Collins, A Dear, N Folkard,
J Harland, D Jones, G Leroy, A Line, R Longstaff, C Nevin, M O'Connor,
D Richardson, N Ward, O Richards, A Quinn, T Watts and L Williams

Co-opted Members

Observers

SOUTHEND-ON-SEA CITY COUNCIL

Meeting of People Scrutiny Committee

Date: Tuesday, 6th June, 2023

Place: Committee Room 1 - Civic Suite

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Present: Councillor T Cowdrey (Chair)
Councillors K Murphy (Vice-Chair), B Beggs, S Buckley, C Campbell, P Collins, A Dear, N Folkard, J Harland, D Jones, G Leroy, R Longstaff, C Nevin, M O'Connor, D Richardson, N Ward and *L Hyde
O Richards (Healthwatch Southend), A Quinn (Southend Association of Voluntary Services), T Watts (Southend Carers) and J Ayao (Southend Youth Council).

*Substitute in accordance with Council Procedure Rule 31.

In Attendance: Councillors T Cox and H Boyd (Cabinet Members), L Burton, I Gilbert M Harvey, M Marks and R Harris

Start/End Time: 6.30 - 7.50 pm

1 Chair's Introduction & Apologies for Absence

(a) Chair's Introduction

Prior to the consideration of the matters set out in the agenda, the Chair outlined their expectations of the standard of conduct and behaviour to be shown at the meeting.

(b) Apologies for Absence

Apologies for absence were received from Councillor A Line (substitute: Cllr L Hyde).

2 Declarations of Interest

The following interests were declared at the meeting:

(a) Councillors H Boyd and T Cox (Cabinet Members) - Interest in the called-in items, attended pursuant to the dispensation agreed at Council on 19 July 2012, under S.33 of the Localism Act 2011.

(b) Cllr N Folkard – Minute 5 (Mid and South Essex NHS Foundation Trust Update) – Relative works for Broomfield Hospital;

(c) Cllr C Nevin – Minute 5 (Mid and South Essex Foundation Trust Update) – NHS employee and children work at Broomfield Hospital;

(d) Councillor L Hyde – Minute 5 (Mid and South Essex NHS Foundation Trust Update) – receiving treatment at Southend Hospital;

(e) Cllr T Cowdrey – Minute 5 (Mid and South Essex Foundation Trust Update) – receiving treatment at Southend Hospital;

(f) Cllr J Harland – Minute 5 (Mid and South Essex NHS Foundation Trust Update) – son employed as ‘bank’ staff at Southend Hospital.

3 Questions from Members of the Public

The Committee noted the response of the Cabinet Member for Public Health, Adult Social Care and Constitutional Affairs to questions received from the public.

4 Minutes of the Meeting held on 14 March 2023

Resolved:

That the minutes of the meeting of the Committee held on Tuesday, 14 March 2023 be confirmed as a correct record.

5 Mid & South Essex NHS Foundation Trust - Update

The Committee considered a report from the Chief Operating Officer, Mid and South Essex NHS Foundation Trust, presenting an update on the Community Diagnostic Centre programme, operational performance, and progress on actions from recent CQC visits and feedback.

The Committee asked questions on a range of matters which were responded to by the Chief Operating Officer and Chief Commercial Officer.

At the request of the Committee, Mr Pike and Mr Dunk undertook to provide the relative comparators and benefits of DEXA machines (bone density scan) compared to other models and an update on the plans for the PAL service.

On behalf of the Committee, the Chair thanked Mr Pike and Mr Dunk for their informative and comprehensive report.

Resolved:

That the report, be noted.

6 Passenger Transport Services - Performance Monitoring

The Committee considered a report in relation to the ongoing monitoring of the performance of the Vecteo Joint Venture Company established for the provision of passenger transport services.

The Committee asked questions which were responded to by the Leader of the Council.

Resolved:

That the report be noted.

Note: This is a Scrutiny function.

7 Work Programme Evaluation 2022/23

The Committee considered a report of the Executive Director (Finance and Resources) presenting an overview of the scrutiny work carried out in the previous municipal year.

Resolved:

1. That the summary of the scrutiny work that it has undertaken during the 2022/23 municipal year, be noted.

2. That the completion of the in-depth scrutiny project undertaken for 2022/23, around the theme of 'Providing First-Class Services for Families of Children with Special Educational Needs and Disabilities', be noted.

Note: This is a Scrutiny function

Chairman: _____

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Meeting: Cabinet
Date: 28 June 2023
Classification: Part 1
Key Decision: No
Title of Report: Director of Public Health Annual Report: 2022-23

Executive Director: Michael Marks (Children & Public Health)

Report Author: Krishna Ramkhelawon (Director of Public Health)

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1. Executive Summary

- 1.1. The Director of Public Health (DPH) is required to produce an annual report every year. Attached as appendix 1 is the DPH report for Southend for 2022-23., with a focus on Prevention.
- 1.2. The DPH annual report reviews the work for the 2022 – 23 and identifies the DPH's priorities for 2023 – 24. This year's report will focus on data and intelligence led key areas and covers the following four themes:
 - 1.2.1 Tackling health inequalities using the Core20PLUS5 frameworks – Adults and Children.
 - 1.2.2 Promoting Healthier Lifestyles- Stop Smoking, Healthy weight
 - 1.2.3 Early detection of long-term conditions, with a focus on Cardiovascular conditions and Diabetes.
 - 1.2.4 Transforming Children, Young People and Families services, with a lens on Protecting and Safeguarding young people and the development of Family and Community hubs.
 - 1.2.5 It is imperative that HWB Board members collaborate further on improving data and information sharing and set this as a collective priority for Southend.
- 1.3. An updated summary of actions on the progress made against each of the recommendations from last year's Annual Report is included.

2. Recommendations

Cabinet is asked to note the content of the 2022 – 2023 Annual Public Report.

3. Background

- 3.1. The Health and Social Care Act 2012 requires the Director of Public Health to prepare an annual report on the health of the local population. This is an independent report which the local authority is required to publish.
- 3.2. The Council has a statutory duty to protect the health of the local population. The 2022-23 Annual Public Health Report highlights the key issues and actions to address those issues for the people in Southend.
- 3.3. The report is an opportunity to identify issues that impact on the health and wellbeing of the local population, highlight any concerns and make recommendations for further action.
- 3.4. The reporting theme on Prevention including the use of ‘ infographics’ was agreed with cross-party Councillors.
- 3.5. This is building on previous years’ reporting format.
- 3.6. The report will also be taken to a future meeting of the Southend Health and Well Being Board.

4. Reasons for Decisions

- 4.1. The Health and Social Care Act 2012 requires Directors of Public Health to prepare an annual report on the health of their local population and for it to be published.

5. Other Options

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

6. Financial Implications

- 6.1. All Public Health Services are delivered within the budget of the Public Health Grant funding that the Council is allocated by the Government.

7. Legal Implications

- 7.1. There are no legal implications arising directly from this report.

8. Policy Context

- 8.1. Contribution to Council’s Southend 2050 Ambition and Priorities and the Mid and South Essex (MSE) Health and Care Partnership’s shared priorities.

9. Carbon Impact

9.1. Not applicable

10. Equalities

10.1. The Annual Public Health Report provides evidence that population health needs are assessed and considered and utilises all the information produced in our local Joint Strategic Needs Assessment.

11. Consultation

11.1. Not applicable

12. Appendices

Appendix 1: Director of Public Health Annual Report :2022- 23.
Background documents are referenced throughout the Annual Public Health Report, with direct web-links

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Director of Public Health Annual Report 2022/23

Focus on Prevention

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Introduction

This report reflects on some of the key achievements since last year's Director of Public Health's annual report, some challenges and highlights areas for further collaboration with partners to enable us continue to protect and improve the health and wellbeing of visitors, students and residents of Southend-on-Sea city.

The impact of living with COVID is still emerging. However, there has been a reduction in disability-free life expectancy. This is a stark reminder that we must endeavour to increase our collective effort in preventing ill-health and supporting people in making healthier lifestyle choices. In my role as the Director of Public Health and an independent advocate for the City's public health, the focus of this report will be on some key areas of prevention and responding to the cost-of-living crisis and its impact on wellbeing.

The Mid and South Essex Integrated Care Partnership has drawn on the City Council's ambition, the recently published health inequalities Core20PLUS5 frameworks, one each for adults and children services and a number of key national drivers, to publish their local strategy for reducing health inequalities and improving health and care services with a focus on tackling the wider determinants of health.

Plans have been drawn up and aligned to the Southend Health and Wellbeing Strategy by the South East Essex Alliance with a focus on neighbourhoods mirroring work also in progress across the localities in the City. We are building on good practice, engendered by a learning and development culture as well as more meaningful engagement with our communities, to become more efficient and empower residents to own the chosen approach through co-production. The adults Core20PLUS5 plan will also address challenges with maternal and infant health and wellbeing and wider inequalities.

We know that there is a growing mental health and wellbeing need across our communities, which has been further exacerbated by the cost-of-living crisis. It makes this timely for the Council and partners to develop a strategy to tackle poverty and reduce the challenge posed by food security and the impact of climate change on health and wellbeing.

Childhood should be the happiest time in a person's life, yet for thousands of children who make poor lifestyle choices and develop mental illness in childhood or adolescence, the reality can be very different. Therefore, it is incumbent on me to sharpen the focus on highlighting our local concerns with the health and wellbeing of children and young people. The South East Essex Alliance is developing a plan to focus on priority areas identified through the Core20PLUS5 and we are renewing a number of local initiatives aimed at support this population group to improve their lifestyles, based on more recent engagements.

From addressing our challenges with young children's oral health and childhood illnesses, to addressing the antecedents leading to childhood adverse experiences, further compounded by neglect and the need to provide more support on parenting. We have a duty to address these needs and also explore further how to improve the lives of children who are neurodivergent, after the recent review of the SEND services in Southend.

We are uniquely placed as a City to consider how best to utilise our assets, in partnership with our residents, building on a plethora of good practice locally and emerging evidence. Southend should lead on the development of a Family and Community Hub system approach to transform the services for children and families ensuring all parents/carers can access the support they need when they need it, to increase opportunities to give all children in Southend the best start in life, helping to protect them from factors that could impact their development and life chances.

It is imperative that we set data and information sharing as a strategic priority across agencies.

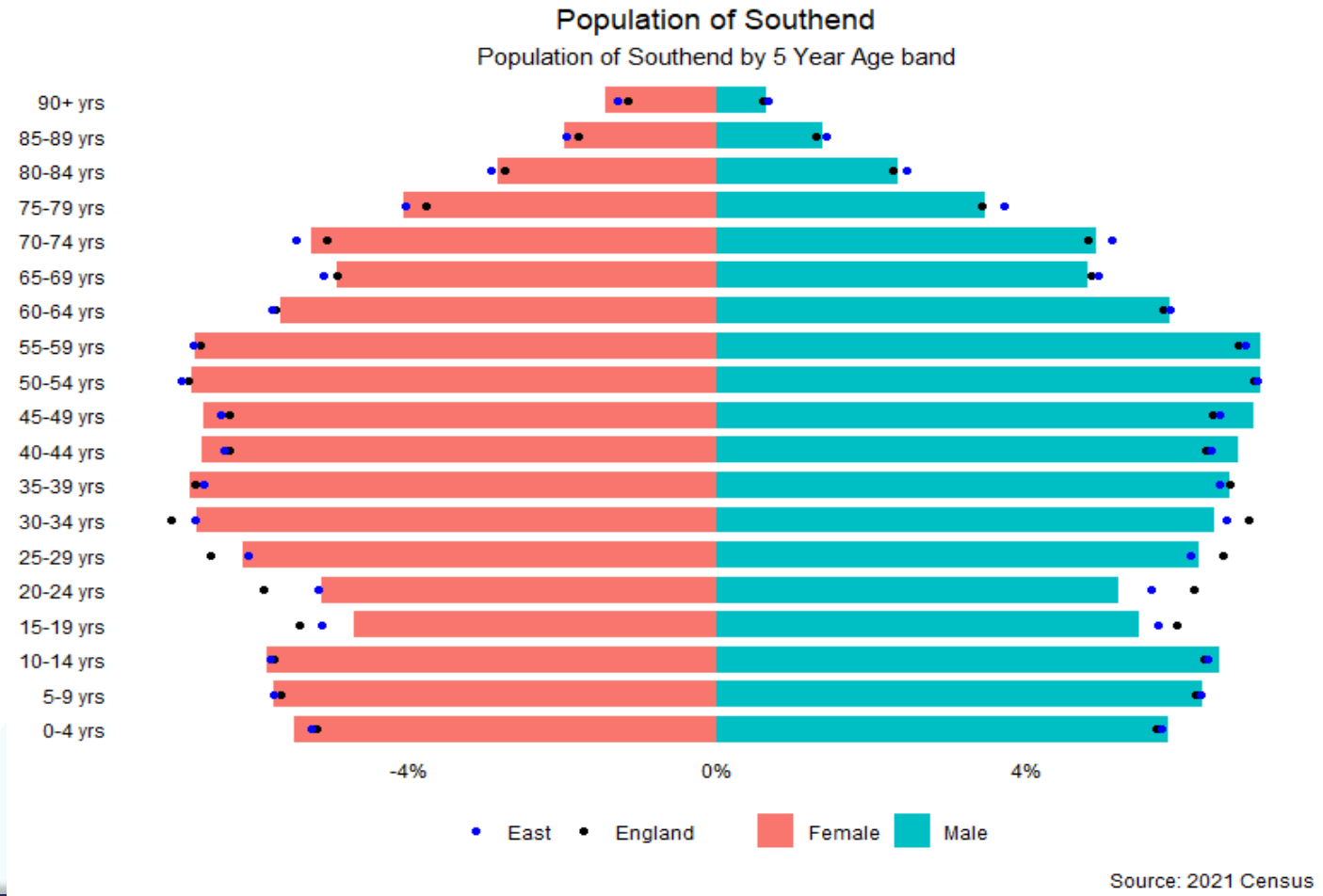
Population

The main difference between the population of Southend and the national average, is that Southend has a lower percentage of residents between the ages of 15 and 34 for both males and females.

For males, this difference extends to residents aged between 15 and 39 years.

Southend's female population over the age of 70 years is proportionately higher than the national average.

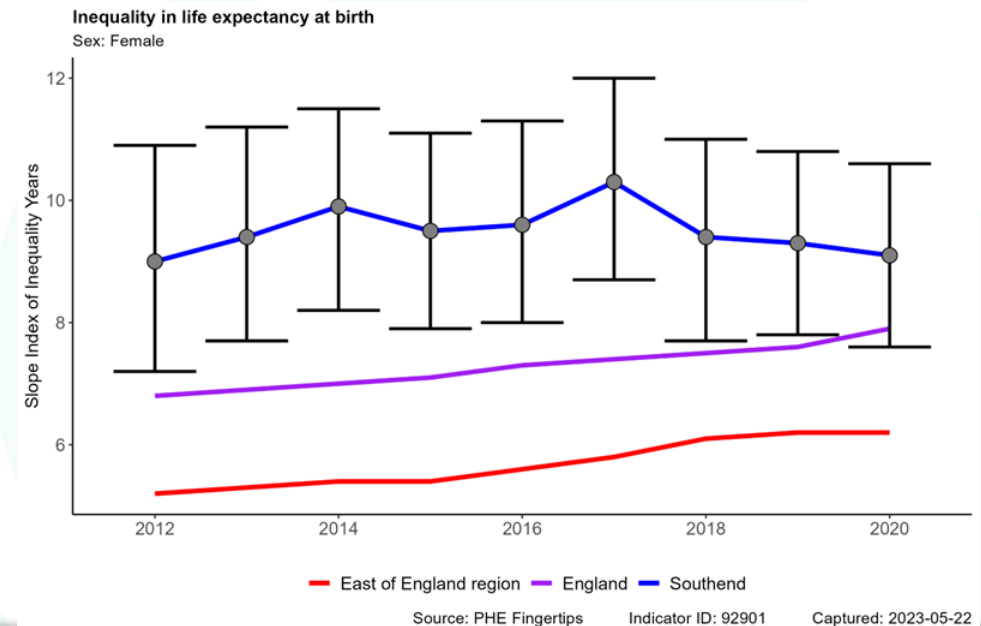
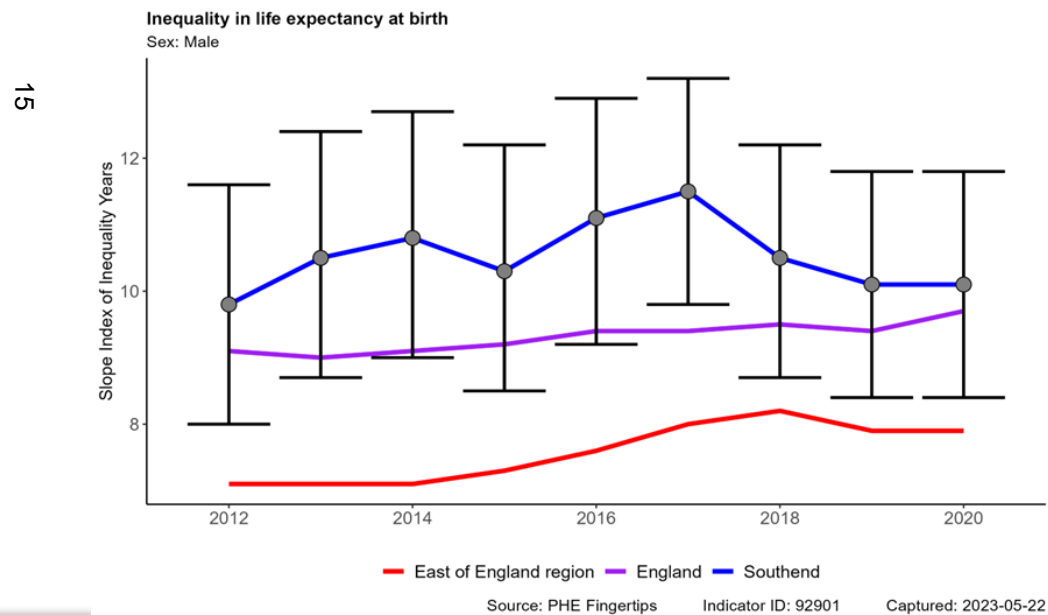
Southend also has large communities living in more disadvantaged areas, mainly across six wards on the east coast and more centrally around the City centre.



Inequality in Life Expectancy

The Slope index of inequality is the measure of the difference in life expectancy between those in the most deprived areas, and those in the least. Southend is statistically similar to England in the most recent data (2018-20), and is notably higher than the East of England Region, this is true for both males and females. There is no statistical trend in the data between 2015 and 2020, although this is yet to take into account the impact of Covid-19.

However, disability-free life expectancy (DFLE) in the UK decreased significantly for both males and females between 2015 to 2017 and 2018 to 2020; this change was driven by decreases in England and Scotland.



Health Inequalities - Core20 PLUS5 – Adults & Children

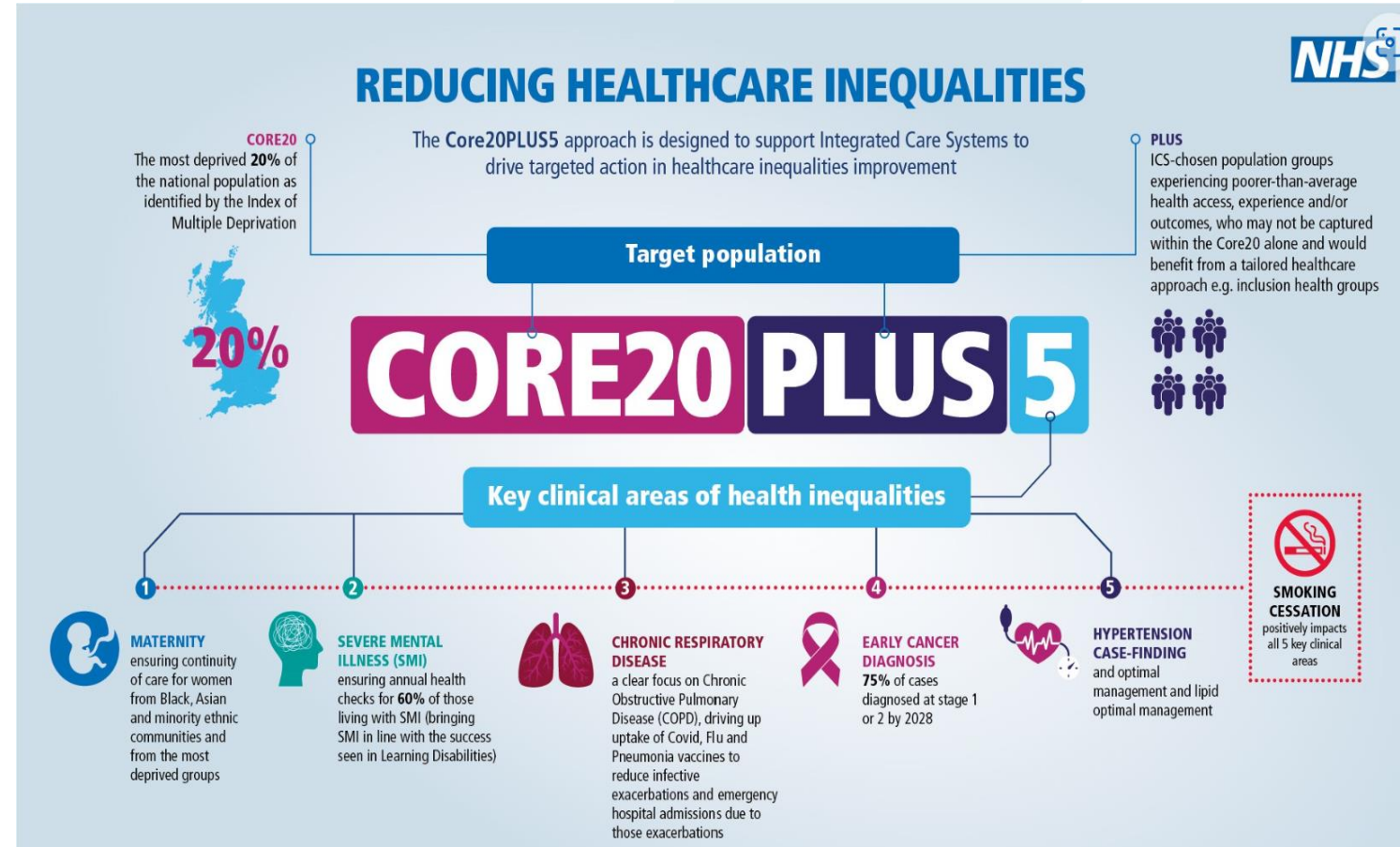
Core20 PLUS 5 - Adults

Core20PLUS5 is a national NHS approach to inform action to reduce healthcare inequalities at both national and system level. The approach defines a **target population** – the ‘Core20PLUS5’ – and identifies ‘5’ focus **clinical areas** requiring accelerated improvement.

The Core20 is the most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (IMD).

The ‘PLUS’ is the chosen population groups who may not be captured within the Core20 alone. For Mid & South Essex, this is Deprivation, Ethnic Minority, LD, Gypsy, Roma & Travellers, Children and Young People, LBGQTQ+, Homelessness.

The 5 clinical areas to focus are Maternity, severe mental illness, COPD, early cancer diagnosis and hypertension.



Smoking Cessation

Smoking cessation has the potential to have a real impact on all 5 clinical areas in Core20PLUS5 and we continue to be innovative in our approach. This has produced some remarkable outcomes in reducing tobacco smoking and supporting our drive to meet the Smoke Free target (<5% smokers) by 2030.

Southend on Sea Stop Smoking Service Providers

- GP setting** 29 GPs = 12 Week Support at a Surgery
- Pharmacy setting** 11 Community Pharmacists = 12 Week Support Participating Pharmacy Scheme 'Walk-in Service' (with a one-off prescription fee) + 2 x NRT product supplied FREE
- Alan Carr Easyway** Allen Carr Easyway Drug-free 5-6 hour Seminar. Phase 1 = 140 places + Phase 2 = 70 places
- Vape shops** 4 Vape Shops = Vape 'SWAP' Smoking Service 12 Week Self-referral Support Service + Client receives a FREE starter kit
- Acute trust** In-patient referral pathway + Focus on all people admitted to acute and mental health hospitals and all pregnant smokers will be offered smoking cessation.

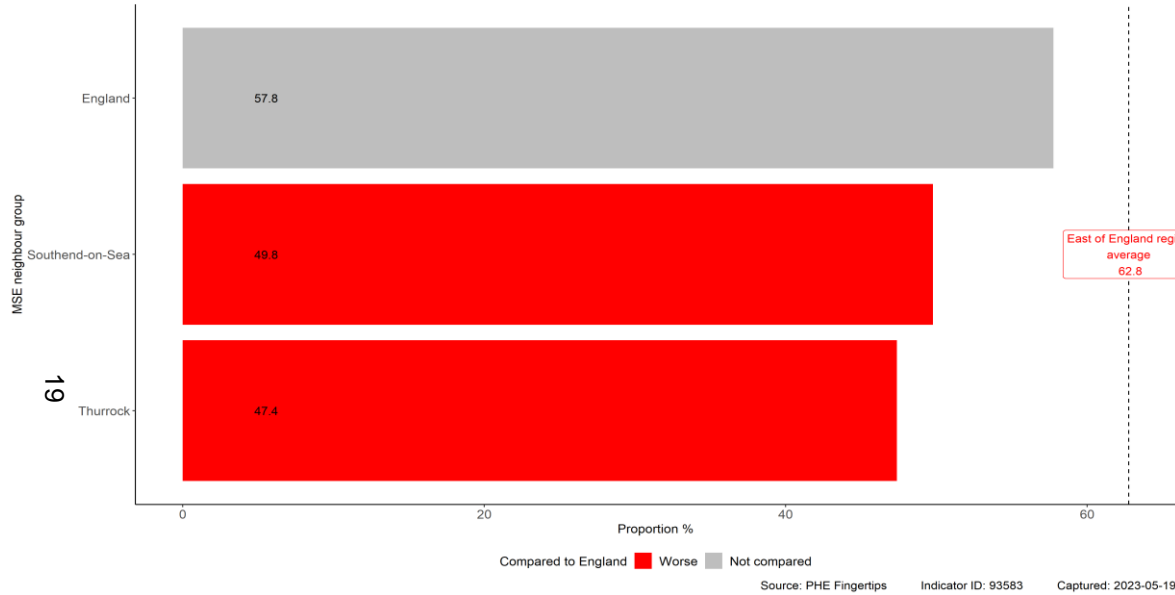
Date	Registered	Quit	Quit %
2018/19	1634	735	45%
2019/20	1499	613	40%
2020/21	743	337	45%
2021/22	1147	481	42%
2022/23	1369	572	41%



Maternity

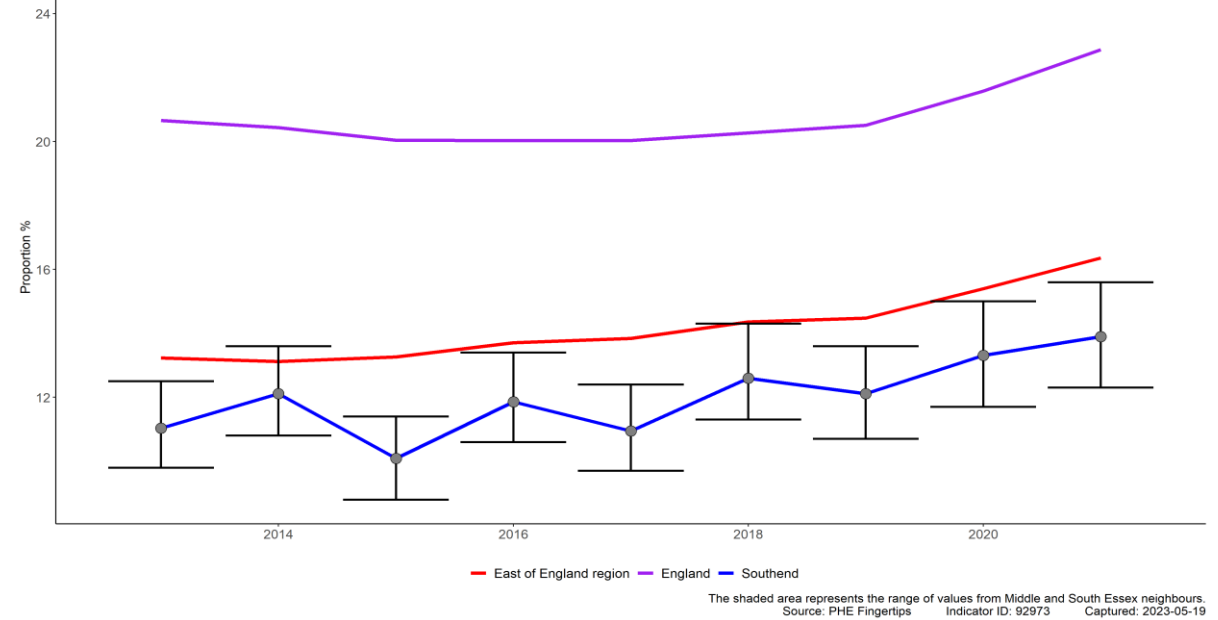
Early access to maternity care

Percentage of pregnant women who have their booking appointment with a midwife within 10 completed weeks of their pregnancy (experimental) Fingertips Indicator ID: 93583 Timeperiod: 2018/19 Sex: Female Age: Not applicable



Percentage of deliveries to women from ethnic minority groups

Percentage of deliveries to women from ethnic minority groups Fingertips Indicator ID: 92973 Sex: Female Age: All ages Recent trend: No significant change



A pregnant woman's booking appointment allows scheduling of her ultrasound scan, identification of women who might need more than usual care, either because of medical history or social circumstances, for discussion of antenatal screening, taking blood pressure and measuring the woman's height and weight, identification of risk factors such as smoking and offering support, discussion of mood and mental health. Southend has a statistically worse proportion of women with early access to maternity care compared to the national and regional average and has established a dedicated joint Public Health Midwife, with Southend Hospital and A Better Start Southend, which is already improving access as well as key health outcomes, such as quitting smoking habits improved infant feeding/breastfeeding and community-led parenting support. We now need to build on this.

Mental Health - Perinatal Mental Health

Perinatal mental health can affect up to one in five women during pregnancy and up to one year after birth. Common perinatal mental health illnesses include anxiety disorders, depression, post-traumatic stress disorder, eating disorders and stress-related conditions such as adjustment disorder.

Latest report shows that the number of maternal deaths caused by mental health problems is increasing. It also finds that many of the women (1 in 9) who died faced multiple disadvantages, including mental health problems, domestic abuse and addiction.

Significantly, mental ill-health and heart disease are now on an equal footing as the cause of maternal deaths in the UK.

The NHS Long Term Plan builds on the commitments outlined in the *Five Year Forward View for Mental Health* to transform specialist PMH services across England. The NHS aim to ensure that by 2023/24, at least 66,000 women with moderate/complex to severe PMH difficulties can access care and support in the community.

Key Maternal Mental Health Findings:

Suicide remains the leading cause of direct maternal death in the first postnatal year, few had a formal mental health diagnosis but had a history of trauma.

Mortality - 40% of deaths within the year after pregnancy were from mental health-related causes.

Ethnic disadvantage - there remains a more than three-fold difference in maternal mortality rates among women from Black ethnic origin, and an almost two-fold difference amongst women from Asian ethnic origin, compared to White women.

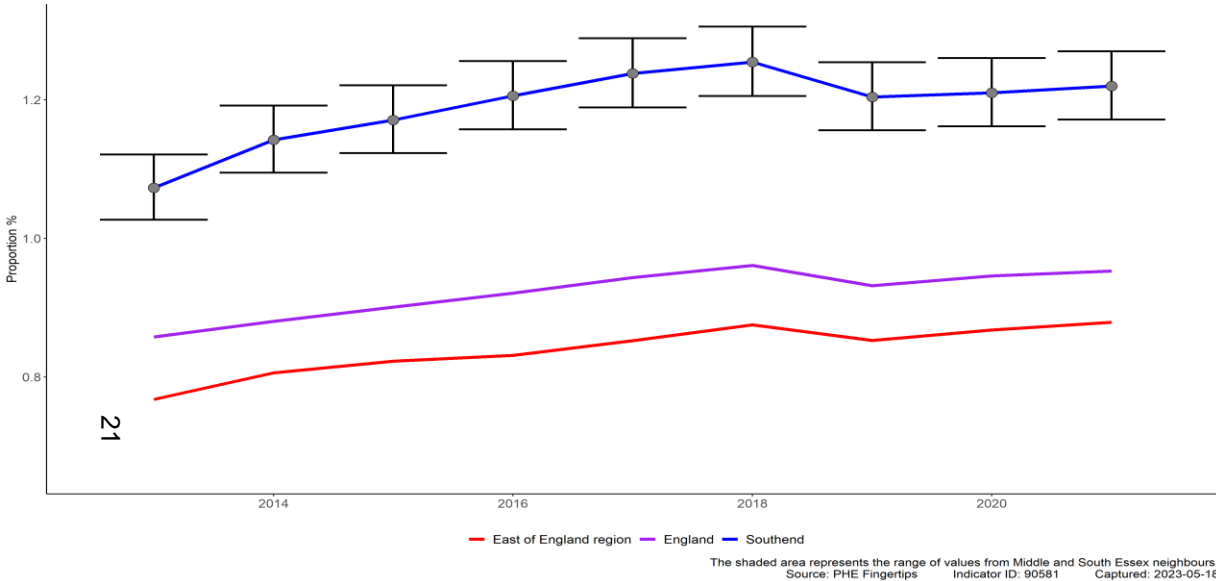
If left untreated, mental health issues can have significant and long-lasting effects on the woman, the child, and the wider family. Local specialist service is available to pregnant people in Southend, referrals can be made via Maternity, Health Visiting or through Primary Care.

We can achieve better success across the mental health and wellbeing agenda, through collaborative data sharing which has the potential to make a meaningful contribution to improving the quality of care and wellbeing.

Mental Health – Severe Illness & Self-Harm

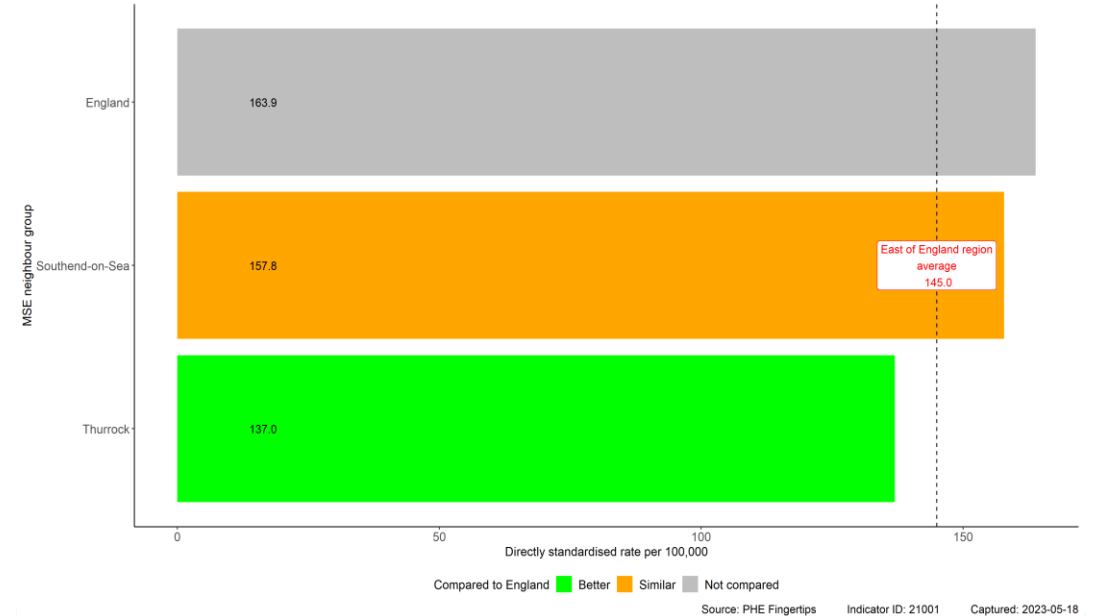
Mental Health: QOF prevalence (all ages)

The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses as recorded on practice disease registers. Fingertips
Indicator ID: 90581 Sex: Persons Age: All ages Recent trend: No significant change



Emergency Hospital Admissions for Intentional Self-Harm

Emergency Hospital Admissions for Intentional Self Harm, directly age standardised rate, all ages, Persons. Fingertips Indicator ID: 21001 Timeperiod: 2021/22 Sex: Persons Age: All ages



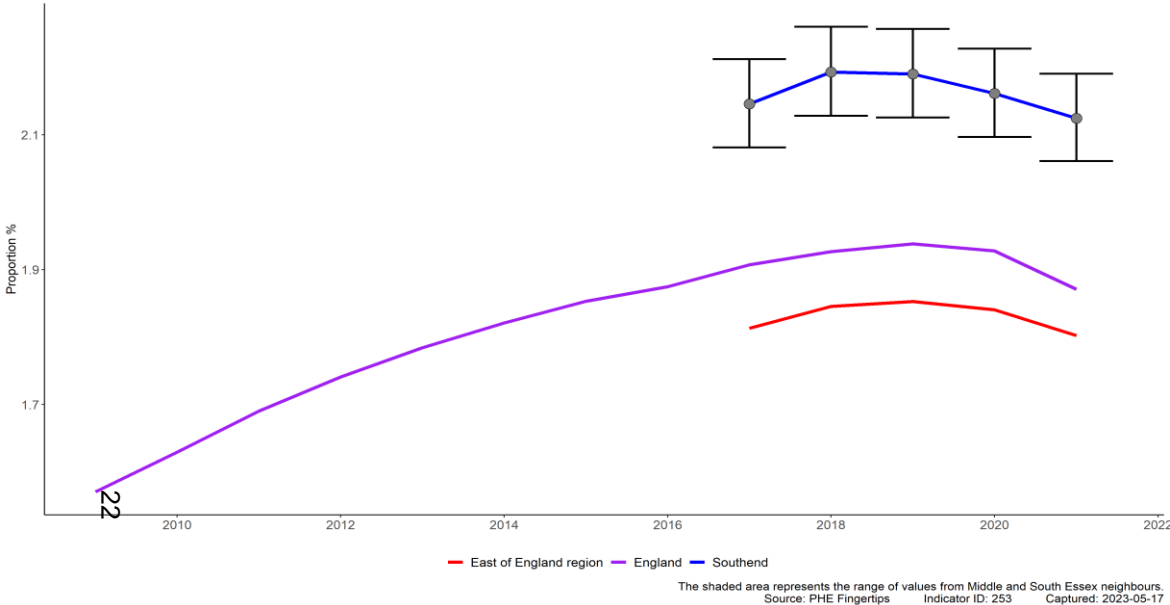
Southend prevalence of more **severe mental illness** (includes diagnosis of schizophrenia, bipolar affective disorder and other psychoses) shows no significant trend in recent years and is higher than the national and regional average.

Self-Harm - This indicator is a measure of intentional self-harm which results in approximately 110,000 inpatient admissions to hospital each year in England; 99% are emergency admissions. There is a significant and persistent risk of future suicide following an episode of self-harm. Southend has a similar rate of emergency admission per 100,000 residents to the national and regional averages.

Respiratory Illness - COPD

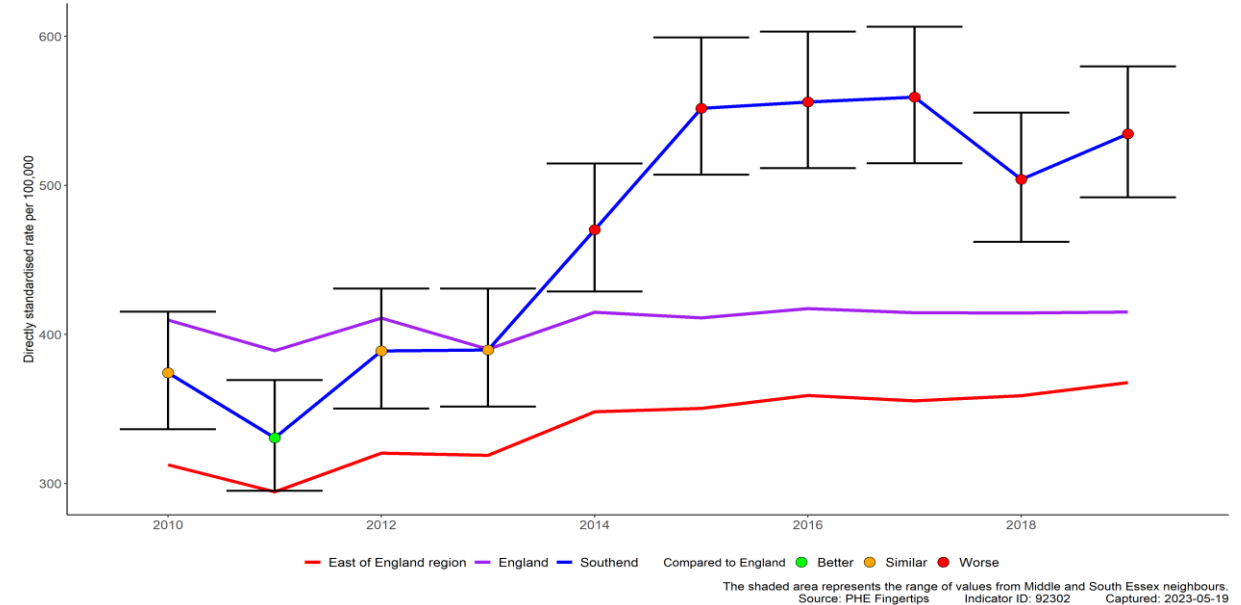
COPD: QOF prevalence (all ages)

The percentage of patients with COPD, as recorded on practice disease registers. Fingertips Indicator ID: 253 Sex: Persons Age: All ages Recent trend: No significant change



Emergency hospital admissions for COPD (35+)

Directly age-standardised rate of emergency admissions to hospital for COPD in adults aged 35+ Fingertips Indicator ID: 92302 Sex: Persons Age: 35+ yrs Recent trend: No significant change



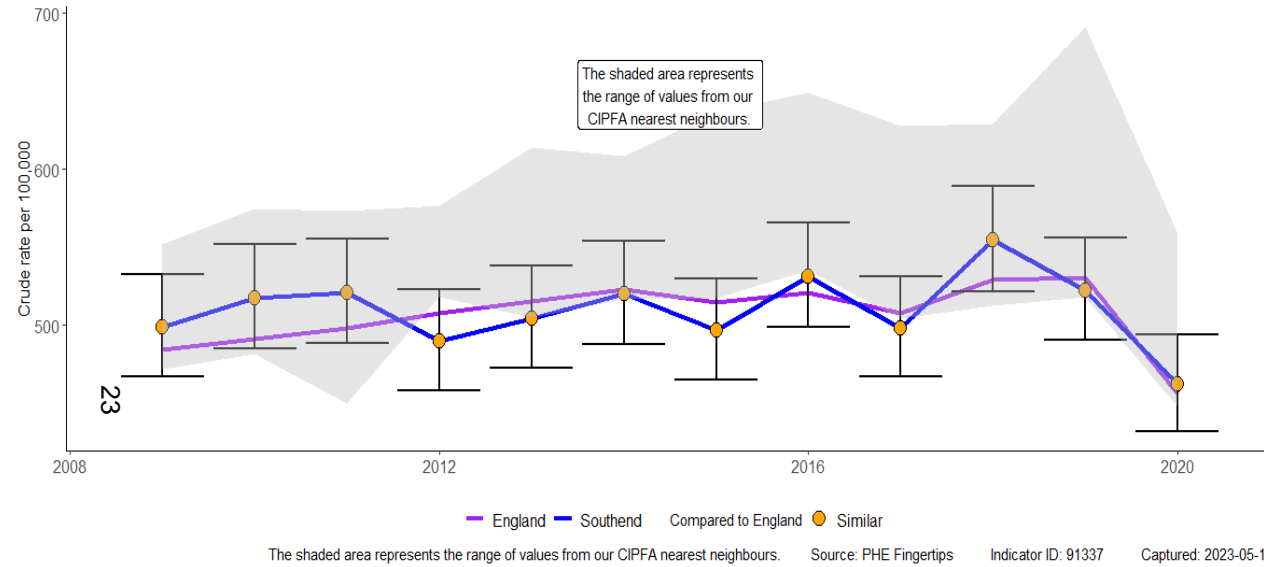
Chronic Obstructive Pulmonary Disease (COPD) is a common disabling condition with a high mortality. The most effective treatment is smoking cessation. Outside of pharmacotherapy, pulmonary rehabilitation has proven to produce an improvement in quality of life. Southend has a similar trend to the national and regional average although at a statistically significantly higher level.

In Southend **emergency hospital admissions** for COPD has no overall trend, in recent years, and is statistically worse than the national and regional average.

Cancer

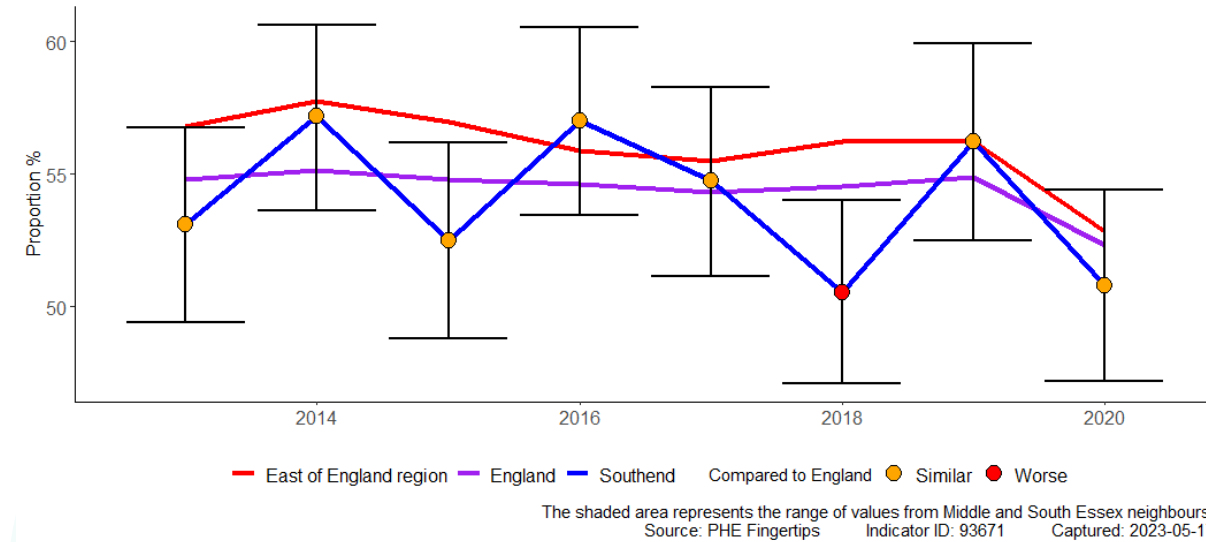
New cancer cases (Crude incidence rate: new cases per 100,000 population)

The number of persons diagnosed with any invasive cancer excluding non-melanoma skin cancer (ICD-10 C00-C97, excluding C44) multiplied by 100,000 and divided by the practice list size (crude incidence rate) Fingertips IndicatorID: 91337 Sex: Persons Age: All ages Recent trend: No significant change



Percentage of cancers diagnosed at stages 1 and 2

New cases of cancer diagnosed at stages 1 and 2 as a percentage of all new cases of cancer diagnosed at any known stage (1, 2, 3, and 4) for the following cancer sites: invasive malignancies of lung, oesophagus, colon, rectum, pancreas, invasive melanomas of the skin, breast, uterus, ovary, prostate, testis, kidney, bladder, Hodgkin Lymphoma, larynx, oropharynx, oral cavity, and non-Hodgkin lymphoma. Fingertips Indicator ID: 93671 Sex: Persons Age: All ages Recent trend: No significant change

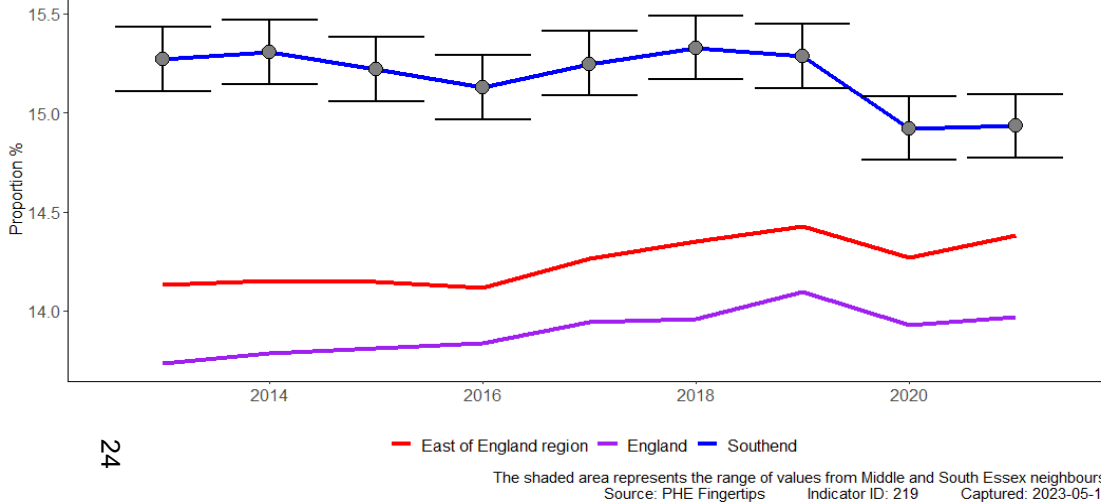


Stage at diagnosis is a measure of how much a cancer has grown and spread, with advanced stages meaning the cancer is bigger or has spread to other parts of the body (metastasis) and consequentially patient outcomes are worse for management and treatment. In **Southend**, the proportion of cancers diagnoses at early stages (1 and 2) has been similar to the national average and east of England average since 2016 apart from a dip in 2018. Overall, there is no significant trend. There has been no significant trend in new cancer cases with the incidence rate similar to the national average. Improving local data sharing protocols will be beneficial in better supporting local campaigns and raising awareness.

Hypertension

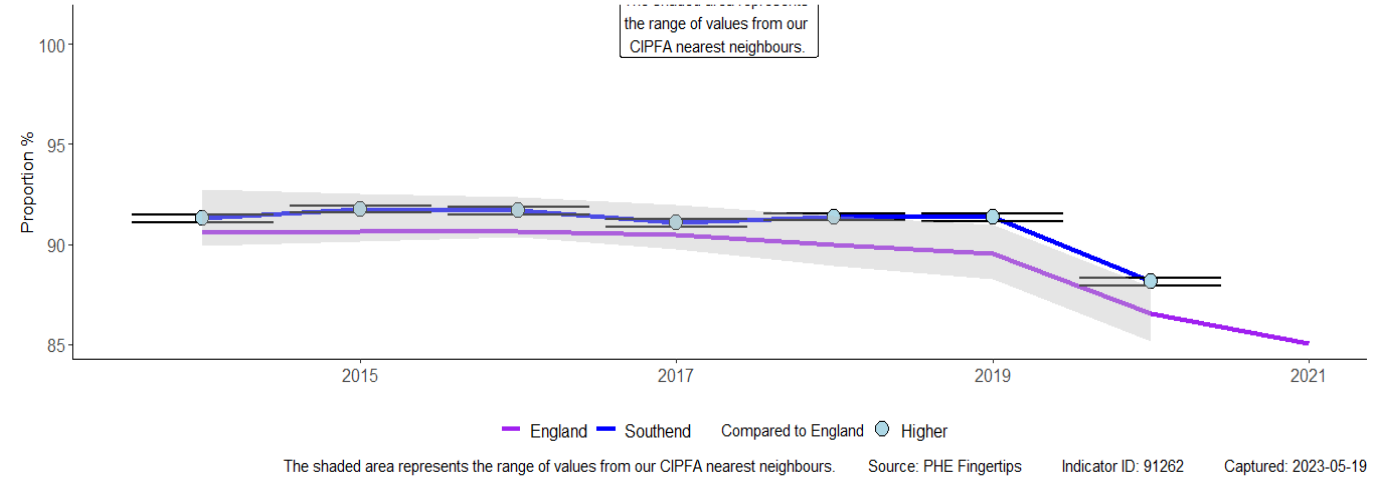
Hypertension: QOF prevalence (all ages)

The percentage of patients with established hypertension, as recorded on practice disease registers (proportion of total list size). Fingertips Indicator ID: 219 Sex: Persons Age: All ages Recent trend: Decreasing



Patients (aged 45+ yrs), who have a record of blood pressure in the last 5 yrs (denominator incl. PCAs)

The percentage of patients aged 45 or over, who have a record of a blood pressure reading in the preceding 5 years. Fingertips Indicator ID: 91262 Sex: Persons Age: 45+ yrs Recent trend: character(0)



High blood pressure, or hypertension, rarely has noticeable symptoms. But if untreated, it increases the risk of serious problems such as heart attacks and strokes. Southend has a statistically higher prevalence of hypertension compared to both the national and regional averages. The trend is decreasing unlike the national and regional averages although Southend remains higher in comparison.

Locally, in patients aged over 45 who have hypertension, there is no trend in recent data, with a reduction in 2020. Southend remains statistically higher proportionally than the national average and at the upper range compared to our statistical neighbours.

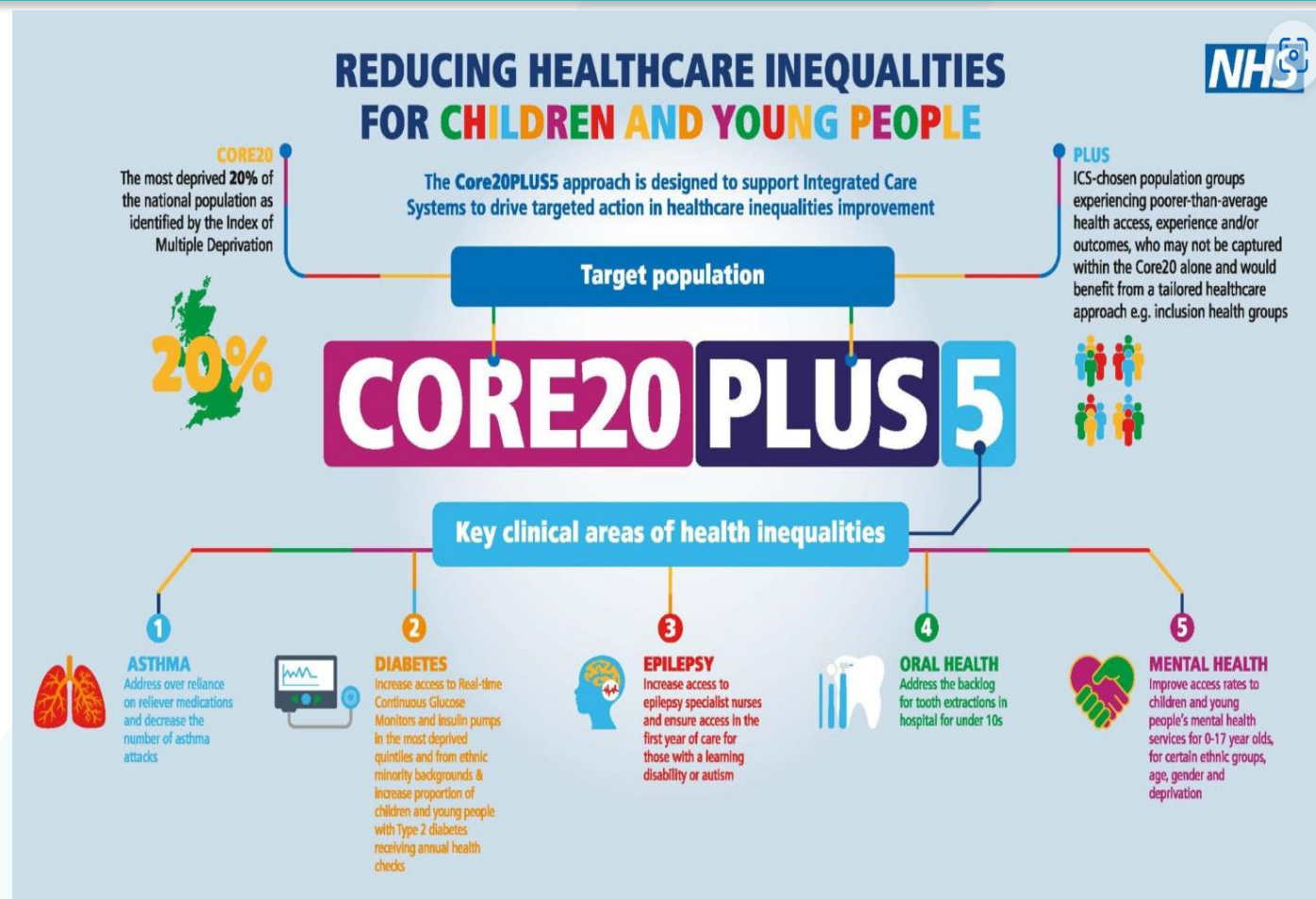
Core20 PLUS5 - Children

Core20 PLUS5 is an approach to reducing health inequalities for children and young people. The approach defines a target population cohort and identifies '5' focus clinical areas requiring accelerated improvement.

The Core20 refers to the most deprived 20% of the national population. The 'PLUS' refers to the ICS's chosen population groups experiencing poorer-than-average health access, experiences and/or outcomes, who may not be captured within the Core20 and would benefit from a tailored healthcare approach and better support people who are socially excluded.

Asthma, diabetes, epilepsy, oral health, and mental health have been identified as the five key clinical areas of health inequality for children and young people.

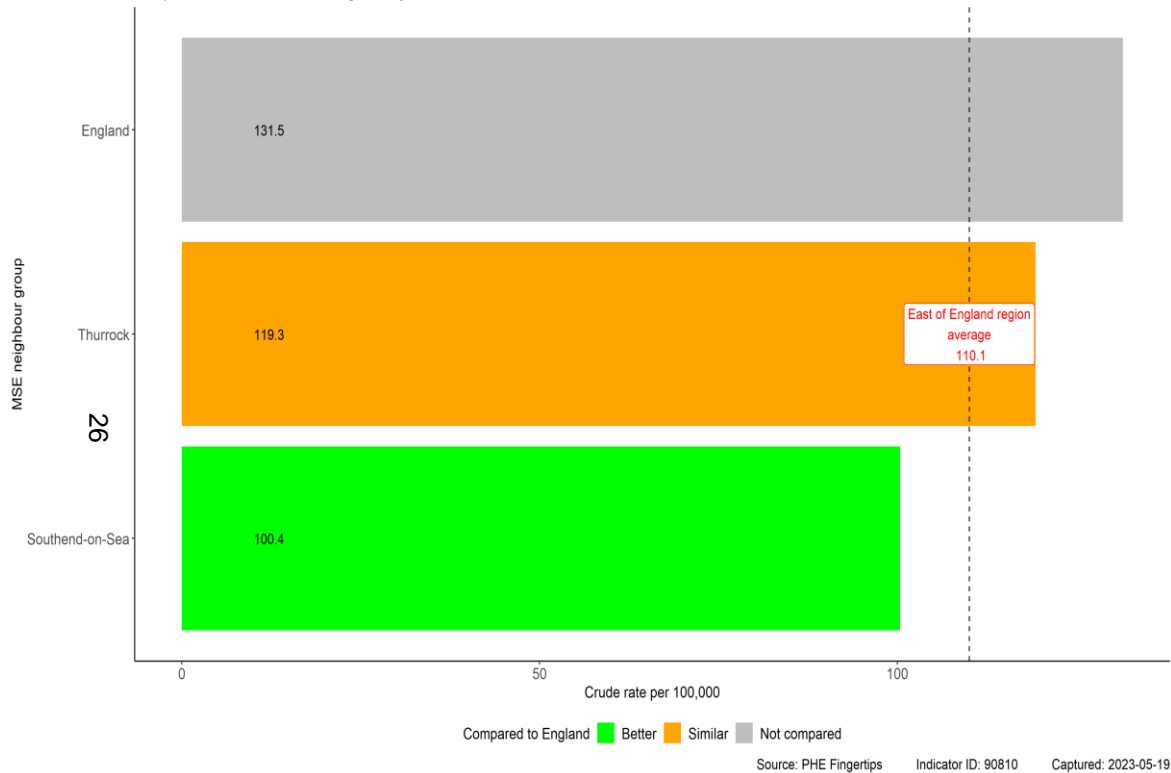
Locally, the Children and Young People Growing Well Board is driving forward the identification of the PLUS population groups for targeted actions across Mid and South Essex and a detailed plan will be produced during 2023.



Childhood Asthma

Hospital admissions for asthma (under 19 years)

Emergency hospital admissions for asthma, crude rate per 100,000 Fingertips Indicator ID: 90810
Timeperiod: 2021/22 Sex: Persons Age: 0-18 yrs



Asthma is a chronic respiratory condition characterized by symptoms including cough, wheeze, chest tightness, and shortness of breath, and variable expiratory airflow limitation, that can vary over time and in intensity.

The disease has different underlying causes and variations in severity, clinical development, and response to treatment. **Symptoms** can be triggered by factors including exercise, allergen or irritant exposure, changes in weather, and viral respiratory infections.

Symptoms may resolve spontaneously or in response to medication and may sometimes be absent for weeks or months at a time.

Acute asthma exacerbation is a term used to describe the onset of severe asthma symptoms, which can be life-threatening.

Southend had statistically lower number of hospital admissions for residents under 19 for asthma than the national average. The national picture, reported by clinicians, is pointing to an increase in prevalence and will require more definitive local action.

Childhood Diabetes

Diabetes is an increasingly common long-term condition in children and young people. In 2019, there were an estimated 36,000 children in the UK with diabetes under the age of 19 (31,500 in 2015). **Type 1 diabetes** constitutes the vast majority (90%) of diabetes in children and young people.

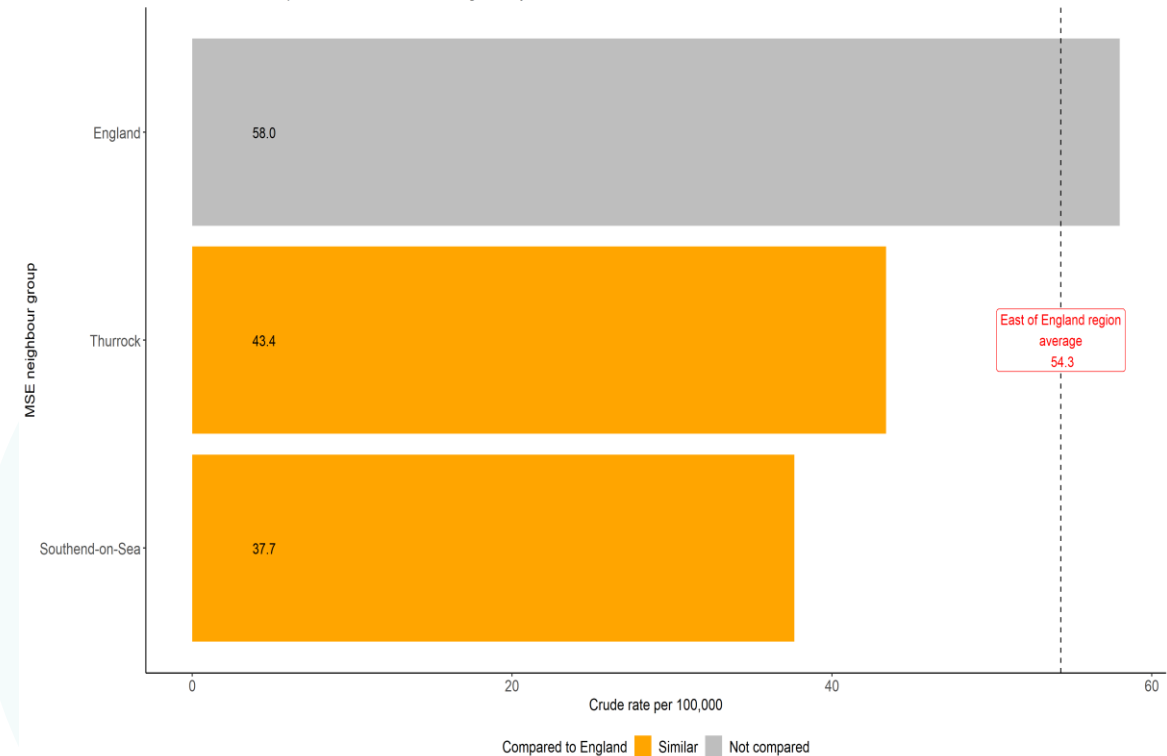
Type 2 diabetes is much less common in children and young people. It is more common in obese or overweight people, and in people of South Asian and Afro-Caribbean ethnicity. Unlike Type 1 diabetes, prevalence is strongly associated with deprivation.

Diabetes is associated with long term complications, such as eye and kidney disease, heart disease, especially if poorly controlled. Diabetic ketoacidosis (DKA – which is almost exclusively linked to Type 1 diabetes) is a potentially life-threatening condition requiring emergency admission to hospital and can be fatal if not promptly treated.

Southend had a statistically similar number of emergency admission for diabetes in residents under 19 years, to the national and regional averages.

Admissions for diabetes (under 19 years)

Emergency admissions for diabetes for children and young people aged under 19 years Fingertips
Indicator ID: 92622 Timeperiod: 2021/22 Sex: Persons Age: 0-18 yrs



Source: PHE Fingertips Indicator ID: 92622 Captured: 2023-05-19

Epilepsy in Children

Epilepsy is the most common significant long-term neurological condition of childhood and affects an estimated 112,000 children and young people in the UK.

Definitive diagnosis is difficult due to lack of specific diagnostic test, and therefore both under and over diagnosis occurs. Recorded prevalence of epilepsy has reduced in recent years, which may partly reflect more specific diagnosis. However, even among those who have a diagnosis of epilepsy, up to a third continue to have seizures despite treatment.

Epilepsy is associated with a higher risk of **mental health problems**. 37% of children with epilepsy have a co-existing mental health disorder, a higher prevalence than found in other long term childhood conditions. National audit found that only 12.8% NHS Trusts provided mental health provision within epilepsy clinics.

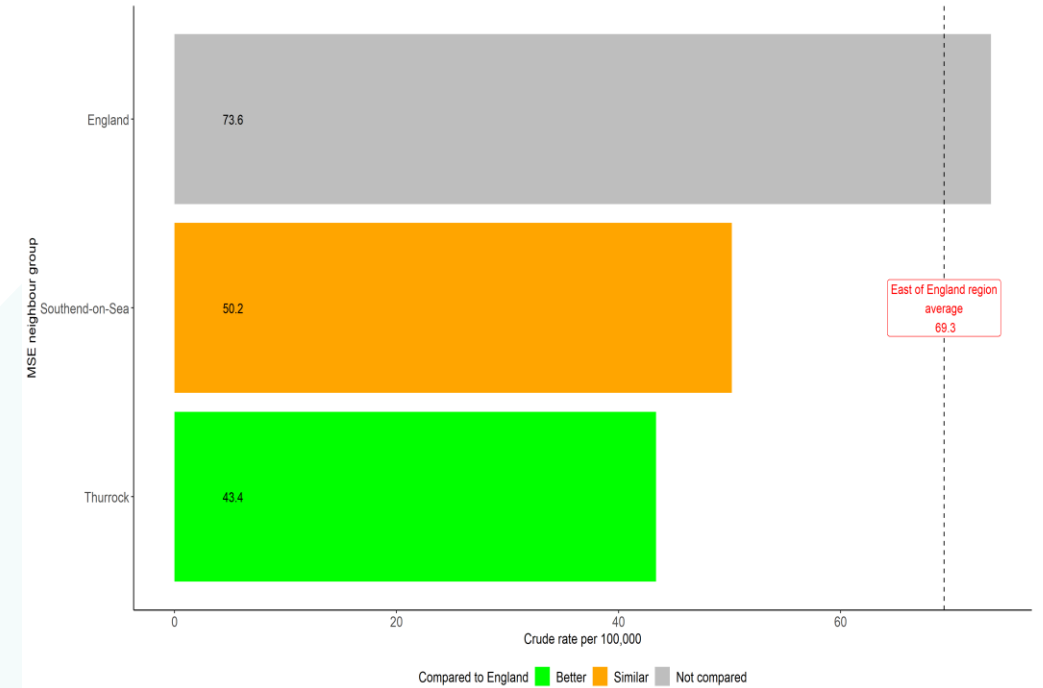
Not all **emergency admissions** to hospital for epilepsy or seizures are avoidable. However, there is evidence that education, support with epilepsy medications and emergency seizure management plans can reduce emergency admissions.

Transition to adult epilepsy services is a time of increased risk, and well-coordinated specialist epilepsy services can reduce mortality among young people with epilepsy after transition to adult services. Nationally, in 2018, only 35.8% of NHS trusts had a dedicated outpatient clinic for young people with epilepsies.

Southend had a statistically similar number of emergency admission for epilepsy in residents under 19 to the national and regional average.

Admissions for epilepsy (under 19 years)

Emergency admissions for epilepsy for children and young people aged under 19 years Fingertips
Indicator ID: 92623 Timeperiod: 2021/22 Sex: Persons Age: 0-18 yrs



Source: PHE Fingertips Indicator ID: 92623 Captured: 2023-05-19

Children Oral Health

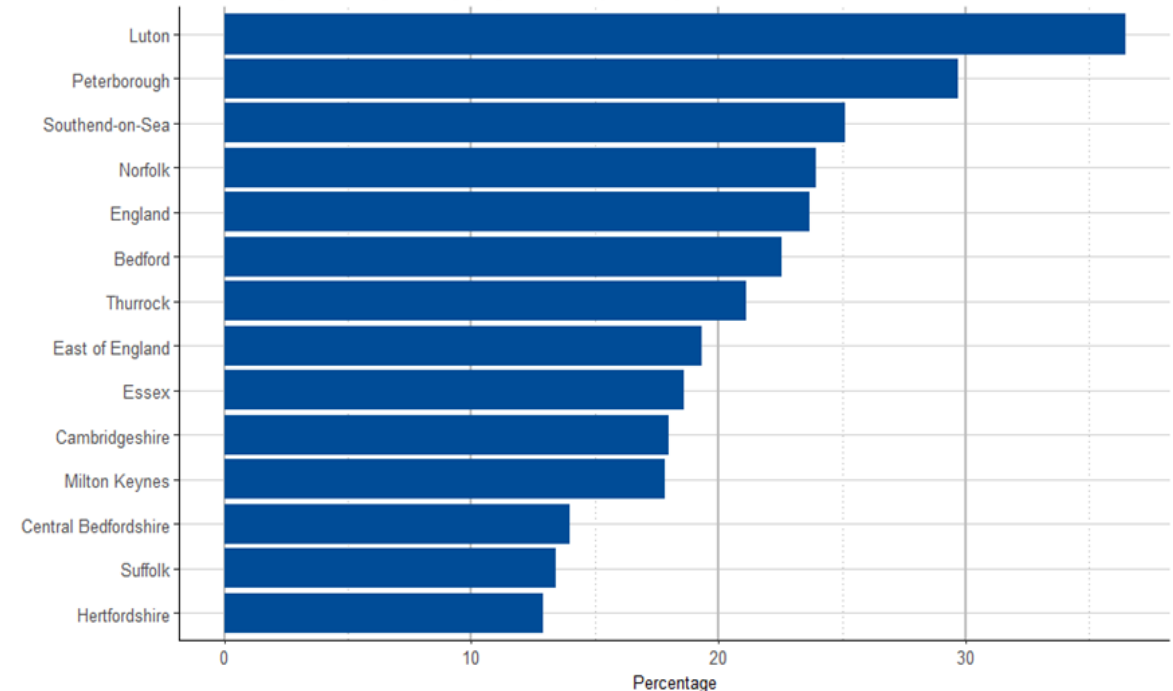
Dental extractions remain a primary reason for children to require a hospital admission. Tooth decay can be prevented with changes to diet and good oral habits, complimented by timely access to dental services. Although rates in England have been decreasing, it is a key area of improvement for children in Southend.

In 2021, there were 20 children in **Southend** admitted to hospital for dental caries. Tooth decay has been a common reason for hospital admission among children aged 5 to 9 for the past three years. In the oral health survey 2022 Southend had a high percentage of children with decay experience when compared to east of England neighbours.

Poor oral health can impact on many activities of daily living such as eating, sleep as well as wellbeing. It impacts on school attendance, delays in speech and language development and can cause more dental problems later in life. For young children, tooth extractions usually require a general anaesthetic and an admission to hospital.

Children from **lower socioeconomic groups** have a greater prevalence and severity. There was variation in prevalence of experience of dental decay by **ethnic group** and more significantly higher in the 'Other Ethnic Groups' and the Asian/Asian British' ethnic group.

Oral health survey of 5 year olds 2022
Percentage with any decay experience (d3mft*) MSE



Source: <https://www.gov.uk/government/statistics/oral-health-survey-of-5-year-old-children-2022>

Children & Young People - Mental Health & Wellbeing

Today's children and young people are considered to have worse mental health outcomes compared to previous generations, exacerbated by the Covid-19 pandemic.

Mental health disorders are a leading cause of **health-related disabilities** in children and young people. These illnesses can have a devastating impact on their physical health, their relationships, and their future prospects, and they don't always receive timely support.

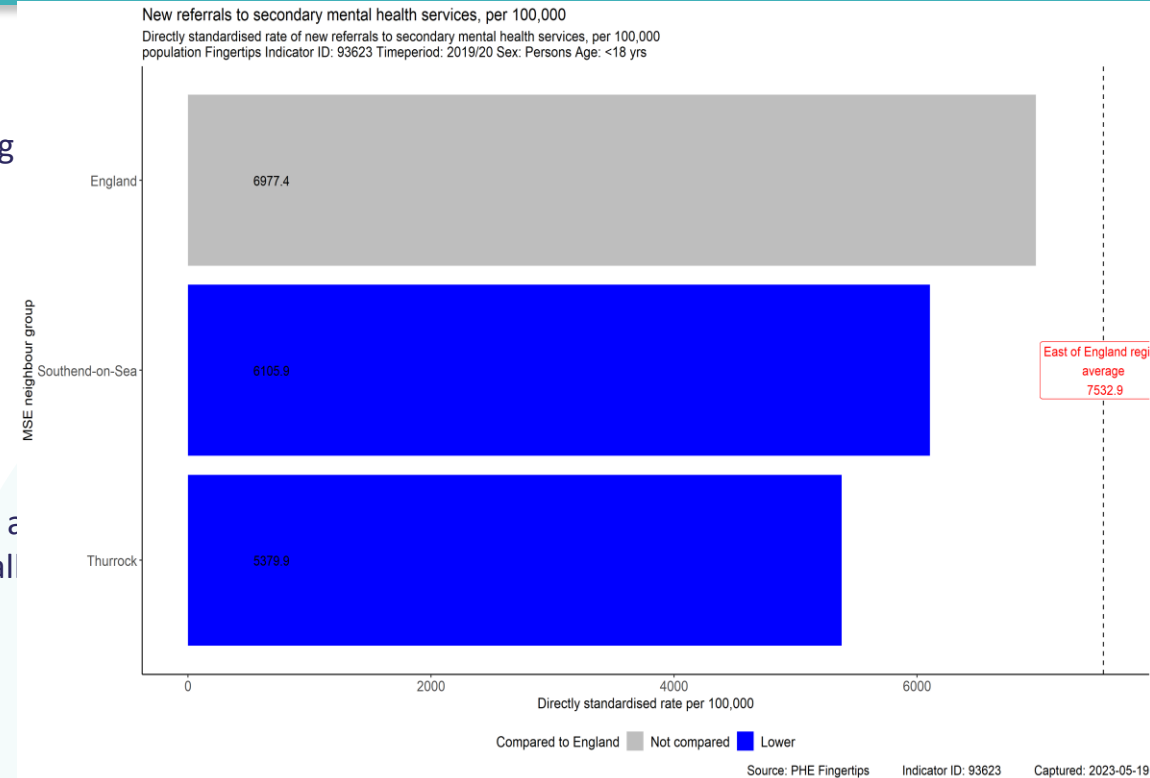
Children's **mental health services** locally continue to see rising demand, increased acuity and complexity of presentations, lengthier periods of intervention to mitigate risks, and growing caseloads. The long-term impact cannot be underestimated, and it is important that we put mental health on a level footing with physical health for them in Southend.

Conditions such as neurodiversity, autism, anxiety, low mood, depression, conduct disorders and eating disorders can stop some young people achieving what they want in life and making a full contribution to society. The challenge often extends into a person's adult life, with half of all mental health conditions beginning before the age of 14.

The traumatic impact of **abuse and neglect** increases the likelihood of children developing a range of mental health issues – both during childhood and in later life. Children in care are more likely than their peers to have a mental health difficulty.

Mental health and emotional wellbeing may be experienced differently by different groups of children and young people, and this can be influenced in particular by age, gender (including LGBTQ+), economic disadvantage, special educational needs and/or disability (SEND), and ethnicity (such experiences of discrimination).

Southend had a lower rate of new referrals to secondary mental health services per 100,000 residents under 18 than the national and regional averages.



Mental Wellbeing - What can make a difference?

Being mentally healthy should be about being supported with the right support at the right time to avoid a crisis in order to feel and function well in a way that is appropriate to the individual.

Improvements to adult mental health provision, including perinatally, are vital to prevent mental ill health developing in children. Nurturing family relationships and supportive home environment which promote positive attachments is an important factor for promoting good mental health in children and young people. Early support and intervention can help build resilient families and children. Providing effective mental health support for children who have experienced abuse and neglect can help them recover from its effects.

The **Southend, Essex and Thurrock plan** for the transformation of mental health services and support for children, young people and young adults is expanding mental health services by increasing access to broader mental health services to complement the existing core CAMHS provision and developing ways to further enhance and broaden the ways in which families and carers engage with services at a local level in schools, at home and in the community. Actions include:

- ❖ Improved mental health training for health professionals. Mental health should be a core part of the training curriculum for all health professionals who deal with children and young people.
- ❖ Advocate for the mental health of local children and young people. Working more collaboratively on improving meaningful data sharing on mental health prevalence and service capacity to articulate the needs of the local population.
- ❖ Encourage integrated working between organisations and agencies across the whole children's workforce. Integration of practice, education, pathways and commissioning will ensure that prevention, recognition, early intervention, support and onward referral is commonly addressed by professionals.

Support to Improve Lifestyles

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Prevention & Social Determinants of Health

People's **health-related behaviours** are influenced by a range of factors including social, economic and physical environment as well as mental wellbeing. By making it easier for people to adopt healthy behaviours and improve their physical environment, we can support to reduce the burden of disease and help **narrow the gap in health inequalities** arising from long term conditions such as obesity, cancers, heart conditions, stroke, respiratory disease and dementia as well as social inequalities.

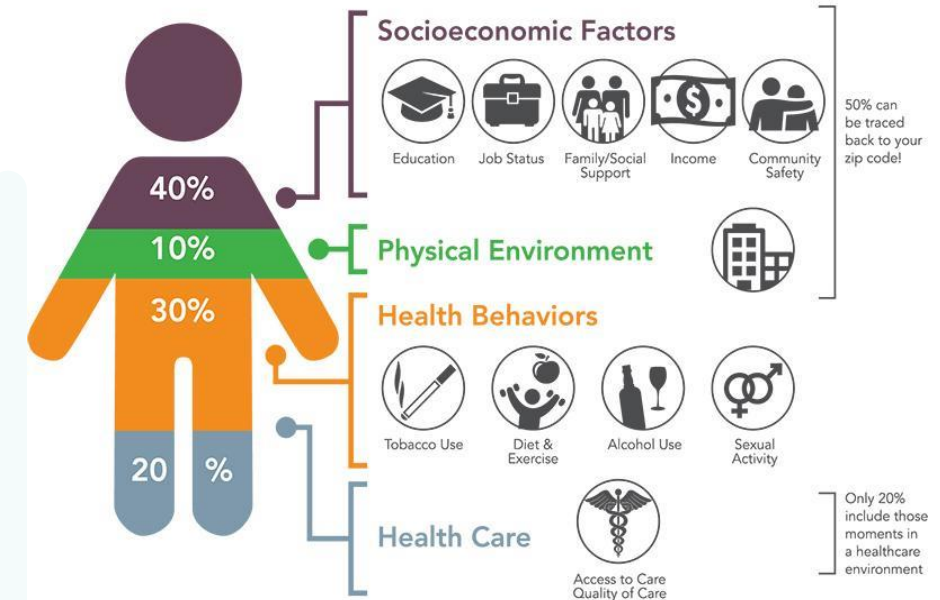
Southend wants to have an environment and community in which healthier choices are the easy choices.

Primary prevention aims to prevent disease or injury before it ever occurs. We can make it easier for people to be able to make healthier choices and reduce the risk of developing ill health, disease and premature death.

Secondary prevention aims to reduce the impact of disease or ill health that has already occurred and includes treatment to support the changes in behaviours or lifestyle factors that are needed to improve a person's healthy life expectancy and increased years in good health. That means the provision of tailored help and support for tobacco addiction, drug and alcohol misuse and obesity.

To embed prevention across the work that we do, public health will focus on opportunities to support healthier behaviours, which build on the strengths and protective factors that influence behaviours across the life course, whilst reducing the risk factors. This involves a holistic view which considers how we work to address the wider determinants of health, with targeted socioeconomic interventions in our more disadvantaged communities.

Social Determinants of Health (SDoH)



Healthy Weight - Adults

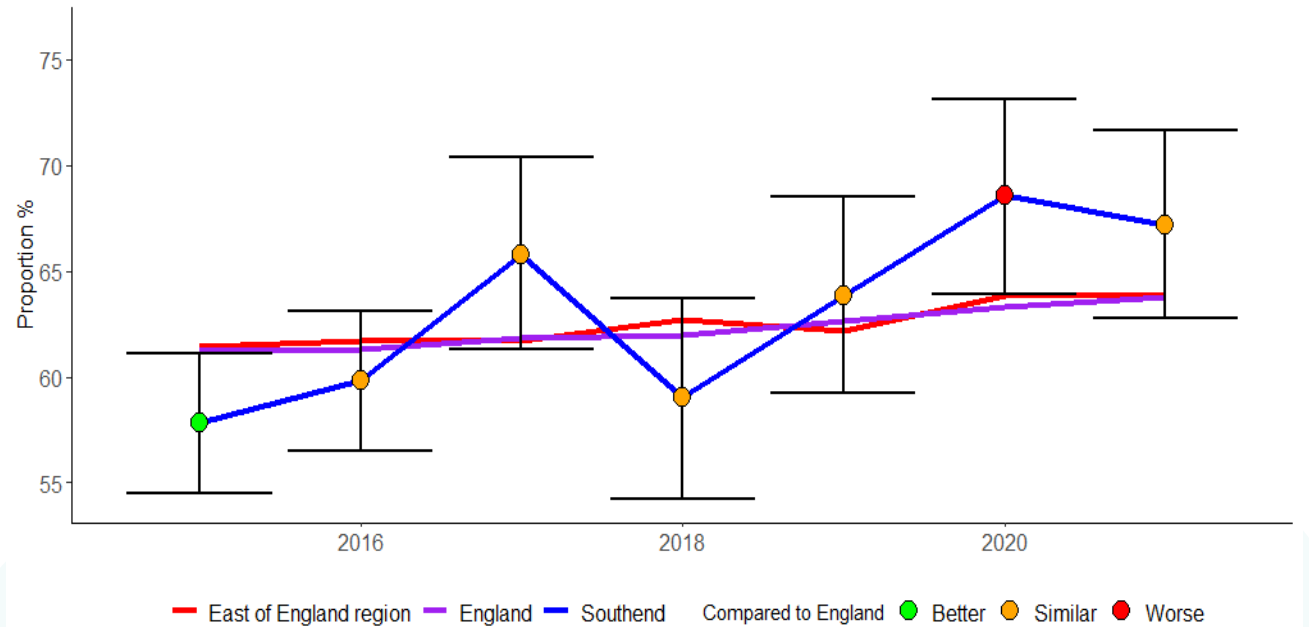
Being **overweight and obese** can lead to significant health issues for adults across the life course and into old age. Including on their physical and mental wellbeing.

There is no singular intervention that can tackle obesity on its own, at population or at an individual level. Causes of obesity are multi-factorial, including biological; physiological; psycho-social; behavioural; and environmental factors.

In **Southend**, the percentage of adults classified as overweight or obese is statistically similar to the national and regional averages; with more recent data showing an upward trend.

Percentage of adults (aged 18 plus) classified as overweight or obese

Percentage of adults aged 18 and over classified as overweight or obese (BMI greater than or equal to 25kg/m²) Fingertips Indicator ID: 93088 Sex: Persons Age: 18+ yrs Recent trend: Cannot be calculated



The shaded area represents the range of values from Middle and South Essex neighbours.
Source: PHE Fingertips Indicator ID: 93088 Captured: 2023-05-15

Childhood Obesity

Tackling childhood obesity is a long-term challenge and remains a top public health priority.

Obesity increases the risk of developing a range of health conditions in childhood and later life is associated with reduced life expectancy and a range of health conditions including Type 2 diabetes, cardiovascular disease, liver and respiratory disease and cancer. Obesity can also have an impact on mental health and wellbeing and eating disorders.

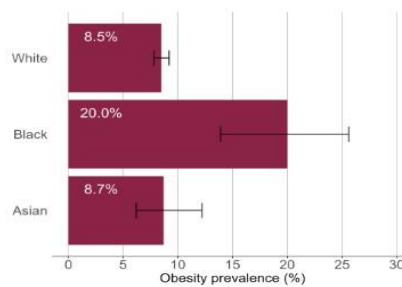
Children who are overweight are much more likely to become obese adults. There is a **marked inequality in obesity (obese only)** among children from either Black or Asian backgrounds; in the Asian group, the increase in prevalence is three-fold between Reception year and Year 6.

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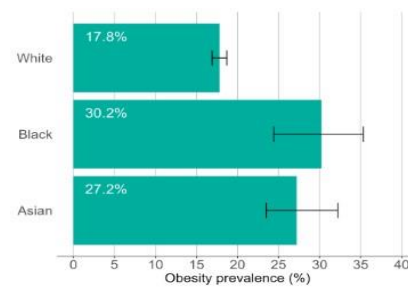
Obesity prevalence by ethnic group in Southend-on-Sea

National Child Measurement Programme

Children in Reception (aged 4 -5 years)



Children in Year 6 (aged 10 -11 years)



Data combined 5 years, (2016 to 2017, 2017 to 2018, 2018 to 2019, 2019 to 2020, and 2021 to 2022), see note on slide 16
95% confidence intervals are displayed on the chart

Prevalence of overweight (including obesity) in Southend-on-Sea by age

National Child Measurement Programme 2021 to 2022

Around 1 in 5 children (21.5%) in Reception (aged 4 -5 years) were overweight or living with obesity



Around 2 in 5 children (37.8%) in Year 6 (aged 10 -11 years) were overweight or living with obesity



The National Child Measurement Programme (NCMP) measures the height and weight of over one-million children in Reception (age 4-5 years) and Year 6 (age 10-11 years) each year in primary schools in England. The data shows that nearly 2 in 5 children leaving primary school are overweight or obese (37.8%), with 1 in 5 living with being obese (23%).

Childhood Obesity & Link to Deprivation/Ethnicity

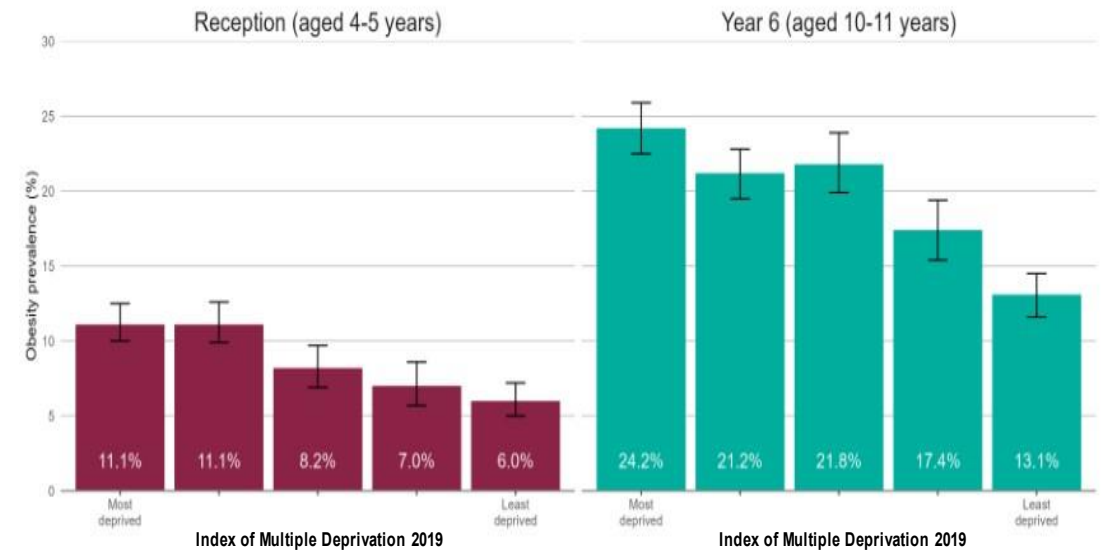
Children residing in the most disadvantaged areas are more than twice as likely to be living with obesity than those in the least deprived areas.

The sample of data collected across schools, for Reception Year and Year 6 pupils, provides a valuable insight into local obesity rates and has enabled more targeted interventions in supporting parents and young people to improve their weight management strategies.

Children from Black and minority ethnic families are also more likely than children from white families to be overweight or obese and this inequality gap is gradually increasing. These disparities are reflected in the childhood obesity profile for **Southend**.

Following the successful trial of the **Health4life** programme – 6 weeks of support for parents and young people on achieving and maintaining healthier lifestyles - we have teamed up with Southend United Community Education Trust to extend this programme for those aged 5-16 years. We continue to explore new avenues with local partners to improve access to more physical recreations through Active Southend.

Obesity prevalence by deprivation and age in Southend -on-Sea
National Child Measurement Programme



Data combined 5 years, (2016 to 2017, 2017 to 2018, 2018 to 2019, 2019 to 2020, and 2021 to 2022), see note on slide 16
95% confidence intervals are displayed on the chart

Smoking

Smoking is uniquely harmful, to both smokers and people around them. Smoking is one of the main causes of health inequalities in England, with the harm concentrated in disadvantaged communities and groups.

Although **smoking prevalence** has continued to decline year-on-year over the last 12 years, this stands at 13% of adults living in England who still smoke.

Smoking is a leading preventable cause of illness and premature death. In England, there were an estimated 506,100 smoking-related hospital admissions in 2019-20. One in 4 patients in a hospital bed is a smoker, with GPs seeing 35% more smokers than non-smokers.

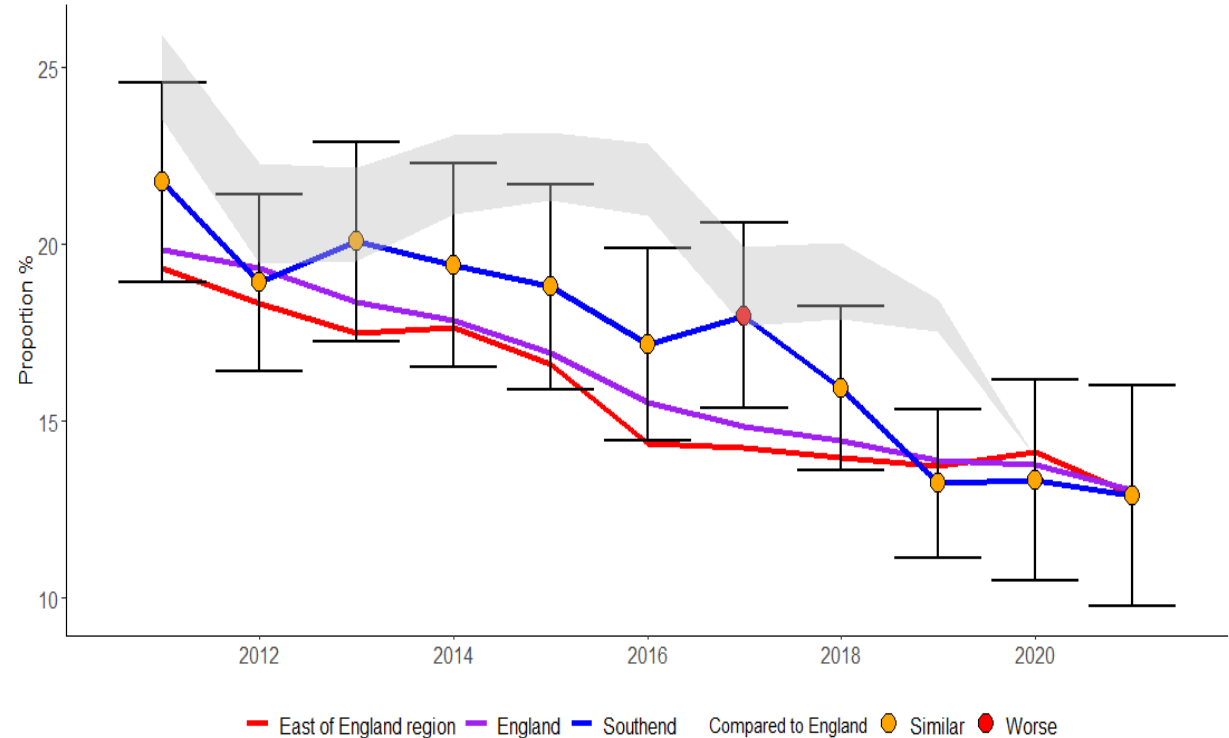
The **health benefits** are considerable, including for people with a pre-existing smoking-related disease. Benefits include shortened hospital stay, fewer clinical complications and infections, increased survival rate from surgery, better wound healing and fewer re-admissions post-surgery.

Supporting smokers in contact with the healthcare system to quit is a prevention priority in the [NHS Long Term Plan](#) and in supporting to realise the national **smoke-free ambition by 2030** - defined as adult smoking prevalence of 5% or less.

Southend has a significantly similar prevalence of smoking to the national and regional averages with an overall downward trend.

Smoking Prevalence in adults (18+) - current smokers (APS)

Prevalence of smoking among persons 18 years and over Fingertips Indicator ID: 92443 Sex: Persons Age: 18+ yrs Recent trend: Cannot be calculated



The shaded area represents the range of values from Middle and South Essex neighbours.
Source: PHE Fingertips Indicator ID: 92443 Captured: 2023-05-15

Smoking in Pregnancy

Smoking in pregnancy is the leading modifiable risk factor for poor birth outcomes, including stillbirth, miscarriage, and pre-term birth. Smoking during pregnancy also increases the risk of children developing several respiratory conditions, attention and hyperactivity difficulties, problems of the ear, nose and throat, obesity, and diabetes.

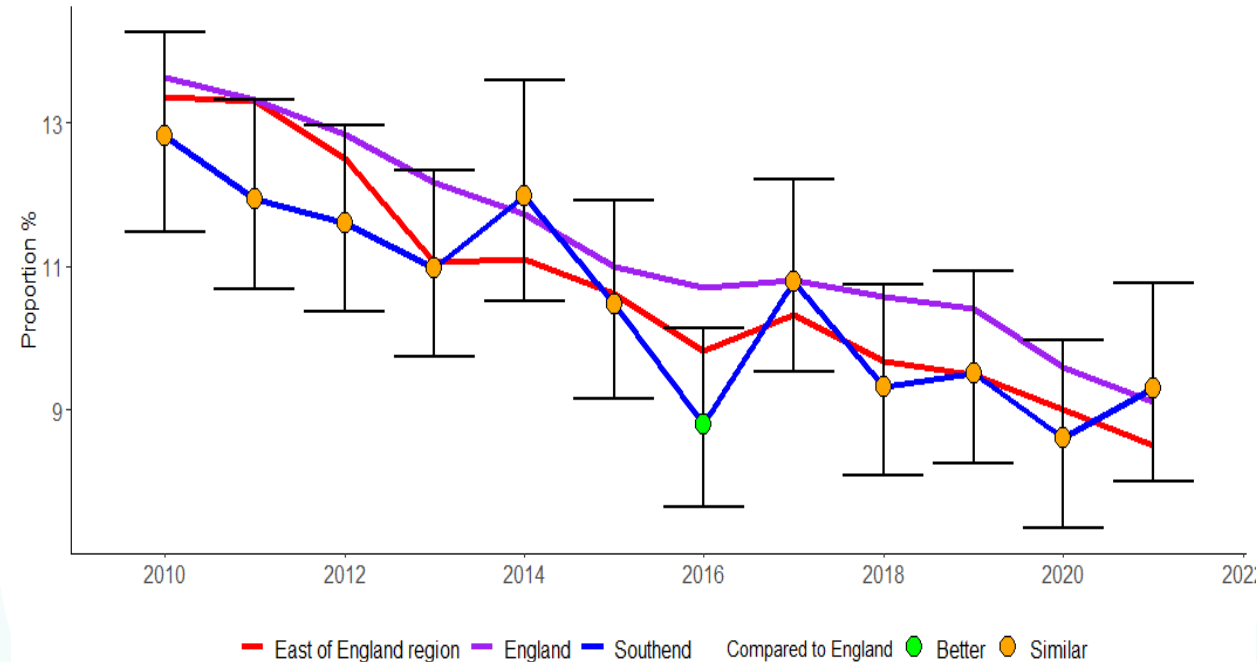
As at 2020/21, 9.6% of women were smoking at time of delivery (with 28% being under the age of 20), which equates to around 51,500 babies born to pregnant smokers in England each year. Rates of smoking in pregnancy have a strong social and age gradient with poorer and younger women much more like to smoke in pregnancy.

The smoking in pregnancy reduction target was set at 'less than 6%' by 2022, in the Tobacco Control Plan for England (2017); measured as smoking at time of delivery. This measure has been achieved in different regions across the country with smoking cessation services becoming part of the local maternity model.

Southend has a significantly similar prevalence of smoking at time of delivery to the national and regional averages with an overall downward trend.

Smoking status at time of delivery

The number of mothers known to be smokers at the time of delivery as a percentage of all maternities with known smoking status. A maternity is defined as a pregnant woman who gives birth to one or more live or stillborn babies of at least 24 weeks gestation, where the baby is delivered by either a midwife or doctor at home or in a NHS hospital Fingertips Indicator ID: 93085 Sex: Female Age: All ages Recent trend: No significant change



The shaded area represents the range of values from Middle and South Essex neighbours. Source: PHE Fingertips Indicator ID: 93085 Captured: 2023-05-16

Emotional Health and Wellbeing

Mental health problems are common, with 1 in 6 adults reporting a common mental health disorder (CMD) such as anxiety, and there are close to 551,000 people in England with more **severe mental illness** (SMI) such as schizophrenia or bipolar disorder.

Problems are often hidden, stigma is still widespread, and many people are not receiving support to access services.

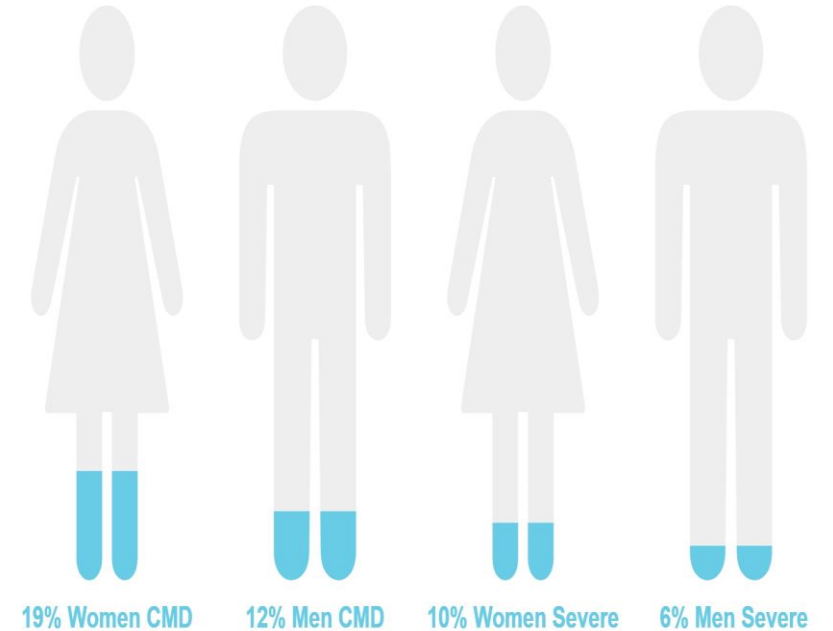
Together with substance misuse, mental illness accounts for 21.3% of the total burden of disease in England. Poor mental health is estimated to carry an **economic and social cost** of £105 billion a year in England.

Mental health problems and suicide can be preventable. Promoting good mental health and wellbeing will impact on physical health and many other aspects of people's lives such as healthy lifestyle and to manage and recover from physical health conditions.

People with physical health problems, especially long-term conditions, are at increased risk of poor mental health - particularly depression and anxiety. Around 30% of people with any long-term physical health condition also have a mental health problem. Poor mental health, in turn, exacerbates some long-term conditions, such as chronic pain.

Mental Health Conditions

Source: NHS Digital

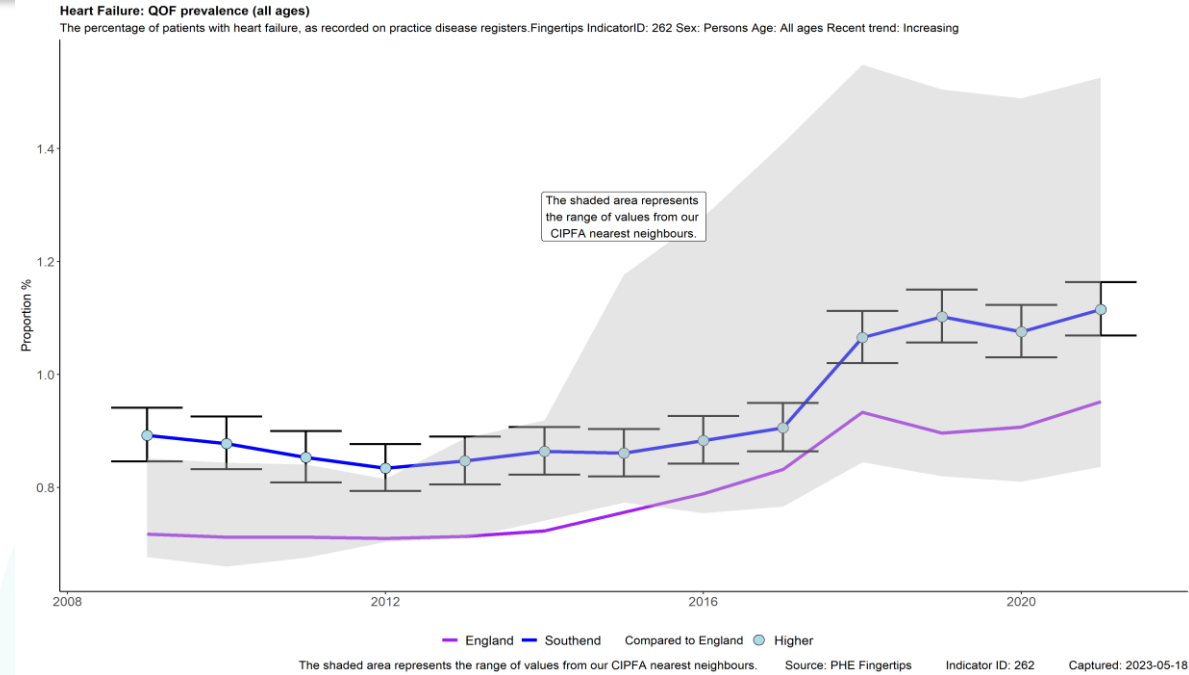
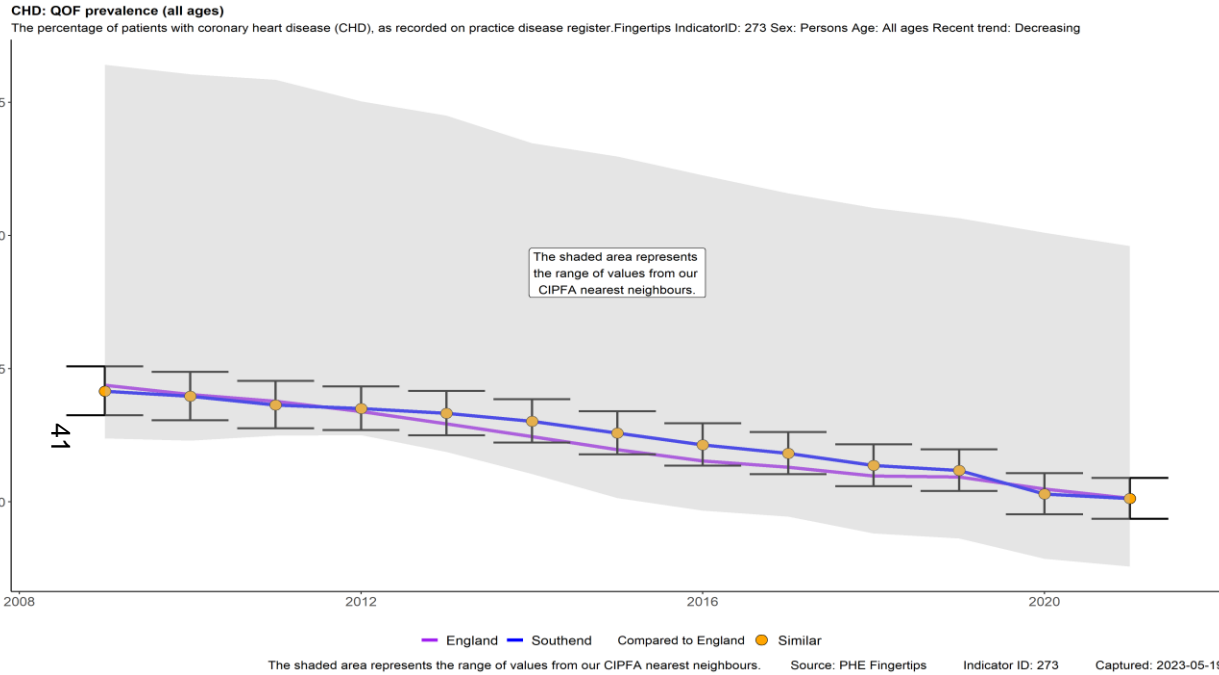


Long Term Conditions

Other key areas of focus for prevention

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Cardiovascular Conditions



Coronary heart disease (CHD) is the single most common cause of premature death in the UK. Evidence relating to the management of CHD is well established and if implemented can reduce the risk of death from CHD and improve the quality of life for patients. **Southend** is statistically similar to the national average and has a downward trend.

Heart Failure (HF) is responsible for a dramatic impairment of quality of life, carries a poor prognosis for patients, and is very costly for the NHS to treat (second only to stroke). In **Southend**, the prevalence of heart failure is increasing compared to our statistical neighbours and England.

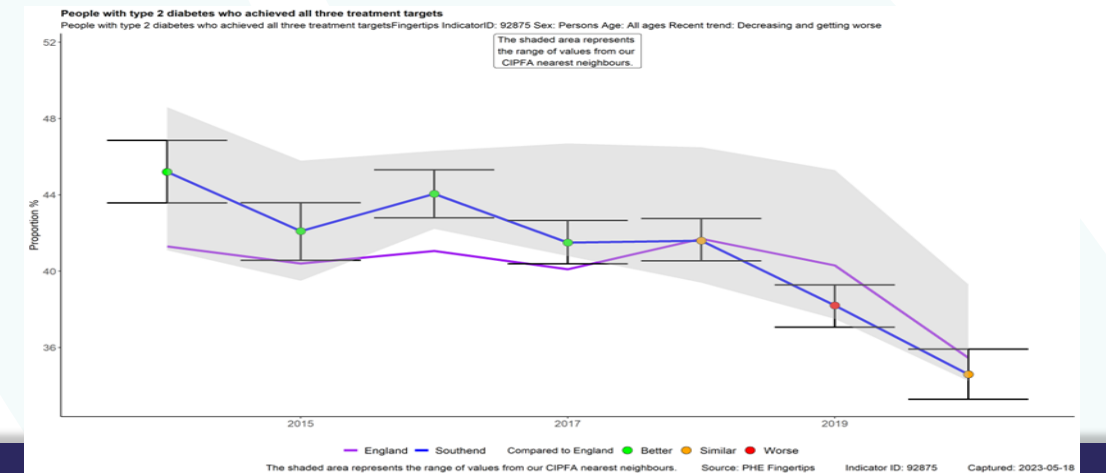
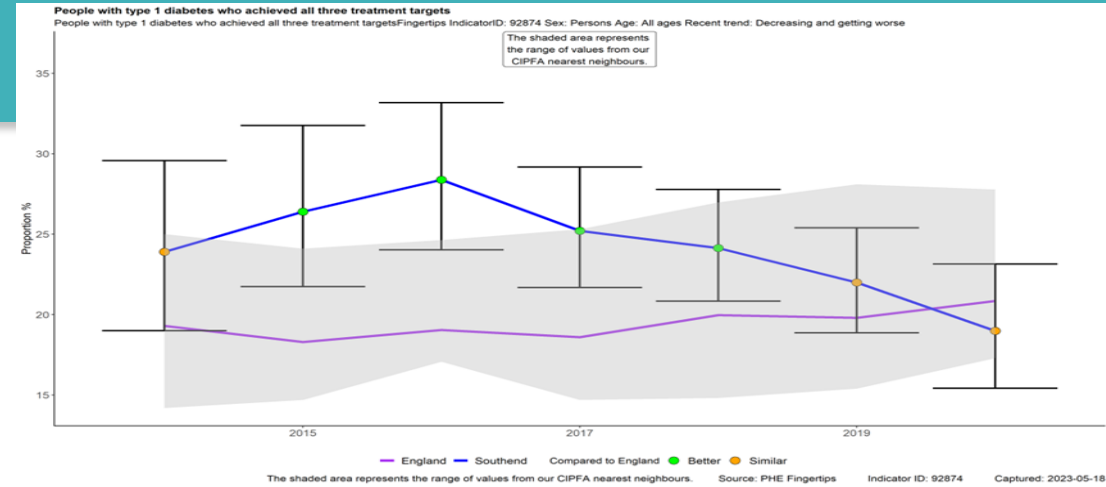
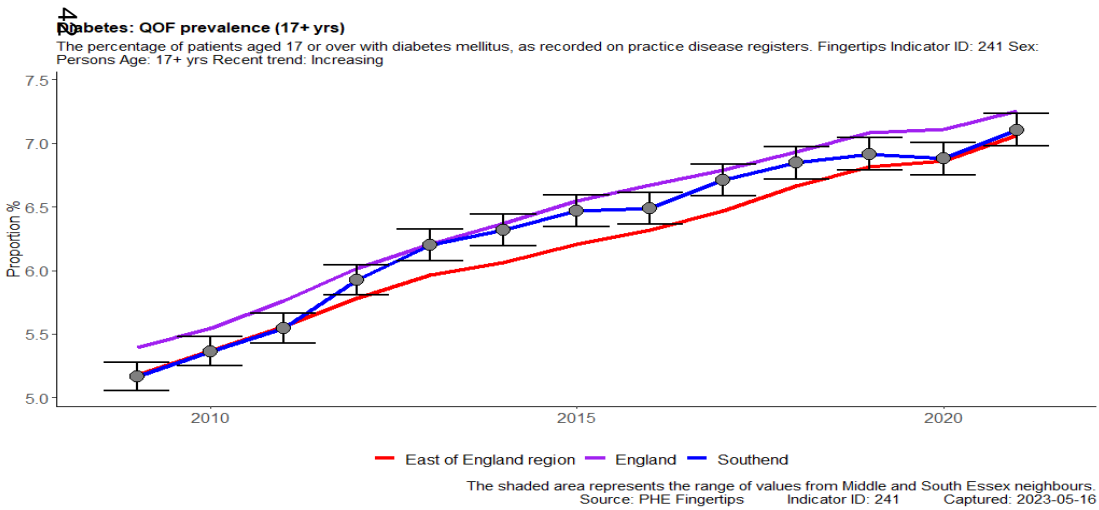
Diabetes

Diabetes mellitus is one of the most common diseases affecting all age groups with over three million people in the UK having the condition.

Effective control and monitoring can reduce mortality and morbidity. Much of the management and monitoring of diabetic patients, particularly patients with Type 2 diabetes is undertaken by the GP and members of the primary care team.

In **Southend**, the prevalence of diabetes has been increasing for the past 3 years; City is statistically similar to the regional average but lower than the national average.

In **Southend**, in both Type 1 and Type 2 diabetes patients there has been a downward trend in patients who meet all three treatment targets. For Type 1, whilst this is statistically similar to the national trend, Southend has seen a sustained drop in the management of diabetic patients.



Transforming Children & Young People and Families Services

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- > Protecting & Safeguarding Young People
- > Family and Community Hubs

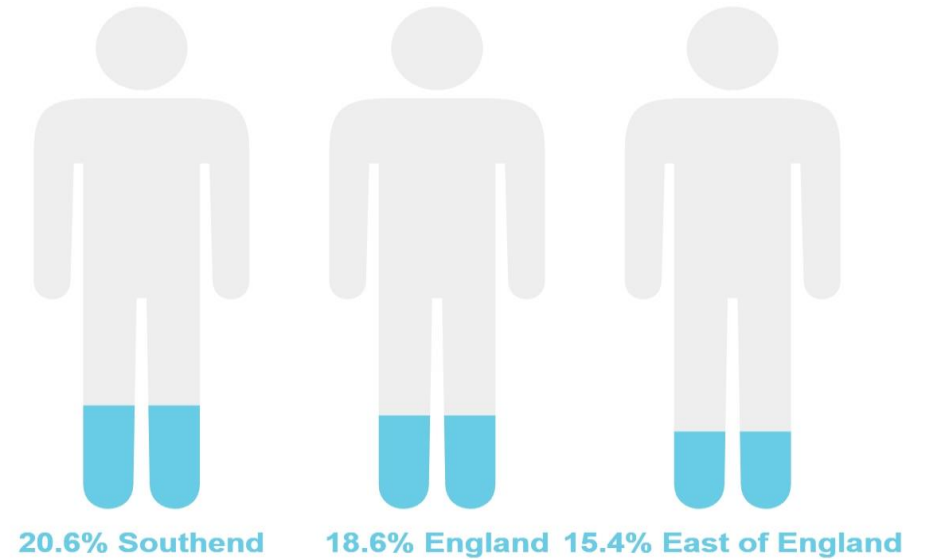
Protecting & Safeguarding Young People

Southend has seen a widening in inequalities exacerbated by the Covid-19 pandemic and the current cost of living crisis. **Poverty and child neglect** are highly correlated as poverty leads to hardships for families which impact on parents' capacity to meet the needs of their children.

Effective Support Early – we want children, young people, and families to receive the right support and help at the right time, at the right place, as early as possible in the life of a problem.

Preventative and **early help** responses to neglect are critical to avoid issues from escalating and children experiencing further harm. Interventions need to be of a kind and duration that improve and sustain the safety of children and young people and help parents to develop supportive caring family relationships that strengthen resilience in their children.

Percentage of Child Poverty



Protecting & Safeguarding Young People

Every child deserves the **best start to life** and most children in Southend experience a happy supportive childhood that prepares them for adulthood.

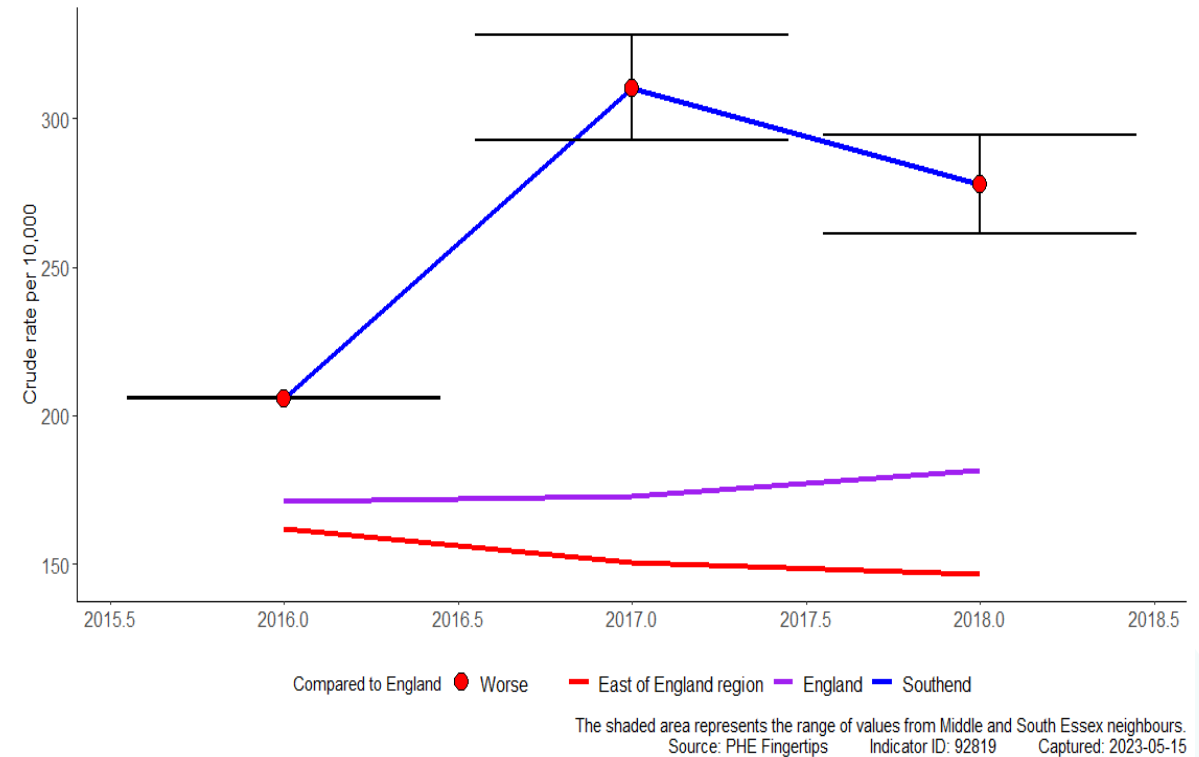
However, some children in Southend have a different childhood experience and are exposed to challenges, harmful experiences, and risks. These are known as adverse childhood experiences (ACEs) and can have a damaging effect on the health and emotional wellbeing of children and young people and can negatively impact their ability to thrive, be happy and achieve.

These experiences include witnessing or experiencing violence, abuse, and neglectful parenting, and living with parents who have poor mental health or misusing substances.

In Southend, **neglect** is the leading cause of children and families requiring additional support and children requiring child protection plans. Continued improvement in data sharing undertakings, would greatly improve health and care outcomes for our residents.

Children in need due to abuse or neglect: rate per 10,000 children aged under 18 years

The number of children identified as 'in need' due to abuse or neglect on 31st March expressed as a rate per 10,000 resident population under 18 years. Fingertips Indicator ID: 92819 Sex: Persons Age: <18 yrs Recent trend: Cannot be calculated

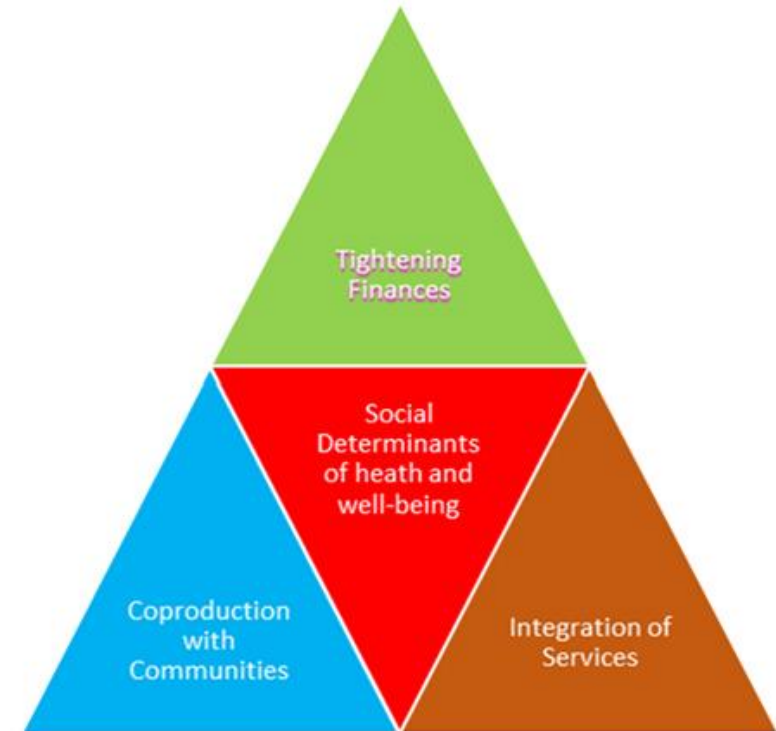


Family & Community Hubs - Context

Southend has seen a widening gap in inequalities exacerbated by the Covid-19 pandemic and the current cost of living crisis. The Council's wider ambition to accelerate change and ensure more cost-effective service provision and more efficient, co-ordinated service delivery, presents a real opportunity to transform the services for children and families across the City.

This is mirrored in the NHS's local strategy in tackling the wider determinants of health to improve health and wellbeing. Therefore, this transformational approach would be underpinned by:

1. the **social determinants of health**, highlighted by the Marmot report;
2. the **integration agenda**, at the heart of the vision for *The Best Start for Life*;
3. a greater focus on **co-production with communities**, as active partners;
4. addressing the growing **financial challenges**, by doing more with less.



Family & Community Hubs – Desired Outcomes

With the advent of the national launch of the Family Hub programme[^], we are uniquely placed in the City to review our plethora of assets, good practice and the test-and-learn culture, to explore and co-design a more efficient and effective way of meeting the needs of our children, young people and families, enabling them to flourish.

This approach can bring together a number of resources including family centres, libraries, cultural sites and other community facilities to transform our service provision and:

- provide **support to parents and carers** so they are enabled to nurture their babies and children, improving health and education outcomes for all;
- contribute to a **reduction in inequalities in health and education outcomes** for babies, children and families across England by ensuring that support provided is communicated to all parents and carers, including those who are hardest to reach and/or most in need of it;
- **build the evidence base** for what works when it comes to improving health and education outcomes for babies, children and families in different delivery contexts.

One of the key enablers for success, is the need to improve communication between agencies by ensuring meaningful and necessary information sharing.

[^] [Family Hubs and Start for Life programme: local authority guide - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/family-hubs-and-start-for-life-programme-local-authority-guide)

Key Actions and Initiatives

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Key Actions & Initiatives

Initiative	23/24	Lead Partners
Core20PLUS5	The Mid and South Essex Integrated Care Partnership has developed a wider strategy and plan to target these areas, and are being delivered through the South East Essex Alliance.	MSE, SEE Alliance, SCC-Public Health and ASC
Smoking Cessation	<p>Continue to promote stop smoking services and provide a range of support options to residents motivated to stop smoking</p> <p>Focus efforts on routine and manual occupations; residents during pregnancy and at time of delivery; those with a mental health condition; and the general population</p> <p>Deliver stop smoking services that align with NHS and evidence-based standards and guidelines</p> <p>Provide training and support to ensure accreditation standards of advisors are maintained and increase the number of advisors that can provide stop smoking support services</p> <p>Improve referral pathways for allied health and community services to support residents to access stop smoking services</p> <p>Reviewing the current stop smoking service offer and further scoping community pharmacy provision; Quit manager referrals through lifestyle and wellbeing services; Health behaviours Review; and education and training provision</p> <p>Exploring new ways of improving referrals onto the stop smoking service with the dedicated Public Health Midwife supporting engagement and training with clinicians. A new incentivisation scheme is being considered nationally to encourage pregnant smokers <20s to quit the habit.</p>	MSE, SCC-Public Health
Maternal Mental Health	Local services are currently being reviewed with the possible introduction of the maternal mental health service. This service will include supporting families that have suffered early pregnancy loss and pregnant people who have had babies placed in foster care due to social circumstance. These families at present are not supported by the Perinatal Mental Health Teams.	MSE, EPUT, SUHFT, SCC -Public Health

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Key Actions & Initiatives

Initiative	23/24	Lead Partners
Respiratory Illness	Southend was chosen and funded by OHID as a pilot location for COPD Connectors program from 2022-2024. This is to equip, empower and capture 'lived experience' of patients living with COPD in ABSS wards so to further inform resource allocation and improve access to care e.g Pulmonary Resus, Stretch and Breath classes etc thereby reduce A&E usage.	MSE, EPUT, SCC-ASC
Hypertension	We are focusing more interventions where the expected prevalence is likely to be higher, through targeted health checks and increasing other public health actions, such as improving physical wellbeing.	
Annual Health Checks	<ul style="list-style-type: none"> -Reviewing contract with Providers to support NHS delivery to eligible population groups -Working cross boundaries at SET level to create a joint template on recording to facilitate engagement and increase health check uptake 	SCC -Public Health, SEE Alliance, PCNs
BP at home	<ul style="list-style-type: none"> -BP monitors distribution to residents in need to reverse inverse care laws -Improve recording through engaging with GP Practices - Supporting Primary Care Network (PCN), Partners, Voluntary sector etc to support and empower vulnerable residents with positive lifestyle choices 	MSE, UCLP, PCN
COPD	<ul style="list-style-type: none"> -Continue to share knowledge, learning experiences and stories from the local area -To inform and influence service providers -Share information Build relationships with service providers 	Southend Health watch and SAVS
Cancer	<ul style="list-style-type: none"> -Southend Lung Health Check commenced. -Pilot with Shoebury PCN for cervical screening and engaging neighbourhood community assets (hairdressers/nail bars etc) -Social marketing insights into barriers to breast screening, cervical screening & bowel screening for women 50+ population. -Review of the historical data and uptake at neighbourhood level of breast screening and cervical screening -Campaign at neighbourhood level for screening taking place in that neighbourhood (screening rounds) -Lung Health checks and early detection of lung cancer conditions, commenced in April 2023 -Work with GPs to improve ethnicity and postcode data recording with regards to Colon cancer -Continue to work with GPs with extending the pilot for Prostate cancer detection in the male population. 	SCC -Public Health, PCNs, SEE Alliance

Key Actions & Initiatives

Initiative	23/24	Lead Partners
Diabetes in Children	-Explore improved diagnosis and ensuring that children are managed effectively in primary care, using the NICE guidance, is essential in preventing hospital admissions and poor wellbeing outcomes.	MSE, EPUT, SCC - Public Health
Epilepsy in Children	-Will look at improving diagnostics and management of people living with this conditions.	MSE, SCC -Public Health
Oral Health in Children	A system-wide approach to improve oral health and associated benefits for the most vulnerable children and young people. A new plan is in development to cover healthy eating and oral health campaigns, supervised teeth brushing in early years and school settings, provision of toothbrushes for high risk groups and improving access to dental services.	SCC -Public Health and Communities
Mental health- Severe Illness	Continue to improve access to Mental Health diagnostic, management and support and the agreed action with the Suicide Prevention plan Improve data sharing protocols	MSE, EPUT, ASC
Mental Wellbeing- Children	The Southend, Essex and Thurrock plan for the transformation of mental health services and support for children, young people and young adults is expanding mental health services by increasing access to broader mental health services to complement the existing core CAMHS provision and developing ways to further enhance and broaden the ways in which families and carers engage with services at a local level in schools, at home and in the community. Actions include: -Improved mental health training for health professionals. Mental health should be a core part of the training curriculum for all health professionals who deal with children and young people. -Advocate for the mental health of local children and young people. Use available data on mental health prevalence and service capacity to articulate the needs of the local population -Encourage integrated working and information sharing between organisations and agencies across the whole children's workforce. Integration of practice, education, pathways and commissioning will ensure that prevention, recognition, early intervention, support and onward referral is commonly addressed by professionals.	MSE, EPUT, SCC - Public Health and Education

Key Actions & Initiatives

Initiative	23/24	Lead Partners
Flu vaccines	<p>Winter planning COVID Booster and Flu Campaigns Potential pop-up clinics to support increased uptake in low uptake areas. Collaborative working with Southend City Councils and PCNS</p>	MSE, EPUT, Pharmacies, SCC - Public Health and ASC
Adult obesity	<p>Continue to develop more varied opportunities to increase physical activity and promote healthy weight. We have started engagement to create a co-ordinated action across the whole system to support healthy food choices and promote a Healthy City policy-approach for Southend. -Extensive collaboration is afoot through the Population Health Improvement Board and the South East Essex Alliance, with a range of partners, to influence both primary and secondary prevention programmes.</p>	MSE, SEE Alliance, SCC -Public Health , Planning and Environmental Health
Childhood obesity	<p>Focus on healthy school settings and encouraging children and young people to adopt healthy behaviours and embed lifelong changes. Enhance school healthy eating programmes through supportive engagement and health education initiatives and offer a whole family Health4Life programme.</p>	SCC -Public Health, Planning and Environmental Health, MSE , Schools
Protecting & Safeguarding Young People	<p>Southend has an ambition to be a child friendly city and our approach to helping the most vulnerable children, young people, families, and communities needs to reflect these values. Development of a Southend Family and Community Hub system approach to transform the services for children and families will help provide opportunities to give all children in Southend the best start in life and improve meaningful information sharing between agencies.</p>	SCC, MSE, Essex Police and partner agencies
Family & Community Hubs	<p>The Council and partner agencies develop radical proposal to support the creation of a more energised approach to the provision of shared services for Children, Young People and Families, and a Family and Community hub model for the City.</p>	SCC -Children & Public Health, Library services, Communities, ABSS, SEE Alliance, SAVS

Key Actions & Initiatives

Initiative	23/24	Lead Partners
<p>Inequalities</p> <p>53</p>	<p>Ethnic Minority Groups Supporting SEEA to start health focused neighbourhood conversation to share information on new PCN services, NHS Health checks etc in Southend. First conversation will be based at North Road Chapel ethnic minority ladies' group. Support COPD connectors to recruit someone with ethnic minority background.</p> <p>Carers and people with disability Continue to build relationship and share health related information/ services / campaigns with key community groups (SEND the Right Message, Little Heroes , Mencap, Carers First, Southend Carers etc.)</p> <p>People experiencing homelessness. Create health pop ups at food provision places such as SVP, One Love, Storehouse to carry out NHS health checks etc. (shall we discuss it with Everyone Heath or Sharna first)? Support COPD connectors to recruit a homeless person.</p> <p>Veterans Attend the <u>Meet Your Army - The Army Engagement event</u> to build on our network. Send out targeted information around specific health services/ provision and campaign through the stakeholders. Support COPD connectors to recruit a veteran.</p> <p>LGBTQ+ Working alongside GP practices to become LGBT Accredited, currently have x amount. Improving the birthing practices & experiences for transgender parents Working alongside Southend Health watch on a number of improvements to the LGBTQ+ experiences.</p>	<p>SCC, MSE, SEE Alliance, SAVS and HWB partners</p>

APPENDICES

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Progress with 2021-22 Recommendations (1)

Recommendations	Update
Health Inequalities	
Life Expectancy, Key Health Risk Factors, Weight Management, Vaccinations	
1 Local partners are working strategically, to address factors that impact on peoples' weight, in more innovative and collaborative ways	Ongoing work on joint service specification and outcomes measure for tier 2 weight management services. Public Health have also secured support from the Town and Country Planning Association to support the development of a Healthy City framework for Southend and Food Policy
2 Following local community and partner engagement, the Health and Wellbeing Strategy for Southend was launched in late 2021. Weight management is a major priority within the action plan, that forms part of the strategy	Nov 22-EBD- the Southend Food Insights programme of work is complete to inform local programme to support food industry in healthy options and to lead into development of SCC Food Environment Policy. Achieved an increase in the number of people accessing a tier 2 weight management programme, from 476 in 2019-20, to 834 in 2021/22, with a forecast of over 900 for 2022/23. There has been a drop in people achieving 5-10% weight loss at 12-weeks across the programmes (20%), but an increase in people maintaining weight loss at 12 months (50%). A remedial action plan is in place to address.
3 Targeted interventions through the work of Everyone Health, with a particular focus on men's health and wellbeing.	Where male uptake has been low, in comparison to female attendance, Everyone Health (EH) have targeted men, to take part in their tier 2 adult weight management courses. Aimed at those with a BMI of 30 and above. EH are also working with football clubs, to encourage male adults onto their physical activity programme or their adult weight management courses.
4 As a system, we will need to explore all collaborative approaches to ensure we can optimise the use of hospital beds, increase our targeted preventative work and increase our efforts to mobilise our communities in self-care and adopting healthier lifestyles.	Marked improvements in targeted work with residents living in areas of highest deprivation – increase from 29% of those receiving support with healthy behaviours being from most deprived areas in 2021/22, to 36% in 2022/23. Better targeting of falls prevention services has been achieved, developing an offer which focusses on both primary and secondary prevention of falls. 30% of current cohort accessing a falls programme have been identified as at risk of a fall. Programme under review to minimise wait and optimise completion rate. Healthy Behaviours services review group has been established to facilitate a collaborative review of current healthy lifestyles offer and model, to inform the redesign and recommissioning of the contract post May 2024. Introduced active monitoring of social media engagements for the promotion of self-care and healthier lifestyles – 8,925 reached. Healthy behaviours service review is on track with predicted completion end of July 23. Good engagement from stakeholders and growing public engagement. Wellbeing referral scheme pilot has been launched with the aim of increasing targeted physical activity work with those at risk of long-term health conditions. Has led to increases in activity, however uptake significantly below anticipated targets.
5 In addition to the 'key actions' highlighted on slide 7 to address the challenge with weight management, we will explore further how we can help improve the food environment	Following the Insights work, Public Health will be exploring options to support food industry in a scheme to promote healthy options, working in partnership with Environmental Health. Helath4Life has restarted and updated for children overweight or obese from ages 5-16yrs. Mapping of health promotion material has been undertaken to 0-5 resources in order to ensure consistent messaging to parents. Insights work will influence the work happening for Healthy City framework moving forward.

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Progress with 2021-22 Recommendations (2)

Recommendations	Update
6 Through the Health Protection Board, we will explore and deliver an improvement in the uptake of Flu (at risk groups), Covid and MMR vaccines during 2022-23	An MMR campaign ran in the community with a selection of mop up clinics offer MMR catch up. The health partners have written to children missing MMRs in order to invite them along to GP practices. Recent initiatives have been system wide collaborative working across the NHS Alliance/ Primary Care, Care Homes, NHSE screening and Immunisation Team, EPUT and local Maternity unit. Immunisations rates are still below expected levels across all areas.
Food Environment	
7 The Council is collaborating with local agencies to develop an Anti-Poverty Strategy, which will cover food poverty	The Tackling Poverty strategy was approved at Cabinet in January 23, we are now starting to implement the actions in the year one action plan. We have just been given the go ahead to employ a Tackling Poverty Project Lead to support this work – currently vacant.
8 Schools can adopt a number of policies to encourage pupils to purchase their lunch from the school canteen.	The school nursing service is being reviewed and redesigned post covid. A refresh of the Healthy Schools programme is underway and due to be completed by January 2024. A programme of work is underway to establish school profiles, including information on free school meals, free school meal offer and promotion of school based meals.
9 More is required locally to address food poverty and reduce food poverty. We are working with the local Food Alliance to optimise collaboration, explore social value contributions from local businesses, and ensure we can create a more sustainable approach to food clubs	Significant demand on the local food distribution points. The pilot with the FOOD Club across 3 areas of Southend has been extended for another 18 months (from Feb-23) to allow a more sustainable model to evolve with support from the Southend Food Alliance.
10 We will develop a Food Environment Policy across Southend where we will support citizens, young and old, to make healthier choices including in our educational settings, work with our business to support this approach, reduce wastage and reduce food poverty/insecurity. This may also include a local 'healthier options' award being explored with our Regulatory services team at the Council	The Town & Country Planning Association has been commissioned to support a series of workshops to help Southend develop a Healthy City framework and Food Policy. One workshop has been completed and a follow up is due in July 23. OHID have offered to underpin this work with training on Health Impact Assessment training, in order to ensure the organisation is recognising health impacts associated with planning decisions.
11 To promote and increase the uptake of the Healthy Start Scheme to support vulnerable children and families affected by food insecurity	Healthy Start and a universal pregnancy vitamin offer is underway. The scheme is being actively promoted by maternity, health visitors at the antenatal, new birth and 6 weeks visits, by ABSS, and by family centres. Health visiting are providing promotional flyers at visits, and there are promotional posters in the family centres, in Food Banks and at the Civic Centre. Teenage parents under little steps are signposted to Health Start. ABSS and CYPFH are collaborating on the development of a Healthy Start promotional video to further enhance the promotional message.
12 To enhance school healthy eating programmes and promote community growing initiatives	Work is ongoing and there are several primary schools that have growing initiatives- this area is being explored for an Enhanced Healthy Schools opportunity for the coming school year. The Health4Life programme is being delivered out of community venues and school settings in order to make access accessible across Southend School health profile development is underway and will include the school's approach to sourcing and growing local food. There are several Family Centres in partnership with ABSS, that have growing schemes and the Early Years Alliance Food Club.

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Progress with 2021-22 Recommendations (3)

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Recommendations		Update
Mental Health & Wellbeing		
Suicide Prevention		
13	Support the delivery of the Suicide Prevention Wave 3 Transformation Programme workstreams at a Southend resident and partner organisation level	The formal Mid and Southend Essex Integrated Care Service (MSE ICS) Suicide Prevention Wave 3 Transformation Programme concluded at the end of April 2023. Supporting delivery of the workstreams was actively undertaken by the PH lead with updates shared at the Southend Suicide Prevention Network and communications through the Councils internal and external digital platforms. Public Health is working with the MSE ICS and Southend, Essex and Thurrock LA colleagues on delivery of suicide prevention workstreams for 2023 to 2024 at the MSE ICS Suicide Prevention Oversight Group.
14	Restart the Southend Suicide Prevention Steering Group as a sub-group of the Southend, Essex, and Thurrock Suicide Prevention Steering Group	The Southend Suicide Prevention Network is operational and functioning. Public Health also has a key role on the Southend, Essex, and Thurrock Suicide Prevention Steering Group. The Southend Suicide Prevention Network has been operational since May 2022.
15	Increase the promotion of Let's Talk About Suicide Essex prevention training	Promotion of the Let's Talk About Suicide Essex prevention training continues through its dedicated website, with additional awareness raising on the Council internal and external media platforms.
16	Working in partnership, we will develop an action plan to address local opportunities and challenges in suicide prevention particularly focussed on men	The Southend Suicide Prevention Network has developed a proposed Ten Point Community Action Plan. The Plan is currently out for review by Network members. The Plan will also have input from the Southend Suicide Prevention Resident Engagement Forum that is currently operational and seeking insight from residents with targeted workshops (including men) during 2023.
17	Promoting national mental health and wellbeing campaigns through social media and working with partner organisations to raise awareness	In the final quarter of 2022-2023 Brew Monday; Time To Talk Day completed the promotional plans of the agreed mental health and wellbeing campaigns. Promotion includes awareness through the Southend Suicide Prevention Network; Children, Young People and Families Service; and the Councils internal and external media channels. Information will also be shared with the South East Essex Alliance and the Mid and South Essex Integrated Care Partnership.
18	With regards to Southend Veterans, we plan to do an investigative piece of work in the upcoming year, as it is known that they have huge health-social inequality needs and worse health and life outcomes compared to the general population	Working Party in place. Veterans Champion in place. Working closely with the NHS Alliance to identify Veterans in Southend. We have 9 veteran friendly accredited practices: Southend West Central PCN – 1, Southend Victoria PCN – 4, SS9 PCN – 2, Southend East PCN – 2 In addition, NHS is running a Veteran a training session for the wider GP surgeries. Currently we are looking at a BLESMA training; this is for both admin and clinicians as highlights issues impacting the 'whole patient journey' as opposed to just consulting styles and triggers. Working closely with Health Watch and Voluntary Sector as well so to further identify 'hidden' Veteran as Southend appears to have identified just 50% of the Veteran population across Southend. The Council now has a Veteran Champion
19	Further collaborative work between the Council, the NHS, other key partners and local families to ensure we improve the offer for young people with more complex needs	We are awaiting the final SEND Inspection report to review key recommendations.
Tackling Harmful Behaviour		
20	Further local data collation will be required to provide a better understanding of needs and impact	No Data collation took place due to other priorities. We would be looking for evidence of alcohol impact on individuals which can be tied to specific premises or if not, specific streets. Good examples include data collected in the Cardiff model and general hospital admissions where alcohol was a factor but not necessarily the cause.

Progress with 2021-22 Recommendations (4)

Recommendations	Update
21 The Licensing policy will be next reviewed in 2024, which will also incorporate new evidence of good practice	Will take effect 31 January 2025, please note health is not included as one of the government objectives.
22 Gambling policy will be next reviewed 2025, and will also incorporate new evidence of good practice	Where there is new evidence of good practice this will be considered and incorporated where relevant to Southend. This will take effect 3 January 2025.
23 For Illegal /Illicit tobacco, we are working closely with HMRC in this regard. We are currently in the planning stage for this year's programme and will likely need to source funding for it	We have planned to at least repeat the number of testing and seizure days this financial year. Intel from Southend has led to a national investigation of an enterprise containing around 40 retailers.
24 We will initiate a system approach in test purchasing for NIPs (Vaping), in protecting our citizens	We continue to undertake test purchasing for NIPs. Test purchasing has resulted in good intelligence and subsequent seizures of illegal vapes in record numbers.
25 This summer, our test purchase operation will be targeting adult gaming centres (arcades) during the school holidays	Follow up test purchasing will be carried out on the premises that did not have the required controls in place. New control measures put in place on the premises which failed, and it has been brought into compliance.
Air Quality & Transport	
26 A Green Plan has been initiated to tackle some of the challenges in improving our Air Quality, as we will pledge to engage with school communities to promote Clear Air Day in June 2022 and annually thereafter	Council is recognised as Clean Air Day (CAD) official supporter. CAD Toolkit produced accessible to schools through School Learning network (SLN). 14 Schools actively engaged with activities and submitted artwork and displayed across Southend. Engagement with Youth Forum, community, Pledges made. Working on Clear Air Day 2023. Clean Air Hub page created on Your Say Southend to share information & updates and post pledges ongoing updates throughout the year https://yoursay.southend.gov.uk/clean-air-day-2022 . The Essex Air website has been redeveloped, which will provide a platform of Southend AQ updates and will link from the Council webpages. The Council awarded a grant to deliver a school's project over two years - aims to understand the air quality around 10 local schools, identify and implement appropriate measures and interventions that could be put in place. Southend selected for an automatic monitoring station to be installed to measure PM2.5 as part of the national network, for a more accurate picture of PM2.5 levels in Southend. For the domestic fuel burning: aim to raise awareness of the health impacts of domestic fuel burning.
27 The Southend Local Transport Plan 4 will be published in 2023 with a clear approach to support citizens to reduce their carbon footprint, encourage more young people to be consider alternative means of travel, including walking, cycling and e-scootering.	Deadline extended to 31 March 2024 – Team waiting for DfT LTP guidance which was due summer 2022, but still hasn't been issued.
28 Ensure we build resilience within Southend to continue the on-going management of the pandemic and reduce socio-economic consequences and well as health and wellbeing impact	Health Protection training package in place for annual refresh of the 'reserve' health protection response team from across the system. Recovery work progressing to minimise health and wellbeing risks and targeting more vulnerable groups, including for immunisations, health checks and wider lifestyle interventions. Additional work to tackle food poverty and cost of living crisis.

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Meeting:	Place Scrutiny Committee, People Scrutiny Committee and Policy & Resources Scrutiny Committee
Date:	10 th , 11 th and 12 th July 2023
Classification:	Part 1
Key Decision:	No
Title of Report:	In-Depth Scrutiny Projects 2022/23 and 2023/24
Report Author:	S Cox (Principal Democratic Services Officer)
Executive Director	Joe Chesterton (Executive Director – Finance & Resources)

1. Purpose of Report

- 1.1 To present the draft report and recommendations of the In-Depth Scrutiny Project undertaken on behalf of the Committee for 2022/2.
- 1.2 For the Committee to consider a possible approach to in-depth scrutiny activity for 2023/24.

2. Recommendations

- 2.1 **That the report and recommendations arising from the In-Depth Scrutiny Project for 2022/23, detailed at Section 11 of the attached report, be agreed.**
- 2.2 **That the Chair of the Project Team for the In Depth Scrutiny Project (Councillor T Cowdrey) present the report and recommendations of the scrutiny project to a future meeting of the Cabinet.**
- 2.3 **That the Committee consider the proposed approach to in-depth scrutiny activity for 2023/24, as set out in this report.**
- 2.4 **That, subject to the agreement of the proposed approach to in-depth scrutiny activity for 2023/24, no other topic(s) be selected by the Committee for additional in-depth scrutiny during the year, but that other Task and Finish working groups may be identified by individual committees.**

3. In-Depth Scrutiny Project 2022/23 - Report and Recommendations

- 3.1 At its meeting on 6 July 2022, the Committee agreed that an In-Depth Scrutiny Project be undertaken during the 2022/23 municipal year on the theme of 'Providing First-Class Services for Families of Children with Special Educational Needs and Disabilities,' as part of the scrutiny work programme for the year.

- 3.2 The Project Team for the In-Depth Scrutiny Project comprised the following members appointed by the Council on 19 May 2022:

Councillors: T Cowdrey, A Dear, N Folkard, K Murphy, M O'Connor, L Salter, M Stafford and A Thompson.

- 3.3 Councillor T Cox was appointed to membership of the Project Team by the Council on 14 July 2022 to replace Councillor L Salter and Councillor B Hooper was appointed to membership of the Project Team by the Council on 20 October 2022, to replace Councillor A Thompson. Councillor Cox was appointed as Chair of the Project Team at its initial project scoping meeting held on 26 September 2022. At the request of Councillor Cox and with the agreement of the Project Team, Councillor Cowdrey subsequently assumed the role of the Chair of the Project Team from January 2023. The Project Team was supported by relevant officers including M Marks (Executive Director (Children and Public Health)) and S Tautz (Principal Democratic Services Officer/Project Co-ordinator). Other officer support was provided in respect of specific elements of the in-depth scrutiny project.
- 3.4 Progress with regard to the joint in-depth scrutiny project was achieved throughout the 2022/23 municipal year, including the development of an action plan and a comprehensive work programme. Efforts were made by the Project Team to ensure that the timescale for the delivery of the project was maintained and that the project was completed by the end of the 2022/23 municipal year.
- 3.5 The final report arising from the In-Depth Scrutiny Project is attached as Appendix 1 and the recommendations of the Project Team are set out in Section 11 of the report. These have been agreed by the Project Team. A number of the recommendations arising from the in-depth scrutiny project have budget implications that will require consideration as part of current and future years' budget processes prior to implementation.
- 3.6 The Committee is recommended to endorse the recommendations of the joint In-Depth Scrutiny Project, for consideration by the Cabinet.
- 3.7 The report and recommendations arising from the completion of the In-Depth Scrutiny Project will be presented to the Committee by Councillor T Cowdrey, as Chair of the Project Team.
- 3.8 In accordance with Scrutiny Procedure Rule 10 (Part 4 (e) of the Constitution), the report and recommendations of an In-Depth Scrutiny Project would normally be presented to the Cabinet by the chair of the relevant scrutiny committee. As the scrutiny project for 2022/2 has been undertaken on behalf of each the Committee, it is suggested that the report and recommendations

arising from the project should be presented to the Cabinet by T Cowdrey as Chair of the Project Team that led the project.

4. In-Depth Scrutiny Project 2023/24

- 4.1 As councillors will be aware, each of the scrutiny committees has traditionally undertaken an in-depth scrutiny project each year. The scrutiny projects are selected at the beginning of each municipal year and have generally been focussed on the Council's corporate priorities or matters of local concern. Recent in-depth scrutiny projects have also been aligned with the ambition and outcomes arising from the Southend 2050 programme. Details of the in-depth scrutiny projects previously undertaken by the scrutiny committees are attached as Appendix 2 to this report.
- 4.2 The delivery of the in-depth scrutiny projects informs the development of a report and recommendations which advise the Executive and the Council on its policies, budget provision and service delivery in specific areas. Each project is driven through a member Project Team, supported by relevant officers. Participation in the in-depth scrutiny projects enables councillors to be actively involved in a particular topic and to influence and shape proposals around improvement that will result in benefits and outcomes for residents and service users.
- 4.3 The undertaking of the annual in-depth scrutiny projects is not a statutory requirement and is derived from the power set out in Section 9(c) (Policy Review and Development) of the Scrutiny Procedure Rules at Part 4(e) of the Council's Constitution, which provides that the scrutiny committees may hold enquiries and investigate options for future direction in policy development.
- 4.4 The undertaking of individual in-depth scrutiny projects for each scrutiny committee can be resource intensive. Each Project Team must be fully supported throughout the scoping, delivery and outcome reporting of the project and appropriate specialist capacity is often required to facilitate aspects of projects. In addition, it has regularly been necessary to arrange and undertake appropriate site visits, conduct public surveys, hold public meetings, and commission research etc. to inform the delivery of in-depth scrutiny projects.
- 4.5 The Scrutiny Chairs Forum met on 27 June 2023. The Membership of this forum is constituted from the Chairs and Vice-Chairs of each of the Council's three scrutiny committees.
- 4.6 It was felt by those present at the Scrutiny Chairs Forum that the focus for 2023/24 should be to embed Pre-Cabinet Scrutiny processes, focus on effective work programming and direct resources to shorter Task and Finish reviews to drive specific areas of concern forward.

- 4.7 At this meeting the membership and representation on Outside Bodies was identified as a potential first topic for a Task and Finish review, subject to agreement by Scrutiny.
- 4.8 This would allow further time to add topics of concern to the Scrutiny work programme, clarify the shortlisting process and allow the opportunity of establishing further Task and Finish Groups further in the year to undertake shorter and more focussed scrutiny work if Members wished.
- 4.9 It is recommended that, subject to the agreement of the proposed approach to the set out above, that no additional topic(s) be selected by the Committee for in-depth scrutiny activity during the year 2023/24.

4 Corporate Implications

Contribution to the Southend 2050 Road Map

Becoming an excellent and high performing organisation.

Financial Implications

There are costs associated with organising in-depth projects relating to officer time, but this will all be contained within existing resources.

Legal Implications

None

People Implications

None.

Property Implications

None

Consultation

As described in report.

Equalities and Diversity Implications

None

Risk Assessment

None

6. Background Papers

None

7. Appendices

Appendix 1 - Final report of In-Depth Scrutiny Project 2022/23

Appendix 2 - Previous In-Depth Scrutiny Projects

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People Scrutiny Committee

**In-Depth Scrutiny Project
2022/23**

**‘Providing First-Class
Services for Families of
Children with Special
Educational Needs and
Disabilities’**

Final Report and Recommendations (June 2023)

1. INTRODUCTION

- 1.1 I am pleased to be able to present this report and recommendations of the in-depth scrutiny project for 2022/23. In undertaking this work, the Project Team were conscious that the Council needed to work efficiently and effectively to enable families to receive the support they were entitled to, particularly for the most vulnerable young people with SEND. We were particularly aware of the need to improve the way that the Council works with parents and carers, including local service providers, and the need to be aspirational in how we support our children and young people with SEND.
- 1.2 I would like to thank all councillors and officers for their contribution to the in-depth scrutiny project. I would also like to thank those parents who gave their time to speak with members of the Project Team, in particular representatives of Southend SEND Independent Forum and SEND The Right Message for their direct input to the project in the presentation of the views of local parents, and to the practitioners and service teams within Southend-on-Sea City Council who welcomed councillors and were open to our questioning and scrutiny. Finally, I would like to thank officers of the Democratic Services Section for their assistance and support during the course of the in-depth scrutiny project and in the production of this final report.



Councillor Tricia Cowdrey
Chair of the In-Depth Scrutiny Project Team

2. BACKGROUND

- 2.1 Each of the Council's scrutiny committees (the People Scrutiny Committee, the Place Scrutiny Committee and the Policy and Resources Scrutiny Committee) has traditionally undertaken an in-depth scrutiny project each year. The in-depth projects are selected at the beginning of each municipal year and generally focus on the Council's corporate priorities or matters of local concern. Recent in-depth scrutiny projects have also been aligned with the ambition and outcomes arising from the Southend 2050 programme. The in-depth scrutiny projects lead to the development of reports and recommendations which advise the Executive and the Council on its policies, budget provision and service delivery. Participation in the in-depth projects enable councillors to be actively involved in a specific topic and to influence and shape proposals around service improvement that will result in improved outcomes.

3. FRAMEWORK OF THE IN-DEPTH SCRUTINY PROJECT

- 3.1 At its meeting in July 2022, the People Scrutiny Committee agreed that an in-depth scrutiny project be undertaken during the 2022/23 municipal year on the theme of 'Providing First-Class Services for Families of Children with Special Educational Needs and Disabilities,' as part of the scrutiny work programme for the year.

3.2 There were a number of reasons for the identification of the In-Depth Scrutiny Project which included feedback from parents that they felt their voices had not been sufficiently heard through the Ofsted Inspections and Peer Review. In addition, Councillors had identified a need to be able to source information, advice and guidance for parents of children and young people with special educational needs and/or disabilities. Councillors wanted to feel confident in signposting families to appropriate services and support and to be able to advocate on their behalf when appropriate/possible.

The agreed scope of the in-depth scrutiny project was:

With a focus on the experiences of parents and carers of children and young people with SEND, to review what had already been done and undertaken following the LGA Peer Review of the Council's SEND services. This included assessing the impact of the recommended actions set out in the plan established to respond to the findings and recommendations from the review of the Council's SEND service and what had and had not worked well, based on those recommendations. Specifically:

- (a) Identify any improvements in the SEND offer, the impact the improvements have had on children, young people, and their parent/carers, what has not been successful and as a result where further focus is required to improve the offer and outcomes for SEND service users and their families.
- (b) Review the current process and approach to transition from Children's into Adults' services. Specifically:
 - When are young people with care and support needs flagged with adult services.
 - What is the process of engagement with Adult Services before the age of 18?
 - How is the young person involved in the process?
 - How are their parents involved in the process?
- (c) Clarify the difference between transferring and transitioning. Specifically clarify:
 - How is this applied by different services?
 - The respective legislation and guidance that different services operate within.
 - The circumstances in which children or young people move out of Southend and the respective roles/responsibilities of the Council following any families moving out of or into Southend.
- (d) Review and identify what is needed to enable Councillors to respond effectively to enquiries from their residents/families with Children with special educational needs and/or disability. Specifically:
 - Review how councillors currently respond to issues raised by families with children with a special educational need and/or disability.
 - Review the current training offer to Councillors on SEND.
 - Review how the Local Offer works.

3.3 The review was set within the context of the Council's 2050 ambition and priorities and the Project Team was tasked with reviewing relevant issues and to report back to the Cabinet with appropriate findings and recommendations.

4. METHODOLOGY

- 4.1 The review was undertaken on behalf of the People Scrutiny Committee by a Project Team comprising the following members appointed by the Council on 19 May 2022:

Councillors: T Cowdrey, A Dear, N Folkard, K Murphy, M O'Connor and M Stafford

Former Councillors: L Salter and A Thompson

- 4.2 Councillor T Cox was appointed to membership of the Project Team by the Council on 14 July 2022 to replace former Councillor L Salter and former Councillor B Hooper was appointed to membership of the Project Team by the Council on 20 October 2022, to replace former Councillor A Thompson.

- 4.3 Councillor T Cox was appointed as Chair of the Project Team at its initial project scoping meeting held on 26 September 2022. At the request of Councillor Cox and with the agreement of the Project Team, Councillor T Cowdrey subsequently assumed the role of the Chair of the Project Team from January 2023.

- 4.4 At the request of the Project Team, the relevant Cabinet Members and Group Spokespersons were invited to participate in the in-depth scrutiny project.

- 4.5 The Project Team was supported by relevant officers including M Marks (Executive Director (Children and Public Health)) and S Tautz (Principal Democratic Services Officer/Project Co-ordinator). Other officer support was provided in respect of specific elements of the in-depth scrutiny project:

G Bloom (Head of Special Educational Needs and Disabilities)

L Chiles (Local Offer and Co-production Officer)

L Hunt (Director of Education, Inclusion and Early Years)

C Jacobs (SEND Project Officer)

S Leibrecht (Director of Adult Social Care Operations)

L-M Minnis (Director of Childrens Social Work, Early Help and Youth Support)

L Thomas (Co-Production Lead)

- 4.6 The Project Team met on six occasions between September 2022 and April 2023. Although the progress of the in-depth scrutiny project was interrupted by an unannounced local area SEND inspection by the Care Quality Commission and Ofsted in January 2023, efforts were made by the Project Team to ensure that the timescale for the delivery of the project was maintained and that the project was completed within the 2022/23 municipal year.

- 4.7 The project was undertaken using an evidence-based approach to the consideration of service provision, through a mixture of experiences presented by parents, carers and parent/carer representatives and councillors, alongside informative presentations that supported our understanding of the current provision of services to support SEND children and families.

- 4.8 A project plan for the in-depth scrutiny project was agreed by the Project Team in November 2022, having been agreed by the People Scrutiny Committee in October 2022. The project plan set out the scope and framework for the project, alongside a work programme of thematic evidence-gathering activities around the following specific areas identified as key to the desired outcomes for the project:

- (a) The action plan arising from the Local Government Association (LGA) Peer Review of SEND services designed to improve SEND service provision, undertaken in November 2021.

- (b) SEND offer improvements and impacts, including feedback from engagement with parents, carers, local SEND parent/carers groups and SEND service providers.
- (c) The process and approach to transition from Children's into Adults' Services and the provision of clarity around the respective roles and responsibilities in circumstances where a family moves out of Southend.
- (d) Lived experiences, including the views and experiences of parents/carers and SEND service users.
- (e) The review of arrangements for the 'co-production' of SEND services, including the current Co-Production Charter.
- (f) Member training, including the review of the current training offer for councillors on SEND and how councillors currently respond to issues raised by families with children with a special educational need and/or disability.

4.9 The following sources of evidence were considered as part of the in-depth scrutiny project:

- (a) Case studies, experiences and feedback.
- (b) Specific examples of issues within the scope of the project where things have not gone well.
- (c) Relevant data etc. held by the Council or obtained from published sources or benchmarking arrangements.
- (d) Information/feedback from relevant officer teams.
- (e) The presentation/demonstration of relevant systems and processes.
- (f) A review of recommendations arising from the Local Government Association (LGA) Peer Review of SEND services.
- (g) Meetings with relevant teams and officers and external bodies engaged in the delivery of SEND services.

4.10 Relevant case studies prepared as part of the in-depth scrutiny project have been published on a dedicated Microsoft Teams channel.

4.11 Although we had originally intended that a survey would be undertaken to help the Project Team understand the views and lived experiences of parents/carers and SEND service users, this was deferred as a result of the inspection of SEND services undertaken by Ofsted in February/March 2023, to avoid any confusion arising from the respective review processes.

4.12 As part of the methodology for the delivery of the in-depth scrutiny project, it was agreed that individual members of the Project Team would be encouraged to engage with parents, carers, local SEND parent/carers groups and SEND service providers to facilitate the submission of case studies for presentation as part of the project. In this regard, the Project Team requested that the Executive Director (Children and Public Health) prepare a schedule of appropriate local SEND parent/carers groups and SEND service providers that might be willing to engage with individual members of the Project Team with regard to aspects of the in-depth scrutiny project, alongside appropriate 'questions' that could be utilised by councillors as a basis for informed discussion around relevant issues. Amongst the membership of the Project Team, former Councillor B Hooper expressed interest in undertaking direct engagement with regard to current arrangements for transition from Children's into Adult's Services and the transfer of children and young people to other local authorities, including engagement with the Lighthouse Project and the Children with Disabilities Team.

5. LOCAL GOVERNMENT ASSOCIATION PEER REVIEW

5.1 A SEND peer review looks at how an education setting provides for children and young people with special educational needs and disabilities. The findings of a peer review are

intended help to improve SEND provision and strategy to support children and young people to achieve good outcomes.

- 5.2 A peer review of the Council's provision of SEND services was carried out by the Local Government Association (LGA) in November 2021. The peer review followed an inspection revisit by Ofsted and the Care Quality Commission earlier in 2021, which found that there had been sufficient progress made in most areas of significant weakness identified in an inspection carried out in October 2018. An action plan was developed in response to the recommendations of the LGA arising from the peer review in November 2021.
- 5.3 At the meeting of the Project Team in November 2022, we considered aspects of the work programme for the joint in-depth scrutiny project, around the review of progress against the action plan that had been developed following the Peer Review. The Project Team received a revised version of the Action Plan prepared by the Executive Director (Children and Public Health) as a means of reviewing activity that had been completed and to assess the impact of the actions set out in the Action Plan, including what had and hadn't worked well.
- 5.4 At its initial scoping meeting in September 2022, the Project Team agreed that the focus of the in-depth scrutiny project should be on the assessment of current progress around the recommendations arising from the Peer Review, in order to identify key areas of work for the project. The Project Team welcomed the layout of the action plan and supported a suggestion of the Executive Director (Children and Public Health) that the actions be captured under the headings of matters that were a focus for the in-depth scrutiny project, those actions that could be regarded as business as usual activities and actions that had been completed.
- 5.5 A separate update setting out current progress and achievements against each of the actions arising from the Peer Review and highlighting where relevant actions will be taken forward as part of a new framework arising from the development of a strategic action plan in response to a further Ofsted inspection undertaken in February 2023, is attached as an appendix to this report.
- 5.6 We make recommendations with regard to specific aspects of the action plan later in this report and also recommend that the revised version of the action plan should form the basis of the regular update made to the People Scrutiny Committee on progress with the delivery of the recommendations arising from the Peer Review, until such time as the response to the recent Ofsted inspection has been finalised and a revised action plan produced.

6. SEND OFFER IMPROVEMENTS & IMPACTS

- 6.1 At the meeting of the Project Team in January 2023, we considered the 'SEND Offer Improvements and Impacts' theme of the work programme for the joint in-depth scrutiny project.
- 6.2 We consider that it would be appropriate to develop a 'charter' to clarify the expectations and processes around the development of Education, Health and Care Plans (EHCP) for children and young people aged up to 25, who need more support than is available through special educational needs support. EHCPs identify educational, health and social needs and set out the additional support required to meet those needs and the Executive Director (Children and Public Health) indicated that it was important to be able to provide clarity about the EHCP assessment process and the roles of those involved.
- 6.3 The Project Team also received the Council's SEND Local Offer annual report for 2021/22 and submitted comments on the annual report direct to the Head of Special Educational Needs and Disabilities. The Children and Families Act 2014 requires that the Council must publish an annual report on Special Educational Needs and Disability that provides

feedback about the Local Offer, from children, young people and parents/carers, the progress we have made, what we have learnt and our next steps.

- 6.4 We consider that it is important to review the functionality of the Local Offer and the information available on the Council's website to make sure that it is presented appropriately and provides a clear pathway for parents and carers to access SEND advice and services.

7. YOUNG PEOPLE WITH CARE & SUPPORT NEEDS - TRANSITIONS & TRANSFERS

- 7.1 At the meeting of the Project Team in February 2023, we considered aspects of the work programme for the joint in-depth scrutiny project around the 'Transitions and Transfers' theme in respect of our young people with care and support needs.

- 7.2 The Project Team reviewed a draft 'Transitions to Adulthood in a Social Care Context' protocol that aimed to provide information and guidance for professionals supporting young people in Southend through transition (the process of preparing, planning and moving from children's to adult services) to adulthood. The draft protocol also provided an overview of statutory responsibilities and good practice guidance for Children and Young People Services and Adult and Community Services. The Director of Adult Social Care Operations reported that the draft Protocol was focussed on transition support for all young people with care and support needs, as this was a statutory requirement and was not specific to young people with SEND.

- 7.3 As part of this process, the Chair of the Project Team along with Councillor Folkard and former Councillor Hooper, met with the Social Care Team to provide input into the development of the draft protocol. The Project Team also expressed appreciation for the contribution made to the development of the draft protocol by the Commissioning Team.

- 7.4 The Project Team was advised that the draft protocol would be supported by an effective complaints system to ensure that opportunities for robust challenge to the provision of support services for young people with care and support needs, was available.

- 7.5 The Project Team also received a summary of the care and support roles and responsibilities for children that moved out of or into Southend-on-Sea, depending on their status and were reminded that the 'About Me' facility for the sharing of information between health and social care, that was being developed for national roll out and adoption. Although it wasn't possible to achieve as part of the completion of the in-depth scrutiny project, the Project Team asked to meet with the SEND Team to understand the provision of transition support for young people with SEND.

- 7.6 We also requested that members of the Project Team, the Cabinet Member for Adult Social Care and Health Integration and the Director of Adult Social Care Operations liaise to consider any necessary action arising from the perceived increase in the level of the 'hand over' of young people reaching the age of eighteen to Social Care, from an existing family support setting.

8. LIVED EXPERIENCES

- 8.1 From the outset, the Project Team was concerned to offer appropriate opportunities for parents/carers to contribute to the in-depth scrutiny project, to help councillors to gain a clearer picture of families lived experiences with SEND children, enabling them to build on good practice and improve the journey for families in the future.

- 8.2 At the meeting of the Project Team in March 2023, we received presentations from representatives of Southend SEND Independent Forum (SSIF) and SEND The Right

Message (STRM) in connection with the views and lived experiences of parents, carers and SEND service users.

- 8.3 The representatives of SSIF, the recognised Parent Carer Forum for Southend-on-Sea, indicated that the Ofsted inspection of February/March 2023 had been a valuable experience and that SSIF generally supported many of the issues that had been raised as part of the inspection process. SSIF highlighted that, whilst the inspection process limited its ability to secure feedback from local families, other than via the Inspection questionnaire which Ofsted and CQC asked families and children and young people to complete, it had been suggested that some services were inconsistently provided. SSIF indicated however that the Early Help Service was widely valued and that the signposting of relevant support opportunities by the Early Help Team was welcomed by parents and carers of children and young adults with SEND.
- 8.4 SSIF highlighted that it was important to ensure 'buy-in' from schools to bridge the gap in service provision that was currently supported by the reassurance provided by the Early Help Service to help ensure consistency in the delivery of services, and that the apparent slowness of the pace of change in the delivery of SEND related services was the main cause of frustration for the Parent Carer Forum, which it was considered needed to be improved at both the strategic and operational level. SSIF suggested that SEND families had been particularly disadvantaged by the local and national response to the COVID-19 pandemic, particularly in terms of its initial and ongoing effect on the provision of education services in local schools.
- 8.5 The Project Team was advised that as the recognised Parent Carer Forum, SSIF had a strategic role in working co-productively with the Council, NHS bodies and local charities to help improve SEND service provision as the 'voice' of parents and carers, rather than purely as a support organisation for local SEND families, but that there appeared to be a general misunderstanding of the role and responsibilities of the Parent Carer Forum. The representatives of SSIF indicated that they fully supported the use of co-production techniques in the design and delivery of SEND services, but that there was no definitive definition of co-production and that such approach to service design and delivery meant different things in different situations, and that it was important that all co-production activity was clearly and adequately scoped.
- 8.6 The Project Team was informed that the Parent Carer Forum supported the concept of 'Waiting Well', where information and resource services were available to support families both physically and mentally whilst they were waiting for assessment or diagnosis but that, in reality many parents sought private healthcare assessment where they were able to afford this.
- 8.7 The representatives of STRM setting out its aspirations for effective joint working with the Council but highlighted that it was considered that most negative social determinants currently applied to SEND families, particularly through health inequality and deprivation. The Project Team was advised that STRM currently had a network of over 1470 members and was actively engaged with funding organisations to support local SEND families that were experiencing financial hardship.
- 8.8 STRM drew the attention of the Project Team to the Marmot Review into health inequalities that had been published in February 2010 that proposed an evidence-based strategy to address the social determinants of health and the conditions in which people were born, grew, lived, worked and aged, which could lead to health inequalities. STRM highlighted that the highest priority objective arising from the Marmot Review was to give every child the best start in life.

- 8.9 The representatives of STRM outlined how it could support the Council in the co-production and co-design of SEND service provision, to ensure that the delivery of services was 'right first time' and was achieved using appropriate stakeholder knowledge and experience, through effective joint working with stakeholders. STRM expressed the view that simple engagement and consultation around service design and delivery was often felt to be tokenistic and that, although a co-production approach that fully involved key stakeholders would necessarily require the investment of human and financial resources to start with, effective co-production was considered to achieve the best service delivery results in the long-term.
- 8.10 The Executive Director (Children and Public Health) reminded the Project Team that the development of an Education, Health and Care Plan (EHCP) did not have regard to the availability of resources to support children and young people with SEND and that the 'Waiting Well' concept should be a key consideration in the provision of support for SEND families alongside appropriate early intervention and interaction, as diagnosis and the development of an EHCP was often seen as the 'golden road' for support and service provision. We understand that the 'Waiting Well' concept has been shown to demonstrate success where information and resource services are available to support families both physically and mentally whilst they are awaiting assessment or diagnosis, for example via Early Help and the Local Offer. Whilst Early Help has been identified as a positive experience for some parents, we understand that for others there has been some confusion about the role of the worker they are in contact with and their purpose or function, and we consider that this needs to be clarified in order to manage expectations.
- 8.11 The Executive Director (Children and Public Health) reminded the Project Team that the SEND 'graduated response' provided a stepped approach to the provision of support that met the needs of children and young adults at the earliest opportunity, which also involved professionals from across the education, health and social care sectors, and support services within and outside the Council.
- 8.12 The Executive Director (Children and Public Health) also reminded the Project Team of the requirements for schools to use funding allocated for the support of pupils with SEND in appropriate ways, although funding was not required to be spent on support for specific children, and that a 'SEND Information Report' should be published on a regular basis by each school. The Director of Education, Inclusion and Early Years highlighted that specialist teaching teams had been introduced into mainstream schools in other local authority areas.
- 8.13 The Project Team expressed concerns that there currently appeared to be no clear flow of information between the Southend SEND Strategic Partnership Board (with representation from the (Parent Carer Forum), the SEND Operations Group and the Joint Commissioning Group, and the People Scrutiny Committee, to ensure that councillors were able to respond to SEND issues effectively. We therefore recommend that appropriate arrangements for a clear flow of information between the Southend SEND Strategic Partnership Board (with representation from the (Parent Carer Forum), the SEND Operations Group and the Joint Commissioning Group, and the People Scrutiny Committee be investigated, to ensure that councillors are better informed and able to respond to SEND issues more effectively.
- 8.14 We consider that there is a real need to build confidence and trust with disaffected and disengaged SEND parents and that this should be addressed through the development of an appropriate communication strategy to facilitate respectful relationships and improved partnership working arrangements, whilst ensuring that everyone that wants to contribute is invited to be involved in the co-production of the communication strategy and that the strategy is developed as an 'easy read' and accessible document.

- 8.15 We have requested that the Cabinet Member for Children, Learning and Inclusion encourages all councillors to sign-up to the e-newsletter of the Southend SEND Strategic Partnership Board.

9. CO-PRODUCTION OF SEND SERVICES

- 9.1 At our meeting in March 2023, we also considered the aspect of the work programme theme around 'Co-Production'.
- 9.2 The Project Team considers that it is important to strengthen and recognise the voice of children and young people, parents and carers in improving SEND service provision and that appropriate co-production techniques are fully utilised to develop service strategies and forward planning. Co-production allows all involved to work collaboratively as equal partners to design, plan, deliver and review SEND support and services in order to achieve shared outcomes. It recognises that children and young people, parents, carers and professionals all have important contributions to make due to their differing knowledge, skills and experience. We believe that, for co-production to be most effective, all partners should be fully involved at the earliest opportunity when planning or designing SEND support or services.
- 9.3 We understand that there is currently no single recognised approach within the council to the achievement of successful co-production, which should always be flexible to need. A corporate Test and Learn Framework for co-production was currently being piloted, to inform the development of a corporate Co-production Strategy for consideration by the Cabinet later in the year, and which would include a common definition of co-production for application to appropriate joint activity across the Council. It was emphasised that, even with the benefit of the adoption of an appropriate definition of co-production, it may be unlikely that co-production partners will always be in agreement on specific matters related to the design and delivery of services and that this understanding would need to be reflected in the proposed Co-production Strategy. However, the importance of ensuring the voices of children and families are heard and valued remains paramount.
- 9.4 The Project Team was advised that the Council's commitment to successful co-production and the promotion of opportunities to become involved in co-production activities, was set out in a dedicated area of the existing 'Your Say Southend' website.
- 9.5 It was reported that the current SEND Co-production Charter was currently in development and would form part of the proposed corporate Co-production Strategy. The Project Team considered that the SEND Co-production Charter was overly detailed in its current form and requested that efforts be made to make the document more explicitly focussed on the outcomes desired from relevant co-production activity and how these would be achieved, particularly in terms of ensuring that all parent/carer voices were adequately considered through co-production opportunities.
- 9.6 We consider that co-production needs to be embedded across the Council, although we have seen some excellent practice in Adult Social Care and with the development of the Anti-Poverty Strategy which should be celebrated. We welcome the Co-Production framework currently under development and believe that the Council would benefit from the adoption of clear definitions of co-production at all levels, from individual consultation or engagement to policy development. The SEND Co-production Charter is to be reviewed and needs to be able to define co-production at all levels, from involvement in Education, Health and Care Plans to decision-making and policy development.
- 9.7 The Project Team suggested that to support successful co-production activity and increase buy-in for the value of co-produced service design and delivery going forward, a small

number of officers are identified as trained co-production champions to support and advise services and teams across the Council undertaking co-production activities.

10. COUNCILLOR TRAINING

- 10.1 At the final meeting of the Project Team in April 2023, we considered the 'SEND Councillor Training Offer' theme of the work programme for the joint in-depth scrutiny project.
- 10.2 We consider that all councillors should regularly complete basic awareness training around SEND, to ensure that they fully understand the SEND system as a whole and how practitioners have a part to play in supporting good outcomes, in particular:
- What SEND means.
 - The key points of legislation regarding SEND.
 - The potential impact of SEND on a family and how families can be supported.
 - Where to find more information, including external support agencies and the Local Offer website.
- 10.3 The Project Team considered that SEND training for councillors should be co-produced with the existing Councillor Development Group to include a focus on casework alongside information required to enable robust scrutiny.
- 10.4 The Project Team believes that appropriate SEND training for councillors should sit within an 'essential' suite of training activities, to also include Childrens and Adults Safeguarding and Corporate Parenting, for completion during each term of office of all councillors. We also consider that priority should be given for members of the People Scrutiny Committee to undertake this essential training and other relevant training opportunities available across the municipal year.
- 10.5 We also suggest that a new set of simple, easy to understand 'Five-Minute Guides' be developed for all Council children's services including those focused on SEND, to help councillors to understand the Council's SEND system and that such guides include clear process maps around issues such as eligibility for carers assessments. We consider that these 'Five-Minute Guides' should be published on the councillor's section of the intranet and also be made available to parents to improve communication and clarify expectations around SEND service provision, alongside the development of appropriate FAQs to support councillor casework activity.

11. RECOMMENDATIONS

- 11.1 We consider that the in-depth scrutiny project was undertaken within the context of the Council's 2050 ambition and priorities and that the proposed outcomes for the project have generally been achieved.
- 11.2 Throughout this report, we have identified some 'quick wins' in terms of aspects of the work programme for the in-depth scrutiny project, alongside the following substantive recommendations to improve the effectiveness of the Council's SEND service delivery. We therefore recommend as follows:

Local Government Association Peer Review

- (1) That the separate report of the Executive Director (Children and Public Health) setting out current progress and achievements against each of the actions arising from the Peer Review and highlighting where relevant actions will be taken forward as part of a new framework arising from the development of a

strategic action plan in response to the Ofsted inspection undertaken in March 2023, be noted.

- (2) That any remaining actions from the LGA peer review are incorporated into the SEND Area Strategic Action Plan which the Area Partnership is required to publish within 30 working days of the publication of the Area SEND inspection report by Ofsted. This will include in respect of the peer review action plan:
 - a. The Graduated Response as set out in Recommendations 4 and 6.
 - b. Recommendation 5 (Joint Commissioning Roadmap) be taken forward as part of the Council's response to any recommendations arising from the inspection of SEND services undertaken by Ofsted in March 2023.
 - c. In respect of Recommendation 7 (Threshold of Need), priority be given to the roll-out of a new threshold of need document for all Children's Services and the Cabinet Member for Children, Education and Learning be requested to provide an update to the Project Team on progress with the development and timescale for the threshold of need document.
 - d. Staff Training on Neurodiversity including mental health awareness.
 - e. In respect of Recommendation 9 (Neurodiversity), the Cabinet Member for SEND be requested to provide an update to the Project Team on the review of cases undertaken by the Director of Education, Inclusion and Early Years.
 - f. In respect of Recommendation 10 (Early Years), it be recommended that priority be given to this matter going forward from the conclusion of the in-depth scrutiny project, particularly around the identification of additional resources to facilitate the delivery of a strengthened Early Years offer.
 - g. In respect of Recommendation 15 (Trauma Informed Approach), it be recommended that priority be given to this matter going forward.
- (3) That the Cabinet Member for SEND and the Executive Director (Children and Public Health) provide periodic updates on the implementation and impact of the Area SEND Strategic Action Plan are provided to the People Scrutiny Committee.

SEND Offer Improvements & Impacts

- (4) That the Executive Director (Children and Public Health) consider the development of a 'charter' to clarify the expectations and processes around the development of Education, Health and Care Plans (EHCP).
- (5) That if appropriate, the proposed charter clarifying expectations and processes around the development of EHCPs and setting out the minimum expectations of SEND service users, be combined with the similar charter document already developed for the Children With Disabilities Team.

Young People with Care & Support Needs - Transitions & Transfers

- (6) That the work undertaken by the Adult Social Care Teams to develop the 'Transitions to Adulthood in a Social Care Context' protocol be recognised and

that the Director of Adult Social Care Operations ensure that this is followed-up. Further the protocol should:

- a. include arrangements for resolving 'personality' difficulties that might arise between the families of children and young people with SEND and officers of the Social Care Team, to ensure the provision of effective care and support services in such situations.
 - b. be produced in an 'easy read' type of format, broken down to provide information and guidance on individual areas of care and support provision for young people transitioning to Adult's Services.
- (7) That Essex Partnership University NHS Trust (EPUT) be invited to present their newly formed Transitions Framework document to a future meeting of the People Scrutiny Committee.
 - (8) That the Director of Adult Social Care Operations consider opportunities to ensure appropriate oversight of transition care and support for young people offered by other organisations, such as the 'Ready, Steady, Go' tool developed by EPUT and the services provided by Southend Connexions.
 - (9) That a Preparing for Adulthood Strategy is produced which captures all the preparing for adulthood pathways, for those children with SEND and those who may not sit within a statutory framework, so that effective transitioning is embedded in Southend EHCP practice.
 - (10) That the service roles and responsibilities for children and young people with an EHC Plan that move out of, or into, Southend-on-Sea, be published on the Local Offer website and on the dedicated space for councillors on the Council's intranet, and that a FAQs be developed to support greater understanding of roles and responsibilities in these circumstances.
 - (11) That a process map identifying the journey for those children and young people with SEND either transferring out of our into authority be published and readily available to both parents and professionals.

Lived Experiences

- (12) That arrangements are made for officers to report to councillors learning from the monitoring and review of complaints about the Council's SEND service. Further that the annual SEN 2 update report is provided to Councillors.
- (13) That clarity be achieved around the role and responsibilities of the recognised Parent Carer Forum for Southend-on-Sea and that the PCF be empowered to fulfil its functions as the designated PCF working with other parent/carer groups on the development and delivery of SEND services arising from feedback and coproduction opportunities.
- (14) That the Cabinet Member for SEND be encouraged to meet regularly with Southend SEND Independent Forum in its role as the recognised Parent Carer Forum, possibly on a termly basis, to support the ongoing work of SSIF and to maintain an up-to-date understanding of current issues and concerns raised by parents.

- (15) That an appropriate communication strategy be developed to facilitate respectful engagement and relationships, improved partnership working arrangements and increased confidence and trust with disaffected and disengaged SEND parents.
- (16) That the 'Waiting Well' concept be utilised as a key consideration in the provision of support for SEND families alongside appropriate early intervention and interaction including access to good quality information and resources, and that improved clarity in the signposting and delivery of relevant services be considered to ensure that people are well informed and that the expectations of parents/carers are managed.

Co-Production of SEND Services

- (17) That, subject to the review of the current draft SEND Co-production Charter address the concerns raised by the Project Team to ensure it is focussed on the outcomes of co-production activity and ensure that parent/carer voices are adequately considered.
- (18) That the Council adopt clear definitions of co-production at all levels of service provision where possible and that co-production as a process is embedded in practice across the Council and that co-production champions within the Council are identified and trained to support good practice across Council Services.
- (19) That appropriate arrangements are established to ensure that we are engaging with commissioners in identifying co-design opportunities for service development.

Councillor Training

- (20) That appropriate SEND training for councillors is co-produced with the existing Councillor Development Group as part of a suite of 'essential' training activities for completion during each term of office for all councillors and that priority be given for members of People Scrutiny Committee to undertake such essential training and other relevant training opportunities available across the municipal year.
- (21) That appropriate 'Five-Minute Guides' be developed for all Children's Services including SEND services, to help councillors to understand the Council's SEND system and that such guides include relevant process ('roadmaps') and FAQs to support parents/carers and councillor training and casework activity.

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The in-depth People Scrutiny Review of SEND assessed progress against the action plan devised in response to the LGA peer review recommendations of the Council's SEND and Children with Disability(CWD) Service. The table below provides an update on the current position in relation to those recommendations. The table captures those actions that.

- Have been completed.
- Are business as usual for the Council's SEND and CWD service.
- Will be incorporated within the new Area SEND Strategic Plan that the Area SEND Partnership is required to produce and publish within 30 working days of the publication of the Area SEND inspection report; and
- Those specific outstanding actions to be undertaken by the Council.

	Completed Actions
181	Consider the level of seniority of the chair of the Resource Allocation Panel <ul style="list-style-type: none"> • New Chairing arrangements in place with effect from 1/02/22
	<ul style="list-style-type: none"> • Consider moving the SENDIASS service outside the SEND/CWD service. New line management arrangements in place.
	Review and refresh the Area SEND Strategy <ul style="list-style-type: none"> • Review completed and new 4-year strategy endorsed in the early part of 2023 by key partners via Education Board and Council Cabinet • Mid and South Essex (MSE) ICB due to endorse by Autumn 2023
	Business as Usual (BAU) - Ongoing Work
	Portfolio Holder (PFH) sample casework <ul style="list-style-type: none"> • Embed quarterly sampling of casework by PFH.
	Reduce the number of "refusal to assess" at initial stages of EHCNA decision. <ul style="list-style-type: none"> • Continue to review data and process mapping for panel assessment and procedures and monitor DNA levels.

	<ul style="list-style-type: none"> Continue to monitor the effectiveness and issues associated with the Hub as a source for holding all papers.
	<p>Update the threshold of need document for Children's Services</p> <ul style="list-style-type: none"> Threshold document for all Children's Services, launched in July 2021, is under review with partners and there will be changes. Aim is to introduce the new threshold document in Autumn 2023
	<p>Incorporate learning from complaints as part of the quality assurance system.</p> <ul style="list-style-type: none"> Director of Education, Inclusion and Early Years to review all complaints routinely and feed any actions required as a result into the SEND Strategic Partnership Board to inform the service and offer across Southend going forward.
	<p>Strengthen the early help offer for children with disabilities.</p> <ul style="list-style-type: none"> Increase resource identified and allocated to the Short Breaks offer. Resource increased for 2023/24. Build into the Area SEND Strategic Action Plan a focus to strengthen the Early Years offer and additional resources to deliver this offer.
82	<p>Introduce specific training for staff working in SEND on Neurodiversity</p> <ul style="list-style-type: none"> First round of training completed for Council SEND staff in post when the training was provided. Neurodiversity training to be provided (as part of the SEND service staff induction programme) to ensure new staff joining the Council's SEND Service undertake and complete it. Refresher training to be provided for all Council SEND staff every 2 years.
	<p>Expectations and Aspirations - Actions to be included within the Area SEND Strategic Action Plan</p>
	<p>Increase the pace of support and challenge to schools in the graduated response and ensure clear system wide understanding of the graduated response.</p> <ul style="list-style-type: none"> Implement the successful Alternative Provision applications by schools which will be confirmed July 2023 Southend SEND Strategic Partnership Board and Education Board to review and monitor the impact of this funding on the wider graduated in schools. Identify other inclusion projects to support the graduated offer and improve outcomes for children with SEND.

	<p>Develop clear timescales and outcomes measures for the joint commissioning roadmap.</p> <ul style="list-style-type: none"> • That a Joint Commissioning Roadmap be taken forward as part of the Council's response to any recommendations arising from the inspection of SEND services undertaken by Ofsted in March 2023.
	<p>Carry out an audit of children and young people where neurodiversity is a possibility.</p> <ul style="list-style-type: none"> • Director, Education, Inclusion and Early Years, with partners to review the number of open/closed cases over the last 12 months. • Following the review identify how the learning and information from it feeds into the Area SEND Strategic Action Plan and the identification and commissioning of future services.
83	<p>Build trust with parents and carers.</p> <ul style="list-style-type: none"> • Make sure that parents and carers and professionals receive clear and reliable information about how to access the range of support and services that are available. • Increase the pace of improvement to increase trust and confidence in the offer. • Increase and improve consistency of co-production to develop individual EHC plans. • Identify if / how to develop a trauma informed approach for those families who are angry and distressed about their previous experience.
	<p>Expectation and Aspirations - Actions to be undertaken by the Council</p>
	<p>Training and support for councillors to increase knowledge and awareness and to ensure that they fully understand the SEND system as a whole and how practitioners have a part to play in supporting good outcomes.</p> <ul style="list-style-type: none"> • That appropriate basic SEND awareness training for councillors is co-produced with the existing Councillor Development Group as part of a suite of 'essential' training activities for completion during each term of office for all councillors and that priority be given for members of People Scrutiny Committee to undertake such essential training and other relevant training opportunities available across the municipal year. • Once the training package has been co-designed ask Democratic Services to ensure that a regular rolling training programme is scheduled as part of the wider member training programme with training session offered twice per year as essential training for councillors. • That appropriate 'Five-Minute Guides' be developed for all Children's Services including SEND services, to help councillors to understand the Council's SEND system.

Conclusion

Given the update above there will be no further specific reviews of the above table on the LGA peer review recommendations. Any monitoring / oversight of the outstanding actions above will be through updates and reports on the Area Strategic SEND strategic action plan to the Southend SEND Strategic Partnership, the Southend Health and Well Being Board (HWBB) and to the Department for Education (DfE).

Existing business as usual performance monitoring arrangements of Council SEND Services, and feedback from the teams within the Council that lead and deliver the Councillor training offer.

It is proposed that a mid and end of year for information report on the Area SEND offer is provided to the Council's People Scrutiny Committee.

In-Depth Scrutiny Projects

Since 2000, the Council has undertaken a range of annual in-depth scrutiny projects. The following projects have been carried out since 2013/14.

People Scrutiny Committee

- Providing First-Class Services for Families of Children with Special Educational Needs and Disabilities (2022/23).
- The appropriate use of reablement for older people (65 and over) when discharged from hospital, to maximize the number of people at home after period of 91 days (2019/20-2020/21).
- In context of vision for Southend 2050, what is the vision for young people which improves their lives and what are the pathways to achieve this ambition (2018/19).
- Connecting communities to avoid isolation (2017/18).
- Alternative provision – off site education provision for children and young people (2016/17).
- Transition arrangements from children to adult life (2015/16).
- How the Council assists and excites individuals and community groups to achieve healthier lifestyles (2014/15).
- Southend primary schools' falling grammar school entry figures (2013/14).

Place Scrutiny Committee

- Preparing Southend-on-Sea for the Electric Vehicle Revolution (2022/23).
- To review the level of domestic waste recycling in the Borough, in order to examine what influences residents in terms of their recycling habits and the barriers to achieving a higher rate of recycling and to consider ways of working with residents to improve domestic waste recycling (2019/20-2020/21).
- Maximizing the use of technology (2017/18).
- 20mph speed limits in residential streets (2015/16).
- Understanding erosion taking place on the foreshore (2014/15).
- Promoting a positive image for the town (2013/14).

Policy & Resources Scrutiny Committee

- Developing Strong Governance at Southend-on-Sea City Council: Strengthening Joint Working Between Councillors and Officers (2022/23).
- How the Council and councillors communicate with local people and stakeholders (2019/20-2020/21).
- Additional enforcement resources for Southend (2017/18).
- Control of personal debt and the advantages of employment (2015/16).
- The Council's community leadership role in promoting safer communities (2014/15).
- Impact of welfare changes (2013/14).

Joint Scrutiny Projects

- Enabling Councillors to be Effective (People Scrutiny Committee, Place Scrutiny Committee, Policy & Resources Scrutiny Committee) (2021/22).
- Re-imagining the town centre in the context of the vision for Southend 2050 (Place Scrutiny Committee, Policy & Resources Scrutiny Committee) (2018/19).
- To investigate the case for additional enforcement resources for Southend (Place Scrutiny Committee, Policy & Resources Scrutiny Committee) (2016/17).

Meeting:	Place Scrutiny Committee People Scrutiny Committee Policy and Resources Scrutiny Committee
Date:	10 th , 11 th and 12 th July 2023
Classification:	Part 1
Key Decision:	No
Title of Report:	Outside Bodies Task and Finish Group
Report Author:	S Cox (Principal Democratic Services Officer)
Executive Director	Joe Chesterton (Executive Director – Finance and Resources)

1. Executive Summary

- 1.1. The Scrutiny Chairs Forum met on 27 June 2023. The Membership of this forum is constituted from the Chairs and Vice-Chairs of each of the Council's three scrutiny committees.
- 1.2. At this meeting the membership and representation on Outside Bodies was identified as a potential topic for review, subject to agreement by Scrutiny Committees.

2. Purpose of Report

- 2.1 The purpose of this report is to provide Scrutiny members with an overview of the current situation and put forward options for moving this agenda forward.
- 2.2 The primary purpose of a Task and Finish Group is to either review existing and/or develop new Policy/Strategy. Task and Finish Group recommendations are, in the first instance, considered by the Overview and Scrutiny function before them being presented to either the Executive or Full Council for approval.

3. Recommendations

3.1 That the Outside Bodies Task and Finish Group be established:

- **in the proportion 4 Conservative, 3 Labour, 1 liberal Democrat, 1 Independent and 1 Residents First with appointments being made to ensure some representation from each of the scrutiny committees.**
- **It is suggested that the Group Leaders submit their nomination(s) to the Executive Director (Finance and Resources) in line with the proportionality allocations.**

3.2 That the Terms of Reference (attached at Appendix 1) be agreed.

3.3 Each of the three Overview and Scrutiny Committees receive a progress update accordingly, before a final report is referred to Full Council.

4. Background

4.1 It has been recognised by Elected Members that when appointed to some Outside Bodies at Appointments Council, they have not received any meeting invitations or contact from the Outside Body. This may be because the information held is out of date (the Outside Body is defunct, and representation is not required) or our links with some Outside Bodies are not strong enough (highlighting the need to improve our communication and engagement with the Outside Body itself).

4.2 The Council has a strong commitment to partnership working with many bodies and this work takes many forms, the Council may give financial or other support to an organisation, or it may commission services, or it may be a partnership based on a dialogue and consultation.

4.3 Outside Body representation serves many purposes, including the following:

- Enable the Council to contribute to, and influence, the decision making of an organisation.
- Enable the organisation to have direct information about Council policy and practice.
- Provide, through particular appointees, a local perspective.
- Satisfy a legal requirement for the Council to serve on the body.
- Provide an essential lead focus on behalf of the Council.
- Facilitate the objectives of the Council.

4.4 A review of Outside Bodies and Member representation has not taken place for some time. It was felt by the Scrutiny Chairs Forum that a review of the current processes, procedures and representation would be timely and help to strengthen our partnership working going forward.

5. Purpose of the Outside Bodies Task and Finish Group Review

5.1 The purpose of this Group is to review all outside bodies on which members sit, and to look at improving the method for reporting back on Outside Bodies to ensure that they all are adding value to Southend-on-Sea City Council.

5.2 Aims

- To identify which appointments, continue to be beneficial.
- To identify which appointments may no longer be required, for example if the Outside Body is now defunct and no longer functioning.

- To identify any Outside Bodies which may need a different number of representatives.
- To identify any new bodies which may benefit from Member representation.
- To improve contact and relationships with Outside Bodies to and strengthen internal processes, for example how Outside Bodies will be notified when new appointments are made.
- To deepen understanding of the work of each Outside Body and the capacity in which they would like Members appointed, for example a decision-making capacity (member of management committee, board of directors, committee of trustee) or in an 'observer' capacity undertaking a monitoring role.
- To investigate ways by which all appointed Members can provide regular feedback to the Council on the work of their Outside Bodies.

5.3 The proposed Terms of Reference is attached as Appendix 1 to this report.

5.4 **Out of Scope**

The following are out of the scope of this proposed review:

- The appointments process for Outside Bodies (as this is dealt with by Group Leaders at Appointments Council).
- The suitability of those Members who have been appointed to represent the Council on the list of the Outside Bodies. (This is for determination by Group Leaders and in consultation with Members themselves).

6. **Governance**

6.1 By convention, political proportionality applies to working parties/groups and in accordance with this principle, it is proposed that a working group of 10 councillors is established in the proportion 4 Conservative, 3 Labour, 1 liberal Democrat, 1 Independent and 1 Residents First with appointments being made to ensure some representation from each of the scrutiny committees. It is suggested that the Group Leaders submit their nomination(s) to the Executive Director (Finance and Resources) in line with the proportionality allocations.

6.2 It is proposed that the Chair of the Task and Finish Group, in accordance with above, be selected from one of the nominated representatives of the Policy and Resources Committee (as the parent Committee). Although it is recognised the group will be cross-scrutiny.

7. Financial Implications

7.1 There are costs associated with organising Task and Finish Groups relating to officer time, but this will all be contained within existing resources.

8. Legal Implications

8.1 N/A

9. Carbon Impact

9.1. N/A

10. Equalities

10.1 N/A

11. Consultation

11.1 As described in the report.

12. Appendices

12.1 Appendix 1 – Proposed Terms of Reference for the Outside Bodies Task and Finish Group

Outside Bodies Task and Finish Group

Proposed Terms of Reference

Name of Task and Finish Group	Outside Bodies Task and Finish Group
Purpose of the Group	The purpose of this Group is to review all outside bodies on which members sit, and to look at improving the method for reporting back on Outside Bodies to ensure that they all are adding value to Southend-on-Sea City Council.
Objectives	<ul style="list-style-type: none"> • To identify which appointments, continue to be beneficial. • To identify which appointments may no longer be required, for example if the Outside Body is now defunct and no longer functioning. • To identify any Outside Bodies which may need a different number of representatives. • To identify any new bodies which may benefit from Member representation. • To improve contact and relationships with Outside Bodies to and strengthen internal processes, for example how Outside Bodies will be notified when new appointments are made. • To deepen understanding of the work of each Outside Body and the capacity in which they would like Members appointed, for example a decision-making capacity (member of management committee, board of directors, committee of trustee) or in an 'observer' capacity undertaking a monitoring role. • To investigate ways by which all appointed Members can provide regular feedback to the Council on the work of their Outside Bodies.
Reporting to:	<p>Policy and Resources Overview and Scrutiny Committee (as this Task and Finish Group falls within its Terms of Reference as set out in Part 3 Schedule 2 of the Council's Constitution), however it is proposed that this Group will be cross-scrutiny Committee comprising of Members from People and Place Scrutiny.</p> <p>It is proposed that a final report and recommendations will be referred to each of the three scrutiny Committees before being presented to Full Council for approval.</p>
Communicates with:	<p>Elected Members</p> <p>Each listed Outside Body (current 58 Outside Bodies).</p>
Commissioned by:	Policy and Resources, People and Place Overview and Scrutiny Committees (subject to approval at the respective meetings on 10 th , 11 th and 12 th July 2023).
Group Membership:	By convention, political proportionality applies to working parties/groups and in accordance with this principle, it is proposed that a working group of 10 councillors is established in the proportion 4 Conservative, 3 Labour, 1 liberal Democrat, 1 Independent and 1 Residents First with appointments being made to ensure some representation

	from each of the scrutiny committees. It is suggested that the Group Leaders submit their nomination(s) to the Executive Director (Finance and Resources) in line with the proportionality allocations.
Quorum:	3
Key Timescales and Duration	If agreed any changes will take place ahead of Annual Council in May 2024 where new appointments will be made accordingly.
Scope of work	The following are out of the scope of this proposed review: <ul style="list-style-type: none"> • The appointments process for Outside Bodies (as this is dealt with by Group Leaders at Appointments Council). • The suitability of those Members who have been appointed to represent the Council on the list of the Outside Bodies. (This is for determination by Group Leaders and in consultation with Members themselves).
Expected Benefits	<ul style="list-style-type: none"> • Strengthen partnership working. • Adding value to the work of Southend City Council • Reduce the number of unnecessary appointments of Members to defunct Outside Bodies. • Save Member time, ensuring resources are better placed for greater impact. • To gain a greater understanding about the role and work of Outside Bodies.
Key Stakeholders and Engagement Process	Elected Members (both currently appointed to an Outside Body for 2023/24 and those appointed in 2022/23). Outside Bodies
Outcomes	To keep representation on Outside Bodies up-to-date and improve reporting mechanisms from Outside Bodies to the Council.
Officer Lead	Stephanie Cox
Job Role	Principal Democratic Services Officer & Statutory Scrutiny Officer
Date	June 2023

Scrutiny Forward Plan 2023/24

Items referred for Pre-Cabinet Scrutiny

Title of Report	Description	Date of Cabinet meeting	Cabinet portfolio	Lead officer	Referred to
Official Feed and Service Plan 2023-24		18 July 2023		Alan Richards Interim Executive Director, (Environment and Place)	Place 10 th July 2023
Public Health Annual Report		18 July 2023		Krishna Ramkhelawon, Interim Director of Public Health	People 11 th July 2023
Delivery of Southend Outcomes and Priorities – Annual Report and Provisional Outturn 2022/23		18 July 2023		Joe Chesterton, Executive Director (Finance & Resources)	P&R 12 th July 2023
Treasury Management Report 2022/23		18 July 2023		Joe Chesterton, Executive Director (Finance & Resources)	P&R 12 th July 2023
Reducing Heating Charges		18 July 2023		Joe Chesterton, Executive Director (Finance & Resources)	P&R 12 th July 2023



Place Scrutiny Committee

Chair: Councillor Ron Woodley

Support Officer: Tim Row, Principal Democratic Services Officer, timrow@southend.gov.uk

Agenda Item	Purpose	Description	Cabinet Portfolio	Lead officer
Meeting date: 29 August				
Meeting date: 30 October				
Meeting date: 4 December				
Meeting date: 12 February 2024				

People Scrutiny Committee

Chair: Councillor Tricia Cowdrey

Support Officer: Stephanie Cox, Principal Democratic Services Officer, stephaniecox@southend.gov.uk

Agenda Item	Purpose	Description	Cabinet Portfolio	Lead officer
Meeting date: 30 August				
Meeting date: 31 October				
Meeting date: 6 December				
Meeting date: 14 February 2024				

Policy and Resources Scrutiny Committee

Chair: Councillor Steven Wakefield

Support Officer: Stephanie Cox, Principal Democratic Services Officer, stephaniecox@southend.gov.uk

Agenda Item	Purpose	Description	Cabinet Portfolio	Lead officer
Meeting date: 31 August				
Meeting date: 2 November				
Meeting date: 7 December				
Meeting date: 1 February 2024 (Budget)				
Meeting date: 15 February 2024				

Cross-cutting Scrutiny, reviews and working panels

Agenda Item	Purpose	Description	Cabinet Portfolio	Lead officer
Outside Bodies Task and Finish			Leader	S Cox (Principal Democratic Services Officer)

Issues suitable for scrutiny

The following criteria can help to determine a scrutiny committee's programme. A topic does not need to meet all of these criteria in order to be scrutinised, but they are intended as a guide for prioritisation.

- Is the issue a priority area for the Council?
- Is it a key issue for local people?
- Will it be practicable to implement the outcomes of the scrutiny?
- Are improvements for local people likely?
- Does it examine a poor performing service?
- Will it result in improvements to the way the Council operates?
- Is it related to new Government guidance or legislation?

Other points also need to be taken into account when considering whether to review a particular issue:

- Is the subject specific – so that those undertaking the scrutiny can understand exactly what they are scrutinising?
- Is it achievable within the timescale allowed?

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The following criteria may also be helpful in identifying what issues are not suitable for scrutiny:

- The issue is already being examined by another body.
- The matter is sub judice or prejudicial to the Council's interests.
- The matter relates to a specific case falling within the complaints procedure.
- The issue relates to an individual disciplinary matter or grievance.

It will be important for members to:

- Ensure that the programme includes a balance of different types of work, including short, medium and long term reviews.
- Issues could be considered at single meetings, or may need to be the subject of a longer term, more in-depth scrutiny review;
- Have regard to the ongoing work of the scrutiny committees, including performance monitoring, budget scrutiny, crime and disorder scrutiny and consideration of the Corporate Plan;
- Ensure that the scrutiny committees retain sufficient capacity to respond to issues that may arise within the year, including pre-scrutiny and call-ins;
- Take into account the resources available to support scrutiny.

The scrutiny chairs will need to consider how best to carry out the pieces of work in discussion with relevant officers and the scrutiny team.

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