

Public Document Pack
SOUTHEND-ON-SEA CITY COUNCIL

People Scrutiny Committee

Date: Wednesday, 4th December, 2024

Time: 6.30 pm

Place: Committee Room 1 - Civic Suite

Contact: Stephanie Cox (Principal Democratic Services Officer)

Email: committeesection@southend.gov.uk

A G E N D A

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- 2 Declarations of Interest
- 3 Questions from Members of the Public
- 4 Minutes of the Meeting held on Tuesday, 29th October 2024 (Pages 3 - 10)
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**** **ITEMS FOR PRE-CABINET SCRUTINY**

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- 7 Extension of the contact for Healthwatch Southend (Pages 21 - 24)
- 8 All-Age Advocacy Contract Award 2025 (Pages 25 - 30)
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Chair & Members:

Cllr C Nevin (Chair), Cllr D Poulton (Vice-Chair), Cllr S W Allen, Cllr S Badger, Cllr C Campbell, Cllr O Cartey, Cllr T Cox, Cllr M Faulkner-Hatt, Cllr J Harland, Cllr S Habermel, Cllr P Kinsella, Cllr K Murphy, Cllr S Nadeem, Cllr J Norman, Cllr M O'Connor, Cllr D Richardson and Cllr L Salter

Statutory Co-opted Members:

Church of England Diocese –
Revd. Canon Louise Williams
(Voting on education matters only)

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

Parent Governors –
(1) VACANT (Voting on education matters only)
(2) VACANT (Voting on education matters only)

Other Co-opted Members:

Southend Association of Voluntary Services –
Anthony Quinn (Non-voting)

Healthwatch Southend –
Owen Richards (Non-Voting)

Observers: Southend Youth Council (Non-voting)

SOUTHEND-ON-SEA CITY COUNCIL

Meeting of People Scrutiny Committee

Date: Tuesday, 29th October, 2024
Place: Committee Room 1 - Civic Suite

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Present: Councillor C Nevin (Chair)
Councillors D Poulton (Vice-Chair), S W Allen, M Borton*,
C Campbell, O Cartey, T Cox, I Ferguson*, J Harland, S Habermel,
K Murphy, S Nadeem, J Norman, D Richardson, L Salter and
C Webster*

O Richards, (Co-opted Member, Healthwatch Southend)
A Quinn, (Co-opted Member, Southend Association of Voluntary
Services)
Rev. Cannon L Williams, (Co-opted Member, Church of England
Diocese)

(*Substitute in accordance with Council Procedure Rule 30.)

In Attendance: Councillors L Burton, D Cowan and L Hyde (Cabinet Members)
M Harvey, M Marks and S Cox (Southend-on-Sea City Council)
N Abbott, T Fox, J Murdoch-Kelly and M Mushabe (NHS Mid and
South Essex)

Start/End Time: 6.30pm – 9.20pm

18 **Chair's Introduction & Apologies for Absence**

(a) **Chair's Introduction**

Prior to the consideration of the matters set out in the agenda, the Vice-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 S Badger (no substitute), Councillor M Faulkner-Hatt (substitute: Councillor M Borton), Councillor P Kinsella (substitute: Councillor C Webster) and Councillor M O'Connor (substitute: Councillor I Ferguson).

19 **Declarations of Interest**

The following interests were declared at the meeting:

- (a) O Richards (Co-opted Member, Southend Healthwatch) in relation to all agenda items – is a Town Councillor at Leigh Town Council and Minute No.25 (Extension of contract for the provision of Southend Sexual Health Services) – Southend Healthwatch has been commissioned by the Director

of Public health to work with women to consider why update has been so low.

- (b) Councillor L Salter – Minute No. 22 (Southend Neonatal Unit designation) – Husband is a consultant surgeon at Southend Hospital; Daughter is a consultant at Basildon Hospital; Son-in-law is a general practitioner in Southend-on-Sea.
- (c) Councillor J Harland – Minute No. 22 (Southend Neonatal Unit designation) – family member is employed at Southend Hospital and Minute 23 (Corporate Performance) is a member of the Fostering and Adoption panels.
- (d) Councillor S Habermel – Minute No. 22 (Southend Neonatal Unit designation) –sister and nephew employed at Southend Hospital.
- (e) Councillor C Nevin – Minute No. 22 (Southend Neonatal Unit designation) – employed at external National Health Service Trust; family members employed at Mid and South Essex Trust hospitals.

20 Questions from Members of the Public

The Committee noted the response of the Cabinet Member for Children, Young People and SEND to a question presented by Ms Cowdrey.

The Committee also noted the response of the Cabinet Member for Social Care and Healthier Communities to questions presented by Ms Mitchell and Mr Webb.

The Chair advised that a written response would be sent to Mr Nickless in response to a question for the Cabinet Member for Children, Young People and SEND, as he was not present at the meeting.

21 Minutes of the Special Meeting held on Thursday, 19th September 2024

Resolved:

That the minutes of the meeting of the Committee held on Thursday, 19th September 2024 be confirmed as a correct record and signed.

The Chair proposed to bring forward the consideration of item 8 (Southend Neonatal Unit designation) to allow external partners to leave the meeting after discussion of the item, to which the Committee agreed.

22 Southend Neonatal Unit designation

The Interim Managing Director for Women and Children (Mid and South Essex NHS Foundation Trust) presented the report which outlined the clinical case for change for paediatric reconfiguration at Southend Hospital, which proposed the redesignation of the neonatal unit from a Level 2 Local Neonatal Unit (LNU) to a Level 1 Special Care Baby Unit (SCBU).

The Committee discussed the report in some detail and expressed a number of concerns, as summarised below:

- The impact on birthing mothers being transferred locally from Southend to Basildon or Broomfield over a further distance.
- How it was guaranteed that a cot would be available at a hospital, with the Maternity and Neonate bed availability being on the same site within the Trust.
- That at a distressing time for the family, parents and their support network would need to travel greater distances to receive care and visit mother and or baby.
- It was queried what accommodation was available for parents to stay on site or whether there was any support in meeting travel costs.
- Whether the messaging to expectant mothers regarding the proposed changes to neonatal care had been adequate.
- The condition of estates, cap safety levels and ability to provide safe infection control between cots.
- The feeling that the proposal to redesignate the unit was another example of the gradual downgrading of Southend Hospital, as it was felt that The Trust was adopting a piece-meal approach to relocating services and departments at Basildon and Broomfield hospitals, thereby resulting in Southend residents having to travel further to receive appropriate care.

O. Richards (Co-Opted Member, Healthwatch Southend) provided an update to the Committee on the outcome of an online survey ran by Healthwatch Southend regarding changes to neonatal care and recognised the tension between getting the best outcome for children and families and the access issues that had been discussed.

The Deputy Director of Nursing, Paediatrics and Neonates (Mid and South Essex NHS Foundation Trust) responded to questions and set out the benefits of specialist units.

Following the debate and comments, a number of members of the Committee indicated that they did not wish to support the redesignation of the unit.

The Chair permitted Councillor L Hyde to comment (under Council Procedure Rule 14 ((Part4(a)(iii))), although the Councillor was not a member of the Committee and did not have voting rights.

Following the debate and comments from Members, the Chair proposed to move the following recommendations:

That the People Scrutiny Committee:

1. *Note the contents of the report.*
2. *Support the proposal to redesignate the status of the neonatal unit at Southend Hospital from a Level 2 Local Neonatal unit to a Level 1 Special Care Baby Unit.*

3. *Welcome the further engagement plan and request that the Committees feedback is considered in the final service specification and operating model, including concerns regarding the Fairglen interchange.*

In accordance with Council Procedure Rule 18 ((Part4(a)(iii) – procedure rules relating to Overview and Scrutiny Committees) a named vote was requested by Councillor T Cox and supported by Councillors O Cartey, C Campbell and K Murphy, and it was agreed that a recorded vote would be undertaken for each of the three proposed recommendations.

Recommendation 1:

That the People Scrutiny Committee:

1. Note the contents of the report.

The Chair advised that the results of the recorded vote were as follows:

For: Councillors M Borton, O Cartey, I Ferguson, S Habermel, J Harland, S Nadeem, C Nevin, J Norman, D Poulton, D Richardson, L Salter and C Webster (12).

Against: Councillor S Allen, T Cox, C Campbell and K Murphy (4)

Abstained: None (0)

The Chair declared that the recommendation was carried.

Recommendation 2

That the Committee:

2. Support the proposal to redesignate the status of the neonatal unit at Southend Hospital from a Level 2 Local Neonatal unit to a Level 1 Special Care Baby Unit.

For: None (0)

Against: Councillors S Allen, M Borton, T Cox, C Campbell, O Cartey, I Ferguson, S Habermel, K Murphy, S Nadeem, J Norman, D Poulton, D Richardson and C Webster (13)

Abstained: Councillors J Harland, C Nevin and L Salter (3)

The Chair declared the recommendation was lost.

Recommendation 3

That the Committee:

3. Welcome the further engagement plan and request that the Committees feedback is considered in the final service specification and operating model, including concerns regarding the Fairglen interchange.

For: Councillors S Allen, M Borton, T Cox, C Campbell, O Cartey, I Ferguson, S Habermel, J Harland, S Nadeem, C Nevin, J Norman, D Poulton, D Richardson, L Salter and C Webster (15)

Against: Councillor K Murphy (1).

Abstained: None (0)

The Chair declared the recommendation was carried.

A motion was proposed by Councillor T Cox and seconded by Councillor K Murphy, to change the second recommendation, which read as follows:

That the Committee strongly objects to the plans by Mid and South Essex Trust (MSE) to redesignate the status of the neonatal unit at Southend Hospital and urges the Trust to think again.

In accordance with Council Procedure Rule 18 ((Part4(a)(iii) – procedure rules relating to Overview and Scrutiny Committees) a named vote was requested by Councillor T Cox and supported by Councillors O Cartey, C Campbell and K Murphy, and it was agreed that a recorded vote would be undertaken for the new recommendation, the result of which was as follows:

New motion, proposed by Councillor T Cox and seconded by Councillor K Murphy

That the Committee strongly objects to the plans by Mid and South Essex Trust (MSE) to redesignate the status of the neonatal unit at Southend Hospital and urges the Trust to think again.

For: Councillors S Allen, T Cox, C Campbell, O Cartey, I Ferguson, S Habermel, K Murphy and D Poulton (8)

Against: Councillors J Harland, D Richardson and L Salter (3).

Abstained: Councillors M Borton, S Nadeem, C Nevin, J Norman and C Webster (5).

The Chair declared the recommendation was carried.

Resolved:

That the People Scrutiny Committee:

- 1. Note the contents of the report**
- 2. Strongly objects to the plans by Mid and South Essex Trust (MSE) to redesignate the status of the neonatal unit at Southend Hospital and urges the Trust to think again.**
- 3. Welcome the further engagement plan and request that the Committees feedback is considered in the final service specification**

and operating model, including concerns regarding the Fairglen interchange

At 8.25pm the Chair agreed to adjourn the meeting for a short break. The meeting resumed at 8.32pm.

23 Southend-on-Sea Council Corporate Performance - Report Quarter 2

The Committee received a report from the Executive Director (Strategy & Change), by way of pre-Cabinet Scrutiny, that provided an update on the corporate performance indicators for quarter 2 (July to September 2024).

The Committee discussed the report and asked questions that were responded to by the Leader of the Council and the relevant Cabinet Members.

The relevant Cabinet Member(s) and Executive Directors undertook to provide written responses to questions raised by members of the Committee, with regard to:

- Any evidence regarding the demographic uptake of the NHS Health Check Programme (CP03.01) (Cabinet Member, Councillor M Sadza).
- An update on the support available and outcomes for Care Leavers aged between 18-25 years that the Council supports.

Resolved:

That the report to Cabinet be noted.

Note: This is an Executive function
Cabinet Member: Councillor D Cowan

24 Framework for Supply and Installation of Home Adaptations

The Committee received a report from the Executive Director (Adults & Communities), by way of pre-Cabinet Scrutiny, that set out the procurement of a framework of contractors for the supply, delivery and installation on home adaptations for qualifying residents.

The Committee asked a number of questions which were responded to by the Cabinet Member for Social Care and Healthier Communities.

Resolved:

That the report to Cabinet be noted.

Note: This is an Executive Function
Cabinet Member: Councillor M Sadza (Social Care and Healthier Communities).

25 Extension of the contact for the provision of Southend Sexual Health Services

The Committee received a report from the Executive Director (Adults & Communities), by way of pre-Cabinet Scrutiny, that presented the outcomes of the commissioning team review to inform the commissioning recommendation for the delivery of Southend sexual health services from 1st April 2025.

The Committee asked a number of questions which were responded to by the Cabinet Member for Social Care and Healthier Communities, who also agreed to provide a written response in relation to:

- The impact of the contract on decreasing teenage pregnancy rates in the City.
- Detail about any free rent space provided, that was outside the scope of the contract.

Resolved:

That the report to Cabinet be noted.

Note: This is an Executive Function

Cabinet Member: Councillor M Sadza (Social Care and Healthier Communities).

Chair:

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Southend-on-Sea City Council

Report from Mid and South Essex NHS Foundation Trust
To

Southend People Overview and Scrutiny Committee

On

4 December 2024

Report prepared by: Preeti Sud, Director of Strategy and
Innovation

Agenda
Item No.

5

Mid and South Essex NHS Foundation Trust 10-year strategy development

Relevant Scrutiny Committee(s)

Cabinet Member: Councillor

Part 1 (Public Agenda Item) / Part 2 (Confidential Agenda Item)

1. Purpose of Report

The Trust is seeking the views and comments of its partners, including scrutiny committees, on the outcomes of its strategic review so far, and its next stages ahead of publication in spring 2025.

2. EXECUTIVE SUMMARY

Mid and South Essex NHS Foundation Trust (MSEFT) is set to publish a new 10-year strategic plan in spring 2025, building upon the current three-year strategy that began in March 2022 and will conclude in March 2025. The development of this longer-term strategy began in 2024, prompted by the evolving healthcare environment and emerging needs within the community.

During the initial phase of the strategy's development, MSEFT engaged widely with staff, community members, and partner organisations. Through a comprehensive review process that included data collection and analysis, seven key themes were identified as central to the priorities of our Integrated Care Board, local stakeholders, and national policy directions. On 12 September 2024, the Trust's Board evaluated these themes, and subsequently identified four priority areas as the focus of the 10-year plan.

The four priorities in development are:

1. **Our communities:** we put patient and community involvement at the centre of everything we do and plan for our local population needs.
2. **Our services are high-performing and sustainable:** we have clear plans to ensure our services can deliver high quality care and best value for money with focus on equitable access.
3. **Our people excel:** as an organisation we focus on culture, capacity and capability.

4. **Our partnerships:** as the largest provider of care in mid and south Essex, we will further develop our current partnership journey and ensure we embed collaboration and integration in everything we do.

3. Background

Mid and South Essex NHS Foundation Trust merged in April 2020 and set out its direction in the form of three-year strategic goals, developed in 2021 for delivery until March 2025. The Trust is now in a position to develop a longer-term strategy to unlock the full benefit the Trust can offer as a £1.4bn organisation within mid and south Essex.

The work on developing a 10-year strategy for MSEFT started in 2024. Following extensive engagement, evidence gathering and analysis for baseline review, seven key themes emerged. These are the changes staff, communities and partners wish to see that align with evidence from other places and national policy direction.

The Trust's Board were asked to consider seven key critical questions that came out of the baseline review and agreed on four priority areas from these themes.

The Trust recognises the need to ensure this strategy is closely aligned to current financial recovery and medium-term plans. This is to ensure that short- and medium-term decisions taken provide a path to the long-term future for the Trust as a £1.4bn organisation, with 16,000 staff who are part of its local communities of 1.2million patients and their families.

To ensure alignment to medium-term planning, national long-term priorities and to have opportunity for a detailed conversation about service standardisation, modernisation, and consolidation, the strategy is due for publication to spring 2025. Ongoing consideration will also be given to national consultation to develop the 10-Year Health Plan, [Change NHS: help build a health service fit for the future](#).

Priority areas that the Board has agreed to develop further as part of 10-year strategy development are as follows:

Our communities:

We will put patient and community involvement at the centre of everything we do and plan for our local population needs

As a leading healthcare provider in mid and south Essex and an Anchor Institution, we are committed to making decisions that benefit our local communities. This means planning for the long term based on what our population needs and focusing on patient-centred care. This will mean more joint working at place and alliance level. As a Trust, we will listen to and prioritise the experiences and needs of our community in all of our strategic decisions to provide high-quality care.

Our services:

We will set out clear plans to ensure our services can deliver high-quality care and the best value for money with a focus on equitable access

We will redesign the way we provide diagnosis, treatment, and care to make sure they are fit for the future. Our three local sites will serve their communities, helping us to meet their existing and future healthcare needs.

We will use our resources wisely to make sure every patient gets the right care from the right team in the right place at the right time. This will involve more alignment with the work health and care partners are designing at place/alliance level. We will continue the changes we discussed with the public through the "Your Care in the Best Place" consultation.

We will review and make more recommendations to improve our services, which will lead to excellent clinical outcomes for people in our local communities.

Our people:

We will focus on culture, capacity, and capability

Our staff will feel valued and be proud to work for our Trust. We aim to have a reputation of excellent teamwork inside our organisation and with outside partners. We will prioritise digital technology to improve services for staff and patients and invest in new ideas while making the best use of our resources.

We will encourage our staff to focus on research and development, to constantly improve the way we work. We will be innovative in the services we provide and in how we support our staff, working together with partners, schools, employers and higher education institutions to help build a workforce for the future.

Our partnerships:

We will embed collaboration and integration in everything we do

Our teams will always look for opportunities to collaborate with their colleagues across our Trust and with partners inside and outside the hospitals to benefit our local communities.

We will be open to invitations to collaborate and improve and be more proactive about these conversations with our partners locally, regionally, and nationally. Our partners will feel involved.

We want to develop close working with our partners so that our patients experience seamless care between our Trust and services in the community.

3.1 How are we working with the Southend community and partner organisations

To help develop the priority areas and feed into the 10-year strategy detailed plan, the Trust's Strategy Unit have worked with partners including community and voluntary sector representatives across mid and south Essex, including in Southend, to directly contribute to the process. We have also reduced duplication by linking with organisations including Healthwatch Southend and used data collected by them from the local communities on health and care provision and experience. There have also been regular meetings and drop-ins for Southend-based staff. Specific surveys were also developed, where needed, to bridge the gaps in information. Partners have been able to attend the monthly Strategy Forum. For more information and to contribute directly please write to mse.strategy@nhs.net

4. Outcome

The Southend People Overview and Scrutiny Committee is asked to note the content of the report and provide comments on its development so far.

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Meeting: Cabinet
Date: 9th January 2025
Classification: Part 1
Key Decision: Yes
Title of Report: Commissioning Residential Accommodation for Children and Young People

Executive Director: Michael Marks, Executive Director Children & Public Health
Report Author: CJ Reed, Lead Commissioner
Executive Councillor: Councillor Laurie Burton, Portfolio holder for children, young people and SEND.

1. Executive Summary

- 1.1. The purpose of this paper is to seek approval from Cabinet for the procurement and award of a contract to deliver residential children's services from the property at Caulfield Road.
- 1.2. The provider will be selected via a competitive procurement exercise to ensure best value, and it is hoped that the contract will be awarded by the end of 2024/25 fiscal year. The home in Caulfield Road is expected to open, following successful registration with Ofsted, some time in 2025/26 fiscal year.
- 1.3. The final contract price will be determined by level of demand and placements into Caulfield Road with the approved provider. Completing a competitive procurement exercise will ensure the Council achieves best value for money.
- 1.4. The paper also seeks approval from Cabinet to procure a Children's Residential and Accommodation Framework ("the framework"). This will establish approved providers to support the commissioning of future residential and accommodation provision for children and young people. The framework will bring together several stakeholders who are committed to improving outcomes for children and young people across Southend-on-Sea. This framework is separate from the Caulfield Road procurement and award.
- 1.5. With an ethos of improved contract management and quality monitoring, these recommendations will ensure our children and young people are able to achieve the best possible outcomes in the future, whilst making best use of the property at Caulfield Road.

2. Recommendations

That Cabinet:

- 2.1. Agree that officers proceed to procure a contract for a provider to run Caulfield Road as a children's residential home. The procurement will commence in the

2024-25 fiscal year via competitive exercise. The Contract would be for an initial period of 3 years with the option of extending for 2 years in 1 year increments.

- 2.2. Agree to delegate authority to the executive director, children and public health in consultation with the Cabinet Member for Children, Young People and SEND to award the contract to the successful bidder.
- 2.3. Agree the officers proceed to procure a framework of providers for the provision of Children's residential and accommodation services during the 2024-25 fiscal year, using an appropriate procurement process exercise.
- 2.4. Delegate to the executive director, children and public health, in consultation with the Cabinet Member for Children, Young People and SEND the authority to award inclusion in the framework to those providers who have been successful.

3. Background

Caulfield Road

- 3.1. With the aim to meet identified demand, Southend City Council (SCC) purchased a five-bedroom home (Caulfield Road) in 2021 as a residential children's home.
- 3.2. The unit was operational for a limited amount of time and offered a home to two children: one for 18 weeks and another for 8 months. No children have been placed in the service since July 2023. The lease with the provider ceased on 2nd October 2024.
- 3.3. In July 2024, all options for the property were explored and it was decided the property would be retained and utilised as a residential property for children the Council cares for as originally intended with a procured provider, following a complete and thorough procurement process.
- 3.4. Subject to Cabinet's agreement the Council will go out to tender and award a contract for a provider for Caulfield Road as a block arrangement expecting a minimum occupancy dependant on children's needs and suitable matching. The current average spot placement cost of residential placements (as at the end of September 2024), excluding the most complex children, is currently £5,870 per bed per week.
- 3.5. If the Council did not utilise Caulfield Road, 4 spot placements for a year could cost more than £1.2 million. Therefore, the contract for provision of services to 4 beds at Caulfield Road, would be over £250k, but is anticipated to be at a better value than individual spot placements and therefore achieve efficiencies.

Children's Residential and Accommodation Framework

- 3.6. Southend-on-Sea City Council's has a sufficiency duty, to supply and place children in placements as close to Southend as possible. Over the last couple

of years more children have either been placed in, or close to, the city, but too many children are still placed outside of the city.

- 3.7. Currently, we are placing children in residential services on a spot purchase basis. This is not cost effective and makes it difficult to negotiate pricing with providers.
- 3.8. Establishing this framework for children's residential services in Southend-on-Sea will bring several benefits aimed at improving the quality of care, safety, and outcomes for children and young people whilst also allowing better financial and contract management of all services contracted under this framework.
- 3.9. The framework will work in a similar way to an approved provider list for children's services moving forward. All framework members will have passed due diligence, financial questionnaires, and technical questions as per formal procurement. This framework will allow commissioners to hold mini competitions for future residential/accommodation services which will be less time consuming than individual procurement exercises. In addition, providers on the framework commit to working with the council to look at innovative ways to provide children's services moving forward.

4. Reasons for Decisions

Caulfield Road

- 4.1. Caulfield Road is currently not operating as a children's home and is empty which means we are having to source alternative placements for Southend children outside of the city, who could have been placed in Caulfield Road. When placed outside of the city it is harder for children to maintain links with their friends and family and stay at the same school which can impact on their outcomes and placing them outside of the city tends to be at a higher cost.
- 4.2. If this contract award is not approved, Caulfield Road will remain empty, and the Council will have to separately spot purchase children's placements at a higher rate.

Children's Residential and Accommodation Framework

- 4.3. This framework would help the Council to improve on their sufficiency duty and support the children and young people of Southend within their care.
- 4.4. This model will allow the Council to go out to the market and award experienced providers to deliver care and support to children as efficiently as possible and avoid some costs currently incurred through the existing spot purchase placements for less complex children.

5. Other Options

- 5.1. If we do not procure and award a contract to a provider to operate a children's home from Caulfield Road, the property will remain empty, and the service will

have to continue to spot purchase services for Children at higher rates and possibly place these children outside of the City. This option is not recommended.

- 5.2. If we do not procure future residential placements from a framework we will have to continue to spot purchase services with minimal quality, financial and contract management. This presents several risks including minimal financial control over placements and no scope for adapting service specifications around emerging needs of children and young people. This may lead to poorer outcomes for children and young people and does not provide best value for public funds. This option is not recommended.

6. Financial Implications

- 6.1. The Caulfield Road procurement and contract award, and the Framework would utilise the existing budget for children's placements, with a focus on providing better value placements, and is therefore anticipated to achieve efficiencies for the spend on placements.
- 6.2. The framework is not anticipated to incur any additional budget pressure, and we envision spend would be lower than the current spend provision. This would be explored further in pre-market engagement exercises prior to contract awards including options when required to minimize void costs.
- 6.3. The current average spot placement cost of residential placements (as at the end of September 2024) excluding the most complex children is currently £5,870 per bed per week. Current spots prices are continually rising above inflation, and it is also clear that the current residential market is also short on bed spaces, which in turn drives spot prices up further. We anticipate achieving a better value provision at Caulfield Road following a competitive procurement, and for future placements under the framework, with a focus on higher quality and lower overheads.

7. Legal Implications

- 7.1. Sections 22A to 22D of the Children Act 1989 make provision for the accommodation and maintenance of a looked after child. The Children Act 1989, and the Children Act 2004 place a duty on local authorities to safeguard and promote the welfare of children. Where a placement with the child's parent is not possible, the responsible authority should place the child in 'the most appropriate placement available,' that is, the one that they consider will best promote and safeguard the child's welfare.
- 7.2. Local authorities must ensure that any service providers comply with the Children's Homes (England) Regulations 2015, which include Quality Standards for children's homes.
- 7.3. Section 22(C)(7) to (9) requires (among other conditions) that 'in so far as is reasonably practicable' any placement must allow the child to live near his / her home and be within the local authority area.

7.4. The recommendations within this report will assist the Council to meet its statutory duties towards children in care.

7.5. In relation to the procurement of services for Caulfield Road, and the procurement of an innovation framework, the Council must procure in accordance with the Public Contract Regulations 2015 (or if, in force the Procurement Act 2023) and the Council's Contract Procedure Rules.

8. Policy Context

8.1. Southend City Council have a duty to provide suitable and safe residential and accommodation services for children, which is primarily governed by the Children Act 1989, Children and Young Person's Act 2008, Children (leaving Care) Act 2000, Children and Families Act 2014 and Care Planning, Placement and Case Review (England) Regulations 2010.

8.2. Other relevant legislation for children's accommodation includes Care Standards Act 2000 and Children's Homes Regulations 2015.

8.3. The sufficiency duty is a legal obligation placed on local authorities in England under the Children Act 1989 to ensure that there is enough accommodation within their area to meet the needs of children in care. This duty is aimed at ensuring that children who cannot live with their families are placed in high-quality, stable, and appropriate settings.

9. Carbon Impact

9.1. No anticipated impact.

10. Equalities

10.1. An equality impact assessment will be completed regarding the tender and contract award for Caulfield Road, as well as separately for the Children's Residential and Accommodation Framework.

11. Consultation

11.1. We will be working with internal colleagues within children social care and consulting with the Southend-on-Sea City Council "Children in Care Council" and "care experienced council" to inform service delivery.

12. Appendices

N/A

13. Report Authorisation

This report has been approved for publication by:		
	Name:	Date:
Executive Director(s)	M Marks	26/11/24
S151 Officer	J Chesterton	26/11/24

Monitoring Officer	S Zeiss	26/11/24
Relevant Cabinet Member(s)	Cllr L Burton	26/11/24

Meeting: Cabinet
Date: 9th January 2025
Classification: Part 1
Key Decision: Yes
Title of Report: **Extension of the contact for Healthwatch Southend**

Executive Director: Mark Harvey Executive Director Adults & Communities
Report Author: Jess Siggins, Lead Commissioner
Executive Councillor: Councillor Maxine Sadza Portfolio Holder Social Care and Healthier Communities

1. Executive Summary

- 1.1. Local Authorities have a statutory responsibility for the commissioning of a local Healthwatch service for their local authority area, in Southend-on-Sea, this is Healthwatch Southend. A local Healthwatch service gathers and represents the views of the public on health and social care services, ensuring that their feedback is used to improve these services. They also provide information and advice to help people access the care they need.
- 1.2. The current contract commenced on 1st April 2022 and is due to expire on 31st March 2025 and is £119,095 per annum.
- 1.3. The current contract can be extended by the Council for a further period of up to two years.
- 1.4. The commissioning team have undertaken a review to inform the commissioning recommendation for the extension of this service.

2. Recommendations

that Cabinet:

- 2.1. Agree to extend the current Healthwatch Southend contract for up to 24 months (or any part therein) until 31st March 2027 at a price of £125,050 per annum, subject to all necessary steps being undertaken to negotiate and finalise the extension of this contract.

3. Background

- 3.1. The Health and Social Care Act 2012 places statutory duties on local authorities to commission Healthwatch services. The local Healthwatch

Southend (HWS) has been commissioned by Southend-on-Sea City Council to act as an independent champion to give residents a stronger voice to influence, shape and challenge any issues that exists within health and social care.

- 3.2. The Department of Health and Social Care (DHSC) allocates the Local Reform and Community Voices grant (LRCV) to fund Healthwatch services. A portion of funding for the Local Healthwatch service is also expected to be allocated from the larger Local Government Finance Settlement to the Council.
- 3.3. Following a standard competitive tender exercise in 2021, The Advocacy People were awarded the contract for the delivery of the Healthwatch Southend service with an initial term of 1st April 2022 to 31st March 2025 with the option to extend for a further 2 years or any part thereof to 31st March 2027.
- 3.4. From review of the services activity and reports, as well as case studies and feedback from residents, it is felt the service has had a positive impact on the local health and social care system, aligned to its aims as a local Healthwatch. Part of the services role is to provide scrutiny and feedback to the system, and the Healthwatch Southend service has published a number of reports and made recommendations to decision makers and system leaders (as well as the NHS Integrated Care Board), many of which have influenced resulting activity.

4. Reasons for Decisions

- 4.1. Following review of service activity and performance and feedback, the commissioning team are satisfied that delivery against the service objectives and broader service performance is positive.
- 4.2. Engagement with and access to the service has increased throughout the contract lifetime and the provider has demonstrated the ability to adapt delivery to meet service needs and respond proactively to areas requiring improvement.

5. Other Options

- 5.1. **Decommission** - This is not recommended as this is a statutory service which will need to be replaced with some level of provision to meet minimum requirements.
- 5.2. **Go out to tender for a new/ revised service specification** - This is not recommended as the current provider is performing well and going out to tender risks destabilising service delivery and using staff resource with no evidence of any benefits while there is option to extend within the existing contract.

6. Financial Implications

- 6.1. The service is currently funded at £119,095 per annum due to expire 31st March 2025. If approved, the service will be extended for up to 24 months (or any part therein), at a slightly increased contract value of £125,050 per annum, which accounts for an inflationary increase in cost.

7. Legal Implications

- 7.1. Sections 221 of Local Government and Public Involvement in Health Care Act 2007 imposes a duty on local authorities to make contractual arrangement for the involvement of people in the commissioning, provision and scrutiny of health and social services. S221(1) requires each LA to ensure there are means in place to facilitate the carrying out for of specified activities to promote involvement and provide support for the involvement of people in the commissioning, provision and scrutiny of local care services. the specified activities will include enabling people to monitor, and review, the commissioning and provision of local care services for the purpose of considering standards of local care and whether and how they could or ought to be improved. The activities also include obtaining the views of people about their needs for, and experiences of, those services and may involve making reports and recommendations to people responsible for commissioning, providing, managing or scrutinising those services about how local care services could be improved. **The Council are required to commission a local Healthwatch service.**
- 7.2. The existing contract contains an option to extend the contract for a further period of up to a total of 2 years. The recommendation within this report will assist the Council to meet its statutory duties in this regard
- 7.3. If the current service were to discontinue the Council will be at risk of not meeting its statutory duties.
- 7.4. The terms and conditions of the contract will remain the same, except the initial Price paid for the services may be adjusted, as agreed between the Council and the service Provider. The contract reflects the Council has a Best Value Duty placed upon it and the Council can ask the Provider for evidence that it is receiving value for money (efficient, effectiveness & economy). If the Council request a revision to the contract, then the Price will be 1% less than the Consumer Prices Index.

8. Policy Context

Health and Social Care Act 2012 - [Health and Social Care Act 2012 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

9. Carbon Impact

- 9.1. No changes are being proposed to the current contract so there will be no implications in relation to carbon impact.

10. Equalities

- 10.1. The purpose of the Healthwatch Southend service as a public function is to be independent of the Council and be the voice of residents across Southend to improve services and reduce inequity. Monitoring of impact is informed by

service engagement is built in contract management and will continue to be used to adapt and shape service delivery moving forwards

11. Consultation

11.1. Service user feedback is collated to understand how residents feel about their service, a review of this feedback illustrates that the service is well received.

12. Appendices

N/A

13. Report Authorisation

This report has been approved for publication by:		
	Name:	Date:
Executive Director(s)	Mark Harvey	22/11/2024
S151 Officer	Joe Chesterton	26/11/2024
Monitoring Officer	Susan Zeiss	26/11/2024
Relevant Cabinet Member(s)	Cllr M Sadza	08/11/2024

Meeting: Cabinet
Date: 9th January 2025
Classification: Part 1
Key Decision: Yes
Title of Report: **All-Age Advocacy Contract Award 2025**

Executive Director: Mark Harvey Executive Director Adults & Communities
Report Author: Jess Siggins, Lead Commissioner
Executive Councillor: Councillor Maxine Sadza Portfolio Holder Social Care and Healthier Communities
Councillor Laurie Burton, Portfolio Holder for Children, Young People and SEND

1. Executive Summary

- 1.1. Local Authorities have a statutory responsibility for the commissioning/provision of Advocacy Services for their local authority area. Advocacy can be defined as taking action to help people say what they want, secure their rights, represent their interests and obtain services they need. In this case, Advocates and Advocacy schemes work in partnership with the people they support and take their side independent of the Council. Advocacy promotes social inclusion, equality and social justice.
- 1.2. The current advocacy contracts with South Essex Advocacy Services (SEAS) and the National Youth Advocacy Service (NYAS) are due to expire on 31st March 2025 and a new service/s will be required. These contracts cost the Council £285k in 2023-2024.
- 1.3. A tender process has been completed to award a contract for a new All Age Advocacy services in January 2025 to start from 1st April 2025.
- 1.4. The tender was split into lots, Lot 1 (Adults Advocacy Service) and Lot 2 (Children's Advocacy Service). This allows tenderers to bid for sole delivery of one service by bidding for either Lot 1 or Lot 2, or to bid for provision of both services (Lot 1 and Lot 2).

2. Recommendations

that Cabinet:

- 2.1. Approve the procurement of a contract for the provision of a Children's Advocacy service at a maximum budget of £71,000 per annum starting from 1st April 2025, for 3 years with option to extend for a further 2 years.

- 2.2. Awards the All-Age Advocacy services contract to the successful tenderer/s of Lot 1 and Lot 2 at a maximum total value of £293,948 per annum from the 1st April 2025 for an initial period of three years with an option to extend for a further period of two years. Details of the tender award will be attached prior to 9th January Cabinet following completion of the procurement exercise as a part 2 (restricted) item.
- 2.3. Delegates authority to the Executive Director for Adults and Communities and Executive Director Children & Public Health in consultation with the respective Portfolio Holders, to issue extensions to this contract following its award. Such authority includes finalising any negotiations and entering into legal agreement for service provision from 1 April 2028 to 31st March 2030 (if necessary) until a subsequent contract is procured/awarded.

3. Background

- 3.1. Local Authorities are required to commission statutory Advocacy services for individuals, which include the following (from relevant legislation):
 1. Care Act Advocacy, Care Act 2014
 2. Independent Mental Capacity Advocacy (IMCA), Mental Capacity Act 2005
 3. Independent Mental Health Advocacy (IMHA), Mental Health Act 1983 (as amended by the Mental Health Act 2007)
 4. Paid Relevant Person's Representative (Paid RPR) Mental Capacity Act 2005 (Deprivation of Liberty Safeguards)
 5. NHS Complaints Advocacy, Health and Social Care Act 2012
 6. Children's Advocacy, Children Act 1989, Children and Families Act 2014
- 3.2. South Essex Advocacy Services (SEAS) were awarded the contract for the delivery of the Adult Advocacy service on 1st April 2019 and is due to expire on 31st March 2025. This service covers items 1-5, as well as some non-statutory advocacy, the current contract value is £222,948 per annum.
- 3.3. The contract for Children's Advocacy was awarded to National Youth Advocacy Service (NYAS) on 1st April 2021 and is due to expire on 31st March 2025. This service covers item 6, which includes children's advocates and independent visitors, the current contract price is £46,000 per annum. The service is not able to meet statutory demand at this price, last year additional capacity was spot purchased, which amounted to a total spend on the service of £61,928. Following engagement and review of the advocacy services in Southend, the budget for children's advocacy has been slightly increased to account for an increase in statutory demand on the service. For this reason, and to meet future statutory demand, the total budget for the Children's advocacy service purposes of procurement has been increased to £71,000 per annum.

- 3.4. A review of both services, as well as consultation with stakeholders and residents (see point 11) have informed the development of the new all-age advocacy service specification.
- July-October 2024 – Research, review, engagement, service design and options appraisal sign off.
 - 23rd October 2024 – Tender Advert Placed on Contracts Finder (.gov.uk)
 - 22nd November 2024 – Deadline for Tender Submissions
 - 22nd November to 30th December – Tender Scoring, Evaluation and Moderation
 - January 2025 – Cabinet key decision for award, provider notification, standstill period.
 - January to April 2025 – Service mobilisation.
 - 1st April 2025 – New service in place.
- 3.5. The tender was split into lots, Lot 1 (Adults Advocacy Service) and Lot 2 (Children’s Advocacy Service). This allows tenderers to bid for sole delivery of one service by bidding for either Lot 1 or Lot 2, or to bid for provision of both services (Lot 1 and Lot 2).

4. Reasons for Decisions

- 4.1. As the current contracts are expiring, there is a need to ensure continuity of statutory provision. This will be fulfilled by a standard competitive tender exercise. This is therefore a key decision as the contract value is over £250k.
- 4.2. The current Children’s Advocacy provider, NYAS, has expressed that they are not willing to provide the Children’s Advocacy service in 2025/26.

5. Other Options

- 5.1. **Do Nothing** - This is not recommended as these statutory services will need to be replaced with some level of provision to meet minimum requirements.
- 5.2. **Do Not Award** - If we do not put in place this service, the Council will not meet its statutory duties.

6. Financial Implications

- 6.1. The combined contract value, for both services is a maximum of £293,948 per annum or £1,469,740 over 5 years. The contract will be awarded to the best quality and value tender following evaluation of tender submissions and moderation of scoring.
- 6.2. This expenditure can be met within the existing services budget

7. Legal Implications

- 7.1. The Council are required to commission statutory advocacy services under legislation referred to in 8.1 below. If the Council does not commission these services, the Council will not meet its statutory duty, potentially leaving

vulnerable people at risk and may be challenged by an affected service user for the breach.

- 7.2. Under clause 3.4 of the Adult Advocacy Service contract it is clearly stated that “the Expiry Date shall in no event be a date after 31st March 2025”.
- 7.3. Under clause 3.3 of the Children’s Advocacy Service terms and conditions the contract may be extended for a further 12 months from 1st April 2025, however it was recognised that with the marked increase in Children’s statutory demand the budget required review, and the option to go out for an All-Age Advocacy Service (for Adults and Children in separate Lots) offered the Council an opportunity to achieve better value through use of commissioning and procurement resource (rather than run two separate exercises) and a service provided by one provider (if they had been successful in bidding for both lots).
- 7.4. The Council must procure in the services in accordance with the Public Contract Regulations 2015 (or if, in force the Procurement Act 2023) and the Council’s Contract Procedure Rules. The Council must also procure the services in a way that meets its Best Value Duty.

8. Policy Context

- 8.1. The statutory Advocacy requirements are relevant to key pieces of legislation such as the Care Act 2014, Mental Health Act 1983 as amended in 2007 & Mental Health Act Code of Practice 1983 (Revised 2015), Mental Capacity Act 2005, Children Act 1989, Children (Leaving Care) Act 2000, Working Together to Safeguard Children 2023, Children’s Social Care National Framework 2023

9. Carbon Impact

- 9.1. No changes are being proposed to the current contract so there will be no implications in relation to carbon impact.

10. Equalities

- 10.1. The purpose of the Advocacy service is to be independent of the Council and to empower vulnerable residents and reduce inequity. Monitoring of impact is informed by service engagement is built in contract management and will continue to be used to adapt and shape service delivery moving forwards

11. Consultation

- 11.1. Service user feedback is collated to understand how residents feel about their service, a review of this feedback illustrates that the services are well received.
- 11.2. A survey regarding the advocacy offer was published on Your Say Southend and circulated through both incumbent providers. This feedback has informed the service specification. Statutory legislation and guidance sets out the requirements for advocacy, and the prime focus of this tender will be to meet these statutory requirements.

11.3. Stakeholders from Adult Social Care, Children's Social Care and the VCS were consulted to understand their views of the current service offer and what could be improved.

12. Appendices

N/A

13. Report Authorisation

This report has been approved for publication by:		
	Name:	Date:
Executive Director(s)	Mark Harvey	22/11/2024
S151 Officer	Joe Chesterton	26/11/2024
Monitoring Officer	Susan Zeiss	25/11/2024
Relevant Cabinet Member(s)	Cllr M Sadza	08/11/2024

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Meeting:	Cabinet
Date:	9 th January 2025
Classification:	Part 1
Key Decision:	Yes
Title of Report:	Extension of the Severe and Multiple Disadvantage Service (SMDS) and Intensive Housing Support (IHS) Service
Executive Director:	Mark Harvey
Report Author:	Sharna Allen – Lead Commissioner for Prevention
Executive Councillor:	Cllr Maxine Sadza

1. Executive Summary

- 1.1. Southend-on-Sea City Council commissions the Severe & Multiple Disadvantage Service (SMDS) and the Intensive Housing Support Service (IHS) which form part of our response to supporting individuals with multiple and complex needs to improved outcomes for themselves and the wider housing, health and social care system. This paper asks approval to extend the contract until 30th September 2025.
- 1.2. The contract for the SMDS is due to expire on 31st March 2025. The SMDS service has the option to extend up until 31st March 2027 (or any part therein). The IHS service was commissioned as a variation to the SMDS and expires on 31st March 2025.
- 1.3. This extension will allow the Council time to conduct a thorough tender exercise for a new service for 1st October 2025.

2. Recommendations

It is recommended that Cabinet:

- 2.1. Approve an extension to contract for the provision of the SMDS and IHS service for a period of 6 months until 30th September 2025, to allow time for a procurement exercise to take place during that period.

3. Background

- 3.1. The terms 'Complex Needs' and 'Severe and Multiple Disadvantage (SMD)' are used interchangeably in this report and describe persistent and

interrelated health and/or social care needs which impact an individual's life and ability to function in society. These may include:

- Entrenched homelessness, repeat service use or being otherwise vulnerably housed
- Mental, psychological or emotional health needs
- Drug and/or alcohol dependency
- Contact with the criminal justice system
- Physical health needs
- Experience of domestic violence and abuse

Severe & Multiple Disadvantage Service (SMDS)

3.2. The SMDS service contract price is £281,620 per annum (Funded by ring-fenced Public Health Grant, committed Drug and Alcohol Spend). The current contract term ends on 31st March 2025, with an option to extend the contract for up to two years in annual increments until 31st March 2027.

3.3. The SMDS contract was awarded to Family Mosaic (now known as Peabody Trust) and the service provides outreach and accommodation support to individuals with multiple and complex needs. These individuals are supported too through a wide range of agencies including Probation, homelessness services, drug and alcohol treatment, mental health services, and community support teams. The services operates using wraparound and link worker provision on both a residential and outreach basis.

Intensive Housing Support Service (IHS)

3.4. The IHSS contract price is £218,000 per annum (Funded this year by £123,000 Next Steps Accommodation Programme (NSP) funding, £45,757 Public Health Grant, £25,000 Public Health Grant Reserve, £25,000 Adult Social Care)

3.5. The IHS service is currently delivered by Peabody Trust as part of the SMDS Contract, at a value of £218,000 per annum. The current variation is in place until 31st March 2025. The IHS service was commissioned to support up to 30 individuals with complex needs in NSAP funded properties and in other accommodation as required, the ethos of the service is based on Housing First Principles as set out in Appendix 1.

4. Reasons for Decisions

4.1. It appears that the services are performing well in preventing worse outcomes for individuals, the Council and the wider health and social care system.

4.2. Extending the contract for the services allows the Council time to conduct a robust procurement exercise and offers opportunity to revise and develop the current model to more effectively embed or join up this provision in the development of a new contract.

5. Other Options

5.1. **Continue delivering the SMDS as is and cease the IHS service** – this is not recommended. The IHS has a larger cohort of service users and feedback

from the service provider has indicated that the individuals on this caseload have a higher complexity of need. Loss of this support could have significant implications for the outcomes for individuals.

- 5.2. **Extend the SMDS for 6 months with the intention of going out to tender for this service only and cease the IHS service** - This option is not recommended. This holds less risk than decommissioning both services and provides scope for some mitigation of the loss of the IHS in the redesign of the SMDS contract, however there would still be a cohort of individuals with complex needs who would find it difficult to sustain tenancy and achieve positive outcomes without the intensive support service. Alternative mitigation through wider existing services would need to be explored, and capacity implications considered.
- 5.3. **Do Nothing/Decommission both services** – this option is not recommended. Decommissioning both services poses a great risk to service users, commissioned service and the wider system. Particular impact would be experienced by housing who are already facing significant housing challenges and loss of support and potential eviction would further compound these challenges. The mitigation for this option would likely hold significant long-term cost implications.

6. Financial Implications

- 6.1. Based on the current level of expenditure on these services, an extension to the SMDS for 6 months would cost £140,810, which is contained within the budget set out in 3.2 and 3.4 above.

7. Legal Implications

- 7.1. The original contract term for the SMDS ran from 1st December 2017 until 31st March 2024. Following the extension issued last year, which variation included the delivery of the IHS, the contract includes the option to extend for a further 2 years up until 31st March 2027 as per clauses 3.1-3.4 of the contract. Any new variation of the contract would need to be issued, specifying any revised Price for the provision of these services.
- 7.2. Any break in service provision would leave the most vulnerable people at risk. Therefore, the most expedient measure is to extend the existing contract in order to provide the time to deliver an appropriate tender exercise.
- 7.3. The terms and conditions of the contract will remain the same, except the Price paid for the services may be revised, as agreed between the Council and the service Provider. The contract provides for an annual Price Review if requested by either party with documentary evidence to support the request which should be on best value terms and in accordance with the general level of competitiveness of the market at the time of the request. No adjustment to the Price is to be higher the Consumer Price Index (or other agreed index).

8. Policy Context

- 8.1. Next Steps Accommodation Programme Guidance (2020) [Next Steps Accommodation Programme - GOV.UK](#)
- 8.2. Government Changing Futures Prospectus - [Changing Futures: changing systems to support adults experiencing multiple disadvantage - prospectus - GOV.UK \(www.gov.uk\)](#)
- 8.3. Making Every Adult Matter (MEAM) approach - [The MEAM Approach - MEAM](#)
- 8.4. Housing First - [Mobilising Housing First toolkit: from planning to early implementation - GOV.UK \(www.gov.uk\)](#)

9. Carbon Impact

- 9.1. There is no carbon impact associated with the extension.

10. Equalities

- 10.1. No equalities implications associated with the extension. A full Equality Impact Assessment will be completed in the design of any future specification.

11. Consultation

- 11.1. Consultation has been undertaken with stakeholders and residents of the current complex needs hostel which is supported by the SMDS in order to understand needs for future service design.

12. Appendices

Appendix 1: Housing First Principles



Appendix
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13. Report Authorisation

This report has been approved for publication by:		
	Name:	Date:
Executive Director(s)	Mark Harvey	22/11/2024
S151 Officer	Joe Chesterton	26/11/2024
Monitoring Officer	Susan Zeiss	26/11/2024
Relevant Cabinet Member(s)	Cllr M Sadza	08/11/2024