

Public Document Pack
SOUTHEND-ON-SEA BOROUGH COUNCIL

People Scrutiny Committee

Date: Tuesday, 12th July, 2016 @ 18.30

Place: Committee Room 1 - Civic Suite

Contact: Fiona Abbott 01702 215104 committeesection@southend.gov.uk

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AGENDA

**** **Part 1**

- 1 **Apologies for Absence**
- 2 **Declarations of Interest**
- 3 **Questions from Members of the Public**
- 4 **Minutes of the Meeting held on Tuesday 12th April, 2016 (Pages 1 - 6)**
- 5 **Success Regime - presentation**

The following will be attending the meeting for this item:-

Wendy Smith, Interim Communications Lead for the Mid and South Essex Success Regime, Sue Hardy, Chief Executive of Southend University Hospital NHS Foundation Trust and Robert Shaw, Director of Acute Commissioning and Contracting, Southend CCG.

There will be a 15 minutes presentation followed by short Q&A time.

- 6 **Ofsted Inspection outcome**

**** **ITEMS REFERRED DIRECT FROM CABINET - Tuesday 28th June 2016**

- 7 **Petition - Dual Diagnosis Worker (Pages 7 - 8)**
Minute 45 (Cabinet Book 1, item 5 refers)
- 8 **In Depth Scrutiny Report - Transition arrangements from Children's to Adult Life (Pages 9 - 28)**
Minute 48 (Cabinet Book 1, item 8 refers)
- 9 **Corporate Plan and Annual Report - 2016 (Pages 29 - 58)**
Minute 49 (Cabinet Book 1, item 9 refers)
- 10 **2015/16 Year End Performance Report (Pages 59 - 70)**
Minute 50 (Cabinet Book 1, item 10 refers)
- 11 **Information Management Strategy (Pages 71 - 94)**
Minute 51 (Cabinet Book 1, item 11 refers)

**12 Proposal to establish a Southend Education Board (Pages 95 - 112)
Minute 57 (Cabinet Book 1, item 17 refers)**

**13 Physical Activity Strategy (Pages 113 - 144)
Minute 65 (Cabinet Book 2, item 25 refers)**

**14 Council Procedure Rule 46 (Pages 145 - 146)
Minute 67 (Cabinet Book 2, item 27 refers)**

****** PRE-CABINET SCRUTINY ITEMS - None**

****** ITEMS CALLED-IN FROM THE FORWARD PLAN - None**

****** OTHER SCRUTINY MATTERS**

**15 Scrutiny Committee - Updates (Pages 147 - 176)
Report of Corporate Director for Corporate Services (attached)**

**16 Suggested in depth Scrutiny projects - 2016 / 17
Report of Corporate Director for Corporate Services (to follow)**

**17 Minutes of the Meeting of Chairmen's Scrutiny Forum held on Tuesday,
28th June, 2016 (Pages 177 - 178)**

****** Part II**

18 Exclusion of the Public

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

****** ITEM REFERRED DIRECT FROM CABINET - Tuesday 28th June 2016**

**19 Southend Clinical Commissioning Group - Invest to Save Support (Pages
179 - 184)
Minute 69 (Confidential Cabinet item 29 refers)**

****** OTHER SCRUTINY MATTERS**

**20 Schools Progress Report (Pages 185 - 190)
Report of Corporate Director for People (attached)**

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

Councillor Moyies (Chair), Councillor C Nevin (Vice-Chair)
Councillors Arscott, Assenheim, Borton, Boyd, Buckley, Butler, Endersby, D
Garston, Habermel, Jones, Phillips, Stafford, Walker and Wexham
VACANCY - UKIP

Co-opted members

Church of England Diocese –
VACANT (Voting on Education matters only)

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

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

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

Observers

Youth Council
(i) VACANT (Non-voting)
(ii) VACANT (Non-Voting)

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SOUTHEND-ON-SEA BOROUGH COUNCIL

Meeting of People Scrutiny Committee

Date: Tuesday, 12th April, 2016
Place: Committee Room 1 - Civic Suite

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Present: Councillor Salter (Chair)
Councillors Hadley (Vice-Chair), M Davidson, M Butler, L Davies,
M Assenheim, C Endersby, B Ayling, S Buckley, M Borton,
A Crystall, N Folkard, C Nevin, D McGlone, I Robertson and
K Robinson.
Dr P Chisnell and Ms A Semmence (co-opted members)

In Attendance: Councillors Jones and Moyies (Executive Councillors)
R Harris, Brin Martin, S Leftley, A Atherton, S Houlden and
J K Williams
Mr I Genius (Youth Council observer).

Start/End Time: 6.30 - 8.15 pm

771 Apologies for Absence

Apologies for absence were received from Councillor Stafford (no substitute), Mr M Rickett, Ms A Clarke and Mr J Aris.

772 Declarations of Interest

The following interests were declared at the meeting:-

- (a) Councillors Jones and Moyies (Executive Councillors) – interest in the referred item – attended pursuant to the dispensation agreed at Council on 19th July 2012, under S.33 of the Localism Act 2011;
- (b) Councillor Salter – agenda items relating to – Southend University Hospital Trust and Chairman’s Update report – non-pecuniary interest – husband is Business Unit Director at Southend Hospital for surgical services and daughter works for Broomfield Hospital;
- (c) Councillor Nevin - agenda items relating to Southend University Hospital Trust and Chairman’s Update– non-pecuniary – previous employee at Southend Hospital; NHS Employee at Barts; 2 children work at MEHT and sister works for the Department of Health;
- (d) Councillor Crystall – agenda items relating to relating to - Chairman’s Update; Southend Hospital report – non-pecuniary – partner governor at Southend Hospital;
- (e) Councillor Robinson – agenda item relating to in-depth scrutiny project – transition arrangements from children’s to adult services – non-pecuniary interest – his employer was mentioned in the report;
- (f) Councillor Folkard – agenda items relating to – Southend University Hospital Trust and Chairman’s Update– ambassador for fundraising team at Southend Hospital; on reading panel at Southend Hospital for information leaflets;
- (h) Councillor I Robertson – agenda item relating to Southend University Hospital Trust – non-pecuniary interest – daughter works in Southend Hospital;

- (i) Councillor Davidson – agenda item relating to In-depth Scrutiny project – transition arrangements from children’s to adult services – non-pecuniary interest – member of SAFE (Supporting Aspergers Families in Essex);
- (j) Councillor Crystall – agenda item relating to Southend University Hospital Trust – non-pecuniary interest – governor at Southend Hospital.

773 Questions from Members of the Public

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

774 Minutes of the Meeting held on Tuesday 26th January 2016

Resolved:-

That the Minutes of the Meeting held on Tuesday, 26th January 2016 be confirmed as a correct record and signed.

775 Monthly Performance Report

The Committee considered Minute 712 of Cabinet held on 15th March 2016 together with the Monthly Performance Report (MPR) covering the period to end February 2016, which had been circulated recently.

Resolved:-

That the report be noted.

Note:- This is an Executive Function.

Executive Councillor:- As appropriate to the item.

776 Southend Physical Activity Strategy

(This is a pre-Cabinet scrutiny item.)

The Committee considered a joint report of the Director for Public Health and Corporate Director for Place by way of pre-Cabinet scrutiny. This sought the Committee's views on the contents of the draft Southend-on-Sea Physical Activity Strategy 2016-2021.

The Committee discussed the report in detail, and whilst there was general consensus and support of the content of the draft strategy the Committee made a number of comments and suggestions for inclusion in the strategy.

Resolved:-

That the draft Southend-on-Sea Physical Activity Strategy 2016-2021 be noted and endorsed for submission to Cabinet at its meeting on 28th June 2016, with the following comments:

- Inclusion of ways to support people with health conditions and/or disabilities to be physically active;
- Performance measures/targets and timescales to deliver the strategy should be included.

Note:- This is an Executive Function
Executive Councillors:- Betson and Moyies

777 Southend University Hospital Trust

The Committee received a verbal update from Councillor Crystall which provided a summary of the current situation at Southend University Hospital Trust.

Resolved:

That the summary regarding the current situation with Southend University Hospital Trust, be noted.

Note: This is a Scrutiny Function.

778 Chairman's Update Report

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

(a) Complex Urological Cancer Surgery in Essex – information set out in section 3 of the report – noted.

(b) South Essex – NHS England and proposals for PET CT scanner – information set out in section 4 of the report and at Appendix 1.

(c) Prescribing of gluten free foods – information set out in section 5 of the report – the Committee noted the update provided at the meeting that the CCG Clinical Executive Committee will be reviewing the feedback from the consultation shortly and would make a recommendation to their governing body on the preferred option. The Committee requested that the outcome of the CCG Clinical Executive Committee decision was circulated to the Committee for information.

(d) Southend LSCB Scrutiny Panel and Southend Adults Board Scrutiny Panel – information set out in section 6 of the report and at Appendix 2. This proposed extending the remit of the LSCB Scrutiny Panel to scrutinise both the LSCB and Safeguarding Adults Board.

(e) Success Regime – information set out in section 7.1 of the report and at Appendix 3. The Committee noted the update provided at the meeting on the Success Regime.

(f) Quality Account – information set out in section 7.2 of the report. This advised that the draft Quality Account from SEPT will be circulated to the Committee for comments on or around 22nd April with a requirement that any comments are received by the Trust by 22nd May. The draft Quality Account from Southend Hospital will be circulated to the Committee for comments on 20th April with a requirement that any comments are received by the Trust by 10th May.

Resolved:-

1. That the report and any actions taken be noted.
2. That the following be appointed to sit on a Joint Committee looking at PET CT scanner in south Essex - Councillor Salter and Councillor Nevin (Councillor Davidson substitute).
3. That Council be recommended to agree to the addition of the LSCB / SAB Scrutiny Panel, to paragraph 9 of Part 3 Schedule 2 of the Constitution as set out in **Appendix 2.**

Note: This is a Scrutiny Function save that Resolution 3 is a Council Function.

779 In depth scrutiny project - Transition arrangements from children's to adult services

The Committee considered a report by the Corporate Director for Corporate Services to seek formal approval to the draft report of the scrutiny project – 'Transition arrangements from children's to adult services'.

The Chairman of the Scrutiny project, Councillor Folkard presented the report to the Committee and invited comments. It was suggested that certificates be presented to the parents who contributed to the project. He also highlighted to the Committee that the social worker who had provided assistance with the project had been nominated for a Stars award.

Resolved:-

1. That the report and the recommendations from the in depth scrutiny project, attached at Appendix 1 be agreed and the title for the project be changed to 'Transition arrangements from Children's to Adult Life.'
2. That the Chairman be authorised to agree any final amendments to the draft report.
3. That in accordance with Scrutiny Procedure Rule 10 (Part 4 (e) of the Constitution), to agree that the Chairman of the Project Team present the final report to a future Cabinet meeting.

Note:-

This is a Scrutiny Function.

780 Exclusion of the Public

Resolved:-

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

781 Schools Progress Report

The Committee received a report of the Corporate Director for People.

Resolved:-

That the report be noted.

Note:- This is an Executive Function.

Executive Councillor:- Jones

782 Vote of Thanks

The Chairman thanked the Committee for their contributions and hard work over the last year.

Chairman: _____

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To whom it may concern,

We, the undersigned, are petitioning the council to employ and fund a dual diagnosis worker. This is in order to plug the gaps in the mental health provision of this town that many are falling through. We need to protect the vulnerable and make sure they have the support that they need.

7

As you know, at the moment if someone has both mental health issues and also an addiction problem, the mental health team say that they cant make an accurate diagnosis and so tell them to go away for 7 months, get clean and then come back. Unfortunately this is difficult to do and in my personal experience I see people who end up on the street because they fail to get the support they need. A dual diagnosis worker will help to bridge this gap and provide people with the support that they need.

Recent reports have highlighted the need for a dual diagnosis worker. The 2014 NHS England health report states that the best way to provide treatment is to treat the person holistically, the recent review of Essex and Southend Mental health stated that there was a severe lack of quality mental health workers in Essex and Southend and the recent review of Southend carried out by Shared Intelligence also highlighted the problem of complex needs/dual diagnosis as an issue here in Southend. Cllr Gilbert at the December Full Council meeting in 2015 stood up and said 'addiction is the biggest health problem in Southend'. Finally the complex needs panel have identified 66 different individuals who all would benefit so far and that is just from the rough sleeping community. I can not give any evidence outside of this community as that is where my experience lies in. All this evidence, I believe shows the need for a dual diagnosis worker.

I understand that there is a cost involved and that we are living in a time when budgets are shrinking and hard choices have to be made. Cllr Moyies also said at the same council meeting as mentioned above that it is all about where the biggest outcomes will be felt. I would argue that the lack of a dual diagnosis worker has an effect on a lot of other budgets as people fail to get the support that they need. Some of the people who signed the petition talked about how they had relatives commit suicide because of the lack of help. I strongly believe that it has a knock on effect in terms of further health issues and ambulances needing to be called out, issues around crime and also as I said above issues around housing and not being able to secure tenancies. Therefore as well as having an immediate impact on the individual I believe a dual diagnosis worker will have an impact on further health budgets, the emergency services and also the housing team.

I urge you to support the petition and employ a dual diagnosis worker.

DEL THOMAS

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Southend-on-Sea Borough Council

Agenda
Item No.

8

Report of Corporate Director for Corporate Services

to
Cabinet

28th June 2016

Report prepared by:
Fiona Abbott

**In depth scrutiny report –
'Transition arrangements from Children's to Adult Life'
A Part 1 Agenda Item**

1. Purpose of Report

To seek formal approval to the draft report of the scrutiny project – 'Transition arrangements from Children's to Adult Life'.

2. Recommendations

- 2.1 That Cabinet approves the report and recommendations from the in depth scrutiny project attached at **Appendix 1**.
- 2.2 To note that approval of any recommendations with budget implications will require consideration as part of future years' budget processes prior to implementation.

3. Background

- 3.1 The People Scrutiny Committee selected its topic at the meeting on 14th July 2015 (Minute 138 refers). The project plan was agreed by Scrutiny Committee on 13th October 2015 (Minute 326 refers) and then by the Project Team on 26th November 2015. The specific focus of the review was to investigate whether the transition (process) arrangements between children's and adult services are effective in Southend (are they appropriate & clear) and to investigate whether there are different ways of providing services for people with lifelong disabilities by looking at the whole lifetime.
- 3.2 The Member Project Team, which was Chaired by Councillor Nigel Folkard, met on 4 occasions and considered a range of evidence to inform their approach. The Project Team comprised Councillors Brian Ayling, Mary Betson (until December 2015), Steve Buckley, Alan Crystall (from 11th December 2015), Meg Davidson, Lawrence Davies, Caroline Endersby and Kevin Robinson. Councillor Lesley Salter attended meetings in her role as Chairman of the Scrutiny Committee. Officer support was provided by Sharon Houlden, John O'Loughlin and Fiona Abbott.
- 3.3 The Project Team held a full day of evidence gathering with invited witnesses in February 2016 involving a mixture of key partner organisations, council officers

and the voluntary sector. 3 Members of the Project Team also met with 2 young service users and their parents in early March 2016.

- 3.4 The draft scrutiny report was considered by the Member Project Team and at the People Scrutiny Committee at its meeting on 12th April 2016 (Minute 779 refers). At the meeting it was agreed that the title of the project should be changed to 'Transition arrangements from Children's to Adult Life. It was also agreed that certificates be presented to the parents who contributed to the project. The report has now been shared with the witnesses and the comments received have been positive.

4 Recommendations

- 4.1 In accordance with Scrutiny Procedure Rule 10 (Part 4 (e) of the Constitution), the in depth scrutiny report is now attached at **Appendix 1** for approval by Cabinet. It should be noted that approval of any recommendations with budget implications will require consideration as part of future years' budget processes prior to implementation. The recommendations are as follows:

Recommendations:-	
1	Need to ensure that the Transition Protocol is a live and meaningful document and the membership of the operational group has representation from key personnel / agencies.
2	That the interface with health partners (SEPT, NELFT, Hospital, CCG etc.) is further developed, moving to a model of care that encompasses all age groups without any gaps.
3	The Department for People should ensure that all agencies working with the transition of young people, are involved in the production of an information pack / directory around "Transitions and moving from children's to adult services – easy guide for service users and carers" to cover all agencies; clarity on transition age (use preparing for adults term instead); services and support available; details of where to go for support and what should be provided (managing expectations too). The views / comments of parents, carers and young people will be taken into account in this work.
4	Employment and training – welcome the making it work scheme – recognise challenges in current economic climate and that further work be undertaken about how apply criteria for service (examine criteria, ensure not excluding people arbitrarily).
5	Consider further how best to support those young people with a diagnosis of autism or Asperger's and in particular how the Council will take the lead in supporting the implementation of the Autism Strategy. Alongside this, we recognise that there are a number of young people with other, complex needs and physical disabilities who will be transitioning to adult services.

5. Other Options

Not applicable.

6. Corporate Implications

- 6.1 Contribution to Council's Vision and Critical Priorities – Becoming an excellent and high performing organisation; reduce inequalities and increase the life chances of people living in Southend.
- 6.2 Financial Implications – there are financial implications to some recommendations but as yet they are unquantifiable. However, any recommendations progressing with associated financial implications will need to go through the annual budgetary process before implementation, as currently no revenue or capital budgets exist for the proposals.
- 6.3 Legal Implications – none.
- 6.4 People Implications – none.
- 6.5 Property Implications – none.
- 6.6 Consultation – as described in report.
- 6.7 Equalities Impact Assessment – none.
- 6.8 Risk Assessment – none.

7. Background Papers –

- Project team meeting notes – meetings held on 6th October 2015, 26th November 2015, 6th January 2016 and 17th March 2016
- Notes from witness session held 24th February 2016
- Updates to Scrutiny Cttee – 1st December 2015, 26th January 2016 and 12th April 2016
- Other evidence as described in the report.

8. Appendix

Appendix 1 – in depth scrutiny project report

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Transition arrangements from Children's to Adult Life

Final Report and Recommendations



***Report of People Scrutiny Committee in depth scrutiny project
2015/16***

Foreword

The People Scrutiny Committee decided that the in-depth scrutiny project for 2015/16 would be on the transition arrangements from children's to adult services. The project team, of which I am Chairman, decided that the specific focus of the review would investigate whether the transition (process) arrangements between children's and adult services are effective in Southend (are they appropriate & clear) and to investigate whether there are different ways of providing services for people with lifelong disabilities by looking at the whole lifetime.

The outcome we all want to achieve is for there to be effective, coordinated planning placing the young person at the centre of decision making. The transition from one service to another should be seamless and keep the young person at the centre of decision-making.

I would like to thank my colleagues on the project team and all those who contributed to the scrutiny event. A special word needs to be made about the 2 young people and their parents we met as part of the review. They are truly inspirational and particularly helped focus our thoughts on our recommendations.

Finally, following comments on the report at the Scrutiny Committee on 12th April, the title of the project has been changes to 'Transition arrangements from Children's to Adult Life' as we felt that this better reflected our focus and ambition.



Councillor Nigel Folkard
Chairman of the in depth scrutiny project

1. Objectives and Recommendations

Members of the People Scrutiny Committee undertook an in depth project Led by the cross party project team members, the project has aimed:-

- (i) To investigate whether the transition (process) arrangements between children's and adults' services are effective in Southend (appropriate & clear) and to investigate whether there are different ways of providing services for people with lifelong disabilities by looking at the whole lifetime;
- (ii) To make appropriate recommendations for improved outcomes for young people at transition stage.

A copy of the project plan is included as **Annex 1 to the report**. A brief glossary is also included as **Annex 2 to the report**.

Our recommendations

Cabinet is asked to agree the following recommendations:-

1. Need to ensure that the Transition Protocol is a live and meaningful document and the membership of the operational group has representation from key personnel / agencies.
2. That the interface with health partners (SEPT, NELFT, Hospital, CCG etc.) is further developed, moving to a model of care that encompasses all age groups without any gaps.
3. The Department for People should ensure that all agencies working with the transition of young people, are involved in the production of an information pack / directory around "Transitions and moving from children's to adult services – easy guide for service users and carers" to cover all agencies; clarity on transition age (use preparing for adults term instead); services and support available; details of where to go for support and what should be provided (managing expectations too). The views / comments of parents, carers and young people will be taken into account in this work.
4. Employment and training – welcome the making it work scheme – recognise challenges in current economic climate and that further work be undertaken about how apply criteria for service (examine criteria, ensure not excluding people arbitrarily).
5. Consider further how best to support those young people with a diagnosis of autism or Asperger's and in particular how the Council will take the lead in supporting the implementation of the Autism Strategy. Alongside this, we recognise that there are a number of young people with other, complex needs and physical disabilities who will be transitioning to adult services.

2. Background to the report

Children in Transition – Key points

The following pieces of legislation which relate to children in transition in England, namely:

- (a) Care Act 2014;
- (b) Children Act 1989;
- (c) Children Act 2004;
- (d) Children and Families Act 2014; and
- (e) Equality Act 2010.

Each statute is supported by regulations and guidance or a code of practice. It is the guidance and code of practice which puts the flesh on the bones of each statute¹.

The key points in the legislation relating to children in transition are:

- Section 25 of the Children’s and Families Act 2014 places a duty on local authorities to ensure integration between educational and training provision, health and social care provision, where this would promote wellbeing and improve the quality of provision for disabled young people and those with SEN.
- The Care Act 2014 says “services at transition should be aimed at moving a person into work / adult life in such a way as to promote their independence and so reduce their long term needs for care and support”.
- Under the Children and Families Act 2014, a child who has special educational needs or a disability is entitled to an education, health and care plan (EHC plan). This can extend beyond childhood to a maximum age of 25 if it is believed that the young person needs a longer period to complete his education.
- The purpose of the EHC plan is for the child to have one plan from as early as birth up to 25 which encompasses his educational, health and social care needs involving a number of professionals from a number of agencies.
- Local authorities **must** publish a Local Offer, setting out in one place information about provision they expect to be available across, education, health and social care for children and young people in their area who have SEN or are disabled, including those who do not have Education, Health and Care (EHC) plans. Local authorities **must** set out in their Local Offer the support available to help children and young people with SEN or disabilities move into adulthood.

Effective, coordinated planning placing the young person at the centre of decision making

Both the Care and Support Statutory Guidance and the SEN Code of Practice advocate that local authority’s Children’s and Adult services departments should devise a process by which they can work together to ensure that the young person

¹ These are:- (a) The Care and Support Statutory Guidance 2014 (supporting the Care Act); (b) The SEN Code of Practice January 2015 (supporting the Children and Families Act 2014); (c) Working Together guidance (supporting the Children Act 1989 and the Children Act 2004); (d) The Children Act guidance and regulations Volume 3: Planning transition to adulthood for care leavers (supporting the Children Act); (e) The Special Educational Needs and Disability Regulations 2014 (Part 4).

receives the services he is entitled to under all three pieces of legislation listed above and that the transition from one service to another should be seamless and keep the young person at the centre of decision-making.

The Care Act makes it clear that a local authority must carry out its care and support responsibilities with the aim of joining-up services provided by other agencies such as Health.

Both the Guidance and the Code of Practice referred to above advocate that assessments should take place at the best time for the young person and possibly two or more assessments or reviews (across the three pieces of legislation) should take place at the same time if appropriate to limit the amount of intrusion in the young person's life. The SEN Code states that preparation for adulthood should start at a young person's Year 9 review at the age of 13-14. However discussions about longer term goals should start early, ideally well before Year 9 at school, as being supported towards greater independence and employability can be life transforming for children and young people with SEND.

Managing the process at Southend

At the Council, the lead for transition is the Community Learning Disability Team in Adult Social Care, in the Department for People. The service is responsible for the assessment and care management of all adults with a Learning Disability from the age of 18 onwards.

The Team includes social work staff, a Shared Lives Team, an employment team called Making It Work and admin support. Additionally the team is co-located with South Essex Partnership Trust (SEPT) health staff that includes community nursing, speech and language therapy, occupational therapy and behaviour therapy.

Transition Protocol and Operational Group

The Transition Protocol identifies key stages and the roles and responsibilities of all the agencies and council departments involved. It is currently being revised and involving all essential people. A further workshop will be convened, and a revised Protocol will be presented to senior managers, for agreement and sign off.

The Operational Group is functioning well and is to be revised in line with the work above accordingly and any adjustments made and recorded appropriately.

Information on number of young people in transition

At any one time the number of young people involved in the transition process will be variable. As a snapshot, at the time of the scrutiny review the numbers in transition were as follows:-

- Number of children in transition open to Children with Disabilities (CWD) – 53
- The number of Looked After Children in Transition (14-18yrs) - 5 (3 are in Residential placements) (2 are 16+)
- Numbers in residential placements – 24

- Number of children anticipated moving to adult services between the ages of 14 and 18 - there are 135 young people ages between 14 and 18 that may require adult services.
- Number of children and young people in receipt of Education, Health & Care Plan – there are 364 young people in receipt of Education, Health and Care Plans (and Statements of special education need) between school Years 9 and 13.
- Budget – in 2014/15 - £450k growth for transitions and in 2015 /16 - £635k. This funding is added to LD budgets and spent as they transition from children's to adults.

3. Methods

The Committee was supported by a project team comprising:-

- ✚ Councillor Nigel Folkard, Chairman, Councillors Brian Ayling, Mary Betson (until December 2015), Steve Buckley, Alan Crystall (from 11th December 2015), Meg Davidson, Lawrence Davies, Caroline Endersby and Kevin Robinson.
- ✚ Councillor Lesley Salter (Chairman of People Scrutiny Committee).
- ✚ Officer support was provided by Sharon Houlden, John O'Loughlin, Fiona Abbott and Olivia Allen.

Evidence base

The project team met on four occasions and considered a range of information and evidence, as set out in pages 6 – 10.

Briefing / information considered by project team during review

- (i) LGA document on Transitions ('Must know on adult social care 10 – Transitions'):-
 - Need for early planning
 - Responsibilities of a corporate parent
 - Transition pack
- (ii) The relevant legislation relating to children in transition in England
- (iii) Information on 'making it work' scheme
- (iv) Local statistical information
- (v) Reviewed anonymised Education, Health & Care Plans. This demonstrated the type of adult services that young people and their families are choosing.
- (vi) Young people in transition (Local Authority is lead partner).

Witness session held on Wednesday 24th February 2016

The questions were sent to the witnesses in advance and are set out in **Table 1**.

Table 1

Question for:-		Question
STATUTORY AGENCIES	1	Can you outline & explain how transition planning is carried out in the authority / your organisation?
ALL	2	How are views of young people in transition, their families and carers sought and do they inform planning?
ALL	3	How are the responsibilities for young people leaving care in the transition clear and effectively undertaken?
ALL	4	Are there good working relationships in place with relevant partners?
ALL	5	Is there a clear (effective) strategy towards support for young people with mental health problems, disabilities, NEETs, in criminal justice system, at transition stage?
Executive Councillor for Health & Adult Social Care / HWB representative	6	Can you outline the role of the HWB to ensure that all partners take integrated approach to transition?
ALL	7	What resources are available in your organisation / across the partnership to support transition? Are there opportunities for pooling?
HEALTHWATCH SOUTHEND	8	Role of Healthwatch - views of young people in transition, their families & carers about the transition process. How do Healthwatch galvanise information from services users / families
ALL	9	How do you measure the outcomes for young people at transition stage and how do you use this information to improve services?
ALL	10	Do you have views on how the transition process can be improved?

The list of witnesses is outlined in **Table 2**. The project team would like to formally thank the witnesses for giving up their time to attend and for sharing their insights.

Table 2

Name	Representing
Session 1	
Councillor James Moyies	Executive Councillor for Health & Adult Social Care
Councillor Anne Jones	Executive Councillor for Children & Learning
Session 2	
Margaret Wall	Complex Case and Transitions Manager, Department for People
Matt Harding	Team Manager, Community Team for People with Learning Disabilities, Department for People
Elsa Moore	Commissioning Officer, DACT, Department for People
Marie Henderson	Service Manager, YPDAT, Department for People
Tom Dowler	Data, Performance & Information Manager, Department for People
Patrick Cahillane	Team Manager, CWD, Department for People

Sharon Coleman	Family Care Worker, CWD, Department for People
Marnie Bowling	Employment Co-ordinator, Department for People
Session 3	
Dr Naina Emcy	Consultant & Clinical lead – Paediatrics, Southend Hospital
Linda Dowse	NHS Southend CCG
Caroline McCarron	NHS Southend CCG
Ross Gerrie	NHS Southend CCG
Debbie Angel	Southend Adult Community College
Kate Salleh	Southend Adult Community College Westcliff Centre
Session 4	
John Cooke	Healthwatch Southend Manager
Jane Neale	Chair SAFE South

In advance of the witness session, each witness was asked to provide some brief information about them / their organisation (a 'pen picture') and what they see as the main issues.

The following project team members attended the witness session day on 24th February – Councillor Nigel Folkard (Chairman), Councillor Brian Ayling, Councillor Steve Buckley, Councillor Alan Crystall, Councillor Meg Davidson, Councillor Lawrence Davies and Councillor Kevin Robinson.

Apologies for absence were received from – Councillor Caroline Endersby, Councillor Lesley Salter, Andrew Newcombe – DwP, Sarah Hines – Southend Hospital, Sharon Hall – NELFT, Alison Semmence – SAVS, Ken Sanderson – MIND, Matt King – Trust Links and Andrea Walter – SAFE.

The following items formed the paperwork for the meeting:-

- ✚ Information from Trust Links
- ✚ Information from Adult Learning Disability Team and Transition
- ✚ Information on 'Making it Work' employment
- ✚ Information on Transition Care Planning – South Essex Partnership
- ✚ Information from SAFE
- ✚ Information on protocol between young people's and adult substance misuse services in Southend
- ✚ Information from Drug and Alcohol Team

The following main themes emerged during the event, which was organised into 4 sessions:-

Pointers of what was discussed at Session 1

- The role of the Health & Wellbeing Board.
- The role of NELFT emotional wellbeing service.
- Education, Health & Care Plans (EHCP).
- Multi agency planning process and starting point.
- Role as Members as Corporate Parents.

Pointers of what was discussed at Session 2

- Eligibility for NHS continuing healthcare.

- The Team forecasts the likely costs associated with each year group of young people transitioning to adult services. This is notoriously difficult to predict accurately due to the possibility of circumstances changing significantly (e.g. families no longer being able to support the young person).
- Whilst the transition social worker takes the lead role in the social care assessment and provision of services, the transition worker will work closely with a range of stakeholders including service providers, wider family and health professionals.
- When support planning the transition social worker considers the individuals strengths and assets (i.e. family and community support) in advance of providing services. If mainstream (non cost services) can meet eligible needs then these should be exhausted before funding services.
- Role of operational transition group.
- Gaps in services for people with Autism who appear to have high functioning autism and meeting the requirements of Autism Act 2009.
- Key role of IT in tracking progress of individuals.
- Scope to work more closely with health and join up case management between health & social care.
- Strengthening links with adult mental health services.
- The 'Making it work' programme for young people aged 18/19 upwards.
- Financial challenges.
- The links with schools, colleges and employers.

Pointers of what was discussed at Session 3

- Differences between health and social care in terms of eligibility, practice and funding.
- 'Transforming Care' national programme.
- Services are working together to prepare for adult life rather than adult services.
- Development of a single point of referral help.

Pointers of what was discussed at Session 4

- Work and role of SAFE outlined.
- Gaps in service between ages of 16 – 18 were highlighted.
- Healthwatch Southend event 2 years ago on Asperger's – 70 + people attended. Potent points made, relevant to transition.
- On-going training is a key issue.

Meeting with services users on Tuesday 1st March 2016

Three Members from the project team met with 2 young people and their parents on 1st March and the key points to emerge were:-

- Support from the Transition Worker in particular was mentioned and is very much appreciated (e.g. the transport). Her support helped make the transition smooth, straight forward and simple (but time consuming process).
- There was a concern mentioned about moving from a named person to a 'duty social worker' in the future.

- There also seems to be an issue now about accessing health services (e.g. OT) as an 'adult'. It is very different now (tougher and more time consuming) and are in mainstream / adult services.

4. Our conclusions / recommendations

Transition has always been a big focus for Department for People, as recognise the significant consequences for the young adult and their family of getting it right.

Proud of our multi agency approach and of the commitment of staff and partners in making the transition process work.

Transition is not a single stage process rather it is made up of a number of significant changes in a young person's life and can occur over a lengthy period of time. The first stage is generally when the young person turns 18 – this will often result in a replication of services already provided. The second stage is when the young person leaves school and commences college. The third stage is the completion of college and exit from education. All are significant events in a young person's life and require significant planning and support to ensure positive outcomes.

It is vital that structures and services are in place to support young people who are going through the process, allowing them to achieve their full potential and lead fulfilling lives and help prepare them for adult life. Successful transition planning is dependent on collaboration between children's and adult services across all agencies.

The project team welcomed that whole process sits in one department in the organisation.

Welcomed that across the range of services, there are staff dedicated to the work of preparing young people for adulthood, with the right skill set to provide the necessary support, working closely with a range of stakeholders including service providers, wider family and health professionals and support the work to build capacity into the system.



The transition (process) arrangements between children's and adult services are effective in Southend, and seek to support people with lifelong disabilities by looking at the whole lifetime, but there are a number of recommendations which we think could improve this.

Our recommendations

Cabinet is asked to agree the following recommendations:-

1. Need to ensure that the Transition Protocol is a live and meaningful document and the membership of the operational group has representation from key personnel / agencies.

2. That the interface with health partners (SEPT, NELFT, Hospital, CCG etc.) is further developed, moving to a model of care that encompasses all age groups without any gaps.
3. The Department for People should ensure that all agencies working with the transition of young people, are involved in the production of an information pack / directory around “Transitions and moving from children’s to adult services – easy guide for service users and carers” to cover all agencies; clarity on transition age (use preparing for adults term instead); services and support available; details of where to go for support and what should be provided (managing expectations too). The views / comments of parents, carers and young people will be taken into account in this work.
4. Employment and training – welcome the making it work scheme – recognise challenges in current economic climate and that further work be undertaken about how apply criteria for service (examine criteria, ensure not excluding people arbitrarily).
5. Consider further how best to support those young people with a diagnosis of autism or Asperger’s and in particular how the Council will take the lead in supporting the implementation of the Autism Strategy. Alongside this, we recognise that there are a number of young people with other, complex needs and physical disabilities who will be transitioning to adult services.

AGREED PROJECT PLAN	
PEOPLE SCRUTINY COMMITTEE IN-DEPTH STUDY 2015/16	
TOPIC: TRANSITION ARRANGEMENTS FROM CHILDREN'S TO ADULT SERVICES	
FRAMEWORK FOR SCRUTINY / SCOPE OF PROJECT:	
<p>(i) To investigate whether the transition (process) arrangements between children's and adults' services are effective in Southend (appropriate & clear) and to investigate whether there are different ways of providing services for people with lifelong disabilities by looking at the whole lifetime;</p> <p>(ii) To make appropriate recommendations for improved outcomes for young people at transition stage.</p>	
<p>Method: Through project team meetings and witness session – on Wednesday 24th February 2016 (& 'focus group' with service user). <i>(At these sessions, evidence will be taken in public - unless local government access to information rules requires private consideration of information).</i></p>	<p>Target date: April 2016</p>
MEMBERSHIP:	
<p>Councillor Folkard (Chairman), Councillors Ayling, Betson (until December), Buckley, Crystall (from 11th December), Davidson, Davies, Endersby & Robinson Also - Councillor Salter (Chairman of People Scrutiny Committee)</p> <p>Officer / partner support – Sharon Houlden, John O'Loughlin and Fiona Abbott (Project Coordinator).</p>	
SOURCES OF EVIDENCE	
<p>The main evidence base will be:</p> <ul style="list-style-type: none">  Legislation – Care Act 2014, Children & Families Act 2014, Children Act 1989, Mental Capacity Act, Statutory responsibilities, national guidance and research documentation  Evidence from key stakeholders 	
POTENTIAL WITNESSES:	
<ul style="list-style-type: none"> • Executive Councillor for Children & Learning • Executive Councillor for Health & Adult Social Care • Health & Wellbeing Board representative • Council officers: <ul style="list-style-type: none"> Ian McFee (Group Manager SEN) Matt Harding (Team Manager, Community Team for People with Learning Disabilities) Glyn Halksworth (Strategy Manager, Drug & Alcohol Commissioning Team) – 	

Complex Needs Panel
Finance representative
Alison Crowe (Service Manager for Children with Disabilities)

- Health partners
Dr Naina Emcy - clinical lead for paediatrics
LD liaison team at Hospital – LD Liaison Nurse – Sarah Hines
SEPT
GP / NHS Southend CCG
- CAMHS provider (NELFT)
- Making it Work scheme (Employment support service) – Marnie Bowling
- Healthwatch Southend – John Cooke
- SAVS – Alison Semmence
- Trust Links – Matt King
- Jobcentre Plus
- Head Teacher from Special School
- Principal, Adult Community College
- Representative from SAFE
- 'Focus Group' with service user / users

Issues to explore / questions to cover:

- (a) How transition planning is carried out in the authority (when – early enough)?
- (b) How are views of young people in transition, their families and carers sought and do they inform planning?
- (c) Responsibilities for young people leaving care (clear / effectively undertaken)?
- (d) Are there good working relationships in place with relevant partners and an effective strategy towards support for young people with mental health problems, disabilities, NEETs, in criminal justice system, at transition stage?
- (e) Leadership role of HWB to ensure that all partners take integrated approach to transition?
- (f) Resources – resources across partnership – pooling / opportunities for pooling?
- (g) Role of Healthwatch - views of young people in transition, their families & carers about the transition process. How do Healthwatch galvanise information from services users / families
- (h) How measure outcomes for young people at transition stage and how use this information to improve services?

(Source – 'Must know on adult social care 10 – *Transitions*'. LGA, November 2014)

Scrutiny process is structured to add value and is supportive of the challenges already set to be delivered, but has limited resources, which need to be focused on providing the front line service and the priority outcomes for the Council.

RECOMMENDATIONS:

To make appropriate recommendations to the Council.

Brief Glossary

Special Educational Needs (SEN)

Education, Health & Care Plans (EHCP)

South Essex Partnership Trust (SEPT)

North East London Foundation Trust (NELFT) (emotional wellbeing service)

NHS Southend Clinical Commissioning Group (CCG)

Department for People – Department in the Local Authority, with responsibility for adult social care, children’s services and other functions.

Community Team for Children with Disabilities (CWD)

Drug & Alcohol Commissioning Team (DACT)

Young Persons Drug & Alcohol (YPDAT)

Occupational Therapy (OT)

Health & Wellbeing Board (HWB)

Not in Education, Welfare or Training (NEET)

Supporting Asperger’s and (High Functioning Autistic) families in Essex (SAFE)

Department for Work & Pensions (DWP)

Southend Association of Voluntary Services (SAVS)

Mental health charity (MIND)

Contact Details

For further information about this report please contact:

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Legal & Democratic Services

Corporate Services

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Southend-on-Sea Borough Council

Report of Chief Executive & Town Clerk
to
Cabinet
On
28 June 2016

9

Report prepared by: Tim MacGregor
Team Manager - Policy & Information Management

Corporate Plan & Annual Report – 2016

Relevant Scrutiny Committee(s): People; Place; Policy & Resources Scrutiny
Committees. Executive Councillor: Councillor Lamb
A Part 1 Public Agenda Item

1. Purpose of Report

1.1 To agree the Council's draft Corporate Plan and Annual Report, 2016.

2. Recommendations

2.1 That the Council's draft Corporate Plan and Annual Report, 2016, is agreed.

3. Background

3.1 The Corporate Plan and Annual Report sets out the Council's vision, aims, priorities as well as the key actions and performance measures for the forthcoming year in one document. It also provides an opportunity for the Council to highlight its key achievements over the past year.

3.2 It is particularly useful in communicating the achievements, priorities, actions and performance measures to residents, staff, partners and other stakeholders.

3.3 Appendix 1 provides the draft text for the 2016 Corporate Plan and Annual Report, which will be subject to further work on design and production, with any changes authorised by the Chief Executive, in consultation, where necessary, with the Leader of the Council. The content and purpose of each section is outlined below:

Section	Purpose
Section 1 – Introduction	Provides context to the rest of the plan and a summary of some key achievements and key themes and aims for the forthcoming year.
Section 2 - Council Governance,	Outlines the Council's governance arrangements
Section 3 - Structure charts,	Sets out the Council's political and officer structures
Section 4 - Council Budget	Sets out the high level Council revenue and capital budget for 2016/17.
Section 5 – Council Values	Outlines the values of the Council
Section 6 – Key achievements,	Sets out the key achievements of the Council over the last year.
Section 7 - Corporate Priorities, 2016/17.	Sets out the Council's 15 Corporate Priorities for 2016/17.
Section 8 – Equality Objectives	2016/17 – Council's Equality Objectives
Section 9 – Corporate Priority performance measures	Sets out the key performance measures identified to help deliver the Corporate Priorities.
Section 10 – Public facing performance measures,	Sets out those performance measures that have particular relevance to residents.
Section 11 - Corporate Priority actions	Sets out the key actions identified to help deliver the Corporate Priorities.

3.4 Progress against the plan will be reported regularly to Cabinet, Scrutiny Committees and the Corporate Management Team to assess whether the Council is delivering against its priorities and actions.

4. Other Options

4.1 There is no requirement to have an Annual Report or Corporate Plan but it enables the Council to set out its vision, aims and priorities in one document – making it easier to communicate these to staff, residents, partners and others.

5. Reasons for Recommendation

5.1 To ensure the Corporate Plan and Annual Report reflects the needs of the organisation and the borough's communities.

6. Corporate Implications

6.1 Contribution to Council's Vision and Corporate Priorities:
The Corporate Plan and Annual Report sets out the Council's vision, Corporate Priorities and related performance targets and actions which can then be monitored to assess whether the Corporate Priorities are being delivered.

6.2 **Financial Implications** - None specific.

- 6.3 **Legal Implications** - None
- 6.4 **People Implications** - None.
- 6.5 **Property Implications** - None.
- 6.6 **Consultation** – None specific
- 6.7 **Equalities and Diversity Implications** - Assessments of the impact of decisions relating to the budget on different sections of the community and staff was undertaken as part of the budget making process and helped to shape the content of the Corporate Plan and Annual Report.
- 6.8 **Risk Assessment** - Corporate Risks are identified and monitored alongside the actions and indicators in the Corporate Plan.
- 6.9 **Value for Money** - The Council benchmarks its performance and spend against comparators to ensure that it is providing value for money.
- 6.10 **Community Safety Implications** - The Council has corporate priorities to ‘Create a safe environment across the town for residents, workers and visitors’ and to ‘Work in partnership with Essex Police and other agencies to tackle crime’ and has identified appropriate performance measures and actions.
- 6.11 **Environmental Impact** - The Council has corporate priorities to ‘encourage and enforce high standards of environmental stewardship’ and ‘continue to promote the use of green technology and initiatives to benefit the local economy and environment’

- 7. **Background Papers** - None.

- 8. **Appendices**
 - 8.1 Appendix 1: Draft Corporate Plan and Annual Report - 2016.

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Draft

Corporate Plan and Annual Report 2016

Draft Introduction from the Leader and Chief Executive

Welcome to Southend-on-Sea Borough Council's Corporate Plan & Annual Report – 2016. I hope you find this a useful document in outlining our vision, aims and values, showing where the Council spends your money and where we get it from, highlighting the Council's recent activity and in setting out our ambitions for the coming years.

The Council faces enormous challenges in meeting the growing needs of local residents and in finding the savings required of us by central government. Since 2011/12 the Council has taken £56m from its budget with a further £10.5m required for 2016-17 and projected £28m savings for 2017-20.

In achieving these savings we will be doing our best to protect front line services and prioritise those most valued by local people. This also means getting the best value in commissioning services, targeting services to those who need them most, looking at new ways to do things and helping residents and communities to help themselves. This may also mean stopping certain things that we currently do and providing services in different ways. We, therefore, want to hear your views on what sort of borough you want in the future and what sort of Council is needed to make those views a reality.

Despite the challenges the Council has big ambitions for the borough and is continuing to invest in the town's infrastructure, environment, cultural vibrancy and tourism offer. The current year will see the new seafront lagoon open, the energy efficient LED street-light replacement programme continue and more investment going into schools, parks, roads, footways, car parks, homes, the pier and seafront cliff.

The Council is also driving projects to transform the Queensway area, develop the airport business park, including the Med-Tech campus and innovation centre, re-develop Victoria Avenue and create a 'Smart City' that uses new technology to create opportunities for innovation and sustainable growth as well as developing new models of health and social care.

The May 2016 elections saw the Conservative Group return as the administration of the Council and it is determined to ensure it gets the very best outcomes for residents, businesses and visitors. It will be working hard with community groups, partners and residents to make this happen and we hope this Corporate Plan & Annual Report gives you a good flavour of what, and how, this will be done in the coming years.

**Councillor John Lamb
Leader of the Council**

**Rob Tinlin
Chief Executive**

About Southend-on-Sea Borough Council

Southend-on-Sea Borough Council serves a population of 177,900 residents. The Council's gross expenditure is approximately £390m and employs around 1,800 staff to provide a huge range of services to meet the needs of local people. The A-Z of all our services can be found at www.southend.gov.uk

The Council's vision of 'Creating a better Southend' is supported by 5 aims:

- Clean
- Safe
- Healthy
- Prosperous
- Led by an Excellent council

The Council identifies priorities, related actions and performance measures to assess how well it is doing in achieving its aims.

Consultation with residents and our key partners, including Essex Police, NHS South Essex, Essex Fire and Rescue, plus the business and voluntary and community sectors inform the Corporate Priorities.

Governance:

The Council has 51 Councillors representing 17 wards. Councillors serve for four years and one third of the council is elected each year for three years, followed by one year without election. The last elections took place on 5 May 2016, resulting in the following political make-up of the Council:

- | | |
|-------------------------------|-----------|
| - Conservative Group | 24 |
| - Labour Group | 10 |
| - Independent Group | 9 |
| - Liberal Democrat Group | 2 |
| - Southend Independence Group | 3 |
| - UKIP Group | 2 |
| - Non-aligned | 1 |

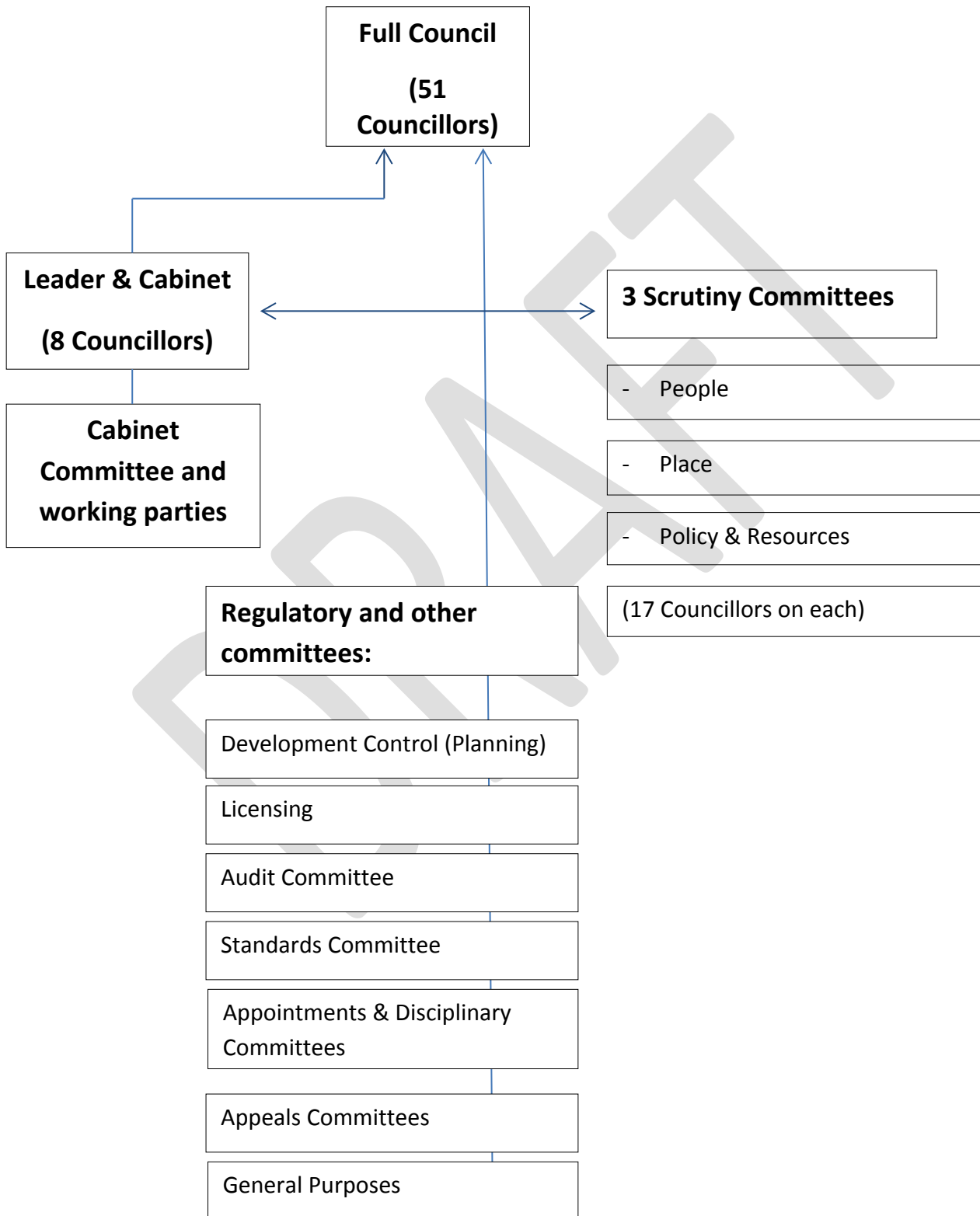
Following the local elections, the Conservative Group formed a minority administration.

The Council operates a Leader and Cabinet model. Major functions, such as agreeing the budget and policy framework are taken by the whole Council. Key executive decisions are taken by a Cabinet of eight Councillors with decisions and other issues reviewed by three scrutiny committees, made up of Councillors not in the Cabinet. Other committees undertake specific functions, for example, in relation to Planning and Licensing. Full details of the Council's decision making process are available at www.southend.gov.uk

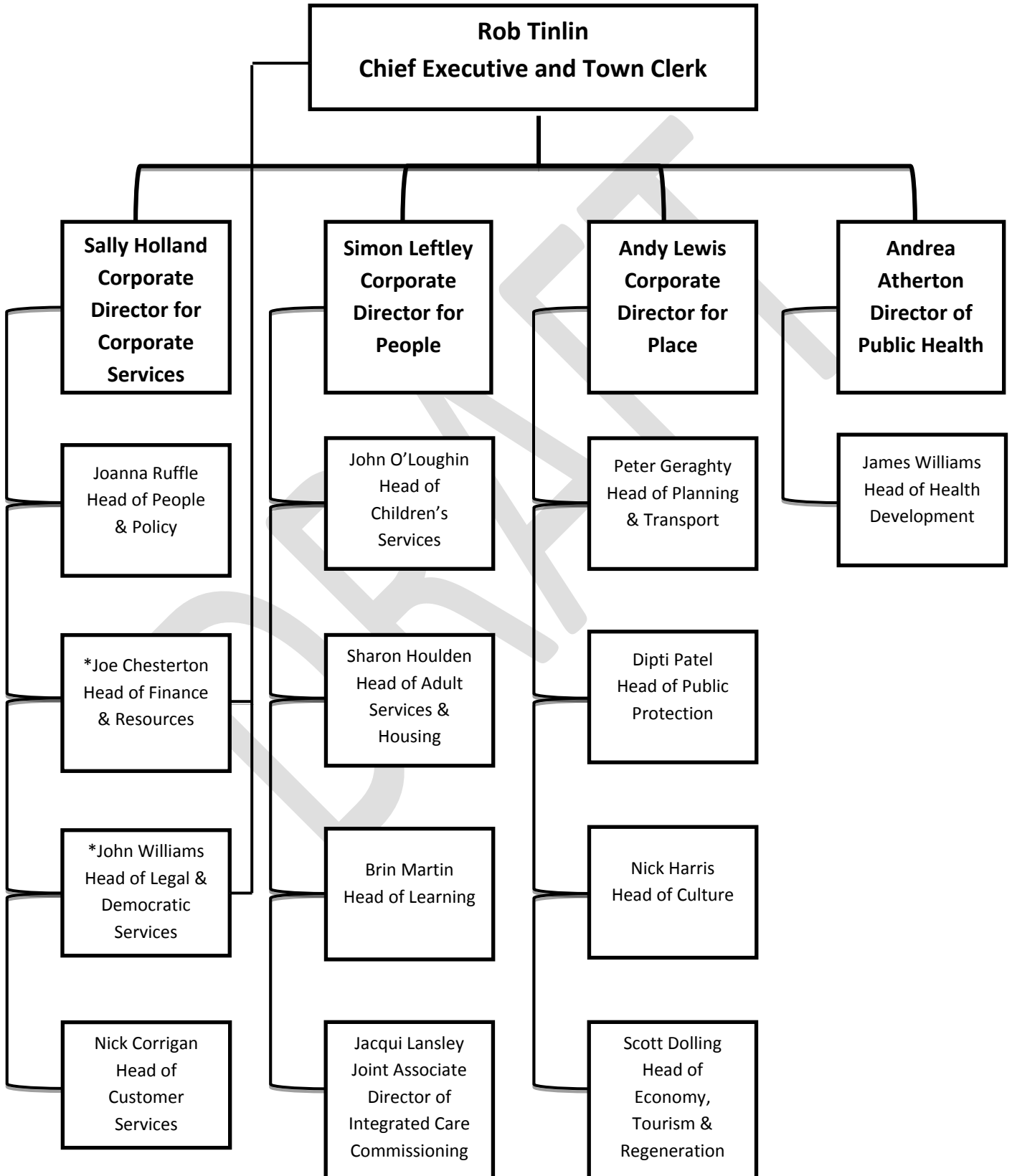
Officer Structure:

The Council has three departments, People, Place and Corporate Services – with 13 separate service areas, which in turn are divided into about 70 service groups. The Council is also responsible for the provision of most public health services.

Structure Chart - Political



Senior Officers: Corporate Directors and Heads of Service



*Directly reporting to the Chief Executive in respect to their statutory roles
15.6.16,TM

Council Budget

	Budget	Budget
	2015/16	2016/17
	£000	£000
Portfolios		
Leader	3,285	3,419
Culture, Tourism & the Economy	13,732	14,261
Corporate & Community Support Services	3,323	2,950
Housing , Planning & Public Protection Services	13,664	10,747
Children & Learning	33,477	30,770
Health & Adult Social Care	39,911	40,912
Transport, Waste & Cleansing	25,236	23,127
Technology	(386)	110
Contingencies, Savings etc.	4,775	5,616
Net Cost of Services	137,017	131,912
Capital financing removed	(19,982)	(18,642)
Adjusted Net Cost of Services	117,035	113,270
Levies	550	585
Interest Payable and Receivable	16,062	15,787
Net Operating Expenditure	133,647	129,642
Contribution to /(from) earmarked reserves	(6,671)	(8,656)
Revenue Contribution to Capital	3,090	6,472
General Government Grants	(3,973)	(4,252)
Total to be funded from Council Tax and Government Grant	126,093	123,206
Funding from Council Tax and Government Grant		
Revenue Support Grant	(28,728)	(21,412)
Business Rates	(33,062)	(33,628)
Council Tax	(63,303)	(65,875)
Adult Social Care Precept	0	(1,291)
Collection Fund Surplus	(1,000)	(1,000)
	0	0

Capital investment in Southend

The Council has plans to spend a total of £73.5m on capital schemes for 2016/17

General Fund Services	£m
Highways & Infrastructure Maintenance & Improvements	11.9
Energy Efficiency and Street Lighting	11.2
School Improvement	8.8
Improvements & Priority Works to Council Property	8.5
Pier, Foreshore & Regeneration	5.3
Investment in ICT	3.8
Disabled Facilities Grants and Private Sector Housing	3.1
Transport and Parking Schemes	3.1
Leisure Facilities Improvements	2.6
Investment in Commercial Property	2.0
Adult Social Care	1.5
Cemeteries & Crematorium	0.9
	62.7
Council Housing	£m
Decent Homes Improvements	7.3
Construction of New Housing/Acquisition of Leaseholds	3.1
Sheltered Housing Remodelling	0.4
	10.8

Southend on Sea Borough Council's Values

Living Our Values

Our values guide how we go about our work. They provide a framework for everything we do from day-to-day activities to key business decisions.

<p>EXCELLENCE We aspire for excellence in our work</p>
<p>AS ONE We work as one organisation</p>
<p>RESPONSIBLE We are all responsible for the performance of our organisation</p>
<p>OPEN & HONEST We are open, honest and transparent, listening to other's views</p>
<p>CUSTOMER CARE Good customer care is at the heart of everything we do</p>
<p>SUPPORTIVE We support, trust & develop each other</p>
<p>VALUING ALL We value the contribution of all our people</p>

Key Achievements - 2015/16

(against the 2015/16 Corporate Priorities)

Safe:

1. Create a safe environment across the town for residents, workers and visitors

The Council joined forces with the emergency services and other councils to launch the Safer Essex Roads Partnership aimed at reducing deaths and serious injuries on county roads to zero.

£1.3m was spent on road resurfacing and pavement renewal based on priority need following an extensive survey of the borough's roads and pavements.

A new surface pedestrian crossing at the Kent Elms junction was installed to improve access, particularly to people with disabilities, prior to Phase 2 of the project, which will see the junction widened to better manage traffic and ease congestion.

The Council implemented new road schemes to improve road safety, particularly around the borough's schools and hospital and the Council's Road Safety Team has delivered numerous events and road safety sessions, encouraging pedestrians, drivers, riders, and cyclist to stay safe

The Council managed the Government's grant programme to support over 100 homes and businesses previously affected by flooding to install flood prevention measures

About 1.2 metric tonnes of illegally picked oysters were seized to help keep the public safe from potentially contaminated products.

The three year £13.5m project to upgrade the borough's 14,000 streetlights with new energy-efficient LED units accelerated thanks to Green Investment Bank funding, enabling the programme to be extended to illuminated street furniture and replacement/refurbishment of ageing light columns.

3,157 environmental investigations were undertaken in relation to local environmental crime, for example fly-tipping, littering, and duty of care breaches

2. Work with Essex Police and other partners to tackle crime

With Essex Police the Council secured and enforced an injunction on dangerous and unauthorised 'car-cruise' events in the borough.

Southend-on-Sea continued as a Purple Flag area, in recognition of its safe and well-managed night-time economy, achieving the national gold standard.

The Council, in partnership with Essex County Council, Essex Police, Thurrock Council and others, contributed to the '#TogetherWeCan' campaign to break the stigma of domestic abuse by getting people to talk about it and show their support, particularly on social media

The Anti-Social Behaviour Team dealt with 638 reports and obtained seven Criminal Behaviour Orders. The Team also conducted 23 mediation sessions with an 82.6% success rate

27 car parks have been awarded the 'Park Mark' award by the Association of Chief Police Officers and the British Parking Association for meeting national standards for safety, security, quality, and facilities management

3. Look after and safeguard our children and vulnerable adults

Hands-on training and support helped to raise awareness of what makes children and adults vulnerable to exploitation by extremists and how they can help prevent it from happening. The Home Office approved training programme, was rolled out across schools and colleges to ensure that teachers and other members of staff know how to intervene appropriately.

A restructured Integrated Locality Service and Streets Ahead (Southend's Troubled Families programme) Team now provides a 'core' integrated Early Help Family Support Service to enable all contributors to early help in the borough to act before the needs of children and families escalate.

Streets Ahead has grown from strength to strength, achieving 100% 'Payment by Results' for 420 'Turned Around Families', enabling the borough to be selected to be one of the Phase 2 'early starters', giving 1480 more families the opportunity for support and a better quality of life over the next 5 years.

A number of local shops and businesses signed up to a new scheme, led by the Safeguarding Adults and Children's Boards in partnership with SHIELDS support group for people with learning difficulties and the Council. The 'Keep Safe' scheme means they will let vulnerable people use their phone to call someone they trust, or make a call on their behalf, with permission

The Council and the Local Safeguarding Children's Board (LSCB) supported a national campaign, to tackle child abuse and encourage local people to report any concerns. The 'Together, we can tackle child abuse' campaign emphasises the role everyone can play in protecting children and young people.

22.2% of appropriate social care clients received direct payments to help them plan their social care a further improvement on 2014/15.

The number of delayed discharges from hospital attributable to adult social care improved again to a rate of 1 per 100,000 of the population - against the 2015 national rate of 3.7.

82.80% of over 65s remained at home 91 days after discharge from hospital to rehabilitation

Southend Dementia Action Alliance, a new partnership of firms, charities, public sector partners and the Council, was launched to help boost the quality of life for those with dementia, their families and carers. There are now 530 Dementia Friends across the borough.

Two adult social care pilot schemes were launched as part of a project to transform the social and healthcare system. 'Discharge to Assess' is supporting timely and appropriate hospital discharges, while 'The Overnight Support' project provides adults with waking-night care from 10pm to 7am for up to five days

The Council was 6th in the country in terms of speed of processing adoptions with no disruptions.

The Council improved the recruitment and retention of foster carers, meaning more children could be fostered locally.

The Council supported over 2700 clients to stay in the community and be as independent as possible - 500 adult clients with a learning disability, 152 adults with mental health conditions and 800 adult clients with a physical or sensory impairment.

The Council agreed to establish a local authority trading company to manage Delaware House, Priory House adult care homes and Viking Day Centre to lead improvements in social care across the borough's care economy

Clean:

4. Promote the use of green technology and initiatives to benefit the local economy and environment

The Council has delivered a series of solar Photovoltaics (PV) projects across its property portfolio, which will generate 454KWh of solar energy – enough to power 1,000 houses for a year

The Council delivered the Borough's first carbon positive project at the Pier Lift Tower, which through the installation of solar PV, will see the building generate more energy than it actually uses

The Council's award winning partnership with OVO Energy has helped residents and businesses save around £1.2m from their bills by switching to a Southend specific energy tariff and helping those in fuel poverty.

The Council continued to roll-out a low-carbon and renewable technology programme throughout its buildings. The programme is designed to save costs, reduce CO2 emissions, generate new revenue streams and includes specifically targeted CO2 reduction in schools

Funding has been secured from Innovate UK for a two year project, 'Utilising Emobility Hubs to install electric vehicle charging posts, electric car club, bike and e-bikes for hire, a website for bookings and an integrated smart card system

The borough was recognised as the 'greenest' location in the 2016 UK Vitality Index, annual assessment of every large town/ city outside London, in terms of healthy, expansive economics, and those best placed to support growth and opportunities for business to expand.

Southend-on-Sea was ranked joint first out of 63 cities and towns in the 'Cities Outlook' 2016 report in terms of urban environment with the lowest CO2 emissions per capita

The Council has been selected, ahead of 36 other councils, by the Environment Agency to work in partnership with their Climate Ready team to use their tools and methods to support progress at a local level in the borough

The Council approved a £1.29m energy efficiency programme for Temple Sutton Primary School, the largest solar PV project in the borough. The project aims to deliver £2.84m gross saving across 25 years (before costs) with 285 tonnes saving in CO2.

The Council's Strategic Planning Team was successful in securing a grant from the Department of Energy and Climate Change's Heat Network Delivery Unit. Funding was utilised to help identify areas of high heat usage and potential opportunities to operate district heating schemes in Southend-on-Sea

5. Encourage and enforce high standards of environmental stewardship

The Council launched the 'make Southend Sparkle' campaign to recruit volunteers, bring community groups together and attract funding to target 'grot spots' and clean up the borough

A new 15 year recycling, waste and street cleansing service contract started in October 2015, with the new contractor, Veolia, committed to improving recycling rates, maintaining weekly collections and improving the street scene. The new contract will save £22.2m over its life.

The Council managed about 1m waste and recycling collections, collecting about 75,000 tonnes of waste, with about half recycled.

The Council won a prestigious National Cleansing Award from the Chartered Institute of Waste Management and 98% of streets in the borough met the acceptable standard of cleanliness across the whole of the borough

The Council emptied and maintained around 700 litterbins and 300 dog bins within the borough

The Council cleaned more than 400km of streets and roads and also maintains its cleanliness to promote environment stewardship for Southend residents

All seven of Southend's beaches have been awarded achieved a prestigious Keep Britain Tidy 'seaside award', including three beaches achieving the top Blue Flag award

The Council maintains more than 1,000 acres of parkland and open spaces, including 45 parks and open spaces, with five Green Flag award winning parks and open spaces continuing to promote environmental stewardship.

Healthy:

6. Promote healthy and active lifestyles for all

1300 Southend residents were helped to stop smoking with the help of the stop smoking service. A new 'Smoke Free' strategy was agreed following public consultation.

The NHS Health Check programme saw 6619 residents between 40 and 75 take the opportunity to check their health risks, particularly in relation to strokes and heart attacks, exceeding the national target.

A new Older People Strategy was agreed to set out how Southend Clinical Commissioning Group and the Council will commission and deliver services for older people over the next three years.

170 older people completed the Council's extensive 16 week community falls prevention programme. A further 216 older people received a comprehensive assessment and support to help reduce their risk of falling.

Free flu jabs and nasal sprays were made available through GP practices. Two to four year olds are eligible for the vaccine sprays while those entitled to a free jab include over 65s, pregnant women, people with asthma and diabetes and those with chest and heart complaints.

Vaccination, which protect against four different types of meningococcal bacteria, are being offered to teenagers, sixth formers and first year university students as part of the NHS childhood vaccination programme

48 more employers were signed up to the Public health Responsibility Deal, meaning over 100 local organisations have committed to helping local people improve their health and wellbeing.

130 families were supported by the MoreLife programme, a scheme aimed at tackling childhood obesity.

The Warm and Well partnership scheme, continued to target more vulnerable resident, making sure the risk of serious health problems are reduced during the winter months.

The £40m Big Lottery funded programme, Fulfilling Lives: 'A Better Start', continues its work to help parents give their children from 0-3 a better start in life. The project is seeing a wide range of activities and services promoting personal, social and emotional development, communication, health and nutrition over the next nine years and beyond

7. Enable the planning and development of quality, affordable housing

The second phase of the Better Queensway housing regeneration project was begun. The project could see a new community of 1000 homes a new commercial and mixed use re-development that transforms the area in the coming years

The Council continued its drive to create more local affordable homes for rent, with contractors appointed to build 19 new properties across six underutilised garage sites in Shoeburyness.

The Council provided support to 850 households to remain in, or secure, accommodation, preventing homelessness within the Borough.

8. Work with the public and private rented sectors to provide good quality housing

£7.8m was allocated to the decent homes programme to continue improvements to energy efficiency and health and safety in the Council's housing stock.

£1m of capital funding was secured from the Homes and Community Agency's Homelessness Change Programme for three projects in the borough.

264 properties were adapted, through £1m of Disabled Facilities Grants, helping to improve properties and enable more people to live in their home.

Proactively inspected over 100 Houses in Multiple Occupation (HMOs) to ensure basic minimum standards of accommodation were achieved in often high-risk homes.

About 350 serious hazards, such as those relating to fire, damp and sanitation, were removed from privately rented properties

The Council assisted willing landlords and managing agents to improve standards throughout the private rented sector by offering free information sessions and training through Landlords Forums and on-going support to the South East Alliance of Landlords, Agents and Residents (SEAL).

Effective enforcement was undertaken against 'rogue'/'criminal' landlords through, as a last resort, successful prosecutions, to encourage failing landlords to improve and good landlords to maintain their higher standards

Prosperous:

9. Improve the life chances of our residents, especially our vulnerable children and adults, by working to reduce inequalities and social deprivation across our communities

A higher proportion of adults with learning disabilities (11%) are in paid employment compared to last year

The Council came 16th out of 45 local authorities in the Stonewall Education Equality Index, showcasing how well they tackle homophobia and homophobic bullying in schools. 11 schools are working towards becoming Equality and Diversity Champions and have undertaken a range of training sessions for students and teachers – including with Show Racism the Red Card

For the seventh year running, the Council retained its position as one of the UK's top 100 employers in the Stonewall Workplace Equality Index, an annual benchmarking exercise that ranks the top 100 employers in Britain. The Council was ranked 82nd overall

10. Ensure continued regeneration of the town through a culture led agenda

The Forum, Southend-on-Sea has been officially opened by The Duke of Kent, unveiling a stunning sculpture of HM The Queen. His Royal Highness carried out the ceremony at the thriving library and learning hub in Elmer Square, developed through a unique three-way partnership

The new Shoeburyness library opened in September 2015 as part of the redevelopment of the Shoebury Youth Centre and new community supported branch libraries were introduced.

83 volunteers regularly supported the library and museum's services

Volunteers gave 18,304 hours of their time in relation to cultural services providing support free of charge for the community encouraging active lifestyles

There were 4,321,179 attendances at and participated at Council owned or affiliated cultural and sporting activities and events

There were 1,084,918 visits to our libraries, including 778,023 at The Forum alone.

The Focal Point Gallery celebrated its 25th Anniversary with a series of imaginative exhibitions, receiving 66,387 visitors during this celebratory year.

A new leisure centres contract with Fusion Lifestyle charity, started in July 2015, which will see a saving of £4m over 10 years and offer more outdoor activities in the summer, healthier lifestyle promotions, a new 'Tennis in the Parks' scheme along with many other new initiatives

The world's first digital park in Chalkwell Park opened, giving art lovers a chance to use their smartphones and tablets to enjoy cutting edge installations

Work to create a new lagoon along Southend seafront started, which together with new toilets and showers at the Three Shell Beach, will provide first class water facilities for the area, including when the tide is out

Work continued with Historic England on the conservation of the London shipwreck site

Major capital funding from the Lawn Tennis Association was received to refurbish tennis courts in Priory and Chalkwell Parks.

£1.98m was been earmarked for non-structural Pier work and improvements to decking, lamp columns, electrics, shelters, and toilets in addition to £2.65m identified for structural works that has been brought forward from 2015 budget

The Council received Sport England Community Sports Activation funding to deliver the Active Women project across the borough

Strong partnership working continued to develop with local arts organisations in the delivery of events such as Village Green, 12,000 people enjoying 45 performances at the Bandstand and 800 people captivated by Royal Opera House and Last Night of the Proms live screenings at Elmer Square.

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

The Council supported 810 people into employment either created or safeguarded through the Government's business grants programme, which closed in June 2015

Fit4 Work courses, run by Seejobgroup, were set up to give unemployed Southend residents the best possible preparation for finding jobs. The courses offer a wide range of activities and give practical advice to help people transform their confidence and tackle job applications

Southend firms joined a bid to boost apprenticeships through the Council's Business Partnership Briefing, raising the awareness of apprenticeships and the benefits they can bring to businesses

88% of parents received their first choice primary school place for their child within the borough.

Nearly 83% of Southend school pupils attend a school judged by OFSTED as good or outstanding.

64.7% of pupils in 2015 achieved the national benchmark for GCSE grades A*-C. This has risen from previous years and shows a continuing trend of improvement above the national average.

The percentage of 16-24 year olds Not in Education, Employment or Training (NEET) was 3.9% against 4.3% nationally and 5.4% for our statistically comparable neighbour average.

12. Ensure the town is 'open for business' and that new, developing and existing enterprise is nurtured and supported

The Seaway car park £50m leisure and residential scheme progressed further, with plans continuing to develop a cinema, restaurant units, apartments and car parking in the coming years

Plans continued to potentially develop a state of the art museum to house the unique Saxon King and HMS London findings

A new Traffic Management Contract was awarded to Siemens, which will deliver further efficiencies and see a new state of the art traffic light system introduced to improve traffic flows within the borough.

The Borough's first 'Youth Market' was held to help promote entrepreneurial skills among young people and supported by a 60 Minute Mentor session from Essex Farmers' Market

Thurrock Council bought some of the Council's Town Centre Management expertise and resource.

A Broadband voucher scheme was launched enabling businesses to access financial support to upgrade their broadband provision

The Hive Enterprise Centre was officially opened and is now home to over 25 businesses

Social Saturday supported for the first time as well as small business Saturday which have been supported previously

£3.2m was secured for the Airport Business Park from Local Growth Fund via South East Local Enterprise Partnership (SELEP).

The CONNECT project was launched in partnership with Stobart Group and partner organisations in Cumbria (via the Local Enterprise Partnerships) to maximise opportunities of the new route between Southend and Carlisle airports by improving infrastructure at both ends and developing trade, education and tourism links.

Excellence:

13. Work with and listen to our communities and partners to achieve better outcomes for all

The Council entered into an Service Level Agreement with Southend Carnival Association to support community events through management of a refreshed community events store and support with community event applications as well as delivery of military parades in partnership with the Council.

An Investors in Volunteering assessment highlighted good practice in Southend, particularly the quality of management of volunteers and clear communication – with 101 volunteers across the youth service and good representation from hard to reach groups, people with a disability and those from ethnic minorities.

The Early Help and Family Support and Youth Offending Service has concentrated on improving and developing processes and working toward the Investors in Volunteering quality assurance standard.

The Council consulted with the public and stakeholders over the Southend Central Area Action Plan – a blueprint for the future development of the centre and seafront areas of Southend, which once adopted will inform planning decisions in the area for five years.

The Council's website was viewed 1,605,650 times, with 35,460 online payments made, helping to save resources compared to other payment methods. 31,962 online forms were submitted.

The Council exceeded its staff sickness target with 6.99 days lost per (non-school) member of staff, compared to the local government average of 8.8 days

The Council achieved the Public Service Network (PSN) accreditation from Cabinet Office.

14. Enable communities to be self-sufficient and foster pride in the town

The Hub in Victoria Shopping Centre, Southend continued its success in providing additional support for vulnerable residents and those facing hardship. Advice is provided by a range of voluntary and statutory services and by providing a community facility for use by local people and community groups. The success of the hub has led to the development of a similar facility in Shoeburyness

The MySouthend new online facility now has over 11,000 users, allowing residents, business and landlords to quickly and easily manage Council transactions online, including Housing Benefit, Council Tax and Business Rates. MySouthend aims to expand its facilities in the near future to allow users to access a wider range of tools.

15. Promote and lead an entrepreneurial, creative and innovative approach to the development of our town

Plans were further progressed with Rochford Council for development of the Airport Business Park which could include an Anglian Ruskin Medtech Campus, an innovation centre, hotel and space for local engineering and aviation businesses, together with hi-specification office space

The Hive Southend, business enterprise centre officially opened in Spring 2015. Managed by Enterprise4Good, and based in the Beecroft Art, the centre, and has created over 1500m² of business and meeting space in the town centre and offers businesses a range of flexible accommodation options

The Council promoted the start of the re-development of derelict office blocks in Victoria Avenue through threatened use of compulsory purchase powers.

The Council's award-winning planning team were shortlisted for the prestigious Royal Town Planning Institute (RTPI) Awards for Planning Excellence

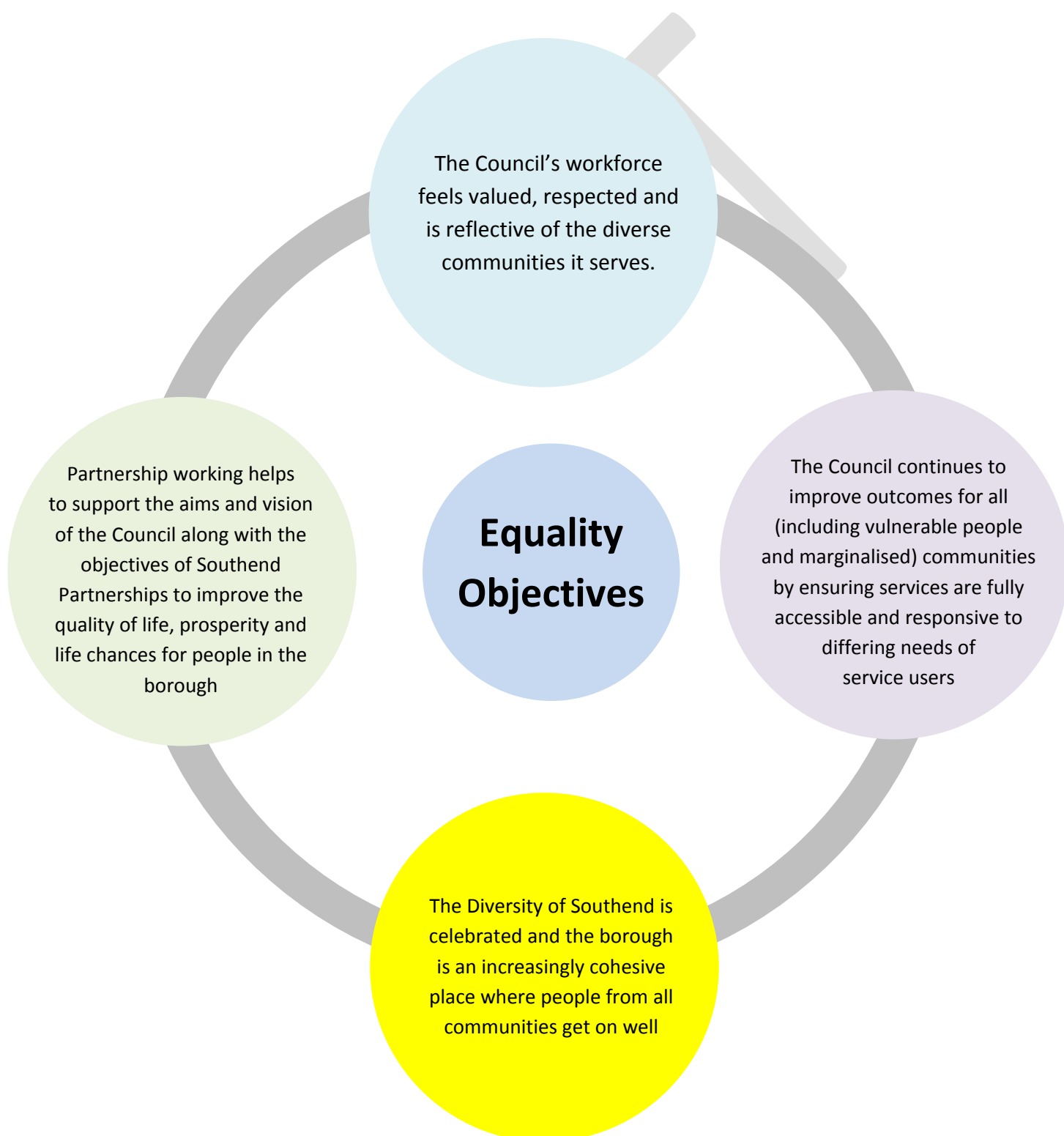
The Council was successful in the Horizon 2020 bid called 'TRACE', that aims to support the award winning 'Ideas in Motion' campaign to promote walking and cycling in the borough by determining the best use of technology and ICT tracking tools.

Corporate Priorities 2016/17



Equality Objectives

The Council's equality objectives, which support the Corporate Priorities, are listed below. These are supported by service level objectives which are specific, measurable and realistic with progress on how the Council is meeting its equality responsibilities reported regularly.



Section 9

Corporate Priority Performance Measures for 2016/17

Performance Measures	Target for 2015/16	Target for 2016/17	Aim
Number of children subject to a Child Protection Plans (per 10,000 population) [Monthly Snapshot]	37.8-45.2	45.7-52.3	Safe Create a safe environment across the town for residents, workers and visitors Work in partnership with Essex Police and other agencies to tackle crime Look after and safeguard our children and vulnerable adults
Number of Looked After Children (per 10,000 population) [Monthly Snapshot]	54.4-65	57.7-68.3	
Adults in contact with secondary mental health services living independently, with or without support (expressed as a percentage) [Quarterly Snapshot]	66%	66%	
Percentage of children reported to the police as having run away that receive an independent return to home interview (where parents' consent)[Cumulative]	85%	85%	
Score against 10 British Crime Survey crimes; Theft of vehicle, theft from vehicle, vehicle interference, domestic burglary, theft or cycle, theft from person, criminal damage, common assault, woundings, robbery [Cumulative]	7389	7389	
Percentage acceptable standard of cleanliness: litter [Cumulative]	90%	92%	Clean Continue to promote the use of green technology and initiatives to benefit the local economy and environment Encourage and enforce high standards of environmental stewardship
Number of reported missed refuse collections per 100,000 [Monthly Snapshot]	45	45	
Percentage of household waste sent for reuse, recycling and composting [Cumulative]	54%	54%	
Proportion of people who use services who receive Direct payments [Year to date Snapshot]	N/A	30%	Healthy Actively promote healthy and active lifestyles for all Work with the public and private rented sectors to provide good quality housing Improve the life chances of our residents, especially our vulnerable children and adults, by working to reduce inequalities and social deprivation across our communities
Proportion of older people 65 and over who are still at home 91 days after discharge from hospital to rehabilitation.	86%	86%	
Proportion of adults with learning disabilities in paid employment [Quarterly Snapshot]	10%	10%	
Delayed transfers of care from hospital for social care per 100,000 population [Average]	N/A	1.43	
Number of Children having participated in an Early Help Assessment (cumulative)	N/A	2000	
Number of attendances at council run or affiliated arts and sports events and facilities [Cumulative]	3,429,000	4,000,000	
Number of people successfully completing 4 week stop smoking course [Cumulative]	1300	1300	
Take up of the NHS Health Check programme – for those eligible [Cumulative]	5673	5673	

Number of Southend employers signed up to the Public Health Responsibility Deal [Cumulative]	40	40	
Percentage of Children in good or outstanding schools	75%	80%	Prosperous Maximise opportunities to enable planning and development of quality, affordable housing Ensure residents have access to high quality education to enable them to be lifelong learners and have fulfilling employment Ensure the town is 'open for business' and that new, developing and existing enterprise is nurtured and supported Ensure continued regeneration of the town through a culture led agenda
Major planning applications determined in 13 weeks [Cumulative]	79%	79%	
Minor planning applications determined in 8 weeks [Cumulative]	84%	84%	
Other planning applications determined in 8 weeks [Cumulative]	90%	90%	
Current Rent Arrears as percentage of rent due [Monthly Snapshot]	1.77%	1.7%	
Percentage of Council Tax for 2015/16 collected in year [Cumulative]	97.0%	97.2%	
Percentage of Non-Domestic Rates for 2015/16 collected in year [Cumulative]	97.6%	97.8%	
GovMetric measurements of satisfaction (3 channels – Phones, Face 2 Face & Web) [Cumulative]	≥80%	≥80%	Excellent Work with and listen to our communities and partners to achieve better outcomes for all Enable communities to be self-sufficient and foster pride in the town Promote and lead an entrepreneurial, creative and innovative approach to the development of our town
Number of payments made online [Cumulative]	≥50,000	≥50,000	
Number of volunteers hours delivered within cultural services [Cumulative]	12,000	13,000	
Working days lost per FTE due to sickness – excluding school staff [Cumulative]	7.20	7.20	

Public Facing Performance 2016/17

Outward Facing Name	Indicator Name	Annual Target 2015/16	Annual Target 2016/17
How much of your household waste is recycled?	Percentage of household waste sent for reuse, recycling and composting	54%	54%
How quickly are your planning applications decided?	Other planning applications determined in 8 weeks	90%	90%
How reliable are your refuse collections?	Number of reported missed collections per 100,000	45	45
Customer Satisfaction	GovMetric measurement of satisfaction (3 channels)	≥80%	≥80%
How clean are your streets?	Percentage acceptable standard of cleanliness: litter	90%	92%
How many visits to council run or affiliated arts and sports events and facilities in Southend-on-Sea	Number of attendances at council run or affiliated arts and sports events and facilities in Southend-on-Sea	3,429,000	4,000,000

Corporate Priority Actions 2016/17

Action	Due Date	Directorate	Aim
1 Deliver the priorities of the Strategic Intelligence Assessment to support a reduction in crime	31 Mar 2017	Place	Safe Create a safe environment across the town for residents, workers and visitors
2 Successfully implement the new parking enforcement contract	31 Mar 2017	Place	
3 Implement the outcome of the 20mph Speed Limit Scrutiny Project	31 Mar 2017	Place	
4 Implement and embed the Early Help offer redesign	31 Mar 2017	People	
5 Monitor the implementation and delivery of the new commission the new Emotional Health and Wellbeing service	31 Mar 2017	People	
6 Implement and performance manage the Multi-Agency Risk Assessment Team	31 Mar 2017	People	
7 Delivery a high performing waste collection and street cleaning service across the Borough including the recycling / composting rate to 54%	31 Mar 2017	Place	Clean Continue to promote the use of green technology and initiatives to benefit the local economy and environment
8 Continue to utilise environmental enforcement powers where appropriate to maintain an attractive street scene for residents and visitors (Clean and Green)	31 Mar 2017	Place	
9 Implement the new model for service delivery for the Grounds Maintenance Service	31 Mar 2017	Place	
10 Deliver the aspirations of the Council's Low carbon Energy Strategy 2015-2020	31 Mar 2017	Place	
11 Continue to implementation the agreed corporate Energy Projects including the Southend Energy Partnership	31 Mar 2017	Place	
12 Produce a new Highway Asset Management Plan to support the maintenance and improvement of the roads, pavements and street furniture across the Borough	31 Mar 2017	Place	
13 Delivery and implement the Traffic & Highways Capital Programme	31 Mar 2017	Place	
14 Delivery the programmed replacement of old street lighting lantern with new LED type	Multi-year programme with annual targets	Place	
15 Develop and implement an Accident Prevention Strategy	31 Mar 2017	Public Health	Healthy Actively promote healthy and active lifestyles for all Work with the public and private rented sectors to provide good quality housing Improve the life chances of our residents, especially our vulnerable children and adults, by working to reduce inequalities and social deprivation across our communities
16 Develop a Mental Wellbeing Strategy	31 Mar 2017	Public Health	
17 Develop a social marketing programme for health improvement	31 Aug 2016	Public Health	
18 Develop a public health vision that informs prioritisation of public health needs within the community and revise the public health strategy to address these	31 Dec 2016	Public Health	
19 Deliver Phase 2 of the Streets Ahead programme	31 Mar 2017	People	
20 Deliver Year 2 of the Fulfilling Lives programme to improve the life chances of children aged 0-3	31 Mar 2017	People	
21 Narrow the achievement gap for all disadvantaged groups	31 Mar 2017	People	
22 Develop and implement an asset based model of assessment and service provision across Adult Social Care	31 Mar 2017	People	
23 Embed the integrated community recovery pathway as the standard model for service delivery in adult social care	31 Mar 2017	People	
24 Delivery the join integrated work plan across children's, adults and community services	31 Mar 2017	People	
25 Work in partnership to develop affordable housing	30 Jun 2016	People	Prosperous Maximise opportunities to enable the planning and development of quality affordable housing
26 Deliver the agreed Council strategy for Southend adult social care homes and other care services	31 Mar 2017	People	
27 Develop a secondary school places strategy to cater for the increasing pupil numbers	31 Mar 2017	People	
28 Further develop the School Led School Improvement System (school –	31 Mar 2017	People	

	to – school support)			Ensure residents have access to high quality education to enable them to be lifelong learners and have fulfilling employment
29	Increase the number of schools judged as ‘Good’ or ‘Outstanding’	31 Mar 2017	People	
30	Improve school attendance for the academic year 2016/17	31 Mar 2017	People	
31	Seaway Car Park – to bring forward the development of a leisure-led scheme, including the relocation of coach parking and the seafront area waste depot, 2016/17 actions: <ul style="list-style-type: none"> To support Turnstone to submit a planning application To meet the Coach Park Relocation Condition To support Turnstone in securing prime tenants 	31 Mar 2016 30 Jun 2016 31 Aug 2016	Corporate Services	Ensure the town is ‘open for business’ and that new, developing and existing enterprise is nurtured and supported
32	Airport Business Park – to bring forward development of land north of Aviation Way over 15-20 years for a Business Park via a development partnership, 2016/17 actions: <ul style="list-style-type: none"> To commence Phase 1 infrastructure works To agree Westcliff Rugby club relocation strategy and commence work To submit a planning application for the Innovation centre 	31 Jul 2016 30 Sep 2016 30 Sep 2016	Corporate Services / Place	Ensure continued regeneration of the town through a culture led agenda
33	Queensway Area Regeneration Project, 2016/17 actions: <ul style="list-style-type: none"> Progress the finance option and housing plans for the Queensway area regeneration project Consultation and communication with existing residents of the Queensway development to inform specifications for the redevelopment 	31 Mar 2017 31 Mar 2017	Corporate Services / People / Place	
34	Continue to make the case for Growth Fund Investment in Southend by working with the South Essex Growth Partnership and SELEP	31 Mar 2017	Place	
35	Develop a Smart Cities Strategy and associated projects	31 Mar 2017	Place	
36	Delivery of Seafront Lagoon	31 Mar 2017	Place	
37	Complete detailed design for the Seafront Museum	31 Mar 2017	Place	
38	Implement the recommendations from the Library Review	31 Mar 2017	Place	Excellent
39	Southend Way – To continue to embed the Southend Way cultural change programme (Aspiration programme – Council)	31 Mar 2017	Corporate Services	Work with and listen to our communities and partners to achieve better outcomes for all
40	Identify and support opportunities that improve community capacity and resilience (Aspiration programme for the borough)	31 Mar 2017	Corporate Services	Enable communities to be self-sufficient and foster pride in the town
41	Work the Government and local partners develop and deliver a devolution deal which maximises the benefits for Southend, building on City Deal and profile of the Thames Gateway	31 Mar 2017	Place	Promote and lead an entrepreneurial, creative and innovative approach to the development of our town

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Southend-on-Sea Borough Council

Report of Chief Executive & Town Clerk
to
Cabinet
on
28th June 2016

Agenda
Item No.

10

Report prepared by:
Leo Lord – Senior Business Management Advisor
Tim MacGregor – Team Manage, Policy and Information

2015/16 Year End Performance Report
Relevant Scrutiny Committee(s): People; Place; Policy & Resources.
Executive Councillor: Councillor Lamb
A Part 1 - Public Agenda Item

1. Purpose of Report

- 1.1 To report on the end of year position of the Council's corporate performance for 2015/16.

2. Recommendation

- 2.1 **To note the 2015/16 end of year position and accompanying analysis.**

3. Background

- 3.1 The Council's Monthly Performance Report (MPR) provides members, staff and public with an overview of Council performance in key areas relating to customers, staff, finance and projects. The content is reviewed each year, based on what has been identified as requiring particular focus for that year.
- 3.2 The MPR is monitored each month by service groups, Departmental Management Teams and Corporate Management Team and at each meeting of Cabinet and each Scrutiny Committee. Each assesses whether performance is on or off target - enabling appropriate action to be taken. This report outlines performance and provides analysis for the end of year position up to March 2016 of the corporate performance indicators reported in the MPR.
- 3.3 The analysis focuses on:
- performance against targets;
- performance against previous years' performance and
- performance against comparable authorities (where available)
- 3.4 **Appendix 1** provides detail of the 2015/16 outturn with a commentary against individual indicators, including, where available, comparative performance information against other local authorities.

- 3.5 Corporate performance monitoring and management has been an important element of the Council's improvement journey and, to provide more context **Appendix 2** provides an overview of this improvement over recent years.
- 3.6 In considering corporate performance for 2015/16, account should be made of a number of contextual issues, including:
- the significant reductions in council spending for the year,
 - the on-going challenging economic climate
 - challenges faced in meeting new Government requirements, including changes to welfare provision.
 - the challenge of maintaining rates of improvement after periods of sustained better performance.
 - other new commitments and priorities.

4. Performance in 2015/16

4.1 Despite the challenges outlined above, the Council continued to perform well in 2015/16 with some indication that the financial and economic climate has had an impact in some areas. In addition, benchmarking analysis indicates that in many areas the council performs better than similar authorities and our statistical neighbours. The following points are of particular note:

- 23 of the 28 (82.1%) performance indicators met their year-end targets
- Of the 28 indicators for which data is available for the previous year, 22 (78.6%) have maintained or improved performance from 2014/15.
- The number of volunteer hours within cultural services exceeded its target by 8,304 hours (18,304 against a target of 12,000) highlighting the borough's support of the cultural offer in Southend.
- 75 new affordable homes were delivered, up from 50 in 2014/15.
- The proportion of children in good or outstanding schools has increased almost 5% to 83.1%.
- Adult Social Care outcomes have performed well:
 - The number of delayed transfers of care from hospital (social care) reduced for the third consecutive year (2013/14 – 30, 2014/15 – 18, 2015/16 - 17).
 - A greater percentage of older people over 65 remained at home 91 days after discharge from hospital to rehabilitation.
 - A higher proportion of adults with learning disabilities are in paid employment compared to last year.
- The take up of the NHS Health Check programme – by those eligible has exceeded the target by 15.3%.
- A further 43 local employers have signed up to the Public Health Responsibility Deal in Southend.

- Cleansing standards for litter have improved to 96% from 94% in 2014/15.
- The percentage of Non-domestic Rates collected exceeded target by 0.2 % with a 97.8% collection rate. The percentage of Council tax collected also exceeded target by 0.2% with a 97.2% collection rate.
- The council's extensive offer of events and facilities in 2015/16 resulted in 4,321,179 visits to council run or affiliated arts and sports events or facilities, exceeding last year's performance by just over 148,000 visits.

4.2 Corporate performance for 2016/17 will follow a similar format, with the revised performance measures and actions having been agreed by Cabinet in February and these are outlined in the Council's Corporate Plan and Annual report for 2016.

5. **Other Options**

Not applicable to this report.

6. **Reasons for Recommendation**

Not applicable to this report.

7. **Corporate Implications**

7.1 Contribution to Council's Vision & Critical Priorities

The MPR monitors performance of the Corporate Indicators achieved against the Corporate Priorities.

7.2 Financial Implications

The MPR monitors performance achieved against the Corporate Priorities and these priorities are key drivers for the Medium Term Financial Strategy.

7.3 Legal Implications

There are no legal implications.

7.4 People Implications

People implications are included in the monitoring of performance relating to the council's resources where these relate to the Council's priorities.

7.5 Property Implications

There are no property implications.

7.6 Consultation

Performance Indicators relating to the Council's priorities included in the MPR are as included in the Corporate Plan, which was developed through consultation.

7.7 Equalities Impact Assessment

The priorities and outcomes contained with the Corporate Plan are based upon the needs of Southend's communities. This has included feedback from consultation and needs analyses.

7.8 Risk Assessment

The monitoring of performance information supports the council in identifying potential areas of risk as part of the Council's governance processes.

7.9 Value for Money

Value for Money is a key consideration of the Corporate Plan and performance indicators in the MPR assist in identifying Value for Money from services.

7.10 Community Safety Implications

Performance Indicators relating to community safety are included in the MPR.

4.11 Environmental Impact

Performance Indicators relating to environmental factors and impact are included in the MPR.

8. Background Papers

8.1 Monthly Performance Reports, April 2015 to March 2016.

9. Appendices

9.1 **Appendix 1: Corporate Priority Indicators – Year End**

9.2 **Appendix 2: Southend-on-Sea BC Improvement Journey**

Corporate Performance Indicators - Year End

Outcome against target: Missed target 5, Achieved target 23



Comparative information, in most cases, is with all unitary authorities in England or with the appropriate 'family' group (eg those authorities with characteristics that are most similar to Southend). The majority of benchmarking data is from 2014/15 as data for 2015/16 from other authorities is not yet available – although this still offers a good indication into how our performance is progressing. Comparative performance is often described in terms of 'quartiles' where:

- Upper Quartile – Top 25% performing councils
- Upper Middle Quartile – Top 50% performing councils
- Lower Middle Quartile – Bottom 50% performing councils
- Lower Quartile – Bottom 25% performing councils

MPR Code	Short Name	Minimise or Maximise	Year End 2015/16	Annual Target 2015/16	Outcome	Year End 2014/15	Comments / Benchmarking
69 CP 1.1	Score against 10 BCS crimes; Theft of vehicle, theft from vehicle, vehicle interference, domestic burglary, theft of cycle, theft from person, criminal damage, common assault, woundings, robbery. **Cumulative from April**	Aim to Minimise	8382	7389	Not Met Target	7464	Number of crimes per 1000 residents is higher in Southend than both 'most similar group' average and Essex average. Representatives from Essex Police attended Policy and Resources Scrutiny Committee on 3 rd December 2015 to provide an update on Southend crime statistics, current demand and future challenges.
CP 1.2	Adults in contact with secondary mental health services who are in stable accommodation (ASCOF H1)	Aim to Maximise	67.5%	66%	Met Target	66.4%	This indicator is in line with the National Social Outcomes Framework. Performance has met target. Against all English Unitary Authorities for 2014/15 the Council is in the upper middle Quartile Performance for this indicator. (LG Inform 26/04/2016)
CP 1.3	The percentage of children reported to the Police as having run away that receive an independent return to home interview [Monthly Snapshot]	Aim to Maximise	69.05%	85%	Not Met Target	66.2%	During the year the police changed the way they triaged missing children which meant an increase in the number of children report to us as missing, as a result performance dropped. We now risk assess and triage all clients ourselves, the result will be a risk assessed and moderated volume ensuring an improvement in the reporting of the performance indicator. In addition we also count children who are placed here by other local authorities. If we excluded these numbers the performance rises to 77.7% with 91% attempted.

MPR Code	Short Name	Minimise or Maximise	Year End 2015/16	Annual Target 2015/16	Outcome	Year End 2014/15	Comments / Benchmarking
CP 1.4	Rate of children subject to a Child Protection Plan per 10,000 (not including temps) [Monthly Snapshot]	Goldilocks	49.2	37.8-45.2	Not Met Target	48.8	The nature of this indicator makes it very difficult to set a relevant target. We have robust thresholds and management oversight to ensure a CPP is appropriate. As such an outturn that is outside of the set range does not imply weak performance. The average rate for the year is 45.7. The Figures are in line with 2014/15 All Unitary average and below 2014/15 children services near neighbour average.
CP 1.5	Rate of Looked After Children per 10,000 [Monthly Snapshot]	Goldilocks	68.3	54.4-65	Not Met Target	60.61	The nature of this indicator makes it very difficult to set a relevant target. We have robust thresholds and management oversight to ensure a child only becomes LAC when necessary. As such an outturn that is outside of the set range does not imply weak performance. The average rate for the year is 63.0. Figures are in line with 2014/15 All Unitary average. The reason for the increase in numbers of LAC has been explored and the decision to bring children into care has been appropriate.
CP 2.1	Number of reported missed collections per 100,000**Snapshot of monthly performance**	Aim to Minimise	40	45	Met Target	45	Benchmarking not available
CP 2.2	% acceptable standard of cleanliness: litter **Cumulative from April**	Aim to Maximise	96%	90%	Met Target	94%	Benchmarking not available
CP 2.3	Percentage of household waste sent for reuse, recycling and composting **Cumulative from April**	Aim to Maximise	47.11%	54%	Not Met Target	51.25%	Target not met due to late commissioning of Partnership MBT Plant which meant that the recycling element at the plant produced less tonnage to contribute to our performance. Poor out turn of garden waste from the summer of 15/16 which is the result of poor growing conditions linked to the weather. Garden waste contributes to the recycling performance. There is a national downturn in recycling rates (the Essex region has also seen a decrease)

MPR Code	Short Name	Minimise or Maximise	Year End 2015/16	Annual Target 2015/16	Outcome	Year End 2014/15	Comments / Benchmarking
CP 3.1	Proportion of older people 65 and over who are still at home 91 days after discharge from hospital to rehab	Aim to Maximise	87.4%	86%	Met Target	86.2%	This indicator is part of the Adult Social Care Outcomes Framework indicator, which reports those older people (65+) who started reablement to support a hospital discharge and who started reablement between October 2015 and December 2015. This shows 103 people started reablement in this period. During the three month period to the end of March 2015, 90 people were still at home, a success rate of 87.4%. Against all English Unitary Authorities for 2014/15 the Council is in the upper middle Quartile Performance for this indicator. (LG Inform 12/04/2016)
CP 3.2	Delayed transfers of care from hospital (social care) [Cumulative]	Aim to Minimise	17	24	Met Target	18	The annual target has been met. There have been 17 delays in 2015/16. This is a further improvement on 18 in 2014/15 and 30 in 2013/14.
CP 3.3	Number of attendances at council run or affiliated arts and sports events and facilities [Cumulative]	Aim to Maximise	4,321,179	3,429,000	Met Target	4,172,647	Benchmarking not available
CP 3.4	Public Health Responsibility Deal [Cumulative]	Aim to Maximise	43	40	Met Target	43	Target Met and exceeded - 43 businesses signed up to the Southend public health responsibility deal.
CP 3.5	Number of people successfully completing 4 week stop smoking course [Cumulative]	Aim to Maximise	1300	1300	Met Target	1301	
CP 3.6	Take up of NHS Health Checks programme – by those eligible [Cumulative]	Aim to Maximise	6,617	5,673	Met Target	5,739	A range of targeted work around the borough has supported exceeding target and a 15.3% increase from last year's performance.
CP 3.7	Number of new affordable homes acquired [Cumulative]	Aim to Maximise	75	45-72	Met Target	50	50% increase in the number of affordable homes delivered from 2014/15
CP 4.1	Proportion of appropriate people using social care who receive direct payments [Monthly Snapshot]	Aim to Maximise	22.2%	21%	Met Target	17.76%	Performance on this indicator has out turned above the target. Against all English Unitary Authorities for 2013/14 the Council is in the upper middle Quartile Performance for this indicator. (LG Inform 26/04/2016)
CP 4.2	Proportion of adults with learning disabilities in paid employment [Quarterly Snapshot]	Aim to Maximise	10.2%	10%	Met Target	7.1%	We currently have 48 LD service users recorded as being in paid employment from 470 service users. Against all English Unitary Authorities for 2014/15 the Council is in the upper Quartile Performance for this indicator. (LG Inform 12/04/2016).

MPR Code	Short Name	Minimise or Maximise	Year End 2015/16	Annual Target 2015/16	Outcome	Year End 2014/15	Comments / Benchmarking
CP 4.3	% of Council Tax for 2015/16 collected in-year [Cumulative]	Aim to Maximise	97.2%	97%	Met Target	96.81%	2014/15 England All Unitary Average is 96.62%.
CP 4.4	% of Non-domestic Rates for 2014/15 collected in-year [Cumulative]	Aim to Maximise	97.8%	97.60%	Met Target	97.60%	2014/15 England All Unitary Average is 97.21%.
CP 4.5	Major applications determined in 13 weeks **Cumulative from April**	Aim to Maximise	90.90%	79.00%	Met Target	86%	England Top Quartile = 88% (2014/15)
CP 4.6	Minor planning applications determined in 8 weeks **Cumulative from April**	Aim to Maximise	90.77%	84.00%	Met Target	88%	England Top Quartile = 81% (2014/15)
CP 4.7	Other planning applications determined in 8 weeks **Cumulative from April**	Aim to Maximise	95.48%	90.00%	Met Target	94%	England Top Quartile = 90% (2014/15)
CP 4.8	Current Rent Arrears as % of rent due [Monthly Snapshot]	Aim to Minimise	1.37%	1.77%	Met Target	1.77%	
CP 4.9	% of children in good of outstanding schools [Monthly Snapshot]	Aim to Maximise	83.08%	75%	Met Target	77.2%	The annual target has been met. The council continues to work directly with schools and academies to move to the situation where all schools in Southend are either Good or Outstanding.
CP 5.1	Number of volunteer hours in delivered within cultural services [Cumulative]	Aim to Maximise	18,304	12,000	Met Target	12,334	Benchmarking not available
CP 5.2	Govmetric Measurement of Satisfaction (3 Channels - Phones, Face 2 Face & Web) (Cumulative)	Aim to Maximise	91.98%	80.00%	Met Target	93.24%	
CP 5.3	Number of payments made online	Aim to Maximise	58,494	50,000	Met Target	49,926	Benchmarking not available
CP 5.4	Working days lost per FTE due to sickness - excluding school staff **Cumulative from April**	Aim to Minimise	6.99	7.20	Met Target	6.91	Local Government Association Workforce Survey shows councils reported a median of 8.4 days lost per FTE employee in 2013/14.

Southend on Sea BC Improvement Journey

Key Indicators	2012/13	2013/14	2014/15	2015/16	Comments
Score against 10 BCS crimes; Theft of vehicle, theft from vehicle, vehicle interference, domestic burglary, theft of cycle, theft from person, criminal damage, common assault, woundings, robbery.	7563	7706	7464	8382	Number of crimes per 1000 residents higher in Southend than both 'most similar group' average and Essex.
Adults in contact with secondary mental health services who are in stable accommodation (ASCOF H1)			66.4%	67.5%	This indicator is in line with the National Social Outcomes Framework, performance has met target. Against all English Unitary Authorities for 2014/15 the Council is in the upper middle Quartile Performance for this indicator. (LG Inform 26/04/2016)
The percentage of children reported to the Police as having run away from home that receive an independent return to home visit interview [Monthly Snapshot]			66.2	69.1	
Rate of children subject to a Child Protection Plan per 10,000 (not including temps)			48.8	49.2	Figures in line with 2014/15 All Unitary average and below 2014/15 children services near neighbour average.
Rate of Looked After Children per 10,000			60.61	68.3	Figures in line with 2014/15 All Unitary average. The reason for the increase in numbers of LAC has been explored and the decision to bring children into care has been appropriate.
Number of reported missed collections per 100,000	27	26	45	40	Annual target for 2015/16 of fewer than 45 missed collections per 100,000 has been met.
% acceptable standard of cleanliness: litter	90%	90%	94%	96%	Out turn of 96% continues improvement seen over the last three years.

Key Indicators	2012/13	2013/14	2014/15	2015/16	Comments
Percentage of household waste sent for reuse, recycling and composting	48.28%	53.12%	51.25%	47.11%	Target not met due to late commissioning of Partnership MBT Plant which meant that the recycling element at the plant produced less tonnage to contribute to our performance. Poor out turn of garden waste from the summer of 15/16 which is the result of poor growing conditions linked to the weather. Garden waste contributes to the recycling performance. There is a national downturn in recycling rates (the Essex region has also seen a decrease)
Proportion of older people 65 and over who are still at home 91 days after discharge from hospital to rehab		82.4%	86.2%	87.4%	2015/16 target has been met
Delayed transfers of care from hospital (social care) [Cumulative]	31	30	18	17	Out turn of 17 continues improvement seen over the last three years.
Number of attendances at council run or affiliated arts and sports events and facilities [Cumulative]	3,694,891	4,001,742	4,172,647	4,321,179	The council's extensive offer of events and facilities in 2015/16 meant 4,321,179 visits to council run or affiliated arts and sports events or facilities. This continues the year on year improvements seen over the last three years.
Public Health Responsibility Deal [Cumulative]			43	43	Target Met and exceeded - 43 businesses signed up to the Southend public health responsibility deal.
Number of people successfully completing 4 week stop smoking course [Cumulative]		1304	1301	1300	
Take up of the NHS Health Check programme - by those eligible[Cumulative]		5372	5739	6617	A range of targeted work around the borough has supported exceeding target and a 15.3% increase from last year's performance.

Key Indicators	2012/13	2013/14	2014/15	2015/16	Comments
Number of new affordable homes acquired [Cumulative]	20	30	50	75	50% increase in the number of affordable homes delivered from 2014/15
Proportion of appropriate people using social care who receive directed payments	13.08%	16.15%	17.76%	22.2%	
Proportion of adults with learning disabilities in paid employment [Quarterly Snapshot]	9.9%	8.9%	7.1%	10.2%	We currently have 48 LD service users recorded as being in paid employment from 470 service users. Against all English Unitary Authorities for 2014/15 the Council is in the upper Quartile Performance for this indicator. (LG Inform 12/04/2016.)
% of Council Tax collected in-year	97.90%	97.1%	96.8%	97.2%	2014/15 England All Unitary Average is 96.62%. Local Council Tax Support Scheme introduced nationally from 01/04/2013, which had a national downward impact on Council Tax collection rates.
% of Non-domestic Rates collected in-year	97.40%	97.5%	97.6%	97.8%	2014/15 England All Unitary Average is 97.21%.
Major planning applications determined within 13 weeks	84.62%	95.92	86.00%	90.90%	England Top Quartile = 88% (2014/15)
Minor planning applications determined within 8 weeks	90.82%	90.41	86.67%	90.77%	England Top Quartile = 81% (2014/15)
Other applications determined within 8 weeks	94.15%	94.40	94.40%	95.48%	England Top Quartile = 90% (2014/15)
Current Rent Arrears as % of rent due			1.77%	1.37%	
% Children in good of outstanding schools [Monthly Snapshot]			77.2%	83.1%	2015/16 outturn above target and significant improvement on previous year's performance

Key Indicators	2012/13	2013/14	2014/15	2015/16	Comments
Number of volunteer hours in delivered within cultural services	11,194	12,251	12,334	18,304	Benchmarking not available
Govmetric measurement of 'satisfied' customers (3 channels – Phones, Face to Face and Web)	88.8%	88.8%	93.2%	91.98%	
Number of payments made online	40,331	50,644	49,926	58,494	Benchmarking not available
Working days lost per FTE due to sickness – excluding school staff	7.85	6.21	6.91	6.99	Local Government Association Workforce Survey shows councils reported a median of 8.4 days lost per FTE employee in 2013/14.

Southend-on-Sea Borough Council

Report of Corporate Director for Corporate Services
To

11

Cabinet
On
28 June 2016

Report prepared by:
Tim MacGregor – Team Manager, Policy and Information
Management

Overarching Information Management Strategy – 2016
People; Place; Policy and Resources Scrutiny Committees
Executive Councillor: Councillor Lamb
A Part 1 Public Agenda item

1. Purpose of Report

- 1.1. To agree the Council's revised Information Management Strategy

2. Recommendations

It is recommended that:

- 2.1. Cabinet agrees the Council's Information Management Strategy - set out at Appendix 1.

3. Background

- 3.1 The Council last agreed an Information Management Strategy in October 2013 and the strategy is, therefore, in need of review and updating. While the previous strategy focussed mainly on issues of data security, the revised strategy aims to also place emphasis on how the Council, along with partners and community can make better use of the information it holds, while ensuring best practice in maintaining information security and data protection.
- 3.2 The strategy outlines the current context for information management, including key drivers, and reports on recent progress by the Council in this area. It provides a vision to promote the effective use of information, a set of principles for officers and members to abide by and an action plan to help make the vision a reality. The strategy also highlights forthcoming legislation, in the form of the EU General Data Protection Regulation which will have a significant impact on the data protection framework for all organisations in the UK (including, as advised by the Information Commissioners Office, if there is a 'leave' vote in the European Union referendum).

4. Reasons for Decision.

Other Options – Not updating the strategy and related action plan could mean the Council's information security and data protection arrangements will not be as robust as required. This could leave the Council vulnerable to malicious use of its information and heavy fines from the Information Commissioners Office.

5 Reasons for Recommendations

- 5.1 To ensure the Council's information security and data protection policies and practice are as robust as possible and that the Council is making best use of its information.

6 Corporate Implications

6.1 Contribution to Council's Vision & Corporate Priorities

The strategy helps to enhance the safety and security of residents and will contribute to all of the Council's Aims and Corporate Priorities by encouraging better and more creative use of the Council's information.

6.2 Financial Implications – none specific

6.3 Legal Implications

The Council must ensure that it is compliant with a range of legislation to ensure people's rights are protected. Inappropriate disclosure of data could leave the Council open to legal claims and fines. The collection, use and disclosure of personal information are governed by a number of different areas of legislation, notably:

The Human Rights Act 1998;
Data Protection Act 1998;
Freedom of Information Act 2000;
Environmental Information Regulations 2004;
Computer Misuse Act 1990;
The Access to Health records
Civil Contingencies Act 2004;
Crime and Disorder Act 1998;
Children Act 2004

6.4 People Implications - None

6.5 Property Implications - None

6.6 Equalities and Diversity Implications

The Council collects a range of information to help it meet the needs of its customers and staff, including, where relevant, information on those with 'protected characteristics as defined by the Equality Act 2010 (age, disability, gender

reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation). In line with the Act the Council, each year, publishes a profile of its customers (along with how they rate services) and staff who share protected characteristics. All information is collected and maintained in line with the Data Protection Act, for example, to ensure it is anonymous.

6.7 Risk Assessment

Non-compliance with the law would adversely affect the Council's reputation in the community and reduce public trust and could lead to "incidents" with regulatory penalties and disruption to business continuity.

6.8 Value for Money – none specific

6.9 Community Safety Implications - None specific

6.10 Environmental Impact - None specific

7. **Background Papers - none**

8. **Appendices**

Appendix 1 – Information Management Strategy

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Southend-on-Sea Borough Council

Overarching Information Management Strategy

June 2016

Version Control

Date	Version	Author	Owner
26.4.16	Draft	Tim MacGregor	Sally Holland
29.4.16	Draft	Tim MacGregor	Sally Holland
9.5.16	Draft	Tim MacGregor	Sally Holland
12.5.16	Draft for CMT, 18.5.16	Tim MacGregor	Sally Holland
26.5.16	Revised draft following CMT	Tim MacGregor	Sally Holland
15.6.16	Draft for Cabinet, 28.6.16	Tim MacGregor	Sally Holland

Overarching Information Management Strategy

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1. Introduction and purpose

The Council holds and uses a vast range of information in a variety of different formats. The effective management and use of this information is key to ensuring the Council can achieve its vision, aims and priorities. Decision-making, policy development, day-to-day service delivery, and forward planning are all founded on effective use of information, which is also crucial to ensuring the Council's accountability to residents and other stakeholders.

However, increasingly organisations are looking at how they can use the information they hold in far more creative and imaginative ways to improve the customer experience and drive efficiencies. Local authorities across the world have demonstrated that the digitising of services, cross-matching different data sets and using information in different ways is producing new and exciting ways of addressing a range of challenges.

This strategy builds on and replaces the Council's previous Information Management Strategy agreed in 2013. It provides a foundation to help the Council continually improve by promoting better, more creative, use of information, encouraging appropriate sharing and transparency while ensuring data security and compliance with data protection legislation (notably the Data Protection Act 1998 and Freedom of Information Act 2000).

The strategy outlines a vision to promote the effective use of information and principles by which the Council will operate to make the vision a reality. It also highlights impending legislation, which will have a significant impact on how Council information is managed, further areas of work and includes a related action plan for the coming years.

2. The Council's vision for information management

The Council's vision for managing Council information is:

'To create a culture that promotes the creative and innovative use of information to empower residents, enhance efficiency and generate fresh approaches for the Council to achieve its aims. The Council will: ensure personal data is held securely; ensure information is disseminated effectively; be transparent and enabling in its handling of information and operate within the necessary legal framework'.

3. The Council's Information Management Principles

To support the vision, Council officers and Members will adhere to the following principles:

- Hold personal data and information securely and safely;
- Adopt a proportionate, risk based approach to security and information governance, ensuring that controls do not provide a barrier to innovation;
- Promote and apply a transparent approach to the release and provision of information and data, publishing information in a way that is easy to find and in a

format that is easy to re-use;

- Support a collaborative approach to the creation, use and sharing of information, both internally and externally, where this is appropriate and in the interests of local communities and service users;
- Ensure that data is accurate; valid; reliable; timely; relevant and complete and
- Ensure information is stored in a way that it can be found, used and re-used and is available in the event of an interruption to service.

4. Key Drivers

Key issues driving this strategy include:

- Rising customer expectations of the availability and accessibility of information from all organisations, including an intolerance of public services that are not joined up.
- Increasing demands for, and increasing awareness of the need for, security of personal information.
- Digital services, including mobile data devices, are making traditional ways of organising local government obsolete, compelling councils to collaborate more both internally and externally.
- This process is being accelerated by the need to achieve large-scale savings in the short, medium and long term, the drive to integrate health and social care and the Government's devolution agenda.
- The increasing use of 'Big Data' by organisations to improve their effectiveness, through better understanding of customer behaviour and improving business processes, with areas of public health, community safety, community planning and environmental services among those of particular potential benefit for councils.
- The government has been pressing the public sector to share its data under the open government licence (including through the statutory Local Government Transparency Code) which allows data to be copied, adapted or exploited by companies, charities and residents with few limitations.
- The increasing risk of data loss, (heightened by greater sharing and third party hosting of data) through cyber attacks and/or human error and systemic failures - resulting in significant financial and reputational loss.
- The impending EU General Data Protection Regulation (GDPR), due to be in place by 2018, which aims to harmonise the current data protection laws across EU member states.

5. Key aims of the strategy

This strategy is designed to:

1. Support:

- The Council's vision 'Creating a Better Southend';
- The Council's 5 aims of creating a: Clean; Safe; Healthy; Prosperous borough, led by an Excellent Council;
- The Council's Corporate Priorities;
- The Council's seven values, including: *'Open & honest: we are open, honest and transparent, listening to other's views'*.

2. Provide an overarching framework for a series of other policies, procedures and strategies which complement, underpin, and feed into this strategy. These are outlined in Appendix 1.

3. Help meet the challenges the Council faces in the coming years, notably:

- Taking an anticipated £30m from the Council's budget over the next 3 years;
- Developing and sustaining new models of service provision to save resources and improve those services;
- Enhance organisational capacity, including supporting the increasing demands on staff, equipping them with the rights skills and tools;
- Meet the increasing demands on services from an aging and increasingly diverse population;
- The need to create a higher value economy to replace or supplement more traditional businesses and
- Developing a compelling vision for Southend's community through the 'Our Town, Our Future' programme of community engagement programme.

4. Encourage the development of high quality business intelligence about: service users; the make-up of a changing population; current workforce skills and future requirements and resource availability.

5. Highlight areas where the Council needs to further develop policies, procedures and areas for further training and development.

6. Help raise levels of understanding about the need for effective and secure information management.

7. Agree the Council's key actions in implementing the strategy.

6. Background and context

The Council is transforming the way it operates to meet the challenges and opportunities outlined above.

Information in all its forms is a critical resource for any organisation. It is increasingly recognised as one that is under-exploited and has huge potential for the public sector. While good information management has long been recognised as important, this has often been in the context of the need for robust security and governance. This has included ensuring comprehensive policies and processes are in place in relation to data protection, ICT security, records management, document retention and disposal policies.

The Council, therefore, needs to move information management from predominantly being about compliance to also being about effective and innovative use of information. Advances in technology together with the better use of data held by public authorities offer exciting opportunities to gain better insight into issues that anticipate future demand and informs the development of new policies and services. More data enabled collaboration between public authorities can help ensure citizens receive the services they require, help early intervention to prevent greater costs later, better manage resources and support efforts to reduce fraud and debt.

6.1 Recent progress by the Council in promoting good information management has included:

- A comprehensive set of data protection policies and procedures – available on the council's intranet;
- Significant streamlining of information management systems following the refurbishment of the civic centre;
- Undertaking regular, extensive, data protection training for staff (with 90% of staff completing the data protection e-learning tool);
- Regular communication relating to raising awareness of the importance of data protection among staff;
- Successfully complying with the requirements of the Information Governance toolkit self-assessment to enable the sharing of health and other personal data (the Council has scored Level 3, the highest possible, from the first year of completion in 2013);
- Being a signatory to the Whole Essex Information Sharing Framework (WEISF) designed to enable public, third sector and contracted private organisations across Essex to 'share relevant, minimum and appropriate personal information between them in a lawful, safe and informed way';
- Bringing adults and children's services together, with an integrated data team, is, along with an integrated commissioning team, enabling the combination of different systems and a more holistic analysis of matched data. This has already impacted positively on data quality and better intelligence for commissioned services.
- Obtaining pioneer status in creating new models for integrating NHS and social care services, feeding into the Better Care Fund. This has specifically focussed on tackling issues of information sharing between partner organisations, with a view to enabling single, comprehensive datasets for the purpose of risk stratification and commissioning, all aligned to single packages of care to encapsulate patient/client needs;
- Updating the Council's Information Centre and Publication Scheme to provide regularly requested information in a more accessible and up to date way – helping to reduce the number of Freedom of Information requests;
- The Council undertakes work to ensure it is meeting the needs of the Local Government Transparency Code.

- An ICT security strategy has been put in place with a complementary cyber security self-assessment undertaken to identify future action;
- A digital strategy is in place to vastly improve the borough's connectivity and
- Work has begun on delivery of a new 'state of the art' Data Centre ensuring data is stored securely and is capable of being recovered in the event of a disaster.

Freedom of Information (Fol) and Subject Access Requests (SAR)

This progress has been at a time of processing significant numbers of requests for information, notably Freedom of Information requests, Subject Access Requests (SARs) and 'Section 29' third party requests. The desire for more information from the public and other interested parties is shown by the growth of Fol requests in recent years.

2007/8	08/9	09/10	10/11	11/12	12/13	13/14	14/15	15/16
214	297	444	475	647	643	1052	1082	1101

Given the cost of responding to an Fol (some estimates put this at an average of £160 each) the Council has an incentive to ensure that these requests are minimised, or made easy to respond to by ensuring commonly requested information is available on the Council's website, via the Publication Scheme, or other means. The number of SARs has also increased (as outlined below) with growing awareness of the process.

2011-12	2012-13	2013-14	2014-15	2015-16
113	93	160	180	164

The range of work being undertaken was recognised in the successful Information Commissioners Office Audit in 2012 (with a rating of 'reasonable assurance') and the Council being used as a reference authority, in relation to SARs, by the ICO.

However, given the size and nature of the Council, the risk of data breaches through human or systemic error is relatively high. All efforts are made to limit the number of breaches, and raising staff awareness on the issues is critical to mitigating the risk. It should also be recognised that there is a likelihood of increased reporting of breaches as awareness of the need to report incidents grows.

6.2 Sources of information

The Council has a large range of information sources, with a rich seam of data and a huge number of potential uses. Some of the main systems include: Mosaic 'geo-demographic segmentation' system; Govmetric customer satisfaction feedback; Caretrak social care and patient data sets; Care 1st; Capita One schools and Special Educational Needs, Integrated Youth Support Service; Planning and geographic systems such as Ark GIS mapping; local level property gazetteer (LLPG); housing and employment land monitoring; Uniform planning system; Annual health profiles Symology Highways asset register (condition reports – incidence of flooding etc.); Council Tax and other benefits; births, marriages and deaths data.

Information held in these systems could be invaluable to other service areas and more creative means of achieving this while adhering to the Data Protection Act should be pursued.

The Council also has access to external systems that hold information on the borough and Council. These include: LG Inform and LGInform Plus, borough and ward based performance data; Cipfa stats: providing information on corporate and service specific financial and performance data, helping to assess the value for money; Office for National Statistics demographic data; Nomis (workforce data), DoH 'Finger tips' (public health outcomes framework); POPPI & PANSI (adult and older people projections).

7. The future:

7.1 Channel shift and Digital City revolution

It is recognised that a step change is required in the need for, and use of, intelligence about communities and people in Southend to enable better targeting and tailoring of Council services. This will be aided by the drive for the 'channel shift' of customers away from face to face and phone contact with the Council to 'self-serve', primarily through the My Southend, Citizens Account, so that by 2019/20, 90% of interactions with the council will be online. Currently enabling residents and businesses to manage their Council Tax, Business Rates account, housing benefit and Council Tax Reduction claims and landlord accounts on-line, MY Southend aims to expand its offer to most Council services, with 'place based' services such as waste collection, public protection, highways and parking due next.

In addition, the Council is embarking on an ambitious programme of introducing new digital infrastructure across the borough with pure fibre connection providing super-fast connectivity for Council buildings, schools, businesses and homes. The Council's Digital Strategy outlines how improved connectivity, offering Gigabit speed, will not only help to better drive Council services and reduce costs, but will also provide opportunities 'for energy saving, carbon reduction, citizen focus, innovation and sustainable growth' for its residents and businesses.

2016/17, will see the re-provision of the Council's core infrastructure (the 'Wider Area Network' and 'Local Area Network'), the deployment of wireless and small cell (3G and 4G) units across the borough. In addition to increased connectivity, this work will produce a revenue stream from street furniture leasing, integrating the deployment with the street light / column replacement programme including the use of the Central Management System (CMS) with the wider council infrastructure to provide the basis for a 'Smart City'. Sensors located in street furniture, including street light columns, will provide a wealth of information, particularly in relation to energy efficiency; CCTV (Intelligence Hub); noise detection; movement detection (providing footfall/traffic data); air pollution; independent living enablement and smart metering enablement.

7.2 Big Data

Councils are often said to be sitting on 'an untapped goldmine' of data which could offer valuable insight into understanding the needs of its residents by matching data sets across service areas. Joining up public sector data sources can make public services more efficient, save money, improve service outcomes, tackle crime (particularly identify fraud) and help public bodies better serve their citizens. Police forces are using data to undertake predictive modelling on how best to deploy resources, transport authorities use data to change driver behaviour and London and New York city governments have pioneered new approaches to

using data, including promoting fire prevention and recycling . UK Councils have used a big data platform notably to help tackle debt collection, illegal subletting and fraud, but the potential for extending its use is considerable and could, for example, include helping social workers make better decisions about when and how to intervene.

To make best use of the data requires systems that can talk to each other, the right skills and resources to undertake analysis and a framework for the Council to develop its approach. Local academic institutions, particularly the University of Essex and Anglia Ruskin University, are keen to engage with local authorities to undertake analysis of data and partnerships with these institutions and others could prove mutually very productive.

7.3 Open Data

A further route to help address these issues is to make more Council information and data freely available, with a view to reuse and redistribution. Such information would need to adhere to data protection requirements and making it available would require careful consideration of risks around data quality, potential for mis-use, along with any commercial and financial sensitivities. However, providing data for others, including academics, charities and public, may provide some interesting findings and new policy options that may not otherwise have been considered. This would mean going beyond the requirements of the Local Government Transparency Code.

7.4 Cyber Security

The risk of theft, damage to, or misuse of, hardware, software and the information on IT systems is growing year on year as criminals become more creative in ways to steal or cause harm. This risk will only grow as more business processes are hosted on a variety of platforms including smart, mobile devices, and a range of different networks. The Council has undertaken a review of the vulnerability of the Council to future cyber-attack and has a strategy in place to address this with identified action for the coming years.

8. EU General Data Protection Regulation (GDPR)

This GDPR, due to enforced from 2018, is the most significant change in data protection legislation in the past 20 years. It is designed to create a uniform approach to data protection across Europe while empowering citizens and enhancing economic growth by removing barriers that restrict data flows. However, it poses significant challenges to local authorities in meeting their desired information management needs

Key measures, which the Council will need to address include:

- Obligations on data controllers to demonstrate compliance, including requiring them to: maintain certain documentation; conduct DP impact assessments for more risky processing and implement data protection by design and default;
- Data subjects must freely give their consent to processing of their personal data. Consent for sensitive data must be 'explicit';
- Data Protection Authorities (the ICO in the UK) can impose fine of up to 4% of annual turnover;

- Abolition of the £10 data SAR fee is likely to see an increase in the number of SARs received by the Council and the timeline for processing a request will be a month rather than the current 40 days;
- Data controllers must notify most data breaches to the ICO ‘without undue delay’ and, where feasible, within 72 hours of awareness and, in some cases, the data controller must also notify the affected data subjects, without undue delay;
- Data processors will have direct obligations. This includes implementing technical and organisational measures and appointing a Data Protection Officer (DPO), with ‘sufficient expert knowledge’ and
- A ‘right to be forgotten’ where individuals can require the removal of their personal data without undue delay by the data controller in certain situations;

It should be noted that, in practice, a company outside the EU which is targeting consumers in the EU will also be subject to the GDPR.

In addition, issues relating to ‘the EU-US Privacy Shield safe harbour’, whereby a European citizen’s personal data being processed by a US company on US-based computers is under the same protections as if it were still in Europe on a European-owned system, are still to be resolved.

The regulation will, therefore, require a review of the Council’s current data protection policy and practice, particularly in relation to the area of data subject consent and content of existing privacy notices.

9. Governance arrangements

- The Corporate lead for Information Management will be provided by the Senior Information Risk Owner (SIRO), Corporate Director for Corporate Services.
- Co-ordination of the strategy and action plan will be provided by the Team Manager – Policy & Information Management, supported by the Data Governance Advisor – Policy, Engagement & Communication. This will include identifying any gaps and liaising with information management project leads.
- Monitoring of and refresh of the strategy and action plan will be overseen by the Information Management Group, whose membership will include: Corporate Director for Corporate Services; Head of Customer Services; Head of Legal and Democratic Services; Head of Children’s Services; Team Manager, Policy & Information Management; Data Governance Advisor.
- Reports will be provided to Corporate Management Team and Good Governance Group as necessary and appropriate.

9.1 Role and responsibilities of the SIRO

The SIRO takes overall ownership of the Council’s information management framework and has specific responsibility to:

- Ensure an effective Information Governance Framework is in place;
- Ensure compliance with regulatory, statutory and organisational information security policies and standards;
- Ensure that identified information threats and vulnerabilities are followed up for risk mitigation, and that perceived or actual information incidents are managed in accordance with Council’s risk management framework;

- Act as the champion for information risk within the Council;
- Establish a reporting and learning culture to enable the Council to understand where issues exist and develop strategies, policies, procedures and awareness campaigns, to prevent problems occurring in the future;
- Ensure all staff are aware of the necessity for information assurance and of the risks affecting the Council's information;
- Ensure an annual SIRO report on Information Governance is presented to Members;
- Provide leadership for Information Asset Owners (IAOs) of the Council through effective networking, sharing of relevant experience, provision of training and creation of information risk reporting structures;
- Identify business critical information assets and set objectives, priorities and plans to maximise the use of information as a business asset;
- Establish and maintain an appropriate risk appetite with proportionate risk boundaries and tolerances for the use of Council information.

9.2 The Chief Privacy Officers

The Chief Privacy Officers (Data Controllers), the Head of Legal and Democratic and Head of Customer Services oversee all on-going activities related to the development, maintenance of, and adherence to the Data Protection Act 1998. This includes all policies and procedures related to the processing of, and access to personal data in compliance with the Data Protection Act 1998

9.3 Caldicot Guardians

The Head of Children's Services acts as the Council's Caldicot Guardians. [The 1997 Review of the Uses of Patient-Identifiable Information, Chaired by Fiona Caldicott set out six Caldicott Principles on information governance as well as requiring the appointment of Caldicott Guardians].

9.4 Information Asset Owners

The Information Asset Register (IAR) is a mechanism for understanding and managing an organisation's information assets and the risks to them. It is a register of information or collection of information, held electronically or in hard copy.

Each asset should have an owner who is responsible for making sure the asset is meeting its requirements (the IAO), and that risks and opportunities are monitored. The Senior Information Risk Owner has overall responsibility for the IAR with Group Managers acting as Information Asset Owners

Addressing the issues outlined above will help increase the effectiveness of the organisation in making robust evidence based decisions and support the provision of information and data to our customers and partners.

Appendix 2 sets out the high level information management governance arrangements.

10. Areas identified for further development:

To help achieve the desired vision and meet the challenges outlined, areas for further work have been identified, including:

- Review and update the current suite of policies and procedures, many of which require review to ensure they are up to date and relevant to ever changing circumstances. In particular, the Council needs to ensure it has up to date policies and practice to withstand a cyber-attack and deal with 'disaster recovery'.
- Increasingly systems are hosted by third party organisations. Any data that is handled or processed on behalf of the Council by contracted third parties remains the responsibility of the Council. An on-going assessment of information security is, therefore, required to assess the adequacy of security controls for all applications/systems/projects/services that host or process SBC data, prior to systems going live, after a major change or at regular intervals.

It is essential, that where suppliers/contractors are handling personal information on behalf of the Council, the Council ensures the same standards in handling information as it has for itself. This includes ensuring all contracts include appropriate information security arrangements - with, for example, appropriate non-disclosure agreements, information security policies and relevant data protection clauses.

- Enhance the levels of understanding by staff of their requirements and the potential for the effective management of information so that security is at the heart of the day-to-day activities and aligned to the business objectives. This includes enhanced use of Privacy Impact Assessments for all projects involving the use of personal information.
- Continue the streamlining of ICT and remaining paper based records management systems, including reducing levels of information stored locally, on personal drives, which could otherwise create a barrier to sharing and collaborating.
- Encourage mechanisms for enabling greater awareness of the potential for the creative use of sharing of, information and data across the Council, with other organisations, including academic institutions and the wider public, including learning from best practice and further development of predictive modelling methodology.

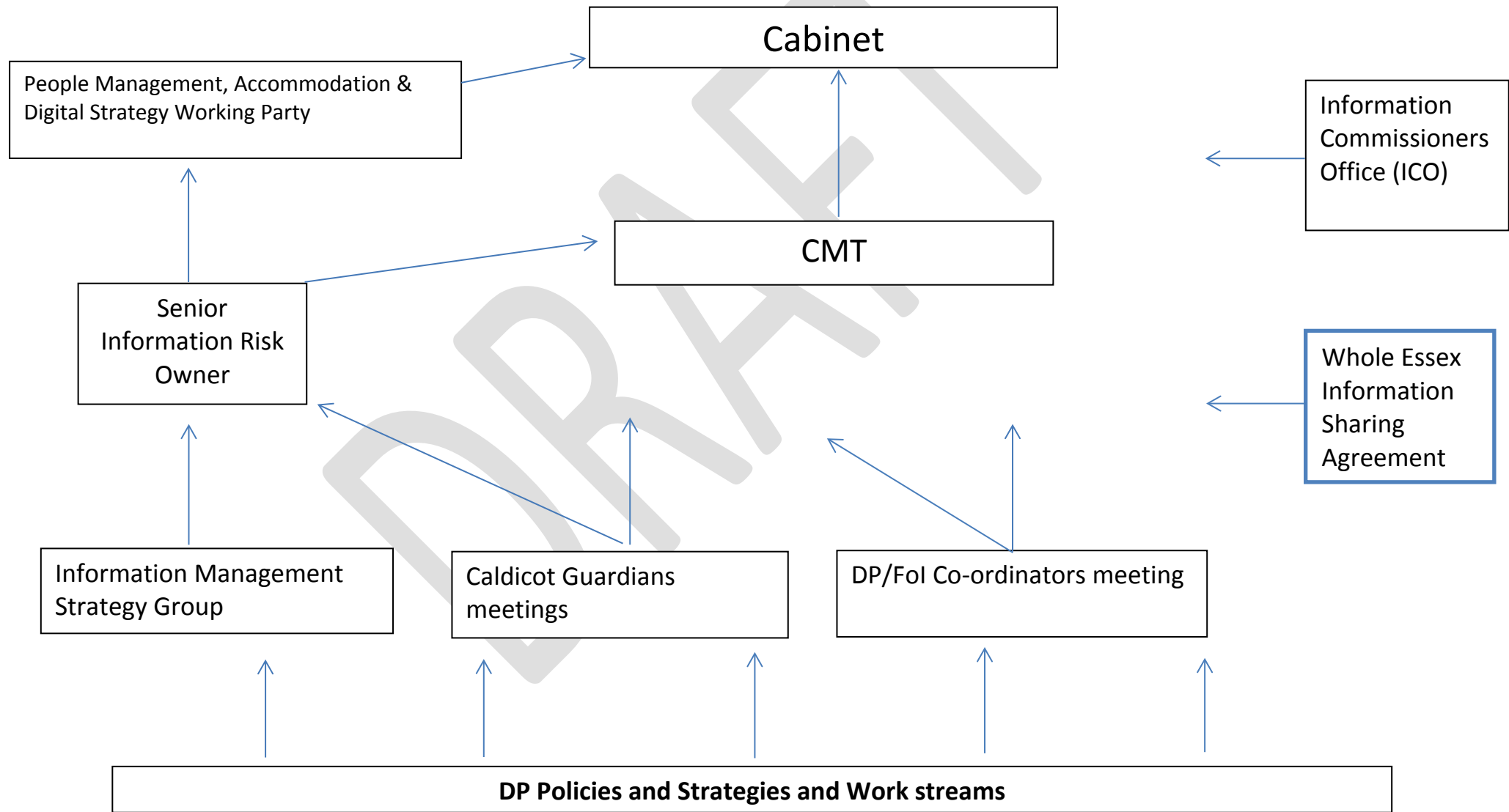
These areas are addressed in Information Management Strategy action plan (Appendix 3), which will feed into and complement the Council's 'Do the Right Thing' programme of support and development for Council managers.

Appendix 1

Key Council Policies, Strategies and Procedures relating to information management

- The Digital Strategy, 2014-18 – ‘A Digital Vision’
- Data Protection Policy
- Breach Management Policy
- Incident and breach management procedures
- The Council’s Web strategy
- The Whole Essex Information Sharing Protocol
- Records Management Policy
- Document Retention and Disposal policy and Guidance
- ICT Security policy
- Disaster Recovery policy and process
- Home working and flexible working policies
- Confidential Waste Policy
- Information Asset Register
- Social Media Strategy
- Project management guidance
- Contract procedure rules and procurement guidance
- Joint Strategic Needs Assessment (JSNA)
- Business Continuity Plan/s
- Council’s Publication Scheme
- Council’s Freedom of Information policy and procedure

Southend Council Information Management Governance



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Information Management Strategy 2016 - Key actions:**Appendix 3**

No.	Action	Objective	Target Completion Date	Responsibility
1	Undertake preparatory work to implement the General Data Protection Regulation, to ensure the Council is appropriately prepared by 2018 (GDPR),	Ensure the Council is compliant with the regulation and is able to use it to best effect.	April 2018	Team Manager – Policy & Information Management
2	Data Protection (DP) – Ensure a comprehensive DP action plan is in place and is reviewed on a regular basis.	Ensure the current action plan is up to date and provides an overview of the actions required to be undertaken in relation to DP and security.	On-going	Team Manager – Policy & Information Management
3	Ensure all contract managers take data governance arrangements into account when letting contracts, with contracts explicitly addressing the data security and sharing issues required.	Ensure all third parties delivering services on behalf of the Council have appropriate information security and management arrangements in place. This is likely to require standard wording for contracts and implementation of Privacy Impact Assessments.	Dec 2016	Data Governance Advisor/ Group Manager Procurement
4	Raise the awareness for the requirement to undertake Privacy Impact Assessments (PIAs) and Data Protection by Design for all Council projects involving the holding of personal data.	Ensure all projects requiring the holding of personal information undertake a Privacy Impact Assessment. It is also good practice to adopt a Privacy by Design approach and to carry out a PIA as part of this. This encourages a data minimisation approach.	Mar 17 and on-going	Data Governance Advisor
5	Review, update and implement the Council's Document Retention and Disposal Policy	Ensure the Council is legally compliant and that data quality is as good as possible.	Sept 2016	Data Governance Advisor/ All service managers

Appendix 1 - Cabinet (28.6.16)

No.	Action	Objective	Target Completion Date	Responsibility
6	Ensure compliance with the Local Government Transparency Code	Ensure the Council is legally compliant and providing information in a way that can be used innovatively by others.	On-going	GM – Policy, Engagement & Communication
7	Creative use of information	Develop a framework for enabling the more creative use of Council information, including the Council’s approach to ‘Big Data’ and enlisting the support of third parties, such as local universities, to help facilitate this.	March 2017	Information Management Group
8	Undertake a data mapping exercise to identify all personal / sensitive information transfers and update records, including Information Asset Registers to ensure additional or changed transfers are identified	Help to ensure there is a common understanding of what information is available across the organisation and, help protect information in transfer.	Sept 2016	Data Governance Advisor
8	Develop an updated communications plan for disseminating this strategy and data protection requirements generally across the Council.	Staff take responsibility for customers’ information needs and security. They understand the broad possibilities in using information to add value and effectiveness to their service as well as the risks of not doing so.	On-going	Data Governance Advisor
9	Undertake regular data protection awareness raising and training for members.	Ensure members are aware of their legal obligations in appropriately holding and using personal data	On-going	Head of Legal & Democratic Services
10	Data Sharing – continue to promote appropriate data sharing with partner organisations in line with the Whole Essex Information Sharing Agreement	Enable effective sharing of information between partnership organisations and ensure the requirements in sharing information is made explicit	On-going	Group Manager – Policy, Engagement & Communication

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Appendix 1 - Cabinet (28.6.16)

No.	Action	Objective	Target Completion Date	Responsibility
		managers responsibilities.		
11	ICT Security – Ensure a framework of ICT security policies and procedures are in place covering the governance of security of people, information, assets and systems. The framework is monitored, enforced, audited and reported to ...	Ensure the Council is able to resist a cyber-attack, minimise the risk of data breaches and ensure it is legally compliant	Mar 2017	Head of Customer Services/ Group Manager ICT
12	Cyber Security – Implement the Cyber Security action plan.	Put in place precautionary measures to prevent cyber security attacks on the Council and cyber fraud	Mar 2017 and on-going	Head of Customer Services/ Group Manager ICT
13	ICT Disaster Recovery – Implement the revised disaster recovery strategy, putting in place a hybrid cloud solution enabling active sharing of data with Thurrock Council	Ensure data can be used in the event of a catastrophic failure of the council’s ICT systems.	Mar 2017 and on-going	Head of Customer Services/ Group Manager ICT
14	Complete the installation of the new Data Centre and the Civic Centre	Ensure data is stored securely and is capable of being recovered in the event of service interruption		Head of Customer Services
15	Digital Strategy - Implement the Council’s Digital Strategy action plan	To provide the foundations for developing Southend as a Smart City, putting in place the required digital infrastructure to provide super-fast connectivity for residents, businesses and other stakeholders.	Mar 2017 and on-going	Head of Customer Services
16	Smart City – Develop the borough’s Smart City strategy, building on the	To make Southend a place where the quality of life and local economy is improved, while reducing the	Mar 2017	Head of Customer Services

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Appendix 1 - Cabinet (28.6.16)

No.	Action	Objective	Target Completion Date	Responsibility
	Council's Digital Stratgy.	impact on the environment. Intelligence and insight are combined enabling services to be redesigned to meet a shared understanding of need. Citizens can take an active part in local decision making.	and on-going	
17	Continue the drive to remove or archive remaining paper information across Council offices.	Review current processes and change operational methods to help make remaining paper records appropriately digitised.	On-going	Corporate Director, Corporate Services
18	Ensure the Joint Strategic Needs Assessment is complete, updated regularly and available online.	Provide an evidence base for the current and future health and well-being needs of local people which will inform and guide the commissioning of health, well-being and social care services	On-going	Director of Public Health
19	IG Toolkit: Ensure recommendations from the IG Toolkit audit are implemented. Incl. Data mapping exercise to identify all Personal / Sensitive information transfers and update records to ensure additional or changed transfers are identified	Enables the Council to demonstrate that it is legally compliant and can be trusted to maintain the confidentiality and security of personal information. Enables the sharing of sensitive personal information, meaning the Council's public health and social care requirements, in particular, can be undertaken.	Mar 2017	Data Governance Advisor
20	Information Asset Register: ensure the register is maintained and up to date and available on the Council's intranet site	Provides a comprehensive list of information management systems and where the Council's data lives. It will also provide a basic form of classification for the data.	On-going	Data Governance Advisor
21	Further examine the intake of Fols for recent years to identify common themes which could pre-empt further requests/ make responses easier	To reduce the number of Fols received by the Council and make responses easier to deal with.	On-going	Senior Knowledge and Information Advisor

Appendx 1 - Cabinet (28.6.16)

No.	Action	Objective	Target Completion Date	Responsibility
22	Establish an information and data cross departmental officer community of practice	Help identify current data sources, improve the use of information and identify and disseminate good practice.	Sept 2016	Team Manager – Policy & Information Management
23	Review 'Section 29' requests	Ensure appropriate signposting of 'Section 29' requests made by the Police to ensure they are responded to promptly	Oct 2016	Caldicot Guardian & Data Governance Advisor

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Southend-on-Sea Borough Council

Report of the Corporate Director for
People
to
Cabinet
on
28th June 2016

Report prepared by: Brin Martin,
Head of Learning

Agenda
Item No.

12

Proposal for an Education Board to replace the existing Schools Forum

People Scrutiny Committee
Executive Councillor: Councillor James Courtenay
Part 1 (Public Agenda Item)

1. Purpose of Report

This report is intended to raise awareness of the proposals to establish an Education Board within Southend on Sea to ensure that the Council can retain influence and leverage in education when the majority of school are no longer maintained. It sets out an indicative structure and governance arrangements for the Board. The Board will undertake the statutory functions currently discharged by the Southend Schools Forum, but in addition make strategic recommendations on broader education policy and strategy for the Council to consider.

2. Recommendations

- 2.1 That Cabinet notes, comments upon, and approves the establishment of the Education Board.
- 2.2 That members require officers to work with the current Schools Forum to ensure efficient transition to a new Board.

3. Background

Following the publication of the White Paper "Education Excellence Everywhere", matters concerning education and school outcomes are increasingly being devolved to school leaders. This proposal considers the establishment of an Education Board to improve its engagement with schools, academies, and other organisations involved in the provision of education and related services. An Education Board would both contribute to key priorities that will improve outcomes for children and young people in Southend, but also, working with partners, allow the Council to retain strategic influence of the school improvement agenda.

The purpose of this report is to describe the proposed structure, operating and governance model for an Education Board.

Attached in Appendix 1 is a PowerPoint presentation that includes a proposed structure diagram and remit for the Education Board.

4. Proposed Structure

The proposed structure diagram for the Education Board builds on the existence of the Schools Forum. This is currently a statutory body, with a specific school finance related constitution set in national regulations, specific decision making functions, and elected representation from all school phases/settings and interested bodies associated with the provision of education. The Schools Forum does not form part of the Southend Council Constitution.

Following the publication of the White Paper, we strongly believe that there is a continued need for a representative strategic partnership body to advise the Council on financial, policy and other educational matters.

The Schools Forum statutory consultation role re school revenue funding and contracted/SLA services may change but there is a wider education remit to advise the Executive Councillor for Children and Learning on matters such as (a) school performance, (b) resources, including school organisation/capital and admissions, (c) vulnerable learners and those with Special Educational Needs and Disabilities (SEND) and (d) business, skills and enterprise; all of which do not fall within the statutory Schools Forum role. Each of these would potentially have a sub group meeting periodically to discuss key issues and developments and would make recommendations to the Education Board itself.

The resources sub group above (b) would also function for issues that fall within the current Schools Forum statutory role to make recommendations to the Education Board for financial decisions that it cannot delegate.

The Board and sub groups would have wider representation other than Schools Forum membership to broaden engagement and develop representation. In order to ensure continuity and representation between sub groups and the Board, there would be overlap between the membership of sub groups and the elected representation on the Education Board.

The Headteacher associations executives, including academies, Southend Schools Governors Association and non-school education bodies (dioceses, early years, Unison, teacher unions, post 16 providers, university and commercial/businesses, Health) would also have strategic roles to appoint representatives and raise items and issues for the Education Board.

The structure diagram shows indicative representation on the Education Board. The Board would comprise current Schools Forum membership plus the Director for People, the Head of Learning and the Executive Councillor for Children and Learning, but without voting rights. In addition, the chairpersons of the Local Children's Safeguarding Board and the Corporate Parenting Group would also be invited as observers. Other non-school representatives might include nominations from universities, businesses, employers and commerce.

Lead officers from each of the sub groups would be associate members of the Education Board, and would attend as required to present reports.

Consideration will be required about the interface with other bodies, including the Success for All Group and People Scrutiny Committee. The structure diagram suggests an interface as and when required on matters of common interest. The proposals for the Education Board also include a quarterly report to Cabinet.

The timetable of decisions on financial matters that inform current Schools Forum agendas will need to be mapped against other strategic plans and reports in order that the structure of agendas for a future Education Board can be coordinated. It would also be necessary to ensure that if any sub groups are set up, the timing of those meetings fits in with Education Board meetings.

This report and attachments set out as draft proposals for the structure, operating model and governance of a future Education Board. The views of all stakeholders will be taken into account in any formal member decision process.

5. Summary of benefits of the proposal

Should the Education Board be established, it will:

1. Allow the Council to retain an influence in broader education matters when it no longer directly accountable for the performance of any schools, thereby;
 - a. Allow the Board to shape priorities and targets going forwards;
 - b. Allow the Board to ensure clear linkage between available resource and shared priorities;
2. Establish a collaborative strategic body that can advise on matters of policy for Southend. The membership of this body would ensure sign up from constituent member organisations;
3. Continue with the further development of existing school and sector led improvement strategies;
4. Ensure an effective vehicle for two way consultation with all stakeholders and the Council;
5. Enable a mechanism for the broader dialogue regarding education from the start of life through to later life, including the skills agenda.

6. Other Options

It would be possible in the short term to retain Schools Forum as it currently stands, although with National Funding it will increasingly lack influence. The Schools Forum will eventually no longer exist, and any formal relationship with schools and education providers would be lost at that point.

7. Reasons for Recommendations

The rationale for the establishment of the Board is set out above.

8. Corporate Implications

The interface with other Southend Borough Council and external partner's governance will need to be aligned.

8.1 Financial Implications

The operational costs of the board can be met from within the existing £18k budgeted for the Schools Forum. This is part of the 'Schools Budget' funded by the Dedicated Schools Grant.

8.2 Legal Implications

In the transition from a statutory School Forum to an Education and Skills Board, attention must be given to discharge the current statutory functions.

8.3 People Implications

There would be a requirement to effectively administer the Board and sub groups.

8.4 Property Implications

None

8.5 Consultation

This paper will form the start of the consultation and engagement process for the transition to the Education Board.

8.6 Equalities and Diversity Implications

None

8.7 Risk Assessment

One of the risks of this sort of structure is that the Board could be seen simply as "rubber stamping" recommendations made by sub groups or that the reports just get minor revisions and go in full to the Education Board. This could make the agendas/meetings repetitious and unwieldy. There will always be some repetition because the decisions of the Schools Forum (Education Board) cannot be delegated and there is a requirement to consult all relevant members on matters that affect the funding of schools and other settings.

8.8 Value for Money

The proposal to establish the Education Board will allow existing resources from the Council, schools themselves and from targeted national government grants to be combined to ensure effective commissioning and value for money.

8.9 Community Safety Implications

None

8.10 Environmental Impact

None

9. Background Papers

None

10. Appendices

Appendix 1, Details of proposal

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Proposal to establish a Southend
Education Board
Executive Briefing 13th June 2016

Brin Martin
Head of Learning

Rationale

- To draw together education professional to act as a central strategic vehicle to inform on education matters
- To strengthen the partnership with key stakeholders with an interest in education across Southend
- To improve the visibility and leverage of education performance politically within the Council
- To ensure a mechanism that will continue to improve the outcomes for learners “after” the White Paper
- To embed school to school support (alongside residual LA statutory functions) in Southend

Education Board

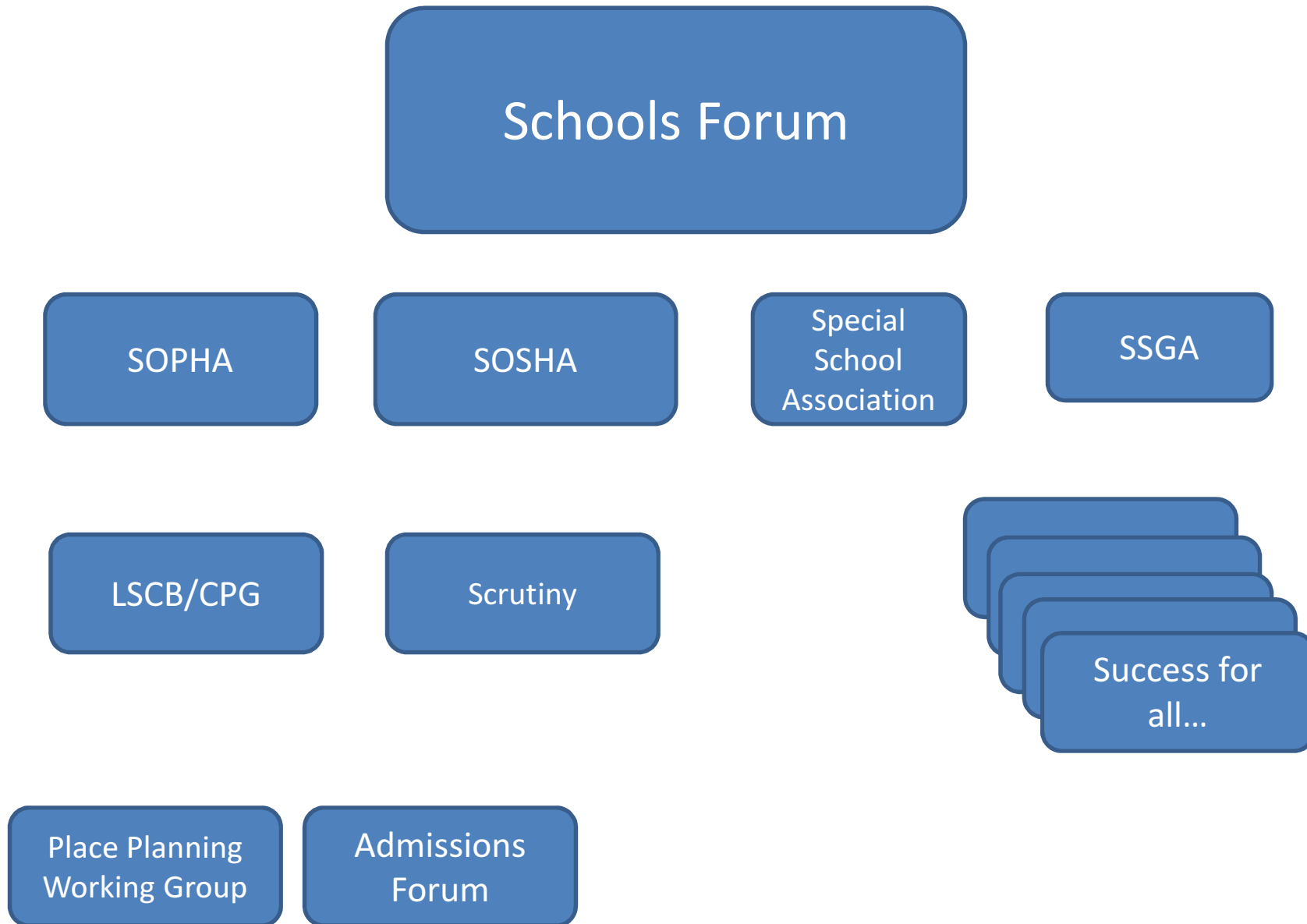
Principles:

- Discharge statutory functions of Schools Forum
- Single, overarching consultation and engagement body
- Membership elected from constituent groups/stakeholders
- Non political, not part of Southend formal constitution

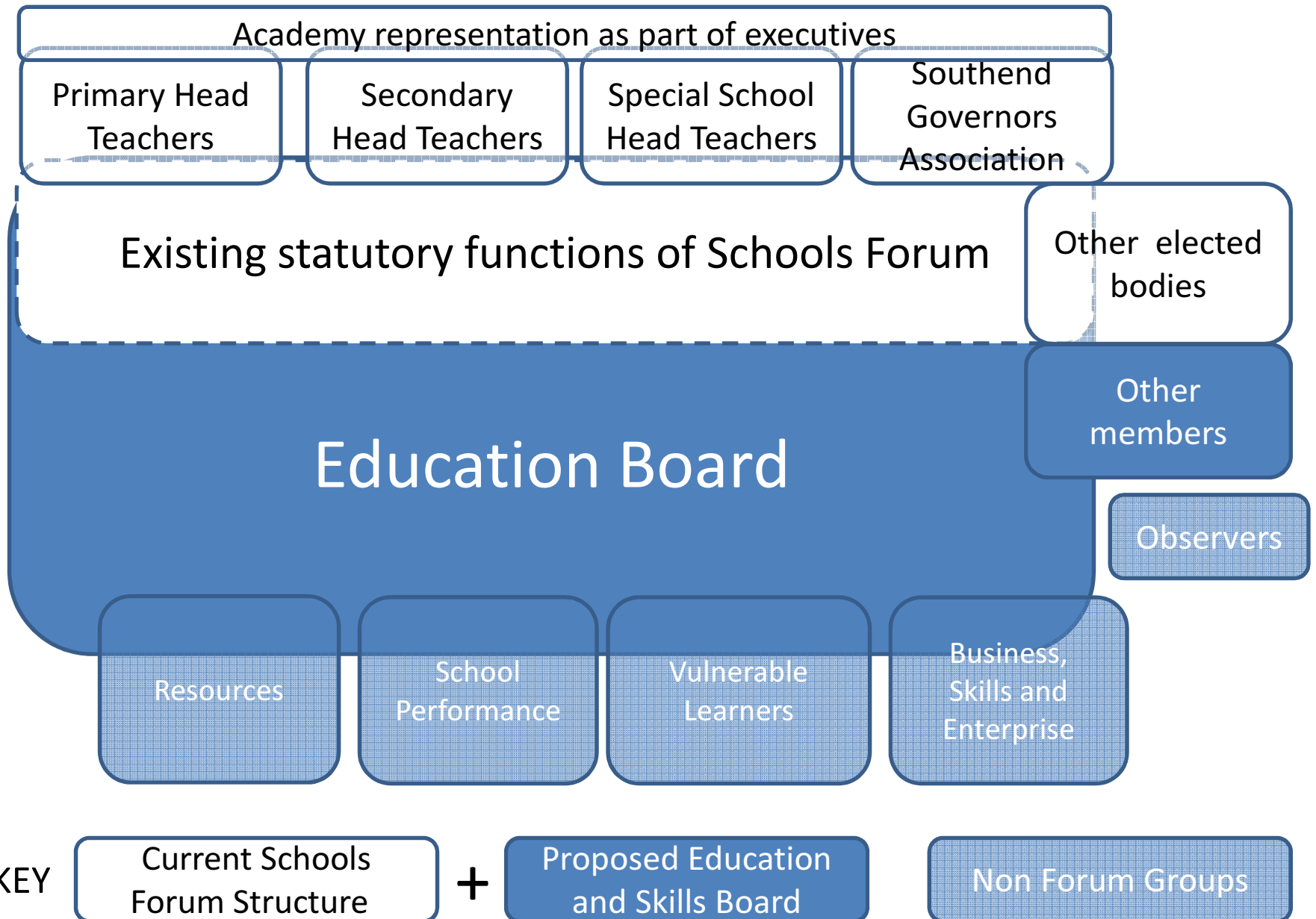
Remit:

- Retain current School Forum specific statutory decisions
- Advise/recommend to Council on education matters
- Monitor agreed education priorities, performance, plans, resourcing and outcomes
- Consultation on policy and strategy

Existing relationships



Possible structure for an Education Board



Proposed Board Membership

Statutory constitution representation:

Proportionate representation from primary secondary and special school representatives

Governor representation

Early Years representatives;

16-19 provider representative;

Professional association representative.

Additional representation for the Board :

Universities

Business , Employers and Commerce;

Health

Director People*

Head of Learning*

Officer lead representation from sub groups*

Executive Councillor for Children and Learning *

Observer status*:

Chairman Corporate Parenting Group*;

Chairman Southend Local Safeguarding Children's Board*

Clerk/Administration*;

Press;

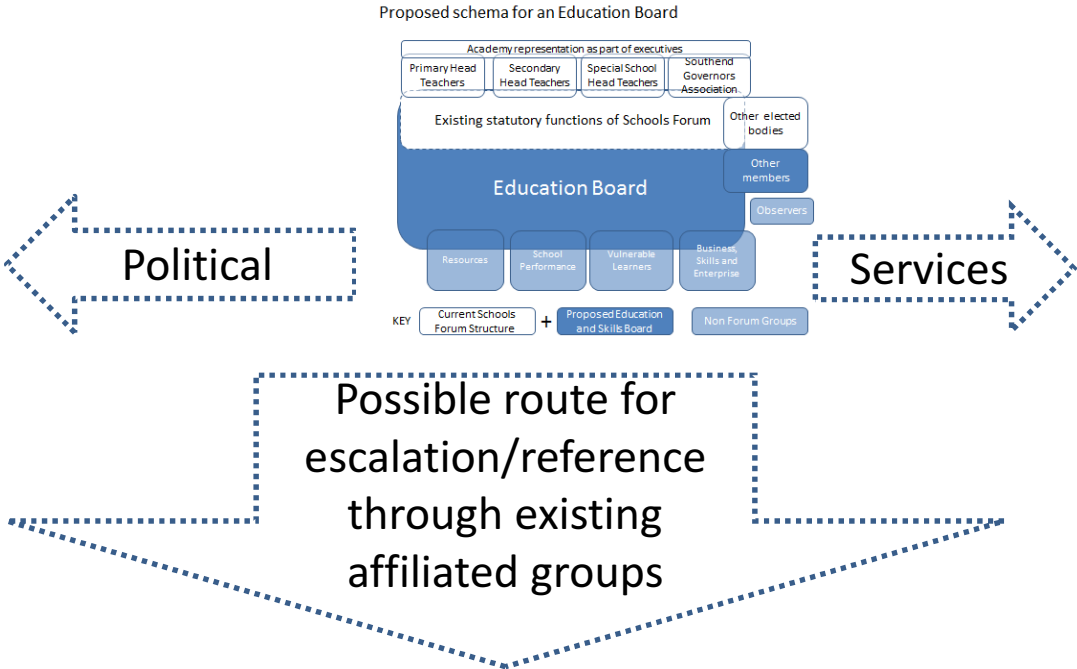
Public.

*non voting

Relationships to other bodies/boards/Services

Quarterly report to Cabinet

Input to People Scrutiny Committee as required



Children's Services

Economic Development

eg...
Members School Places working group

eg...
School improvement
RSC meetings
SETSA Trust

eg...
SEND Board;
Success for all;
Health and Wellbeing Board

eg...
Corporate Parents;
Safeguarding;
Health

eg...
Southend Business Partnership

Possible sub group generic remit

- To both receive from and escalate to the Board;
- To undertake detailed operational scrutiny and reporting required by the Board;
- To undertake further work in relation to Board commissions, including potential task and finish groups;
- To monitor the performance outcome measures determined by Board in their area;
- To ensure clear linkage across sub group agendas and chairs;
- To actively engage with their constituent bodies;
- To ensure effective coordination of message and action from affiliated groups.

School Improvement...

EEE April 17

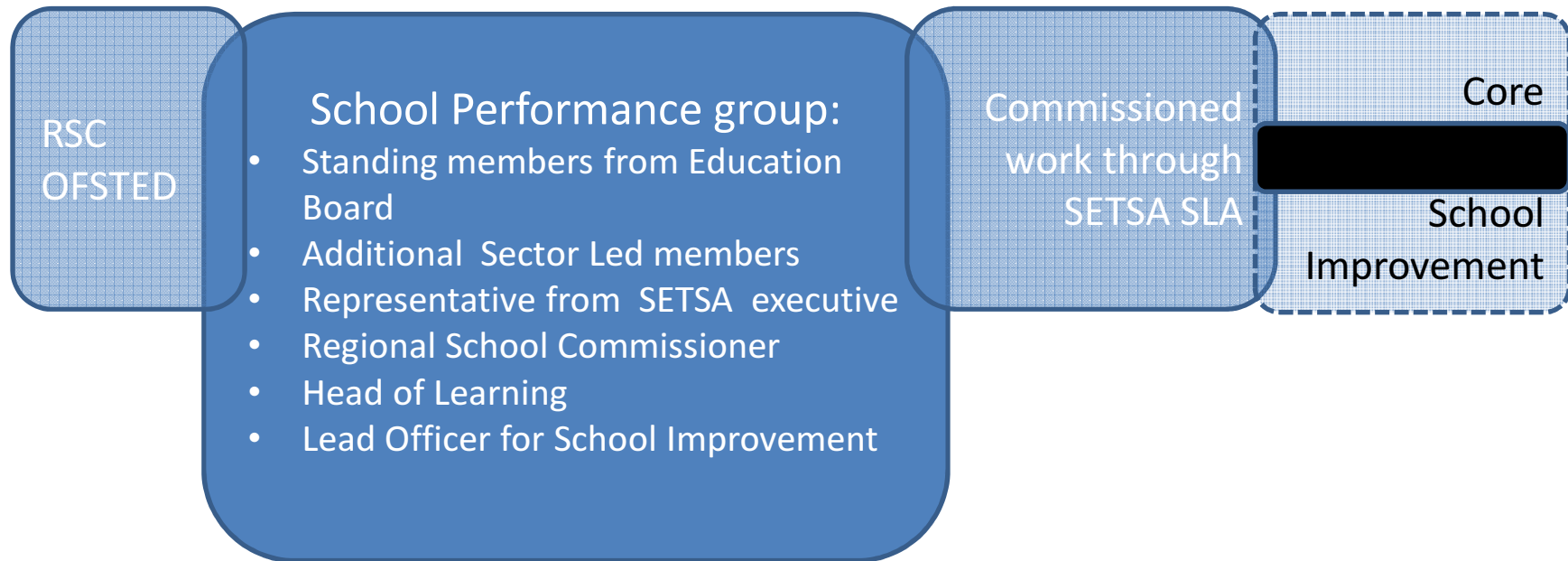
“ We will enable the best leaders to play a wider role by **transferring responsibility for school improvement from Local Authorities to school and system leaders...**”

EEEp73

Minister May 17

The academy programme **puts control of running schools in the hands of teachers and school leaders** - the people who know best how to run their schools... This system will allow us to tackle underperformance far more swiftly than in a local-authority-maintained system where many schools have been allowed to languish in failure for years.

School performance sub group



Outputs:

- Data collection and analysis leading to identification of priorities;
- Ownership of school improvement strategy and outcomes;
- Transparent categorisation of schools;
- Commissioning generic improvement activity **and** interventions;
- Monitoring, reporting, impact and evaluation review to Board

Timeline

- Socialising the agenda with key stakeholder groups
April/May 16
- Formal Consultation June 2016
- Cabinet 28th June 2016
- Formal establishment of Board Sept 2016
- First meeting of Board October 12th 2016
- **Phased** establishment of subgroups as soon as possible thereafter

Recommendations

- That Executive Briefing note, comment upon, and approve the establishment of the Education Board
- That they require officers work with Schools Forum to ensure efficient transition to a new Board

Southend-on-Sea Borough Council

Report of the Corporate Director for Place &
Director of Public Health

to
Cabinet

on
28th June 2016

Report prepared by:
Lee Watson, Health Improvement Practitioner Advanced

Agenda

Item No.

13

Southend-on-Sea Physical Activity Strategy 2016- 2021

People Scrutiny Committee/ Place Scrutiny Committee
Executive Councillors: Councillor Salter / Councillor Holland

A Part 1 Public Agenda Item

1. Purpose of Report

1.1 To present the Southend-on-Sea Physical Activity Strategy 2016-2021.

2. Recommendation

2.1 Cabinet is asked to agree the Southend-on-Sea Physical Activity Strategy 2016-2021 and associated action plan.

3. Background

3.1 Physical inactivity is the fourth largest cause of disease and disability and is directly responsible for 1 in 6 deaths in the UK. The latest data from Public Health England highlights that 29% of adults in Southend are inactive, undertaking less than 30 minutes of physical activity a week. This puts them at a greater risk of developing a number of conditions including heart disease, cancer, obesity, diabetes, depression and dementia.

3.2 The Southend-on-Sea Physical Activity Strategy provides a framework and action plan to support the long term vision for Southend to be a healthier active borough. This will be achieved through making the participation in an active healthy lifestyle a social norm for people who live or work in Southend.

3.3 The key strategic aims of the strategy are:

- To reduce inactivity and increase participation in physical activity for everyone, giving priority to our more inactive populations.
- To improve our marketing and communications about physical activity.

- To promote the built and natural environment and its contribution to supporting people to be more active in their daily lives.
- Southend-on-Sea Borough Council will work collaboratively with a wide range of partners, including statutory organisations, businesses, the third sector and community groups, to help people to be more active.

3.4 An action plan has been developed to ensure delivery of the strategy's aims. This highlights the key actions, responsibilities for delivery and associated outcomes.

3.5 It is proposed that the two physical activity indicators in the Public Health Outcomes Framework, are used as the headline key performance indicators to monitor the overall outcome of the physical activity strategy. These two indicators will be updated on an annual basis through the Active Lives Survey.

KP1: By 2021, achieve at least a 2.5% increase in adults being active for 150 mins per week

Baseline (2014): 52.1% Target: 54.6%

(Baseline 2014: England 57%, East of England 57.8%)

KPI 2: By 2021, achieve at least a 2.5% decrease in adults not being active for at least 30 mins/week

Baseline (2014): 29.2% Target: 26.7%

(Baseline 2014: England 27.2%, East of England 25.9%)

A number of other KPIs will be developed as part of further detailed action planning work.

4. Other options

4.1 The Southend-on-Sea Physical Activity Strategy provides a strategic framework and action plan to increase participation in physical activity for everyone and reduce the level of physical inactivity. The other option would be for such work to continue without a strategic framework to guide priorities.

5. Reason for recommendation

5.1 The Southend-on-Sea Physical Activity Strategy and the associated action plan will help to improve the health and wellbeing of the local population and strengthen partnership working across the borough for this agenda.

6. Corporate Implications

6.1 Contribution to Council's Vision & Corporate Priorities

Increasing levels of physical activity in the borough and reducing levels of inactivity will lead to improved health and wellbeing and help to reduce health

inequalities. A healthy population will reduce demands on services and provide a healthier workforce to contribute to the economic prosperity of the borough.

6.2 Financial Implications

The strategy and associated action plan will be delivered within existing resources.

6.3 Legal Implications

None.

6.4 People Implications

The strategy aims to ensure that everyone who either lives or works in the borough has the opportunity to be more physically active.

6.5 Property Implications

None.

6.6 Consultation

The draft strategy was presented as a pre-cabinet scrutiny item at the April meeting of both the People and Place Scrutiny Committees, which helped to inform the core strategy document and associated action plan.

6.7 Equalities and Diversity Implications

The Southend-on-Sea Physical Activity Strategy is an inclusive strategy for the population of Southend-on-Sea.

6.8 Risk Assessment

Failure to implement the strategy could have a negative impact on health outcomes in the local population.

6.9 Value for Money

The joined up approach delivered by the strategy creates a more efficient way of working and the opportunity to generate savings in the longer term.

6.10 Environmental Impact

Implementation of the strategy will result in more people using the natural environment to become more active in their daily lives.

7. Documents used to inform this report

7.1 Key documents are detailed in the reference section of the strategy.

8. Appendix

8.1 Appendix 1. The Southend-on-Sea Physical Activity Strategy 2016-2021.

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Physical Activity Strategy

2016 - 2021

Southend *a healthy active borough*

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“The potential benefits of physical activity to health are huge. If a medication existed which had a similar effect, it would be regarded as a ‘wonder drug’ or ‘miracle cure’.”

Sir Liam Donaldson



Foreword

I am delighted to introduce the Physical Activity Strategy for Southend-on-Sea 2016-2021, which sets out our vision to improve the health and wellbeing of everyone in Southend by encouraging active lifestyles.

Last year I was involved in an indepth scrutiny project which looked at how we support people in the borough to achieve healthier lifestyles, with a particular focus on getting people to be more active. I was particularly struck by the amazing opportunities we have in the borough to support people to be more active in their everyday lives. I was also concerned to learn that almost a third of adults in Southend are classed as 'physically inactive'. This will be putting these individuals at a greater risk of a number of diseases, including coronary heart disease, cancer, stroke, type 2 diabetes and obesity. In addition to the impact on health and wellbeing of individuals, it is estimated that every year the health related costs associated with the low levels of physical activity in the borough are in the region of £5 million. This puts pressure on all of our budgets at a time when finances are tight and set to reduce even further over the coming years.

This strategy builds on the extensive work that was undertaken as part of the scrutiny project. We were also fortunate to have had dedicated input from the Chief Culture and Leisure Officers Association to assist us with our thinking about broader partnership working. This work enabled us to further understand our communities and how to influence people's attitudes and behaviours towards becoming more physically active.

We have used this broad range of information to inform the four key strategic aims of this strategy. These focus on: increasing levels of participation in physical activity and reducing inactivity; improving our marketing and communications about physical activity; promoting the contribution of the built and natural environment in supporting people to be active in their daily lives; and supporting the collaborative working of the Council with a wide range of partners to help people to be more active.

There is a wealth of evidence that increasing participation in physical activity can make a huge difference to people's lives. I recommend this Physical Activity Strategy to you as our first step on a journey and look forward to collaborating with you to achieve our vision to make Southend a healthy active borough.

Councillor Lesley Salter

Portfolio Holder for Adults, Health and Social Care, and
Chair of Southend Health and Wellbeing Board



1.0 Our Vision

For Southend to be a healthy active borough.

Mission

We will make participation in an active healthy lifestyle a social norm for people who live and work in Southend, and particularly for under-represented and inactive groups.

Strategic aims

To help us achieve our vision, we plan to use our influence and resources within the following key strategic aims:

- To reduce inactivity and increase participation in physical activity for everyone, giving priority to our more inactive populations. We will look at more ways for people in Southend to be more active more often at work, at home and during leisure time.
- To improve our marketing and communications about physical activity. We will increase the knowledge, awareness and understanding of people of all ages in Southend about the health benefits of physical activity, and where and how to be active.
- To promote the built and natural environment and its contribution to supporting people to be more active in their daily lives. We will promote our world class facilities and active travel network that enhance the opportunities for people to get active and stay active.
- Southend-on-Sea Borough Council will work collaboratively with a wide range of partners, including statutory organisations, businesses, the third sector and community groups, to help people to be more active. We will strengthen partnership working and make effective use of our combined resources.

In Southend we want to increase the number of people being active at the levels that will promote their health and wellbeing. We want to make physical activity a priority in people's everyday lives and that Southend is one of the most active areas in England.



2.0 Introduction

We are failing to stem the rising tide of physical inactivity across the population. We are already around 20% less active than in the 1960's and this is anticipated to increase to 35% less active by 2030, with the associated health, social and economic costs to individuals, families, communities and the country as a whole (1).

Physical inactivity is the fourth largest cause of disease and disability in the UK, with those of us who are not physically active enough being at risk of developing a number of conditions including heart disease, cancer, obesity, diabetes, depression and dementia (2).

Physical inactivity is also directly responsible for 1 in 6 deaths in the UK (3). Yet around one in four people in the UK do less than 30 minutes of activity a week and so are classified as 'inactive'(4).

Despite knowing the importance of exercise, we have not created an active society. Social, cultural and economic trends have removed physical activity out of people's daily lives. Car ownership continues to increase, we have less active jobs, and more screen based technology at home and at work. Even many features of cities and towns work against physical activity (5,6). The result is that we walk less, sit down more and allow gadgets to do the work for us.

With time and commitment in short supply, helping people to be active every day is about weaving activity into our daily lives. We need to maximize our use of the many assets we already have – our parks, leisure facilities, community halls, and workspaces – as well as doing whatever exercise, dance, leisure or sport we enjoy.

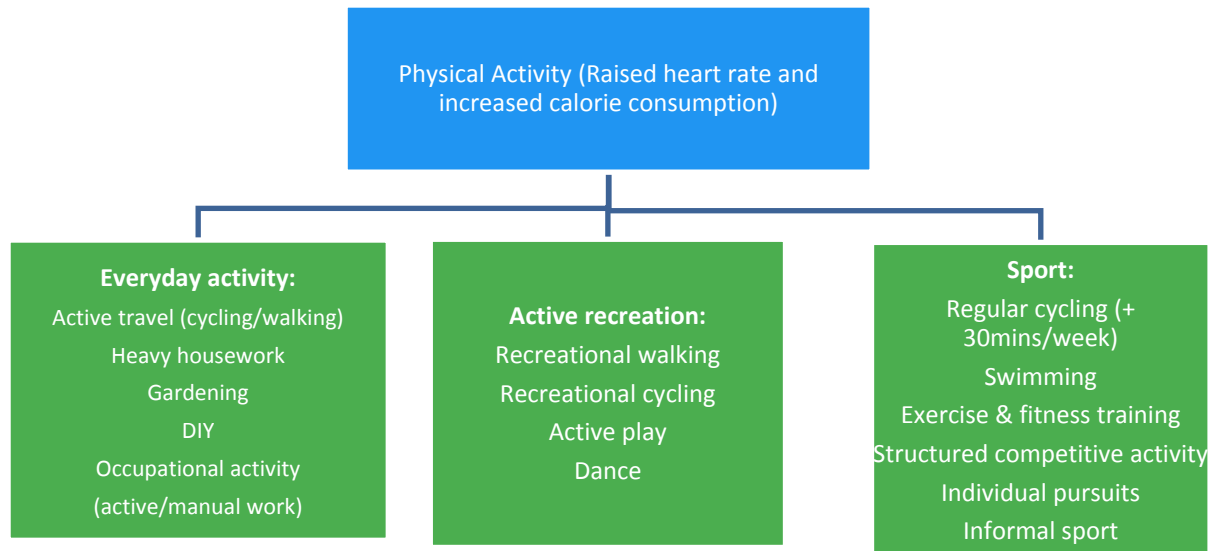
2.1 Definition of Physical Activity:

Physical activity has many different definitions, but for the purposes of this strategy it includes “all forms of activity, such as everyday walking or cycling to get from A to B, active play, work-related activity, active recreation (such as working out in a gym), dancing, gardening or playing active games, as well as organised and competitive sport” (7).

Figure 1 sets out the structure of physical activity, showing how the different types of activity and their different elements all contribute towards the strategic aims set out in this strategy.



Figure 1. What constitutes physical activity



Source: Adapted from Start Active, Stay Active (2011) (Ref 7)

2.2 The case for physical activity

There is a wealth of evidence which demonstrates that an active life is essential for physical and mental health and wellbeing. Being active at every age increases quality of life and everyone's chances of remaining healthy and independent (6).

In particular, for adults undertaking at least 30 minutes of moderate intensity physical activity on at least five days a week helps to prevent and manage over 20 common serious medical conditions (7). Table 1 shows the effect of increasing physical activity on the risk of common conditions.



Table 1. Effect of physical activity on the risk of common conditions

Disease	Effect of physical activity
Cardiovascular disease	20-35% lower risk of cardiovascular disease, coronary heart disease and stroke
Type 2 diabetes	30-40% lower risk of type 2 diabetes (and metabolic syndrome) in those who are moderately active compared to sedentary
Breast cancer	20% lower risk of breast cancer for adults participating in daily physical activity
Colon cancer	30% lower risk of colon cancer for adults participating in daily physical activity
Depression	20% -30% lower risk of depression for adults participating in daily physical activity
Dementia	20% -30% lower risk of dementia for adults participating in daily physical activity
Hip Fracture	36% to 68% risk reduction of hip fracture at the highest level of physical activity
Falls	30% lower risk of falls for older adults who participate in regular physical activity

Source: Adapted from Start Active, Stay Active (2011) (Ref 7)

The health improvements with physical activity are often greater than many drugs, and exercise has been called a ‘wonder drug’ or a ‘miracle cure’ (8). Table 2 provides a summary of the evidence of improvement in health with physical activity for those with chronic conditions (9).

Table 2. Evidence of improvement in health with physical activity for those with chronic conditions

Condition	Evidence for improvement
Chronic obstructive pulmonary disease	Physical activity improves cardiorespiratory health. In COPD, exercise training reduces dyspnoea symptoms and increases ability for exertion.



<p>Heart disease and/ or Heart failure and/or Angina</p>	<p>Studies show clear improvements in cardiovascular health with moderate exercise. There are similar beneficial effects for sufferers of angina. Overall, exercise reduces cardiac mortality by 31%.</p>
<p>Hypertension (high blood pressure)</p>	<p>Randomised controlled trials show a clear lowering of blood pressure with aerobic training. 31% of patients on average experience a drop of at least 10 mmHg with regular physical activity.</p>
<p>Obesity</p>	<p>Exercise only has a moderate effect in reducing obesity. Aerobic physical activity has a consistent effect on achieving weight maintenance. Exercise also changes the distribution of fat, by reducing the less healthy visceral [abdominal] fat.</p>
<p>Depression</p>	<p>A Cochrane review evaluated 30 trials of physical activity as a treatment for depression, showing overall ‘moderate’ improvement.</p>
<p>Peripheral vascular disease</p>	<p>Exercise leads to a moderate improvement in peripheral vascular disease. Improvements are seen in both pain-free walking time and distance in several studies.</p>
<p>Diabetes</p>	<p>Exercise has a statistically and clinically significant beneficial effect on glycaemic control and the metabolic state. Exercise works as a treatment modality in both type 1 and type 2 diabetes</p>
<p>Osteoarthritis</p>	<p>Physical activity improves symptoms of osteoarthritis by 22-83% and does not lead to worsening of this condition. It has benefits in reducing pain (by 25-52%), improving function, improving quality of life and mental health. Others have commented on exercise being weakly effective in osteoarthritis and leading to moderate improvement in low back pain. Exercise increases muscle strength and coordination.</p>

Source: Exercise: The miracle cure and the role of the doctor in promoting it (2015).(Ref 9)

There are many other social, individual and emotional reasons to promote more physical activity. Being active plays a key role in brain development in early childhood (10,11) and is also good for longer-term educational attainment (12). Increased energy levels boost workplace productivity and reduce sickness absence. An active population can even reduce levels of crime and antisocial behaviour (13).



2.3 The cost of physical inactivity

It is estimated that the health costs related to physical inactivity in Southend amount to approximately £5m each year, excluding the cost of obesity (14). This equates to £3,054,673 per 100,000 population.

Table 3. Health costs of physical inactivity by disease category in Southend

Disease	Cost
Cancer lower GI	£62,231
Cancer breast	£93,462
Diabetes	£423,671
Coronary heart disease	£4,205,691
Cerebrovascular disease	£208,863
Total	£4,993,917

Source: Sport England Local Sport Profile 2016 (14)

2.4 Case studies and quotes from service users

Case Study:

Bob wants to stay healthy so he can play with his grandchildren into his old age – and he is praising Southend-on-Sea Borough Council for helping him to do so. The retired builder, was shocked when a health check at his local GP surgery revealed that his Body Mass Index was “through the roof”. His weight was exacerbating a chronic breathing problem and he realised he needed to take some action.

On the advice of the surgery Bob had an informal meeting in The Forum with a one-to-one coach from the Council’s Get Healthy Hub and he jumped at the chance to join the exercise referral and weight management programme. He was offered 12 weeks of subsidised sessions at Southend Leisure and Tennis Centre and 12 weeks of public health-funded weight management sessions.

“It was fantastic to be given this opportunity,” said Bob. “Overeating is a vicious circle and I needed a push to change my lifestyle. I found the discussion groups at the weight management sessions very useful and I have also benefited at the gym from the advice of a



personal trainer for whom I paid.” Bob has kept up his gym sessions beyond the initial 12 weeks, easing himself into physical activity using the recumbent exercise bikes and a cross trainer.

“The help from the Council has been a lifeline to me,” he added. “I have four grandchildren, all girls aged nine, seven, six and two, and I want them to know I will be around to play with them for many years to come.”

Quotes:

“I love the drumming and dancing, I can express myself and it helps to calm me” Disability Capoeira participant

“As I have long term depression, this has been wonderful for my health” Active 50+ Festival on the Pier participant

“My young person has had the best time during this course. It has been wonderful to see his self-esteem and confidence grow. These sessions have certainly helped to break down barriers with some of our young people and have demonstrated that we listen to them and what they enjoy doing. ” Case Worker for an individual who attended Parkour physical activity programme.



3.0 The Context for Physical Activity

3.1 National physical activity policy

Physical activity is firmly in the national spotlight, showing an increasing drive to improve the health of the nation and tackle health inequalities. Recognition of the need to invest in preventative health is growing, focusing on staying healthy and promoting wellbeing.

Over recent years there have been numerous national reports and strategies published which provide detailed background information and evidence on the importance and impact of physical activity. These include:

Start Active, Stay Active: Department of Health, 2011 (7)

Otherwise known as the UK's Chief Medical Officers' guidelines, this report was aimed at the NHS, local authorities and a range of other organisations that develop services and advocates a partnership approach to increasing physical activity levels across the country. It lists the volume, duration, frequency and type of physical activity required for the UK population to achieve the range of benefits of being active. Its key recommendations are that:

Physical activity should be encouraged from birth, particularly through floor-based play and water-based activities in safe environments. Children of pre-school age who are capable of walking unaided should be physically active daily for at least 180 minutes, spread throughout the day.

All children and young people should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day.

Adults do at least 150 minutes per week of moderate physical activity in bouts of 10 minutes.

Public Health Outcomes Framework: Department of Health 2012 (15)

This introduces the overall vision for public health as 'to improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest', and includes two key outcomes in which physical activity can play a role in increasing healthy life expectancy and reducing differences in life expectancy.

The indicators that will measure this ambition are:

2.13i Proportion of adults achieving at least 150 minutes of physical activity per week in accordance with UK CMO recommended guidelines on physical activity

2.13ii Proportion of adults classified as 'inactive'



Turning the Tide on Physical Inactivity. UK Active. 2013 (16)

This report provides the first detailed analysis of physical activity both at a national and local level and examines the rate of physical inactivity and impact on premature mortality. The report makes a number of recommendations, including that local authorities should prioritise and resource physical activity programmes to the same level as other top tier public health risks; deliver a local ambition of a 1% reduction in inactivity year-on-year for the next five years; and ensure that their green spaces are developed to make them safe, accessible and integrated into their leisure and physical inactivity strategies.

Moving More, Living More: the physical activity Olympic and Paralympic legacy for the nation. Cabinet Office 2014 (17)

In recognition of the significant opportunities that physical activity offers individuals and society, the aim of this strand of the Olympic and Paralympic legacy is to have a much more physically active nation. It presents three key areas for action:

- Active people – children, young people & families, older people, disabled people and people playing sport
- Active places – workplaces, public health settings within the NHS and travel by walking and cycling
- Active communities

Everybody Active Every Day, Public Health England 2014 (6)

This framework identifies that being active every day needs to be embedded across every community in every aspect of life, which requires creating cultural change.

To deliver this vision requires action at national and local level across four areas:

- Active society: creating a social movement
- Moving professionals: activating networks of expertise
- Active environments: creating the right spaces
- Moving at scale: scaling up interventions that make us active

Sporting Future: A New Strategy for an Active Nation. Cabinet Office. 2015 (18)

This latest strategy looks to redefine nationally what success looks like in sport by concentrating on five key outcomes:

- physical wellbeing
- mental wellbeing
- individual development
- social and community development
- economic development.



This new approach includes a new system of measurement, replacing the current Active People Survey with Active Lives. It will measure how active people are overall rather than how often they take part in any particular sport and a new set of key performance indicators will be used to test progress towards the five key outcomes.

Sport England: Towards an Active Nation Strategy 2016-2021 (19)

In response to 'Sporting Future', this document provides the strategic direction and guidance for future investment. There is a new focus on tackling inactivity through direct investment and improving the knowledge and practice of behaviour change of the physical activity sector. The document outlines seven key areas for future investment:

- Tackling inactivity
- Children and young people
- Volunteering
- Taking sport and activity to the mass market
- Supporting sports core market
- Local delivery
- Facilities

3.2 National picture: the extent of the problem

Physical activity behaviour should be an integral habit within our daily lives.

However, national statistics from the Health Survey for England (20) identify that:

33% of men and 45% of women are not active enough for good health

19% of men and 26% of women are 'physically inactive'

21% of boys and 16% of girls aged 5-15 achieve recommended levels of physical activity

23% of girls aged 5-7 meet the recommended levels of daily physical activity, by ages 13-15 only 8% do

47% of boys and 49% of girls in the lowest economic group are 'inactive' compared to 26% and 35% in the highest

In addition:

Only 18% of disabled adults regularly take part in sport compared to 39% of non-disabled adults (21)

Walking trips decreased by 30% between 1995 and 2013 (22)

64% of trips are made by car, 22% are made on foot and 2% are made by bike (22)



3.3 What works to increase physical activity

The evidence shows that inactivity is an entrenched problem. Positive change needs to happen at every level and should be measurable, permanent and consistent. NICE have issued evidence-based guidance to inform practice, but to achieve the desired impact it needs to be implemented on a major scale and with long-term planning.

Existing NICE guidelines include:

PH6 2007	Behaviour change: the principles for effective interventions
PH8 2008	Physical activity and the environment
PH13 2008	Promoting physical activity in the workplace
PH17 2009	Promoting physical activity for children and young people
PH41 2012	Walking and cycling: local measures to promote walking and cycling as forms of travel or recreation
PH42 2012	Obesity: working with local communities
PH44 2013	Physical activity: brief advice for adults in primary care
PH49 2014	Behaviour change; individual approaches
PH54 2014	Exercise referral schemes to promote physical activity

Much of this guidance is about maximising the potential of the many assets we already have and using streets, parks, leisure facilities, community halls, and workspaces, and thinking differently about how we commission and plan public services.

Many aspects of this guidance have also helped to inform the key areas of the vision for 'Everybody Active, Every Day' (6), but interventions need to be based on local community needs.

4.0 Physical activity profile of Southend

4.1 Southend - the place

Southend is 16 square miles in size and is one of the largest conurbations in the East of England. Excluding the London boroughs, Southend is the eighth most densely populated area in the United Kingdom, with 42.10 people per hectare compared to a national average of 16.84 per hectare (2013 mid-year population estimates).

The population of Southend is currently 177,900 (mid 2014, population estimate). Southend has an ageing population with 18.7% of people aged 65 and over, which is higher than the national average of 17.3%. The proportion aged 17 and under is 21.5%. The population is predicted to increase, the greatest increase will be in the over 65 year age group.



Deprivation in Southend is higher than average, and overall Southend is ranked as the 190th most deprived out of 363 local authorities in England, and about 21.7% (7,200) children live in poverty.

Southend has a predominantly white British population 87.03%, with a small but increasing BAME population.

Life expectancy for both men and women is similar to the England average. However, there are significant health inequalities in the borough, with an 11.1 year gap in life expectancy for men and 10.0 years for women in the most deprived areas of Southend than in the least deprived areas.

In Southend, the adult excess weight prevalence (overweight and obese) is 66.8%, which is 2.2% higher than the national average of 64.6% and 1.2% higher than the regional average of 65.6%.

The childhood excess weight prevalence (overweight and obese) in 4-5 year olds is 21.9%, which is the same as the national average, but higher than the regional average (20.7%). For children aged 10-11 in Southend, excess weight prevalence is 32.2%, which is slightly below the national average (33.2%), but 1.5% higher than the regional average (30.7%).

Levels of physical activity in Southend

Southend currently falls below the national (57%) and regional average (57.8%) with the latest figures suggesting that just 52.1% of adults achieve at least 150 minutes of moderate activity per week in accordance with the CMO guidelines.

The latest figures also highlight that 29.2% of adults in Southend are classed as 'physically inactive' and undertake less than 30 minutes of at least moderate intensity physical activity per week (compared to 27.7% nationally and 25.9% regionally).

4.2 Southend: assets and opportunities for physical activity

Southend has a wealth of assets that present opportunities to support everyone in the borough to be more physically active. These include:

Southend Pier – a local icon, the longest pleasure pier in the world which stretches 1.33 miles out into the Estuary providing perfect conditions for walking.

Seafront – Southend has 7 miles of seafront, with eight beaches. 4 of the beaches have been ranked 'excellent' in the prestigious Blue Flag awards.



Three Shells Lagoon – a planned seafront development to construct an artificial lagoon to provide a safe swimming area.

4 Local Authority owned leisure centres including 3 public swimming pools –

Chase Sports and Fitness Centre, Belfairs Swim Centre, Shoeburyness Leisure Centre and Southend Leisure and Tennis Centre including Southend Swimming and Diving Centre at Garon’s Park. The centre is a World Class diving facility and was used by the British Olympic Diving Team as their pre-games training site for the 2012 London Olympics. The leisure operator is required to deliver sports development across the Borough, increasing physical activity opportunities for a range of target groups. Exercise referral is delivered at Southend Leisure and Tennis Centre and currently provides tailored exercise programmes for those referred from their GP with long term conditions or at high risk of long term conditions .

Cycling Town - 3 years as a Cycle Town has left a legacy of improved cycling infrastructure and additions to the national cycling network such as the Prittlebrook Cycle Path and the seafront cycle route. There is also improved cycle parking at all schools, colleges and the university, many workplaces, the town centre, parks and sports centres and local shopping areas.

Ideas in Motion – a distinct brand and website to promote sustainable transport options including walking and cycling.

Shared space infrastructure for traffic calming and to encourage walking and cycling. This includes the award-winning City Beach and Victoria Gateway Plaza.

Water sports - seven miles of seafront provide ideal conditions for water sports including sailing, wind surfing, kite surfing, jet skiing, kayaking as well as swimming and the seaside favourite –paddling.

Parks and Green Spaces – over 1,000 acres of parkland and green space which includes 5 Green Flag Award winning parks and offers various physical activity opportunities including multi-use game areas, children’s play areas and outdoor gym equipment.

18 hole ‘pay and play’ public golf course at Belfairs Park. There is also a 9-hole Pitch ‘n’ Putt course.

283 acres of public pitches, courts and greens: bowling greens, cricket squares, football and rugby pitches, croquet lawns, pitch and putt, basketball courts, cricket nets, tennis court and a synthetic turf pitch, as well as a variety of school sports facilities.



Private and community provision including: 75 acres of private sport and leisure facilities, there are number of private leisure providers across the town which include private gyms and fitness centres, sports clubs, dance schools, martial arts clubs.

Effective volunteer workforce supporting delivery of many physically active sport and leisure activities.

A Better Start National Lottery funded programme supporting system transformation to shift focus towards prevention in children 0-3 years. Increasing physical activity can support focused outcomes for social and emotional development in the targeted wards.

Two School Sports Partnerships provide a range of sport and physical activities in school settings across the borough, the partnership also provides continuing professional development opportunities for teachers in sports and physical activity.

Active Southend is a community network of physical activity and sport providers. The organisation funded solely by external funding grants delivers a range of projects to increase physical activity levels in the borough. Examples of these programmes include: walking football for older people, dodgeball for young adults and a disability focused multi-sport/activity project.

External Funding the Council is proactive in identifying funding opportunities to support sporting and physical activity initiatives – these include the Active Women project funded by Sport England over three years to provide sporting and physical activity opportunities for women in six wards across the town in community locations. The Council has also worked in partnership with other organisations to draw in funding for a range of activities such as disability cycling and dodgeball.

4.3 Links with other local strategies

The main local drivers for change are:

In-depth Scrutiny 2014-15. How the Council assists and excites individuals and community groups to achieve healthier lifestyles – envisages a town:

- where people engage with each other through activity
- whose people live longer more active lives
- with reduced inequalities in life expectancy and improved quality of life



Southend Health and Wellbeing Strategy – has nine ambitions for the Southend populations health and wellbeing, including:

- a positive start in life
- promoting healthy lifestyles
- improving mental wellbeing
- living independently
- active and healthy ageing

Southend-on-Sea Health & Wellbeing Strategy 2015 - 2016 Refresh

Introduction of three broad impact goals, including: ‘increased physical activity’

Southend-on-Sea Health System Strategic Plan 2014-19 - has a focus on prevention and introduces five system objectives including:

- our children to have the best start in life
- encourage and support local people to make healthier choices
- reduce the health gap between the most and least wealthy

Southend Children and Young People’s Plan 2015/16 – has six priority areas including: ‘supporting young people and families to live healthy lifestyles’

Southend Local Transport Plan 3 Strategy Document 2011 – 2026 – aims to tackle health inequalities by increasing the number of adults and children who walk and cycle for work, education and leisure

Southend Parks and Green Spaces 2015 – 2020 – recently published and aims to provide recreation and sports facilities to encourage active, healthy lifestyle and increase participation in sport and leisure

Southend Sport & Leisure Strategy 2013 – 2020 - aims to provide a framework for sports and leisure provision; in particular focusing on increasing participation in sport and leisure as well as promoting the health and social inclusion benefits of sport and leisure to encourage lifelong participation.



5.0 Delivering the strategy

5.1 Implementation, monitoring and evaluation

This five year strategy highlights the importance of increasing physical activity levels for the health and wellbeing of the population and identifies the key measures that will be needed within Southend to achieve increased levels of activity.

Whilst all agencies, working in partnership, have a role to play, effective leadership and coordination of effort is needed. The action plan will be led and monitored by a Southend Physical Activity Strategic Partnership consisting of officers from appropriate teams across the Council and the organisations that have been involved in developing the strategy. The Strategic Partnership will report its progress to the Active Southend Network, which consists of a much wider range of organisations and individuals that have a role to play in delivering activity across the borough.

The Strategic Partnership will report its progress on an annual basis to the Southend Health and Wellbeing Board which will have oversight of the implementation of the plan.

It is proposed that the two physical activity indicators in the Public Health Outcomes Framework, are used as the headline key performance indicators to monitor the overall outcome of the physical activity strategy. These two indicators will be updated on an annual basis through the Active Lives Survey.

KP1: By 2021, achieve at least a 2.5% increase in adults being active for 150 mins per week
 Baseline (2014): 52.1% Target: 54.6%
 (Baseline 2014: England 57%, East of England 57.8%)

KPI 2: By 2021, achieve at least a 2.5% decrease in adults not being active for at least 30 mins/week
 Baseline (2014): 29.2% Target: 26.7%
 (Baseline 2014: England 27.2%, East of England 25.9%)

A number of other KPIs will be developed as part of further detailed action planning work. This strategy will also contribute to a number of other Public Health Outcomes Framework indicators including:

- PHOF 0.1 Life Expectancy/Healthy Life Expectancy
- PHOF 0.2 Inequalities in Life Expectancy/Healthy Life Expectancy
- PHOF 1.09 Sickness absence
- PHOF 2.12 Excess weight in adults
- PHOF 2.24 Injuries due to falls in people aged 65 and over



5.2 Southend Physical Activity Strategy Action Plan

Action	Description	Timescale/ issues/ requirements	Lead	Outcome/Output	Impact of Action / What does success look like	Progress
1	Complete physical activity / physical inactivity needs assessment to identify at risk populations	On-going	Public Health / Planning	Completed needs assessment A detailed understanding of the main groups at risk from physical inactivity	Improved intelligence of most inactive populations in Southend and how we access them. This will be used to inform future commissioning and marketing approaches	
2	Set up a multi-agency Southend Physical Activity Strategic Partnership to deliver this strategy to complement the operational work of Active Southend	June 2016	Public Health/ Culture	An effective mechanism for engaging key strategic partners	Multi-agency group to deliver the action plan. System-wide responsibility for increasing physical activity	
3	Develop guidance for providers to utilise physical activity as a method of delivering social value within new and existing contracts	October 2016	Public Health and other commissioning and Procurement teams	Guidance document produced Providers delivering activities which enhance social value	Improved social value of SBC procurements and spend. More physical activity related social value commitments by providers	
4	Include a Physical Activity related action in each service plan across SBC	March 2017	All SBC Departments	Further develop SBC as a Public Health organisation	All relevant SBC services supporting increased physical activity levels in a variety of ways	
5	Include a "Public Health Impact" subheading for consideration within all board papers (Southend on Sea Borough Council)	March 2017	All SBC Departments	Consider the public health implications of all policy and strategic decisions	Public Health impact considered within all decision making	

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6	Continue the implementation of the Parks and Open Spaces Strategy and Sports & Leisure Strategy	On-going	Culture / Public Health	Increased opportunities to be physically active	Ensure that the strategies have maximum impact to increase physical activity
7	Work with partners to develop a marketing plan for physical activity to maximise impact This will include existing websites and campaigns e.g. - Active Southend, SHIP - Leisure Provider Marketing Plan - Public Health England campaigns such as Change4Life (children and families) and One You (adults 18+) - Rio Olympics and other national and international events	On-going	Public Health/ Culture/ Communications	Increased awareness & accessibility of local Physical Activity opportunities	Increased awareness of existing and new opportunities (both privately and public funded), to be physically active amongst the Southend-on-Sea population
8	Develop and implement Active Southend work plans to increase community based physical activity opportunities	On-going - Annual	Culture / Public Health	Improve the offer of physical activity opportunities across the Borough	Increased number of externally funded physical activity programmes in Southend
9	Mobilisation of the new Lifestyle Hub contract including the health trainer service that can support access to physical activity opportunities. The service will support physical activity programmes including; Exercise Referral, Postural Stability, Dance for Health and Social Prescribing	October 2016	Public Health	Improve pathways to physical activity opportunities, delivery of good quality motivational interviewing and support to increase physical activity.	Increased number of inactive people entering physical activity interventions



Physical Activity Strategy
2016 - 2021

	10	Increase active and sustainable travel through the Ideas in Motion campaign	On-going	Sustainable Transport	Creation of an environment that supports active travel	Increased number of people travelling in an active and sustainable way	
	11	Work in partnership to review & Implement new guidance from <ul style="list-style-type: none"> • “Building the foundations: Tackling obesity through planning and development” re: physical activity elements of designing physical activity into towns as part of tackling obesity • Sport England’s “10 Principles of Active Design” 	March 2017	Planning/ Public Health	Creation of environments that support physically active lives	Improved consideration of the impact of planning and development design on population physical activity levels	
138	12	Develop locally relevant ‘Southend Active’ Design Guidance based on National Guidance including maximising section 106 impact	March 2017	Planning/ Public Health	Creation of environments that support physically active lives	Improved consideration of the impact of planning and development design on population physical activity levels	
	13	Use ‘Southend Active’ guidance to influence other regeneration and new build projects to reduce barriers to physical activity, including improving perceived safety of areas.	On-going	Planning/ Public Health	Creation of environments that support physically active lives	Improved consideration of the impact of planning and development design on population physical activity levels	
	14	Optimise the Queensway development to be an exemplar site "designing for people and physical activity"	March 2017	Planning/ Public Health	Creation of environments that support physically active lives	Best practice examples for other developments (both in and out of the borough) to follow, improving physical activity levels of tenants	
	15	Deliver Continuing Professional Development for relevant health,	On-going	Public Health	Increased knowledge of the benefits of physical activity	Increased number of brief interventions and	



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	education, and social care professionals re: benefits and importance of physical activity, adjustments for special populations (diabetes, asthma) and local services and facilities			& dangers of sedentary behaviour and opportunities available for service users.	signpost/referral into physical activity opportunities	
16	Delivery of Making Every Contact Count to deliver physical activity brief interventions across all appropriate public facing organisations including NHS (incoming standard NHS contract for brief interventions?)	On-going	Public Health / Lifestyle Hub Provider	Increased number of good quality brief interventions for physical activity. Increased referral into physical activity services	Increased number of brief interventions and signpost/referral into physical activity opportunities	
17	Engage with businesses to explore innovative physical activity opportunities and increase sign up to physical activity pledges for the Public Health Responsibility Deal amongst Southend-on-Sea Organisations	On-going	Public Health	Improved staff health and wellbeing in Southend-on-Sea businesses.	Increased number of employees in Southend-on-Sea supported to be physically active in the workplace	
18	Social Marketing for new lifestyle hub including Physical Activity	On-going	Public Health/ Lifestyle Hub Provider	Increased awareness & accessibility of the lifestyle hub & associated services	Increased awareness of physical activity opportunities	
19	Further develop settings based approaches to increase physical activity and reduce sedentary behaviours e.g. Public Health Responsibility Deal, Healthy Schools, Healthy Early Years, School Sports Partnerships	On-going	Public Health	Opportunities for physical activity are increased	Increased opportunities to be physically active in early years settings, schools and workplaces	
20	Develop a network of physical activity champions in primary care	On-going	Public Health/Southend CCG	Each Southend practice has a physical activity champion	Increased knowledge of benefits of physical activity and pathways to support increased physical activity levels	



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Appendix 1 Chief Medical Officer (CMO) Physical Activity Guidelines 2011

In July 2011, The Chief Medical Officers (CMOs) of England, Scotland, Wales and Northern Ireland published new guidelines for physical activity. The report emphasised the importance of physical activity for people of all ages and also highlights the risks of sedentary behaviour. The recommendations for different age groups are as follows:

EARLY YEARS (under 5s)

Physical development involves providing opportunities for babies and young children to be active and interactive and to improve their skills of coordination, control, manipulation and movement. Children should be supported in developing an understanding of the importance of physical activity.

Physical activity should be encouraged from birth, particularly through floor-based play and water-based activities in safe environments.

Children of pre-school age who are capable of walking unaided should be physically active daily for at least 180 minutes (3 hours), spread throughout the day.

All under 5s should minimise the amount of time spent being sedentary (being restrained or sitting) for extended periods (except time spent sleeping).

CHILDREN AND YOUNG PEOPLE (5–18 years)

All children and young people should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day.

Vigorous intensity activities, including those that strengthen muscle and bone, should be incorporated at least three days a week.

All children and young people should minimise the amount of time spent being sedentary (sitting) for extended periods.



ADULTS (19–64 years)

Adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more – one way to approach this is to do 30 minutes on at least 5 days a week.

Alternatively, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or a combination of moderate and vigorous intensity activity.

Adults should also undertake physical activity to improve muscle strength on at least two days a week.

All adults should minimise the amount of time spent being sedentary (sitting) for extended periods.

OLDER ADULTS (65+ years)

Older adults who participate in any amount of physical activity gain some health benefits, including maintenance of good physical and cognitive function. Some physical activity is better than none, and more physical activity provides greater health benefits.

Older adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more – one way to approach this is to do 30 minutes on at least 5 days a week.

For those who are already regularly active at moderate intensity, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or a combination of moderate and vigorous activity.

Older adults should also undertake physical activity to improve muscle strength on at least two days a week.

Older adults at risk of falls should incorporate physical activity to improve balance and co-ordination on at least two days a week.

All older adults should minimise the amount of time spent being sedentary (sitting) for extended period.

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CABINET

Tuesday, 28th June 2016

COUNCIL PROCEDURE RULE 46

The following action taken in accordance with Council Procedure Rule 46 is reported. In consultation with the appropriate Executive Councillor(s):-

1. The Corporate Director for Corporate Services authorised:

1.1 Elm Road Development Brief

As a result of various changes in circumstance in the area of the Elm Road Development Brief and in consideration of feedback from the latest public consultation, the brief not to be adopted or progressed and will carry any weight as an planning document.

1.2 Lease of 21 Pier Arches, Pier Approach, Southend-on-Sea

The letting of the above-mentioned property on the terms agreed between the parties as detailed in the confidential sheet.

2. The Corporate Director for People authorised:

2.1 West Leigh Junior School

Approval of the arrangements with the Portico Academy Trust in respect of the West Leigh Junior School converting to Academy status on 1st April 2016.

2.2 Porters Grange Primary School and Nursery

Approval of the arrangements with the Portico Academy Trust in respect of the Porters Grange Primary School and Nursery converting to Academy status on 1st April 2016.

2.3 Extension to South Essex Homes Management Contract

Pursuant to Minute 403 of Cabinet held on 10th November 2015, approval of the Heads of Terms forming the basis of the discussions with South Essex Home and any appropriate amendment to the management Agreement.

3. The Corporate Director for Place authorised:

3.1 Application to the Sustainable Transport Transition Year 16/17 Revenue Fund

The submission of a bid for funding from the above-mentioned DfT fund to support the capital programme aimed at sustainable transport choices to and from the JAAP area, Town Centre and Southend Airport together with continuing the award winning work of the Ideas in motion behavioural change campaign.

3.2 Response to the Draft Thurrock Local Plan Consultation (February 2016)

Approval to formally respond to the above-mentioned consultation as a neighbouring authority within the statutory time period concluding on 7th April 2016 and to be continually involved throughout the plan-making process as part of the Duty to Co-operate.

3.3 Response to the Draft Basildon Local Plan Consultation (January 2016)

Approval to formally respond to the above-mentioned consultation as a neighbouring authority within the statutory time period and to be continually involved throughout the plan-making process as part of the Duty to Co-operate.

3.4 Response to the Lower Thames Crossing Consultation

The content and submission of the Council's response to the above-mentioned consultation

Southend-on-Sea Borough Council

Agenda
Item No.

15

Report of Corporate Director for Corporate Services

to

People Scrutiny Committee

12th July 2016

Report prepared by:
Fiona Abbott

Scrutiny Committee - updates

A Part 1 Agenda Item

1. Purpose of Report

To update the Committee on a number of matters, as follows:

- Health scrutiny role
- Urological cancer surgery in Essex
- Committee appointment
- Prescribing of gluten free foods
- Success Regime
- Quality Account and
- Commissioning specialised services

2. Recommendations

- 2.1 That the report and any actions taken be noted.
- 2.2 That a Councillor from the Scrutiny Committee and substitute be appointed to sit on the Joint Committee looking at PET CT scanner in south Essex. (Cllr Nevin was reappointed by Council in May and can continue).

3. Health scrutiny role

3.1 The Scrutiny Committee is responsible for the following areas:

- All Child and Adult Education
- Youth Services
- Children's Social Services
- Adult Social Services
- Public Health
- Commissioning/Procurement for Children, Adults and Public Health, and
- Health scrutiny role (conferred by the Health & Social Care Act 2012)

Membership of the Committee also includes the statutory co-optees and other co-optees.

- 3.2 A Briefing Paper providing information specifically on health scrutiny and the health system locally has recently been sent to members of the Committee. The Committee has agreed protocols in place with Healthwatch Southend, NHS

Southend CCG and the Health & Wellbeing Board and these are subject to review.

- 3.3 Elsewhere on the agenda for this meeting is information on the range of work undertaken by the Scrutiny Committees during 2015 / 16.

4. Complex urological cancer surgery in Essex

- 4.1 The Committee will be aware that a Joint Committee has been established with Essex and Thurrock Councils to review the proposed changes to the provision of specialised urological cancer surgery in Essex. The Committee received an update on issues at the meeting on 1st December 2015 (Minute 445 refers)
- 4.2 A meeting of the Joint Committee was held on 9th March 2016 at which a detailed project update from NHS England was received. The Joint Committee was also advised that two formal expressions of interest have been received from Colchester Hospital and Southend University Hospital. The Scrutiny Committee received an update at its meeting on 12th April 2016 (Minute 778 refers).
- 4.3 Following the elections in May, the following Members have been appointed to the Joint Committee - Cllr Nevin (is the Vice Chair of the Joint Committee), Cllr Boyd with Cllr D Garston as the substitute member. Recently further communications have been received from NHS England and have been circulated to these Members.
- 4.4 NHS England are holding a Senior Oversight Group Meeting in early July to consider the outcome of the panel visits. An update position will be reported verbally to the Scrutiny Committee.
- 4.5 The intention for there to be a meeting of the Joint Cttee in July. The anticipated start date for the new service is the beginning of 2017/18.

The Committee is asked to note this update.

4. Committee appointments

- 4.1 At the meeting in April 2016, the following were appointed to sit on a Joint Committee looking at PET CT scanner in south Essex - Councillor Salter and Councillor Nevin (Councillor Davidson substitute) (Minute 778 refers).
- 4.2 The membership now needs to change to reflect the change in Administration and the appointment of Cllr Salter as the portfolio holder. Nominees/ substitute need to be members of the People Scrutiny Cttee.
- 4.3 The Committee is therefore requested to nominate a replacement for Cllr Salter and for the substitute. Cllr Nevin can of course continue as she was re appointed to the People Scrutiny Committee.

5 Prescribing of gluten free foods

- 5.1 At the last meeting, the Committee was advised about proposed changes to prescribing of gluten free food (Minute 778 refers). The changes would affect

around 250 patients in Southend-on-Sea (500 across CP&R and Southend areas) and assuming it goes ahead, an implementation date of 1st April 2016.

- 5.2 At the Scrutiny Committee meeting on 12th April, it was agreed that an update on this matter be provided when available. On 4th May 2016, the Committee was advised that the CCG had decided to stop all gluten-free foods on prescription (Option 6).

6. Success Regime

- 6.1 Elsewhere on the agenda for this meeting is an item relating to the above. This is a high level briefing for the Committee on emerging options.

- 6.2 The latest NHS England Stakeholder briefing on the Success Regime was circulated to the Committee on 24th May 2016 (attached at **Appendix 1**). This indicates a number of work streams set up under 2 broad headings – local health and care and in hospital. Under the 2 broad headings there are specific current work streams underway looking at:-

Local Health & Care

- Frailty and end of life care
- Redesign of pain services and dermatology
- ‘common offer’
- Primary and community care

In Hospital

- Clinical services
- Clinical support
- Back office functions

- 6.3 There is clearly a need for the three Essex authorities (i.e. Essex, Thurrock & Southend) to work more closely together which is being explored.

There will be periodic strategic high level updates from NHS England on the Success Regime to the full Committee.

- 6.4 Citizen engagement in the Success Regime – Conference report

Healthwatch Essex (HWE) and the Essex Health Overview and Scrutiny Committee (HOSC) jointly hosted a conference on 18 April 2016 to discuss how to ensure that patient and user engagement is incorporated into a strategic review of health services in mid and south Essex currently underway (labelled ‘the Success Regime’). Over 70 people attended the event. Attendees on the day included members of the Essex HOSC, officers from HWE, representatives from patient experience groups and the community and voluntary sector, and communications staff from health commissioners and providers. Councillor Folkard attended the event on behalf of Southend.

A draft report of the event has been prepared and is attached (**Appendix 2**). The report is currently being finalised with Healthwatch Essex.

7. Other matters

- 7.1 Draft Quality Report / Accounts 2015/16 – at the last meeting of the Committee members were advised about the arrangements for the receipt of the draft Quality Account from SEPT and Southend Hospital (Minute 778 refers). At the meeting, the Committee agreed that the documents would be circulated to Committee members for any comments and for a submission to be sent to the Trusts in the time frame.

Submissions were sent to Southend Hospital on 18th May and SEPT on 20th May, as follows:-

Southend University Hospital NHS Foundation Trust

I have shared the document with the Chairman & members of the People Scrutiny Committee at Southend (the health scrutiny committee).

I would like to advise you that I have not received any comments back on the draft document. However, during 2015/16, the Committee engaged with the Trust on a number of issues, for example the review looking at the specialised cancer surgery proposals. Also, at the Scrutiny Committee meeting on 12th April 2016, the Committee considered an update from a member of the Committee, Cllr Crystall, who presented a summary of the current situation at the Trust (final Governors Report).

South Essex Partnership Trust

The draft Quality Report / Account 2015/16 has been shared with the Chairman and Members of the People Scrutiny Committee at Southend (the health scrutiny committee). One comment was received from a Member of the Committee which is being followed up by SEPT. Also, during 2015/16, the Committee engaged with the Trust and the Trust contributed to the evidence session as part of the scrutiny review on 'Transition arrangements from Children's to Adult Life', providing information on transition care planning.

It should be noted that the drafts are submitted during the election period leading up to and immediately after the elections in May 2016. The Committee is asked to note the Quality Accounts received for comments and how these were dealt with.

- 7.2 Commissioning Specialised Services in the Midlands and East – some information about commissioning specialised services has recently been circulated to the Committee.

8. Corporate Implications

- 8.1 Contribution to Council's Vision and Critical Priorities – Becoming an excellent and high performing organisation.
- 8.2 Financial Implications – There are no financial implications arising from the contents of this report. The cost of the Joint Committee work can be met from existing resources.
- 8.3 Legal Implications – Where an NHS body consults more than one local authority on a proposal for substantial development of the health service or a substantial variation in the provision of such a service, those authorities are required to appoint a joint committee for the purposes of the consultation. Only that joint

committee may - make comments on the proposal to the NHS body; require the provision of information about the proposal; require an officer of the NHS body to attend before it to answer questions in connection with the proposal.

8.4 People Implications – none.

8.5 Property Implications – none.

8.6 Consultation – as described in report.

8.7 Equalities Impact Assessment – none.

8.8 Risk Assessment – none.

9. **Background Papers**

- Emails re Quality Account – 22nd April 2016, 25th April 2016, 18th May 2016 and 20th May 2016
- Emails regarding urology – 27th May 2016, 6th June 2016
- Emails regarding prescribing of gluten free food – 4th May 2016

10. **Appendices**

Appendix 1 – Success regime progress update

Appendix 2 – draft report from conference held 18th April 2016

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Mid and South Essex Success Regime

A programme to sustain services and improve care

Progress update

Update no.3 – 12 May 2016

What's in this briefing

- Quick recap
- Progress update
- Workstreams in progress
- Next steps and milestones
- How to have your say
- Further information

Quick recap

The Success Regime brings national support to those areas in the country where there are deep-rooted, systemic pressures. Building on transformation that is already happening, it offers management support, financial support and a programme discipline to speed up the pace of change.

The Success Regime in mid and south Essex gives us the opportunity to realise the full potential of our workforce and provide the best of modern healthcare for local people.

Area and services involved

Service providers

Basildon and Thurrock University Hospitals NHS Foundation Trust

East of England Ambulance Service NHS Trust

Mid Essex Hospital Services NHS Trust

NELFT NHS Foundation Trust

North Essex Partnership University NHS Foundation Trust

Provide

Southend University Hospital NHS Foundation Trust

South Essex Partnership University NHS Foundation Trust

Clinical commissioning groups (CCGs)

Basildon and Brentwood
Castle Point and Rochford
Mid Essex
Southend
Thurrock

Local authorities:

Essex County Council
Southend-on-sea Borough Council
Thurrock Council

All health and social care services are involved in the programme, including some 183 GP practices, community services, mental health and social care and hospital services.

Six areas for change

- 1. Address clinical and financial sustainability of local hospitals by:**
 - Increasing collaboration and service redesign across three sites
 - Sharing back office and clinical support services.
- 2. Accelerate plans for changes in urgent and emergency care, in line with national recommendations e.g.:**
 - Doing more to help people avoid problems and get the right help
 - Developing same day services and urgent care in communities, to reduce unnecessary visits and admissions to hospital
 - Designating hospital sites for specialist emergency care.
- 3. Join up community-based services** – GPs, primary, community, mental health and social care – around defined localities or hubs.
- 4. Simplify commissioning**, reduce workload and bureaucracy e.g.:
 - Reduce the number of contracts from around 300 to around 50
 - Commission services on a wider scale e.g. with one lead provider where several may be involved
 - Agree a consistent and common offer to focus on priorities and identify limits of NHS funding.
- 5. Develop a flexible workforce** that can work across organisations and geographical boundaries.
- 6. Improve information, IT and shared access to care records.**

Why we are doing this

We need to keep up with the pace of change and demands on health and care so that we can do more for people now and in the future. If we took no action, the current NHS deficit in mid and south Essex could rise to over £216 million by 2018/19, and we would not be able to meet year on year growing demands.

Our aim is to get the system back into balance by 2018/19 and deliver the best joined up and personalised care for patients. The kinds of changes we are looking to make have major benefits for patients, such as:

- More emphasis on helping people to stay well and tackling problems at an earlier stage to avoid crises.
- Joined up health and care services to provide more care for people at home and in the community, avoiding the need for a visit to hospital.
- New technologies and treatments to do more for people without the need to be in hospital, even in a crisis.
- When people do need the specialist care that only a hospital can provide, collaboration between hospitals and other services will ensure the best possible clinical staff and facilities.
- By redesigning some hospital services, the improvements in staffing levels and capability will mean safer, more effective, more compassionate care for patients.

Progress update

- An overall plan to develop options for change was published on 1 March. For further information, please visit:
<http://castlepointandrochfordccg.nhs.uk/success-regime>

- The three acute hospitals have agreed arrangements in principle for working as a group with a joint committee to oversee collaboration. The joint committee arrangements are due for approval by Trust boards in May.

Clare Panniker is lead chief executive for the committee. Clare is chief executive of Basildon and Thurrock University Hospitals NHS Foundation Trust and interim chief executive of Mid Essex Hospital Services NHS Trust. Professor Sheila Salmon, chair of Mid Essex Hospital Services NHS Trust, is the joint committee chair. Alan Tobias, chair of Southend University Hospital NHS Foundation Trust is vice-chair of the joint committee.

- The five CCGs are working on collaborative arrangements to be agreed over the summer to improve commissioning and reduce bureaucracy e.g. reducing the number of contracts for commissioning healthcare.
- Workstreams have been set up under the two broad headings of:
 - *Local Health and Care* – developing and integrating services in the community
 - *In Hospital* – involving further collaboration and service redesign between the three main hospitals in mid and south Essex.

Other workstreams led by the Success Regime programme office include shared care records, communications and engagement and finance.

- Workstreams under Local Health and Care currently involve a range of clinicians and frontline staff from primary, community and social care, with plans to involve service users and voluntary and independent sector representatives.
- The In Hospital workstream currently has an acute leaders group of around 30 clinicians and service leaders. They have already held a listening event with service users and more will follow.
- Early discussions with stakeholders have so far involved, for example:
 - Healthwatch Essex, Thurrock and Southend
 - Lead officers and members of the three local authorities
 - Essex, Southend and Thurrock Health and Wellbeing Boards
 - Essex and Southend local authority scrutiny committees
 - Local MPs
 - CCG governing bodies and primary care practice members
 - Staff in CCGs and acute trusts

The three Healthwatch bodies and Essex Health Overview and Scrutiny Committee organised an all-day conference on 18 April for patient experience and service user representatives. Involving around 70 people, the delegates discussed ways in which service users could be involved.

In Your Shoes, a listening event took place on 28 April with around 30 clinicians and 30 service users. The event invited people to talk about their experiences in emergency care, what matters to them and how they would like to see improvements. Among various themes, the overall top priority for improving urgent and emergency care was considered by those who attended to be “access to GPs and prevention”.

Workstreams in progress

The following workstreams have been set up to tackle the priorities identified by the Success Regime diagnostic review, which took place towards the end of last year. Other workstreams will be added to the programme over the next year.

Local Health and Care – current workstreams

Frailty and End of Life care

- Initial focus is on the over 75 age group, but the work will expand at a later date to include care for adults of all ages with complex long term conditions
- The work is looking at:
 - Care at the interface between community and hospital, including the development of frailty assessment units
 - Identifying people at risk and systems to manage care around individuals
 - Proactive health and care, such as health and social care planning, falls prevention and support to care homes.

Workstream leads – Bryan Spencer, Jane Hanvey

Communications and engagement leads – Rachel Harkes (Frailty) rachelharkes@nhs.net and Romina Bartholomeusz (End of Life) romina.bartholomeusz@nhs.net
For further information contact rachelharkes@nhs.net

Redesign of Pain services and Dermatology

- Looking at options for shifting outpatient services from acute hospital settings to community services
- Pain and Dermatology have been identified by clinical leaders as areas that need to shift in line with clinical good practice and opportunities for improving patient outcomes
- Other potential services for similar moves will follow

Workstream leads – Dan Doherty, Ravi Suchak (Dermatology), Simon Thomson (Pain services)

Communications and engagement leads – Claire Hankey (Pain services) claire.hankey@southend.nhs.uk , Victoria Parker (Dermatology) Victoria.parker@meht.nhs.uk

For further information contact claire.hankey@southend.nhs.uk

“Common offer”

- Reviewing current commissioning policies and thresholds to improve consistency across mid and south Essex.

Workstream lead – Dan Doherty

Communications and engagement lead – Paul Ilett paulilett@nhs.net

For further information contact danieldoherty@nhs.net

Primary and community care

- Building on developments that are already taking place within the five CCG areas to join up primary, community and social care around GP practices.
- Looking at the benefits of groups of practices working together in localities.

Workstream lead – Ian Stidston

Communications and engagement lead – Claire Routh crouth@nhs.net

For further information contact Claire Routh crouth@nhs.net

In Hospital – current workstreams

Clinical services

Hospital clinicians from a range of professions and specialties are gathering evidence and service user insight to develop options for some services to work as single services across the three hospitals.

Broad principles for this work:

- Start from a service user perspective
- Avoid moving or replicating high fixed cost services: maintain some "givens"

- Ensure deliverability in 2-3 years: no major new builds, use of existing infrastructure
- Ensure clear rationale for any service redesign: if no clear rationale, then no change
- Design along pathways: move care between hospital and community, and increase integrated working
- Consider opportunities to incorporate technology and innovation

Criteria for service change:

- Better clinical outcomes: meet national recommendations and move towards best practice quality standards e.g. Royal Colleges
- Sustainable clinical workforce: move towards best practice workforce standards and improve training opportunities e.g. Royal Colleges
- Efficiency and productivity: deliver services at a lower cost, where possible
- Access: maintain appropriate access to services
- Interdependencies: maintain appropriate clinical adjacencies

Workstream leads – Ronan Fenton, Celia Skinner, Neil Rothnie

Communications and engagement lead – Wendy Smith wendy.smith60@nhs.net

For further information contact claire.hankey@southend.nhs.uk

Clinical support

- Building on current collaboration between the hospitals in terms of clinical support services
- Current scope includes Pharmacy, Radiology, Medical Physics, Pathology, Clinical Sterile Services

Workstream lead – Jon Findlay

Communications and engagement lead – Ian Lloyd ian.lloyd@btuh.nhs.uk

For further information contact Jon Findlay jon.findlay@southend.nhs.uk

Back office functions

- Looking at opportunities to share and standardise functions across the three hospitals
- Currently involves 11 sub-workstreams

Workstream lead – James O'Sullivan

Communications and engagement lead – Ian Lloyd ian.lloyd@btuh.nhs.uk

For further information contact ian.lloyd@btuh.nhs.uk

Next steps and milestones

May-Aug	Further detailed planning within workstreams, includes service user involvement
June/July	Wider patient, clinical and staff engagement
July	Update on options development and further engagement

Sep	Notification of details for consultation
Oct – Dec	Main consultation on proposed options for change
Jan 2017	Outcome of consultation
Feb	Discussions with HOSC and others prior to decision-making
March	Formal decisions for change
April and ongoing	Implementation

How to have your say

1. Send us your views in writing

Please write to us at england.essexsuccessregime@nhs.net

2. Hold a discussion within your team, group or organisation

Local trusts, CCGs and other organisations are arranging staff briefings. Check your staff news, talk to your line manager or contact your local Communications team.

3. Invite us to attend your meeting

If you would like a representative to attend your meeting, please contact us on england.essexsuccessregime@nhs.net

Further information

<http://castlepointandrochfordccg.nhs.uk/success-regime>

If you would like further information, to arrange a meeting or you would like to send us your views, please write to us at england.essexsuccessregime@nhs.net

Key contact:

Wendy Smith, Interim Communications Lead

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Ensuring Citizen Engagement is incorporated in the Essex Success Regime

- Report of a conference held on 18 April 2016



DRAFT

A joint report by Healthwatch Essex and Essex County Council's Health Overview and Scrutiny Committee

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Summary of recommendations

Engagement (pages 9-12)

- That the following principles should be observed for all engagement:
 - To ensure that public understanding of the scope and purpose of the changes proposed are strong enough and thus the importance of their participation.
 - To distinguish between public engagement and service user and staff engagement and adapt communication approach accordingly.
 - Involve service users at the beginning of service redesign processes.
 - Patients should still have a choice
 - There needs to be a clear demonstration that all proposed changes will improve patient/service user pathway
 - Communication should not build expectations to such an extent that they cannot be delivered. Be realistic – if cannot deliver then say why not.
 - Patients to be empowered with accurate and comprehensive information so that they can 'own' or manage their condition and situation.
 - Communication should be open and transparent to minimise patient fear and anxiety about change.
 - Engagement should 'reach out' to patients and go beyond just making information available via road shows and similar.
 - There needs to be a strategy for including hard-to-reach groups
- Multi-channel and multiple forms of engagement should be used.
- There should be a dedicated website for the Success Regime so that patients and service users can access information easily and quickly.
- Commissioners should adopt a case study approach with individual service users so they can demonstrate how they will be impacted by certain changes being made.
- Commissioners should demonstrate how they will engage early with patient groups and community and voluntary organisations so that they can 'drip-drip' information into the local community.
- Commissioners should demonstrate how they will engage early with GP surgeries and wider primary care services.

- Commissioners should train information champions, using social prescribers and volunteers, to communicate NHS England messages to service users.
- Communications should clearly and unambiguously address what really matters to patients and service users and address those issues up-front.
- Commissioners should specifically seek feedback from, and consider the impact of changes on, those patients who have on-going conditions which require repeated health appointments and treatment and for whom good accessibility to services was paramount
- Commissioners should specifically ask patients/carers and service users what changes they would like to see made?

Feedback (see Page 13)

- Commissioners should ensure that there is sufficient time allowed for meaningful engagement prior to formal proposals being determined
- Patient consultation should be embedded in all service planning, delivery, review and monitoring
- Commissioners should also consult complaints data and general patient feedback, and use questionnaires particularly post treatment
- The Success Regime should be obligated to show how they have used 'lived experience' to develop proposals for service change

Role of the Health Overview and Scrutiny Committee (HOSC) (see page 14)

- To have regular agenda items on the Success Regime so that it ensures a continued transparent public forum
- To be a conduit for messages and information for dissemination
- To use its influence to help the promotion of comprehensive consultation and good engagement activity
- To be a critical friend and scrutinise the clinical and financial case for change
- To look for opportunities for joint working with Southend and Thurrock HOSCs.

What was the event?

Healthwatch Essex (HWE) and the Health Overview and Scrutiny Committee (HOSC) jointly hosted a conference on 18 April 2016 to discuss how to ensure that patient and user engagement is incorporated into a strategic review of health services in mid and south Essex. Attendees on the day included members of the HOSC, officers from HWE, representatives from patient experience groups and the community and voluntary sector, and communications staff from health commissioners and providers.

Why was a conference needed?

NHS England has announced that Essex is one of three areas in England where local health and social care bodies would work in a more joined-up way to produce a single strategic health and social care plan (to be called 'the Success Regime'). It would include looking at governance and other issues such as workforce, recruitment and retention. The intention was to focus in a more collaborative way to fix current problems in the local health economy. It was later announced that the review would focus on just Mid and South Essex areas.

The Success Regime will transform health services in mid and south Essex in a fundamental and long-lasting way. Therefore, it is important that patients, carers and users of these services are engaged in the development process and have an opportunity to feed-in to the discussion on proposed reconfigurations of services.

HWE and the HOSC have statutory duties to represent the patient voice. We want to encourage and facilitate good patient and service user engagement.



Who spoke at the event, and what did we learn?

During the day delegates heard from:

- **Andy Vowles, Programme Director, Essex Success Regime**, who outlined the challenges being faced in Essex.
- **Tom Nutt, Chief Officer at Healthwatch Essex**, who stressed that the 'lived experience' of patients and service users should be used to ensure that proposals are closely aligned to patient needs.
- **Rachel Harkes, Communications Manager, Mid Essex Clinical Commissioning Group**, who facilitated an afternoon session on how to get citizen experience into the Success Regime.

(Presentations available from <http://www.healthwatchessex.org.uk/news/getting-the-voice-of-the-people-into-the-success-regime/>)

Key findings

- The local health economy is both clinically and financially challenged.
- The demand for health and social care services will continue to grow.



- To date there has been limited collaborative working and data sharing.
- Under the Success Regime proposals would be developed to
 - address the clinical and financial sustainability of local hospitals,
 - accelerate changes in urgent and emergency care to make it more sustainable, including developing some urgent care in communities.

Key findings continued...

- make greater use of, and join-up, community based services,



- simplify the commissioning of services, reducing workload and duplication,
- encourage a more flexible workforce and
- improve the data sharing between health bodies.



(Further information and background is available on the Success Regime from www.castlepointandrochfordccg.nhs.uk/success-regime)

Key findings continued...

- There is an important period of discussion planned for the summer of 2016 to determine options before formal consultations on proposed service changes begin from September 2016 onwards.
- The Success Regime brand is difficult for the general public to understand.
- The wider public do not understand why change is needed.
- Patient representatives want to be consulted but they do not want to be part of a 'tick-box' exercise. They want to contribute to a co-production.
- Engagement should not just be to solely inform citizens and stakeholders and get their consent to changes.
- Patient representatives want to see evidence that they will be listened to and that proposed changes will not be totally driven by financial considerations
- The 'lived experience' of patients and service users should be used to inform decision-making and shape service redesign so that it is 'patient-centred'.
- Patients and service users had clear views and opinions on how engagement should be undertaken
- Patients and service users defined a specific role for the HOSC to undertake as part of its oversight of the Success Regime.

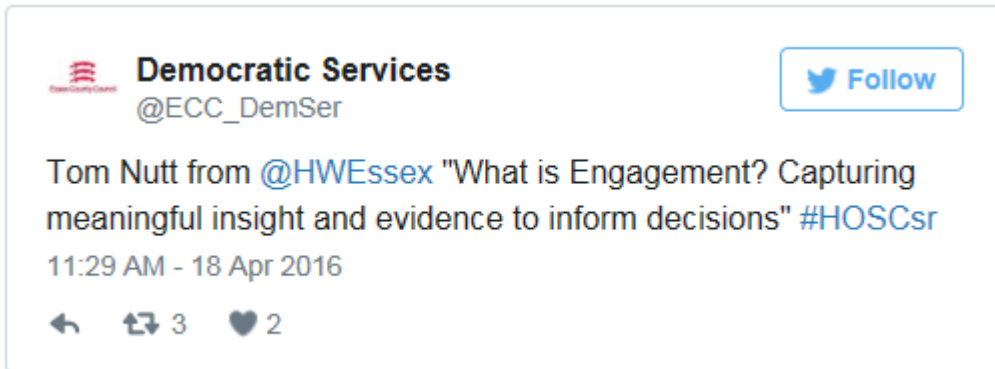


Rachel Harkes, Head of Communications and Engagement at Mid Essex Clinical Commissioning Group, talks to volunteer and campaigner Scott Waple. Chairman of the HOSC, Cllr Jill Reeves, and Healthwatch CEO, Tom Nutt, talk in the background

What did delegates have to say?

A series of workshops were held throughout the day to gather input from attendees. They represented a broad range of voices from X to Y. We have analysed their input and drawn out the following themes in the form of recommendations:

Theme 1 - Engagement



It was very clear from feedback received that the NHS England message around the Success Regime needed to be consistent, understandable and positive. Current terminology could be off-putting to people. This means that patients and service users may not be able to relate to, or understand, proposed service changes if everything is branded under the 'Success Regime' banner. Instead, messages should be highlighting the *clinical* case for change and not just a financial one. Service users need to see the anticipated positive clinical outcomes. Engagement also has to be timely, leaving enough time for it to be meaningful and for feedback to be able to influence the framing of the decision.



Caption: Tom Nutt, Chief Officer at Healthwatch Essex stressing the important role of 'lived experience' in redesigning services.

Recommendations on the theme of 'Engagement'

During discussion the following specific approaches for effective engagement emerged and were agreed and *recommended* to NHS England:

- That the following principles should be observed for all engagement:
 - To ensure that public understanding of the scope and purpose of the changes proposed are strong enough and thus the importance of their participation.
 - To distinguish between public engagement and service user and staff engagement and adapt communication approach accordingly.



- Involve service users at the beginning of service redesign processes.
- Patients should still have a choice
- There needs to be a clear demonstration that all proposed changes will improve patient/service user pathway
- Communication should not build expectations to such an extent that they cannot be delivered. Be realistic – if cannot deliver then say why not.
- Patients to be empowered with accurate and comprehensive information so that they can 'own' or manage their condition and situation.
- Communication should be open and transparent to minimise patient fear and anxiety about change
- Engagement should 'reach out' to patients and go beyond just making information available via road shows and similar.
- There needs to be a strategy for including hard-to-reach groups

Recommendations on the theme of 'Engagement' continued..

- Multi-channel and multiple forms of engagement should be used including:

- at the premises of health providers,
- public meetings,
- road-shows,
- GP surgeries,
- shopping centres,
- libraries,
- dental surgeries,
- pharmacists,
- parish councils,
- social media,
- focus groups and individual face-to-face interviews.



- There should be a clear dedicated website for the Success Regime so that patients and service users can access information easily and quickly.
- Commissioners should adopt a case study approach with individual service users so they can demonstrate how they will be impacted by certain changes being made.
- Commissioners should demonstrate how they will engage early with patient groups and community and voluntary organisations so that they can 'drip-drip' communication into the local community rather than rely on just a 'Big Bang' or 'Top Down' communication at a later date when it is too late to influence service redesign.
- Commissioners should demonstrate how they will engage early with GP surgeries and wider primary care services, as their support will be fundamental as part of the drive to locate more health services in the community.
- Commissioners should train information champions, using social prescribers and volunteers, to communicate NHS England messages to service users.

Recommendations on the theme of 'Engagement' continued..

- Communications should clearly and unambiguously address what really matters to patients and service users and address those issues up-front: the issue of transport and accessibility to services and whether patients will be disadvantaged if services move further away, parking, support for carers and patient data sharing



Democratic Services

@ECC_DemSer

 Follow

Flipcharts at the ready - what can you do to bring lived experience to #successregime #HOSCSr ?

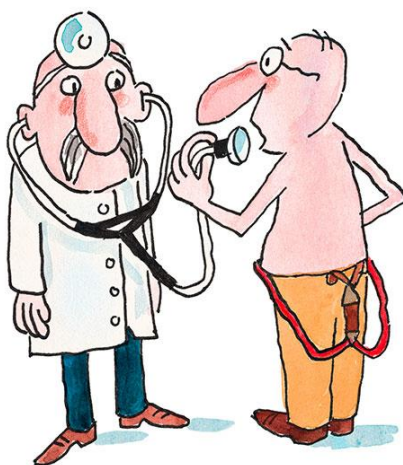
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- Commissioners should specifically consider the impact of changes on those patients who have on-going conditions which require repeated health appointments and treatment and for whom good accessibility to services was paramount
- Commissioners should specifically ask patients/carers and service users what changes they would like to see made?

Theme 2 - Feedback

Delegates felt that NHS England did not always listen to feedback and queried how they would translate feedback into meaningful action. In particular, current specialist commissioning and primary care resource issues were cited as examples where it was not clear feedback was being listened to and acted upon.



Hearing the patient voice

Delegates wanted to see evidence that they were really being listened to and treated with respect and that changes were not just being driven for financial reasons. Furthermore patient experience and consultation should not be seen as solely a tick box exercise. Instead, patient feedback should contribute to service redesign being a co-production with commissioners and providers. Some concern was voiced about the proposed timetable and whether there was sufficient time for meaningful engagement.

Recommendations on the theme of 'Feedback'

- Commissioners should ensure that there is sufficient time allowed for meaningful engagement prior to formal proposals being determined
- Patient consultation should be embedded in all service planning, delivery, review and monitoring
- Commissioners should also consult complaints data and general patient feedback, and use questionnaires particularly post treatment.
- The Success Regime should be obligated to show how they have used 'lived experience' to develop proposals for service change

Theme 3 - The role of the HOSC in the Success Regime

The statutory role of the HOSC is to review and scrutinise matters relating to the planning, provision and operation of the local health service.

“The primary aim of health scrutiny is to strengthen the voice of local people, ensuring that their needs and experiences are considered as an integral part of the commissioning and delivery of health services and that those services are effective and safe”

Local Authority Health Scrutiny Guidance
to support Local Authorities and their
partners to deliver effective health scrutiny.
(Department of Health, June 2014)

Delegates thought that HOSC’s profile needed to be raised. It had an important role to fulfil to represent patient views and be a conduit for reliable information.

“HOSC role is to scrutinise and make sure that engagement is done fairly for all”

(from a flip chart used for a break-out exercise held on the day)

Recommendations on the theme of ‘The role of the HOSC in the Success Regime:

- To have regular agenda items on the Success Regime so that it ensures a continued transparent public forum
- To be a conduit for messages and information to be disseminated to the wider public
- To use its influence to help the promotion of comprehensive consultation and good engagement activity
- To be a critical friend and scrutinise the clinical and financial case for change
- To look for opportunities for joint working with Southend and Thurrock HOSCs.

What will we do with this information?

This report will be submitted to the public meeting of the HOSC to be held on 1st June 2016. Representatives from NHS England will be asked to respond to the recommendations made within this report and to indicate how they can address them during the course of the Success Regime project.

The HOSC will seek regular updates from NHS England throughout the Success Regime process. In addition, the HOSC will need to be separately consulted for its views on any material reconfiguration and/or variation in service proposed as part of the wider formal public consultation exercise. This will provide a further opportunity for patients and service users to highlight issues of concern to the HOSC, particularly around the adequacy and comprehensiveness of the public consultation exercise itself.



In a joint press release issued by HWE and the HOSC after the event Councillor Jill Reeves, Chairman of HOSC, stated, “We have to see the Success Regime as an opportunity to deliver improved and consistent clinical care for all and the HOSC wants to help ensure that, despite the financial pressures on the NHS, there is meaningful engagement with the public.”

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SOUTHEND-ON-SEA BOROUGH COUNCIL

Meeting of Chairmen's Scrutiny Forum

Date: Tuesday, 28th June, 2016
Place: Committee Room 7, Civic Centre, Southend-on-Sea

17

Present: Councillors B Ayling, Kenyon, C Nevin, K Robinson and P Wexham

In Attendance: J K Williams and F Abbott

Start/End Time: 6.00 - 6.55 pm

1 Appointment of Chairman.

Resolved:-

That Councillor Robinson be appointed Chairman of the Forum for the current Municipal Year.

2 Apologies for Absence

Apologies for absence were received from Councillor Moyies.

3 Declarations of Interest

No declarations of interest were made at the meeting.

4 Role of Forum - extract from Constitution

The Head of Legal and Democratic Services briefly outlined the role and constitution of the Forum. He also referred to the letter sent to the new Scrutiny Chairmen recently, which had also been copied to the Vice Chairmen for their information.

5 Minutes of the Meeting held on 8th September 2015

Resolved:-

That the Minutes of the Meeting held on Tuesday 8th September, 2015 be confirmed as a correct record.

6 Discussion on potential In depth scrutiny projects for 2016/17 for Place, People & Policy & Resources Scrutiny Committees

The Forum discussed the progress on the in depth scrutiny projects undertaken in 2015/16 and the Scrutiny Officer provided the following update:-

(a) 'Transition arrangements from children's to adult life' – the draft report was agreed at the People Scrutiny Committee meeting in April 2016 and agreed by Cabinet at its meeting held earlier in the day;

- (b) 'Control of personal debt' – the final report has been drafted and will be shared with project team Members shortly;
- (c) '20 mph speed limits in residential streets' – the final report is in the process of being drafted.

Councillor Wexham requested an update on the in depth scrutiny project pursued in 2014/15, 'Understanding erosion taking place on the foreshore'. This study was discontinued at the end of the 2014/15 Municipal Year, as the subject matter proved to be overly technical for a scrutiny review topic (particularly given the fact that a comprehensive study and report had been obtained by Professor Bradbury and was the subject of a report to Scrutiny Cttee in October 2013). No conclusions could be reached on the matter without the Council itself commissioning a major piece of work from expert consultants, involving a significant period of study and monitoring over a period of time. In any event the subject matter is being dealt with in another way as the Environment Agency is undertaking annual monitoring and additional sampling and this data will be passed to the Council's consultants and reported to the Place Scrutiny Committee later in the year.

The Forum then discussed the possible projects to be undertaken during 2016/17. Each Scrutiny Committee is due to agree its in depth project at the July meetings. It was agreed that the options be explored further by Scrutiny Chairmen.

7 Scrutiny Training

The Scrutiny Officer confirmed that the training session on scrutiny has been arranged for Thursday 7th July 2016 and noted the proposed programme. The training will now begin at earlier start time of 5.30 pm on that evening and is aimed at new Councillors in particular.

8 Any Items from Forum Members

New Councillors – Councillor Wexham said that in his role as Vice Chairman of the Place Scrutiny Committee, he would find it helpful to have a copy of the photos of the new Members on the Committee.

9 Date of next meeting

The next meeting of the Forum will be arranged for early January 2017 (date to be confirmed).

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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