Public Document Pack
SOUTHEND-ON-SEA BOROUGH COUNCIL

People Scrutiny Committee

Date: Tuesday, 11th October, 2016 @ 18.30
Place: Committee Room 1 - Civic Suite

Contact: Fiona Abbott 01702 215104

Email: committeesection@southend.gov.uk

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 July 2016

5 Success Regime and Sustainability and Transformation Plans - update presentation

[All Members of the Council are most welcome to attend for this part of the meeting – if you will have any specific questions to ask at the meeting, it would be helpful if you could send them to the committeesection@southend.gov.uk before the meeting].

6 Monthly Performance Report

Members are reminded to bring with them the most recent MPR for period end August 2016 which will be circulated on 5th October 2016.

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

******** **ITEMS CALLED IN / REFERRED FROM CABINET - Tuesday 20th September 2016**

7 Annual Report - Comments, Compliments and Complaints - 2015/16

Minute 265 (Cabinet Book 1, item 9 refers)
Referred direct by Cabinet to all 3 Scrutiny Committees
Called-in by: Councillors H McDonald and I Gilbert

8 Early Help Family Support Strategic Plan

Minute 266 (Cabinet Book 1, Item 10 refers)
Called in by Councillors Gilbert and McDonald

9 Regional Adoption Agency Update

Minute 269 (Cabinet Book 1, Item 13 refers)
Called in by Councillors Gilbert and McDonald

10 'Our ambitions for your child's education' - An Education Policy for Southend Borough Council

Minute 271 (Cabinet Book 2, Item 15 refers)
Called-in by Councillors Assenheim and Woodley

11 Adult Drug and Alcohol Treatment Services Contract

Minute 272 (Cabinet Book 2, Item 16 refers)
Called in by Councillors Gilbert and McDonald

12 Prevention Strategy

Minute 280 (Cabinet Book 2, Item 24 refers)
Called in by Councillors Gilbert and McDonald

13 Capital Redevelopment of Delaware, Priory and Viking

Minute 285 (Cabinet Confidential Item)
Called-in by Councillors Assenheim, Woodley and Moyies

NOTE: This item was listed as a Part II Cabinet report but will be taken in open business.

****** PRE CABINET SCRUTINY ITEMS**

14 A Local Account of Adult Social Care Services in Southend 2016-17

Report of Corporate Director for People

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

****** OTHER SCRUTINY MATTERS**

15 School Organisation Data Supplement 2016

Report of Corporate Director for People (attached)
A copy of the appendix is attached for Committee members only.

16 Scrutiny Committee - updates

Report of Corporate Director for Corporate Services

17 Exclusion of the Public

To agree that, under Section 100(A)(4) of the Local Government Act 1972, the public be excluded from the meeting for the items of business set out below on

the grounds that they involve the likely disclosure of exempt information as defined in Part 1 of Schedule 12A to the Act, and that the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

******** **Part II**

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

18 Schools Progress Report
Report of Corporate Director for People

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

Councillor J 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 –
Ms Emily Lusty (Voting on Education matters only)

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

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

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

Observers

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

This page is intentionally left blank

SOUTHEND-ON-SEA BOROUGH COUNCIL

Meeting of People Scrutiny Committee

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

4

Present: Councillor J Moyies (Chair)
Councillors C Nevin (Vice-Chair), B Arscott, M Assenheim, H Boyd, S Buckley, M Butler, D Garston, S Habermel, A Jones, H McDonald*, G Phillips, M Stafford, P Wexham and C Walker
A Semmence, A Clarke and L Crabb (co-opted members)
*Substitute in accordance with Council Procedure Rule 31.

In Attendance: Councillors L Salter and J Courtenay (Executive Councillors)
Councillor C Mulroney
F Abbott, D Simon, S Leftley, A Atherton, Brin Martin, I Ambrose, J O'Loughlin and T MacGregor

Start/End Time: 6.30 - 9.10 pm

117 Apologies for Absence

Apologies for absence were received from Councillor Borton (substitute Cllr McDonald), Councillor Endersby (no substitute) and from Mr Rickett (co-opted member).

118 Declarations of Interest

The following interests were declared at the meeting:

(a) Councillors Salter and Courtenay - interest in the referred items; attended pursuant to the dispensation agreed at Council on 19th July 2012, under S.33 of the Localism Act 2011;
(b) Councillor Salter – agenda item relating to Success Regime – non-pecuniary interest – husband is Consultant Surgeon at Southend Hospital and holds senior posts at the Hospital;
(c) Councillor Nevin - agenda item relating to Success Regime - 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 Jones - agenda item relating to Success Regime - non-pecuniary – on patient participation group at GP surgery;
(e) Councillor Moyies - agenda item relating to Success Regime - non-pecuniary – member of Task & Finish Group re Shoeburyness Health centre;
(f) Councillor Assenheim - agenda item relating to Success Regime - non-pecuniary – member of Task & Finish Group re Shoeburyness Health centre;
(g) Councillor Arscott - agenda item relating to Schools Progress report – non pecuniary – Governor at Our lady of Lourdes Catholic Primary School;
(h) Councillor Boyd - agenda item relating to School Progress report – non-pecuniary – Governor at Westcliff High School for Girls and South East Essex Academy Trust, south east Essex Teaching School Alliance;

(i) Councillor Jones - agenda item relating to School Progress report – non-pecuniary – Governor at Milton Hall primary School;
(j) A Clarke – agenda item relating to Ofsted Inspection – non-pecuniary – foster carer, providing respite for LAC / NEETs.

119 Questions from Members of the Public

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

120 Minutes of the Meeting held on Tuesday 12th April, 2016

Resolved:-

That the Minutes of the Meeting held on Tuesday, 12th April, 2016 be confirmed as a correct record and signed.

121 Success Regime - presentation

On behalf of the Committee, the Chairman welcomed the following to the meeting for this item - Sue Hardy, Chief Executive of Southend University Hospital NHS Foundation Trust, N Rothnie, Medical Director and Robert Shaw, Director of Acute Commissioning and Contracting, Southend CCG who provided an overview of the key areas of the Success Regime and the challenges and implications locally.

The following were also present for this item - Wendy Smith, Interim Communications Lead for the Mid and South Essex Success Regime, Clare Hankey, Southend Hospital and Dr K Baryusa, Southend Hospital

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

- Workstreams set up under 2 broad headings – local health & care and in hospital;
- Primary care changes & moving to locality working offering expanded services;
- Role of primary care, GP services moving forward;
- Emergency care design – clinically lead;
- Inspection regime going forward;
- Mention of pilot underway in nursing homes;
- Whole system model;
- Next steps and milestones and engagement.

Resolved:-

That the representative be thanked for the information presentation.

Note:- This is a Scrutiny Function.

122 Ofsted Inspection outcome

The Committee considered a report of the Corporate Director for People which reported on the outcome of the Ofsted Inspection of services for children in need of help and protection, children looked after and care leavers and review of the Local Safeguarding Children's Board which was published on 7th July 2016.

The key judgements on Southend Children's Services was – 'Overall, Children's services in Southend-on-Sea require improvement to be good'. Two of the five graded areas were rated as good, namely adoption services and progress and achievement of care leavers.

The Corporate Director advised the Committee of the actions taken to date in response to the outcome of the Inspection and Review and of actions which are planned.

Resolved:-

1. To note the findings of the Inspection and Review.

2. To note that an Improvement Plan is being prepared and will be submitted to Cabinet on 20th September 2016.

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

123 Petition - Dual Diagnosis Worker

The Committee considered Minute 45 of Cabinet held on 28th June 2016, which had been referred direct by Cabinet, concerning the petition requesting the employment and funding of a dual diagnosis worker.

Resolved:-

That the following decision of Cabinet be noted:-

"That additional dual diagnosis support is provided through the service developments rather than via recruitment of a "dual diagnosis worker" post, given that dual diagnosis work is not the exclusive province of a specific profession but rather a combined effort of the multi-disciplinary team."

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

124 In Depth Scrutiny Report - Transition arrangements from Children's to Adult Life

The Committee considered Minute 48 of Cabinet held on 28th June 2016, which had been referred to scrutiny, together with a report of the Corporate Director for Corporate Services. This presented the final report of the in-depth scrutiny project 'Transition arrangements from Children's to Adult Life'.

Resolved: -

That the following decisions of Cabinet be noted:-

"1. That the report and recommendations from the in depth scrutiny project as set out in Appendix 1 to the submitted report, be approved.

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

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

125 Corporate Plan and Annual Report - 2016

The Committee considered Minute 490 of Cabinet held on 28th June 2016, which had been referred direct by Cabinet to all three Scrutiny Committees, together with a report of the Chief Executive presenting the Council's draft Corporate Plan and Annual Report for 2016.

Resolved:-

That the following recommendation of Cabinet be noted:-

"That the draft Corporate Plan and Annual Report 2016, be approved." ‖

Note:- This is a Council Function
Executive Councillor:- Lamb

126 2015/16 Year End Performance Report

The Committee considered Minute 50 of Cabinet held on 28th June 2016, which had been referred direct by Cabinet to all three Scrutiny Committees, together with a report of the Chief Executive detailing the end of year position of the Council's corporate performance.

Resolved:-

That the following decision of Cabinet be noted:-

"That the 2015/16 end of year position and accompanying analysis, be noted."

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

127 Information Management Strategy

The Committee considered Minute 51 of Cabinet held on 28th June 2016, which had been referred direct by Cabinet to all three Scrutiny Committees, together with a report of the Corporate Director for Corporate Services presenting the Council's revised Information Management Strategy.

Resolved:-

That the following decision of cabinet be noted:-

"That the Council's Information Management Strategy, as set out at Appendix 1 to the submitted report, be approved."

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

128 Proposal to establish a Southend Education Board

The Committee considered Minute 57 of Cabinet held on 28th June 2016, which had been referred direct by Cabinet, together with a report of the Corporate Director for People on the proposed establishment of an Education Board for Southend on Sea.

Resolved:-

That the following recommendations of Cabinet be noted:-

"1. That the establishment of the Education Board be approved.

2. That officers be requested to work with the current Schools Forum to ensure the efficient transition to a new Board."

Note:- This is a Council Function
Executive Councillor:- Courtenay

129 Physical Activity Strategy

The Committee considered Minute 65 of Cabinet held on 28th June 2016, which had been referred direct by Cabinet, together with a report of the Director of Public Health presenting the Southend-on-Sea Physical Activity Strategy 2016-2021.

In response to questions about performance indicators, the Director of Public Health said that she would be happy to look at including data around number of schools achieving a minimum of 2 hours of PE per week in the work going forward.

Resolved:-

That the following decision of Cabinet be noted:-

"That the Southend-on-Sea Physical Activity Strategy 2016-2021 and associated action plan, be approved."

Note:- This is an Executive Function
Executive Councillors:-Salter & Holland

130 Council Procedure Rule 46

The Committee considered Minute 67 of Cabinet held on 28th June 2016, which had been referred direct by Cabinet, concerning actions taken under Council Procedure Rule 46.

Resolved:-

That the following decision of Cabinet be noted:-

"That the submitted report be noted."

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

131 Scrutiny Committee - Updates

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

(a) health scrutiny role – information set out in section 3 of the report. A briefing paper providing information specifically on health and the health system locally has also recently been sent to members of the Committee – noted.

(b) urological cancer surgery in Essex – information set out in section 3 of the report. The Scrutiny Officer reported that NHS England have recently advised that the recommendation from the clinical oversight group is for Southend to be the preferred option. Prior to the recommendation going to their Regional Management Team, the Joint Committee will be asked for its views on future patient engagement/consultation.

(The Southend Members on the Joint Committee are Councillors Nevin and Boyd. Councillor D Garston is the substitute member).

The Joint Committee also wanted to speak to service user representatives to understand their concerns and views on engagement. The Joint Committee will be asked by NHS England to endorse/support and input into the engagement and consultation process not the decision itself.

A meeting of the Joint Committee will be arranged shortly.

(c) Committee appointment – information set out in section 4 of the report. A further Councillor (and substitute) from the Committee needs to be appointed to sit on the Joint Cttee looking at PET-CT scanner in South Essex. Councillor Nevin was reappointed by Council in May 2016 and can continue.

(d) prescribing of gluten free food – information set out at section 5 of the report – noted.

(e) Success Regime – information set out at section 6 of the report and Appendices 1 and 2 – noted.

(f) Draft Quality Report / Accounts 2015/16 – information set out at section 7 of the report - noted.

Resolved:-

1. That the report and actions taken be noted.

2. That Councillor Jones be appointed to sit on the Joint Committee looking at PET scanner in south Essex. Cllr D Garston to be nominated substitute (Cllr Nevin was reappointed by Council in May 2016 and can continue).

Note:- This is a Scrutiny Function

132 Suggested in depth Scrutiny projects - 2016 / 17

The Committee considered a report by the Corporate Director for Corporate Services concerning the possible in depth scrutiny project to be undertaken by the Scrutiny Committee in 2016/17. The report also attached some information about the work carried out by the Scrutiny Committees in the 2015 / 16 Municipal Year.

Resolved:-

1. That the in-depth scrutiny project for 2016/1 will be on 'Alternative provision – offsite education provision for children & young people'.

2. To note that the following Members have been appointed to the Panel, which will manage the in depth project – Councillor Moyies (Chairman), Councillors Borton, Boyd, Buckley, Butler, Endersby, Nevin and Walker.

3. To note the information attached at Appendix 3 to the Report, the summary of work of the 3 Scrutiny Committees during 2015 / 2016.

Note:- This is a Scrutiny Function.

133 Minutes of the Meeting of Chairmen's Scrutiny Forum held on Tuesday, 28th June, 2016

Resolved:

That the Minutes of the meeting of Chairmen's Scrutiny Forum held on Tuesday, 28th June, 2016 be received and noted and the recommendations therein endorsed.

Note: This is a Scrutiny Function.

134 Exclusion of the Public

Resolved:-

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

135 Southend Clinical Commissioning Group - Invest to Save Support

(This item was discussed in the public part of the meeting).

The Committee considered Minute 69 of Cabinet held on 28th June 2016, which had been referred direct by Cabinet, together with a report of the Corporate

Director for Corporate Services on a proposal to offer financial support to Southend Clinical Commissioning Group for their invest to save programme.

Resolved:-

That the following decisions of Cabinet be noted:-

"1. That the investment of the sum, identified in the submitted report, into Southend Clinical Commissioning Group's 2016/17 Invest to Save Programme, be approved.

2. That the repayment profile through return on investment be noted."

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

136 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:- Courtenay

Chairman: _____

Southend-on-Sea Borough Council

Agenda Item No.

7

Report of Corporate Director for Corporate Services
to
Cabinet
On
20th September 2016

Report prepared by: Tim MacGregor – Team Leader, Policy and Information Management/
Charlotte McCulloch – Customer Service & Complaints Manager

Annual Report – Comments, Compliments and Complaints – 2015/16
All Scrutiny Committees
Executive Councillors: Councillor Lamb, Councillor Salter, Councillor Courtney
A Part 1 Public Agenda Item.

---

1. Purpose of Report

1.1 This report is to:

- Fulfil the Council's statutory duty to produce an annual report on compliments and complaints received about its Children and Adult social care functions.
- Provide performance information about comments, compliments and complaints received across the Council for 2015-16
- Contribute towards the Council's values to be open, honest and transparent.

2. Recommendation

2.1. To note the Council's performance in respect of compliments, comments and complaints for 2015-16 and to refer each separate report to the respective Scrutiny Committee.

3. Background

3.1. Legislation requires that statutory processes are in place to deal with complaints relating to children and adults social care, to advertise that process and produce annual reports.

3.2. As the statutory process requires the Children and Adults' Social Care reports to be shared with the Care Quality Commission and the Department of Health this necessitates three separate reports for the Council, including a separate report on the Council's corporate comments, complaints and compliments process.

3.3. Details of performance are contained in the respective reports under

Appendix A – Compliments, Concerns and Complaints – Adult Social Care Services.
Appendix B – Compliments and Complaints – Children's Social Care Services.
Appendix C - Corporate Comments, Complaints and Compliments.

3.4. The table below sets out a comparison of the total number of complaints received for the previous three years by Department. As can be seen, the figures reflect a steady upward trend in the number of complaints being received by the Council (8.5% up on 2014/15).

Department	2012/2013	2013/2014	2014/2015	2015/16
Corporate Services	74	44	43	66
Department for People (including statutory)	218	227	246	304
Department for Place	233	375	376	351
Public Health	0	0	0	1
Grand Total	**525**	**646**	**665**	**722**

This trend reflects the nationwide picture as outlined in the Local Government Ombudsman's (LGO) 'Annual Review of Local Government Complaints' (2015/16) which highlights a 6% rise in complaints and enquiries received by them. Reasons cited for this upward trend include the impact of declining resources on council services and growing willingness of the public to make complaints.

3.5. Comments and compliments are also received, with numbers shown below.

Department	2012/2013	2013/2014	2014/2015	2015/16
Corporate Services	1653	1694	1326	1673
Department for People (including statutory)	477	521	474	416
Place	219	288	222	337
Grand Total	**2349**	**2503**	**2022**	**2426**

4. Lessons Learnt and Service Improvements

4.1 Whilst responding to feedback in a timely manner it is important for Council services to reflect on lessons learnt and improving outcomes. This is recognised by the Local Government Ombudsman's principles of good complaints handling of being customer focused, putting things right and seeking continuous improvement.

Examples of service improvements undertaken throughout the year as a result of customer feedback include:

- A revised policy on dealing with abandoned vehicles, to make the process easier for those reporting incidents was agreed;
- Information on the rights of appeal for benefit claimants was revised on standard letters and the website;
- School transport appeals - reasoning is set out more in more detail both in appeal reports and letters to appellants;
- Procedures were improved to ensure that care providers have a clearly defined retention and disposal policy - a copy of which is sent to the contracts team for review;
- The hospital discharge pack provided by the Hospital Social Work Team was improved;
- In response to a complaint about lack of transparency, the South Essex Homes Decant and Management Move Procedure was updated and made a publicly available on the SEH website.

Further examples are contained in App A (Appendix 8), Appendix B (paragraph 12) and Appendix C (para 4.7).

5. Future developments

5.1 In May 2015 the government announced its intention to introduce a Public Services Ombudsman Bill to set up a Public Services Ombudsman in England which will absorb the functions of the Parliamentary and Health Service Ombudsman, the Local Government Ombudsman and potentially the Housing Ombudsman. This is intended to provide better value for money, reflect increasing cross sector working and provide a more joined up service with simpler access for the public.

5.2 To date no draft bill has been published, and such a bill was not included in the May 2016 Queens Speech, however, the LGO, Parliamentary and Health Service Ombudsman are now investigating health and social care services cases through a single team based in the LGO's office.

6. Corporate Implications

6.1 Contribution to Council's Vision & Corporate Priorities

Customer feedback and complaints management is directly relevant to the Council's corporate priorities to deliver strong, relevant and targeted services that meet the needs of our community. This remains important in the coming years as budget constraints continue to impact on service delivery.

6.2 Financial Implications

The commissioning of independent people to deal with children's stage two statutory complaints incurs additional cost. The decrease in stage 2 complaints this year has reduced the costs of investigations. The use of mediation and

early intervention within all the processes is used in an effort to restrict the number of complaints escalating, limiting the amount of officer time spent on complaints as well as improving the outcome for the complainant.

A limited number of compensation payments to customers to acknowledge the time and trouble that they have expended have been made this year.

6.3 Legal Implications

To ensure compliance with the statutory complaints processes.

6.4 People and Property Implications

People and property implications are considered through the Council's normal business management processes.

6.5 Consultation

The Advocacy Services and Representations Procedure (Children) (Amendment) Regulations 2004 confer a duty on local authorities to provide information about advocacy services and offer help to obtain an advocate to a child or young person wishing to make a complaint. The Authority has a contract with the National Youth Advocacy Service. All children and young people wishing to make a complaint in 2013-14 were offered the services of an advocate.

6.6 Equalities and Diversity Implications

All three processes are receiving feedback from customers from Southend communities including minority groups. Similarly, alternative approaches to facilitate complaint resolution are offered including advocacy and meetings.

Corporate equalities considerations continue to be part of the process.

6.7 Risk Assessment

Processes are reviewed periodically and reduce any risk which could adversely affect the Council's reputation in the community and reduce public trust/satisfaction. Whilst an anticipated increase in complaints did materialise after 2013, notably in respect of services delivered corporately, the number recorded is still significantly less than the 1100 reported for 2009 at the beginning of the revised process.

6.8 Value for Money

Early resolution of complaints, together with learning lessons from the process, contribute to service improvements and getting things right first time.

6.9 Community Safety and Environmental Impact Implications

The process is implemented to ensure both community safety and effects on the environment are fully considered.

7. Background Papers

None

8. Appendices

Appendix A - Compliments Concerns & Complaints received throughout 2015-16 for Adult Social Care Services
Appendix B - Compliments and complaints – Children's Social Care.
Appendix C - Corporate comments, complaints and compliments – 2015-16.

Southend-on-Sea Borough Council

Report of Corporate Director for People
to
Cabinet
on
20th September 2016

Report prepared by: Charlotte McCulloch

Compliments Concerns & Complaints received throughout 2015-16
for Adult Social Care Services
People Scrutiny Committee
– Executive Councillor: Lesley Salter

A Part 1 Public Agenda Item

---

1. Purpose of Report

1.1 To discharge the local authority's statutory duty to produce an annual report on compliments concerns and complaints received about its adults' social care function throughout the year.

1.2 To provide statistical and performance information about compliments concerns and complaints received throughout 2015/2015.

2. Recommendation

2.1 That the Department's performance during 2015/2016, and comparison to the previous three years be noted.

2.2 That the report be referred to the People Scrutiny Committee for detailed examination.

3. Background

3.1 This is the seventh Annual Report following the changes to the legislation governing the statutory complaints process for adult social care services. The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 came into force on 1 April 2009 and created a single process for health and social care services. With the increase in integrated services, the single process makes it easier for patients and service users to make complaints and allows them to make their complaint to any of the organisations involved in their care. One of the organisations will take the lead and co-ordinate a single response.

3.2 Strong working relationships have been established with complaints colleagues within the Health organisations in the area. This, together with a joint protocol

agreed by the Essex Complaints Network, has made it easier for people making complaints that span Health and social care services. In 2015/2016 there were 3 joint complaints.

3.3 The new process is based on the principles of the Department of Health's *Making Experiences Count* and on the Ombudsman's principles of good complaints handling:

- Getting it right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement.

3.4 There is a single local resolution stage that allows a more flexible, customer focused approach to suit each individual complainant. At the outset, a plan of action is agreed with the complainant to address their complaint. Amendments to the plan can be agreed at any stage of the process.

3.5 The regulations do not specify timescales for resolution and a date for response is agreed and included in each plan. Response times are measured against the agreed dates in the plans.

3.6 When the local authority believes that it has exhausted all efforts to achieve a local resolution, and the customer remains dissatisfied, the next step is referral to the Local Government Ombudsman.

4 Compliments; concerns and comments received in 2015/2016

4.1 Compliments are a very important feedback and motivational tool and members of staff are encouraged to report all compliments they receive to the Customer Services Manager for recording. All compliments are reported to the Group Manager of the Service to pass on their thanks to the staff member and the team. This practice has been well received by staff. Data gathered from compliments are used to inform commissioning decisions of the authority.

4.2 Adult and Community Services received 341 compliments about its social care services in 2015/2016.

Table to show the number of compliments received in 2015/2016 and a comparison with previous three years

Apr 12 – Mar 13	Apr 13- Mar 14	Apr 14 – Mar 15	Apr 15 – Mar 16
Number	Number	Number	Number
429	470	407	341

There has been a decline in the number of compliments received, however we are unable to ascertain why this is the case. Examples of the types of compliments received can be found in Appendix 1

4.3 The current regulations require the local authority to record concerns and comments as well as complaints. Some people wish to provide feedback to help improve services but they do not wish to make a complaint, and this process facilitates that.

4.4 Adult and Community Services received 8 concerns about its social care services in 2015/2016. Of these, 7 were regarding commissioned homecare services and 1 was about internal services provided directly by Southend Council.

4.5 All concerns and comments are considered to identify areas for improvement and responses are made where appropriate or requested.

5 Complaints received in 2015/2016

5.1 Adult and Community Services received 176 complaints about its social care services in 2015/2016. 75 of which were about internal services provided directly by Southend Council, and 101 were about services supplied through externally commissioned providers (domiciliary care & residential care)

Table to show the total number of complaints received during 2015/2016 and comparison with previous three years

Apr 12 – Mar 13	Apr 13 – Mar 14	Apr 14 – Mar 15	Apr 15 – Mar 16
Number	Number	Number	Number
111	136	166	176

This represents an overall increase of 6% in the number of complaints received during the previous year, and a 58.5% increase in the last 4 years.

Whilst there has been an increase year on year 176 complaints is still only 4.9% of the number of service users receiving support throughout the year.

The main increase in complaints has been seen within Internal Services with an increase from 56 in 2014/15 to 75 in 2015/16, an increase of 34%. The increase has been seen over a number of different service areas, rather than in one significant area.

A reduction has been seen in complaints about overall commissioned services where the number of complaints has decreased from 109 last year to 101 this year, an overall decrease of 13%. Complaints about commissioned homecare service having the greatest reduction from 101 in 2014/15 to 93 in 2015/16 an 8% decrease. Our Contracts Team and Complaints Manager continue to work with the home care providers to address issues and effect improvements around complaints handling.

5.2 Appendix 2 shows complaints by internal and commissioned services.
Appendix 3 shows the number of complaints received about internal services by team.

Appendix 4 shows the number of complaints by service user group. The majority of complaints (150) were received about services to older people. This is the largest service user group and the 150 complaints represent 6.2% of the number of older people who receive services from the department.

5.3 Of the 176 complaints, 101(57%) refer to services commissioned from external providers. 93 of these were about home care services, and this figure accounts for 52% of the total complaints,

5.4 Southend Borough Council commissions South Essex Partnership Foundation Trust (SEPT) to provide its mental health and substance misuse services and SEPT received 10 complaints from Southend clients. 6 were not upheld & 4 were partially upheld. These were dealt with by SEPT and are not included in the figures in the table in section 5.1 above.

5.5 Under the current regulations, any complaints received verbally and resolved to the complainant's satisfaction within 24 hours do not have to be recorded as complaints. During 2015/2016, 5 such complaints were received.

6. Complaints subject to independent investigation

6.1 An independent investigation is an option for reaching a local resolution but it is not an automatic progression. Action taken to address a complaint will be discussed with the complainant at the outset and the primary aim is to find a resolution but action must be proportionate.

6.2 There were no independent investigations in 2015/2016. An independent investigation can be costly and if staff can resolve complaints satisfactorily without them, this represents a saving.

Table to show the number of complaints subject to independent investigation, and as a percentage of the total number complaints during 2015/2016, and comparison with the previous three years.

Apr 12 – Mar 13	Apr 13 – Mar 14	Apr 14 – Mar 15	Apr 15 – Mar 16
Number	Number	Number	Number
0 (<1%)	0 (0%)	0 (0%)	0 (0%)

6.2 Other ways used to resolve complaints include:

- Written response/explanation
- Acknowledgment if there has been a failure
- Apology
- Change to service
- Mediation/conciliation
- Meeting
- Internal review
- Redress

7 Complaints referred to the Local Government Ombudsman

7.1 There were 4 social care complaints considered by the Local Government Ombudsman in 2015/2016.

7.2 One complaint was referred to the LGO, they found minor fault and we agreed to apologise to the complainant.

7.3 One complaint was referred to the LGO, following an investigation no fault found

7.4 One complaint was referred to the LGO and following an investigation, did not find fault with SBC regarding the safeguarding investigation however did find fault with the care provider as they had not properly kept their records. We agreed to pay £250 in respect of the uncertainty caused by the unavailability of these records.

7.5 One complaint was referred to the LGO, following an investigation we were found at fault for not completing a carers assessment. We were asked to rectify this and paid the complainant for retrospective carers budget.

8 Response times

8.1 Adherence to response times is measured by compliance with the agreed dates set out in the individual complaints plans.

8.2 113 complaints were responded to within the timescales agreed. This represents 64.2% of responses made and is reduction on last year's 66%. We recognise the importance of trying to achieve a speedy resolution to complaints and generally aim to resolve complaints within 10 working days. However depending on the complexity of the complaint raised, agreement is made with complainants on an acceptable timescale for a response.

8.3 Of the 63 not responded to within the agreed timescale, 38 were attributed to our contracted care providers. Our Contracts Team and Complaints Manager continue to work with the home care providers to address this issue and effect improvements around complaints handling. A target has been introduced and their performance will be discussed with each provider at their quarterly contract review meetings.

8.4 Compliance with response times is shown at Appendix 2

9 Types of issues raised

9.1 The bar chart at Appendix 5 shows all the issues split between internal and commissioned services.

9.2 Overall, the top 5 issues were:

I. Communication / Consultation
II. Conduct / Behaviour of staff
III. Late Calls

IV. Missed Calls
V. Quality of Service provided

10 Outcome status of complaints (upheld; partially upheld; not upheld)

10.1 The 176 complaints, refers to 237 issues which were reported and responded to, 106 were upheld; 32 were partially upheld; 88 were not upheld, 10 we were unable to reach a finding and 1 is still ongoing due to legal implications.

10.2 Overall the number of complaints upheld or partially upheld has slightly decreased from 59% in 2014/15 to 58% in 2015/16.

10.3 Tables at Appendix 7 show outcomes of the main issues in internal, homecare and residential complaints. There has been a decrease in complaints upheld or partially upheld regarding missed and late home care calls from 56 in 2014/15 to 40 in 2015/16, whilst there remains the challenge by many providers to recruit and retain good quality care staff, the decrease in complaints regarding this issue demonstrates the ongoing commitment by providers to continually monitor and address these issues.

11. Monitoring & Reporting

11.1 Statistical data regarding complaints about our commissioned home care providers are provided quarterly to inform the Contract Monitoring Meetings.

11.2 Complaints are monitored by the Complaints Manager for any trends/emerging themes and alerts the relevant service accordingly.

11.3 Complaints information is fed into the monthly Safeguarding meetings regarding providers to ensure a full picture is gathered regarding the providers service delivery and indentify any concerns or trends that may be emerging.

12 Learning from Complaints

12.1 The Council continues to use complaints as a learning tool to improve services and to plan for the future. Local authorities are being asked to show what has changed as a result of complaints and other feedback that it receives.

12.2 Improvements have been categorised under the following headings:

- Improved process
- Increased awareness of improved outcomes for Adults
- Increased staff awareness/training
- Improved conduct of staff
- Improved performance of provider

Examples of improvements made as a result of complaints are shown in Appendix 8.

12.3 Complaints about communication are a reoccurring theme for internal services and whilst they are not particularly high in proportion to the number of service

users being dealt with on a daily basis, this is the most common issue. The Complaints Manager continues to work with the Service Managers & Team Managers on identifying ways to improve client satisfaction with all channels of communication.

13. Corporate Implications

13.1 Resource Implications (Finance, People, Property).

If resolutions are not found at an early stage and there are undue delays, compensation may have to be paid to acknowledge the time and trouble that the complainant has expended.

In some cases, the initial input in terms of staff time to find a resolution through a meeting/conciliation may be quite intensive but where the complainant has an ongoing relationship with the service, it can save resources in the long term.

13.2 Contribution to Council's Vision & Critical Priorities

A robust and responsive complaint handling process adds to the public's confidence and satisfaction with the way they are dealt with by the local authority when they have concerns to raise.

Effective complaints handling and a well advertised procedure contributes to the corporate priorities:

- Work with and listen to our communities and partners to achieve better outcomes for all
- Look after and safeguard our children and vulnerable adults

13.3 Equalities and Diversity Implications

The gender of all complainants was noted and 117 were female and 59 were male. 47 complaints (26%) were made by the person receiving the service and the remaining 73% were made by another person, usually a relative, on behalf of the service user. Leaflets on how to make a complaint or compliment are left with the service user when they are assessed. It is recognised that some relatives do not live locally and there is information on the Council's website about how to give feedback and the facility to send it electronically.

13.4 Value for Money

Some complaints may have elements where improvements may be made to ensure value for money.

13.5 Community Safety Implications

Some complaints may have elements where improvements may be made to ensure community safety.

14. Background Papers

Complaints papers are kept by the Customer Services & Complaints Manager. Data about individual compliments concerns comments and complaints are held electronically.

15. Appendices

Appendix 1	Examples of complimentary comments received regarding Internal teams
Appendix 2	Number of complaints by internal and commissioned services (residential & homecare) Compliance with response times
Appendix 3	Internal service complaints by team
Appendix 4	Commissioned and internal service complaints by service user group
Appendix 5	Issues raised in complaints
Appendix 6	Issues outcomes split between internal and commissioned services
Appendix 7	Outcome status of the top issues split between internal; homecare and residential care complaints
Appendix 8	Examples of learning/service improvements

Appendix 1

Compliments received 2015 -16

Some examples from the 341 compliments received about Southend Council's Internal Services :-

I sincerely thank you for all the help and support you have provide Kathleen and I over the last year. I am relieved that Kathleen has a new home which will support her needs and that she will receive kindness and understanding. I am also grateful that you have introduced Helen into her life which will provide continuity and a voice for Kathleen. It hasn't been an easy situation for anyone involved however your determination and tenacity to complete this case beyond your remit is to your credit; thank you. This ends your involvement with Kathleen, I know, however your work will have a lasting benefit for her health and well being.

~

At all times you have the well-being of the individual at heart. You always listen & understand what I am trying to tell you about my father. I wish I'd met you sooner, as your help & advice have been invaluable.

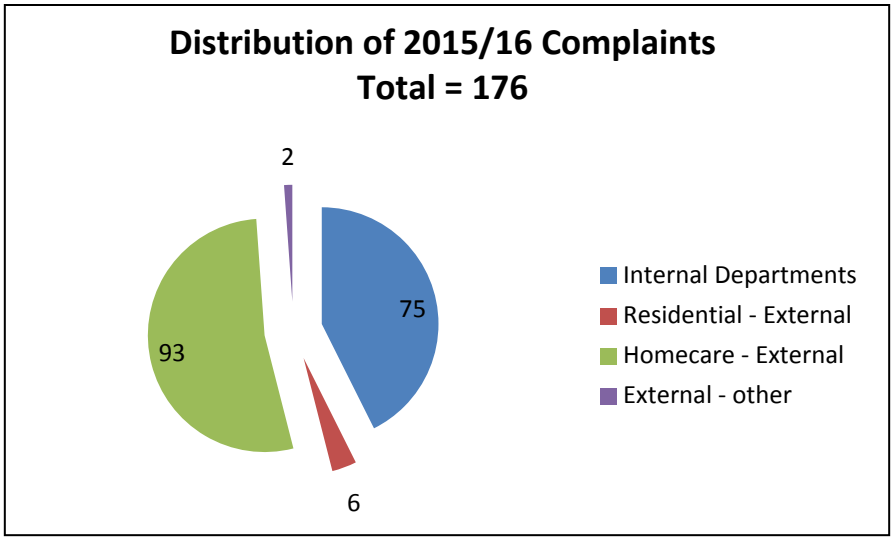
~

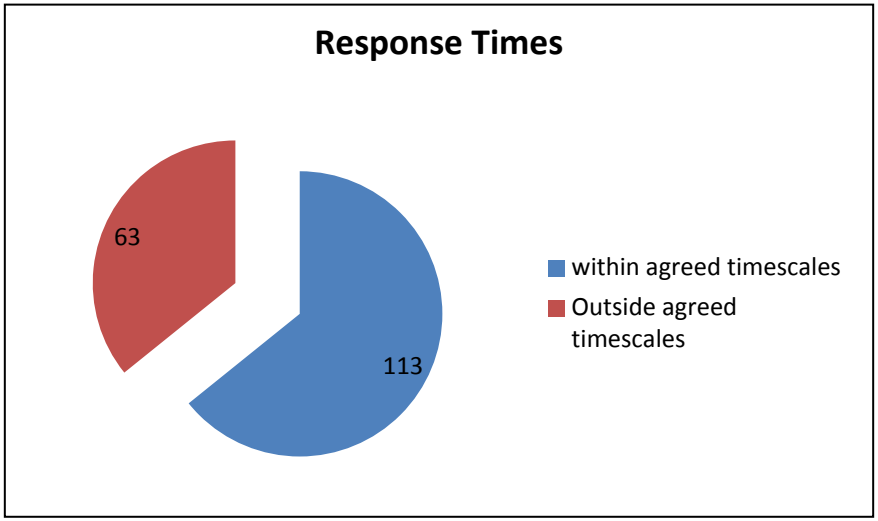
The thought of the interview depressed me. I didn't want to accept the fact that I now needed help. Glynn's visit changed all that. She was cheerful, kind & kept complementing me on how much independence I was maintaining. She lifted my spirits enormously. 3 days later the equipment arrived. The man who delivered them was equally helpful, cheerful & encouraging. They have both improved my mobility & my attitude to life.

~

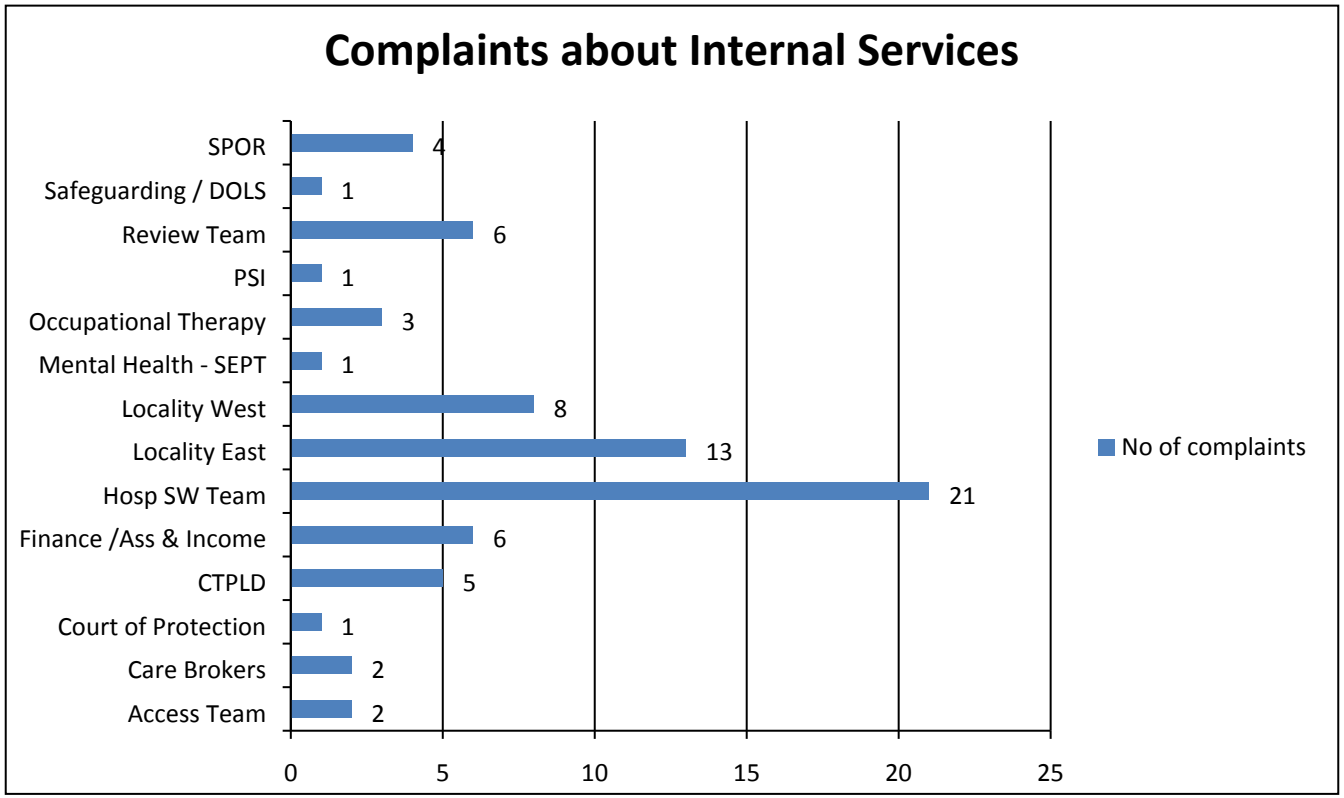
We would like to thank you all so very much for your dedicated care & love you gave to our Mum, Rosie, while she was in your care. Priory House is second to none, one big happy family, who we were part of. Thank you once again.

Appendix 2


Distribution of 2015/16 Complaints
Total = 176
2
75
93
6
Internal Departments
Residential - External
Homecare - External
External - other

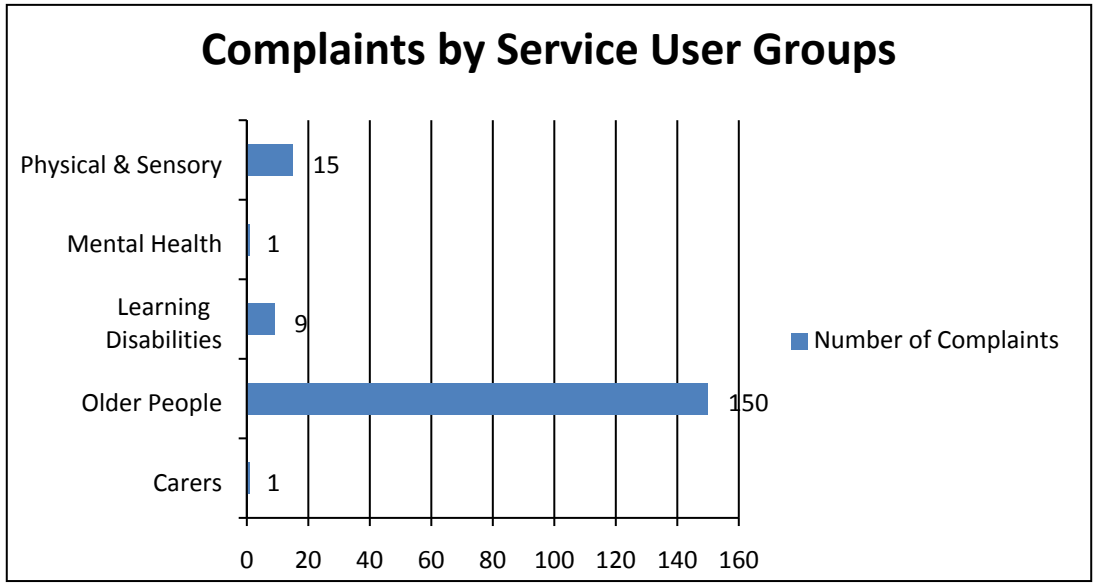

Response Times
63
113
within agreed timescales
Outside agreed timescales

Appendix 3

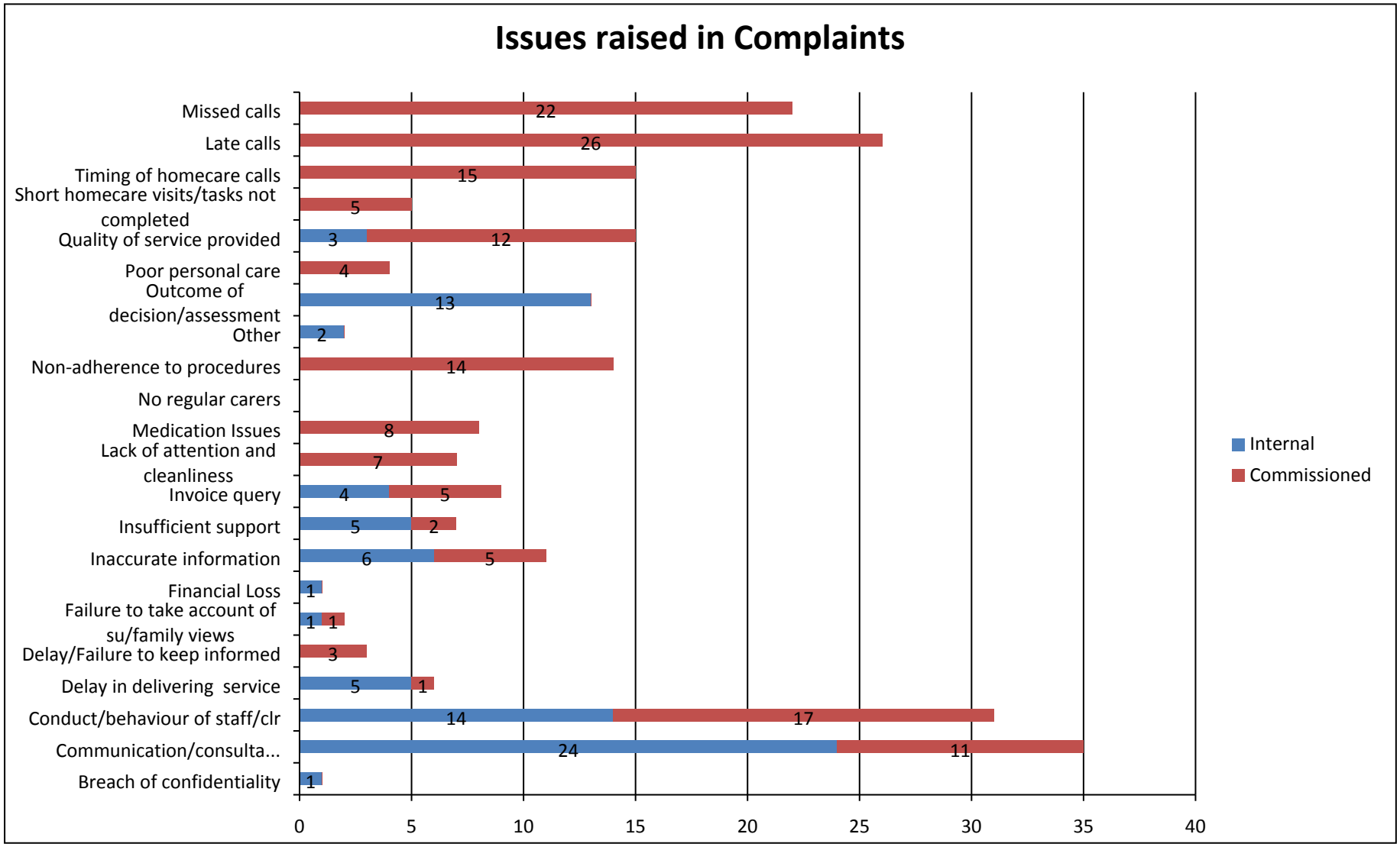


Note : complaints about the Hospital Social Work Team were in the main about information provided about charges for services following discharge from hospital

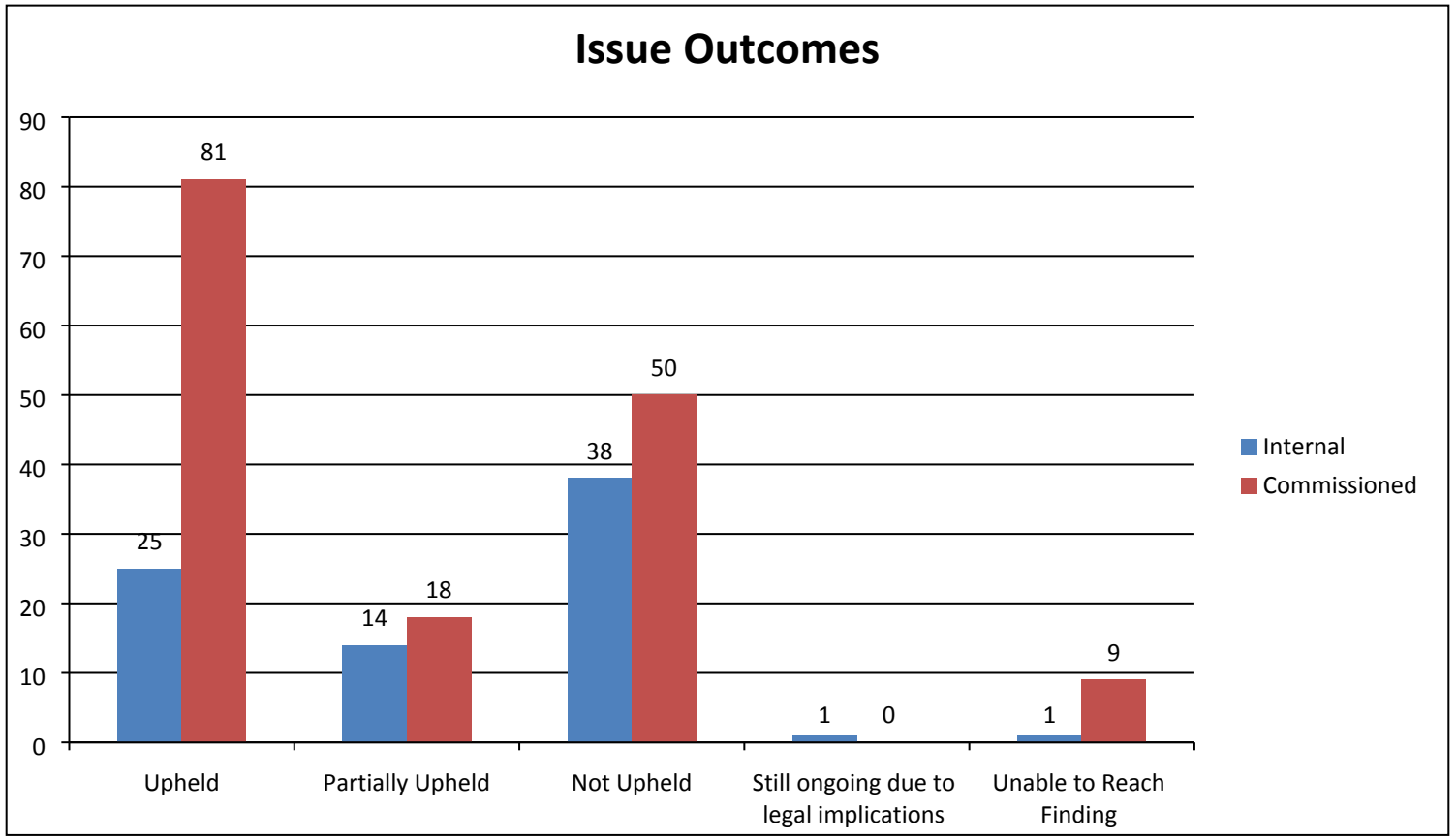
Appendix 4


Complaints by Service User Groups
Physical & Sensory
15
Mental Health
1
Learning Disabilities
9
Older People
150
Carers
1
0
20
40
60
80
100
120
140
160
Number of Complaints

Appendix 5


Issues raised in Complaints
Missed calls
Late calls
Timing of homecare calls
Short homecare visits/tasks not completed
Quality of service provided
Poor personal care
Outcome of decision/assessment
Other
Non-adherence to procedures
No regular carers
Medication Issues
Lack of attention and cleanliness
Invoice query
Insufficient support
Inaccurate information
Financial Loss
Failure to take account of su/family views
Delay/Failure to keep informed
Delay in delivering service
Conduct/behaviour of staff/clr
Communication/consulta...
Breach of confidentiality
22
26
15
5
3
12
4
13
2
14
8
7
4
5
5
2
6
5
1
1
1
3
5
1
14
17
24
11
1
0
5
10
15
20
25
30
35
40
Internal
Commissioned

Appendix 6


Issue Outcomes
90
80
70
60
50
40
30
20
10
0
81
25
18
14
50
38
1
0
9
1
Upheld
Partially Upheld
Not Upheld
Still ongoing due to legal implications
Unable to Reach Finding
Internal
Commissioned

Appendix 7

SBC Internally provided Services	Upheld	Partially Upheld	Not Upheld	Unable to reach finding
Communication/consultation	11	4	9	0
Conduct/behaviour of staff	5	2	5	1
Outcome of decision/assessment	2	2	9	
Inaccurate Information	3	1	2	

Commissioned Services ***(Homecare & Residential)***	Upheld	Partially Upheld	Not Upheld	Unable to reach finding
Late calls	21	4	1	
Missed calls	14	1	7	
Conduct Behaviour of Staff	5	2	6	4
Timing of homecare calls	7	5	3	

Appendix 8

Issue	Improvements
Complaints regarding full cost invoices being sent to Service Users who receive a service via a 'spot' provider. These are providers who are not contracted to SBC and do not use the electronic monitoring system CM2000.	Requested that the 'spot' providers provide accurate timesheets for the care provided and the Business Support Team now collate the individual times to allow for more accurate invoicing to the Service User.
Confusion regarding information provided whilst in hospital regarding discharge and care options	Improved the discharge pack provided by the Hospital Social Work Team, this provides targeted advice and info regarding discharge planning and options as well as charging information
Complaints still being received where adults and/or families claim that they were told that care would be free following discharge from hospital and not made aware that there would be a charge for the ongoing care	• Hospital Social work teams have been asked to document their discussion around finance in the body of the assessment as well as an observation on our care record system • Hospital Social Work Team Manager as spoken to the NHS staff to ensure they do not provide mis-leading information to patients.
Complaints regarding missed / late calls	• The contracts team have strengthened their contract monitoring to visit care providers in between the quarterly contract monitoring meeting. To ensure compliance with the electronic monitoring system, and highlight and address any issues earlier. Any trends in issues raised as part of complaints are fed back to the contracts team. • More focus within the contract monitoring meetings on late / missed visits and complaint response timescales

Appendix B

Southend-on-Sea Borough Council

Report of Corporate Director for People
to
Cabinet
on
20th September 2016

Report prepared by: Charlotte McCulloch – Customer Service & Complaints Manager

Compliments and Complaints relating to Children's Social Care Services
People Scrutiny Committee - Executive Cllr James Courtenay
A Part 1 Public Agenda Item

1 Purpose of Report

1.1 To fulfil the local authority's statutory duty to produce an annual report on compliments and complaints received about its children's social care function throughout the year.

1.2 To provide statistical and performance information about compliments and complaints received from April 2015 to March 2016 at all three stages of the statutory process.

2 Recommendation

2.1 **That the Department's performance during 2015/2016 be noted.**

3 Summary

- **8.3% increase in the number of compliments in 2015/16 compared to the previous year**
- **39% increase in the number of Stage 1 complaints**
- **87% of Stage 1 complaints responded to within 20 working days**

3.1 The number of statutory complaints has increased this year in comparison to 2014/15.

3.2 The number of stage 1 complaints responded to within 20 working days was 87% compared to 93% in 2014/15 and 100% in 2013/14.

3.3 6 complaints escalated to stage 2 in 2015/16, an increase from 4 in 2014/15.

3.4 7 complainants approached the Local Government Ombudsman in 2015/16.

3.5 65 compliments were received in 2015/16, a percentage increase of 8.3% compared with last year.

4 Background

4.1 The statutory process has three stages. Stage 1 affords an opportunity to try to find a local resolution usually at team manager level. At stage 2, the Department commissions an independent investigation of the complaint and the response is made by the Head of Service. At the third stage, the complaint is referred to an Independent Review Panel of three independent panel members with one member acting as Chair. At each stage, a more senior officer responds on behalf of the Department, with the Corporate Director responding at the final stage.

4.2 Some complainants welcome an independent investigation of their concerns; for others, the process can seem unwieldy. The regulations encourage consideration of alternative dispute resolutions where appropriate and with the Complainant's agreement. The Complaints Manager encourages and supports Team Managers to resolve complaints at the earliest stage.

4.3 If complainants remain dissatisfied at the end of the three stages, they may refer their complaint to the Local Government Ombudsman.

5 Compliments received in 2015/2016

5.1 The Department recorded 65 compliments about Children's Social Care in 2015/16 compared with 60 in 2014/15. This is a percentage increase of 8.3% compared to last year.

The table below shows the number of compliments received in 2015/16 in comparison with previous years.

Apr 10 – Mar 11	Apr 11 – Mar 12	Apr 12 – Mar 13	Apr 13 – Mar 14	Apr 14 – Mar 15	Apr 15 – Mar 16
12	25	41	44	60	65

6 Number of complaints received in 2015/2016

6.1 Stage 1

6.1.1 The Department received 85 statutory complaints directly at stage 1 in 2015/16 compared with 61 in 2014/15. This represents an increase of 39%. Complaints are always welcomed and viewed as a way to improve practice and Managers are informed of any emerging trends in complaints.

6.1.2 93% of complaints were resolved at Stage 1 which is consistent with the figure from the previous year which was 93.3% in 2014/15

6.1.3 The table below shows the number of Stage 1 complaints received in 2015/16 in comparison with previous years.

Apr 10 – Mar 11	Apr 11 – Mar 12	Apr 12 – Mar 13	Apr 13 – Mar 14	Apr 14 – Mar 15	Apr 15- Mar 16
55	58	60	38	61	85

6.2 **Stage 2**

6.2.1 A total of 6 complaints reached Stage 2 of the complaints process in 2015/16, an increase from 2014/15 when 4 complaints were escalated to Stage 2.

6.3 **Stage 3**

6.3.1 2 complainants requested to pursue their complaint to Stage 3 this is an increase from 0 in 2014/15.

7 Complaints by category

7.1 Complaints were categorised by the main issues raised.
Appendix 1shows the causes of the complaints.

The 3 categories with the highest percentage of complaints were:

- Quality of service 29.4%
- Staff conduct / Employee Behaviour 23.5%
- Communication 21.2%

These 3 categories represent 75% of all complaints received.
Appendix 2 shows the outcomes of these categories.

After thorough investigation of all complaints at stage 1, 69% of complaints were not upheld which has reduced in comparison to 79% in 2014/15 and 76.3% in 2013/14.

7.2 Complaints about Social workers/staff have reduced to 23.5% compared to 26.2% in 2014/15. However complaints regarding communication has increased from 13.1% in 2014/15 to 21.2% in 2015/16. Social workers have been reminded of their responsibilities about returning calls, responding to correspondence promptly and that regular communication is key to positive working relationships with service users.

It is apparent that many Complainants still believe that it is the Social Worker alone who makes decisions regarding child protection procedures and agreed actions. Work needs to continue to ensure that Service Users and their families understand the role of the Social Worker. There is a need for Social Workers to be more conscious of ensuring that explanations about difficult decisions are given in the context of wider policies when discussing and meeting with Service Users.

7.3 Complaints about the Quality of Service has increased from 24.6% in 2014/15 to 29.4% in 2015/16. The Complaints Manager has worked

closely with social work teams to highlight good practice and provide early identification of emerging trends.

7.4 The table below shows the percentage of complaints in each category in 2015-2016 in comparison with the previous year.

Category	**2013-14 % of total**	**2014-15 % of total**	**2015-16% of total**
1. Staff conduct / employee behaviour	7.9	26.2	23.5
2. Providing a service	5.3	6.6	4.7
3. Quality of service	34.2	24.6	29.4
4. Communication	31.6	13.1	21.2
5. Incorrect information given	10.5	0	0
6. Council decision making	5.3	11.5	8.2
7. Policy or procedure	5.3	14.8	8.2
8. Other	0	3.3	3.5
9. Service not provided	0	0	1.2
	100%	100%	100%

8 Response times and the Department's performance

8.1 Stage 1

8.1.1 Stage 1 statutory response times:
10 working days, with a further 10 days for more complex complaints or additional time if an advocate is required.

8.1.2 The complexity of complaints has continued to increase, which has affected the ability to respond within the 10 working days. In 2015/16 51% of Stage 1 complaints were responded to within 10 working days compared to 73.7% in 2014/15 71% in 2013/14, 80% in 2012/13.

8.1.3 The percentage of stage 1 complaints responded to within the statutory timescale of 0–20 working days in 2015/16 was 88% compared with 93.4% in 2014/15 100% in 2013/14.

8.1.4 The table below shows response times for stage 1 complaints received in 2015/16 compared with 2014/2015 and 2013/2014

Response Performance	2013/14 % of total	2014-15 % of total	2015-16 % of total
Within 10 working days	71	73.7	51
10 – 20 days	29	19.7	37
Over 20 days	0	6.6	12
Withdrawn	0	0	0

Appendix 3 shows the response performance.

8.2 **Stage 2**

8.2.1 Stage 2 statutory response times:
A stage 2 complaint should be investigated and responded to within 25 working days, with a maximum extension to 65 working days.

6 complaints were pursued to Stage 2 in 2015/16. One of these complaints was not pursued by the complainant following the initial meeting with the Investigating Officer and Independent Person.

This year we were unable to complete any of the Stage 2 investigations within 65 working days. Due to the complexity of some of the cases and the availability of service users and investigating officers (who are now SBC staff) these timescales do represent a challenge.

Stage 2 complaints are subject to independent investigations involving interviews with the complainant and relevant members of staff, and the submission of a report to be responded to by the Head of Service.

Complaints at this stage are likely to involve an independent investigating officer, an independent person and an advocate.

The Stage 2 process starts as soon as a complainant decides to pursue their complaint to stage 2.

8.2.2 The table below shows response times for Stage 2 complaints received in 2014/15 compared with 2013/2014 and 2012/2013

Response Performance	2013/14 % of total	2014/15 % of total	2015/16 % of total
Within 25 days	0	0	0
Between 25 and 65 days	100	0	0
After 65 days or outstanding	0	100	100

8.3 **Stage 3**

8.3.1 Stage 3 statutory response times:
The recommendations from a Stage 3 Review Panel should be responded to within 15 working days of the date of the meeting.

8.3.2 2 complaints were escalated to stage 3 during 2015/16 this is in comparison to none in 2014/15.

8.3.3 One Stage 3 complaint was responded to within the timescale of 15 days.

9 Outcome status of complaints

9.1 Stage 1

The outcomes of these complaints are logged as either upheld or not upheld. In 2015/16, of the 85 complaints received, 26 were upheld (31%) and 57 were not upheld (67%) & 2 that are still ongoing.

Stage 2 & 3

There are often several points in a complaint at Stage 2 & 3 and these are addressed separately in a single response. The complaint may be upheld; not upheld; partially upheld, or inconclusive/no finding.

Stage 2 – Of the 85 complaints received 6 were moved to Stage 2, 1 was not progressed and of the 5 remaining this involved 44 separate issues. The following shows the outcomes of these issues

Upheld	Partially Upheld	Not Upheld	No Finding
13	6	19	6

Stage 3 – Of the 6 complaints that moved to Stage 2, 2 of these requested their complaint be escalated to Stage 3, this related to 10 separate issues.

Upheld	Partially Upheld	Not Upheld
1	3	6

10 Local Government Ombudsman

10.1 7 complainants approached the Local Government Ombudsman in 2015/16. However 5 of these complaints were either premature or out of jurisdiction of the LGO and referred back to the authority. The remaining 2 complaints were investigated by the LGO 1 was not upheld and 1 required no further action.

11 Developments in the complaints process

11.1 Senior Managers receive regular reports from the Complaints Manager which serve to highlight trends. There is also a facility available for managers to print Covalent reports at any time therefore ensuring that information is immediately available.

11.2 The Complaints Manager has delivered training to Children's Social Care Staff to explain the complaints process and the role that the teams play in resolving complaints at the earliest possible stage.

11.3 The Complaints Manager offers ongoing support and advice to Team Managers on how to appropriately respond to complaints.

12 Areas for improvement / Learning from Complaints

12.1 Service Managers are being asked to ensure that families are aware of changes in their children's social worker. This will be achieved by implementing a new process whereby when a case is reallocated, a standard letter goes to the family giving the name of the new social worker, their phone number, name and phone number of admin[s] for the team and a duty number and the name of the team manager. The letter is sent to both parents

12.2 Team Managers have been reminded that when concerns are raised it essential that every effort is made to contact both parents to inform them of the concerns and offer an opportunity for them to be involved in the procedures.

12.3 All Social Workers and Team Managers have been reminded that all complaints should be brought to the Complaints Manager's attention as soon as possible to ensure that appropriate responses are provided within the statutory timescales.

12.4 Complaints about Communication issues continue to be an issue, it has been agreed for the Complaints Manager to attend the Service / Team Managers training day and to regularly attending the monthly management team meeting to help Service Managers identify areas for improvement in this area.

13 Corporate Implications

13.1 Contribution to Council's Vision & Corporate Priorities.
Complaints management is relevant to the Council's corporate priority of continuing to improve the outcomes for vulnerable children.

13.2 Financial Implications

The commissioning of independent people to investigate Stage 2 complaints incurs additional cost. The Department seeks to provide efficient resolution to complaints at the earliest stage possible, as well as securing value for money from Investigating Officers. Costs are met from the existing base budget.

13.3 Legal Implications **–**

The complaints process complies with statutory requirements**.**

13.4 People Implications

None.

13.5 Property Implications

None.

13.6 Consultation

The Advocacy Services and Representations procedure (Children) (Amendment) Regulations 2004 confer a duty on local authorities to provide information about advocacy services and offer help to obtain an advocate to a child or young person wishing to make a complaint. The Authority has a contract with the National Youth Advocacy Service.

In 2015/16 3 complaints (3.5%) were made by children/young people. This is a decrease from 9 (14.8%) in 2014/15. All children and young people wishing to make a complaint in 2015/16 were offered the services of an advocate.

13.7 Equalities and Diversity Implications

Customer groups making complaints included parents, carers, advocates, family members and young person's themselves.

The majority of complaints are made by females and the high percentage reflects the nature of the service that the primary parent dealing with children's care issues is generally the mother. However the number of males making complaints has risen to 28% this year from 19.7% in 2014/15.

The gender of complainants is shown in Appendix 3.

13.8 Value for Money

The complaint process continues to be implemented by 1fte post. We have reduced the use of external Investigating Officers for Stage 2 complaints and now use SBC Managers to undertake this role.

Improving systems in relation to managing compliments and complaints is a factor in a trend toward improving value for money and improving operational practice from lessons learned.

13.9 Community Safety Implications – none

13.10 Environmental Impact – none

14 Background papers – none

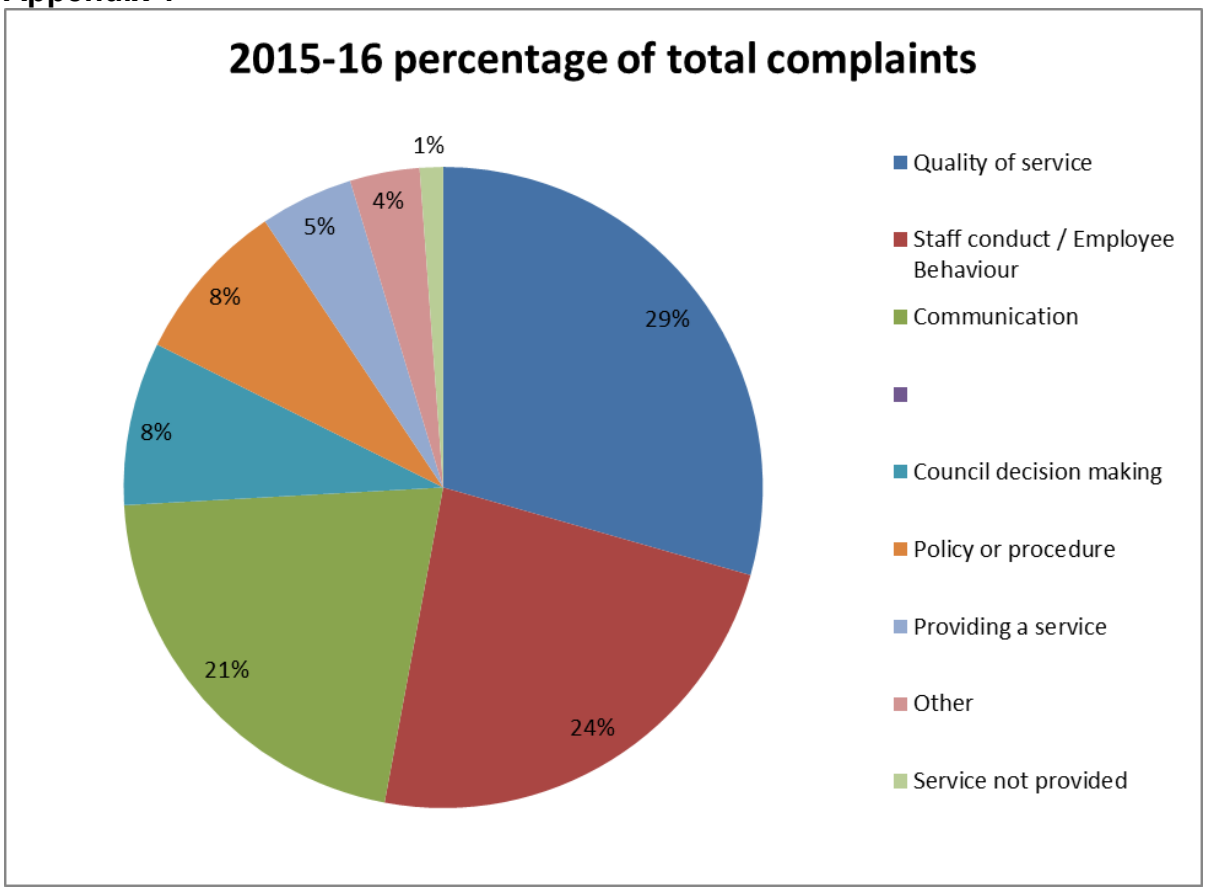
15 Appendices

15.1 Appendix 1: Percentage of complaints by cause

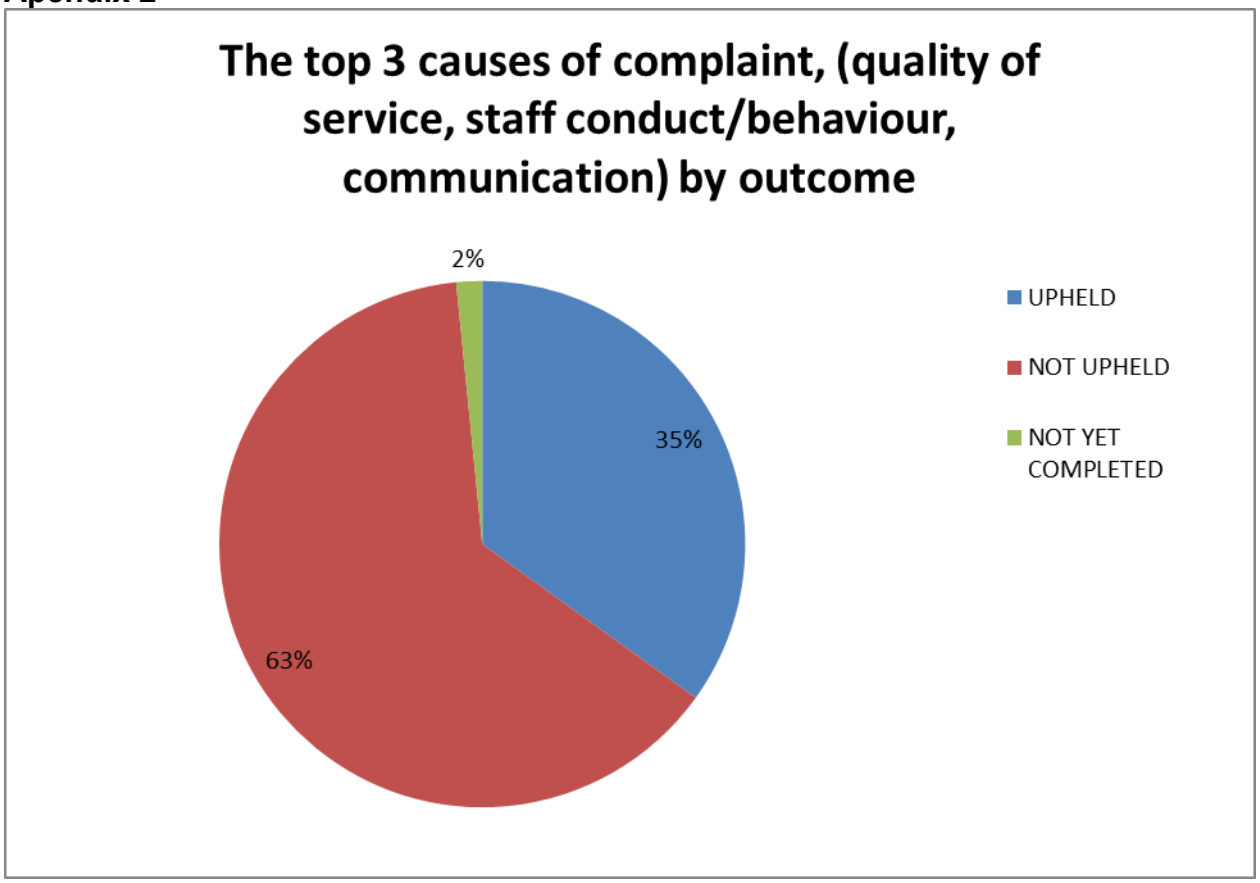
Appendix 2: Percentage outcome of the main causes of complaint

15.3 Appendix 3: Percentages of complaints responded to by timescale

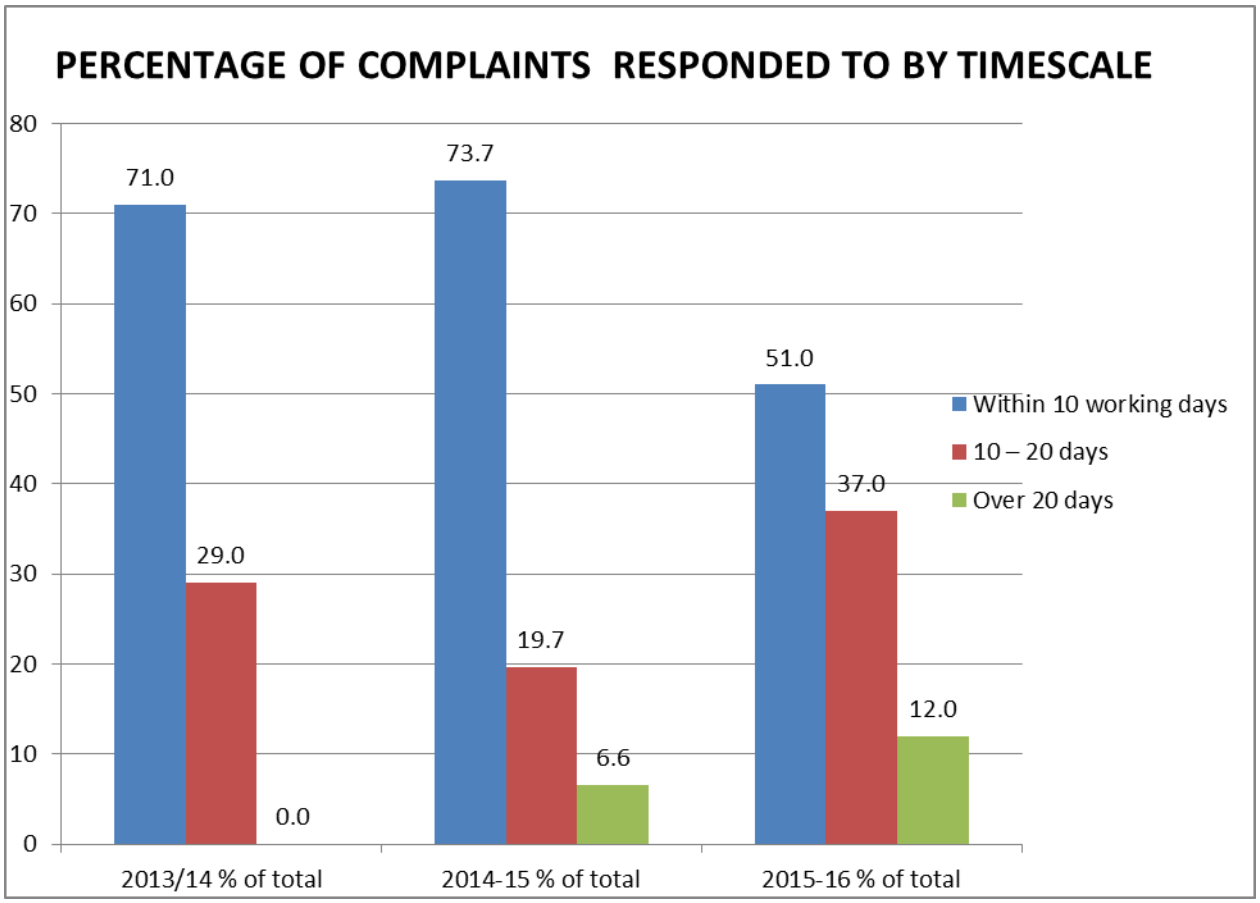
Appendix 1



Apendix 2



Appendix 3


PERCENTAGE OF COMPLAINTS RESPONDED TO BY TIMESCALE
80
70
60
50
40
30
20
10
0
71.0
29.0
0.0
73.7
19.7
6.6
51.0
37.0
12.0
2013/14 % of total
2014-15 % of total
2015-16 % of total
Within 10 working days
10 – 20 days
Over 20 days

Southend-on-Sea Borough Council

Agenda Item No.

Report of Corporate Director for Corporate Services

to

Cabinet

on

20 September 2016

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

---

<u>Corporate</u> Comments, Complaints and Compliments - 2015-16

Place, People, Policy & Resources; Scrutiny Committee – Executive Councillor: Councillor Lamb

A part 1 Public Agenda Item

---

1. Purpose of Report

1.1 To report on the performance relating to corporate comments, complaints and compliments process and to provide comparisons with previously reported results. Complaints and compliments in respect of adult and children's social care functions are subject to their own statutory processes and are not monitored by the corporate procedure. Their results are reported separately.

2. Recommendations

2.1 To note the performance of the corporate complaints process between April 2015 and March 2016.

Refer the report directly to all Scrutiny Committees.

3. Background

3.1. The three stage complaints procedure outlined in **Appendix 1** has been in place since 2009 and is well established throughout the organisation

3.2 The Council's corporate comments, complaints and compliments process deals with all general feedback about the Council. As well as the children and adult social care statutory complaints there are certain other functions which are outside of the corporate procedure which have their own processes. Examples include appeals against parking tickets and concerns about schools.

3.3 The benefits in operating a feedback process include:

- To learn lessons from the types of feedback made

- To help improve service delivery
- To improve the consistency and timeliness of responses
- To reflect sector wide and Local Government Ombudsman (LGO) best practice.

3.4 This report, therefore, provides an update on how the process is working and an analysis of customer feedback data.

4. PERFORMANCE TO DATE

4.1 Performance

Details of performance data for 2015/16 is set out in **Appendices 2 to 5.**

402 Stage 1 complaints were received during 2015/16, reflecting a decrease of 5.7% compared to the 425 complaints reported for 2014-2015 and 420 complaints in 2013-14.

The monitoring system that is in place highlights trends and issues that are subject to complaints. Areas that have been of note, at all stages, for 2015/16 include:

- Quality of service – 32%
- Providing a service – 32%
- Staff conduct/employee behaviour – 14%

4.2 Complaints by Directorate with Response Times

Department	Stage 1 & 2 Total Complaints Apr 2013-Mar 2014	Responded to in 10 working days	Stage 1 & 2 Total Complaints Apr 2014-Mar 2015	Responded to in 10 working days	Stage 1 & 2 Total Complaints Apr 2015-Mar 2016	Responded to in 10 working days
Corporate Services	40	80%	38	92%	62	81%
Department for People	48	79%	44	80%	41	68%
Department for Place	372	80%	379	92%	344	83%
Public Health					1	100%
Grand Total	**460**	**80%**	**461**	**87%**	**448**	**80%**

The number of stage 3 complaints received was 15, compared to 24 in 2014/15. Response times for Stage 3 complaints continue to be a challenge, taking an average of 44.5 days compared to 57 days in 2014/15. Complaints that escalate to Stage 3 are by their nature more complex and sometimes involve situations where it is not possible for the Council to meet complainants' wishes. However,

the response times are longer than desired and work will continue to reduce response times. It should also be noted that the process of early advice and assistance at Stage 2 by the corporate complaints member of staff resulted in less complaints progressing to the final stage of the process than would otherwise be the case.

4.3 **Nature of Complaints**

Appendix 2 sets out the nature of all complaints under the following headings:

- Communication
- Decision making
- Discrimination
- Policy or procedure
- Providing a service
- Service not provided by council
- Staff conduct/staff behaviour
- Quality of service

The main areas of concern for 2015-16 were: providing a service (151); quality of service (154) and staff conduct/behaviour (67).

4.4 **How the Complaints Were Received**

The four year trend chart in **Appendix 3** shows that 65% of complainants contacted the Council by e-mail or the website, an increase from 61% for 2014/15 (and 50% in 2012/13) reflecting the work undertaken to encourage customers to use the website as their channel of choice. Complaints submitted by letter, phone and face to face are also on a downward trend.

4.5 **Progression of complaints and satisfaction**

- 89% of stage 1 complainants were satisfied with their response which is in line with 2014/15 reported figure of 90%.
- Of the 45 complaints that were addressed at stage 2 (there were 36 in 2014/15) 23 related to either quality of service or providing a service.
- The use of mediation between stages 2 and 3 will continue to be used, where appropriate, in an effort to further reduce the number of complaints reaching stage 3. Whilst the aim continues to be to resolve complaints at the earliest point it is worth noting that of the 15 stage 3 complaints investigated 2 were upheld.
- 4 complainants that completed the corporate process (in 2015-16) escalated their concerns to the Local Government Ombudsman. Of these 2 were closed after initial enquiries; 1 was not upheld as the claimed injustice was speculative and 1 was determined ‘no fault’ with the Council’s action.

4.6 **Complaint Resolution**

The emphasis on learning from customer feedback continues to inform reviews to provide improved targeted services. This is evidenced by how complaints have been resolved:-

- Specific action has been taken in 44% of cases - by doing something that had not been done, carrying out work or putting something right.
- 30% of customers that complained received an apology when the Council had not got things right and no further action was needed, other than to apologise, or explain why the Council had taken a particular course of action.
- 24% of complaints required no action. This was where our actions were reviewed but deemed to be correct and no apology was required.
- 5 cases required a process review.

The chart in **Appendix 4** reflects the breakdown of complaints by resolution.

4.7 **Learning Points**

The continuous review of customer feedback, and resulting changes to service provision, will continue. A pro-active approach on learning points will also continue so that:-

- Previously identified trends will be monitored to ensure that the resulting service changes are reducing the number of related complaints.
- Continuous review of responses to ensure that identified service improvements that have been promised are implemented.

Examples of service improvements as a result of complaints and customer feedback include:

- A revised policy on dealing with abandoned vehicles, to make the process easier for those reporting incidents was agreed.
- Information on the rights of appeal for benefit claimants was revised on standard letters and the website.
- In response to a complaint about lack of transparency, the South Essex Homes Decant and Management Move Procedure was updated and made a public document.
- School transport appeals - reasoning is set out more in more detail both in appeal reports and letters to appellants;
- Reminders were issued to staff to replace food caddies appropriately, helped by a new category created on the Lagan customer service system to record where food cadies have not been replaced properly;
- Refuse vehicles are being fitted with ‘on-board’ systems to enable the direct reporting of service failures/requests, to refuse vehicles, enabling a swifter response.

4.8 **Comments and Compliments**

Govmetric, the customer satisfaction measurement tool used by the Council, specifically captures the provision of service by the Customer Service Centre and Council website and these figures are reflected in the Corporate Services analysis. It is anticipated that as the drive towards encouraging customer use of web based channels continues and results in less personal interaction between the Council and residents, so will the opportunities to receive compliments.

Of the 1,673 comments and compliments recorded for Corporate Services in 814 were compliments, which compares to 505 recorded last year.

Comments received are responded to by the service and those making comments advised if their suggestion is to be taken up or not. Compliments are acknowledged and shared with the appropriate Head of Service to inform the service or member of staff. This may then inform the staff's performance review discussion.

The table below shows the 3 year comparison on total number of comments and compliments received by each Directorate.

Department	Total 2013/14	Total 2014/15	Total 2015/16
Corporate Services	1694	1326	1673
Department for People (excluding statutory complaints)	7	7	2
Department for Place	288	222	337
Grand Total	**1989**	**1555**	**2012**

5. LOCAL GOVERNMENT OMBUDSMAN (LGO)

56 complaints and enquiries about the Council were made to, and decided upon by the Ombudsman. This compared to 53 for 2014/15. Of the 56 complaints, 25 were categorised as 'referred back to the Council for local resolution'*, 12 were closed after initial enquiries, four were not referred on to the Council, and for one, advice was provided by the LGO to the complainant.

Of the remaining 14, seven were not upheld and seven were upheld. Of the 7 upheld, three were in adult services, one was in Benefits & Tax, one was in 'Corporate & other services' one in 'environmental services & public protection & regulation' and one was in planning.

[*Prior to 2013/14 this category was known as 'premature complaints' and did not form part of the Ombudsman's statistics].

The LGO's annual review letter, including the breakdown of the results is attached at **Appendix 5.**

Alongside the statistical information the Ombudsman also publishes a yearly report on local government complaint handling. The report includes a summary of complaint statistics for every local authority in England which provides an opportunity for the Council to compare its performance against other Council's.

The table below shows comparisons with a small number of other similar authorities.

Local authority	Complaints/ enquiries made 14/15	Complaints upheld 14/15	Complaints/ enquiries made 15/16	Complaints upheld 15/16
Southend on Sea	58	5	54	7
Blackpool	50	9	47	7
Medway	137	19	97	19
Plymouth	90	10	102	19
Thurrock	82	5	82	9
Isle of Wight	70	6	60	14
Central Bedfordshire	58	6	65	10

6 MONITORING AND REPORTING

Regular reporting continues to inform Departmental Management Teams to coincide with their monthly report on performance.

7. CONCLUSIONS

The process continues to deliver improved performance and a more robust system of monitoring and real service improvements.

8 Corporate Implications

8.1 Contribution to Council's Vision & Corporate Priorities

Customer feedback and complaints management is directly relevant to the Council's corporate priorities.

9 Financial Implications

Service improvements and mediation continue to result in meaningful outcomes for customers and so ensure getting things right first time.

10 Legal Implications

This process is overseen by the Local Government Ombudsman

11 People Implications - See 14

12 Property Implications - None

13 Consultation - None

14 Equalities and Diversity Implications

The complaints process is open to all and has multiple methods of access for customers. Equality and diversity implications are a routine part of the process in recording customers details and are considered as part of any response. Mediation ensures people that may be vulnerable are able to access this service and receive the appropriate support.

15 Risk Assessment

16 Value for Money

The continued drive to resolving complaints as early as possible in the process reduce officer time spent dealing with concerns as well as providing the opportunity to improve service delivery.

17 Community Safety Implications - None

18 Environmental Impact - None

19 Background Papers – None

20 **Appendices**

Appendix 1 The Council's Comments, Complaints & Compliments Procedure
Appendix 2 Nature of Complaints
Appendix 3 How Stage 1 Complaints Were Received
Appendix 4 Complaint Resolution
Appendix 5 Local Government Ombudsman Annual Review Letter 2016

Appendix 1 – Southend-on-Sea Borough Council 3 Stage Process

Complaints

Stage 1

An initial complaint responded to by the respective service Group Manager.

Stage 2

A complaint that has been responded to but where the complainant is still unhappy and a response is required from the appropriate Director or Head of Service.

Stage 3

If the complainant is still unhappy after the Stage 2 process, they have a right of appeal to the Council's Chief Executive and Leader of the Council. In the first instance mediation is offered, if unsuccessful an investigation is undertaken and a report presented to the Chief Executive for consideration.

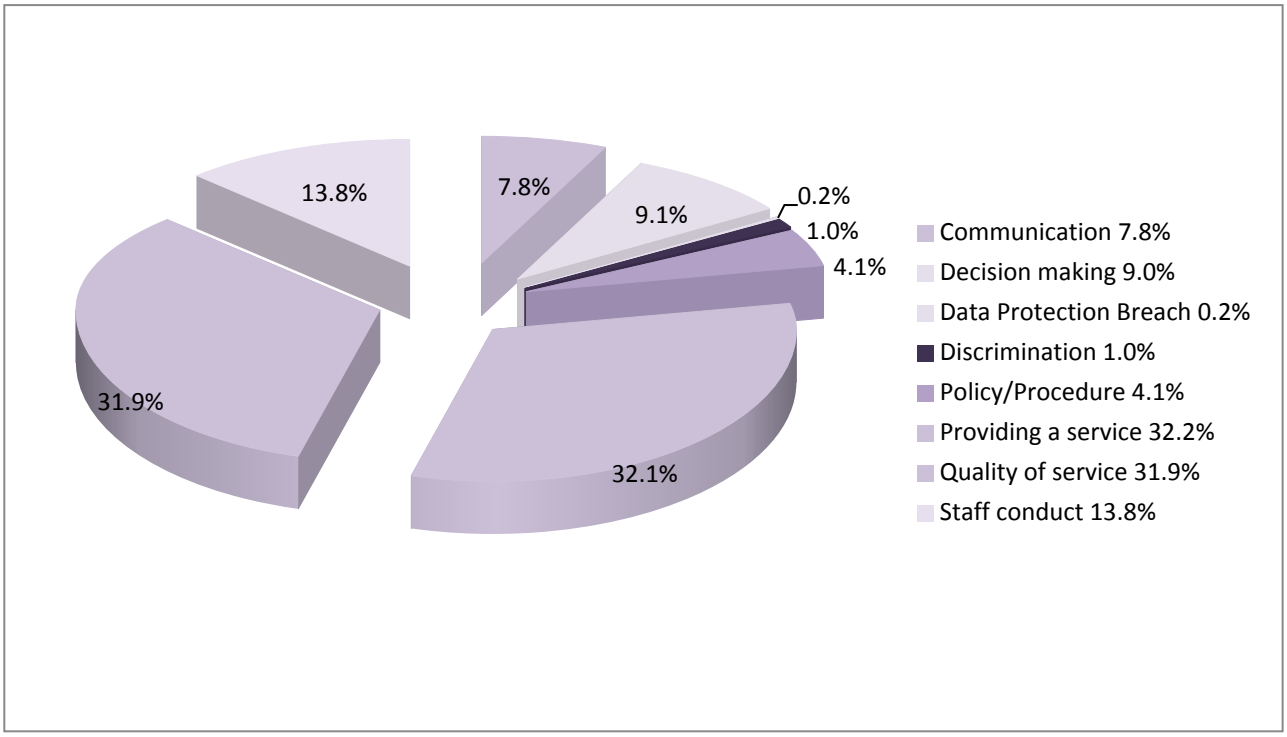
Comments and Compliments

Any comment or compliment should be responded to within 10 working days. If a suggestion is not to be progressed then an explanation should be provided. Compliments must be gratefully acknowledged. Comments & Compliments should be logged into Covalent, the Council's system for recording feedback, by the Departmental Complaints Officer and reported as part of routine reporting to DMT.

Any compliments relating to staff should be shared with the appropriate Head of Service to share with his or her team member

Appendix 2 – Nature of Complaints – April 2015 to 2016

Total: 486

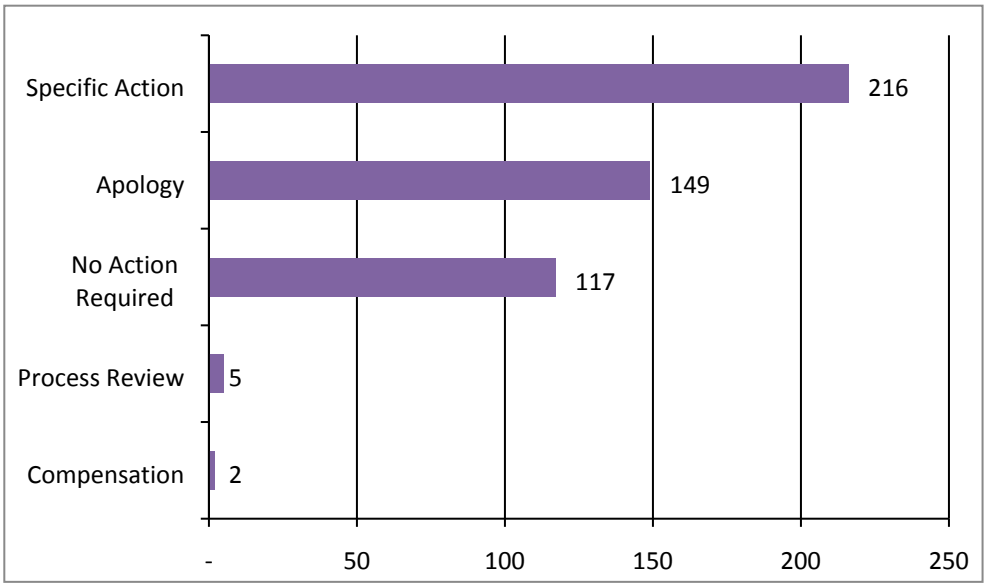


Appendix 3 – 3 year Comparison of How Stage 1 complaints were received

	2012/2013	2013/2014	2014/2015	2015/2016
Email	33%	29%	23%	34%
Internet	17%	18%	39%	31%
Telephone	26%	37%	30.5%	25%
Other	0%	1%	0.5%	0.5%
Letter / post	18%	10%	6%	9%
In person	6%	5%	1%	0.5%

Appendix 4 Complaint Resolution April 2015 to 2016

Total 489



This page is intentionally left blank

Local Government
OMBUDSMAN

21 July 2016

By email

Rob Tinlin
Chief Executive
Southend-on-Sea Borough Council

Dear Rob Tinlin,

Annual Review Letter 2016

I write to you with our annual summary of statistics on the complaints made to the Local Government Ombudsman (LGO) about your authority for the year ended 31 March 2016.

The enclosed tables present the number of complaints and enquiries received and the decisions we made about your authority during the period. I hope that this information will prove helpful in assessing your authority's performance in handling complaints.

Last year we provided information on the number of complaints upheld and not upheld for the first time. In response to council feedback, this year we are providing additional information to focus the statistics more on the outcome from complaints rather than just the amounts received.

We provide a breakdown of the upheld investigations to show how they were remedied. This includes the number of cases where our recommendations remedied the fault and the number of cases where we decided your authority had offered a satisfactory remedy during the local complaints process. In these latter cases we provide reassurance that your authority had satisfactorily attempted to resolve the complaint before the person came to us. In addition, we provide a compliance rate for implementing our recommendations to remedy a fault.

I want to emphasise that these statistics comprise the data we hold, and may not necessarily align with the data your authority holds. For example, our numbers include enquiries from people we signpost back to the authority, but who may never contact you.

In line with usual practice, we are publishing our annual data for all authorities on our website, alongside an annual review of local government complaints. The aim of this is to be transparent and provide information that aids the scrutiny of local services.

Effective accountability for devolved authorities

Local government is going through perhaps some of the biggest changes since the LGO was set up more than 40 years ago. The creation of combined authorities and an increase in the number of elected mayors will hugely affect the way local services are held to account. We have already started working with the early combined authorities to help develop principles for effective and accessible complaints systems.

We have also reviewed how we structure our casework teams to provide insight across the emerging combined authority structures. Responding to council feedback, this included reconfirming the Assistant Ombudsman responsible for relationship management with each authority, which we recently communicated to Link Officers through distribution of our manual for working with the LGO.

Supporting local scrutiny

Our corporate strategy is based upon the twin pillars of remedying injustice and improving local public services. The numbers in our annual report demonstrate that we continue to improve the quality of our service in achieving swift redress.

To measure our progress against the objective to improve local services, in March we issued a survey to all councils. I was encouraged to find that 98% of respondents believed that our investigations have had an impact on improving local public services. I am confident that the continued publication of our decisions (alongside an improved facility to browse for them on our website), focus reports on key themes and the data in these annual review letters is helping the sector to learn from its mistakes and support better services for citizens.

The survey also demonstrated a significant proportion of councils are sharing the information we provide with elected members and scrutiny committees. I welcome this approach, and want to take this opportunity to encourage others to do so.

Complaint handling training

We recently refreshed our Effective Complaint Handling courses for local authorities and introduced a new course for independent care providers. We trained over 700 people last year and feedback shows a 96% increase in the number of participants who felt confident in dealing with complaints following the course. To find out more, visit www.lgo.org.uk/training.

Ombudsman reform

You will no doubt be aware that the government has announced the intention to produce draft legislation for the creation of a single ombudsman for public services in England. This is something we support, as it will provide the public with a clearer route to redress in an increasingly complex environment of public service delivery.

We will continue to support government in the realisation of the public service ombudsman, and are advising on the importance of maintaining our 40 years plus experience of working with local government and our understanding its unique accountability structures.

This will also be the last time I write with your annual review. My seven-year term of office as Local Government Ombudsman comes to an end in January 2017. The LGO has gone through extensive change since I took up post in 2010, becoming a much leaner and more focused organisation, and I am confident that it is well prepared for the challenges ahead.

Yours sincerely

Dr Jane Martin
Local Government Ombudsman
Chair, Commission for Local Administration in England

Local Authority Report: Southend-on-Sea Borough Council
For the Period Ending: 31/03/2016

For further information on how to interpret our statistics, please visit our website:
http://www.lgo.org.uk/information-centre/reports/annual-review-reports/interpreting-local-authority-statistics

Complaints and enquiries received

Adult Care Services	Benefits and Tax	Corporate and Other Services	Education and Children's Services	Environment Services	Highways and Transport	Housing	Planning and Development	Other	Total
11	11	1	10	5	6	6	3	1	54

Decisions made

				Detailed Investigations			
Incomplete or Invalid	Advice Given	Referred back for Local Resolution	Closed After Initial Enquiries	Not Upheld	Upheld	Uphold Rate	Total
4	1	25	12	7	7	50%	56

Notes

Our uphold rate is calculated in relation to the total number of detailed investigations.

The number of remedied complaints may not equal the number of upheld complaints. This is because, while we may uphold a complaint because we find fault, we may not always find grounds to say that fault caused injustice that ought to be remedied.

The compliance rate is the proportion of remedied complaints where our recommendations are believed to have been implemented.

Complaints Remedied		
by LGO	Satisfactorily by Authority before LGO Involvement	Compliance Rate
4	0	100%

This page is intentionally left blank

Southend-on-Sea Borough Council

Agenda Item No.

8

Report of Corporate Director for People
to
Cabinet
on
20th September 2016

Report prepared by: Carol Compton Group Manager, Early Help Family Support & Youth Offending Service

---

Early Help Family Support Strategic Plan

People Scrutiny Committee
Executive Councillor: Councillor James Courtenay

A Part 1 Public Agenda Item

---

1. Purpose of Report

1.1 To present the Early Help Family Support Strategic Plan 2016 and accompanying action plan for consideration

2. Recommendation

That Cabinet approves the Strategic Plan and action plan attached as Appendix

3. Background

3.1 As of April 2016, the former Integrated Locality Service and Streets Ahead, the service responsible for delivering the Troubled Family Programme in Southend, were refreshed and brought together. These services, alongside the Integrated Youth Support Service (IYSS) are now known as the Early Help Family Support & Youth Offending Service.

3.2 The purpose of the proposed document is to establish a Strategic Plan that governs local delivery of the refreshed Early Help Family Support Service. A separate Strategic Plan that covers those programmes in place in the operational area covered by Southend Youth Offending Service (YOS) has also been established.

4. Other Options

4.1 Whilst there is an option not to have a Strategic Plan overseeing the governance of Early Help Family Support this is not recommended

5. Reasons for Recommendations

5.1 The Plan requires us all to support children and families to address their needs at the lowest possible level, to prevent their needs escalating and to not refer to services at a higher level until we are sure we have done everything we possibly can to meet such needs at a lower level.

5.2 The plan gives a clear focus and enables resources to be directed at those actions that will make the biggest improvement in outcomes for children, young people and their families.

5.3 It will enable the focus of work to move into Phase 2 of the Early Help Refresh and provide a base from which much wider integration with partners can be established, beyond the new 'core' EHFS service, and alignment with other key transformation programmes.

6. Corporate Implications

6.1 Contribution to Council's Vision & Corporate Priorities

Achieving the priorities set out in the proposed Southend Early Help Family Support Strategic Plan 2016-17 will contribute to the Council's vision and aims to create a better Southend - safe, healthy, prosperous and excellent. It will also meet the Council's priorities of: reducing crime and disorder and anti-social behaviour; improving outcomes for vulnerable children; enhancing the prosperity of Southend and its residents; increasing the life chances of people living in Southend and becoming a higher performing organisation.

6.2 Financial Implications

This plan is deliverable within the resources available within the Council and DCLG Grant Funding.

6.3 Legal Implications

None

6.4 People Implications

None

6.5 Property Implications

None

6.6 Consultation

This plan has been devised following staff consultations, and consultation with partner agencies and organisations.

6.7 Equalities and Diversity Implications

The proposed plan will help to promote equalities by focussing on improving outcomes for all children and young people and narrowing the gap between those who do well and those who do not.

6.8 Risk Assessment

Risk management is an active process within Southend EHFS & YOS, one which is incorporated into our performance management framework

6.9 Value for Money

Agreeing key priorities and actions ensures that available resources are targeted at children and families as soon as difficulties start to emerge or when there is a strong likelihood that challenges for a young person may emerge in the future.

6.10 Community Safety Implications

The proposed plan, alongside the Youth Offending Strategic Plan delivers strategies and planned actions for keeping children and young people safe

6.11 Environmental Impact

None

7. Background Papers

None

8. Appendices

Appendix 1 – Early Help Family Support Strategic Plan
Appendix 2 - Early Help Family Support Action Plan

This page is intentionally left blank

Early Help Family Support Strategic Plan 2016-2017

Carol Compton

Group Manager Early Help Family Support & Youth Offending Service

August 2016

CONTENTS

Sections

1. Role and Purpose

The service aims to enable all Southend's contributors to Early Help to: act before the needs of children and families escalate; focus on achieving priority outcomes for those children, young people and families who need it the most; give every child the opportunity to reach their full potential; and to have flexible services that provide the right support, at the right time and at the right level.

Early help means providing help for children and families as soon as difficulties start to emerge or when there is a strong likelihood that challenges for the young person may emerge in the future. Although research shows that the greatest impact can be made during a child's early years, early help is not just for very young children as problems may emerge at any point throughout childhood and adolescence. Early help includes targeted services designed to reduce or prevent specific problems from becoming entrenched.

Building on existing best practice and processes, the new service provides:

- A single, integrated system and 'front door' for the identification, referral, assessment, and monitoring of Early Help.
- A core offer to schools, early years settings and GPs to support them to fulfil their statutory duties with regard to Early Help.
- A traded service to provide additional Early Help support to individual schools, particularly with regard to improving school attendance.
- A specialist whole family support service to meet complex needs and fulfil the troubled families agenda
- An offer of support and guidance to all providers of Early Help services to children and young people.

The purpose of this document is to establish a Strategic Plan that governs local delivery of the refreshed Early Help Family Support Service. A separate Strategic Plan that covers those programmes in place in the operational area covered by Southend Youth Offending Service (YOS) has also been established.

The document will outline the expectations placed upon Southend Early Help Family Support Service, effective partnership arrangements with both the statutory and voluntary sector, and how these arrangements generate effective outcomes for children and young people who need Early Help and/or Family Support. Achieving these expectations contributes to the Ofsted Improvement Plan in meeting the recommendations from the recent Ofsted Inspection of Children's Services, in particular, Recommendations 4 and 8.

The success of this document as an Early Help strategy will be evidenced by its ability to provide children and families with help as soon as needs present themselves, regardless of age, to prevent those needs from escalating and requiring more intensive help and support later on.

It will demonstrate the interface with Southend Youth Offending Service and other partners, and the need to work closely with other major transformation programmes to realise Southend's ambitious vision for Early Help.

2. Structures and governance

Integrated governance has been established since February 2016 in the form of The Early Help Governance Group with a wide representation of partners. Terms of Reference have been signed off by the Success for All Group. The Early Help Governance Group will operate as a Task & Finish group until summer 2017 to oversee Phase 2 of the Early Help Refresh.

Likewise Early Help Family Support performance and priorities contribute to the priorities and strategic actions of the borough's Children & Young People Plan. 'Continue to reduce crime, disorder and anti social behaviour' and 'Continue to improve outcomes for vulnerable children' remain amongst the borough's corporate priorities thus ensuring the Service works closely with all other relevant partner agencies and that there is a clear understanding across the partnership of issues and needs of young people.

The need to improve outcomes for our most vulnerable and hard to reach children, young people and their family's remains a high priority for the council and the Children's Partnership. Within the context of tighter council budgets, we are all now moving more swiftly to target resources to those most in need. Our shared vision for all Southend children and young people is to help them raise their aspiration and achievement, ensure they have the opportunities they need for inclusion, facilitate their participation in decision making that affects their lives and strive for excellence in the services we provide for them.

3. Partnership arrangements

The Integrated Youth Support Service (IYSS) has now been further refreshed and from 1 April 2016 is now incorporated as part of the Early Help Family Support & Youth Offending Service. It incorporates the following teams and services:

- Youth Offending Service
- Connexions team
- Targeted Youth Support team/Young Carers
- Troubled Families
- Integrated Locality Service/Early Help
- Young Persons Drug & Alcohol Team
- Teenage Pregnancy
- Community Engagement
- All Children reported to the Police and registered as Missing
- Standard and Medium Domestic Abuse referrals

The Youth Offending Service continues to fulfil its statutory duty under the Crime & Disorder Act to prevent offending and re-offending across the borough of Southend.

Our overarching aim is to close the divide between families that have access to opportunities and those that do not by creating role models, strengthening families, targeting services and focusing delivery in the community.

The focus of work now moves into Phase 2 of the Early Help Refresh. This phase is complex in that it seeks to establish much wider integration with partners, beyond the new 'core' EHFS service, and alignment with other key transformation programmes.

Phase 2 is about whole system change and is, therefore, inter-related with the other transformation programmes, such as A Better Start and Integrated Health Commissioning

4. Priorities

Key Objectives and Targets for 2016-17

Safeguarding and promoting the welfare of children and vulnerable adults is the responsibility of us all and families must be encouraged and supported to identify their own issues and solutions. It must also be recognised that Early Help spans a wide spectrum of services, provided by a wide range of agencies to meet a wide range of needs and that all children, young people and families' needs should be met by universal services wherever possible.

Our aims are to:

- Work with families at the earliest opportunity to prevent needs from escalating.
- Professionals have confidence that if they submit a request for early help, the needs of the child and/or family will be met regardless of thresholds;
- Early Help Assessment is through a single, cumulative assessment process
- All aspects of Early Help assessment and the impact of the help provided are recorded and tracked in a systematic way.
- Ensure that Early Help and Statutory Thresholds are appropriately allocated from the first point of contact working towards achieving Ofsted Recommendations 4 and 8.

Key Objectives:

- Embed the Single Front Door process
- Embed the co-location of First Contact Front Door with the EHFS Front Door working together to ensure needs are met regardless of thresholds working towards achieving Ofsted Recommendation 4
- Ensure the new integrated front door provides the mechanism to capture Southend's offer more extensively, including the preventative / early intervention services provided through Children's Centres, Public Health, Integrated Commissioning, ABS, VCS, etc.
- Establish much wider integration with partners, beyond the new 'core' EHFS service, and alignment with other key transformation programmes

5. The Vision

Working together will enable us to shift away from managing short time crises towards effective support and intervention at the earliest stage possible and, in doing so we are committed to the following common set of principles:

- all children, young people and families need's will be met by universal services wherever possible
- families will be encouraged and supported to identify their own issues and solutions

- we will build resilience and the capacity to achieve by having a joined up approach to families' needs
- we will improve the identification of children in need and in need of protection through increased understanding of the impact of an adult's problems on a child's life
- we will have an honest, open and transparent approach in supporting children and their families
- we will work with families at the earliest opportunity in order to stop problems from escalating
- we will adopt a multi agency/disciplinary approach to both assessment and intervention
- safeguarding and promoting the welfare of children and vulnerable adults is the responsibility of us all

It will also work towards the vision of 'Creating a Better Southend' by:

- Continuing to reduce crime, disorder & anti social behaviour
- Continuing to improve outcomes for vulnerable children and adults
- Reducing inequalities & increasing the life chances of people living in Southend
- Delivering cost effective, targeted services that meet the identified needs of our community
- Fulfilling the duty to safeguard and promote the welfare of children in line with 'Working Together to Safeguarding Children'.
- Working to achieve the aims and objectives of the School Improvement Strategy 'Improving Learning Together'
- Working alongside and enhancing the aims and objectives of the Southend Better Care Fund plan and A Better Start project.

It will incentivise partners to work collaboratively whilst recognising the statutory responsibilities of all involved and enable families to take responsibility for their past, present and future - to look at their family dynamics as a whole.

Shared outcomes will also increase communication between professionals, support families to turn-around quicker and establish long term sustainable change which, in turn, will result in measurable cost savings to all agencies.

6. Service Delivery Plan

The Service requires us all to support children and families to address their needs at the lowest possible level, to prevent their needs escalating and to not refer to services at a higher level until we are sure we have done everything we possibly can to meet such needs at a lower level.

Furthermore, it will enable us to adhere to DCLG 4 Key Principals and Conditions of Grant:

1. A full family assessment identifying all needs for all family members in the household.
2. A SMART action plan incorporating all needs for all family members in the household.
3. A dedicated family worker, who is known by all members of the family.
4. All identified needs are aligned with the Local Authorities Outcome Plan and these needs are met and sustained over the appropriate time frame before a claim can be made.

Service Delivery Plan - Objectives

The table below clarifies the threshold between levels, whilst recognising that every family member is unique and decisions concerning level of need require reflection, discussion and professional judgement.

Level	Needs	Outcomes
Level 1 - Universal A broad set of support which aims to increase the protective factors and decrease the risk factors facing children, young people and families. The complex mix of individual, family and community factors which combine to keep individuals safe and well, and for any problems or concerns to be tackled informally and quickly, without the need for more specialist support.	All children and families who live in Southend have core needs	Children & young people make good progress in most areas of development
Level 2 – Targeted/Emerging Needs Children & families have emerging needs where a range of early help services may be required, co-ordinated through an early help assessment where there are concerns for a child's well-being or a child's needs are not clear, not known or not being met. Accessed via TACAF, Children & Family Panels, YOS Prevention	Average of 1-2 presenting issues and additional support required	Life chances of children and families will be improved by offering additional support. De-escalation from Social Care Escalation to Level 3 prevented.
Level 3 - Complex/Intensive Children & Families have multiple needs that require complex support Accessed via EHFS Intensive support and/or Troubled Families Expanded Programme	Average of 3 – 8 presenting issues within the family and Intensive support required	Life chances will be significantly impaired without this support. Interconnected and layered problems and dynamics are reduced. Escalation to Level 4 prevented.
Level 4 - Statutory Child Protection Care Proceedings Child in Need Youth Statutory Orders/Custody Youth Treatment Orders	Children & young people who have suffered or are likely to suffer significant harm as a result of abuse or neglect	Likely to suffer significant harm and/or serious and lasting impairment without the intervention of statutory services

All requests for Early Help Family Support are submitted through the revised Early Help Family Support Assessment (EHFSA) with the exception of Stage 4 requests (e.g.: those with acute needs, or in need of protection) which go straight to First Contact.

All EHFSAs are accepted and acknowledged within 24 hours through the existing Early Help contact point email address. The Duty Manager assesses all requests, looking at both current and historic issues for ALL family members and is available for professionals and families to seek advice. Every request is allocated measurable outcomes, and impact is monitored and tracked against the borough's Outcomes Plan.

All children and their families have access to a wide range of specialists throughout the Early Help Family Support & Youth Offending Service. This includes youth workers, domestic abuse worker, missing & CSE Co-ordinator, connexions workers, a police officer, a young person's mental health worker, young carer's worker, teenage pregnancy worker, young person's drug & alcohol workers and youth offending workers.

This results in one of four outcomes of which referrers are notified within 48 hours:

1. Alternative help suggested as no other concerns or issues within the family and the presenting issue is better addressed at a universal level with support from Early Help Community & Information Officers
2. Children and families have emerging needs and will be supported via TACAF, Children & Family Panels (chaired weekly by the Early Help Family Support Service) or other services within EHFS – eg YOS prevention
3. Family has multiple needs and will be supported through EHFS Intensive Support;
4. Immediate Safeguarding concerns about significant harm; referral discussed with First Contact team and referrer notified.

1. The restructure of services has strengthened the community team by bringing together, on the ground community knowledge and experience with the SHIP information Service. These two community elements complement each other and together will provide a comprehensive service for families needing information and support accessing universal services.

   The community team will signpost to provision, accompany families if required and keep in touch after provision has been located to ensure that it has met the needs of the family. '*Keeping in touch'* will prevent families escalating to more intensive levels of service and ensure that the most appropriate and relevant provision is provided. The Community & Information team will respond to referrals quickly and informally, without the need for more specialist help.

   They also encourage uptake of community projects, involvement in Community Hubs, inform families of community activities and undertake monthly telephone contact for an agreed monitoring period. Volunteers are also able to offer both family and 1-1 mentoring.

2. The Team Around the Child/Young Person and Family (TACAF) support need at the lowest level. A TACAF can be accessed via de- escalation from Children and Family panel or directly following referral into the front door. Families will go straight to TACAF level if the lead professional has already identified services/agencies to meet the needs of the child/family.

Actions are agreed by all including the family and reviewed on a six weekly basis. The lead professional is responsible for arranging the TACAF meetings and completing the review paperwork. Should during the TACAF process additional actions or safeguarding concerns arise, the lead professional is responsible for referring through the single front door for additional actions or following the SET procedures for safeguarding.

Children & Family Panels have multi-agency membership and continue to be held weekly. Where children and families have emerging needs, the Panel appoints a Lead Professional to oversee the agreed Action Plan, ensuring that SMART outcomes meet the needs of the family.

The Lead Professional where applicable, completes a whole family assessment. This is a full Family Story Assessment carried out with the family within 10-15 days. There are EHFS practitioners within this process who can be either the allocated Lead Professional or can also undertake specific single agency pieces of work and/or assessment as required.

3. All families requiring complex support have an EHFS practitioner as Lead Professional who, in addition to undertaking the full Family Story Assessment, provides intensive support to the family. This includes 7 days per week provision, including early mornings and evenings for up to one year.

Within the Early Help Family Support & Youth Offending Service there is an overall Quality Assurance process which contains standardised measures for all the services to ensure the work undertaken is of a high quality and is effective in achieving outcomes for children, young people and families.

All Children & Family Action Plans and Family Plans specify the support and intervention of both the EHFS Service and any other agency involved with any family member alongside the family's actions.

They include SMART measurable outcomes in line with Southend's Outcome Plan, clear timescales and 6-8 week reviews. All Services complete monthly QA audits, the results of which are compiled into quarterly reports to CSMT and shared with staff.

The overall success of Southend's integrated offer of Early Help is measured by:

- ➢ Improved outcomes for children and families in line with Southend' s Outcomes Plan.
- ➢ Achievement of DCLG performance targets and Payment by Results.
- ➢ The quality of professional understanding of the profile of children and families requiring Early Help and their progress across a broader range of outcomes.

Southend's commitment is also to providing the best possible offer of Early Help to children and families across the borough to improve outcomes for the following groups:

	EXPECTED OUTCOMES	LEAD AGENCIES	CONTRIBUTORY AGENCIES
Pre-birth to 9 months	Have improved health outcomes in their development milestones, their general physical health such as dental health, and emotional well-being	Public Health Midwifery Health Visiting Children's Centres A Better Start	Voluntary & Community Sector
Children 0-5 years	Are better prepared for starting school in terms of their health and well-being and preparedness for learning	Public Health Children's Centres A Better Start EY Inclusion EYFS School Improvement Early Help Family Support	Voluntary & Community Sector
Children 5-11 years	Have improved attendance, attainment and progress	Primary schools School Nursing Behaviour support School Improvement Educational Psychology Early Help Family Support Short stay (alternative) provision	Voluntary & Community Sector
Children 11 year +	Are well prepared for their transfer to secondary school and have improved attendance, attainment and progress	Secondary schools Colleges School Nursing EWMHS Early Help Family Support Behaviour Support School Improvement Educational Psychology Short stay (alternative) provision Connexions	Voluntary & Community Sector
CYP with a disability, poor school	Have priority access to targeted services	Schools & Colleges Early Help Family	Voluntary & Community Sector

attendance, living in families beset by poverty arising from unemployment, anti-social behaviour or offending		Support & Youth Offending School Nursing EWMHS (Emotional wellbeing mental health service). Children in Need Police Connexions	
Children with SEN and disability	Receive the assessment and coordinated help they need to close the gap in education and health and social care outcomes	Early Help Family Support Disabled Children Educational Psychology EWMHS (Emotional wellbeing mental health service). Children in Need Connexions	Voluntary & Community Sector
Children at risk of anti-social behaviour and offending	Are identified early and supported to make a positive contribution	Early Help Family Support & Youth Offending SMAART Schools & Colleges Behaviour Support Police Connexions Youth Work	Voluntary & Community Sector
CYP whose needs are assessed via a CAF or EHA and/or have a coordinated approach through a TAC (CAF or Early Support)	Are more likely to experience improved outcomes in health and education, and are less likely to be accommodated, leading to a reduction in the requests for care placements and admissions to care	Early Help Family Support & Youth Offending Children's Centres Youth Work	Voluntary & Community Sector
Parents and carers who have a parenting gap in the care they provide to their children due to difficulties such as learning difficulties, mental health problems, alcohol and substance misuse and/or domestic	Are supported to make sustainable changes and improve their parenting skills	Early Help Family Support & Youth Offending Adult care and support Adult Learning Disability Adult mental Health Adult Alcohol and substance misuse Domestic Abuse Police	Voluntary & Community Sector

violence		Housing Children in Need	
CYP showing the signs and symptoms of maltreatment, neglect or abuse	Are identified early, referred to children's social care, have a social work assessment and an intervention appropriate to the assessed needs and risks. Risks are reduced so that children are not left too long in unsatisfactory circumstances, but where risk is not reduced decisive action is taken.	Early Help Family Support Multi-agency referral and assessment Children's social care Police	Voluntary & Community Sector

• Risks to future delivery

Risk management is an active process within Southend EHFS & YOS, one which is incorporated into our performance management framework

SERVICE OBJECTIVE	RISK DESCRIPTION	CONTROLS	OWNER
Embed the Single Front Door process	Delay in new process being adopted across all agencies and partners There are currently many views on what the terms Early Help, Early Intervention and prevention mean. This can be a barrier to collective understanding and the role and function of the single point of contact. Lack of awareness of new inspectorate and DCLG requirements	Promotion/workshops to schools and all other agencies to promote new way of working and overcome any barriers. Better understanding across all services and agencies regarding where and to whom it is best to refer families for different aspects of early help (pathways) and why. Southend Outcome Plan to be core to all cases. All Action Plans link to Southend Outcome Plan and monitored via Quality Assurance Audits and supervision. New Database in place Quality Assurance Audits linked to inspectorate requirements.	
Embed the co-location of First Contact Front Door with the EHFS Front Door working together to ensure needs are met regardless of thresholds	Conflict of decision making.	Ensure clear processes are in place Ensure that Duty Managers sit alongside each other so that constructive decision making can take place and appropriate decisions are made for the family.	
Ensure the new integrated front door provides the	Only a proportion of Southend's broad EH offer is recorded, so in an inspection	Achieving effective integration and improved outcomes for	

mechanism to capture Southend's offer more extensively, including the preventative / early intervention services provided through Children's Centres, Public Health, Integrated Commissioning, ABS, VCS, etc.	we can only share a limited picture of our offer and its impact.	children and families is a complex challenge requiring strong corporate and operational leadership.	
Establish much wider integration with partners, beyond the new 'core' EHFS service, and alignment with other key transformation programmes	Co-location of other specialist services with the core EHFS to provide the most appropriate support at the single point of contact, enabling swift access to services which may otherwise be subject to long waiting lists - thus reducing those waiting lists	Need to clarify those resources that are essential to be co-located in EHFS, and those which need to be provided from the broader partnership 'offer'. Work with Integrated Commissioners to explore how Early Help can best align with other major transformation programmes	

E-signature or signature:

Print Name: ……SIMON LEFTLEY……. Date: ……..
Director of People Services

E-signature or signature:

Print Name: ……CAROL COMPTON…….. Date: ……..
Group Manager EHFS & YOS Service

76

EARLY HELP FAMILY SUPPORT ACTION PLAN

This action plan aligns to the Early Help Family Support Strategic Plan

Key Challenges for 2016

- Embed the new Single Front Door Process
- Embed the co-location of First Contact Front Door
- Ensure it provides the mechanism to capture Southend's Early Help offer more extensively
- Establish much wider integration with partners, beyond the new 'core' EHFS Service
- Deliver Phase 2 Troubled Families programme

EARLY HELP FAMILY SUPPORT ACTION PLAN				
OBJECTIVES	**ACTION**	**TARGET DATE**	**HOW WILL THIS BE MEASURED**	**LEAD**
A single, integrated system and 'front door' for the identification, referral, assessment, and monitoring of Early Help established and embedded	The mechanism for requesting early help (EHA) is accessible and easy to use for all referrers. Professionals have confidence that if they submit a request for early help, the needs of the child and/or family will be met regardless of thresholds; Early Help Assessment is through a single, cumulative assessment process (not multiple assessments);	June 2017	Every request is allocated measurable outcomes, and impact is monitored and tracked against the borough's Early Help Outcomes Plan.	All Team Managers Senior Performance Analyst

Children & Family's are supported at a Universal level	Encourage uptake of community projects, involvement in Community Hubs, inform families of community activities and undertake monthly telephone contact for an agreed monitoring period.	31.3.17	Improved outcomes for children and families in line with Southend' Early Help Outcomes Plan.	Team manager (Community)
Children & Family's with emerging needs are supported	C & F Panels have multi-agency membership and continue to be held weekly. Where children and families have emerging needs, the Panel appoints a Lead Professional to oversee the agreed Action Plan, ensuring that SMART outcomes meet the needs of the family. The Lead Professional where applicable, completes Part Two of the EHA. This is a full Family Story Assessment carried out with the family within 10-15 days.	31.3.17	All Children & Family Action Plans and Family Plans specify the support and intervention of both the EHFS Service and any other agency involved with any family member alongside the family's actions. They include SMART measurable outcomes in line with Southend's Early Help Outcome Plan, clear timescales and 6-8 week reviews. Improved outcomes for children and families in line with Southend' Early Help Outcomes Plan. Achievement of DCLG performance targets and Payment by Results.	Team Manager Emerging Needs Team manager Complex Support
Families with complex/intensive needs are supported	All families requiring complex support have an EHFS practitioner as Lead Professional who, in addition to undertaking the full Family Story Assessment, provides intensive	31.3.17	All Children & Family Action Plans and Family Plans specify the support and intervention of both the EHFS Service and any	Team Manager Emerging Needs Team manager Complex Support

	support to the family. This includes 7 days per week provision, including early mornings and evenings for up to one year.		other agency involved with any family member alongside the family's actions. They include SMART measurable outcomes in line with Southend's Early Help Outcome Plan, clear timescales and 6-8 week reviews. Improved outcomes for children and families in line with Southend' Early Help Outcomes Plan. Achievement of DCLG performance targets and Payment by Results.	
Phase 2 of the Troubled Families programme delivered	To turnaround 252 families and empower to sustain change	31.03.17	252 families and full payment by results income achieved	All team managers
Traded Service to schools to provide additional Early Help support to individual schools, particularly with regard to improving school attendance.	Maintain delivery of traded service within Southend borough. Devise individual school profiles All schools approached and encouraged to purchase	31.3.17	Improved outcomes for children and families in line with Southend' Early Help Outcomes Plan. Income target of £85k achieved	Team Manager (Attendance & Traded Service)
Primary School Attendance to be in line with National Average (96%) **Secondary School**	Undertake Whole School Absence Reviews and follow EHFS procedures which include TACAF meetings, target setting, case work and the use of statutory enforcement measures	31.3.17 measured on half termly basis	Attendance maintained and improved on a case by case and whole school basis All TACAF's reviewed on a timely basis and success	Team Manager (Attendance & Traded Service)

Attendance to be in line with National Average (94.7%) **Reduce Primary School PA to below National Average (2.1%)** **Reduce Secondary School PA to below National Average (5.4%)**			evidenced against the Outcome Plan All cases with attendance issues have an EHFSA that has SMART Outcomes against the Outcome Plan and timely reviews	
Embed the co-location of First Contact Front Door with the EHFS Front door	Review current processes and ensure clear processes are in place to enable constructive decision making	31.10.16	Needs are met regardless of thresholds	Group Manager EHFS & YOS Group Manager
Establish wider integration with partners beyond the new 'core' EHFS Service	Align with other key transformation programmes and clarify those resources essential to be co-located in EHFS and those which need to be provided from the broader partnership 'offer'.	31.3.18	Most appropriate support is provided at the single point of contact thus enabling families swift access to services which may otherwise be the subject of long waiting lists Effective and improved outcomes for children and families	Head Of Children's Service Group Managers EHFS & YOS Integrated Commissioners

Southend-on-Sea Borough Council

Agenda Item No.

9

Report of Corporate Director for People

to

Cabinet

on

20th September 2016

Report prepared by: John O'Loughlin, Head of Children's Services &
Diane Keens, Group Manager, Placements & Resources

Regional Adoption Agency Update Report

Department for People Scrutiny Committee – Executive Councillor: Councillor James Courtenay

A Part 1 Public Agenda Item

1. Purpose of Report

1.1 To report on the current position of the Regional Adoption Agency activity.

2. Recommendation

2.1 That the report be noted and agreed.

3. Background

3.1 In June 2015 the Government released a document entitled Regional Adoption Agencies (RAA). This was produced speedily and was a significant change to the current delivery of adoption services. .

This paper introduced the concept of large Regional Adoption Agencies, running adoption services for a number of local authorities. The document focused on Coram Cambridge as an ideal model for adoption services nationally. This is a Voluntary Adoption Agency (VAA) created between Cambridgeshire County Council and Coram. It is a stand-alone VAA outside of both authorities but with a leadership team from both. It is financially independent of each but reliant on them for certain aspects of the adoption service.

Whilst there were significant concerns expressed, it became quickly clear that it was anticipated that the programme would move forward and that legislation would come into force to enable the government to hold ultimate control over how the plans progressed.

On the 11th August 2015, the DfE produced a further document regarding regionalisation, which presented a slight variation on the original proposals. This new document stated that the expression of interests should be:

- Clear and ambitious about the improvement in outcomes they want to achieve for children, and have a realistic rationale for how to deliver improvement
- Will deliver significant consolidation of current services and operate at a significantly greater scale than currently
- Will deliver all adopter recruitment, matching and support functions unless there is an exceptional reason not to
- Have the potential to significantly improve practice, or to spread practice excellence to new areas
- Will develop and/or spread innovation in the sector, both in terms of the delivery model envisaged and the practices which will be developed
- Have the potential to generate wider learning that will contribute to the transformation of the adoption sector.

Over the past year considerable work has been undertaken to identify the RAA grouping nationally and Southend have been working with Hertfordshire, Suffolk, Essex, Luton and Adoption Plus (VAA) to create Adopt East RAA.

Over the past nine months the project board has met on a monthly basis with telephone conferences in addition where required. We have during that time agreed in principle a delivery model for Adopt East, as a shared service. An options appraisal was completed, with the consultants who undertook this piece of work looking at the national as well as local position drawing on lessons learned and gathering information regarding delivery models and good practice. They considered the adopters journey and met directly with adopters from across Adopt East.

Following this work it was intended that a business case would be taken to each LA cabinet around June/July 2016 however since then the situation has changed and the timescales extended due to funding reductions.

Work streams are continuing to develop, identifying quick wins that can be implemented early and scoping the next phase of design. The academy of best practice work stream is planning the programme of work to develop the academy, including stakeholder engagement and the first learning and engagement events.

The Adopt East adopter working group is up and running, being facilitated by Adoption UK and represented on the project board

Work streams have been set up to look at:

- Academy of best practice
- Family finding and matching
- Stakeholder engagement
- Adopter training and support

Adopt East have already implemented:-

- Shared child profiling events and matches are emerging across the region as a result
- A jointly commissioned service for inter-country adoption services with the IAC, which represents much better value than individual commissioning
- An Adopt East shared area on Adoption Link
- Shared register for approved adopters

Our aim has been to maintain the high quality of the Southend Adoption Service whilst meeting government requirements.

4. Other Options

4.1 The functions undertaken by the adoption agency are statutory requirements. In April 2014, Southend became a member of the East Anglian Adoption Consortium, following the ending of the Partners in Adoption Consortium. With however the new Regional Adoption Agency activity which was set up in 2015, this consortium ceased to exist and since that time, Southend has been a part of the activity of the Adopt East Regional Adoption Agency.

4.2 The Adopt East Regional Adoption Agency activity consists of Southend, Essex, Suffolk, Hertfordshire, Luton and Adoption plus.

4.3 The DfE remain clear that they intend to drive through the Regionalisation Programme, although with the change in Government and more recent EU changes, it remains unclear at this time as to exactly what this programme will ultimately look like.

5. Reasons for Recommendations

5.1 The DfE continues to drive forward the Regional Approach to adoption, whilst reducing the funding available for this. At this point the report is to ensure that Members are aware of the work being undertaken and the potential impact on Southend for future delivery of their adoption service.

6. Corporate Implications

6.1 Contribution to Council's Vision & Corporate Priorities

Southend adoption service delivers a high quality service to Southend children and families and during the recent OFSTED inspection was deemed "good". Recent scorecard activity shows the adoption service to be performing in the top ten authorities in the country.

Any change in governance of the adoption service, could lead to a decline in the service outcomes as Southend performs at a higher level that the other authorities within Adopt East. Any change will need to be closely monitored.

There is serious concern that the proposals will isolate all or some of the adoption process from other mainstream children's services which may then lead to delays in early planning, which currently is very strong in Southend

6.2 Financial Implications

The Adopt East partners submitted a transition plan to the DfE in April 2016, with a proposed plan and associated funding requirements. The DfE responded to all projects in June, having revised their approach to the regional adoption agency programme. Instead of funding all projects to the extent requested in their transition plans, the DfE decided to progress 5 demonstrator projects and ask the remaining 14 projects to refocus their efforts away from structure towards operational practice. Adopt East is focussing on achieving excellent practice throughout the adoption services and working in a more joined-up and collaborative way with our partners to improve outcomes for children and families across our region. The activity relating to setting up a new joint vehicle for the adoption agency has been put on hold, pending the learning from the demonstrator projects. This means that there will be no organisational changes proposed at this time.

It should however be noted, that should plans progress with the delivery model as proposed, there could be additional costs to Southend to enable a joint venue for Adopt East and additional costs in respect of IT services and management structure. If a new delivery model progresses the funding of this will need to be considered at that point in time. Even if no change occurs to the delivery model, there are additional costs associated to the Adopt East Board, however these are minimal and mostly involve time rather than costs and would be met within the existing resources of the service

6.3 Legal Implications

The legal entity is still to be determined, but probably to be either local authority hosted or a joint venture. The DfE preferred model appeared initially to be for a completely new VAA to be set up, which would run adoption services on behalf of the Local Authority. At this stage Adopt East does not have a remit from any of the member authorities to move towards this as there are serious concern as to the impact on the local authorities should a new VAA fail to meet legal requirements as each local authority would maintain inspection and legal responsibility for the delivery of their adoption service.

6.4 People Implications

At this stage there are no clear implications for staff, however should Adopt East move forward at any stage with a joint service delivery, this will potentially have a huge impact on staff. Firstly, it may be that there will be a central hub developed which would mean staff physically moving and in addition would potentially have an impact on close working with mainstream children's services.

Dependent on the governance of the new RAA, there may ultimately be TUPE issues for staff; pension issues and differences in pay across the RAA to be resolved.

6.5 Property Implications

Should it be agreed that the new RAA will run on an actual hub and spoke model, as recommended by the consultation paper completed in early 2016, there may be implications for the procurement of a building regionally from which Adopt East will operate and the associated costs of this.

6.6 Consultation

The First Adopt East wider stakeholder event was held on the 8th March 2016 and proposals and issues raised at this event are being incorporated into the Adopt East design through the current active work streams.

In addition The Adopt East Board has the input of adoptive families directly, co-ordinated through Adoption UK to ensure that the adopters voice is at the forefront of any decisions made.

A further on-line consultation was undertaken in August 2016 with staff across the adoption journey, the results of which at this stage are not yet available.

6.7 Equalities and Diversity Implications

Adopt East covers a diverse geographical area and enables a wider choice of families for Looked after Children in Southend-on-Sea being placed for adoption. Every effort is made to match children and adopters in relation to culture, ethnicity and religion, but such factors are only one element of the matching process and do not take priority over the overall ability of a prospective adopter to meet the needs of a child.

6.8 Risk Assessment

Adopt East should continue to reduce the risk of not finding suitable adoptive families for children. Although not yet formally agreed as an adoption agency in its own right, considerable work has already been undertaken in ensuring joint registers for adopters and children to ensure the widest availability of placements both within the RAA and nationally.

There remains a risk that should Adopt East become a fully shared service with independent governance, any failure to deliver adoption services at the current level, would impact on Southend who will remain legally responsible for the delivery of their adoption service and the outcome of the delivery will impact on future inspections.

6.9 Value for Money

Effective quality assurance supports value for money within the service. Adopt East gives Southend-on-Sea a wider choice of families.

The regional negotiations and planning also looks at shared services such as Adoption Exchange days and Adoption Parties.

Funding available for the Regional Adoption programme has reduced in 2016/17 and as such progress towards a fully shared service has slowed down. At this stage it remains unclear as to the financial impact or savings potentially available, however initial thinking has been regionally that there are very limited savings to be made through this project, whereas they may well be some associated costs.

6.10 Community Safety Implications

None

6.11 Environmental Impact

None

7. Background Papers

Regionalising adoption June 2015, DFE

8. Appendices

None

Southend-on-Sea Borough Council

Report of the Corporate Director for People

to
Cabinet
on
20th Sept 2016

Report prepared by: Brin Martin,
Head of Learning

Agenda Item No.

10

'Our Ambition for your child's education' – an Education Policy for Southend

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

---

1. Purpose of Report

1.1 This report introduced the proposed education policy document "Our ambitions for your child's education in Southend" as set out in appendix one. The report is intended to inform Cabinet of the reasons behind the policy, indicate the purpose that it hopes to serve and outline the consultation process that will help shape it further.

2. Recommendations

2.1 That Cabinet note, approve and adopt the draft policy, and the finalisation of the policy be delegated to the Director of People in consultation with the Portfolio Holder for Children's Services

3. Background

3.1 Currently there is no education policy or vision that exists for Schools in Southend owned by the Council. As such, it would be difficult for parents, careers and indeed learners to understand the purpose of the Council's education services and functions.

3.2 The education climate has and will continue to change significantly over the next few years. Council has already recognised the need to ensure coherence influence and governance of this mixed economy of maintained schools and academies through the establishment of the Southend Education Board from 1st September 2016.

3.3 It is therefore even more important that the Council sets out clearly and unambiguously its education intentions and ambitions, based upon its statutory obligations to residents.

3.4 Education of children and young people is a relationship between three parties, parents, schools and the Council. This ambitions policy articulates the Councils

obligations and services that it is required to deliver to learners and their families. It recognises that Families and schools are in fact the prime educators of learners, and does not attempt to cover that relationship.

3.5 In making it clear its ambitions for children and young people, it bravely articulates what the Council aspires to do for them, in measurable outcomes, and further sets out in simple terms what services they can expect from us, the Council. However, it goes further to outline what it is the Council can expect in return from families to support us in delivering these duties.

3.6 The document has been derived through the Learning Service teams within People Directorate following significant consultation and engagement. It therefore has the ownership of the Council teams.

3.7 Following consultation, the document will be formatted to make it attractive and easy reading for parents and young people. It will then be formally launched as the Education Policy for Southend Borough Council.

4. Summary of benefits of the proposal

4.1 The policy will form the basis of the educational ambitions for families and young people in Southend.

4.2 It will allow them to see clearly what it is that the Council aspires to deliver on their behalf, and be able to hold us to account for those achievements.

4.3 It will allow far greater clarity when parents and families communicate with the Council on Education matters.

4.4 Importantly it will allow the Council to set out its own expectations of how parents and families can support the work of the Council and schools in educating their children.

5. Other Options

No other options were considered. (Please see reasons for recommendations below).

6. Reasons for Recommendations

The absence of any policy documentation on behalf of Southend Borough Council at the time of considerable uncertainty does not allow the Council to coalesce its statutory services with its ambitions for young people. This absence would ask questions concerning what is it that the Council does and wants for children, young people and their families in education terms.

7. Corporate Implications

The ambitions support the priorities identified by the Council for Education and school outcomes.

8.1 Financial Implications

The resource implications arising from the key priorities for each of the ambitions within the policy will be contained within the existing resources of the Service.

8.2 Legal Implications

The ambitions articulate the statutory duties and obligations that reside with the Local Authority.

8.3 People Implications

None

8.4 Property Implications

None

8.5 Consultation

Following Cabinet scrutiny, the policy will be the subject of further consultation. It will be shared with parental and young people's groups to secure their support, including Parent forum, Family Voice, parent Information Advice and Support Service and youth cabinet.

Secondly, the document will be made available to schools for comment via the Southend Learning Network. However, it should be remembered that this document is about the Council and its services ambitions rather than the work of schools.

8.6 Equalities and Diversity Implications

The ambitions support the Council's policy on supporting vulnerable groups, in particular disadvantaged learners.

8.7 Risk Assessment

None required

8.8 Value for Money

None

8.9 Community Safety Implications

None

8.10 Environmental Impact

None

9. Background Papers

None

10. Appendices

Appendix 1 ‘Our Ambition for your child’s education’ – an Education Policy for Southend

Our ambitions for your child's education in Southend
Education Offer for your Child from Southend Borough Council

Our ten ambitions

The ambitions set out below indicate what we, Southend Borough Council, hope for your child from when they are born to when they leave school. We recognise that we, the Council, are **not** the prime educators of your child, that responsibility falls to **you** and to **schools**. We do however retain a number of key statutory functions that we are pleased to carry out. We will continue to work with schools to support them in their duty to provide the highest quality of education they can.

The ambitions are deliberately challenging, we may not achieve them all, but our aim is try and ensure that you and your child receive the best deal that we can offer.

They are written from the perspective of what it is we, the Council, do for you and your child. Schools will have their own individual "contract" that sets out their part in the process.

Introduction by Executive Councillor

I am delighted to commend this set of ambitions to you from my role as Executive Councillor for Education, Schools and Learning for Southend Borough Council. I fully recognise the importance of giving children the best start in life, and continuing to ensure that we can do what we can to support you and support schools in providing them with the best education we can. The intention is for you to hold us to account for how we meet these ambitions.

Introduction by Director of People

There is no current policy or vision for education in Southend. This document rectifies that position, and sets out what it is we are employed to do on your behalf. In my role as lead officer for children and young people, including schools, I am proud of the achievements of our learners, and proud of the professionalism of our staff employed in all settings who give so much to support your children. We cannot do this alone, and rely on you as parents and on schools as educators. Together, the three of us will continue to ensure that well do our best for children and young people in our Borough.

Outline of the context of education in Southend

We currently have 53 state funded (funded by the government) schools in Southend, both academies and maintained schools, a smaller number of independent schools (funded by parents/trusts directly), a very wide range of early years providers, and the Southend Adult Community College, the South Essex College and part of Essex University based in Southend.

Education is the responsibility of either the Council for maintained schools, but increasingly in the case of academies, by trusts or sponsors. In Southend, these have very recently come together under the Education Board, a group of individuals who oversee, monitor and where needed intervene in schools where they are required to do so.

Currently our performance in Southend is good compared to the national average, but we are determined to improve it further. Nearly nine out of ten learners in Southend attend a good or an outstanding school.

Statutory duties places upon Southend Borough Council

The government places a range of duties upon Local Authorities for all schools and pupils. These relate broadly to:

- Making sure there are sufficient good school places for learners in Southend when and where they are needed;
- Making sure children are safe at school;
- Ensuring that where they have special education needs these are identified and met.

In addition, the Council and the Academy Trusts share the responsibility for ensuring that the quality of education provided is good.

Purpose of this policy
This document is unique; no other similar document exists in Southend. Its single intention is to set out, clearly, unambiguously and measurably what Southend Borough Council set out to achieve for learners and for families attending schools in Southend.

Scope of this document
This ambition sets out what it is that Southend Borough Council seeks to achieve for all children, young people and their families in Southend schools and settings. Our ambitions can only be achieved by working in close partnership with **families** and with **schools**, who work directly with your child.

Each section repeats one of the ambitions, then sets out what we commit to in the form of measurable outcomes; what we ask from you in return; and then what it is the service actually provides for you, and what we hope to do differently over the next few years. Each section ends with a contact name at the Council.

In this ambition:
- "school" refers to any school or setting, irrespective of their status;
- "child" is used for any infant, pupil, learner, young person or student;
- "family" makes recognition of families, parents and carers.

Contents

Valuing individuals	By the way we work we want to prove to you that your child's education is important to us, and that they are valued as individuals.
Better start in the early years	We recognise that even before birth **you** are the main people who give your child the best start in life, and will support you in encouraging the highest aspiration for your children towards their education. We want to work with our early years settings to ensure that your child gets a "better start" in life (we are one of three key partners delivering this national programme), building a strong foundation for school. We want to make the transition to school, and between schools, as smooth and as easy as possible.
Better communications	We will make our processes clearer, and you should feel supported when you need to access them. We will be responsive throughout your child's education, listening to your views and those of your children, and working with you and their school to try and meet your wishes where we can. We will always involve you when decisions are needed for your child. We will make sure our communications with you are clear, relevant and accessible.
Easier school admissions	We will do our best to ensure that your child receives a place at a local school of your choice, which best suits their needs. We will make applying for a school clear and simple for you, and make it clear when and what you need to do. When your child moves on to secondary school, we will work with schools to make application to a school understandable and stress free, including when applying to a selective school.
Great schools	We will know Southend schools as well as we can, and continue to work with all schools to make sure they are all good or outstanding. We will continue to work with school leaders and governors, supporting them in their aspirations for every child to reach their full potential. We will work with schools to make sure that children feel safe, included, confident and happy and are enthusiastic to attend. You should be made aware of the progress your child is making. We want your children to quickly develop a genuine lifelong passion for learning.
The best teachers	We will continue to encourage the best teachers and the best leaders to work in Southend schools. We will work with school leaders to support them in promoting an environment that inspires your children and allows them to thrive, realising just how much they can achieve.
Early intervention	Where schools do not meet the high standards they set for themselves, we will intervene quickly to ensure that they address any aspects that need attention.

Effective pathway to work or further education	Before they move on from school, we want your child to know about pathways that suit their particular talents and aspirations, and we will continue to work with school and college leaders to ensure that students achieve the best outcomes in order that they are both ready for and enthusiastic about employment or further education.
Overcoming barriers to learning	If your child has particular needs, or finds school difficult, we will work with you to identify this as early on as possible in an attempt to overcome these barriers. We will make sure you and your child understand what it is you can expect from us, keeping you informed and involve you throughout the process. We will work with schools to make sure that your child receives the best and most appropriate provision. This means that for the vast majority of children, they will remain included in their school alongside their peers. This is especially important to us if your child has Special Educational Needs, is Looked After, or is in receipt of free school meals.
Keeping your child in school	We will work with all schools to ensure that your child succeeds at their school. Where a school no longer feel that they can meet your child's needs, you will be involved at the earliest opportunity in trying to resolve the problem, and seeking the best solution, in an open and clear way. We will endeavour to make exclusion a rare and last resort.

Better start in the early years
We recognise that even before birth you are the main people who give your child the best start in life, and will support you in encouraging the highest aspiration for your children towards their education. We want to work with our early years settings to ensure that your child gets a "better start" in life (we are one of three key partners delivering this national programme), building a strong foundation for school. We want to make the transition to school, and between schools, as smooth and as easy as possible.
We will: • Increase the take-up and participation for two year old funded places (currently 73%); • Ensure there are sufficient places across Southend to offer 30 hours for children of eligible parents (new measure) • Continue to deliver support to early years settings in Southend to help them provide good or outstanding quality early years education and childcare (Currently over 90%) • INSERT a Better Start KPI
In return we ask that you: • Help your child to be "school ready" • provide us with the information we need so that we are able to best support you and your child
What the service provides • High quality information advice and guidance • Appropriate challenge monitoring and targeted interventions by our dedicated Early Years team • Professional development opportunities to all early year providers • Support and challenge to local early years providers to ensure they maintain good or outstanding Ofsted judgements.
Key priorities for the service in the next few years • Provide sufficient affordable and easily accessible childcare to help create more opportunities for parents who wish, or need, to work and raise children at the same time • Build a stronger and better-qualified early years workforce • Support early intervention from pre-birth to three years old • Ensure the delivery of 30 hours of early education for eligible children
Contact name: elainehammans@southend.gov.uk

Better communications
We will make our processes clearer, and you should feel supported when you need to access them. We will be responsive throughout your child's education, listening to your views and those of your children, and working with you and their school to try and meet your wishes where we can. We will always involve you when decisions are needed for your child. We will make sure our communications with you are clear, relevant and accessible.
We will: • Initially respond within a day when you contact us
What the service provides • Our key function is making information available to School leaders
Key priorities for the service in the next few years • Explore the best ways to ensure that we listen to and act upon the voice of parents and young people • Make it easy for you to find out what is happening in education in Southend
Contact name: alisongellett@southend.gov.uk

Easier school admissions
We will do our best to ensure that your child receives a place at a local school of your choice, which best suits their needs. We will make applying for a school clear and simple for you, and make it clear when and what you need to do. When your child moves on to secondary school, we will work with schools to make application to a school understandable and stress free, including when applying to a selective school.
We will: • Increase the number of children getting into a school of your choice (currently 96% primary and 93% secondary)
In return we ask that you: • Apply, if at all possible on line, by the deadlines set nationally • Make use of all the available information to make the best choice of school for your child • Make sure that your child attends school, and is on time
What the service provides • Clear information on the availability of school places • Information on in year and school admissions applications in various formats • Enough school places for every child though planning well ahead of time • Working with other Local Authorities to make it easier to apply for a school place outside of Southend • Support for you in considering options if you are finding it difficult to get the place of your choice
Key priorities for the service in the next few years • Work to reduce the number of late applications • Make sure there are sufficient secondary places • Work directly with schools to help them support you in the admissions process
Contact name: chrissypappas@southend.gov.uk

Great schools
We will know Southend schools as well as we can, and continue to work with them to make sure they are all good or outstanding. We will continue to work with school leaders and governors, supporting them in their aspirations for every child to reach their full potential. We will work with schools to make sure that children feel safe, included, confident and happy and are enthusiastic to attend. You should be made aware of the progress your child is making. We want your children to quickly develop a genuine lifelong passion for learning.
We will: • Aim to ensure all of Southend schools are judged by OFSTED as good or outstanding (currently 86%) • Work with schools to help them improve outcomes at Key Stage Two and Four (currently 80% primary and 64.7% secondary) • Narrow the achievement gaps between disadvantaged learners and their peers (currently 22% primary and x% secondary) • Improve attendance at primary and secondary schools (currently absence is 3.8% primary and 5.0% secondary)
In return we ask that you: • Support your child's school • Make sure they attend school on time • Help your child with their studies at home
What the service provides • We monitor the performance of all schools on a regular basis • We make sure that schools do what they are required to do by law • We check on a range of things in order that schools remain safe places to work and study • We either provide or help schools find a range of services that help them to continue to improve • Where we need to we intervene directly to ensure improvement
Key priorities for the service in the next few years • Work directly with schools and other organisations to both provide and check up on the services above • To work further with all schools to enable them to work together
Contact name TBC

The best teachers
We will continue to encourage the best teachers and the best leaders to work in Southend schools. We will work with school leaders to support them in promoting an environment that inspires your children and allows them to thrive, realising just how much they can achieve.
We ask that you: • Encourage your child to achieve their best throughout school • Respect the work of schools
What the service provides • We work with school leaders and governors to help them recruit the best staff and Headteachers to schools • We work with schools to make sure that teachers continue to receive the best training they need to make them even more effective
Key priorities for the service in the next few years • Keep on tracking the numbers of staff in our schools • Think of ways to make Southend a great place to teach
Contact name TBC

Early intervention
Where schools do not meet the high standards they set for themselves, we will intervene quickly to ensure that they address any aspects that need attention.
We will: • Monitor the performance of all schools on a regular basis
What the service provides • We work with school leaders to ensure that we know schools as well as we can, but recognise that school leaders are ultimately responsible for what goes on • Where we need to we will hold school leaders to account for how the schools perform •
Key priorities for the service in the next few years • Establish a group of school leaders alongside the council to ensure that Southend schools continue to thrive • Ensure everyone knows and understands what is expected of them •
Contact name TBC

Effective pathways to work or further education
Before they move on from school, we want your child to know about pathways that suit their particular talents and aspirations, and we will continue to work with school and college leaders to ensure that students achieve the best outcomes in order that they are both ready for and enthusiastic about employment or further education.
We will: • Increase the number of students who are in education, employment or training (currently 95%)
In return we ask that you: • Support your child in making the right choices about their future
What the service provides • Advice, information and guidance to any young person on their career • Education and training courses at a range of levels • Particular support for those young people with particular difficulties • Apprenticeships
Key priorities for the service in the next few years • A greater range of choice in courses • Better matching of employment opportunities for the particular skills of young people • Specific employment projects for Southend young people
Contact name SueHasty@southend-adult.ac.uk

Overcoming barriers to learning
If your child has particular needs, or finds school difficult, we will work with you to identify this as early on as possible in an attempt to overcome these barriers. We will make sure you and your child understand what it is you can expect from us, keeping you informed and involve you throughout the process. We will work with schools to make sure that your child receives the best and most appropriate provision. This means that for the vast majority of children, they will remain included in their school alongside their peers. This is especially important to us if your child has Special Educational Needs, is Looked After, or is in receipt of free school meals.
We will: • Improve the educational outcomes for Looked After Children and those with Special Educational Needs (currently 36% primary and 23.1% secondary)
In return we ask that you: • Contact us as soon as you have concerns • Work with our teams to best support your child
What the service provides • Early identification and possible assessment, leading to advice and recommendations about possible options for your child • We support children that we know have additional needs in when they are very young • Help children to get the best start in life, especially in preparing them for school • We work with you to make sure you understand what is in the best interest of your child in order to meet their needs • We support schools in allowing them to best meet the needs of your child whilst at school; • We will as a champion for your child, and ensure that as far as we can provide exactly the support that they need and when they need it
Key priorities for the service in the next few years • Support schools in becoming more confident to meet the increasing needs of SEN pupils at their school, with or without formal Education Health and Care Plan (EHCP) • Have better plans and better communications between everyone concerned when your child moves between schools • Make sure you and your child get what it is they are entitled to • Consider how best to meet the needs of children not entitled to an EHCP
Contact name ianmcfee@southend.gov.uk

Keeping your child in school
We will work with all schools to ensure that your child succeeds at their school. Where a school no longer feel that they can meet your child's needs, you will be involved at the earliest opportunity in trying to resolve the problem, and seeking the best solution, in an open and clear way. We will endeavour to make exclusion a rare and last resort.
We will: • Reduce the number of pupils excluded from school (currently 0.83% primary and 6.04% secondary)
In return we ask that you: • Support your child in ensuring that they behave and study well
What the service provides • Our service helps you access the support that is available to you • Our information is available on the SHIP website • We organise specific interventions to support your child if they are at risk of being excluded, including working with them face to face to help them before it gets too late • If there is no alternative other than to exclude them, we will work hard to ensure that they can receive their education as best and as soon as they can
Key priorities for the service in the next few years • To make sure that we increase access to all children for suitable full time education, recognising that any missed hours are too many • To make sure that we have a clear picture across all schools, and respond according to need • To work further with you to help you access help to improve your child's behaviour it that is the cause of their problems at school
Contact name cathybraun@southend.gov.uk

This page is intentionally left blank

Southend-on-Sea Borough Council

Report of Corporate Director for People
to
Cabinet
on
20th September 2016

Report prepared by: Glyn Halksworth, Strategy Manager

Agenda Item No.
11

Adult Drug and Alcohol Treatment Services Contract Extension
People Scrutiny Committees
Executive Councillor: Councillor Salter
A Part 1 (Public Agenda Item)

1. Purpose of Report

To inform Cabinet of a 4 month extension to the contract the Council holds with Change, Grow, Live (CGL) for the delivery of treatment and support for adults with drug and alcohol problems.

2. Recommendation

2.1 That cabinet note the extension to the CGL contract.

3. Background

3.1 Work to procure new drug and alcohol services for Southend is underway. This will be the first time some aspects of treatment have been competitively tendered, with others not having been tendered for between 2 and 9 years. In order to enable fuller research and planning to be undertaken in preparation for the procurement phase of the programme, the Southend Community Safety priority Leadership Group agreed to an extension to the CGL at its meeting on 28 July. This decision has been further endorsed using the Tender Exception Request Process by the Head of Service for Adult Services and Housing, and the Group manager of Corporate Procurement.

3.2 Since the last large-scale recommissioning of drug and alcohol services in Southend there have been considerable changes in both the commissioning landscape at local and national levels, and in the demands and expectations placed upon drug and alcohol services. In order that Southend Council is able to commission the most suitable configuration of services to meet the varied needs of the local community, further research is required to inform procurement planning.

3.3 The decision to extend the CGL contract by 4 months is governed by the Council Contracts Procedure Rules and the Public Contract Regulations 2015. Due to the value of the contract of £1.625m per annum, and the maximum permissible value of any contract extension of £589,148 (Public Contract Regulations), a 4 month extension with a value of £541,667 was agreed.

3.4 A fully compliant tender process comprising of all specialist drug and alcohol services, ranging from prevention and early intervention to medical treatment, and for all ages, will be awarded to the Most Economically Advantageous Tenderer by in early summer 2017, with new contractors required in place from 1st August 2017.

4. Other Options

4.1 The alternative option available was to expedite procurement of replacement provision in order that new contractor(s) are in place from 1st April 2017. It was felt that this would likely lead to contracts being offered in a very similar manner to those currently in place given the reduced capacity for consultation with service users, carers and professional stakeholders. It was additionally felt that this would negatively impact the potential to develop the local voluntary and community sector (VCS) market such that it would be able to compete on equal terms with larger national organisations.

5. Reasons for Recommendation

5.1 The decision to extend the contract will provide better value for money and minimise financial risks for the Council, together with enabling best commissioning practice in service user consultation and VCS market development.

6. Corporate Implications

6.1 Contribution to Council's Vision & Corporate Priorities

This contract extension supports several of the Corporate Priorities, notably that Southend Council will 'Work with and listen to our communities and partners to achieve better outcomes for all.' The benefits of the extension will increase capacity to meet priorities relating to crime, safeguarding, health and reducing inequalities and social deprivation.

6.2 Financial Implications

The contract extension is compliant with Financial Procedure Rules. Costs of continuing the contract will be met from existing budgets allocated to drug and alcohol provision, with no increase in overall spend.

6.3 Legal Implications

The contract extension is compliant with both the Public Contracts regulations 2015 and the Southend-on-Sea Borough Council Contracts Procedure Rules.

6.4 **People Implications**

None.

6.5 **Property Implications**

None.

6.6 **Consultation**

Key stakeholders across the council have been consulted in developing this work. Consultation is ongoing.

6.7 **Equalities and Diversity Implications**

A detailed Equality Analysis will be undertaken prior to finalising procurement options, and before the end of the contract extension. The additional time allowed for consultation by this contract extension will enable detailed analysis of the procurement programme on communities with protected characteristics and other key local resident groups.

6.8 **Risk Assessment**

Continuation of the existing contract will facilitate fuller planning of the implementation of new contractor(s) and mitigate associated risks.

6.9 **Value for Money**

The proposed decision will require continued funding of existing contracts, at rate of £1.625m pro rata. It is important to note both that this is a reduction against the original contract rate for the pilot following recent negotiations, and that the subsequent delay to contracting new arrangements will mean that no additional costs will be incurred by the Council and this action is achievable within agreed budgets.

6.10 **Community Safety Implications**

The extension of the contract will enable the continuation of existing work with substance misusers, including where this is undertaken in partnership with criminal justice services. Additional consultation undertaken during the extended procurement planning will allow better understanding of how best to commission future substance misuse and criminal justice partnerships.

6.11 **Environmental Impact**

None.

7. Background Papers

None.

8. Appendices

Tender Exception Request Form

Tender Exception Request Form

Under the circumstances outlined in Appendix A of the Council's Contract Procedure Rules: the Group Manager Procurement and the Head of Service (under which the request is made) have the discretion to waive the need for Officers to tender for required supplies, works or services.

This type of request is reserved for special circumstances and can only be granted where good reasons can be sufficiently evidenced in conjunction with the clauses of Appendix A.

A Tender Exception Request must be made via eprocurement@southend.gov.uk by using and completing this form to set out why an exception sought. The email with the form attached should also include any supporting documentation.

Please note:

- Lack of planning or convenience will not be acceptable as grounds for requesting an exception to tender.
- Any Tender Exception Request made against any of the Council's rules must be sought in advance of any contractual agreement.
- Tender Exception requests cannot be made or granted retrospectively.
- It is not lawful for Officers or members to waive compliance with the EU Procurement Regulations. Therefore, approval of any Exception Request equal to or over the relevant EU Threshold is not permitted.
- No request must be made by an Officer that may result in a conflict of interest should the request be Approved.

If the Group Manager Procurement believes the request to be significant or sensitive then the relevant Member with Portfolio should be consulted as to whether the exception request should be referred to Cabinet.

Corporate Procurement Unit will hold a complete record of all Tender Request Forms.

Please provide all the information that you can in relation to the questions asked below: as this will increase the likely hood of your exception being granted and ensure the efficient processing of your form.

1	Name of the Officer Making the Request:	Glyn Halksworth
	Department	Adult Services and Housing
	Directorate	People

2	Department & Directorate that the Request is in relation to (If different from above)	

3	Title of Original Contracts if applicable	Southend Drug and Alcohol Treatment and Recovery Service

4	Type of Original Contract (delete as applicable)	~~Works~~	~~Supply~~	Service

5	Length and value of Original Contract not including VAT (If Applicable)	**Southend Treatment and Recovery Service (STARS; Provider - Change, Grow, Live (CGL)) Contract**: 1.5.14-31.3.17 @ £5.267m total (Rate for 16/17 has been reduced from £1.9m to £1.625m)

6	When was the Original contract let (If Applicable)	The **STARS** contract was first let, as a pilot arrangement, in May 2014. This succeeded prior contracts with CRI and SEPT, the new contract arrangement effecting a prime contractor arrangment with CRI (which SEPT departed from on 31.12.16). The original contracts with SEPT were part of the block Mental Health Contract from the South East Essex PCT, as well as directly from SBC (1.10.10 – 31.3.12 & 1.4.12 – 31.3.13 + extensions whilst renegotiations ongoing). SBC first let contracts with CRI in January 2008 and April 2008, with subsequent contracts also being awarded. Since this time no contracts have been competitively tendered, with extensions being granted.

7	Has the Original Contract previously been extended	Existing **STARS** contract has not been extended.

8	Has the Original Contract had previous PRG exemptions or Tender Exceptions approved against it. If yes please confirm the value of these and the date that they were approved.	Some antecedent contracts have been (e.g. SEPT, March 2009; for SBC component of prescribing services, £200k); Other extensions have been agreed with procurment staff in consultation with Head of Procurement, but not all via PRG.

9	Length and Value of your Exception Request Contract (not including VAT)	STARS – 4 months (up to 31.7.17) - £541,667

10	Contract Type of the Exception (delete as applicable)	~~Works~~	~~Supply~~	Service

11	Please confirm from what budget will the exception be funded and that the use of these funds has been approved	Drug and Alcohol Commissioning Team. This extension request was fully endorsed by the Southend Community Safety Partnership (28 July 2016), including representation by Exective Councillor Mark Flewitt and chaired by Rob Tinlin. The endorsement was made on the following premise: - *In order to better develop the capacity of the local voluntary and community sector (VCS) to engage in competitive tender processes*. - *In order enhance capacity for System change / redesign* - And to *Minimize the impact of change* The extension is also supported by Sharon Houlden, Head of Service for Adult Services and Housing.

12	Clause in Appendix A to be applied to this request (1, 2, 3, 4, or 5)	2

13	Please provide significant detail into why this Exception from Tendering is being sought (At the the very least this should include information on: Key Stakeholders, Contract Value, Contract Dates, why the approval of this request represents best value for the council and evidence to confirm that value has been sought)

The below applies to **STARS** and **YPDAT** contracts.

The current contract is due to expire on 31st March 2017, and due to the high value of the contract, a 4 month extension is sought for the following reasons:

- *Service user and carer consultation:* It is imperative that the opportunity to contract new prevention, treatment and recovery services for is well founded on both need and the aspirations of local communities. Needs are relatively well-understood and there is a significant body of data in place to assist in this respect. However, it is also important to complement this with the voice of potential and current service users, those who care for and live with them, and those who work in their support. In keeping with the recent Ofsted inspection of SBC Children Services, it is essential that we better engage with service users and actively see their voice and include their views when redesigning services. In order to be effective in these creative approaches will need to be developed and deployed, such as peer research, in order to gain as wide a perspective as possible and through which to optimally inform new approaches to service design (below). It is expected that this work will take place between August – November 2016 ;

- *System change / redesign*: the current Southend treatment system model is very similar to most others nationally, and it is believed that there will be benefits achieved in redesigning this. Based on discussions with some stakeholders, we feel that offering contracts with specific specialisms as “lots” under the main contract (e.g. targeted criminal justice interventions, preventive education services) rather than generic ‘one size fits all’ services will benefit the community of Southend and the broader partnerships. Additional time is required to understand how best to break up existing models (including the voice of service users etc., above), to develop effective service specifications (including consultation with peer services, other professional stakeholders) and to agree contract prices for each lot to be tendered. This work is underway and is anticipated to conclude by December 2016;

- *In order to better develop the capacity of the local voluntary and community sector (VCS) to engage in competitive tender processes*. Amongst the key components of effective recovery is engagement within communities and a sense of belonging which we feel can be facilitated by the local VCS. Currently the drug and alcohol treatment sector is dominated by large national organisations and some of the benefits of ‘localism’ may be lost. Working with SAVS and Corporate Procurement we wish to grow local capacity to compete alongside these and increase their capacity to win contracts or work collaboratively with larger organisations. This work will involve further consultation and capacity building. It is anticipated that this work will take place between September 2016 and January 2017;

- *Minimize the impact of change*: it has been noted in many areas of the country, that when drug and alcohol treatment service contracts change hands, performance dips notably. We are therefore keen to make changes at a point when performance is substantially improved, in order to dampen any such impact. Additionally, we are keen to ensure sufficient attention is given to the implementation of contracts, in order that communications with clients and delivery partners are effective and distress kept to a minimum. It would be anticipated that a minimum of 2 months is spent on implementing new contracts, building on the preceding 10 months of engagement and consultation work.

In summary, it is argued that what is required is an extension in order to facilitate better value for the council and local residents, and to deliver better compliance with the Duty of Best Value and National Compact requirements.

As noted in Section 11 above, this course of action is wholly supported by Southend Community Safety Priority Leadership Group (Community Safety Partnership Board), which discussed this at its meeting of 28 July 2016. It endorsed the extension request on the above grounds.

14	Are there any significant risks that the Council will take on should your exception be approved.	None known.

15	Please detail and evidence the consequences / risks should your request be rejected
It is believed that if this is rejected that procurement activity would need to commence without having realised the fullest benefits of service user / carer consultation, that any disaggregation of existing contracts undertaken would not be fully informed, and that potentially there would be tacit continuation of existing delivery models, and thus that we would not be offering the local VCS the opportunity to compete on equal terms with larger national organisations. It is likely that the sooner the existing contract is terminated, the lower the starting point will be for any sunsequent performance reduction associated with the procurment activity / contract tranfser. This is a well known phenomena in many drug and alcohol procurements (as evidenced via Public Health England / National Treatment Agency for Substance Misuse data). Following concerning levels of performance in Southend for the last few of years, and with imporvement actions now taking effect and perofmance lifting beyond the requirements of local KPIs, it is hoped that performance can be raised to the highest possible level in order to mitigate any such effects.	

16	I confirm that the information set out in this form and the supporting documentation is correct (You can either type this in or add your signature)	Name **Glyn Halksworth** Signature *Glyn Halksworth* Post / Title **Strategy Manager, Drug & Alcohol Commissioning Team** Date 1st August 2016

To be completed by Corporate Procurement

Confirmation of Decision in relation to Tender Exemption Request Form

Approved by Group Manager of Procurement	Name **Mark Atkins** Signature  Post / Title **Group Manager of Procurement** Date 8th August 2016

Approved by Head of Service	Name **Sharon Houlden** Signature *Sharon Houlden (approved via email 8.8.16)* Post / Title **Head of Adult Services and Learning** Date 8th August 2016

APPENDIX A

Exceptions from Tendering Requirements in Contract Procedure Rules

The following exceptions from tendering requirements may be applied following the prior approval Tender Exception Request Form.

The Exceptions from having to Tender are:

1) For the purchase of supplies, works or services which is prevented by Legislation.

2) If the supply of goods or materials to be acquired constitutes an extension of an existing supply contract. The extension can only be granted if all four of the following criteria are met:
    - The increase to the quantity of goods and materials was not envisaged at the time the original contract was awarded
    - The extension is based upon comparable terms and conditions as the original contract
    - The extension has a value less than 50% total value than the original contract requirement
    - The extension does not breach the threshold of the EU Regulations.

3) For the execution of works or provision of services where the proposed contract outlined in the Exception Request is required due to unforeseen technical or economic reasons and is directly linked to the continuation and success of an existing contract. The existing contract itself must have been awarded competitively in accordance with Council's Contract Procedure Rules.
    - If the proposed contract is to be undertaken by the Contractor named in the existing contract, terms of the proposed contract must be negotiated on the basis of the rates and prices contained in the existing contract, **Or**
    - If a new Contractor has been sought then the Exemption Request must be accompanied with evidence outlining the steps taken to ensure best value for the Council.

    This exemption does not cover works and services carried out under annual contracts or values for proposed contracts that are greater than the relevant EU Threshold.

4) Where it is considered the execution of work or the supply of either goods or services is required so urgently so as not to permit the invitation of tenders. Any request for an exemption under this clause must be based upon circumstances brought about by circumstances that could not have been reasonably foreseen. Exceptions cannot be granted under this clause where a lack of foresight has given rise to difficulties.

5) In circumstances where a contract does not contain an option for an extension: but where an extension is required to facilitate full and compliant tender exercise for operational reasons. An extension can only be granted under this clause if:

- The initial contract itself was awarded as part of a competitive procurement process under the Contract Procedure Rules
- The terms under which the extension is agreed must be equal to the existing contract in relation to the Scope, the Pricing and the Terms and Conditions.

The actual length of any extension granted under this clause is at the discretion of the Head of Procurement: but cannot be more than 12 months in duration and cannot be longer than the initial contract itself. Only in circumstances were delays in publicised changes to legislation would make procurement impractical can multiple extensions be granted in relation to a single contract. In all other cases this exemption may only be used once per contract.

Southend-on-Sea Borough Council

Agenda Item No.

12

Report of Director of Public Health

to

Cabinet

on

20th September 2016

Report prepared by:
James Williams, Head of Health Development

Southend-on-Sea Joint Adult Prevention Strategy 2016-2021

People Scrutiny Committee
Executive Councillor: Councillor Lesley Salter
A Part 1 Public Agenda Item

---

1. Purpose of Report

1.1 To present the draft Southend-on-Sea Joint Adult Prevention Strategy 2016 - 2021.

2. Recommendations

2.1 That the draft Southend-on-Sea Joint Adult Prevention Strategy 2016-2021 and associated action plan are agreed.

3. Background

3.1 The Care Act (2014) placed a new duty on local authorities to promote individual wellbeing and provide prevention services. This duty requires the Council and its partners (NHS Southend CCG) to provide or arrange services that prevent, reduce or delay the need for support among local people and their carers.

3.2 Prevention in the context of this paper refers to any intervention or action that prevents, reduces or delays deterioration in the physical and mental health of adults resident in Southend. For example, admission (or readmission) to hospital that could have been prevented if an individual was provided with the skills to self-manage their chronic condition, or permanent placement in a residential care setting due to an individual not being able to live independently due to social isolation.

3.3 There are 3 generally accepted types of preventative activity.

3.4 **Primary prevention**
Primary prevention is defined as interventions and services aimed at individuals who have no current particular health or social care support needs. The aim of primary prevention is to help people avoid developing needs for care and

support by maintaining independence, good health and promoting wellbeing. Interventions include: providing universal access to good quality information and advice, supporting safer neighbourhoods and promoting healthy and active lifestyles.

3.5 **Secondary prevention**

Secondary prevention refers to interventions or services aimed at individuals who are at risk of developing needs, where the provision of services, resources or facilities may help slow down any further deterioration. Screening or case finding may be used to identify those individuals most likely to benefit from targeted services. Examples include NHS Health Checks and postural stability programmes for falls.

3.6 **Tertiary prevention**

Tertiary prevention refers to interventions aimed at minimising the impact of disability or further deterioration in people with existing health conditions or complex care and support needs, including supporting people to regain skills and reduce need where possible. Action is taken to manage any adverse event that could trigger entry into a high cost service, which could include admission into hospital or residential/nursing care. Examples include re-ablement and support to people with serious mental health problems.

3.7 The Southend Health and Wellbeing Board requested the development of a Joint Adult Prevention Strategy and agreed the scope and key outcomes. A multi-agency task and finish group was subsequently established to oversee its development.

3.8 The strategic aims of the Joint Adult Prevention Strategy reflect partnership priorities and the key issues impacting on the health of local people.
The high level priorities are:

- To focus action to embed prevention in all policies
- To improve access to high quality information, advice and signposting
- To support people to increase their sense of control and resilience in their lives by enabling them to effectively self-manage their condition.
- To promote specific action to improve health & wellbeing
- To prevent, reduce and delay the use of health or care services.

3.9 The scope of the strategy is restricted to adults (persons aged 18 years and over). The strategy aims to deliver specific improved health and wellbeing outcomes for:

- Older people
- People with learning disabilities
- Older people with mental health problems
- People with physical disability including sensory impairment
- Carers
- People with chronic long term conditions in direct receipt of social care or health service support

Indicative high level indicators and outcomes are set out in the action plan.

4.0 Programme of delivery

4.1 The outcomes of this strategy will be delivered through collaboration and engagement with key partners. The Southend Health and Social Care Transformation Programme will provide programme oversight and governance in relation to specific initiatives and deliverables.

5.0 Reason for Recommendations

5.1 The Southend Joint Adult Prevention Strategy and associated action plan will facilitate a shared preventative approach across all key local organisations, enabling earlier identification and actions to address issues in those people at greater risk of poor health outcomes.
The strategy also shifts the emphasis away from service provision to the empowerment of people to take steps to improve their own health and helping to develop community resilience.

5.2 A clear strategy to deliver prevention in localities is a requirement of the Mid and South Essex Sustainability and Transformation Planning process. This process requires local NHS commissioners and providers of health care to work with local authorities and their partners to put in place a joint plan to deliver, sustain and improve health and care services for local people.

6. Corporate Implications

6.1 Contribution to Council's Vision & Corporate Priorities

Implementation of the Southend Joint Adult Prevention Strategy will help to services to delay people's need for social care and health services and to promote the wellbeing of our community.

6.2 Financial Implications

There is a strong financial case to invest in evidence based preventative activities. Effective prevention done at the right scale can reduce the cost of expensive NHS or social care services. The strategy action plan provides some examples of potential benefits that can be achieved through 'industrial scale' action or specific targeted interventions.

6.3 Legal Implications

The Health and Social Care Act 2012 placed a statutory duty on Health and Wellbeing Boards to promote partnership working to improve the health of local people. The Care Act 2014 requires local authorities to provide prevention services.

6.4 People Implications

None.

6.5 Property Implications

None.

6.6 Consultation

The development of the strategy has been overseen by a multiagency task and finish group. Following approval at Cabinet, the strategy will be subject to a consultation.

6.7 Equality and Diversity Implications

Equality issues have been taken into account in the development of the strategy. An equality impact assessment will be performed on the final agreed strategy.

6.8 Risk Assessment

Failure to deliver on the overall aims set in the strategy will impact on the ability of the health and social care system to embed prevention and failure to meet efficiency targets in relation to reducing hospital admissions and use of adult social care.

6.9 Value for Money

Delivery of the key strategic aims of the strategy will contribute to a reduction in costs for the health and social care system.

6.10 Environmental Impact

None.

.

7. Background Documents

None.

8. Appendix

Appendix 1 – The Southend-on-Sea Joint Adult Prevention Strategy 2016-2021.

Southend-on-Sea
Joint Adult Prevention Strategy
2016-2021

Contents

"Invest in prevention, not remediation.
Invest in flourishing lives, not in correcting problems after they appear."
'Professor James Heckman Nobel Laureate'

Foreword

I am delighted to introduce the Joint Adult Prevention Strategy for Southend-on-Sea 2016-2021. This strategy is focused on the adult population of the Borough. It sets out our ambition to reshape the landscape of Southend through preventing illness and disease to avoid the need for costly treatment and care.

We know that a quarter of the population of Southend-on-Sea live within the most deprived 30% of all areas in England. These people suffer worse health outcomes than people living in our more affluent areas. Men in the most deprived areas of Southend live 11.1 years less than men in the most affluent areas of Southend, for women this figure is 10 years. I am determined to redress this inequality.

We know that the biggest challenges to health and wellbeing in the 21st century are related to risks from diseases and conditions that we can do something about. These include cardiovascular disease, cancer, hypertension, obesity and lifestyle related dementia. By taking positive action to address modifiable risk factors for these conditions, we hope to create an environment in Southend where everyone can achieve their full potential.

I am clear we must change how we do things. Prevention ‘at scale’ is the only way to secure our communities health and tackle the siginficant inequalities that exist in some areas. We will provide greater access to information and advice to help people better manage their own health lifestyle risks. We will coordinate our programme of prevention to link with the programme of redevelopment and regeneration of the Borough.

My ultimate aim is to make Southend-on-Sea one of the healthiest towns in England by 2020. The implementation of this strategy will be pivotal in achieving this objective.

I recommend this Joint Prevention Strategy to you as one of the key vehicles that will help to improve the health and wellbeing of our local residents.

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 Borough which promotes partnership working to improve the health and quality of life for individuals, families and communities, by moving the focus from ill health and disease to prevention and wellbeing.

Mission

Our mission is to enable Southend residents to live longer healthier lives. Local people will be able to take control and avoid or effectively manage issues that impact negatively on their health and wellbeing. Adults with a pre-existing health issue will be:

- Active partners with their care providers
- Able to problem solve and make changes
- Able to manage thinking and behaviours positively
- Able to access information and support that is useful for them

Strategic aims

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

- To focus action to embed prevention in all policies
  We will look at transforming the way individuals and organisations recognise the importance of the prevention agenda, so that preventing illness and disease is at the forefront of local policy planning and commissioning.

- To improve access to high quality information, advice and signposting.
  We will create a communication and social marketing programme that provides helpful up-to-date advice and information to signpost people to where to access support.

- To support people to increase their sense of control and resilience in their lives by enabling them to effectively self-manage their condition.

  We will provide people with the necessary skills, knowledge and confidence to self-manage their long term conditions.

- To promote specific action to improve health & wellbeing.
  We will provide improved access to healthy lifestyle services.

- To prevent, reduce and delay the use of health or care services.
  We will support people to remain independent and reduce the need for hospital admissions or care home placement.

This strategy focuses on adults aged 18+ who are resident in the Borough .The specific priority areas for enhanced prevention are:

- Older people aged 65+
- People with learning disabilities
- Adults with mental health problems
- Physical disability (including sensory impairment)
- Carers
- People with chronic long term conditions

2.0 Introduction

The Southend health and social care system faces significant challenges. The population is getting older and frailer and there are more adults living with chronic long term health conditions such as diabetes, cardiovascular and respiratory disease. Added to these factors is the impact of fiscal austerity.

The NHS and publicly funded adult social care accounted for £157bn of public spending across the UK in 2015/16. This is equivalent to 8.4% of gross domestic product (GDP) or £1 in every £5 of government spending (1). Although national government made a commitment in 2015 to increase funding for the NHS by £8bn by 2020/21, there has been no equivalent commitment for adult social care, even though the pressures within the social care system are growing at a faster rate than pressures on health care. By 2020/21, it is estimated that 43.4% of national government spending will be allocated to older people and health services.

Locally Southend Clinical Commissioning Group has operated within a tight financial allocation over the last two years. The CCG is managing a difficult financial position, with issues related to the acute hospital sector proving a major challenge. There are also significant financial challenges for Southend-on-Sea Borough Council, which has had to make financial savings of £56 million since 2011/12. Further cuts will be required in future years, totalling £33 million from 2016- 2019.

In order to prevent the system from becoming unsustainable, both health and social care need to work in radically different ways than they did in the past. A key solution is to move ‘upstream’ and focus on prevention. This Joint Adult Prevention Strategy describes how the Southend health and care system will work in partnership to empower and engage individuals and communities to stay healthier for longer. It describes a fundamental shift from providing services that respond to a person’s ill health and care needs, to a proactive model that will reduce, prevent and delay the onset of ill health and loss of independence.

There is good evidence that the introduction of large scale self-management interventions result in measureable benefits, particularly in terms of population health gain and reduced commissioning costs (2,3).

2.1 Definition of prevention

The term ‘prevention’ refers to a variety of measures taken to improve or maintain the health status of an individual or group of people. Prevention in the context of this strategy refers to any intervention or action that prevents, reduces or delays deterioration in the health of adults resident in Southend.

Prevention is often broken down into three general approaches: primary, secondary and tertiary prevention:

Primary prevention: measures to prevent ill health and promote wellbeing

Primary prevention is defined as interventions aimed at individuals who have no current particular health or social care support needs. The aim of primary prevention is to help people avoid developing needs for care and support by maintaining independence, good health and promoting wellbeing. Interventions include: providing universal access to good quality information and advice, supporting safer neighbourhoods, promoting healthy and active lifestyles.

Secondary prevention: measures to identify those at increased risk of poor health or wellbeing and intervene early

Secondary prevention refers to interventions aimed at individuals who are at risk of developing needs, where the provision of services, resources or facilities may help slow down any further deterioration. Screening or case finding may be used to identify those individuals most likely to benefit from targeted services. Examples include; NHS Health Checks and postural stability programmes for falls.

Tertiary prevention: Measures that delay or minimise the impact of existing health conditions

Tertiary prevention refers to interventions aimed at minimising the impact of disability or further deterioration in people with existing health conditions or complex care and support needs, including supporting people to regain skills and reduce need where possible. Action is taken to manage any adverse event that could trigger entry into a high cost service, which could include admission into hospital or residential/nursing care. Examples include re-ablement and support to people with serious mental health problems.

Preventative activity will only reduce demand within the health and care system, if interventions and outcomes are focussed on decreasing the gap between healthy life expectancy and life expectancy.

Most strategies fail to achieve their ambitions as they often establish new systems that do not take account of local need and pathways. The Southend Joint Adult Prevention strategy uses a place based approach and existing systems to deliver preventative interventions at scale.

2.2 The case for prevention

People are living for longer than ever before – since 2002, life expectancy has been increasing year on year in Southend. However, the years lived in good health, have not seen the same rate of increase. This means that many people will be living longer lives, but with more years of ill health or disability.

Population projections suggest that there will be an increase in the numbers in all older age groups from age 65 and over, both nationally and locally. With increasing longevity, there is likely to be a corresponding increase in morbidity within the population associated with long term conditions and other disabilities. The increase in ill-health amongst older people will cause further pressure on health and care services.

2.3 The local population

Southend-on-Sea has an estimated population of 177,990 people, of which 18.9% are aged 65 and over - higher than the England average of 17.6%.

The overall life expectancy for men and women in Southend is similar to the England average (79.2 years men, 82.9 years women). Tables 1 and 2 provide 3 year rolling averages for healthy life expectancy in Southend and England, for males and females in the period 2009 to 2013.

Life expectancy is an estimate of the average expected life span, based on the current patterns of mortality; healthy life expectancy is an estimate of the years of life that will be spent in good health (illness free).

Table 1 Life Expectancy and Healthy Life Expectancy for Males and Females Southend

Year	Males		Females	
	Life Expectancy	Healthy Life expectancy	Life Expectancy	Healthy Life expectancy
2009-11	78.7	63	82.4	64.6
2010-12	79.7	64.1	82.6	64.9
2011-13	79.8	62.6	82.9	64.6

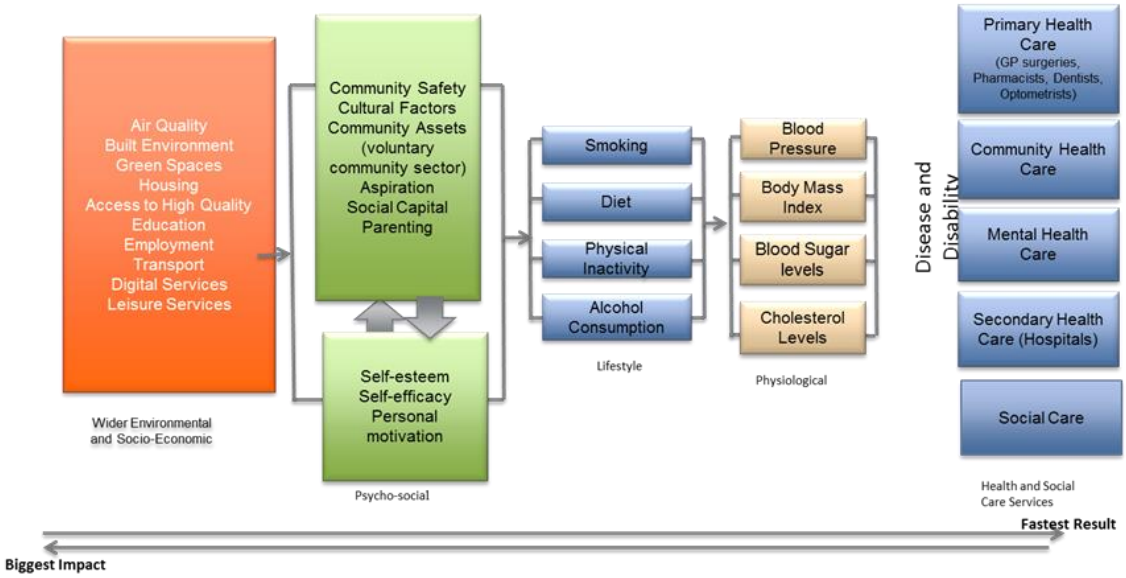
Table 2 Life Expectancy and Healthy Life Expectancy for Males and Females England

Year	Males		Females	
	Life Expectancy	Healthy Life expectancy	Life Expectancy	Healthy Life expectancy
2009-11	78.9	63.2	82.9	64.2
2010-12	79.2	63.4	83	64.1
2011-13	79.4	63.3	83.1	63.9

Life expectancy varies from population to population, men and women living in the most disadvantaged areas of Southend have a life expectancy 11.1 years and 10 years respectively, lower than men and women in the most affluent areas of Southend. We know that areas with high levels of deprivation have increased death rates attributable to conditions such as cardiovascular diseases, cancers and respiratory disease (3). Therefore any preventative action we take locally, must also address disadvantage and inequality (3,4).

Between 2012-2014, 1483 Southend-on-Sea residents died prematurely (before age 75) as a result of a condition that could have been prevented (335.1 deaths per 100,000 population). This high rate of premature deaths ranks Southend 67 out of 150 upper tier local authorities for premature mortality in England. Figure 1 shows the potential interaction of a range of risk factors on population health and wellbeing.

Figure 1 Interplay of risk factors on population health



3.0 The Context for Prevention

3.1 National policy

There are a number of statutory prevention related duties the Council and its partners are required to deliver. The Care Act 2014 places a duty on local authorities to provide or arrange for the provision of interventions, facilities or resources that contribute to preventing or delaying the development of care and support needs by adults. Local authorities must contribute towards preventing or delaying the development of support needs of carers in their area.

The Five Year Forward View sets out NHS policy for the next 5 years (2). This plan establishes a new vision for the English health and social care system. It envisages an integrated, flexible localised system, able to collaborate and respond rapidly to address the key issues impacting on the health of local people. The key concept within the Forward View is the prevention of disease and disability. This Five Year Forward View recognises the sustainability of the NHS, and economic prosperity of the country, depends on a radical upgrade in the manner in which people are supported to live healthier lives.

The current increase in the burden of avoidable illness and disease on the health and social care system in England was predicted in 2002 by Sir Derek Wanless (3).

The Wanless report warned of severe consequences for the Health and Social Care system unless there was a concerted effort focussed on prevention. This report identified 3 possible scenarios:

- ***Slow uptake*** –no change in the level of public engagement: life expectancy rises by the lowest amount in all three scenarios and the health status of the population is constant or deteriorates. The health and social care economy is relatively unresponsive with low rates of technology uptake and low productivity.

- ***Solid progress*** – people become more engaged in relation to their health: life expectancy rises considerably, health status improves and people have confidence in the primary care system and use it more appropriately. High rates of technology uptake and more efficient use of resources

- ***Fully engaged*** – levels of public engagement in relation to their health are high: life expectancy increases go beyond current forecasts, health status improves dramatically and people are confident in the system and demand high quality care. There is a high response and use of technology, particularly in relation to disease prevention. Use of resources is more efficient.

Wanless estimated the fully engaged scenario would result in savings of up to £30bn, but he warned statutory organisations responsible for protecting and improving the public health, needed to take radical steps to engage the public in preventative endeavours.

The alternative to the fully engaged scenario was a rise in health inequalities, more illness and disease and higher costs for the NHS and Social care. The Five Year Forward View is a recognition the fully engaged scenario proposed by Wanless has not been achieved.

Other strategic drivers also advocate a greater focus on prevention. The Care Act 2014 and Health and Social Care Act 2012 place statutory duties on local

authorities and their partners to take action to protect and improve the health of the population.

At a local level, the Southend Health and Wellbeing Board through its Health and Wellbeing Strategy, holds local partners to account for the way in which they deliver improved health outcomes for local residents. The Southend Health and Wellbeing Strategy, has 3 broad impact goals, underpinned by 9 wider ambitions to improve population health.

Impact Goals:

a) Increased physical activity (prevention)
b) Increased aspiration and opportunity (addressing inequality)
c) Increased personal responsibility and participation (sustainability)

Ambitions:

A positive start in life	Promoting healthy lifestyles	Improving mental wellbeing
A safer population	Living independently	Active and healthy ageing
Protecting health	Housing	Maximising opportunities

3.2 Sustainability and Transformation Plans (STP)

The Five Year Forward View has required NHS organisations to engage with local authorities and other partners to produce two separate but connected plans:

- Five year Sustainability and Transformation Plan (STP) - this is place-based and will drive the Five Year Forward View
- One year Operational Plan for 2016/17, organisation-based but consistent with the emerging STP.

Prevention and early intervention is a key theme within STPs. These plans place an emphasis on system wide place based approaches to deliver better and more efficient health and care services. They require action to transform the environments where people live and work, as opposed to simply focussing on a particular behaviour. This prevention strategy will help deliver the Southend locality aspirations for the South and Mid Essex Sustainability Transformation Plan. It will provide a vehicle for collaboration to deliver evidence based prevention across the NHS, social care, voluntary and community interface in Southend.

3.3 The extent of the problem

The main consumers of health care are older people. Nationally it is estimated the number of people of pension age will increase from a base of 12.4 million in mid-2014, to 16.5 million by mid-2039 (9). There is good evidence that people aged 65 and over from lower occupational income groups, have higher levels of

physical, psychological and overall frailty than the more affluent (5). Meeting the needs of these people as they move into old age poses a considerable challenge in Southend.

Southend-on-Sea has an estimated population of 177,990 people, of which 18.9% are aged 65 and over. This figure is higher than the average for England where 17.6% of the population are aged 65 and over. Over 87,000 Southend residents are aged between 40-85. This means there are a significant number of older adults in the borough, who may require preventative support to maintain or improve their health status at some stage during their life.
In the period 2012 to 2014, the premature mortality rate in Southend residents attributable to cardiovascular diseases, was significantly higher than the England average. There were 85.6 deaths per 100,000 population in Southend, compared to 75.7 deaths per 100,000 population in England.

The premature death rate associated with preventable cancers in the same period, was 87.1 per 100,000 population Southend, compared with 83 per 100,000 for England. Increasing levels of physical activity within the population; improving diets through reducing the amounts of sugar and salt consumed; increasing fruit and vegetable consumption and maintaining a healthy weight, are simple but effective ways to reduce a person's risk of adverse events related to cardiovascular disease and preventable cancers (5).

Prevention can also help to reduce deaths from respiratory disease, another key issue impacting on the health of local people. In 2012 to 2014, the death rate from respiratory disease was 17.7 per 100,000 population in Southend, compared with 17.8 per 100,000 population in England. Helping people stop smoking and taking action to improve air quality, will help to reduce the impact of respiratory disease. Working with vulnerable people to keep their homes warm in winter and increasing the uptake of seasonal influenza vaccination in those at risk, will also help to reduce preventable deaths from respiratory disease.

The other major indicator of note is the number of older people aged 80 and over suffering a hip fracture. Falling and associated hip fractures, pose a major challenge in England. Treatment and care costs are in the region of £2 billion each year. The average cost of a single hip fracture is in the region of £28,000 over a 2 year period. Only 1 in 3 older people who suffer a hip fracture return to their former levels of independence and 1 in 3 will need to leave their own home and move into long-term care.

In the period 2012 to 2014, the rate of hip fracture for this age group in Southend was 1,822 per 100,000 population. This rate is significantly higher than the England average (4). Future projections suggest a 243% increase in costs associated with the treatment and care of people suffering a hip fracture. It is estimated these costs will increase to £5.6 billion by 2033 (10).

Prevention has an extremely important role to play to reduce the human and financial costs associated with hip fractures. Simple measures such as screening

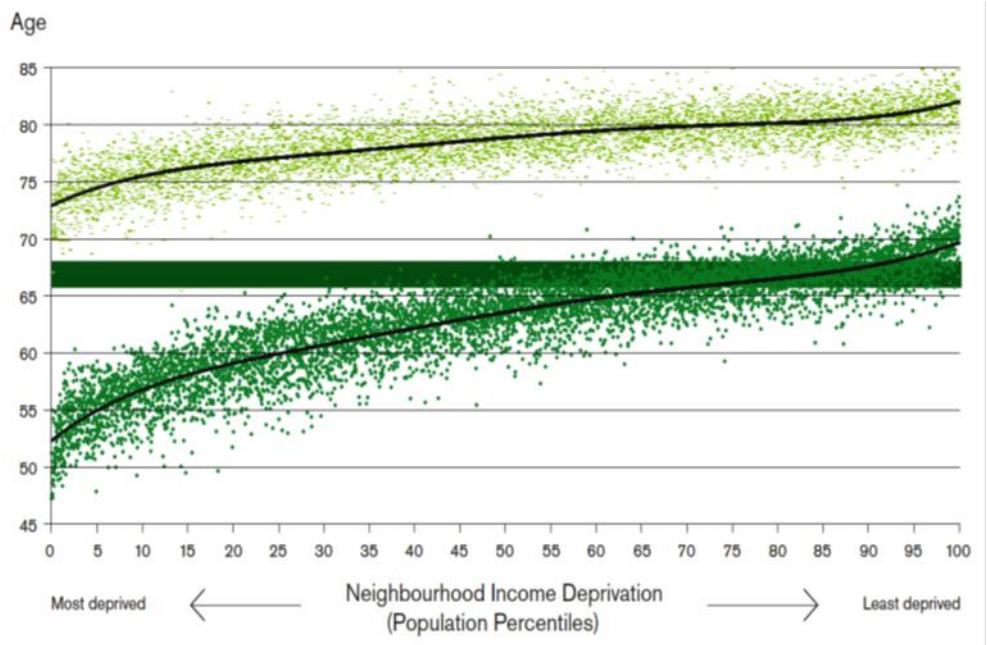
and identifying those at greatest risk of falling and taking steps to improve bone health through increasing weight bearing and physical activity, reduce the number of people suffering a hip fracture.

3.4 Non communicable diseases

There is evidence to suggest the increase in the prevalence of non-communicable diseases, such as diabetes, hypertension and cardiovascular conditions, may result in healthy life expectancy not keeping pace with current increases in life expectancy (4). This finding reinforces strong evidence of the relationship between socio-economic status and ill health in later life.

The Marmot review into healthy inequalities in England, identified people living in the poorest neighbourhoods; will on average die 7 years earlier than people living in the richest neighbourhoods (5). Figure 2 provides an overview of this inequality.

Figure 2 Life expectancy and disability-free life expectancy (DFLE) at birth, persons by neighbourhood income level, England, 1999–2003

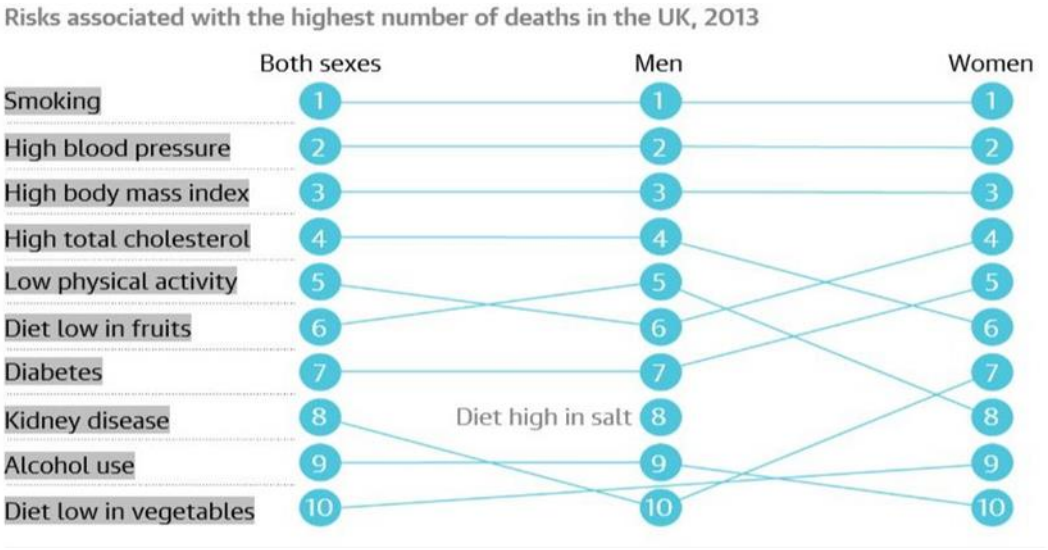


Source: Marmot Review Fair Society Healthy Lives 2010

Key:
- Life expectancy
- DFLE
- Pension age increase 2026–2046

In order to be successful, we need to focus on what will provide most benefit for our population. The recent update to the Global Burden of Diseases Study, found tobacco smoking, high blood pressure and obesity to be the risk factors attributable for **most mortality** in the UK (5). Figure 3 provides an overview of these risks and their ranking in terms of causing deaths for men and women in the UK.

Figure 3 Risks associated with the highest number of deaths in the UK, in 2013



Source: Global Burden of Disease Survey 2015

High blood pressure (blood pressure reading over 140/90mmHg) is one of the leading risk factors for premature death and disability. This condition can lead to stroke, heart attack, heart failure, chronic kidney disease and dementia. The average cost to health and social care commissioners of managing a person who has had stroke, is £12,000 initially and £6,000 every subsequent year.

There are 28,300 **people diagnosed** with hypertension living in Southend. This is well below the estimate of 47,700 people who are believed to have hypertension living in the Borough, which is significantly higher than the England average (8).

Of those diagnosed with hypertension, 22,300 have their condition effectively controlled. The number of people who are controlled is significantly lower than the England average (8). People from the most deprived areas are 30% more likely than the least-deprived to have hypertension. Southend ranks 184 out of 326 local authorities for negative lifestyle behaviours that increases the risk of hypertension. The total cost of prescriptions to treat hypertension was £620,000 in 2014/15 alone. At a cost of £3.98 per item, the Southend costs were 90p per item more than the average cost for England. Addressing this issue by

diagnosing and supporting people to effectively manage their high blood pressure is a local priority.

Over 670,000 people are thought to be living with dementia in England. Care and treatment costs are in the region of £19 billion each year. The cost of treating and managing people with dementia is higher than the cost of treating cancer, stroke or heart disease. Nationally over 550,000 people are caring for someone living with dementia and 1 in 3 people are expected to have to care for a person with dementia in their lifetime. Poor lifestyle can trigger vascular dementia which accounts for 20% of all dementia cases diagnosed. Within Southend the number of people recorded on GP disease registers with dementia as a proportion of the number of people **estimated** to have dementia locally was 68.49%. This figure is lower than the England average and significantly lower than 10 similar comparable areas to Southend (68.71% and 72.44% respectively).

The impact of chronic long term conditions (LTCs) on the Southend population is a major concern. Southend has an older population than the England average and one that is ageing faster. Thirty-one per cent of Southend residents report having at least 1 long term condition. There are also more people in Southend living with three or more LTCs (12.9%, compared to the national average of 10.5%). People with a multiple LTCs are more likely to have complex needs and require intensive health and care support. The average national annual cost to provide care and support to someone with a single LTC is around £1,000. This rises to £3,000 for someone with two conditions and £8,000 for people with three or more conditions. This is borne out by the evidence that suggests people with LTCs account for 70% of health and care spend nationally (11).

There is clear evidence that addressing lifestyle risk factors in the Southend population will help to reduce the impact of non-communicable diseases on the local health and care system.

3.5 What works

Interventions focussed on improving the key determinants of health and addressing wider environmental and socio-economic factors, will have the greatest impact on the life course and reduce health inequalities over the long term. Action to address modifiable risk factors related to non-communicable diseases, will improve health outcomes (categorised under lifestyle and physiological factors) but need to be delivered in a joined up way. This means prevention must be built into all aspects of service planning in Southend preferably through a placed based approach.

There is good evidence that taking **proportionate** action to support people with low or moderate risk factors is a more effective and efficient way to improve the health of the whole population over time. Everyone has different capabilities which will influence the way they respond to challenges to their health and wellbeing. Interventions need to be tailored to enable people to take as much

control of their treatment and care as possible. Those at greater risk of an adverse event should receive more support. Those who are able to support themselves should be given the tools to do so. The latter group may be supported to self-care by being signposted to information and advice, or through further intervention such as referral for lifestyle support.

All the required strategic enablers are available to take forward a place based approach to industrialising prevention in Southend. There is a single upper tier local authority, coterminous with one Clinical Commissioning Group. Southend is a health and social care integrated pilot area, with joint commissioning arrangements overseen by a strong partnership. There is a strong history of collaboration between commissioning and provider organisations.

Southend has the capacity to make this major change. There are dedicated professionals, working alongside equally dedicated and well established community groups and organisations. Southend residents are responsive when motivated. They want to make a positive difference to improve their health and that of their community.

4.0 Links with other local strategies

This Prevention Strategy does not aim to replicate the work of existing key plans. It does however aim to align local current and future initiatives to deliver an industrial scale, placed based prevention approach in Southend-on-Sea. The main local drivers for change are set out in Table 2:

Table 2: Key local strategies and interventions through which the objectives of this Joint Adult Prevention Strategy will be achieved (list is not exhaustive)

System Redesign	Population Focus	Wellbeing Interventions	Commissioning
Southend Community Recovery Pathway	Older People's Strategy	Lifestyle Service	LA Commissioning
Southend Complex Care Work stream	Dementia Strategy	Obesity Strategy	NHS Commissioning
Social Care Redesign	Carers Strategy	Physical Activity Strategy	Joint Commissioning
End of Life Strategy	Falls Prevention Strategy	Parks and Green Spaces Strategy	
Digital Strategy	Housing Strategy		
Sustainability Transformation Plans	Mental Health Strategy		

5.0 Delivering the strategy

5.1 Implementation, monitoring and evaluation

Within Southend there are a number of forums and strategic groups to enable effective delivery of health and social care interventions. In terms of prevention, the Southend Health and Wellbeing Strategy provides the overall direction of travel. Operationally, system leaders within Southend work collaboratively to facilitate the local delivery of programmes.

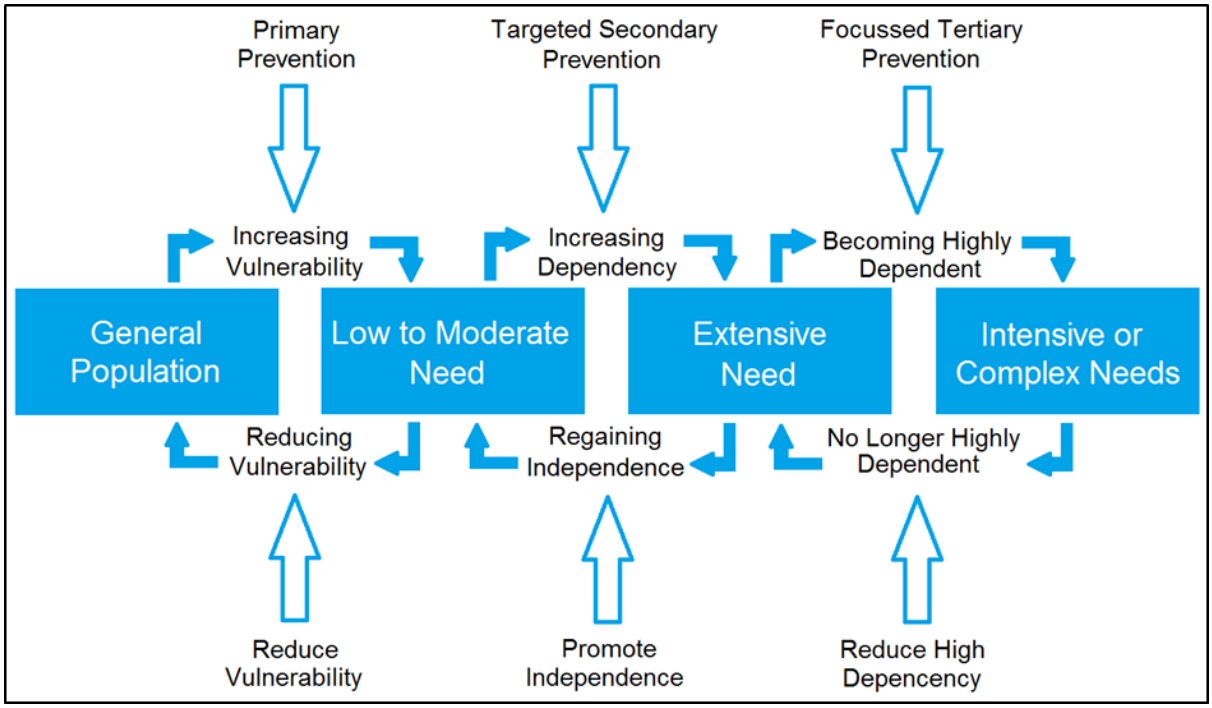
One key intervention that may prove to be a 'game changer' for prevention locally is the commissioning of a Southend Healthy Lifestyle Service. This service provides a single gateway for all locally commissioned preventative interventions. It enables individuals to access support and self-care options to meet their own particular needs. The Southend Healthy Lifestyle Service also facilitates access to interventions available from local Southend third sector providers and voluntary organisations.

Local primary care practitioners have expressed a desire for access to more holistic preventative interventions. The Southend Healthy Lifestyle Service will provide this crucial bridge between primary care and other settings. Social care practitioners will also be able to access this service. These colleagues often identify people who are in need of support and are best placed to signpost or refer individuals according to need.

The Southend Healthy Lifestyle Service will help deliver the vision of a place based approach to prevention. It sits alongside key local programmes, including the Southend Community Recovery Pathway (core programme with the Southend Health and Social Care Transformation Programme). It fully supports secondary prevention. GPs will be able to utilise their expertise in particular targeted case finding and refer at risk individuals to the Lifestyle Service for additional support if required.

Figure 4 provides an overview of how prevention can be used to support people at risk of an adverse health event, or for those who already have a health issue, regain independence.

Figure 4 Opportunities to deliver prevention to promote independence



5.2 Innovation

In order to achieve the strategic shift to prevention focussed placed based commissioning within Southend, there needs to be a radical rethink of the way we do things.

There are real opportunities to harness technology to improve outcomes for local people. Southend is aligned with new technology providers through its 'Med Tech' partnership with Anglia Ruskin University. It has developed a Digital Strategy and is in the process of implementing a 'Smart Cities' programme that will revolutionise the way local people and those living and working in the Borough, access information, advice and support.

The regeneration of Southend offers the chance to 'design in' prevention opportunities within the local infrastructure. One example is the 'Queensway' regeneration project. This major building project, offers the chance to radically change the physical environment of the Borough, embedding prevention into the physical landscape of Southend.

To get 'full engagement' from the Southend community, we need to harness the power of local people. We have to empower them to take steps to improve their physical and mental health. To do this we propose to identify local 'Prevention Champions' and train them appropriately so they can support their community,

friends and family, to improve their health and future life chances. There should be no shortage of volunteers to take up these roles. Elected members are an obvious choice to become Prevention Champions given their direct contact with local people. But there are many others who could be trained to build local capacity and capability. This approach also aligns with the aspiration of NHS Southend Clinical Commissioning Group to increase local case management for people with long term conditions.

There are a range of actions that will help to improve population outcomes within Southend. The following areas are those the evidence suggests are most effective in terms of reducing or delaying the impact of adverse events. It is important to note these actions focus on people at risk (as detailed in the prevention strategy scope) as opposed to the general adult population of Southend-on-Sea.

5.3 Key priority areas

Key Area 1: **Proactively support lifestyle behaviour change in adults with specific long term conditions (LTCs)**

- Roll out and use of patient activation measures in primary care.
- Increase the number of people living with chronic long term health conditions who access the Southend Healthy Life Style Service.
- Develop a local cadre of prevention champions trained in ***Making Every Contact Count*** behavioural change methodology.
- Increase the proportion of Southend adults (specifically those with a long term chronic health condition, physical disability, mental health) who regularly undertake the recommended weekly levels of physical activity.
- Reduce the proportion of the Southend adult population who are deemed to be overweight and obese.(in particular women of child bearing age)
- Continue to support the work to decrease tobacco use in Southend.
- Decrease excessive alcohol use in Southend.
- Deliver a targeted social marketing programme targeted at risk behaviours to facilitate lifestyle change.
- Use digital technology to improve access to health promotion, information and advice for people who are at risk of or recovering from an adverse event that has impacted on their health.

Key Area 2: Creating community capacity and enhancing community resilience.

- Improve support to carers so they feel they are able to cope more effectively with their caring responsibilities.

- Increase and improve interventions to address social isolation and loneliness in older people, people living with disabilities and carers.

- Supporting people with a long term condition to feel independent and in control of their own condition.

- Support local employers to improve and maintain the mental and physical health of employees.

- Increase the number of volunteers in Southend who are able to actively support people with long term chronic health conditions.

- Continue to address risk factors related to suicide and deaths undetermined

Key Area 3: Improve early detection and treatment of risk factors related to non-communicable diseases

- Increase the number of individuals diagnosed with:
  - Hypertension
  - Atrial fibrillation
  - Chronic Obstructive Pulmonary Disease (COPD)
  - Diabetes
  - Osteoporosis (fragility fracture risk)

Appropriate treatment and management plans are in place to support these individuals in line with best practice guidance for each condition

- Use outreach services to make NHS Health Checks more accessible for the most vulnerable and harder to reach groups within the population.

- Increase uptake of learning disability health checks in primary care.

- Improve detection of risk factors liable to cause deterioration of physical and mental health status in frail older people.

- Reduce the ratio of expected to diagnosed dementia patients on GP primary care registers.

5.4 High level prevention indicators

In order to deliver the aspirations of this strategy we will:

- Consolidate a performance matrix to capture the contribution of existing strategies to health improvement outcomes
- Establish mechanisms to inform the inclusion of specific prevention outcomes within all future strategies/programmes within Southend

These two tasks are currently being taken forward. An outline action plan is set out in Appendix 1 that will be used to inform delivery of strategy outcomes. This plan is subject to regular revision in line with the dynamic nature of the Southend Health and Social Care Transformation Programme. The following section sets out an initial range of indicators across the 3 domains of prevention that will be subject to regular review and update.

Indicator	Source
Smoking prevalence (Smoking in Pregnancy)	Public Health Outcomes Framework (PHOF)
Percentage of physically inactive adults	PHOF
Excess weight in adults (Maternal Obesity)	Public Health England
Alcohol related hospital admissions	PHOF
Flu vaccination coverage, adults aged 65+ and those in defined “at risk groups”	INFORM, Public Health England
Percentage of adults eating 5 portions of fruit and vegetables each day	Active People Survey

Secondary Prevention Indicators

Indicator	Source
Health Checks Delivered	Local commissioned providers
LD Health Checks Delivered	Quality Outcomes Framework (QOF)
Number of patients who have had their activation levels monitored	Local Source (SBC PH)
Incidence of stroke	PHOF
% of patients with atrial fibrillation in whom stroke risk has been assessed using the CHA2DS2-VASc score risk stratification scoring system in the preceding 12 months (excluding those patients with a previous CHADS2 or CHA2DS2-VASc score of 2 or more)	QOF

Completeness of Hypertension registers	QOF
% of patients on QOF Hypertension register with a blood pressure recorded in the preceding 12 months is <=150/90	QOF
% of patients aged 18 or over with a new diagnosis of depression in the preceding 1 April to 31 March, who have been reviewed not earlier than 10 days after and not later than 56 days after the date of diagnosis	QOF
% of adult carers who have as much social contact as they would like	PHOF
Completeness of COPD registers	QOF
The percentage of patients with COPD who have had influenza immunisation in the preceding 1 August to 31 March	QOF

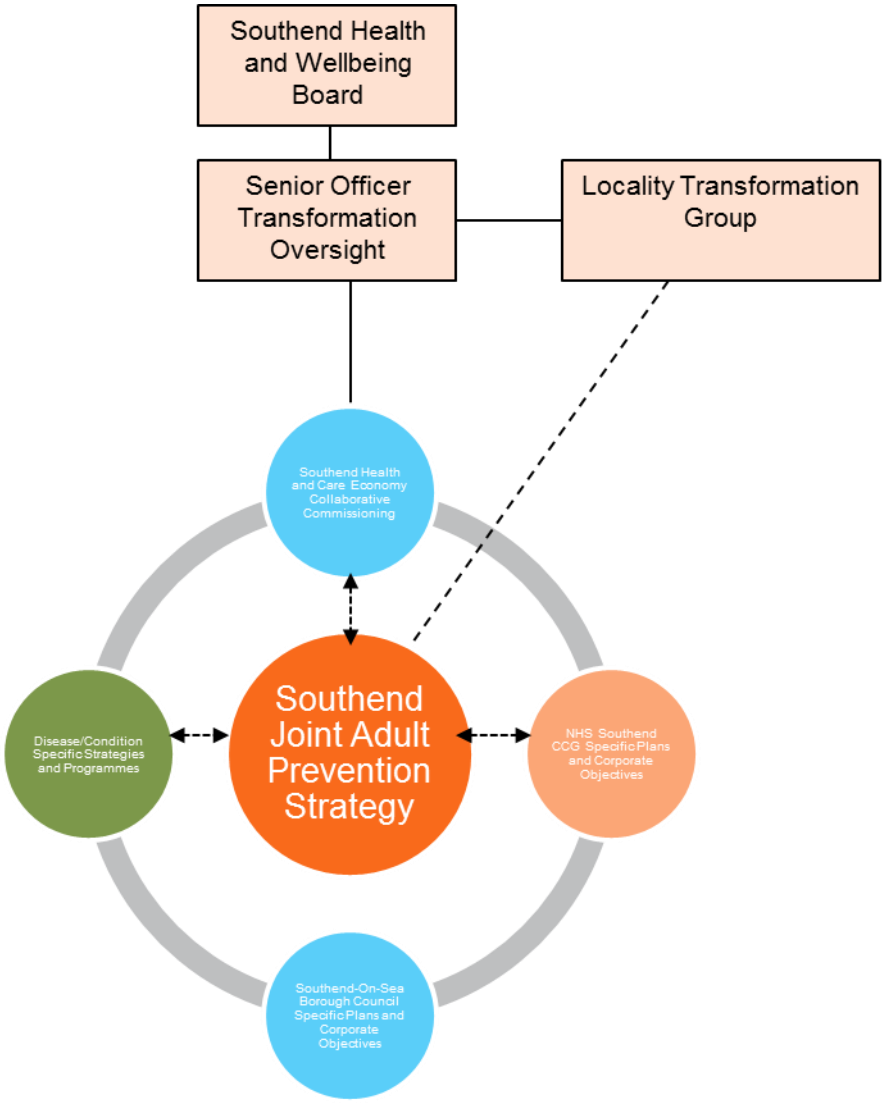
Tertiary Prevention Indicators

Indicator	Source
Number and rate of falls in population aged 65+	PHOF
Number and rate of falls resulting in fractured neck of femur as Primary Diagnosis in population aged 65+	PHOF
% of patients with a stroke shown to be non-haemorrhagic, or a history of TIA, who have a record in the preceding 12 months that an anti-platelet agent, or an anti-coagulant is being taken	QOF
% of stroke discharges that result in Early Supported Discharge	NHSSCCG/SBC
Completeness of GP COPD registers	QOF
Rate of unplanned hospital admissions for those ages 75+	PHOF
% of population in SBC funded registered care	SBC
% of clients self-caring following reablement	SBC
% of adults with a learning disability who live in stable and appropriate accommodation	SBC
Gap in employment rate between those with a learning disability and the overall employment rate	SBC
% of adults in contact with secondary mental health services who live in stable and appropriate accommodation	SBC
Gap in employment rate between those in contact with secondary mental health services and the overall employment rate	SBC

5.5 Oversight

Figure 5 provides an illustration of the relationship between this prevention and strategy and the Southend health and care economy. This diagram is subject to revision in line with pending changes to local governance arrangements within the Southend health and care economy.

Figure 5 Oversight arrangements



5.6 Summary

The Wanless ‘fully engaged’ scenario may take some time to achieve in Southend. Being able to contain demand at current levels and maintaining the status quo might be desirable in some cases. We will know we have made a difference when health and care costs reduce and demand for interventions reduce substantially overtime.

The action plan at Appendix 1 sets out the high-level prevention outcomes to be delivered throughout the lifetime of the Southend Joint Adult Prevention Strategy. Responsibility for delivering condition specific outcomes rests with the relevant strategy and associated local delivery mechanisms. For example, the Southend Physical Activity Strategy is the vehicle that will take forward actions to increase the rate of physical activity in at risk groups; the Southend Carers strategy, actions related to improving outcomes for carers.

Further debate is required to align the key outcomes that are set out in the partnership strategies referenced in this prevention strategy. This work is on-going. There is a need to be pragmatic and take account of changing population needs and local priorities. The following section sets out how we will monitor the progress of the deliverables set out in this prevention strategy.

5.7 Southend Joint Adult Prevention Strategy Action Plan

	Key Area 1: Proactively support lifestyle behaviour change in adults with specific long term conditions (LTCs)				
Action	**Outcome**	**Specific Actions**	**How it will be measured**	**Lead Organisation**	**Timescale**
1	Rollout use of patient activation measures in primary care (increase the ability of people to self-manage)	All GP Practices to use patient activation measures for routine assessment (annual reviews) with people LTC's People at low activation (1&2) to be referred appropriately for self-management support) Increase the number of people moving from activation levels 1&2 to level 3 or 4 by 10% each year for the period of the strategy (baseline to be established)	Primary Care Coding PH Audit/performance monitoring SBC-PH contract monitoring - KPI	NHS Southend CCG –SBC PH NHS Southend CCG –SBC PH	April 2017 April 2017
2	Increase the ability of people living with chronic long term health conditions to self-manage	Increase referrals the Southend Healthy Lifestyle Service (at least 3600 people with LTC referred per annum)	Primary Care (Southend Community Recovery Pathway)	NHS Southend CCG, SBC Social Care, SBC-PH	2017-2020
3	Develop a local cadre of prevention champions trained in ***Making Every Contact Count*** behavioural change methodology.	Identify, train and establish a network of local Southend voluntary prevention champions Every GP practice to have an assigned prevention lead responsible for supporting the practice to improve health of people with identified LTCs in each practice.	SBC-PH audit	SBC – PH and NHS Southend CCG	2016-2020

Action	Outcome	Specific Actions	How it will be measured	Lead Organisation	Timescale
4	Increase the proportion of Southend adults (specifically those with a long term chronic health condition, physical disability, mental health) who are regularly undertake the recommended weekly levels of physical activity	Southend physical activity strategy to develop specific baseline and target with interventions for people with LTC's and mental health problems	Active People Survey	SBC PH and SBC Department of Place	2016-2021
5	Reduce the proportion of the Southend adult population who are deemed to be overweight and obese	Implement the Southend Obesity Strategy	Public Health Outcomes Framework	SBC and NHS Southend CCG	2016-2021
6	Continue to decrease tobacco use in Southend	Implement Southend Tobacco control policy Increase number of local businesses in Southend Public Health Responsibility Deal signing up to tobacco control pledge	Local Audit	SBC –PH, SBC Department Place	2016-2021
7	Decrease excessive alcohol use in Southend	Reduce number of people alcohol related hospital admissions for Southend residents Increase identification of excessive alcohol intake in persons aged 40-74 through use of brief interventions following NHS Health Checks	Public Health Outcomes Framework	SBC – PH , SBC DACT, NHS Southend CCG	2016-2021
8	Deliver a social marketing programme targeted at risk behaviours to facilitate lifestyle change	Segment local at risk population (LTC) deliver social marketing programmes to support referrals to Southend Healthy Lifestyle Service	Programme evaluation	SBC - PH	2016-2018

9	Use digital technology to improve access to health promotion, information and advice for people who are at risk of or recovering from an adverse event that has impacted on their health	Implement Public Health Elements of Southend Digital Strategy	Audit TBC	SBC-PH, SBC Place Department	2016-2021
	Key area 2. Creating community capacity and enhancing community resilience				
Action	**Outcome**	**Specific Actions**	**How it will be measured**	**Lead Organisation**	**Timescale**
10	Improve support to carers so they feel they are able to cope more effectively with their caring responsibilities	Improved and more varied respite for the cared for	Carers survey	SBC Department for People/ Southend Carers Forum	2016-2018
11	Increase and improve interventions to address social isolation and loneliness in older people, people living with disabilities and carers	Develop capacity and capability to support lonely and social isolated older people Network (volunteers). Engage with volunteers and user led groups to discuss how they can help with improving interventions which address social isolation.	Take up of the opportunities provided Customer feedback	SBC Department for People/ Southend Carers Forum	2016-2018
12	Increase social connectivity and befriending	Develop local community resilience and local peer networks. Use learning from C2 community development programme to develop local community capacity. Focus on using strengths-based assessments and care planning, which concentrate on individual abilities and community assets, rather	Customer feedback/ SBC-KPI SBC - KPI	SBC Peoples Department	2016-2018

		than an approach that overly focuses on deficits and provision to meet need.			
Action	**Outcome**	**Specific Actions**	**How it will be measured**	**Lead Organisation**	**Timescale**
13	Establish network of Local Southend Prevention Champions	Work with council community development team to Identify and train local voluntary Prevention Champions to link with local communities and specific target groups	Evaluation criteria will feed into Connect metrics. Social Return on Investment also under consideration	SBC-PH – Vol Orgs	March 2017
14	Support people with a long term conditions to feel independent and in control of their own health	People with LTC able to access local self-management courses and opportunities	GP Survey	SBC PH- NHS Southend CCG	2020
15	Increase the number of people with respiratory conditions (COPD, asthma) who have a seasonal influenza vaccination	Work with primary care teams and NHS England to increase influenza uptake in at risk groups Reduce the rate (100,000) of people with respiratory conditions (COPD, Asthma) admitted to hospital	Inform returns	NHS Southend CCG/ NHS England	2018
16	Support local employers to improve and maintain, the mental and physical health of employees	Continue to support employers signed up to the Southend Public Health responsibility deal and increase the number of new local employers signed up to Southend Public Health Responsibility deal (by a minimum of 10% each year	PH Performance monitoring Employment Support Allowance Claimants	SBC- PH	2020

Action	Outcome	Specific Actions	How it will be measured	Lead Organisation	Timescale
	Key area 3: Improve early detection and treatment of risk factors related to Non-Communicable Diseases				
17	Increase the number of patients diagnosed with hypertension by at least 19%	Increase opportunistic testing of blood pressure within primary care (GP and pharmacy), the Southend Get Healthy Service IHLS and the wider community	QOF IHLS KPI	NHSE/NHS Southend CCG - PH	April 2018
		Improve the uptake of the NHS Health check in 40-74 year olds to at least 75% of those offered a check (at least 200 new cases of hypertension identified)	PH contract monitoring and PHOF	SBC – PH	April 2018
		All people referred to Southend Get Healthy Lifestyle Service to have their BP taken. (Appropriate referrals made/action taken for all those identified)	PH -Performance monitoring	SBC -PH	July 2016
18	Improve the care of those already diagnosed with hypertension	9200 people with hypertension to have BP measured within appropriate range (150/90)	QOF	NHSE/NHS Southend CCG	April 2018
		Support adherence to treatment and lifestyle by increasing self-monitoring of BP	audit	NHS Southend CCG	April 2020
19	Improve the detection of atrial fibrillation (AF) to match that of comparator CCGs	Targeted action within primary care to identify AF (actions currently being scoped. Measure will be confirmed when finalised)	QOF	NHSE/NHS Southend CCG	April 2020

Action	Outcome	Specific Actions	How it will be measured	Lead Organisation	Timescale
20	Improve the care of those already diagnosed with atrial fibrillation,	All patients with AF who could benefit from anticoagulants are offered treatment. (baseline 2015/16 QOF)	QOF	NHSE/NHS Southend CCG	April 2020
21	Increase uptake of learning disability health checks in primary care	At least 80% of people identified with a learning disability (LD) to receive LD health check People with LD are appropriately referred for lifestyle intervention to address risk factors related to non-communicable disease	QOF PH Contract monitoring	NHS Southend CCG SBC-PH	April 2020
22	Prevent the onset of type 2 diabetes in people at risk of the condition	100 people access the Southend diabetes prevention programme	PH contract monitoring	NHS Southend CCG/SBC PH	September 2017
23	Improve the prevention and detections management of those with diabetes.	Increase the uptake of the NHS health check to 75% (at least 51 new cases of type 2 diabetes identified)	PH contract monitoring	NHS Southend CCG/SBC – PH	April 2017
24	Improve the management of type 2 diabetes	Increase proportion of patients with optimal treatment to national good practice levels	QOF	NHSE/ NHS Southend CCG	April 2020

Action	Outcome	Specific Actions	How it will be measured	Lead Organisation	Timescale
25	Improve the management of those diagnosed with COPD	Support people with COPD to stop smoking (% to be determined) Improve coverage of flu vaccination for those with COPD (baseline 2015/16)	QOF NHSE Flu returns	NHS Southend - CCG SBC-PH	April 2017 April 2017
26	Use outreach to make NHS Health Checks more accessible for the most vulnerable and harder to reach groups within the population	Percentage of people from routine and manual groups who receive an NHS Health Check through the outreach service (at least 800 people checked through outreach service)	SBC-PH and PHOF	SBC - PH	April 2017
27	Increase diagnosis of dementia	Reduce the ratio between expected and diagnosed dementia prevalence in GP primary care dementia registers (baseline 2015/16)	QOF	NHS Southend CCG	April 2020
28	Support older adults to achieve a healthy lifestyle to delay the onset of frailty	Increase throughput of older adults at risk of frailty to Southend Healthy Lifestyle Service to 20% by 2020. Support frailer adults to self-manage and address risk lifestyle behaviours including: stop smoking, physical inactivity, improve their diet, maintain a healthy weight, and reduce alcohol intake. Current baseline 2015/16 is 16% of service users are over 60	SBC PH contracting	SBC-PH	April 2020

Action	Outcome	Specific Actions	How it will be measured	Lead Organisation	Timescale
29 151	Prevent falls and fragility fractures in older people	Increase number of older people who receive falls risk assessment in primary care (specifically those with cognitive impairment) by 10% each year (107 additional referrals by 2018) (2016 baseline 510) Increase referral of older people at high risk of falls to community falls service/postural stability service Increase assessment and treatment of older people at risk of fragility fractures by 15% (referral baseline into community postural stability service 389 (58 additional referrals per year) 2015/16/ community falls service baseline in 2015/16 510 (77 additional referrals per year)	QOF/SBC PH Contracting	SBC-PH	April 2018

QOF: Quality outcome framework for General Practice PHOF: Public Health Outcome Framework KPI: Key Performance Indicator in contracts

6.0 References

1. Roberts et al (2015). Filling the gap; Tax and fiscal options for a sustainable UK health and social care system. The Health Foundation. London.

2. Van Gils et al (2010). 'Cost-effectiveness research on preventive interventions: a survey of the publications in 2008'. European Journal of Public Health, vol 21, no 2, pp 260–4

3. Buck D, Frosini F (2012). Clustering of Unhealthy Behaviours over Time: Implications for policy and practice. The King's Fund. London. www.kingsfund.org.uk/publications/clustering-unhealthy-behaviours-over-time.

4. Public Health England (2016). Public Health Outcomes Framework. http://www.phoutcomes.info/public-health-outcomes-framework#page/1/gid/1000042/pat/6/par/E12000006/ati/102/are/E06000033 (accessed 23rd February 2016)

5. Newton et al (2015). Changes in health in England, with analysis by English regions and areas of deprivation, 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013. The Lancet, http://dx.doi.org/10.1016/S0140-6736(15)00195-6. (accessed 23rd February 2016)

6. Buck D, Gregory S (2013). Improving the public's health, a resource for local authorities. The Kings Fund. London.

7. Marmot M (2010) The Marmot Review Fair Society Healthy Lives. UCL Institute of Health Inequity. http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review.

8. Public Health England (2016). Hypertension profile Southend-on-Sea. https://www.gov.uk/government/organisations/public-health-england.

9. Office for National Statistics (2015). National Population Projections: 2014-based Statistical Bulletin: http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/nationalpopulationprojections/2015-10-29.

10. White SM, Griffiths R (2011). Projected incidence of proximal femoral fractures in England: a report from the NHS Hip Fracture Anaesthesia Network (HIPFAN). Injury ;42:1230–3.

11. Department of Health (2012) Long Term Conditions Compendium of Information Third Edition. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216528/dh_134486.pdf

12. Department for Communities and Local Government (2015). English Indices of Deprivation 2015. http://tinyurl.com/op9k35j (accessed 23rd February 2016)

Southend-on-Sea Borough Council

Agenda Item No.

13

Report of Corporate Director for People
to
Cabinet
on
20 September 2016

Report prepared by: Sharon Houlden
Head of Adult Services and Housing

Capital Re-development of Delaware, Priory and Viking

People Scrutiny Committee
Executive Councillor: Councillor Lesley Salter

Part 2 - Not for publication by virtue of paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972

1. Purpose of Report

To present to Cabinet the outcome of the consideration of potential options for the capital re-development of Priory and Delaware Residential Care homes and the Viking Day Centre for people with a learning disability and determine preferred option(s) to take forward.

2. Recommendations

2.1 To note that the Strategic Outline Case (SOC) at **Appendix 1** has found that the preferred option is the re-development of the Viking Learning Disability Day Centre and the New Build of a 60 bed dual registered dementia care home on a single site (Priory).

2.2 To agree the preferred option(s) identified above should be subjected to a fully costed Outline Business Case (OBC) to be presented to Cabinet in February 2017.

2.3 To note that the Scheme will be financed by the Council with the Local Authority Trading Company, Southend Care, operating any new facility under a long term commercial lease from the Council.

3. Strategic Context and Background

3.1 The future of Priory and Delaware residential Care homes and the Viking Day Centre for People with a Learning Disability and their potential capital re-development has been the subject of debate and consideration for a number of years, during that time a variety of potential options have been considered

3.2 In July 2015 the architects ADP were appointed and completed their Feasibility Review. The preferred option identified was the redevelopment of Priory site. This option provided for a 60 bed dementia residential care home, Learning

Disability Day Care Centre (45 places) plus the provision of 52 Extra Care apartments. The preferred option was on the Priory House site plus the adjoining school site and allows for the existing care home to remain operational until the new facilities come on-stream. This development would take place in two phases with the care home, Day Care Centre and 16 Extra Care flats in the first phase and the remaining 36 Extra care Flats in Phase 2.

3.3 The Cabinet meeting held on 19 January 2016 agreed:

- That a fully costed proposal be developed for the creation of new care facilities on the Priory site to be operated by the LATC, including full details of funding and financing implications, given that the independent Site Feasibility Study, as set out in Appendix 4 of the report, has established there is a clear Business Case

- That the site Feasibility Study, which has demonstrated the feasibility of developing a dedicated dementia facility and re-provision of a learning disability day centre on the Priory House site, be noted and that officers be requested to develop fully costed proposals for submission to Cabinet later in the year.

3.4 These decisions were confirmed by Council on 25 February 2016.

3.5 The new political administration at a Member Briefing session held on 26 July 2016 agreed the following:

- Take the opportunity to reappraise / 'sense check' potential options;

- Consider potential alternative solution(s) to ensure:
    - Strategic fit
    - Meet future needs / demands
    - VFM / affordability

- Strategic Outline case (SOC) to September Cabinet
    - Identifies preferred option(s) – to be subject to Outline Business Case (OBC)

This Cabinet Report considers those potential options that should be taken forward for more detailed consideration.

4. Findings & Conclusions of Strategic Outline Case (SOC)

4.1. The SOC, following consideration of the existing facilities, need, demand and supply for these services, concluded the following:

- It is acknowledged that Viking is beyond its useful life and requires replacement for which capital finds have been identified.

- It is acknowledged that the built environments of Priory and Delaware Residential Care Homes are not viable in the medium term and will not meet user expectations.

- There remains an ongoing need for quality day care for people with a learning disability.

- There is an increasing need for dementia care with an increasing elderly population.

- There is limited supply of nursing care accommodation for people with dementia, as well as residential care able to cope with older people with severe dementia.

- Any consideration of investment in extra care housing needs to be done as part of the considered response to the current Sheltered Housing Review/Review of Housing Need of Older People. In order not to pre-empt the conclusions of that review, it was not felt expedient at this point to include extra care housing development as a feature of the recommended preferred option (option 3). This does not preclude the development of extra care as a future option; allowing us to concentrate on and expedite the development of the care home and day care facilities in the first instance.

- It is acknowledged that there is potential to expand and develop our successful "discharge to assess" residential reablement model (currently 6 beds at Priory House) to include community-based domiciliary provision. This could be delivered via the LATC's new domiciliary care service. Potential commercial gains from this venture would be best realised by the reprovisioning of existing services on a single site as it would facilitate continuity of care between the residential unit and the community provision through use of the same staff group.

4.2 Clearly such developments will involve significant capital investment from the Council the estimated capital expenditure for each of the options is estimated as follows.

Ref	Option	Estimated Gross Capital Cost (£m)
1.	**Do Nothing** – Business As Usual	£2.0
2.	**Priory Re-development 1**: 60 Bed Dementia Residential Care Home plus Learning Disability Day Centre and 52 Extra Care Places	£23.0
3.	**Priory Re-development 2**: 60 Bed Dual Registered Dementia Care Home Residential plus Learning Disability Day Centre, both on Priory site.	£11.4
4.	**Dual Site Development**: 60 Bed Dual Registered Dementia Care Home on Priory site Plus Viking re-development on existing site	£10.8

4.3 Based on the non financial evaluation of the options the highest scoring two options are the redevelopment of the Viking Learning Disability Day Centre and the new build of a 60 bed dual registered (Residential and Nursing) care home either on a single site together (Priory) or two separate sites.

4.4 Clearly the taking forward of these options does not preclude future capital investment in Extra Care Housing in the Borough. However it is considered that the level, timing, nature and location of any future Extra Care housing be determined as a result of thoughtful consideration of the outcome of the recent Sheltered Housing Review.

5. Other Options

5.1 The Council could close both Delaware House and Priory House (subject to consultation, notice etc.) and then purchase care packages in the private sector, although the available number of places in private care homes in Southend is declining and alternative high level dementia care is extremely limited.

This option would result in a revenue saving and the Council would not have to incur capital costs. However it would mean that:

- The Council ceased all direct provision of residential elderly care;
- The Council would have little ability to influence the local care market;
- The Council would have less flexibility to respond to changes in the care regime;
- The opportunity to raise revenue would be lost;
- Existing residents would be subject to upheaval in moving to a new Care Home: and
- The Council would incur significant redundancy costs.

5.2 The Council could close one of the Care Homes and retain the other which would be refurbished to comply with mandatory standards.

This option would address some of the problems of closing both Care Homes as set out in 5.1. However it would require significant financial investment in the remaining Care Home. Also the costs of providing care would be higher than purchasing care packages in the private sector and there would be little opportunity for income generation.

5.3 A variation on either option 5.1 or 5.2 would be to sell either one or both of the Care Homes to a private sector Care Home company, rather than pursuing closure. Previous evaluation of this option identified little interest from the private sector given the condition of the properties. In fact rather than the Council obtaining a capital receipt, it would be obliged to pay a significant capital sum to the purchaser.

5.4 Another option would be to continue to run the two Care Homes and to invest at least £2m in capital costs for essential refurbishment. The problems with this option are:

- Affordability – the cost to the Council would be far higher than other options and in the current financial climate it is simply too expensive. Some 80% of Council provision is already made by purchasing packages in the private sector at some half of the cost.

- It is only storing up problems for the future. Further works will be required to the aging Care Homes and the Council will lack the necessary flexibility to address changing circumstances**.**

6. Reasons for Recommendations

To meet the objective of providing care to vulnerable residents of Southend in the most cost effective way and ensuring sufficient supply and access to appropriate and quality facilities.

7. Corporate Implications

7.1 Contribution to Council's Vision & Critical Priorities

The recommendations address Prosperous and Healthy Southend.

7.2 Financial Implications

There is no material financial implication as a direct result of the recommendations of this Cabinet Report. This Report effectively identifies the preferred option that ought to be subject to further consideration.

If the Council were to proceed, following consideration at the February 2017 Cabinet Meeting, with the preferred option it would need to enter into procurement contracts for design and build and new facilities and finance these capital developments. The level of capital investment is likely to be around £11.5 million. The exact level of investment would be determined through the development of the Outline Business Case (OBC) and ultimately the market testing of the procurement. The capital investment would be financed through a combination of borrowing and capital receipts generated through the sale of surplus sites.

The initial capital development will be financed by the Council and the Local Authority Trading Company (LATC), Southend Care, will operate any new facility under a long term commercial lease from the Council. As a result the revenue consequences of capital financing would be more than offset by the lease arrangements with the LATC.

7.3 Legal Implications

The Council has powers to provide the existing functions and services under the Care Act 2014 and to the extent the relevant provisions have not yet been repealed, under the National Assistance Act 1948, the National Health Service

and Community Care Act 1990, other related care legislation together with section 111 of the Local Government Act 1972.

7.4 People Implications

It is intended that these facilities will be operated by the LATC and as a result the staff working in these facilities will be direct employees of the Trading Company and not the Council. The LATC would effectively need to manage the workforce implications, including the potential re-location, of the development of new facilities based on the selected configuration.

7.5 Property Implications

If the Priory Site is redeveloped for a new Dementia Care Facility the Delaware and Viking (Avro) sites will become surplus to requirements and available for disposal generating a capital receipt. Optimal use of the Priory site would require the use of the adjoining school site. As such appropriate permissions will need to be obtained from the Department of Education to ensure its availability, this process has commenced.

Any Council properties, both existing and any new build, to be used by the LATC, will need to be subject to commercial lease agreements with the Council.

7.6 Consultation

Formal consultation would need to take place with service users and carers at Delaware, Priory and Viking with regard to any proposed relocation of services.

The consultation periods in respect of the above need to reasonable to allow meaningful engagement, in practical terms that will effectively means consultation periods of up to three months (13 weeks). These periods will need to be built into any project implementation timetable.

7.7 Equalities Impact Assessment

An Equality Analysis of the development of the LATC is already in place and under continuous review. This will be updated and be presented alongside the Outline Business Case for consideration by the February 2017 Cabinet meeting.

7.8 Risk Assessment

Inevitably in considering large scale new capital developments there are a number of risks. The key risks are summarised below.

- Potential delay in the new developments would have a detrimental impact on quality of Service user experience.

- Significant delay in development could have detrimental impact on the financial viability of the LATC.

- Gaining relevant planning consents and in particular permission to use adjacent school site at Priory.

7.9 Value for Money

Any contracts will be let in accordance with the Council's Contract Procedure Rules to ensure value for money is delivered.

7.10 Community Safety Implications

There are no community safety implications arising from the recommendations in this report.

7.11 Environmental Impact

The proposals will improve and better meet the needs of the clients and carers. Any new buildings will be subject to usual planning procedures.

8. Background Papers

(a) Outcome of the review of the decision to close Priory house and re-develop Delaware House – Cabinet Report – 20 January 2015.

(b) Outcome of the initial feasibility study for Delaware, Priory and Viking and the financial viability of the setting up of a Local Authority trading Company – Cabinet Report - 23 June 2015.

(c) Establishment of a Local Authority Trading Company for Adult Social Care and site feasibility study for Delaware, Priory and Viking – Cabinet Report 19 January 2016

(e) ADP Site Feasibility Study – New Day Care, Care home and Extra Care for SOSBC (Delaware, Priory and Viking Sites – July 2015.

9. Appendices

Appendix 1: Priory, Delaware & Viking Capital Re-development Strategic Outline Case (SOC) – August 2016

This page is intentionally left blank

Southend on Sea Borough Council

Priory, Delaware & Viking Capital Re-Development Programme

Strategic Outline Case (SOC)

AMPM
Version: 0.2 August 2016

Contents

Introduction & Background

Introduction

The purpose of this paper is to provide a strategic assessment of potential options for the capital re-development of residential care (Priory and Delaware) for older people and learning disability day care currently provided at Viking on the Avro site that can be taken forward for detailed consideration and appraisal in an Outline Business Case to be prepared in the coming months.

Background

The future of Priory and Delaware Residential Care homes and the Viking Day Centre for People with a Learning Disability and their potential capital re-development has been the subject of debate and consideration for a number of years, during that time a variety of potential options have been considered

In July 2015 the architects ADP were appointed and completed their Feasibility Review. The preferred option identified was the redevelopment of Priory site (Option 11). This option provides for 60 bed dementia residential care home, Learning Disability Day Care Centre (45 places) plus the provision of 52 Extra Care apartments. The preferred option was on the Priory House site plus the adjoining school site and allows for the existing care home to remain operational until the new facilities come on-stream. The development would take place in two phases with the care home, Day care Centre and 16 Extra Care flats in the first phase and the remaining 36 Extra care Flats in Phase 2.

The Cabinet meeting held on 19 January 2016 agreed the establishment for adult social care services and also agreed:

- That a fully costed proposal be developed for the creation of new care facilities on the Priory site to be operated by the LATC, including full details of funding and financing implications, given that the independent Site Feasibility Study, as set out in Appendix 4 of the report, has established there is a clear Business Case

- That the site Feasibility Study, which has demonstrated the feasibility of developing a dedicated dementia facility and re-provision of a learning disability day centre on the Priory House site, be noted and that officers be requested to develop fully costed proposals for submission to Cabinet later in the year.

These decisions were confirmed by Council on 25 February 2016.

The new political administration at a Member Briefing session held during July 2016 and agreed the following:

- Take the opportunity to reappraise / 'sense check' potential options;

- Consider potential alternative solution(s) to ensure:
  - Strategic fit
  - Meet future needs / demands
  - VFM / affordability

- Strategic Outline case (SOC) to September Cabinet
  - Identifies preferred option(s) – to be subject to Outline Business Case (OBC)

We therefore need to consider those potential options that should be taken forward for more detailed consideration.

Current Service Offering

Delaware House Residential Care Home for Older People	Residential care for older people (24 places)
Priory House Residential Care home for Older People	Residential care for older people (28 places)
Viking Leaning Disability Day Services	High dependency day care for people with Learning Disabilities

As mentioned above previous options have considered the option of co-locating new build extra care development within the capital re-development of these services. A strategic review of sheltered housing has just been completed.

It has been acknowledged that the Viking Learning Disability Day Centre has reached the end of its useful life and needs to replaced, funding for this capital build (£2 million) is in the existing capital programme.

It has also been acknowledged that the built environments of Priory and Delaware Residential Care Homes are not viable in the medium term and will not meet user expectations.

Demand and Supply Analysis

We consider the demand and supply in respect of residential care for older people, particularly those with dementia.

Need & Demand – Older People

The older population within Southend is as follows:

2015	
Age	**Population**
65-74	17.8
75-84	10.8
85-89	8.0
90+	2.0

ONS 2015

The older population is forecast to grow significantly in the forthcoming years.

Age Group	**Year of Projection (Thousands)**					**% Change 2015-2035**
	2015	**2020**	**2025**	**2030**	**2035**	
Total 50 Years+	66.3	72.5	77.9	82.6	87.1	31.4
Total 65 years+	33.9	36.8	40.7	46.2	51.3	51.3
Total 85 years+	5.3	5.8	6.8	8.4	10.8	103.8

Source: ONS 2012 based Sub-National Population Projections

There were an estimated 2,520 people aged 65+ with dementia in Southend on Sea in 2015. This figure is projected to rise to 3,867 by 2030, a 53.5% increase. The full breakdown of this data by age group and year is shown in table below.

Age Group	Year of Projection (Thousands)				Additional No. 2015-2030	% Change 2015-2030
	2015	2020	2025	2030		
65-69	127	115	128	150	23	18.1
70-74	207	265	238	269	62	30.0
75-79	357	410	526	478	121	33.9
80-84	563	620	717	929	366	65.0
85-89	667	700	795	972	305	45.7
90+	600	687	834	1,069	469	78.2
Total 65+	**2,520**	**2,797**	**3,238**	**1,347**	**1,347**	**53.5**

Source: Projecting Older People Population Information (POPPI)

Of those with dementia in the Borough 45% have moderate (858) and /or severe dementia (340).

It has been forecast that the proportion of over 75 year olds within a care home within Essex will increase by 37% over the next ten years[1].

The majority of those within care homes have dementia[2]:

% with Dementia in Care Homes:

EMI:	79.90%
Nursing:	66.90%
Residential:	52.20%

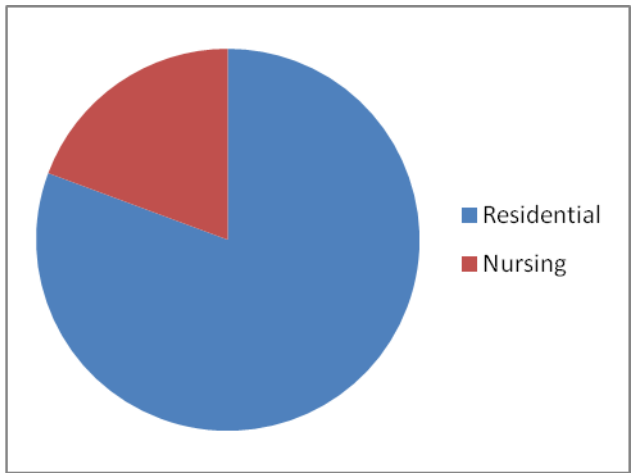
[1] JSNA Essex from 6093 in 2015 to 8355 between 2015 and 2025
[2] JSNA (2008)

Need & Demand – Learning Disabilities

In 2015 there were 3,259 people with a recorded with a leaning disability. Of these 670 were categorised as moderate or severe. There were 153 people categorised with a severe leaning disability, 68 with Downs Syndrome and 48 with Challenging Behaviour[3]. The number of people with a learning disability was forecast to grow by 4.46% by 2020 in the Borough although this is lower than the Essex average of 7.75%.

Supply

There are 1681 registered care beds for older people in the Borough. The majority of these (1347 in 64 homes) are registered as Residential Care[4].



Of those Residential Registered beds the majority state (87%) they have capacity to care for older people with dementia. Of the 323 nursing beds, across 9 homes, 58% are for dementia care.

[3] Learning Disability Needs Assessment (JSNA) – January 2015
[4] Source: www.carehome.co.uk

The 52 beds within Priory and Delaware are included in the residential bed numbers above, also providing dementia care.

Within Southend 46% of those with a learning disability received day care one of the highest in the County but this may to a great deal account for that only 9% received home care the lowest in Essex.

46 people with a learning disability were in paid employment but only 10 of these was for more than 16 hours per week, and none greater than 30 hours.

The Council is the primary provider of day care for people with a learning disability. There are activities and groups operated by the third sector, such as MENCAP[5].

Conclusion

1. It is acknowledged that Viking is beyond its useful life and requires replacement for which capital finds have been identified.

2. It is further acknowledged that the built environments of Priory and Delaware Residential Care Homes are not viable in the medium term and will not meet user expectations.

3. There remains an ongoing need for quality day care for people with a learning disability.

4. There is an increasing need for dementia care with an increasing elderly population.

5. There is limited supply of nursing care accommodation for people with dementia, as well as residential care able to cope with older people with severe dementia.

6. Any consideration of investment in extra care housing needs to be done as part of the considered response to the recent Sheltered Housing Review.

[5] http://www.southendmencap.org.uk

Potential Options

Based on the above analysis the following potential development options emerge for consideration.

Ref	Option	Description	Comments
1.	**Do Nothing** – Business As Usual	Presented for comparison purposes	Unviable in the medium to long term
2.	**Priory Re-development 1**: 60 Bed Dementia Residential Care Home plus Learning Disability Day Centre and 52 Extra Care Places	The preferred option arising from the ADP Feasibility Study. Phased development.	Previously preferred option although affordability and demand for Extra Care not demonstrated
3.	**Priory Re-development 2**: 60 Bed Dual Registered Dementia Care Home Residential plus Learning Disability Day Centre	As above but excludes any decision with regard extra care housing.	Generate additional surplus site but would require (as above) use of adjacent school site)
4.	**Dual Site Development**: 60 Bed Dual Registered Dementia Care Home on Priory site Plus Viking re-development on existing site	Split site development – potentially could take place on different timescales and different funding / procurement routes.	Dual site development along different procurement routes and timetable but would reduce potential capital receipt from surplus site

Options 3 and 4 do not preclude further capital investment in Extra Care housing in the future but consider this is best done following considered response to the recent Sheltered Housing review.

The new dual registered care home would specialise in high dependency dementia care, re-ablement and 'discharge to assess' areas of activity that the the Council has a growing reputation and where the Local Authority Trading Company (LATC) will seek to further develop, along with domiciliary care provision as an adjunct to this model.

We now go on to consider each of these potential development options.

Financial Appraisal

We have undertaken a high level financial appraisal of the likely costs of each option.

Ref	Option	Gross Capital Cost (£'000s)
1.	**Do Nothing** – Business As Usual	£2,000
2.	**Priory Re-development 1**: 60 Bed Dementia Residential Care Home plus Learning Disability Day Centre and 52 Extra Care Places	£22,974
3.	**Priory Re-development 2**: 60 Bed Dual Registered Dementia Care Home Residential plus Learning Disability Day Centre	£11,357
4.	**Dual Site Development**: 60 Bed Dual Registered Dementia Care Home on Priory site Plus Viking re-development on existing site	£10,757

Notes:

1. Capital cost for 'do nothing' option based on estimated replacement and repairs as set out in Cabinet Report 19 February 2016
2. Capital costings based on previous ADP estimates[6]

[6] 'New Day Care, Care home and Extra Care for SOSBC – Viking and Priory Sites' – ADP – July 2015

3. Assumed capital cost to be funded from prudential borrowing and capital receipts generated from the sale of surplus sites – however if LATC were to operate new build there would be premium on lease. With the LATC paying 6-7% rental yield on capital cost
4. The extent and value of capital receipts from the sale of surplus sites will be reviewed as part of the preparation of the Outline Business Case (OBC) at the next stage.
5. Capital costs excludes Furniture, Fixtures and Equipment (FF&E)
6. Revenue estimates will be assessed as part of the preparation of the Outline Business Case (OBC). The operating expenditure would form part of the cost base of the LATC.

If a single site development is pursued on the Priory Site for a new Dementia Care Facility the Delaware and Viking (Avro) sites will become surplus to requirements and available for disposal generating a capital receipt. Optimal use of the Priory site would require the use of the adjoining school site. As such appropriate permissions will need to be obtained from the Department of Education to ensure its availability; this process has commenced.

Non Financial Appraisal

It is suggested the following criteria be used for strategic appraisal of these options:

- Strategic fit – development in line with Council policy toward Adult Social Care, including the development of a Local Authority Trading Company and commissioning Strategy.

- Quality of Service Outcomes to Service Users – Provides quality care and experience for service users.

- Deliverability / Practicality – Option can be delivered within a reasonable timescale and development risks are minimised.

- Affordability / Value for Money – The overall costs can covered within the Council's available resources and demonstrably deliver economy, efficiency and effectiveness.

- Flexibility / future fit – development provides the opportunity to adapt to fit in with future changes in service users' expectations and national and local policy.

We have scored each of the options against these criteria out of ten; we have not weighted any of the criteria.

Ref	Option	Strategic Fit	Quality of Service Outcomes	Deliverability / Practicality	Affordability / VFM	Flexibility / Future Fit	Total
1.	**Do Nothing** – Business As Usual	**0**	**4**	**8**	**10**	**2**	**24**
2.	**Priory Re-development 1**: 60 Bed Dementia Residential Care Home plus Learning Disability Day Centre and 52 Extra Care Places	**10**	**8**	**6**	**4**	**6**	**34**
3.	**Priory Re-development 2**: 60 Bed Dual Registered Dementia Care Home Residential plus Learning Disability Day Centre	**8**	**10**	**8**	**8**	**8**	**42**
4.	**Dual Site Development**: 60 Bed Dual Registered Dementia Care Home on Priory site Plus Viking re-development on existing site	**8**	**10**	**10**	**6**	**8**	**42**

Based on the above scoring the two highest options are the redevelopment of the Viking Learning disability Day Centre and the new build of a 60 bed dual registered (Residential and nursing) care home either on a single site together (Priory) or separate sites.

Clearly the taking forward of these options does not preclude future capital investment in Extra Care Housing in the Borough. However it is considered that the level, timing, nature and location of any future Extra Care housing be determined as a result of thoughtful consideration of the outcome of the recent Sheltered Housing review.

Pros and Cons

In the table we summarised the relative pros and cons of the potential development options.

Ref	Option	Pros	Cons
1.	**Do Nothing** – Business As Usual	• No disruption to service users • Current services well regarded by users & carers • Minimal capital cost	• Built environments not suitable / viable in the medium term • Commitments have been given to users & carers with regard capital investment
2.	**Priory Re-development 1**: 60 Bed Dementia Residential Care Home plus Learning Disability Day Centre and 52 Extra Care Places	• Delivers a single site solution • Capital receipts from two surplus sites (Delaware and Avro) • High quality built to best practice standards • Provides dementia nursing care	• Extended and complex phased build programme • Demand for Extra Care as yet undetermined • Expensive and affordability unclear • Limited demonstration of benefits of co-location of different client groups
3.	**Priory Re-development 2**: 60 Bed Dual Registered Dementia Care Home plus Learning Disability Day Centre	• High quality built to best practice standards • Delivers single site solution • Capital receipts from two surplus sites • Provides dementia nursing care	• The 2 capital schemes inter-dependent. • Potential decant issues for residential care • Requires use of adjacent school site
4.	**Dual Site Development**: 60 Bed Dual Registered Dementia Care Home on Priory Site Plus Viking re-development on existing site	• High quality built to best practice standards • Allows different procurement routes and timetables • Two capital schemes no longer inter-dependent & less complex build programme • Provides dementia nursing care • Lower level of capital investment required	• Only capital receipt from single surplus site

Recommendations

1. The preferred option is the re-development of the Viking Learning Disability Day Centre and the New Build of a 60 bed dual registered dementia care home, either on a single site (Priory) or separate sites (Avro and Priory). It is recommended that these options are taken forward and subject to detailed analysis within an Outline Business Case (OBC) to be presented to Cabinet for approval in February 2017.

2. It should be assumed that capital developments will be financed by the Council and that the Local Authority Trading Company, Southend Care, will operate any new facility under a long term commercial lease from the Council.

This page is intentionally left blank

Southend-On-Sea Borough Council

Agenda Item No.

15

Report of Corporate Director for People
to
People Scrutiny Committee

on
11th October 2016

Report prepared by:
Cathy Braun – Access and Inclusion

School Organisation Data Supplement
Executive Councillor: Councillor James Courtenay
A Part 1 (Public) Agenda Item

---

1. Purpose of Report

1.1 To note the School Organisation Data Supplement.

2. Recommendation

2.1 That the School Organisation Data Supplement 2016 be noted.

3. Introduction

3.1 The Data Supplement is prepared annually to inform members, schools and the public of trends in: demographics; admissions; and the number of school places in Southend.

3.2 The Data Supplement has been circulated to schools and is available on the Council's website within the Southend Children's Partnership area. http://www.southend.gov.uk/southendchildrenspartnership/downloads/3/children_and_young_peoples_plan

3.3 Members are requested to note the Data Supplement.

4. Background Papers

4.1 January 2016 Pupil Annual School Census (PASC).

5. Appendices

5.1 Appendix 1 – The School Organisation Data Supplement 2016

This page is intentionally left blank

Southend-on-Sea Borough Council

Agenda Item No.

16

Report of Corporate Director for Corporate Services

to

People Scrutiny Committee

11th October 2016

Report prepared by:
Fiona Abbott

Scrutiny Committee - updates

A Part 1 Agenda Item

1. Purpose of Report

To update the Committee on a significant number of health scrutiny matters, Joint Committee work, regional scrutiny and also the in depth scrutiny project.

2. Recommendations

2.1 That the report and any actions taken be noted.

2.2 To endorse the appointment of Councillors Boyd and Endersby to the Essex Task & Finish group looking into mental health services for children and young people.

2.3 To endorse the terms of reference for the Joint Committee looking at proposals for a PETCT scanner for south Essex, as set out at **Appendix 4**.

3. Joint Committee work

Complex urological cancer surgery in Essex

3.1 The Committee will be aware that a Joint Committee has been established with Essex and Thurrock Councils to review the proposed changes to the provision of specialised urological cancer surgery in Essex. The Committee received an update on issues at the meeting on 12th July 2016 (Minute 131 refers). A meeting of the Joint Committee was held on 6th September 2016 and was attended by Councillors Nevin and Boyd. A briefing note was circulated to the Committee on 7th September 2016 and this is attached at **Appendix 1**.

3.2 NHS England have now advised that the Regional Executive Management Team met on 20th September and made the final decision on the site of the specialised surgical service following consideration of the expert clinical panel recommendation and project progress. The decision was that Southend University Hospital NHS Foundation Trust should be the site and the service contract should commence in 2017/18 (Quarter 1). There will be further public engagement following the decision running between October – December 2016.

3.3 The report of the Joint Committee submitted to NHS England on 23rd September and attached at **Appendix 2**, which the Committee is asked to note. A

stakeholder bulletin was issued by NHS England on 23rd September. This acknowledges the JHOSCs report, accepts all the recommendations made by the JHOSC and outlines next steps (see **Appendix 3**). A verbal update will be provided at the meeting.

Location of PETCT scanner service for south Essex

3.4 In October 2015 the Committee considered proposals by NHS England to establish a single site location for a Positron Emission Tomography (PET) scanner for south Essex (Minute 326 refers). Options for siting it at either Basildon Hospital or Southend Hospital were considered. Concerns were raised by Thurrock and Essex Scrutiny Committees about the local clinical engagement at the time and NHS England agreed to review this further.

3.5 At the Scrutiny Committee meeting in July, the Committee agreed to appoint Cllrs Nevin and Jones (substitute Cllr D Garston) to sit on a Joint Committee looking at PETCT scanner service in south Essex (Minute 131 refers). A meeting of the Joint Committee was held on 15th September[1] at which the terms of reference were agreed. This is attached at **Appendix 4** which the Committee is asked to endorse. Councillors Nevin and Jones attended the meeting. (Thurrock HOSC also met on 15th September and considered the issue separately).

3.6 The substantive item at the Joint Committee was to consider NHS England's recommendation for Southend to be the permanent location of the PETCT scanner service in south Essex.

3.7 Following the meeting, a letter was sent to NHS England on behalf of the Joint Committee and a copy was circulated to the Committee on 20th September. In supporting the proposal to site the scanner at Southend Hospital, the Joint Committee made the following 3 specific recommendations:-

Recommendation 1:
Cognisant of the delay in finding a solution and that significant time had been lost, the JHOSC supports the proposal as submitted and encourages NHS England to implement it as soon as possible to ensure that capacity can be quickly increased enabling earlier diagnosis and improved patient outcomes.

Recommendation 2:
That NHS England need to be clear in their future communications to distinguish this project from the Success Regime and Urological cancer.

Recommendation 3:
That NHS England reports back to the JHOSC in six months' time to update it on implementation.

3.8 It is understood that Thurrock intend to refer the matter to the Secretary of State. A verbal update will be provided at the meeting.

3.9 Specialised commissioning overview – a presentation outlining commissioning specialised services in the Midlands and East was circulated to the Committee at the end of July.

[1] The meeting papers are available on the Council website on this link

4. Mental health services for children and young people

4.1 The Essex County Council Health Scrutiny Committee have recently set up a Task & Finish Group to review mental health services for children and young people. This is looking at the new provider, NELFT and the challenges facing it with increasing demand etc. As this an Essex wide service, Southend (and Thurrock) were invited to nominate 2 Committee Members to sit on the Group. As the next meeting of the group was scheduled for 19th September, Committee Members were contacted by email for nominations. Councillors Boyd and Endersby responded indicating that they would like to be involved and the relevant paperwork has now been forwarded to them.

4.2 The Committee is asked to note the involvement in this task and finish group.

5. In depth scrutiny project

5.1 At the meeting on the 12th July 2016, the Committee agreed that its in depth project for the current municipal year would be on the following topic – 'Alternative provision – off site education provision for children and young people' (Minute 132 refers).

5.2 The project team has held 2 meetings so far and the Committee is asked to note the project plan attached at **Appendix 5**.

6. Other matters

6.1 Health Profile 2016 – the latest health profiles have been published by Public Health England[2]. A copy of the health profile for Southend-on-Sea has been placed in the members work room.

6.2 NEP / SEPT proposed merger – representatives from North Essex Partnership Trust (NEP) and South Essex Partnership Trust (SEPT) gave a presentation to all members on 3rd October. A copy of the presentation will be placed in the members work room when available and will also be available on the Council's intranet site[3]

6.3 EEAST CQC Inspection – the Care Quality Commission published their inspection report for the East of England Ambulance Service NHS Trust on 9th August 2016. A Regional health scrutiny Chairs meeting has been arranged for 4th October 2016 at Ipswich, providing an opportunity for the Trust to share the CQC report, action plan and current issues. Committee Members were contacted by email for nominations to attend the meeting.

6.4 Valkyrie Branch Surgery – in September NHS England advised that Valkyrie Surgery has requested to close their branch surgery, currently operating out of Leigh Primary Care Centre. The practice advised that some clinical sessions were not totally filled and that partners at Valkyrie have had concerns about their ability to staff this branch surgery. This request was approved at the meeting of

[2] http://fingertipsreports.phe.org.uk/health-profiles/2016/e06000033.pdf&time_period=2016
[3] Handouts from briefings

Direct Commissioning Oversight Group (DCOG) and closure of the branch is planned for 30th September 2016.

Patients have been consulted; any patient that wishes to remain accessing the Leigh Primary Care Centre can register with the Pall Mall Surgery. Pall Mall Surgery are currently operating an open list and are aware that the branch surgery of Valkyrie has requested this closure.

Patients registered with the Valkyrie Surgery will continue to have full access to primary care services via Valkyrie Road.

6.5 Consultation on orthopaedic surgery - Joint consultation by Southend CCG and Castle Point & Rochford CCG – the CCG's recently undertook a public consultation on proposals to introduce further restrictions to orthopaedic surgery across Southend, Castle Point and Rochford. The consultation ran from 22nd August to 21st September. The consultation document was circulated to Committee members on 19th August and comments invited by 16th September. Some background information is attached at **Appendix 6.**

One comment was received from a member of the Committee, agreeing with the proposals. A response to the consultation has now been sent to the CCG.

6.6 Locality Approach - the Southend Health & Wellbeing Board at its meeting on 7th September received a presentation on the 'Southend Locality Approach' and a copy has been circulated to Committee members for information.

6.7 Shoeburyness Primary Care Centre – an update on developments with regard to plans to develop a new primary care centre in Shoeburyness was circulated to Committee members in August. The preferred option is for a site opposite Hinguar Primary School in New Garrison Road. The CCG is working on the business case and a further update will be submitted at the public Governing Body meeting on 6th October.

6.8 St Luke's - plans are also progressing with regard to the provision of St Lukes Primary Care Centre and will include the relocation of the CICC services.

6.9 Southend Hospital A&E redirection service - following the closure of St. Luke's walk in centre, non-urgent patients presenting at A&E have, where appropriate, been redirected to pharmacy and self-care. Phase 2 of the project has now commenced where a clinical navigator working in A&E will provide further support to patients being redirected including making direct bookings into GP practices for those with a more urgent care need. A full redirection service will be in place from October, when 4 navigators will be in post.

6.10 Essex Community Dental Services – NHS England has undertaken a procurement process to provide community dental services in Essex. The service will commence on 1st October 2016 and the contract has been awarded to Community Dental Services Community Interest Company.

6.11 Dental out of hours services – NHS England Midlands and East (East) intends to re-procure dental out of hours services across the East of England. An overview of the dental out-of-hours procurement is attached at **Appendix 7.**

6.12 Alternative Medical Scheme services across the East of England – NHS England intends to re-procure Alternative Medical Scheme services across the East of England. The Alternative Medical Scheme is available for the small number patients who are no longer able to access regular primary medical services due to their violent or threatening behaviour.

The practice which deals with all Southend patients on the special allocations list (so people barred from using regular GPs) is Victoria Surgery at Warrior House, Southchurch Road, Southend-on-Sea. It covers quite a large patch & covers all patients from Southend and Thurrock Council's areas and some from Essex County Council's area (e.g. Rayleigh, Rochford etc.).

NHS England has invited members of the Local Medical Committee, Clinical Commissioning Groups and Healthwatch to review the new specification and to confirm whether they wish to be part of the evaluation team. Southend Healthwatch are aware and will keep the Committee updated.

7. Success Regime

7.1 At the July meeting, a detailed presentation was given on the key areas of the Success Regime and the challenges and implications locally (Minute 121 refers).

7.2 An update on progress of the mid and south Essex Success Regime and Sustainability and Transformation Plan was circulated to the Committee recently. A number of open public workshops have been arranged for September and October and the session in Southend was held on 20th September. The slides used at the presentation were circulated to the Committee on 28th September.

7.3 There is clearly a need for the three Essex authorities to work more closely together and this is being explored. There will also be periodic strategic high level updates from NHS England on the Success Regime to the full Committee (see item elsewhere on the agenda).

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 regarding urology – 7th September, 26th September
- Email regarding PETCT scanner – 20th September.
- Email re specialised commissioning – 1st July.
- Emails re member briefing NEP / SEPT – 6th September, 7th September.
- Email inviting nominations to attend meeting re Ambulance Trust – 19th September.
- 2 emails re Valkyrie surgery – 1st September.
- Email re orthopaedic surgery proposals – 19th August, 16th September.
- Email re locality approach – 13th September
- Email re Shoeburyness Primary Care Centre – 25th August.
- Email re community dental services in Essex – 13th September.
- Emails re Success Regime – 20th July, 1st September, 27th September, 28th September

20. Appendices

Appendix 1 – note to Cttee members re urological cancer services
Appendix 2 – Joint Cttee report & press release
Appendix 3 – NHS England press release
Appendix 4 – Terms of reference of Joint Cttee re PETCT scanner service
Appendix 5 – terms of reference of in depth scrutiny project
Appendix 6 – orthopaedic surgery
Appendix 7 – overview of dental out of hours procurement

APPENDIX 1

Text of email sent – 7th September 2016

Dear scrutiny member,

Complex urological cancer surgery in Essex – update

I thought that you would like to receive a brief update on this matter. As I am sure you are aware, Councillors Nevin and Boyd are the 2 members appointed to the Joint Committee established with Essex County Council and Thurrock Council to review NHS England proposals for the future provision of complex urological cancer surgery in Essex (JHOSC).

You will recall that NHS England is looking to concentrate the most complex specialist surgery for prostate, bladder and kidney cancers at one centre in Essex. The purpose of the JHOSC is to consider these proposals.

On 6 July 2016 NHS England announced the conclusions of the Independent Panel established by them to evaluate the respective bids received from Colchester and Southend Hospitals to host the specialist centre for complex urological cancer surgery in Essex. The Panel is recommending Southend Hospital to host the facility.

In August the JHOSC met representatives from cancer user groups and clinical nurse specialists to discuss their views on how patient and public engagement had been undertaken to date and what engagement was needed going forward. The Joint Committee met on 6th September and met with NHS England representatives and reps from Southend Hospital and Colchester Hospitals. The discussion focussed on the project next steps, public engagement, communication and implementation plan.

If you would like to view the papers for the meeting, they can be found on our website on this link or this link at Essex County Council website.

At the meeting yesterday, NHS England advised that their Regional Executive Management Team will be asked to make a final decision on the site of the specialised surgical service following consideration of the expert clinical panel recommendation and project progress on the 20th September. The Joint Committee will be issuing its report to NHS England shortly, which I will of course share with you.

Fiona

Fiona Abbott – Principal Committee Officer, Health Scrutiny Lead Officer & Designated Scrutiny Officer - **Southend-on-Sea Borough Council**

Creating a Better Southend

☎ 01702 215104 (Direct) | ✉ fionaabbott@southend.gov.uk | www.southend.gov.uk

Corporate Services I Southend-on-Sea Borough Council | Civic Centre | Victoria Avenue | Southend on Sea | Essex | SS2 6ER

This page is intentionally left blank

Scrutiny
Improving public services

NHS England proposals for a single complex urological cancer surgery centre in Essex

The Final Report of a review conducted by a Joint Committee established by health scrutiny committees at Essex County Council, Southend Borough Council and Thurrock Council.

September 2016

Contents

Conclusions

Significant clinical evidence shows that fewer and larger centres for complex urological cancer surgery, which can treat more patients, can have better patient outcomes as both clinicians and care staff are able to further build and maintain their expertise and skills. This report by the Joint Health Overview and Scrutiny Committee (JHOSC) discusses the proposal from NHS England in the East of England to establish a single centre for adult complex urological cancer surgery in Essex, with the recommended site for the centre being at Southend Hospital.

The JHOSC broadly supports the need to embrace change so that patient outcomes can further improve although it has had concerns throughout the process so far around the adequacy and clarity of stakeholder engagement. The JHOSC has noted and is encouraged by the admission by NHS England that they are not in denial about this and that such engagement needs to improve in future.

Patients speak highly of the current service provided by Colchester and Southend. However, the JHOSC has heard that the NHS England project to undertake future complex urological cancer surgery in one centre in Essex has 'injured' the informal network of user groups and clinicians and created animosity by pitching the two hospitals into a contest where some stakeholders cannot see the need for change. This has been exacerbated by inconsistent (and sometimes inadequate) communication with some patient groups at key times to clarify the proposal which has allowed the spread of rumour and misinformation which has worried local people. In particular, the proposed reconfiguration relates solely to the most complex of urological cancer surgery, and only immediate pre and post-operative care for that surgery, which potentially impacts approximately 200 people annually in Essex.

Such reconfigurations can be emotive locally and it is important that a comprehensive exercise is undertaken to clearly communicate the assessment and mitigation taken to address the impacts of the change versus the benefits.

The JHOSC would like to see NHS England engaged in more partnership working with its external stakeholders, including patients, on this and similar reconfiguration issues in future. It has been encouraging that there is now talk about greater collaborative working between hospitals arising from, and a necessity of, the new single centre model in Essex. The on-going holistic support role of the clinical nurse specialists is also critically important in making the new model work.

The JHOSC submits this report ahead of NHS England formally considering the recommendation of the External Review Panel and commencing further public engagement and communication. The JHOSC has made eight recommendations to NHS England primarily around communications and engagement. In accordance with health scrutiny legislation the JHOSC requests that NHS England responds to the recommendations made in this report within 28 days to provide it with further reassurance. Furthermore, the JHOSC requests an update from NHS England on project status and the public engagement undertaken at year-end.

[A Glossary of terms used in this report is in Appendix 1]

Recommendations

Recommendation 1: That NHS England is asked to give a commitment to review the single complex surgical centre model for urological cancer in Essex if there are significant future changes to population demographics.

Recommendation 2: That NHS England provides greater clarity and detail in its future public communications on the anticipated numbers of patients it thinks will be impacted by the change.

Recommendation 3: That NHS England must be clear in their future public engagement on this issue that:

(i) The specialised arrangements are only for complex surgery and immediate pre and post-operative care and that all other care will be conducted at a patient's local hospital;

(ii) Current arrangements for chemotherapy and radiotherapy will remain unchanged.

Recommendation 4: That NHS England should detail to the JHOSC, and in its stakeholder communications, the mitigating actions to be undertaken to improve outreach to hard-to-reach groups in future so that patients are not disproportionately excluded or disadvantaged from the reconfigured service on cultural, financial and transport grounds.

Recommendation 5: That NHS England should seek the guidance of Healthwatch Essex, Southend and Thurrock, on the format and reach of future stakeholder engagement.

Recommendation 6: That closer monitoring through the Clinical Nurse Specialists is provided for the first cohort of patients using the newly launched service.

Recommendation 7:

(i) That NHS England provides further information on the future anticipated investment into the reconfigured service and the focus of such investment; and

(ii) That NHS England provides further information on any anticipated displacement of other services as a result of the launch of the reconfigured service.

Recommendation 8: That consideration should be given to re-instating the formal cancer alliance network groups that have been discontinued or establish an alternative formal network structure building on the existing informal network.

Background

Purpose

A Joint Committee was established by the health scrutiny committees at each of Essex County Council, Southend-on-Sea Borough Council (Unitary) and Thurrock Council (Unitary) to consider NHS England's proposal for the reconfiguration of complex urological cancer surgery in the county of Essex (hereinafter referred to as the 'JHOSC' - being short for a Joint Health Overview and Scrutiny Committee). The JHOSC was tasked with considering:

- the extent to which the proposals are in the interests of the health service in Essex, Southend and Thurrock;
- the impact of the proposals on patient and carer experience and outcomes and on their health and well-being;
- the quality of the clinical evidence underlying the proposals;
- the extent to which the proposals are financially sustainable.

Membership

Braintree District Councillor Joanne Beavis

Essex County Councillor Dave Harris (substitute member)

Essex County Councillor Ann Naylor – Chairman of JHOSC

Essex County Councillor Andy Wood

Southend Borough Councillor Mary Betson (until March 2016)

Southend Borough Councillor Lawrence Davies (until May 2016)

Southend Borough Councillor Cheryl Nevin (from March 2016 - a substitute member prior to that) – Vice Chairman of JHOSC

Southend Borough Councillor Helen Boyd (from May 2016)

Thurrock Councillor Leslie Gamester (until May 2016)

Thurrock Councillor Tony Fish (from August 2016)

Approach and evidence base

The Terms of Reference used by the Group for the review is attached (Appendix 2).

A number of reports were considered by the JHOSC, all of which have been discussed at meetings held in public and are published on the Essex County Council website at JHOSC agenda papers and minutes.

To date four evidence sessions have been held with three of them held in public. The one session held in private was to facilitate an informal discussion with representatives from local cancer user groups and clinical nurse specialists.

The JHOSC wish to thank all those contributors listed in Appendix 3 for providing oral and written evidence.

A sub-Group of the JHOSC conducted two site visits, one to Colchester Hospital and one to Southend Hospital in September 2015.

Findings and evidence

Current Essex position

Specialist adult urological cancer surgery for bladder, kidney and prostate cancer in Essex is currently undertaken at Colchester and Southend Hospitals. In 2015 NHS England announced that they were proposing to establish one centre for this complex urological cancer surgery in Essex. Colchester and Southend Hospitals both submitted bids to host the specialist Essex centre. In July 2016, after a long procurement process, an independent panel established by NHS England to evaluate the submission from both those hospitals recommended that Southend should be the future single specialist centre for Essex. This recommendation is to be considered by NHS England and a final decision will then be made. A public engagement process will then follow.

The project timetable has subsequently been amended and implementation dates pushed back. NHS England's initial timetable intended to start the new reconfigured service in October 2016. This is now scheduled for 2017.

Regional position

The rest of the Eastern region has already established specialist centres for complex urological cancer surgery for adults at Addenbrooks, Norfolk and Norwich and The Lister hospital at Stevenage. By excluding the rest of the region and only now considering a solution for Essex, NHS England has been forced to find a single centre solution for adult cancers within the geographical Essex County borders. It has meant that full consideration of alternative cross border patient flows that might have facilitated a different 'less restrictive' solution has not been pursued and prevented finding different footprints across the region to those now already established. Certainly, it has been mooted by other clinicians during the review of the proposal for Essex that, had the specialist complex cancer surgical centres for the rest of the region not already been established, that Essex could have continued to host two surgical centres using two different footprints with Southend serving south and Mid Essex and Colchester serving north Essex and Suffolk. NHS England have countered that, even if they had had a 'freer hand', there may still not have been the critical population mass for this. NHS England has stressed that the one million population threshold stipulated by the National Institute for Clinical Excellence (NICE) to support each specialist urological cancer surgery centre (see below 'Case for Change') was a bare minimum and ideally should be considerably more.

It is regrettable that it was not possible for NHS England to look at the issue in a more regional way which may have facilitated a model that may have been better able to anticipate and adapt to significant future population growth. In particular, some members remain concerned that the geography of Essex, and the remoteness of some communities, also makes the robustness of a single centre model for the county all the more challenging.

Recommendation 1: *That NHS England is asked to give a commitment to review the single complex surgical centre model for urological cancer in Essex if there are significant future changes to population demographics.*

The Clinical Case for Change

Significant clinical evidence shows that fewer and larger centres for complex urological cancer surgery that can treat more patients can have better outcomes as clinicians and care staff are able to further build and maintain their expertise and skills.

The NICE Improving Outcomes Guidance for urological cancers recommends that patients with cancers that are less common or need complex treatment should be managed by specialist multidisciplinary teams in large hospitals or cancer centres. Furthermore, it stipulates that the minimum catchment population for teams delivering specialist urology care for bladder, kidney and prostate cancers should be *at least* one million people. This recommended minimal catchment population is estimated to provide at least the minimum viable case numbers for the respective teams involved to maintain a clinical specialism and expertise. In addition, there is also a specific NICE requirement for a specialist team to carry out a combined total of *at least* 50 radical prostatectomies and/or total cystectomies per year to maintain their expertise.

Reflecting on the above guidance, NHS England considers there are insufficient current and projected adult patient numbers for two complex surgical centres in Essex to continue and for clinicians and care staff to maintain the expertise required under the NICE guidelines. In addition, the projected numbers do not support having separate kidney, bladder and prostate centres (as in London).

Arrangements for other cancers

The minimal catchment population for clinicians and care staff to maintain the expertise required under the NICE guidelines is even bigger for other urological cancers such as penile and testicular cancer and there is no specialist surgical centre for those cancers in Essex (patients in Essex needing surgery for those cancers will generally seek treatment in London).

Specialist surgical centres for children's urological cancers are already based in London.

Demand and access to services

Whilst NHS England acknowledged that it is anticipated that the number of surgical operations will rise over time (due to population growth and demographic changes) they view that it will still only support the rationale for one centre in Essex. The JHOSC has been keen to challenge this assertion to ensure that the decision being made by NHS England is robust, sustainable and justifiable and will not require further change in the short to medium term. Consequently, the JHOSC has sought clarification on the allowance made by NHS England for population growth and changes in demographics. In addition there are certain demographic changes and cancer diagnosis which are now trending upwards (e.g. prostate cancer now the most common cancer in men.

Public communications from NHS England have indicated around 150 patients per year receive this complex urological cancer surgery across the two hospitals. The JHOSC has sought to verify these numbers by also hearing evidence directly from clinical nurse specialists which suggested slightly, but not necessarily significantly, different numbers and have concluded that this number may need further clarification in future NHS England stakeholder communications.

Recommendation 2: *That NHS England provides greater clarity and detail in its future public communications on the anticipated numbers of patients it thinks will be impacted by the change.*

As previously stated, the NHS England review should have been undertaken at the same time as the rest of the East of England region (see Regional Position). Such an approach would have been consistent with the NHS aspiration for greater integrated working and 'system' solutions. In any case, the JHOSC accepts that there is clinical case for the reconfiguration as, ultimately, patient outcomes have to be paramount. Further building clinical specialisms in one surgical centre should lead to improved survival rates for those having to undergo this complex surgery. However, it can be an emotive issue to reconfigure local services and there will be an element of it being seen by Colchester and Tendring residents as an existing service at their local hospital being taken away from them. Therefore, comprehensive and honest communication has to be done to address these concerns (see 'Communication')

What the change will mean

Whilst there will be a single specialist centre for complex urological cancer surgery in Essex, the diagnosis, referral, and the majority of care (pre and post-operative) will continue to be done locally. Therefore, patients with suspected urological cancer will still be referred to a local hospital by their GP where they will access a comprehensive diagnostic service led by a consultant urological surgeon linked to the specialist centre. Arrangements for chemotherapy and radiotherapy will remain unchanged. Patients will still need to travel to the radiotherapy units at either Colchester or Southend Hospitals as they do now.

It is critically important that NHS England communicates very clearly that the majority of care will remain available from a patients' local hospital to alleviate at least some of the concern from patients and public about increasing travel time for those in the north of the county (see Communication below).

Communication

Timely communication

The proposal for a specialist single centre for complex urological cancer surgery in Essex has attracted significant local media coverage regularly throughout the period of the scrutiny review.

The JHOSC has considered the proposals, particularly the communications and engagement and governance processes around NHS England's decision-making process. During the review the JHOSC has tried to make suggestions to improve engagement and communications but has been frustrated at times with how long this has taken to implement.

The JHOSC was concerned by the delay in NHS England releasing external public communications on the proposals for a single specialist surgical centre until the establishment of the Oversight Board and the approval of the service criteria. This allowed speculation and misleading local media coverage to 'fill the gap'. At the time the JHOSC felt there was a pressing need for clear communication to the public and local politicians that urological cancer centres at the acute trusts would not be closing and that the project proposal solely related to complex surgery being centred at one location. When external communications did eventually start, the JHOSC stressed to NHS England to be more specific on the fact that the majority of non-surgical care and less complex clinical procedures would still be undertaken locally and to list examples.

The establishment by NHS England of an Oversight Board, comprising representation from the seven clinical commissioning groups and the five acute trusts in the county of Essex, was to seek clinical consensus in advance so that there would be no clinical challenge to the principle of a single specialist surgical centre and agree the method used to reach a final decision on the

location of the centre. It seemed that this had not been included in the original project timetable as significant time seemed to pass before the procurement process started and so further extending the period of the above 'void' in public communication. The JHOSC supported NHS England in obtaining early clinical 'buy-in' to the project but felt that there was a significant delay in getting that governance process completed.

Public understanding

In addition, JHOSC Members have been concerned about the overall low level of public understanding in some areas of the county about the project and the potential for confusion with another issue in the county at the same time – namely the proposed location of a PET CT scanner for the south of Essex - that was also receiving significant local media coverage. As a result, the JHOSC has included in its recommendations that further comprehensive stakeholder engagement should be undertaken to make the distinction clearer.

NHS England stressed from the start that the project would have an agreed set of evaluation criteria which would be used by an external independent expert clinical review panel to assess the submissions received. The JHOSC was assured that clinicians and urology patient groups had been involved in the development of the service criteria documentation. However, in talking with user group Chairmen the JHOSC heard that not all of them felt that they had indeed been consulted at an earlier enough stage.

Primary Care

A stakeholder briefing was sent by NHS England to local clinical commissioning groups for dissemination to local GP surgeries although it was acknowledged that such dissemination had not been completed everywhere. There was no clear evidence given of involvement or engagement with Patient Participation Groups in the primary care sector and any such engagement would seem to have been inconsistent at best. The JHOSC would have liked to have seen more elaboration and detail of any such engagement.

Public Information Events

NHS England held five Public Information Events during January and February 2016 (Brentwood, Chelmsford, Colchester, Laindon and Southend on Sea Libraries) after the JHOSC asked for extra ones to be added to those originally planned. The JHOSC had encouraged the holding of these events and encouraged NHS England to seek guidance from local Healthwatch on their format but also noted the limitations in the reach of such a format relying on people passing by at specific times of the day. This resulted in relatively low attendance at the events.

In addition, these events were solely to engage and communicate information rather than conduct any formal consultation. At the time, the JHOSC was advised that formal consultation could come later in the process. However, with the external review panel now only recommending one of the bidding hospitals (Southend) it means that, when NHS England communicates again to the public in the autumn of 2016, it will not be formal consultation as there is only one option now being considered. It will, therefore, again be solely an information giving exercise.

However, the JHOSC remains concerned that the message that patients will only need to travel to the specialist centre for complex surgery and immediate pre and post-operative care has still not been clearly communicated to the public. There still seems to be significant public misunderstanding as to what is changing and, just as importantly, what is not changing.

Recommendation 3: *That NHS England must be clear in their future public engagement on this issue that:*

(i) The specialised arrangements are only for complex urological surgery and immediate pre and post-operative care and that all other care will be conducted at a patient's local hospital;

(ii) Current arrangements for chemotherapy and radiotherapy will remain unchanged.

The role of the Independent Review Panel

The role of the external Independent Review Panel was to assess the submissions and score them on a range of criteria against the Specialised Urology Service Provider Evaluation Criteria document (which had already been approved by the Oversight Board) with the assessment including the sustainability of the model. The JHOSCs role has been to ensure that there was a robust and transparent governance process around agreeing the evaluation criteria, the tender process and the deliberations and recommendation of the Panel.

The Evaluation Panel comprised two surgical clinicians, a clinical nurse specialist, a commissioning representative from outside the region and two patient representatives and the JHOSC are content that the Panel had sufficient independence to conduct the review in an objective manner in line with the service criteria that had been agreed by the Oversight Board.

The assessment process considered both the submissions received and looked at aspects of the service including clinical service, quality, travel, access and patient experience and weighted them as follows: clinical service and quality (35%), workforce (15%), Patient Access and Experience (20%), deliverability and Implementation (15%), Service development (10%) and finance (5%).

The final report of the Review Panel was published on 26 August 2016 at the same time as when it was provided to the JHOSC. The Panel visited the facilities at both Colchester and Southend Hospitals in June 2016. Using a provider evaluation document the Panel then scored each provider against a number of criteria.

The Independent Review Panel recommendation for Southend is strong and highlights Southend's intention to launch a new service using an inclusive Outreach model to provide a service for the entire county population whereas Colchester "failed to show wider understanding of the need to provide a service for the wider population of Essex" (Section 3.6 - page 7, Specialised Urological Cancer Surgery Services in Essex: Report of the External Review Panel Visit 14 June 2016). The Panel concluded that "the populations [that Southend Hospital] was able to serve would be significantly higher than that for Colchester; hence this model was more likely to provide an equitable and sustainable provision for Essex" (Section 3.5 - page 7, Specialised Urological Cancer Surgery Services in Essex: Report of the External Review Panel Visit 14 June 2016).

Sustainability and accessibility

With Essex to have only one specialist surgical centre, the JHOSC concludes that it is essential that the new service can reach as much of the population as possible so that the model is sustainable in the medium to long-term. Commissioners have acknowledged in their Evaluation Criteria document that patients may have to travel more than 60 minutes for the actual specialist surgery. Having said all of that, there is some indication that patients are actually prepared to travel for specialist complex surgery if they believe that patient outcomes will be better. However, as partial mitigation for this, bidders for the service had to demonstrate the accessibility of other supporting services such as outpatient care and minimising the need for travel. There is some suggestion that the current Joint Oncology Care Clinic at Broomfield Hospital can be expanded for this purpose and could be mirrored at other hospitals.

Therefore, despite earlier reservations expressed in this report about 'forcing' an Essex only solution, the JHOSC feels that the recommendation of the External Review Panel should be supported subject to comprehensive stakeholder engagement and communication being established (as mentioned elsewhere in this report). In particular, there should also be an emphasis on the mitigating actions to be taken by NHS England to improve outreach to hard-to-reach groups in future so that patients are not disproportionately excluded or disadvantaged from the reconfigured service on cultural, financial and transport grounds and that there remains patient choice.

Recommendation 4: *That NHS England should detail to the JHOSC, and in its stakeholder communications, the mitigating actions to be undertaken to improve outreach to hard-to-reach groups in future so that patients are not disproportionately excluded or disadvantaged from the reconfigured service on cultural, financial and transport grounds.*

The JHOSC has previously requested that NHS England should consult local Healthwatch on the format of the public engagement events already held. In view of the importance of clear information and messages needing to be given by NHS England in the near future on the launch of the new reconfigured service, the JHOSC feels that similar input and guidance should be sought by NHS England on this.

Recommendation 5: *That NHS England should seek the guidance of local Healthwatch on the format and reach of future stakeholder engagement.*

It is also important to ensure that those first patients using the new service at Southend are not disadvantaged by any 'teething' problems and the JHOSC would like to see some mitigating actions put in place for this.

Recommendation 6: *That closer monitoring through the Clinical Nurse Specialists is provided for the first cohort of patients using the newly launched service.*

Local clinicians have suggested that the new model will need investment. This could be to support the expansion of local joint care clinics at all five of the acute trusts in Essex. In addition, robotic surgery will need to be part of the future service – at the moment it is only available at Broomfield Hospital. At the same time there has been some indication that there could also be displacement of services as a result of the launch of the reconfigured service. Some clarity and transparency is needed on this.

Recommendation 7: (i) That NHS England provides further information on the future anticipated investment into the reconfigured service and the focus of such investment; and

(ii) That NHS England provides further information on any anticipated displacement of other services as a result of the launch of the reconfigured service.

Collaboration

The JHOSC were encouraged by the informal collaboration already in place between patient support groups in the county and also between the clinical nurse specialists from the different hospitals. Whilst the JHOSC were reassured that the clinical staff from all the hospitals will collaborate to make any new model of care work effectively, it feels that both informal and formal collaboration is essential now that a single surgical centre will need to be administered robustly across the whole of Essex.

Recommendation 8: That consideration should be given to re-instating the formal cancer alliance network groups that have been discontinued or establish an alternative formal network structure building on the existing informal network.

Success Regime and Sustainability and Transformation Plans

During the review it was confirmed to the JHOSC that the project was independent of the larger Success Regime and Sustainability and Transformation Plans (STPs) currently being undertaken. Whilst Colchester Hospital is part of the 'footprint' of the North Essex and Suffolk STP, the JHOSC was assured that, for the urological cancer modality of care, it remained as part of the wider Essex health system.

Limitations of the review

The JHOSC acknowledge that there were further investigations that could have been made and other witnesses with whom the Committee could have consulted but for expediency, and the timing needs of NHS England, limited their review to matters as outlined in this report and in its Terms of Reference.

Appendix 1 - Glossary

Brachytherapy	A form of radiotherapy commonly used as an effective treatment for cervical, prostate, breast, and skin cancer and can also be used to treat tumours in many other body sites.
Cystectomies	A surgical procedure to remove the bladder. Radiation and chemotherapy can also be used to treat bladder cancer.
Clinical Commissioning Group	Clinically-led groups of GP Practices responsible for commissioning most health and care services in an area for patients. They work with local councils on health and adult social care issues.
Health Overview and Scrutiny Committee or health scrutiny committee	Legislation requires upper tier councils to have a committee that reviews and scrutinises the planning and provision and operation of local health services. Through health scrutiny elected local councillors are able to voice the views of their constituents and hold relevant NHS Bodies and providers to account and influence change.
MDT	Multi-disciplinary teams. Every cancer patient is discussed by a team of relevant specialists, to make sure that all available treatment options are considered for each patient. The team is likely to include clinical nurse specialists, surgeon, oncologist, pathologist, radiologist and possibly dieticians, physiotherapists, occupational therapists, psychologists and counsellors.
Nephrectomy	Also known as keyhole removal of the kidney. In partial nephrectomy, only the diseased or infected portion of the kidney is removed. Radical nephrectomy involves removing the entire kidney.
NICE/ National Institute for Health and Clinical Excellence,	Provides guidance, advice, quality standards and information services for health, public health and social care. It also provides resources to help maximise use of evidence and guidance.
Radical prostatectomy	Removal of the prostate gland. This could be by open surgery or keyhole (laparoscopic) surgery where a video camera is inserted to assist the surgeon. In some cases, laparoscopic prostatectomy may be assisted by a machine and this is called robotic-assisted laparoscopic radical prostatectomy.
Urological cancer	For the purposes of this report it means adult bladder, kidney, and prostate cancer. Complex child urological cancer surgery and complex adult penile and testicular cancer surgery were not part of the current NHS proposals with specialist surgical centres for these already established in London.

Appendix 2 - Terms of Reference

ESSEX, SOUTHEND AND THURROCK JOINT HEALTH SCRUTINY COMMITTEE TO REVIEW UROLOGICAL CANCER SURGERY PROPOSALS TERMS OF REFERENCE (EXTRACT CLAUSES 1 AND 6)

1.	**Legislative basis**
1.1	The National Health Service Act 2006, as amended by the Health and Social Care Act 2012 and the Localism Act 2011 sets out the regulation-making powers of the Secretary of State in relation to health scrutiny. The relevant regulations are the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 which came into force on 1st April 2013.
1.2	Where an NHS body consults more than one local authority on a proposal for a substantial development of the health service or a substantial variation in the provision of such a service, those authorities are required to appoint a joint committee for the purposes of the consultation. Only that Joint Committee may: • make comments on the proposal to the NHS body; • require the provision of information about the proposal; • require an officer of the NHS body to attend before it to answer questions in connection with the proposal.
6.	**Powers**

6.1	In carrying out its function the Joint Committee may:
	• require officers of appropriate local NHS bodies to attend and answer questions;
	• require appropriate local NHS bodies to provide information about the proposals;
	• obtain and consider information and evidence from other sources, such as local Healthwatch organisations, patient groups, members of the public, expert advisers, local authorities and other agencies. This could include, for example, inviting witnesses to attend a Joint Committee meeting; inviting written evidence; site visits; delegating committee members to attend meetings, or meet with interested parties and report back.
	• make a report and recommendations to the appropriate NHS bodies and other bodies that it determines, including the local authorities which have appointed the joint committee.
	• consider the NHS bodies' response to its recommendations;
	• if the joint committee considers:
	  ◦ it is not satisfied that consultation with the joint committee has been adequate in relation to content, method or time allowed;
	  ◦ that the proposal would not be in the interests of the health service in its area
	to consider further negotiation and discussions with the NHS Bodies and any appropriate arbitration. If the joint committee remains dissatisfied on either or both of the above it may make recommendations to Essex, Southend and Thurrock. Each council will then consider whether or not they wish to refer this matter to the Secretary of State or take any further action.

Appendix 3 - Evidence base

ORAL EVIDENCE

NHS England East of England (three oral evidence sessions so far)
Pam Evans, Service Specialist, Specialised Commissioning (all 3 sessions);
Karen Hindle, Communications Lead, (once)
Jessamy Kinghorn, Head of Communications and Engagement,Specialised Services (once)
Sarah Steele, Senior Quality Improvement Lead (Cancer) (once);
Ruth Ashmore, Assistant Director of Specialised Commissioning (two sessions).

Providers
Rachel Webb, Director of Operations, Colchester Hospital
John Corr, Consultant Urologist FRCS, Cancer Lead, Colchester Hospital
Sue Hardy Chief Executive, Southend Hospital
Sampi Mehta, Lead Clinician, Southend Hospital.

Other contributors (one oral evidence session)
Roger Bassett – Cadgers Urological Support Group, Southend Area
Terry Catt – Cadgers Urological Support Group, Southend Area
Tom Grady – Colchester Urological Support Group
John Lancaster – Mid Essex Cancer Services User Group, Mid Essex area
David Learmouth – Walnut Group, Broomfield Hospital
Maurice Newbolt – North East Essex Urology Cancer Support Group
Maggie Braithwaite – Clinical Nurse Specialist (Colchester)
Ann French – Clinical Nurse Specialist (Southend)
Amy Sibbins – Clinical Nurse Specialist (Colchester)

Written evidence:
NHS England – Project timetable as at July 2015
NHS England – Urology Service Criteria (Prostate, Bladder, Renal) - 01 July 2015
B14/S/a: 2013/14 NHS Standard Contract for Cancer: Specialised Kidney, Bladder and Prostate cancer services (Adult): Section B Part 1 – Service Specifications
NHS England – Public Information Leaflet (December 2015)
NHS England Specialised Urology Cancer Centre – Stakeholder Update (3 March 2016)
NHS England – Specialised Urology Service – finalised Provider Evaluation Criteria (presented to March 2016 JHOSC meeting)
NHS England – Specialised Urology Cancer Service in Essex – Project Update March 2016
Essex Urology Pathway Milestone Plan – March 2016
NHS England – Specialised Urological Cancer Surgery Services in Essex - Report of the External Review Panel Visit 14th June 2016 (22 August 2016) and appendices
NHS England – Specialised Urology Cancer Service in Essex – Project Update August/September 2016

Site visits:
Councillors Betson, Naylor, and Wood visited Colchester Hospital on 10 September 2016
Councillors Naylor, Nevin and Wood visited Southend Hospital on 17 September 2016

Appendix 4 - Chronology

8 June 2015 – Briefing for Essex, Southend and Thurrock councillors from NHS England on proposals

13 July 2015 – First meeting of the JHOSC to discuss project timetable and draft service criteria

September 2015 – a sub-group of the JHOSC visits both Colchester and Southend Hospitals

October 2015 - NHS England establishes Oversight Board with representation from all five acute trusts and all seven CCGs

December 2016 – all acute trusts in Essex invited to submit a bid

January/February 2016 – Public Information Events held

12 February 2016 – Closing date for receipt of bids

3 March 2016 – NHS England announce that only Colchester and Southend Hospitals submitted bids

9 March 2016 – JHOSC meets to discuss feedback from Public Information Events, confirmation of bids received, noting the finalised Provider Evaluation Criteria and revised Milestone Plan

13 and 14 June 2016 – External independent evaluation panel visits Colchester and Southend Hospitals

6 July 2016 – NHS England announce the recommendation made by the evaluation panel

9 August 2016 – JHOSC holds private session with cancer patient user group Chairmen and clinical nurse specialists

6 September 2016 – JHOSC meets to discuss with NHS England and current providers (Colchester and Southend Hospitals)

Late September 2016 – NHS England to consider recommendation from evaluation panel and make a decision

Autumn 2016 – further public engagement to commence

Early 2017 – new service to launch

CDS 162178

This information is issued by
Essex County Council, Corporate Law and Assurance

You can contact us in the following ways

@ scrutiny@essex.gov.uk
cmis.essex.gov.uk
03330 139 825

D101
County Hall
Chelmsford
Essex
CM1 1LX

Sign up to Keep Me Posted email updates
on topics you want to hear about at:
essex.gov.uk/keepmeposted

ECC_DemSer or **Essex_CC** **facebook.com/essexcountycouncil**

The information contained in this leaflet can be translated,
and/or made available in alternative formats, on request.

Published September 2016

This page is intentionally left blank

NHS England proposals for a single complex urological cancer surgery centre in Essex

A Joint Committee was established by the health scrutiny committees at each of Essex County Council, Southend-on-Sea Borough Council (Unitary) and Thurrock Council (Unitary) to consider NHS England's proposal for a single complex urological cancer surgery centre in the county of Essex and for it to be sited at Southend Hospital (hereinafter referred to as the 'JHOSC' - being short for a Joint Health Overview and Scrutiny Committee).

Case for change

Significant clinical evidence shows that fewer and larger centres for complex urological cancer surgery, which can treat more patients, can have better patient outcomes as both clinicians and care staff are able to further build and maintain their expertise and skills.

The JHOSC broadly supports the need to embrace change so that patient outcomes can further improve although it has had concerns throughout the process so far around the adequacy and clarity of stakeholder engagement.

Communication

Patients speak highly of the current service provided by Colchester and Southend. However, the JHOSC has heard that the NHS England project to undertake future complex urological cancer surgery in one centre in Essex has 'injured' the informal network of user groups and clinicians and created animosity by pitching the two hospitals into a contest where some stakeholders cannot see the need for change. This has been exacerbated by inconsistent (and sometimes inadequate) communication with some patient groups at key times to clarify the proposal which has allowed the spread of rumour and misinformation which has worried local people. In particular, the proposed reconfiguration relates solely to the most complex of urological cancer surgery, and only immediate pre and post-operative care for that surgery, which potentially impacts approximately 200 people annually in Essex.

Essex County Councillor Ann Naylor, Chairman of the Joint Committee, said:

"There is clear evidence that patient outcomes are better after complex surgery for the rarer types of cancer if surgeons and clinicians are able to carry out these operations in fewer and larger specialist surgical centres as it helps them build and maintain their expertise. We support the reasons for the centralising of complex urological surgery at one centre in Essex. However, we have had concerns around the adequacy and clarity of stakeholder engagement up to now. Future communications with patients and the public needs to make it very clear that the proposed reconfiguration relates solely to the most complex of urological cancer surgery, and only immediate pre and post-operative care for that surgery. We are pleased to hear that NHS England have acknowledged that such engagement needs to improve in future."

Recommendations

Recommendation 1:
That NHS England is asked to give a commitment to review the single complex surgical centre model for urological cancer in Essex if there are significant future changes to population demographics.

Recommendation 2:
That NHS England provides greater clarity and detail in its future public communications on the anticipated numbers of patients it thinks will be impacted by the change.

Recommendation 3:
That NHS England must be clear in their future public engagement on this issue that:

(i) The specialised arrangements are only for complex surgery and immediate pre and post-operative care and that all other care will be conducted at a patient's local hospital;

(ii) Current arrangements for chemotherapy and radiotherapy will remain unchanged.

Recommendation 4:
That NHS England should detail to the JHOSC, and in its stakeholder communications, the mitigating actions to be undertaken to improve outreach to hard-to-reach groups in future so that patients are not disproportionately excluded or disadvantaged from the reconfigured service on cultural, financial and transport grounds.

Continued...

Recommendation 5:
That NHS England should seek the guidance of Healthwatch Essex, Southend and Thurrock, on the format and reach of future stakeholder engagement.

Recommendation 6:
That closer monitoring through the Clinical Nurse Specialists is provided for the first cohort of patients using the newly launched service.

Recommendation 7:
(i) That NHS England provides further information on the future anticipated investment into the reconfigured service and the focus of such investment; and

(ii) That NHS England provides further information on any anticipated displacement of other services as a result of the launch of the reconfigured service.

Recommendation 8:

That consideration should be given to re-instating the formal cancer alliance network groups that have been discontinued or establish an alternative formal network structure building on the existing informal network.

Partnership working

The JHOSC would like to see NHS England engaged in more partnership working with its external stakeholders, including patients, on this and similar reconfiguration issues in future. It has been encouraging that there is now talk about greater collaborative working between hospitals arising from, and a necessity of, the new single centre model in Essex. The on-going holistic support role of the clinical nurse specialists is also critically important in making the new model work.

Southend Borough Councillor Cheryl Nevin, Vice Chairman of the Joint Committee, said:

"Working in partnership with our colleagues in Thurrock and Essex we were tasked with scrutinising proposals to create a single site for an "Essex wide solution" for Specialist urological cancer surgery. Following a review of both the Colchester and Southend hospital sites and tender submissions, I am satisfied that NHS England and the Independent Evaluation panel recommendation has clearly demonstrated that the proposed location at Southend Hospital is in the best interests of improving patient outcomes for Essex residents".

Next steps

The JHOSC submits this report ahead of NHS England formally considering the recommendation of the Independent Review Panel and commencing further public engagement and communication. The JHOSC requests an update from NHS England on project status and the public engagement undertaken at year-end.

Evidence base

The JHOSC met four times between July 2015 and December 2016 and during that time spoke to representatives from NHS England, Colchester and Southend hospitals, patient groups and clinical nurse specialists.

The full report is available online, please click here

This information is issued by
Essex County Council, Corporate Law and Assurance

You can contact us in the following ways
@ scrutiny@essex.gov.uk
cmis.essex.gov.uk
03330 139 825

D101, County Hall, Chelmsford, Essex, CM1 1LX

Sign up to Keep Me Posted email updates on topics you want to hear about at **essex.gov.uk/keepmeposted**

ECC_DemSer or **Essex_CC** **facebook.com/essexcountycouncil**

The information contained in this leaflet can be translated, and/or made available in alternative formats, on request.

Published September 2016

CDS162178

Stakeholder Update: 23rd September 2016

SPECIALISED UROLOGY CANCER CENTRE

This is to update you on the latest on plans for Specialised Urological Surgery in Essex.

Our last update on 6th July 2016 told you of the Clinical Panel's conclusion that Southend was the preferred option for the future of this service, which relates only to those patients who require specialised surgery and only to the surgery itself. All other aspects of diagnostics, treatment and care for the 150-200 patients a year, would take place at their local hospital.

Since that update, there has been a public meeting of the Joint Health Overview and Scrutiny Committee (JHOSC) for the area, and a meeting of the Specialised Urology Oversight Group which has representation from all acute trusts and clinical commissioning groups in Essex.

Next week, NHS England's Senior Management Team will discuss the recommendation to locate a single specialised urology surgical centre at Southend before the Regional Executive makes a decision the following week.

At the Joint HOSC meeting on 6th September, NHS England commissioners and a board member and clinician from both Southend University Hospital NHS Foundation Trust and Colchester Hospital University NHS Foundation Trust, jointly presented the outcome of the review, the patient and public engagement activity and the clinical panel's report, and outlined implementation plans.

The JHOSC is due to publish a report outlining their conclusions later today. We wish to thank Councillor Naylor and the rest of the Committee for the comprehensive work they have done to assure themselves that we are doing the right thing for Essex patients.

NHS England accepts all eight recommendations made by the Committee. In particular we have already started looking at how we can ensure we make it clearer to local people that this reconfiguration relates solely to the most complex of specialised urological cancer surgery, and only to the period immediately before and after their surgery.

Not all urological cancer patients require surgery and we intend to use patient stories and examples in our communications to better explain the patient pathway and the choices patients have. This will include clear information about the non-surgical options patients have and the circumstances in which surgery would be carried out in the specialist centre and when it could be carried out in the patient's local hospital.

To do this we will work with colleagues in hospital trusts and clinical commissioning groups to improve the information provided to patients.

A full implementation plan and comprehensive response to the JHOSCs recommendations is being developed. A further update will be issued following the Regional Executive Team meeting on **4th October 2016** when a final decision will be made.

For more information, contact Pam Evans via email: pam.evans@nhs.net

This page is intentionally left blank

ESSEX AND SOUTHEND JOINT HEALTH SCRUTINY COMMITTEE TO REVIEW LOCATION OF PETCT SERVICE FOR SOUTH ESSEX

DRAFT

PROPOSED TERMS OF REFERENCE

1.	**Legislative basis**
1.1	The National Health Service Act 2006, as amended by the Health and Social Care Act 2012 and the Localism Act 2011 sets out the regulation-making powers of the Secretary of State in relation to health scrutiny. The relevant regulations are the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 which came into force on 1st April 2013.
1.2	Where an NHS body consults more than one local authority on a proposal for a 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.
1.3	This Joint Committee has been established on a task and finish basis, by Essex County Council and Southend-on-Sea Borough Council (Unitary) and the review may be conducted in one or more meetings.
2.	**Purpose**
2.1	The purpose of the Joint Committee is to consider NHS England's options for the permanent location of the PETCT service in South Essex, in relation to: • the extent to which the proposals are in the interests of the health service in Essex, Southend and Thurrock; • the impact of the proposals on patient and carer experience and outcomes and on their health and well-being; • to consider the engagement already undertaken; • the quality of the clinical evidence underlying the proposals; • the extent to which the proposals are financially sustainable.
2.2	To make a response to NHS England on the proposals.
2.3	To consider the extent to which patients and the public have been involved in the development of the proposals and the extent to which their views have been taken into account.
3.	**Membership/chairing**
3.1	The Joint Committee will consist of 4 members representing Essex and 2 members representing Southend as nominated by the respective health scrutiny committees.

3.2	Each authority may nominate up to 2 substitute members.
3.3	The proportionality requirement will not apply to the Joint Committee, provided that each authority participating in the Joint Committee agrees to waive that requirement, in accordance with legal requirements and their own constitutional arrangements.
3.4	Individual authorities will decide whether or not to apply political proportionality to their own members.
3.5	The Joint Committee members will elect a Chairman and Vice-Chairman at its first meeting.
3.6	The Joint Committee will be asked to agree its Terms of Reference at its first meeting.
3.7	Each member of the Joint Committee will have one vote.
4.	**Supporting the Joint OSC**
4.1	The lead authority will be Essex and will act as secretary to the Joint Committee. This will include:
4.2	• advise and liaise with the Chairman and Joint Committee members, ensure attendance of witnesses, liaise with the consulting NHS body and other agencies, and produce reports for submission to the health bodies concerned; • providing administrative support; • organising and minuting meetings. The lead authority's Constitution will apply in any relevant matter not covered in these terms of reference.
4.3	Where the Joint Committee requires advice as to legal or financial matters, the participating authorities will agree how this advice is obtained and any significant expenditure will be apportioned between participating authorities. Such expenditure, and apportionment thereof, would be agreed between the participating authorities before it was incurred.
4.4	The lead authority will bear the staffing costs of arranging, supporting and hosting the meetings of the Joint Committee. Other costs will be apportioned between the authorities. If the Joint Committee agrees any action which involves significant additional costs, such as obtaining expert advice or legal action, the expenditure will be apportioned between participating authorities. Such expenditure, and the apportionment thereof, would be agreed with the participating authorities before it was incurred.
4.5	Southend/ Thurrock councils will appoint a link officer to liaise with the lead officer and provide support to the members of the Joint Committee.

5.	**Powers**
5.1	In carrying out its function the Joint Committee may: • require officers of appropriate local NHS bodies to attend and answer questions; • require appropriate local NHS bodies to provide information about the proposals; • obtain and consider information and evidence from other sources, such as local Healthwatch organisations, patient groups, members of the public, expert advisers, local authorities and other agencies. This could include, for example, inviting witnesses to attend a Joint Committee meeting; inviting written evidence; site visits; delegating committee members to attend meetings, or meet with interested parties and report back. • make a report and recommendations to the appropriate NHS bodies and other bodies that it determines, including the local authorities which have appointed the joint committee. • consider the NHS bodies' response to its recommendations; • if the joint committee considers: ➢ it is not satisfied that consultation with the joint committee has been adequate in relation to content, method or time allowed; ➢ that the proposal would not be in the interests of the health service in its area to consider further negotiation and discussions with the NHS Bodies and any appropriate arbitration. If the joint committee remains dissatisfied on either or both of the above it may make recommendations to Essex, Southend and Thurrock. Each council will then consider whether or not they wish to refer this matter to the Secretary of State or take any further action.
6.	**Public involvement**
6.1	The joint committee will meet in public, and papers will be available at least 5 working days in advance of meetings
6.2	The participating authorities will arrange for papers relating to the work of the Joint Committee to be published on their websites, or make links to the papers published on the lead authority's website as appropriate.
6.3	Members of the public attending meetings may be invited to speak at the discretion of the Chairman.
7.	**Press strategy**
7.1	The lead authority will be responsible for issuing press releases on behalf of the joint committee and dealing with press enquiries
7.2	Press releases made on behalf of the joint committee will be agreed by the Chairman or Vice-Chairman of the Joint Committee.
7.3	Press releases will be circulated to the link officers.
7.4	These arrangements do not preclude participating local authorities from issuing

	individual statements to the media provided that it is made clear that these are not made on behalf of the Joint Committee.
8.	**Report and recommendations**
8.1	The lead authority will prepare a draft report on the deliberations of the Joint Committee, including comments and recommendations agreed by the committee. The report will include whether recommendations are based on a majority decision of the committee or are unanimous. The draft report will be submitted to the representatives of participating authorities for comment.
8.2	The final version of the report will be agreed by the Joint Committee Chairman.
8.3	In reaching its conclusions and recommendations, the Joint Committee should aim to achieve consensus. If consensus cannot be achieved, minority reports may be attached as an appendix to the main report. The minority report/s shall be drafted by the appropriate member(s) or authority (ies) concerned.
8.4	The report will include an explanation of the matter reviewed or scrutinised, a summary of the evidence considered, a list of the participants involved in the review or scrutiny; and an explanation of any recommendations on the matter reviewed or scrutinised.
8.5	If the Joint Committee makes recommendations to the NHS body and the NHS body disagrees with these recommendations, such steps will be taken as are "reasonably practicable" to try to reach agreement in relation to the subject of the recommendation.
8.6	The Joint Committee does not have the power to refer the matter to the Secretary of State.
10.	**Quorum for meetings**
10.1	The quorum will be a minimum of three members, with at least one from each of the participating authorities.

PEOPLE SCRUTINY COMMITTEE
IN-DEPTH STUDY 2016/17

TOPIC: ALTERNATIVE PROVISION – OFF SITE EDUCATION PROVISION FOR CHILDREN & YOUNG PEOPLE

FRAMEWORK FOR SCRUTINY / SCOPE OF PROJECT:

Children aged 5 – 18 are of compulsory school age. If education is provided somewhere other than a school it is called 'alternative provision'.

(i) To investigate the current alternative provision for permanently excluded pupils, those deemed at risk of exclusion and for other pupils who, because of illness, or other reasons (behavioural, emotional, social challenges), would not receive suitable education.

(ii) To investigate whether the current provision meets the needs / discharges responsibility effectively, it happens in a coordinated way and aims for securing good outcomes for every child. This will include the implementation and effectiveness of the Council's fair access protocol, an agreement between schools as to how we collectively manage the education of these learners.

(iii) To determine the future shape of alternative provision that is the responsibility of the Local Authority to provide and make recommendations to further improve the outcomes, attendance and accountability for those in alternative provision.

Outcomes as a result of the project:

As a result of the project, it is envisaged that the Council working through its partners in schools and the Alternative Provision providers will:

1. Over time, ensure that learners who are service users of Alternative Provision return to, and remain at, their substantive and permanent school as soon as appropriate;
2. Ensure that older service users within Alternative Provision are helped to secure appropriate and relevant sustainable pathways into further education, employment or training;
3. That over time, the outcomes for service users improve in comparison to the national relevant cohorts.

Method: Through project team meetings, witness sessions, visits and/or workshops.	**Target date:** April 2017

MEMBERSHIP:

Councillor Moyies (Chairman), Councillors Boyd, Buckley, Butler, Walker, Borton, Nevin and Endersby.

Officer / partner support – Brin Martin, Head of Learning, Cathy Braun, Group Manager for Access and Inclusion and Fiona Abbott, project coordinator.

SOURCES OF EVIDENCE

The evidence base will be:

(a) Legislation (S19 Education Act 1996), statutory guidance (January 2013)
(b) Data, profiles, trends and patterns
(c) Information on current position / work done across the Council
(d) Education Strategy

POTENTIAL WITNESSES:

(a) Admissions Team
(b) Group Manager, Access and Inclusion
(c) Success for All representative (Fair Access)

(d) Head teacher representatives (possibly Inclusion Lead) from schools which use Alternative provision and those which do not
(e) Head teacher -Virtual School
(f) Alternative providers - including Seabrook College (PRU) (becoming an academy in the Autumn Term 2016, Parallel Learning Trust) and Southend YMCA Free School (and site visits)
(g) Education Board representative

(h) NELFT

(i) Executive Councillor

(j) Parents/service users

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.

APPENDIX 6

Consultation on orthopaedic surgery - Joint consultation by Southend CCG and Castle Point & Rochford CCG

Residents in Castle Point, Rochford and Southend CCG were asked for their views on proposed changes to orthopaedic care.

The two local Clinical Commissioning Groups (CCGs) - NHS Southend CCG and NHS Castle Point and Rochford CCG - are jointly reviewing their policies in the hope they can improve outcomes for patients after surgery. The move is supported by Southend University Hospital NHS Foundation Trust.

Currently patients have to meet certain criteria in order to be eligible for orthopaedic surgery, but clinicians have raised concerns that existing criteria is not stringent enough. This means patients are undergoing surgery despite having other, related health conditions and suffering poorer outcomes as a result. The CCGs are potentially going to change their eligibility criteria for total hip replacements, simultaneous joint replacements, total knee replacements and arthroscopy. Surgery is not always completely successful if patients have not addressed other conditions which impact on their physical health. There is clear evidence that patients who have a BMI of 40+ or who smoke have poorer outcomes following hip and knee replacements. The CCGs are looking to enhance the existing criteria and run this public consultation asking for views.

This page is intentionally left blank

APPENDIX 7

NHSE Midlands and East (East) - Dental Out-of-Hours Procurement

I write to inform you of NHS England Midlands and East (East's) intention to re-procure Dental Out-of-Hours (OOHs) services across the East of England. The OOHs service is available for patients requiring urgent dental treatment outside of core hours for dental practices, i.e. weekends and Bank Holidays.

NHS England Midlands and East (East) is intending to re-procure the service because a number of the existing contracts are due to expire in 2017. There are currently a number of different services operating across the East, with differing levels of service provision and access. A key objective of the procurement is to ensure that we commission an equitable service, with improved accessibility, for patients across the patch.

The areas of Essex, Suffolk and Great Yarmouth and Waveney will be procured in 2016-17. Norfolk and Cambridgeshire and Peterborough will follow in 2017-18. This is due to differing contract expiry dates.

NHS England Midlands and East (East) has invited members of the Local Dental Committee and Clinical Commissioning Groups to review the new specification and has collected patient input from an East-wide survey and focus groups.

As discussed, below are some bullet points to give an overview of the dental out-of-hours procurement.

- A review of the existing provision was undertaken prior to the procurement commencement. There are currently a total of 26 providers delivering the service across the East, a number of contracts for which are expiring in March 2017. These contracts differ in type, location, cost, and opening and access hours. A key objective of the procurement is to ensure we commission an equitable service, with improved accessibility, for patients across the patch.
- The procurement is currently out at the Invitation to Tender stage and is aiming to procure services to start on the 1st April 2017. The procurement is broken down into three separate lots - South East and South West Essex, Mid and West Essex and Suffolk and Great Yarmouth and Waveney.
- Patient access has been a key focus in planning this procurement. We have not specified service delivery locations in the service specification, however we have included strong parameters and the prospective bids will be evaluated reflecting the importance of patient access to the proposed locations. It is therefore possible/likely that the service locations will change (please note that this is an urgent care service and patients do not regularly attend). We will not be reducing the number of locations the service is delivered from per day of service delivery in each area. Access will be increased because patients can be referred across geographical boundaries (they are not currently).
- Patient engagement has also been an important part of the planning; we held patient focus groups and developed an online survey. The online survey was open for 6 weeks and promoted through Healthwatches, CCGs and local

authorities. The survey received 100 responses, from which we have gained an insight into the public's awareness, understanding and use of the out-of-hours service. In particular, this will influence our communications strategy during the mobilisation period, taking the opportunity to advertise to patients the NHS 111 'one front door' to the service and when it should be used. Focus groups held in Suffolk and Norfolk provided patient views on distance to travel, which gives us a useful – and localised - benchmark to assess the provider bids against. (Note, it had been intended that we would run other focus groups but circumstances unfortunately did not allow for this).

- The re-procurement has enabled us to:

- Create economies of scale to secure better value for money
- Change the opening hours to allow for improved access (10am – 4pm, typically are currently 9am – 1pm)
- Incorporate within the service specification the requirement that the provider follows national standards to ensure patients receive the best quality urgent care and are encouraged to see a dentist regularly
- Create flexibility in the service to flex during surge periods
- Introduce an element of triage which will reduce the number of patients requiring to travel for face-to-face treatment
- Collect regular data so we can understand how the service is being used and where improvements could potentially be made

The current commissioning arrangements are very varied across the East and unfortunately it is not easy to summarise everything. However, I can assure you that we have a comprehensive understanding of the current services and the procurement is very much intended to improve the service and ensure equity of provision for the population.

If you have any other queries, please contact: Laura Cooper, Assistant Contract Manager, Primary Care Team – South and West Essex, NHS England – Midlands& East (East); Email: laura.cooper16@nhs.net; Telephone: 01138 249079 I Mobile: 07918336041

Received 14th September 2016

18

Document is Restricted

This page is intentionally left blank