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SOUTHEND-ON-SEA BOROUGH COUNCIL

People Scrutiny Committee

Date: Tuesday, 10th October, 2017 @ 18.30
Place: Committee Room 1 - Civic Suite
Contact: Fiona Abbott - Principal Democratic Services Officer
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, 11th July 2017

**** **ITEM REFERRED DIRECT FROM SPECIAL CABINET –
Tuesday 10th October 2017**

- 5 **School Admissions for Community Schools 2019/20**
This item will be referred direct to Scrutiny.

[A hard copy of the report will be circulated separately].

**** **ITEMS CALLED IN / REFERRED FROM CABINET –
Tuesday 19th September 2017**

- 6 **Monthly Performance Report (July)**
Referred direct to Scrutiny and called-in by Councillors Terry and Woodley.

Members are asked to bring with them the most recent MPR for period ending July 2017. Comments / questions should be made at the appropriate Scrutiny Committee relevant to the subject matter.

- 7 **Suicide Prevention Strategy**
Minute 316 (Cabinet Book 1 – Agenda Item 5 refers)
Called in by Councillors Gilbert, Jones, Mulroney and Wexham

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

- 8 **Local Account of Adult Social Care**
Report of Deputy Chief Executive (People)

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

OTHER SCRUTINY MATTERS

- 9 Schools Progress Report**
Report of Deputy Chief Executive (People)
- 10 Scrutiny Committee - updates**
Report of Chief Executive

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

Councillor C Nevin (Chair), Councillor L Davies (Vice-Chair)
Councillors B Arscott, M Borton, H Boyd, A Bright, S Buckley, M Butler,
A Chalk, C Endersby, D Garston, S Habermel, A Jones, C Mulroney, G Phillips,
M Stafford and C Walker

Co-opted Members

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

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

Parent Governors

- (i) M Rickett (Voting on Education matters only)
- (ii) VACANT (Voting on Education matters only)

SAVS – A Semmence (Non-Voting)
Healthwatch Southend – L Crabb (Non-Voting)
Southend Carers Forum – T Watts (Non-Voting)

Observers

- Youth Council -
- (i) E Feddon (Non-voting)
 - (ii) N Ahmed (Non-Voting)

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SOUTHEND-ON-SEA BOROUGH COUNCIL

Meeting of People Scrutiny Committee

Date: Tuesday, 11th July, 2017
Place: Council Chamber - Civic Suite

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Present: Councillor C Nevin (Chair)
Councillors L Davies (Vice-Chair), B Arscott, M Borton,
H Boyd, A Bright, S Buckley, M Butler, Cllr M A Chalk,
C Endersby, D Garston, S Habermel, A Jones, D McGlone*,
C Walker and P Wexham*
E Lusty and L Crabb (co-opted members)
*Substitute in accordance with Council Procedure Rule 31.

In Attendance: Councillors J Courtenay, L Salter and J Lamb (Executive
Councillors)
F Abbott, J K Williams, S Leftley, A Atherton, B Martin,
J O'Loughlin, C Braun and A Keating

Start/End Time: 6.30 - 10.25 pm

154 Apologies for Absence

Apologies for absence were received from Councillor Phillips (substitute Cllr McGlone), Councillor Mulroney (substitute Cllr Wexham), Councillor Stafford (no substitute), E Feddon and N Ahmed (Youth Council observers).

155 Declarations of Interest

The following interests were declared at the meeting:

- (a) Councillors Salter, Courtenay and Lamb - interest in the called in / 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 School Admission Arrangements – non-pecuniary – lives in area affected by proposals;
- (c) Councillor Nevin - agenda item relating to School Admission Arrangements – non-pecuniary – lives in area affected by proposals;
- (d) Councillor Nevin - agenda item relating to Scrutiny Committee – updates – non-pecuniary - Previous employee at Southend Hospital; NHS Employee at Barts; 2 children work at MEHT and sister works for the Department of Health;
- (e) Councillor Boyd - agenda items relating to – Grammar School Strategy; Provision of Secondary Places; School Progress report – non-pecuniary – Governor at Westcliff High School for Girls and South East Essex Academy Trust, South East Essex Teaching School Alliance;
- (f) Councillor Boyd - agenda item relating to School Admission Arrangements – pecuniary interest – owner of a property directly affected by a potential change in one of the catchment areas

- referred to in Model A - withdrew from meeting during consideration of the item;
- (g) Councillor Jones - agenda items relating to – Secondary School Places; Council Procedure Rule 46 – non-pecuniary – child attends St Bernards School;
 - (h) Councillor Endersby – agenda item relating to School Admission Arrangements – non-pecuniary – lives in area affected by proposals;
 - (i) Councillor Wexham - agenda item relating to School Admission Arrangements – non-pecuniary – lives in area affected by proposals;
 - (j) Councillor D Garston - agenda item relating to School Admission Arrangements – non-pecuniary - lives in area affected by proposals and also son has property in Leigh;
 - (k) Councillor Butler - agenda item relating to School Admission Arrangements – non-pecuniary – lives in area affected by proposals;
 - (l) Councillor Arscott - agenda item relating to Schools Progress report – non pecuniary – Governor at Our lady of Lourdes Catholic Primary School;
 - (m)Councillor Arscott - agenda item relating to School Admission Arrangements – non-pecuniary – lives in area affected by proposals;
 - (n) Councillor Walker - agenda item relating to School Admission Arrangements – non-pecuniary – wife is teacher at West Leigh School;
 - (o) Councillor Bright - agenda item relating to School Admission Arrangements – non-pecuniary – uncle is on Board of Governors at West Leigh School;
 - (p) Councillor Chalk - agenda item relating to School Admission Arrangements – non-pecuniary – Governor at school in Borough;
 - (q) Councillor Lamb - agenda item relating to School Admission Arrangements – non-pecuniary – lives in area affected by proposals; Governor at West Leigh School;
 - (r) Ms E Lusty - agenda item relating to School Admission Arrangements – non-pecuniary – 2 younger children attend West Leigh schools; owns house in Chalkwell; child attends Southend High School for Boys.

156 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.

157 Minutes of the Meeting held on Tuesday, 11th April, 2017

Resolved:-

That the Minutes of the Meeting held on Tuesday, 11th April, 2017 be confirmed as a correct record and signed.

158 Minutes of Special Meeting held on Thursday, 6th April, 2017

Resolved:-

That the Minutes of the Special Meeting held on Thursday, 6th April 2017 be confirmed as a correct record and signed.

159 Southend University Hospital NHS Foundation Trust

Item DEFERRED.

160 Monthly Performance Report

The Committee considered Minute 66 of Cabinet held on 20th June 2017 which had been referred direct by Cabinet and also called in to Scrutiny, together with the Monthly Performance Report covering the period to end May 2017, which had been circulated recently.

Resolved:-

That the report be noted.

Note:- This is an Executive Function.

Executive Councillor:- As appropriate to the item.

161 In-depth Scrutiny Final Report - Alternative Provision: off site education provision for children & young people

The Committee considered Minute 64 of the meeting of Cabinet held on 20th June 2017, which had been called in to Scrutiny, together with a report of the Director of Legal & Democratic Services. This presented the final report of the in depth scrutiny project 'Alternative provision – off site education provision for children and young people.'

The Committee said that it would be useful to attach the 'Managed Move Policy' Document to the final report and also expressed appreciation to the Members and officers on the project team for their respective contributions to the review.

Resolved:-

That the following decisions of Cabinet be noted:-

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

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

3. That, as a number of the recommendations require a multi-agency oversight/response, the Health and Wellbeing Board be asked to

consider the report and ensure the actions are identified and monitored.”

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

162 School Admission Arrangements for Community Schools and coordinated admission scheme for academic year 2018/19

The Committee considered Minute 77 of the meeting of Cabinet held on 20th June 2017, which had been called in to Scrutiny, together with a report of the Deputy Chief Executive (People) which sought views on the proposed pre-consultation and engagement of the relevant people in respect of the admission arrangements (including catchment areas) for community schools for the academic year 2019/20.

The Scrutiny Officer clarified that the report related to the admission scheme for academic year 2019/20 and not 2018/19 as stated in the heading of the report.

The following points of clarification were made by the Executive Councillor and officers during the discussion:-

- No change is not an option as firstly predications going forwards indicate oversubscription for catchment applications for West Leigh, Leigh North Street and Chalkwell schools, and secondly the current arrangements could be deemed to be unreasonable as a result;
- The Cabinet report outlines some draft proposals to provide a starting point but the purpose of pre consultation is to seek a wide range of views;
- Up to date data projections and accessible maps will be included as part of the pre consultation materials;
- Concerns of displacing siblings has been raised in comments received already and the pre consultation document will address these comments;
- The pre consultation and engagement (July – September 2017) will inform the proposals for the formal consultation, which will take place at some stage during the period between October 2017 – January 2018.

Resolved:-

That the following decisions of Cabinet be noted:-

“1. That a two level consultation with relevant people on the proposals for Admission Arrangements for community schools for the academic year 2019/20, be approved.

2. That the pre-consultation and engagement phase, from July 2017 through to September 2017, be approved.

3. That formal consultation in line with the Admissions Code 2014, from October to January 2018, be approved.

4. That consultation takes place with governing bodies of community schools on the published admission numbers for community infant, junior and primary schools for September 2018 (this might be earlier than usual in order to support the full consultation process - October to 31st January 2018), be approved.”

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

163 Grammar School (Strategy)

The Committee considered Minute 78 of the meeting of Cabinet held on 20th June 2017, which had been called in to Scrutiny, together with a report of the Deputy Chief Executive (People) which detailed the proposals for a strategy to fulfil an ambition to enable more Southend residents to attend one of the four Grammar Schools in the borough.

Resolved:-

That the following decisions of Cabinet be noted:-

- “1. That the outline proposals for the Strategy, be noted.
2. That the types of actions set out in Appendix 1 to the submitted report which will form the basis of the Strategy, be approved.”

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

164 Provision of Secondary School Places

The Committee considered Minute 79 of the meeting of Cabinet held on 20th June 2017, which had been called in to Scrutiny, together with a report of the Deputy Chief Executive (People) which detailed progress on the strategy for the provision of secondary places, as overseen by the School Places Working Party and sought consideration of the proposal for a Free School.

Resolved:-

That the following decisions of Cabinet be noted:-

- “1. That current progress be noted and that the progression of expansion projects to procurement stage at good and outstanding secondary schools for September 2018, namely Shoeburyness High School and St Thomas More High School, be approved.
2. That the continuation of expansion discussions with remaining Good and Outstanding Schools, namely Belfairs Academy, The Eastwood Academy and St Bernard’s High School to secure the remaining 60 places still required for September 2018, be approved.
3. That it be agreed that a free school is required for September 2019 for the required additional 180 places (this requires the identification of

council owned land to support any application to the Department of Education).“

Note: This is an Executive Function
Executive Councillor: Courtenay

165 Standing Order 46

The Committee considered Minute 86 of Cabinet held on 20th June 2017, which had been called in to Scrutiny, 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.

166 Parental Contributions for Children's Services

(This is a pre-Cabinet scrutiny item).

The Committee considered a report by the Deputy Chief Executive (People) by way of pre-Cabinet scrutiny. This informed the Committee of the option available to local authorities under the Children Act 1989 to charge for social care services provided to children and sought views on the concept of introducing a Local Authority Parental Charging Policy for Southend Children's Services, in line with S29 of the Children Act 1989.

Resolved:-

That the following views of the Committee should be included / addressed in any report to Cabinet on this matter:-

- Need more information / case studies on other local authorities which have considered / introduced this type of scheme and the uptake;
- Details of likely costs of introducing the scheme;
- Information on anticipated numbers who would be affected by the scheme;
- Information on charging criteria and threshold;
- The scheme should ensure there are no detrimental unintentional consequences on families.

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

167 Schools Progress Report

The Committee received a report of the Deputy Chief Executive (People) which informed Members of the current position with regard to the performance of all schools, including those causing concern and updated on known Academy developments.

The Committee asked that their congratulations be forwarded to the schools which have recently received Ofsted inspection results, including Barons Court Primary School which has improved its judgement from Good to Outstanding and St Christopher's Academy which has been judged again as Outstanding. The Committee also asked that their congratulations be forwarded to primary schools in the borough for the improved KS2 data, above the national average.

Resolved:-

That the report be noted.

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

168 Scrutiny Committee - updates

The Committee received a report of the Chief Executive which updated Members on a number of scrutiny matters.

In response to a question, the Scrutiny Officer said that she would ask the CCG for an update position on the St Lukes primary care developments.

Resolved:-

That the report and actions taken be noted.

Note:- This is a Scrutiny Function

169 Minutes of the Meeting of Chairmen's Scrutiny Forum held on Tuesday, 20th June 2017

Resolved:

That the Minutes of the meeting of Chairmen's Scrutiny Forum held on Tuesday, 20th June 2017 be received and noted and the recommendations therein endorsed.

Note: This is a Scrutiny Function.

170 In depth Scrutiny projects - 2017/ 18

The Committee considered a report of the Chief Executive concerning the possible in depth scrutiny project to be undertaken by the Scrutiny Committee in 2017/18. The report also attached some information about

the work carried out by the Scrutiny Committee in the 2016/17 Municipal Year.

Resolved:-

1. That the in depth scrutiny project for 2017/18 will be – ‘Connecting communities to avoid isolation, including considering intergenerational issues’.
2. To note that the following Members have been appointed to the Panel, which will manage the in depth project – Councillor Nevin (Chairman), Councillors Boyd, Buckley, Butler, D Garston, Walker, Borton, Endersby and Davies.
3. To note the information attached at Appendix 3 to the Report, the summary of work of the 3 Scrutiny Committees during 2016 / 2017.

Note:- This is a Scrutiny Function.

171 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.

172 Provision of Secondary School Places in Southend September 2019: Proposed Free School Site

The Committee considered Minute 89 of the meeting of Cabinet held on 20th June 2017, which had been called in to Scrutiny, together with a report of the Deputy Chief Executive (People) on the above.

Resolved:-

That the following decisions of Cabinet be noted:-

- “1. That the preferred site for a free school to support and strengthen an application made by a proven academy trust to the Department for Education (DfE), be approved.
2. That further legal advice be sought on the Council’s rights to terminate any tenancy agreement, to better understand the potential costs involved, and to assess the likelihood of entering into negotiations with the tenant and obtaining planning permission regarding change of use of the land.”

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

173 Standing Order 44.2

During consideration of agenda item 14 and upon the hour of 10 pm having been reached, the Committee agreed that the remaining items of business on the agenda should be dealt with at the meeting.

Chairman: _____

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MONTHLY PERFORMANCE REPORT **6**

July 2017

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Published by the Policy, Engagement & Communication Team

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Key to Columns and symbols used in report

Column Heading	Description
Minimise or Maximise	Indicates whether higher or lower number is better: Minimise = lower is better, maximise = higher is better
Latest Month	The latest month for which performance information is available
Month's Value	Performance to date for the latest month
Month's Target	Target to date for the latest month
Annual Target 2017/18	Annual target for 2017/18
<u>Outcome</u>	<p>Symbol based on a traffic light system; Red, Amber, Green indicating whether an indicator's performance is on track to achieve the annual target. Symbols used and their meaning are:</p> <p> = at risk of missing target</p> <p> = some slippage against target, but still expected to meet year-end target (31/03/2018)</p> <p> = on course to achieve target</p>
Comment	Commentary for indicators not on track providing reasons for low performance and identifying initiatives planned to bring performance back on track
Better or worse than last year	<p>Symbol indicating whether performance for the Latest Month is better or worse than the same month in the previous year. Symbols and their meanings are:</p> <p> = Latest Month's performance is better than the same month last year</p> <p> = Latest Month's performance is worse than the same month last year</p> <p> = Data not available for current or previous year</p>

Version: **V1.0**

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Section 1: 2017-2018 Exceptions - Current Month Performance



Comments on Indicators rated Red or Amber





Generated on: 12 September 2017 09:00





Expected Outcome At risk of missing target
Responsible OUs Department for People

MPR Code	Short Name	Minimise or Maximise	Latest Month	Month's Value	Month's Target	Annual Target 2017/18	Expected Outcome	Better or worse than last year	Comment - explanation of current performance, actions to improve performance and anticipated future performance	Scrutiny Committee
13 CP 1.2	Rate of Looked After Children per 10,000 population under the age of 18. [Monthly Snapshot]	Aim to Minimise	July 2017	75.7	66	66			<p>As a result of the current performance an action plan is in place for this indicator and has been presented to Executive DMT which will be monitored on a monthly basis. The rate of looked after children remains above target however it has reduced slightly since over the last 3 months.</p> <p>It is acknowledged that we are still some way off target on this indicator but with the drop in child protection numbers we should start seeing a downward trend towards target. In addition to this we are carrying out a piece of detailed analysis on the flow of children in this area with the support of Research in Practice to help us understand where any improvements might be made.</p> <p>Other than children who need to become looked after in an emergency the decision for a child to become looked after is made by the Placement Panel to ensure that all other options are considered before care is agreed. This has prevented the numbers escalating and where safely possible put other measures in place to support the family. It is anticipated that our planned work around reunification will ensure that children do not remain in care for longer than necessary.</p> <p>Note for CMT: Benchmarking data as requested Eastern region 49.9, Lowest 33.6 (Essex), Highest 86.0 (Thurrock). Southend are 9th out of 11, 1st being the lowest.</p>	People Scrutiny
CP 1.4	Percentage of children who have been LAC for at least 5 working days, who have had	Aim to Maximise	July 2017	74.6%	90%	90%			<p>Whilst it is acknowledged that this indicator is below target the trend is improving and for the fourth successive month performance has</p>	People Scrutiny

MPR Code	Short Name	Minimise or Maximise	Latest Month	Month's Value	Month's Target	Annual Target 2017/18	Expected Outcome	Better or worse than last year	Comment - explanation of current performance, actions to improve performance and anticipated future performance	Scrutiny Committee
14	a visit in the 6 weeks (30 working days), prior to the last day of the month.								<p>improved. The activity relating to improving this area of performance is working and has been reported in previous months and remains the same, namely that:</p> <ul style="list-style-type: none"> - as a result of current performance an action plan is in place and has been presented to Executive Departmental Management Team (DMT) and monitored on a monthly basis; and - performance continues to improve month on month however it is recognised that the rate of change is too slow. <p>Robust action has been taken in this regard and further improvements will be seen during Aug-17. Between the end of Jun-17 and Jul-17 improvement can be seen with performance being 5.2% higher than at the end of Jun-17. Work across the service to improve practice, as detailed in plans relating to other areas of performance, will further improve this area of performance. The work includes; visiting being included in all social worker PMR, assurance reporting from team managers on a weekly basis to service managers includes children who have not been visited within the last 30 working days (process introduced on 22-Apr-17) and proactive use of the weekly performance reports to team managers. Failure to complete visits to children forms part of capability processes where required.</p>	
CP 1.5	Percentage of children who have had their Child Protection Plan for at least 20 working days and who have had a visit in the 20 working days prior to the last day of the month.	Aim to Maximise	July 2017	81.7%	90%	90%			<p>As previously reported; an action plan is in place for this indicator and has been presented to Executive DMT which will be monitored on a monthly basis.</p> <p>It is acknowledged that this performance indicator remains below target however there has been good improvement which is expected to continue. This remains an area of continued focus and the action plan taken to Executive DMT is being progressed.</p> <p>The details of that plan is as follows:</p> <ul style="list-style-type: none"> - visiting being included in all social worker PMR, assurance reporting from team managers 	People Scrutiny

MPR Code	Short Name	Minimise or Maximise	Latest Month	Month's Value	Month's Target	Annual Target 2017/18	Expected Outcome	Better or worse than last year	Comment - explanation of current performance, actions to improve performance and anticipated future performance	Scrutiny Committee
									on a weekly basis to service managers includes children who have not been visited within the last 20 working days (process introduced on 22-Apr-17); and - proactive use of the weekly performance reports to team managers. Failure to complete visits to children forms part of capability processes where required.	
CP 3.10	Percentage of Initial Child Protection Conferences that took place with 15 working days of the initial strategy discussion. [Cumulative YTD]	Aim to Maximise	July 2017	54.5%	90%	90%			Performance has improved by 21% during July. It is anticipated that improvement will continue. As this is a cumulative measure the strength of performance each month will not be fully reflected in this measure.	People Scrutiny
15 CP 5.6	Percentage of new Education Health and Care (EHC) plans issued within 20 weeks including exception cases. [Cumulative YTD]	Aim to Maximise	July 2017	28.9%	56%	56%			As a result of the current performance an action plan is in place for this indicator and has been presented to Executive DMT which will be monitored on a monthly basis. Between Apr-17 and Jul-17, 26 out of 90 EHC plans were issued within the 20 week timescale, an improvement of 10.6% over last month. Performance is likely to remain below target for several months due to the backlog of cases that, when completed, will not be within the 20 week timescale. Additional resources are being identified to clear the backlog. The GM for SEND is currently working with the data team to implement a robust improvement plan that will see an incremental month by month improvement in the timeliness of EHCPs.	People Scrutiny

Expected Outcome At risk of missing target
Responsible OUs Department for Place

MPR Code	Short Name	Minimise or Maximise	Latest Month	Month's Value	Month's Target	Annual Target 2017/18	Expected Outcome	Better or worse than last year	Comment - explanation of current performance, actions to improve performance and anticipated future performance	Scrutiny Committee
CP 2.1	Number of reported missed collections per 100,000 [Monthly Snapshot]	Aim to Minimise	July 2017	54	45	45			It has been noted that there has been an increase in reporting this through the new My Southend App which is now another means to report missed waste collections. We will be addressing this issue with Veolia management requesting that they look to see if there are any operational reasons for the higher number	Place Scrutiny



MPR Code	Short Name	Minimise or Maximise	Latest Month	Month's Value	Month's Target	Annual Target 2017/18	Expected Outcome	Better or worse than last year	Comment - explanation of current performance, actions to improve performance and anticipated future performance	Scrutiny Committee
									of reports.	
CP 2.3	Percentage of household waste sent for reuse, recycling and composting [Cumulative]	Aim to Maximise	June 2017	N/A					Discussions with the contractor currently taking place, in relation to relevant data and need to rebalance targets.	Place Scrutiny

Expected Outcome At risk of missing target
Responsible OUs Public Health



MPR Code	Short Name	Minimise or Maximise	Latest Month	Month's Value	Month's Target	Annual Target 2017/18	Expected Outcome	Better or worse than last year	Comment - explanation of current performance, actions to improve performance and anticipated future performance	Scrutiny Committee
CP 3.8 16	Number of people successfully completing 4 week stop smoking course [Cumulative]	Aim to Maximise	July 2017	203	280	1,100			Department of Health Guidelines state that quit attempts can be registered up to 42 days after a "quit date" is set. Therefore final data will not be available for this period for a further 2 months. Currently behind trajectory, 4 week quit recovery plan developed and being implemented. Recent statistics show smoking prevalence in adults has fallen to 17.2% and footfall through stop smoking services continues to decline.	People Scrutiny

Expected Outcome Some slippage against target
Responsible OUs Department for People



MPR Code	Short Name	Minimise or Maximise	Latest Month	Month's Value	Month's Target	Annual Target 2017/18	Expected Outcome	Better or worse than last year	Comment - explanation of current performance, actions to improve performance and anticipated future performance	Scrutiny Committee
CP 1.1	Rate of children subject to a Child Protection Plan per 10,000 population under the age of 18. [Monthly Snapshot]	Goldilocks	July 2017	42.9	55.7	55.7			Performance of this indicator continues to track towards the national benchmark. The rate of children subject to plans continues to reduce following focussed quality assurance activity in this area	People Scrutiny
CP 3.2	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services. [ASCOF 2B(1) [Rolling Quarter]	Aim to Maximise	July 2017	86.3%	88.6%	88.6%			Performance has improved significantly this month, seeing a near 10% improvement on last month. This reporting period shows that out of 73 Adults using the reablement service, 63 were still at home 91 days later. Of the 10 not at home, 2 had passed away, 1 moved into nursing care, 5 into residential care and 2 were admitted into hospital.	People Scrutiny

MPR Code	Short Name	Minimise or Maximise	Latest Month	Month's Value	Month's Target	Annual Target 2017/18	Expected Outcome	Better or worse than last year	Comment - explanation of current performance, actions to improve performance and anticipated future performance	Scrutiny Committee
									Business Process Mapping has commenced with the service and will incorporate how the new Social Care recording system (due in Jan-18) can distinguish between reablement and enablement, allowing for more accurate reporting of this indicator. Service Transformation continues to support the redesign of the Front Door services, including the monitoring of the reablement service and how the service collects the data. The benefits of all recent changes and ongoing work will take time to embed in the service but early indications show a positive progression in this indicator.	
17 CP 3.4	The proportion of people who use services who receive direct payments (ASCOF 1C (2A)) [YTD Snapshot]	Aim to Maximise	July 2017	29.4%	33.5%	33.5%			At the end of Jun-17, 520 of 1769 long term service clients were receiving a Direct Payment. Although the performance in this area remains just below the target, it remains stable month on month. Work is due to commence with our partner agency, Vibrance, who manage a large proportion of the Direct Payments with the aim of providing robust application and monitoring of Direct Payments and an increased confidence in their delivery. A new Direct Payment policy is being written, this is also aimed at raising awareness, increasing confidence and ensuring the operational teams are supporting Adults to access this service. The outcomes of the action plan should start to show in the performance over the coming quarter.	People Scrutiny



Expected Outcome Some slippage against target
Responsible OUs Public Health

MPR Code	Short Name	Minimise or Maximise	Latest Month	Month's Value	Month's Target	Annual Target 2017/18	Expected Outcome	Better or worse than last year	Comment - explanation of current performance, actions to improve performance and anticipated future performance	Scrutiny Committee
CP 3.9	Take up of the NHS Health Check programme - by those eligible [Cumulative]	Aim to Maximise	July 2017	1,444	1,984	5,740			Under trajectory. Recovery plan being developed with outreach provider & local GP practices. Public Health team offering support to all practices to improve uptake	People Scrutiny

Expected Outcome Some slippage against target
Cannot group these rows by Responsible OUs

MPR Code	Short Name	Minimise or Maximise	Latest Month	Month's Value	Month's Target	Annual Target 2017/18	Expected Outcome	Better or worse than last year	Comment - explanation of current performance, actions to improve performance and anticipated future performance	Scrutiny Committee
CP 1.6 18	Rate of Children in Need per 10,000 (including CiN, CPP and LAC and Care Leavers). [Monthly Snapshot]	Aim to Minimise	July 2017	341.6	296.6	296.6			<p>Performance improved during July, against target, for the 4th consecutive month. This indicates that the processes within Fieldwork Services in relation to contact, referral and assessment are beginning to lead to more positive performance. The positive impact is enhanced by the work being undertaken within longer term teams to ensure families move swiftly to other services when it safe for them to do so.</p> <p>The comment from July 2017 remains appropriate, namely that;</p> <p>As a result of the current performance an action plan is in place for this indicator and has been presented to Executive DMT which will be monitored on a monthly basis. Our rate of children in need has increased from 2015/16 when it stood at 251 per 10,000 however it should be noted that our rate had been low compared to statistical neighbours for a number of years. Robust operational management is now in place to ensure that all children classed as in need do actually require statutory support.</p>	People Scrutiny



Expected Outcome On course to achieve target
Responsible OUs Corporate Services; Department of the Chief Executive

MPR Code	Short Name	Minimise or Maximise	Latest Month	Month's Value	Month's Target	Annual Target 2017/18	Expected Outcome	Better or worse than last year	Comment - explanation of current performance, actions to improve performance and anticipated future performance	Scrutiny Committee
CP 5.2	Govmetric Measurement of Satisfaction (3 Channels - Phones, Face 2 Face & Web) [Cumulative]	Aim to Maximise	July 2017	85.03%	80.00%	80.00%			The Govmetric Measurement of Satisfaction (3 Channels) has maintained a green RAG status during 2017. Whilst the "Face to Face" and "Web" performance have constantly failed to meet target, the "Telephony" results have exceeded target for the year to date.	Policy & Resources Scrutiny



MPR Code	Short Name	Minimise or Maximise	Latest Month	Month's Value	Month's Target	Annual Target 2017/18	Expected Outcome	Better or worse than last year	Comment - explanation of current performance, actions to improve performance and anticipated future performance	Scrutiny Committee
19									<p>Where there is a drop in the percentage, procedures are changed to ensure targets are met. Feedback, from customers, received is acted on where appropriate.</p> <p>Telephony staff are required to put 100% of calls through to the satisfaction survey and achieving a 20% take up from customers. This forms part of their appraisal and quality monitoring and where targets are not met follow up action is taken.</p> <p>There was no clear cause for dissatisfaction in respect of the website, however, many comments in practice relate to service provision, rather than the website itself (these are forwarded to the relevant departments). July comments regarding the website related either to customers misreading a page or being in the wrong place on the website.</p> <p>All comments regarding the website are considered by the Web Team and improvements made, where possible. It is intended to undertake a survey of web users in the coming months to help identify further improvements for customers.</p>	

Expected Outcome On course to achieve target
Responsible OUs Department for People

MPR Code	Short Name	Minimise or Maximise	Latest Month	Month's Value	Month's Target	Annual Target 2017/18	Expected Outcome	Better or worse than last year	Comment - explanation of current performance, actions to improve performance and anticipated future performance	Scrutiny Committee
CP 3.3	Delayed transfers of care (people) from hospital which are attributable to social care ONLY, per 100,000 population. [ASCOF 2C(2)] [YTD Average]	Aim to Minimise	July 2017	0.71	1.43	1.43			Due to the submission of erroneous data by EPUT to NHS England this indicator shows as missing target. EPUT have now agreed that the data that they submitted was incorrect and are making attempts to resolve the errors with NHS England. If the official publication is amended the performance of this indicator would be 0.89. EPUT and SBC are working on amending the sign off processes to ensure that the risk of erroneous data submission is mitigated in the future.	People Scrutiny



MPR Code	Short Name	Minimise or Maximise	Latest Month	Month's Value	Month's Target	Annual Target 2017/18	Expected Outcome	Better or worse than last year	Comment - explanation of current performance, actions to improve performance and anticipated future performance	Scrutiny Committee
									The improvement in this indicator since April has been dramatic. This has been as a result of a significant amount of work by the service to address business process issues but more importantly to find solutions in time limited, high pressure environments for our clients. Many of these clients that would have otherwise been delayed in hospital often have complex needs but the service have worked improve the speed and flow of these clients out of hospital by working with partners and building relationships as well as putting in place innovative approaches to improving the services that are offered after an admission to hospital.	
CP 4.9	Percentage of children in good or outstanding schools. [Monthly Snapshot]	Aim to Maximise	July 2017	85.6%	80%	80%			There were no new inspections this month and performance remains above target.	People Scrutiny

Expected Outcome On course to achieve target
Responsible OUs Department for Place

MPR Code	Short Name	Minimise or Maximise	Latest Month	Month's Value	Month's Target	Annual Target 2017/18	Expected Outcome	Better or worse than last year	Comment - explanation of current performance, actions to improve performance and anticipated future performance	Scrutiny Committee
CP 3.6	Participation and attendance at council owned / affiliated cultural and sporting activities and events and visits to the Pier [Cumulative]	Aim to Maximise	July 2017	1,567,369	1,450,000	4,350,000			<p>Attendance and participation at cultural events and activities continues to thrive – Pier visits continue to be increasing compared to previous years; largely due to the improved signage, increased offer and better promotion of activities. Southend Choirs participated in 2 concerts at the Royal Albert Hall.</p> <p>Music Events; Lunchtime Recital: , Evening Concert: , Choirs: =10,310 Bandstand; 1,780 Theatre; 36,321 Forum; 54,689 Library; Shoebury: 3,527, Southchurch; 1,494, Westcliff; 14,077 (will monitor as excessively high), Kent Elms; 4,137 , Leigh; 6,245, Total =29,480 Libraries; children events; 2,096 Southend Museum (physical visits); 19,009 Southend Museums Website Total: 3,790 Southend Museums Blog Total: 315</p>	Place Scrutiny

MPR Code	Short Name	Minimise or Maximise	Latest Month	Month's Value	Month's Target	Annual Target 2017/18	Expected Outcome	Better or worse than last year	Comment - explanation of current performance, actions to improve performance and anticipated future performance	Scrutiny Committee
									Golf; 3,090 Leisure Centre; 50 + 173,568 Pier admissions; 48,277 Total = 382,775	

Expected Outcome On course to achieve target
Cannot group these rows by Responsible OUs

MPR Code	Short Name	Minimise or Maximise	Latest Month	Month's Value	Month's Target	Annual Target 2017/18	Expected Outcome	Better or worse than last year	Comment - explanation of current performance, actions to improve performance and anticipated future performance	Scrutiny Committee
N CP 1.7	The proportion of concluded section 42 enquiries (safeguarding investigations) with an action and a result of either Risk Reduced or Risk Removed. [Cumulative YTD]	Aim to Maximise	July 2017	90.3%	74%	74%			Performance in relation to removing or reducing risk during an adult safeguarding investigation remains very high and significantly above national and regional benchmarks. The performance of this indicator continues to be very strong month on month. It is being maintained at a level which is significantly higher than the national and regional benchmarks. This is a reflection of how well the service are able to assess and put in place appropriate plans and actions for clients who have encountered safeguarding concerns. The actions of the service are resulting in the removal or reduction of risk at a greater level than in other areas.	People Scrutiny

Section 2: 2017- 2018 Corporate Performance Indicators

Information for all 2013-2014 Corporate Priority Indicators

Generated on: 12 September 2017 09:00



Performance Data Expected Outcome: At risk of missing target 8 On course to achieve target 19 Some slippage against target 5 No Value 1

Aim: SAFE: Priorities • Create a safe environment across the town for residents, workers and visitors. • Work in partnership with Essex Police and other agencies to tackle crime. • Look after and safeguard our children and vulnerable adults.

MPR Code	Short Name	Minimise or Maximise	Latest Month	Month's Value	Month's Target	Annual Target 2017/18	Expected Outcome	Better or worse than last year	Managed By	Scrutiny Committee
CP 1.1	Rate of children subject to a Child Protection Plan per 10,000 population under the age of 18. [Monthly Snapshot]	Goldilocks	July 2017	42.9	55.7	55.7			John O'Loughlin	People Scrutiny
CP 1.2	Rate of Looked After Children per 10,000 population under the age of 18. [Monthly Snapshot]	Aim to Minimise	July 2017	75.7	66	66			John O'Loughlin	People Scrutiny
CP 1.4	Percentage of children who have been LAC for at least 5 working days, who have had a visit in the 6 weeks (30 working days), prior to the last day of the month.	Aim to Maximise	July 2017	74.6%	90%	90%			John O'Loughlin	People Scrutiny
CP 1.5	Percentage of children who have had their Child Protection Plan for at least 20 working days and who have had a visit in the 20 working days prior to the last day of the month.	Aim to Maximise	July 2017	81.7%	90%	90%			John O'Loughlin	People Scrutiny
CP 1.6	Rate of Children in Need per 10,000 (including CiN, CPP and LAC and Care Leavers). [Monthly Snapshot]	Aim to Minimise	July 2017	341.6	296.6	296.6			John O'Loughlin	People Scrutiny
CP 1.7	The proportion of concluded section 42 enquiries (safeguarding investigations) with an action and a result of either Risk Reduced or Risk Removed. [Cumulative YTD]	Aim to Maximise	July 2017	90.3%	74%	74%			Sharon Houlden	People Scrutiny

Aim: CLEAN: Priorities • Continue to promote the use of green technology and initiatives to benefit the local economy and environment. • Encourage and enforce high standards of environmental stewardship.

MPR Code	Short Name	Minimise or Maximise	Latest Month	Month's Value	Month's Target	Annual Target 2017/18	Expected Outcome	Better or worse than last year	Managed By	Scrutiny Committee
CP 2.1	Number of reported missed collections per 100,000 [Monthly Snapshot]	Aim to Minimise	July 2017	54	45	45			Carl Robinson	Place Scrutiny
CP 2.2	% acceptable standard of cleanliness: litter [Cumulative]	Aim to Maximise	July 2017	96%	93%	93%			Carl Robinson	Place Scrutiny
CP 2.3	Percentage of household waste sent for reuse, recycling and composting [Cumulative]	Aim to Maximise	June 2017	N/A	-	-			Carl Robinson	Place Scrutiny

Aim: HEALTHY: Priorities • Actively promote healthy and active lifestyles for all. • Work with the public and private rented sectors to provide good quality housing. • Improve the life chances of our residents, especially our vulnerable children & adults, by working to reduce inequalities and social deprivation across our communities.

MPR Code	Short Name	Minimise or Maximise	Latest Month	Month's Value	Month's Target	Annual Target 2017/18	Expected Outcome	Better or worse than last year	Managed By	Scrutiny Committee
CP 3.1	Proportion of adults in contact with secondary mental health services who live independently with or without support. (ASCOF 1H) [Monthly Snapshot]	Aim to Maximise	July 2017	76.6%	70%	70%			Sharon Houlden	People Scrutiny
CP 3.2	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services. [ASCOF 2B(1) [Rolling Quarter]	Aim to Maximise	July 2017	86.3%	88.6%	88.6%			Sharon Houlden	People Scrutiny
CP 3.3	Delayed transfers of care (people) from hospital which are attributable to social care ONLY, per 100,000 population. [ASCOF 2C(2)] [YTD Average]	Aim to Minimise	July 2017	0.71	1.43	1.43			Sharon Houlden	People Scrutiny
CP 3.4	The proportion of people who use services who receive direct payments (ASCOF 1C (2A)) [YTD Snapshot]	Aim to Maximise	July 2017	29.4%	33.5%	33.5%			Sharon Houlden	People Scrutiny
CP 3.5	Proportion of adults with a learning disability in paid employment. (ASCOF 1E) [Monthly Snapshot]	Aim to Maximise	July 2017	10.8%	10%	10%			Sharon Houlden	People Scrutiny

MPR Code	Short Name	Minimise or Maximise	Latest Month	Month's Value	Month's Target	Annual Target 2017/18	Expected Outcome	Better or worse than last year	Managed By	Scrutiny Committee
CP 3.6	Participation and attendance at council owned / affiliated cultural and sporting activities and events and visits to the Pier [Cumulative]	Aim to Maximise	July 2017	1,567,369	1,450,000	4,350,000	✔	↑	Scott Dolling	Place Scrutiny
CP 3.7	Public Health Responsibility Deal [Cumulative]	Aim to Maximise	July 2017	15	13	40	✔	↓	Marion Gibbon	People Scrutiny
CP 3.8	Number of people successfully completing 4 week stop smoking course [Cumulative]	Aim to Maximise	July 2017	203	280	1,100	⚠	↓	Lee Watson	People Scrutiny
CP 3.9	Take up of the NHS Health Check programme - by those eligible [Cumulative]	Aim to Maximise	July 2017	1,444	1,984	5,740	⚠	↓	Margaret Gray	People Scrutiny
CP 3.10	Percentage of Initial Child Protection Conferences that took place with 15 working days of the initial strategy discussion. [Cumulative YTD]	Aim to Maximise	July 2017	54.5%	90%	90%	⚠	↑	John O'Loughlin	People Scrutiny
CP 3.11	The number of Early Help Assessments closed with successful outcomes for the clients (excluding TACAF).	Aim to Maximise	July 2017	113				↓	John O'Loughlin	People Scrutiny

Aim: PROPEROUS: Priorities • Maximise opportunities to enable the planning and development of quality, affordable housing. • Ensure residents have access to high quality education to enable them to be lifelong learners & have fulfilling employment. • Ensure the town is 'open for businesses' and that new, developing and existing enterprise is nurtured and supported. • Ensure continued regeneration of the town through a culture led agenda.

MPR Code	Short Name	Minimise or Maximise	Latest Month	Month's Value	Month's Target	Annual Target 2017/18	Expected Outcome	Better or worse than last year	Managed By	Scrutiny Committee
CP 4.3	% of Council Tax for 2017/18 collected in year [Cumulative]	Aim to Maximise	July 2017	35.70%	35.50%	97.30%	✔	↑	Joe Chesterton	Policy & Resources Scrutiny
CP 4.4	% of Non-Domestic Rates for 2017/18 collected in year [Cumulative]	Aim to Maximise	July 2017	39.30%	37.10%	97.90%	✔	↑	Joe Chesterton	Policy & Resources Scrutiny
CP 4.5	Major planning applications determined in 13 weeks [Cumulative]	Aim to Maximise	July 2017	100.00%	79.00%	79.00%	✔	↑	Peter Geraghty	Place Scrutiny
CP 4.6	Minor planning applications determined in 8 weeks [Cumulative]	Aim to Maximise	July 2017	95.04%	84.00%	84.00%	✔	↑	Peter Geraghty	Place Scrutiny
CP 4.7	Other planning applications determined in 8 weeks [Cumulative]	Aim to Maximise	July 2017	93.64%	90.00%	90.00%	✔	↓	Peter Geraghty	Place Scrutiny

MPR Code	Short Name	Minimise or Maximise	Latest Month	Month's Value	Month's Target	Annual Target 2017/18	Expected Outcome	Better or worse than last year	Managed By	Scrutiny Committee
CP 4.8	Current Rent Arrears as % of rent due.	Aim to Minimise	July 2017	1.29%	1.77%	1.77%			Sharon Houlden	Policy and Resources Scrutiny
CP 4.9	Percentage of children in good or outstanding schools. [Monthly Snapshot]	Aim to Maximise	July 2017	85.6%	80%	80%			Brin Martin	People Scrutiny
CP 4.10	Total number of households in temporary accommodation.	Aim to Minimise	July 2017	96	100	100			Sharon Houlden	People Scrutiny

Aim: EXCELLENT: Priorities • Work with & listen to our communities & partners to achieve better outcomes for all • Enable communities to be self-sufficient & foster pride in the town • Promote & lead an entrepreneurial, creative & innovative approach to the development of our town.

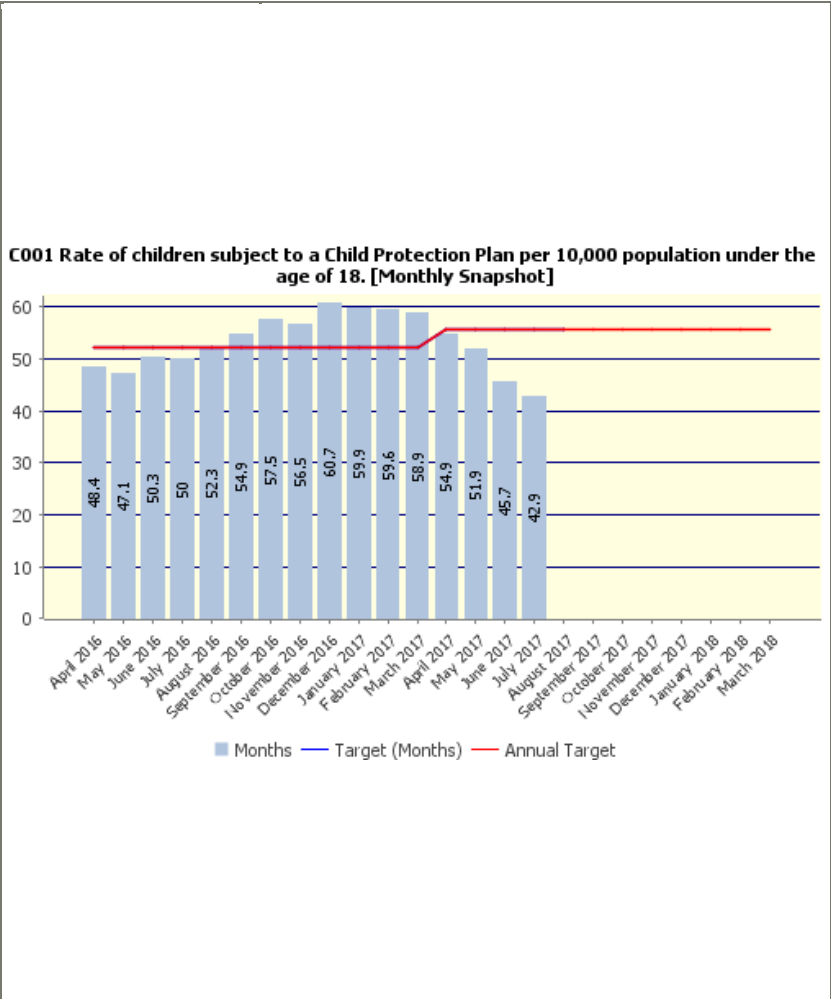
MPR Code	Short Name	Minimise or Maximise	Latest Month	Month's Value	Month's Target	Annual Target 2017/18	Expected Outcome	Better or worse than last year	Managed By	Scrutiny Committee
CP 5.1	Number of hours delivered through volunteering within Culture, Tourism and Property, including Pier and Foreshore and Events. [Cumulative]	Aim to Maximise	July 2017	11,143	6,333	19,000			Scott Dolling	Place Scrutiny
25 CP 5.2	Govmetric Measurement of Satisfaction (3 Channels - Phones, Face 2 Face & Web) [Cumulative]	Aim to Maximise	July 2017	85.03%	80.00%	80.00%			Nick Corrigan; Joanna Ruffle	Policy & Resources Scrutiny
CP 5.4	Working days lost per FTE due to sickness - excluding school staff [Cumulative]	Aim to Minimise	July 2017	2.15	2.21	7.20			Joanna Ruffle	Policy & Resources Scrutiny
CP 5.5	Increase the number of people signed up to MySouthend to 35,000 [Cumulative]	Aim to Maximise	July 2017	29,614	25,000	35,000			Ellen Butler; Joanna Ruffle	Policy & Resources Scrutiny
CP 5.6	Percentage of new Education Health and Care (EHC) plans issued within 20 weeks including exception cases. [Cumulative YTD]	Aim to Maximise	July 2017	28.9%	56%	56%			Brin Martin	People Scrutiny

Section 3: Detail of indicators rated Red or Amber


Aim: SAFE: Priorities • Create a safe environment across the town for residents, workers and visitors. • Work in partnership with Essex Police and other agencies to tackle crime. • Look after and safeguard our children and vulnerable adults.
 Expected Outcome: At risk of missing target 3 Some slippage against target 2

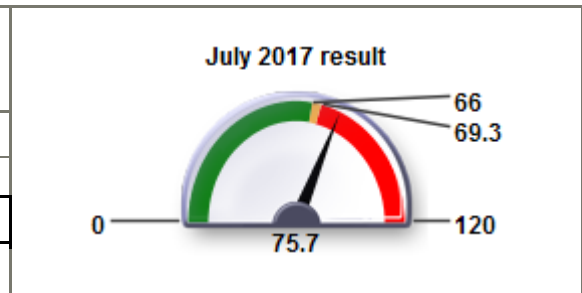
CP 1.1	Rate of children subject to a Child Protection Plan per 10,000 population under the age of 18. [Monthly Snapshot]			
Expected Outcome		Format	Goldilocks	
Managed By	John O'Loughlin			
Year Introduced	2014			

Date Range 1		
	Value	Target
April 2016	48.4	52.3
May 2016	47.1	52.3
June 2016	50.3	52.3
July 2016	50	52.3
August 2016	52.3	52.3
September 2016	54.9	52.3
October 2016	57.5	52.3
November 2016	56.5	52.3
December 2016	60.7	52.3
January 2017	59.9	52.3
February 2017	59.6	52.3
March 2017	58.9	52.3
April 2017	54.9	55.7
May 2017	51.9	55.7
June 2017	45.7	55.7
July 2017	42.9	55.7
August 2017		55.7
September 2017		
October 2017		
November 2017		
December 2017		
January 2018		
February 2018		
March 2018		

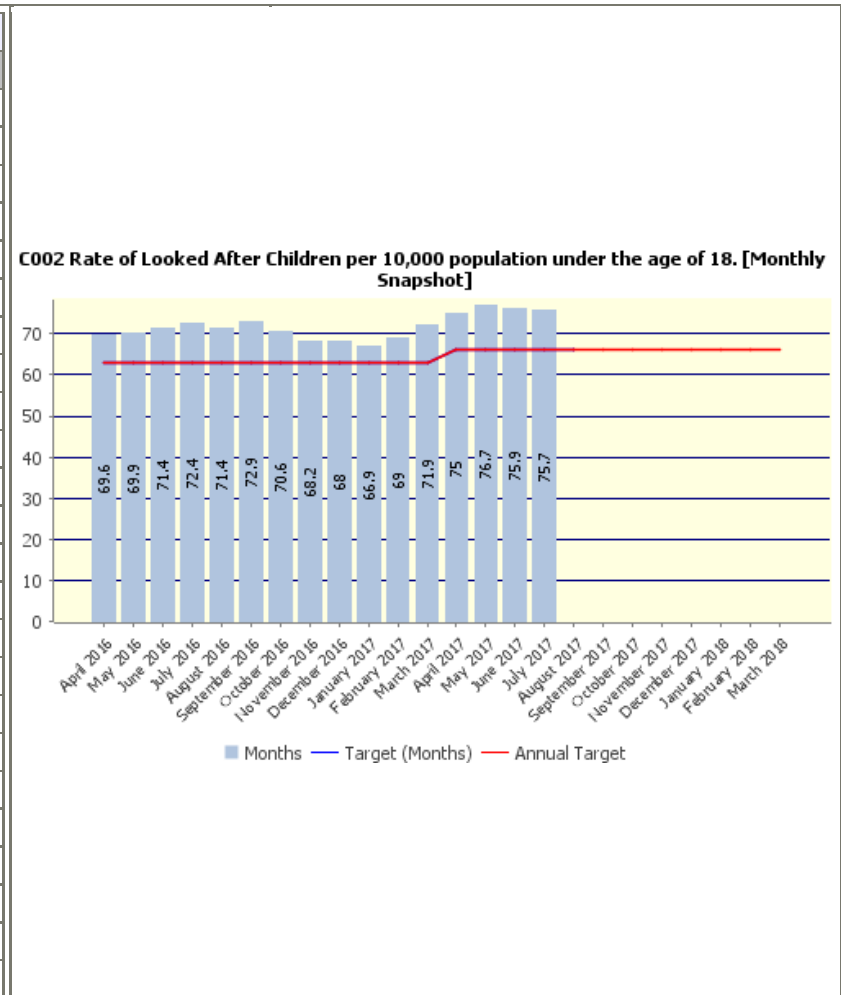


Performance of this indicator continues to track towards the national benchmark. The rate of children subject to plans continues to reduce following focussed quality assurance activity in this area

CP 1.2	Rate of Looked After Children per 10,000 population under the age of 18. [Monthly Snapshot]		
Expected Outcome		Format	Aim to Minimise
Managed By	John O'Loughlin		
Year Introduced	2014		



Date Range 1		
	Value	Target
April 2016	69.6	63
May 2016	69.9	63
June 2016	71.4	63
July 2016	72.4	63
August 2016	71.4	63
September 2016	72.9	63
October 2016	70.6	63
November 2016	68.2	63
December 2016	68	63
January 2017	66.9	63
February 2017	69	63
March 2017	71.9	63
April 2017	75	66
May 2017	76.7	66
June 2017	75.9	66
July 2017	75.7	66
August 2017		66
September 2017		
October 2017		
November 2017		
December 2017		
January 2018		
February 2018		
March 2018		




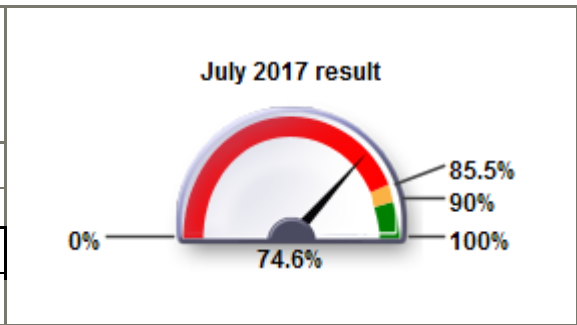
As a result of the current performance an action plan is in place for this indicator and has been presented to Executive DMT which will be monitored on a monthly basis. The rate of looked after children remains above target however it has reduced slightly since over the last 3 months.

It is acknowledged that we are still some way off target on this indicator but with the drop in child protection numbers we should start seeing a downward trend towards target. In addition to this we are carrying out a piece of detailed analysis on the flow of children in this area with the support of Research in Practice to help us understand where any improvements might be made.

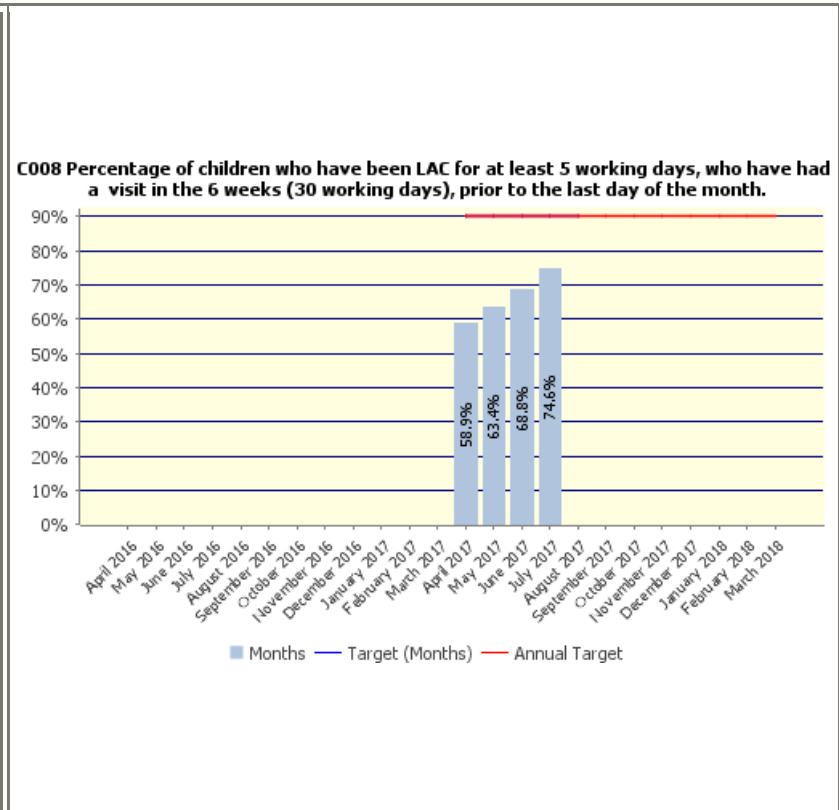
Other than children who need to become looked after in an emergency the decision for a child to become looked after is made by the Placement Panel to ensure that all other options are considered before care is agreed. This has prevented the numbers escalating and where safely possible put other measures in place to support the family. It is anticipated that our planned work around reunification will ensure that children do not remain in care for longer than necessary.

Note for CMT: Benchmarking data as requested Eastern region 49.9, Lowest 33.6 (Essex), Highest 86.0 (Thurrock). Southend are 9th out of 11, 1st being the lowest.

CP 1.4	Percentage of children who have been LAC for at least 5 working days, who have had a visit in the 6 weeks (30 working days), prior to the last day of the month.		
Expected Outcome		Format	Aim to Maximise
Managed By	John O'Loughlin		
Year Introduced	2017		




Date Range 1		
	Value	Target
September 2016		
October 2016		
November 2016		
December 2016		
January 2017		
February 2017		
March 2017		
April 2017	58.9%	90%
May 2017	63.4%	90%
June 2017	68.8%	90%
July 2017	74.6%	90%
August 2017		90%
September 2017		
October 2017		
November 2017		
December 2017		
January 2018		
February 2018		
March 2018		

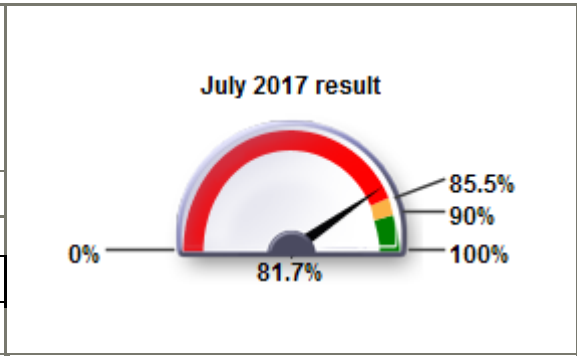


Whilst it is acknowledged that this indicator is below target the trend is improving and for the fourth successive month performance has improved. The activity relating to improving this area of performance is working and has been reported in previous months and remains the same, namely that:

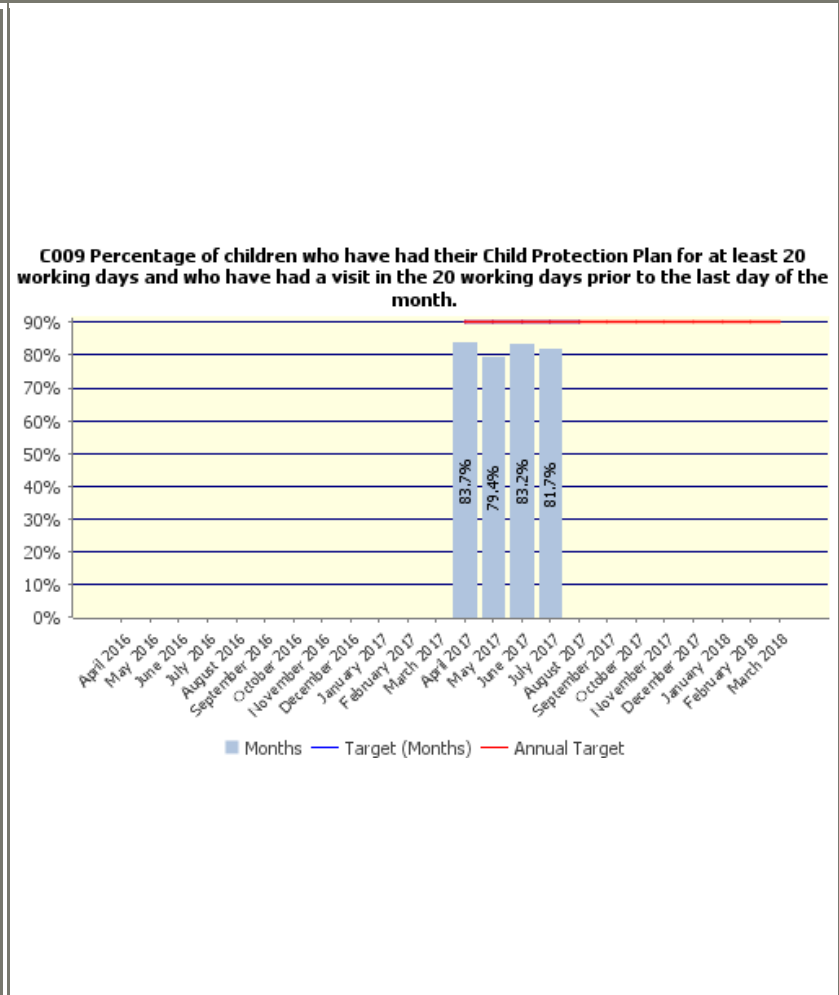
- as a result of current performance an action plan is in place and has been presented to Executive Departmental Management Team (DMT) and monitored on a monthly basis; and
- performance continues to improve month on month however it is recognised that the rate of change is too slow.

Robust action has been taken in this regard and further improvements will be seen during Aug-17. Between the end of Jun-17 and Jul-17 improvement can be seen with performance being 5.2% higher than at the end of Jun-17. Work across the service to improve practice, as detailed in plans relating to other areas of performance, will further improve this area of performance. The work includes; visiting being included in all social worker PMR, assurance reporting from team managers on a weekly basis to service managers includes children who have not been visited within the last 30 working days (process introduced on 22-Apr-17) and proactive use of the weekly performance reports to team managers. Failure to complete visits to children forms part of capability processes where required.

CP 1.5	Percentage of children who have had their Child Protection Plan for at least 20 working days and who have had a visit in the 20 working days prior to the last day of the month.		
Expected Outcome		Format	Aim to Maximise
Managed By	John O'Loughlin		
Year Introduced	2017		



Date Range 1		
	Value	Target
April 2016		
May 2016		
June 2016		
July 2016		
August 2016		
September 2016		
October 2016		
November 2016		
December 2016		
January 2017		
February 2017		
March 2017		
April 2017	83.7%	90%
May 2017	79.4%	90%
June 2017	83.2%	90%
July 2017	81.7%	90%
August 2017		90%
September 2017		
October 2017		
November 2017		
December 2017		
January 2018		
February 2018		
March 2018		




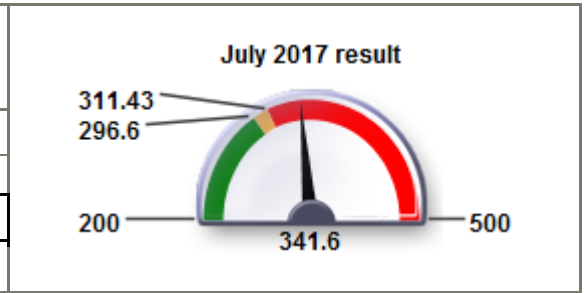
As previously reported; an action plan is in place for this indicator and has been presented to Executive DMT which will be monitored on a monthly basis.

It is acknowledged that this performance indicator remains below target however there has been good improvement which is expected to continue. This remains an area of continued focus and the action plan taken to Executive DMT is being progressed.

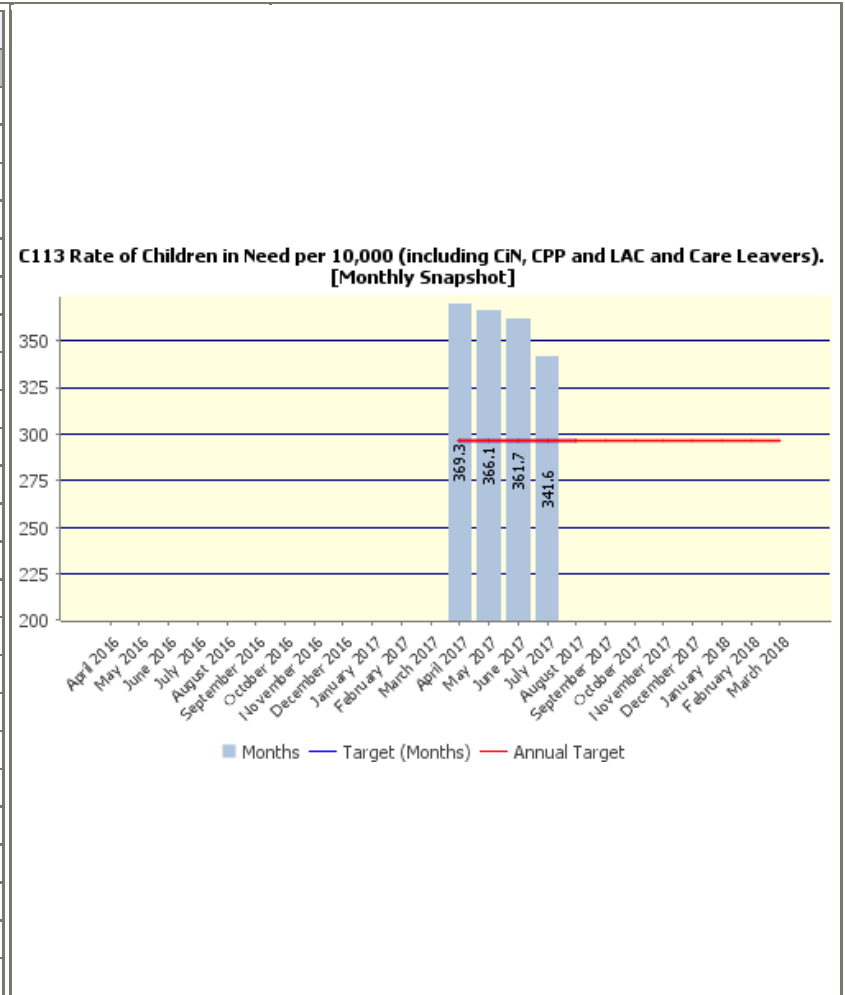
The details of that plan is as follows:

- visiting being included in all social worker PMR, assurance reporting from team managers on a weekly basis to service managers includes children who have not been visited within the last 20 working days (process introduced on 22-Apr-17); and
- proactive use of the weekly performance reports to team managers. Failure to complete visits to children forms part of capability processes where required.

CP 1.6	Rate of Children in Need per 10,000 (including CiN, CPP and LAC and Care Leavers). [Monthly Snapshot]		
Expected Outcome		Format	Aim to Minimise
Managed By	John O'Loughlin		
Year Introduced	2017		



Date Range 1		
	Value	Target
April 2016		
May 2016		
June 2016		
July 2016		
August 2016		
September 2016		
October 2016		
November 2016		
December 2016		
January 2017		
February 2017		
March 2017		
April 2017	369.3	296.6
May 2017	366.1	296.6
June 2017	361.7	296.6
July 2017	341.6	296.6
August 2017		296.6
September 2017		
October 2017		
November 2017		
December 2017		
January 2018		
February 2018		
March 2018		



Performance improved during July, against target, for the 4th consecutive month. This indicates that the processes within Fieldwork Services in relation to contact, referral and assessment are beginning to lead to more positive performance. The positive impact is enhanced by the work being undertaken within longer term teams to ensure families move swiftly to other services when it safe for them to do so.

The comment from July 2017 remains appropriate, namely that;

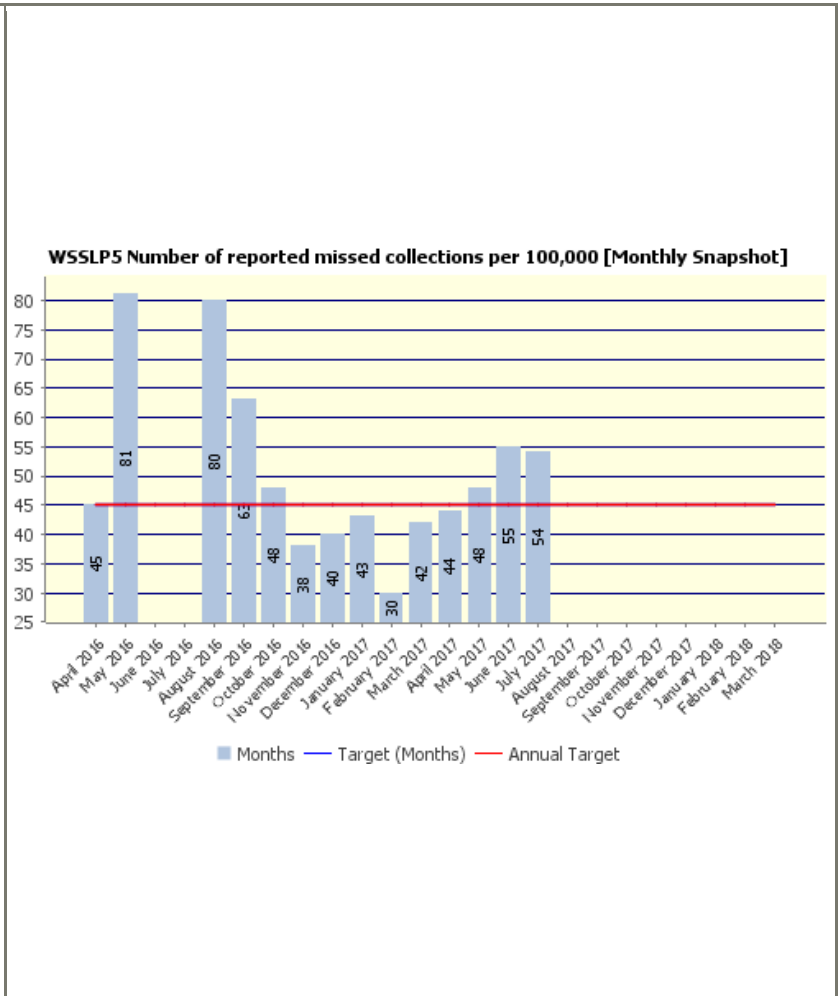
As a result of the current performance an action plan is in place for this indicator and has been presented to Executive DMT which will be monitored on a monthly basis. Our rate of children in need has increased from 2015/16 when it stood at 251 per 10,000 however it should be noted that our rate had been low compared to statistical neighbours for a number of years. Robust operational management is now in place to ensure that all children classed as in need do actually require statutory support.

Aim: CLEAN: Priorities • Continue to promote the use of green technology and initiatives to benefit the local economy and environment. • Encourage and enforce high standards of environmental stewardship.


Expected Outcome: At risk of missing target 2

CP 2.1	Number of reported missed collections per 100,000 [Monthly Snapshot]			<p>July 2017 result</p>
Expected Outcome		Format	Aim to Minimise	
Managed By	Carl Robinson			
Year Introduced				

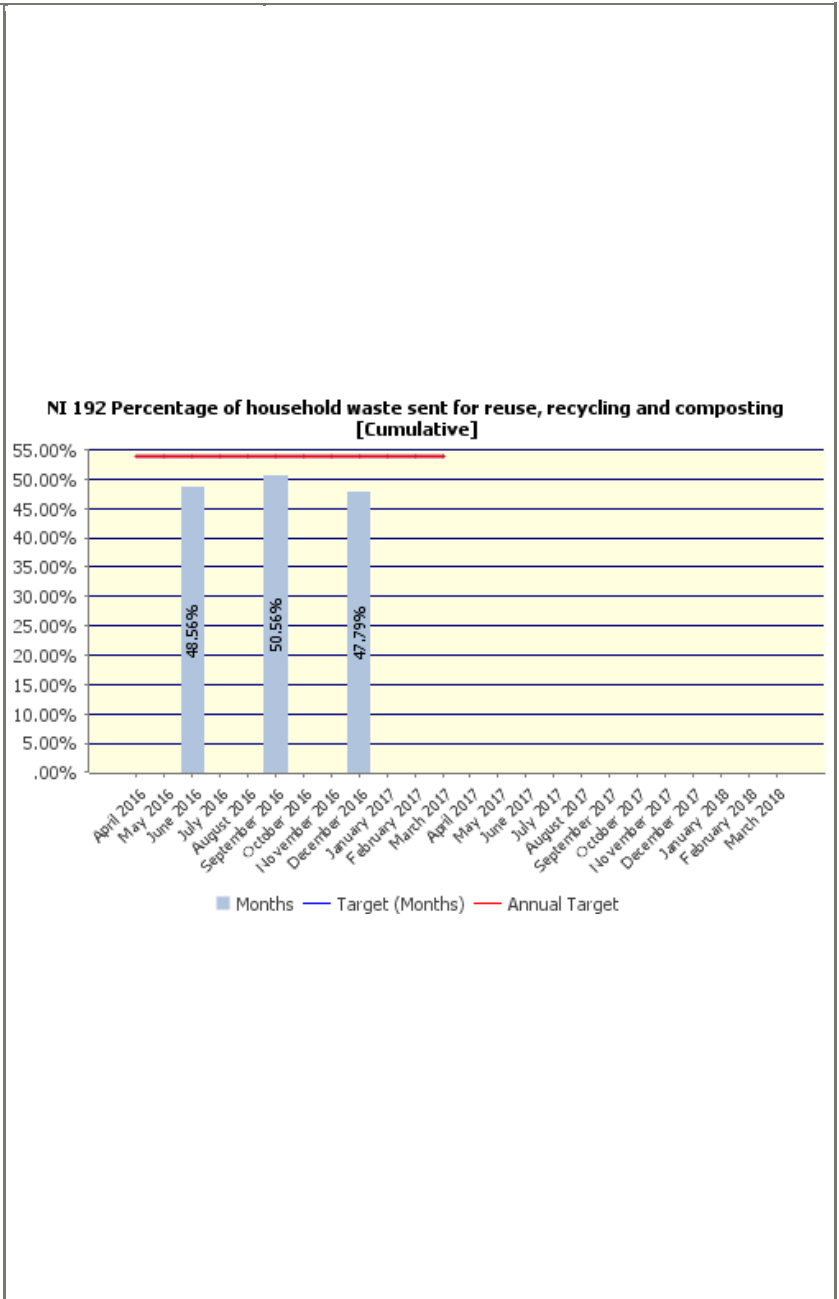
Date Range 1		
	Value	Target
April 2016	45	45
May 2016	81	45
June 2016	N/A	45
July 2016	N/A	45
August 2016	80	45
September 2016	63	45
October 2016	48	45
November 2016	38	45
December 2016	40	45
January 2017	43	45
February 2017	30	45
March 2017	42	45
April 2017	44	45
May 2017	48	45
June 2017	55	45
July 2017	54	45
August 2017		45
September 2017		45
October 2017		45
November 2017		45
December 2017		45
January 2018		45
February 2018		45
March 2018		45



It has been noted that there has been an increase in reporting this through the new My Southend App which is now another means to report missed waste collections. We will be addressing this issue with Veolia management requesting that they look to see if there are any operational reasons for the higher number of reports.

CP 2.3	Percentage of household waste sent for reuse, recycling and composting [Cumulative]			June 2017 result N/A
Expected Outcome		Format	Aim to Maximise	
Managed By	Carl Robinson			
Year Introduced	2008			

Date Range 1		
	Value	Target
April 2016	N/A	54.00%
May 2016	N/A	54.00%
June 2016	48.56%	54.00%
Q1 2016/17		
July 2016	N/A	54.00%
August 2016	N/A	54.00%
September 2016	50.56%	54.00%
Q2 2016/17		
October 2016	N/A	54.00%
November 2016	N/A	54.00%
December 2016	47.79%	54.00%
Q3 2016/17		
January 2017	N/A	54.00%
February 2017	N/A	54.00%
March 2017	N/A	54.00%
Q4 2016/17		
April 2017	N/A	
May 2017	N/A	
June 2017	N/A	
Q1 2017/18		
July 2017		
August 2017		
September 2017		
Q2 2017/18		
October 2017		
November 2017		
December 2017		
Q3 2017/18		
January 2018		
February 2018		
March 2018		
Q4 2017/18		



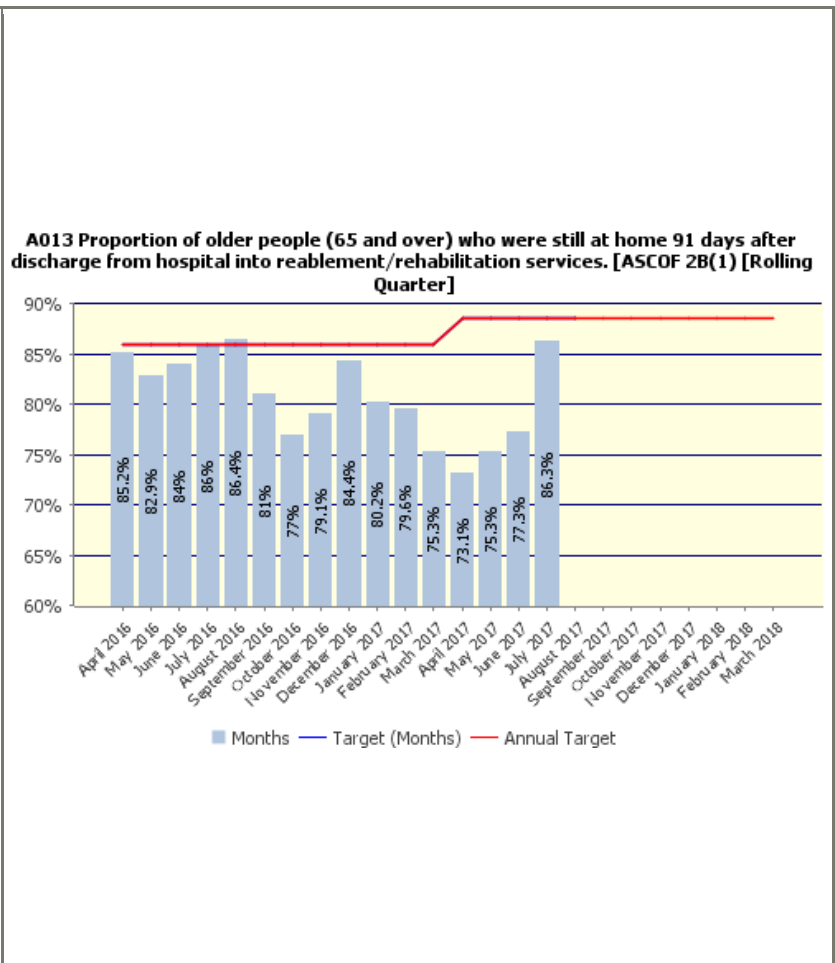
Discussions with the contractor currently taking place, in relation to relevant data and need to rebalance targets.

Aim: HEALTHY: Priorities • Actively promote healthy and active lifestyles for all. • Work with the public and private rented sectors to provide good quality housing. • Improve the life chances of our residents, especially our vulnerable children & adults, by working to reduce inequalities and social deprivation across our communities.


Expected Outcome: At risk of missing target 2 Some slippage against target 3

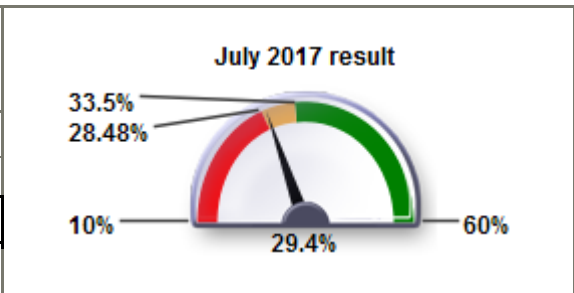
CP 3.2	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services. [ASCOF 2B(1) [Rolling Quarter]			<p>July 2017 result</p>
Expected Outcome		Format	Aim to Maximise	
Managed By	Sharon Houlden			
Year Introduced	2012			

Date Range 1		
	Value	Target
July 2016	86%	86%
August 2016	86.4%	86%
September 2016	81%	86%
Q2 2016/17		
October 2016	77%	86%
November 2016	79.1%	86%
December 2016	84.4%	86%
Q3 2016/17		
January 2017	80.2%	86%
February 2017	79.6%	86%
March 2017	75.3%	86%
Q4 2016/17		
April 2017	73.1%	88.6%
May 2017	75.3%	88.6%
June 2017	77.3%	88.6%
Q1 2017/18		
July 2017	86.3%	88.6%
August 2017		88.6%
September 2017		
Q2 2017/18		
October 2017		
November 2017		
December 2017		

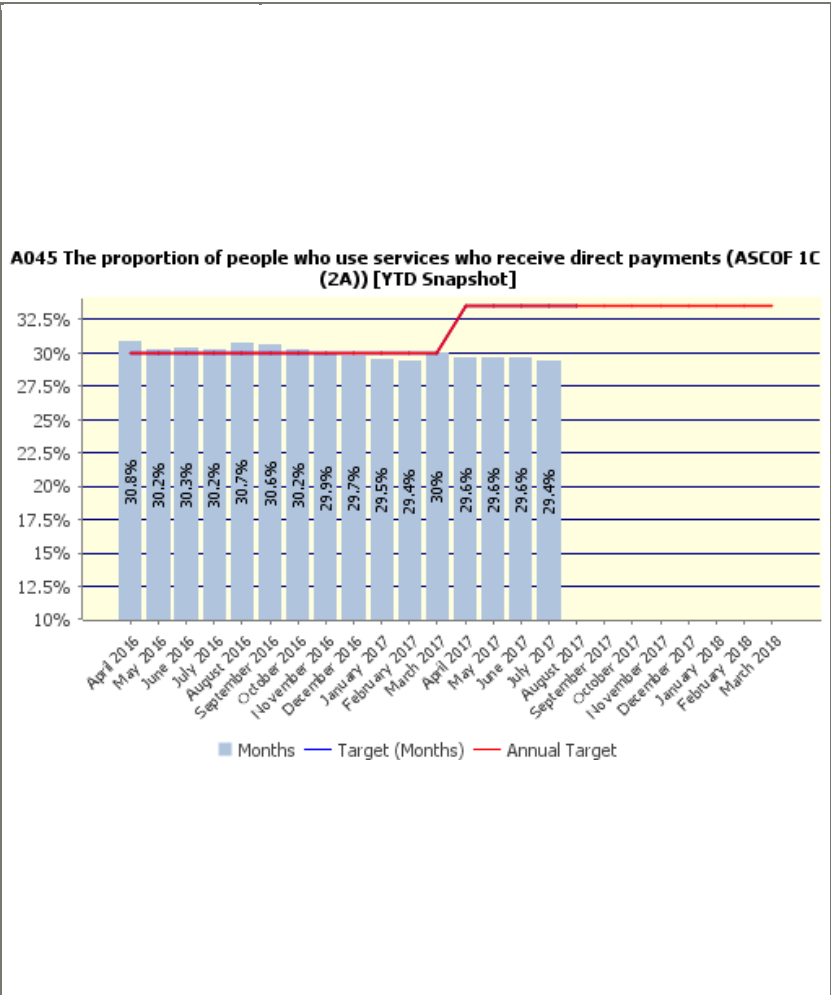


Performance has improved significantly this month, seeing a near 10% improvement on last month. This reporting period shows that out of 73 Adults using the reablement service, 63 were still at home 91 days later. Of the 10 not at home, 2 had passed away, 1 moved into nursing care, 5 into residential care and 2 were admitted into hospital. Business Process Mapping has commenced with the service and will incorporate how the new Social Care recording system (due in Jan-18) can distinguish between reablement and enablement, allowing for more accurate reporting of this indicator. Service Transformation continues to support the redesign of the Front Door services, including the monitoring of the reablement service and how the service collects the data. The benefits of all recent changes and ongoing work will take time to embed in the service but early indications show a positive progression in this indicator.


CP 3.4	The proportion of people who use services who receive direct payments (ASCOF 1C (2A)) [YTD Snapshot]		
Expected Outcome		Format	Aim to Maximise
Managed By	Sharon Houlden		
Year Introduced	2015		

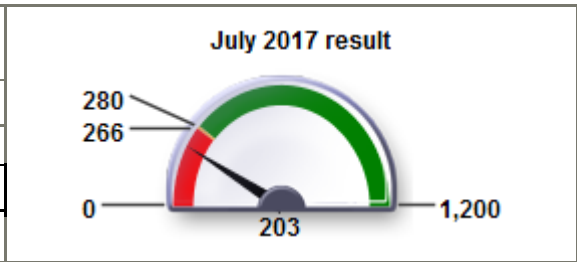


Date Range 1		
	Value	Target
April 2016	30.8%	30%
May 2016	30.2%	30%
June 2016	30.3%	30%
July 2016	30.2%	30%
August 2016	30.7%	30%
September 2016	30.6%	30%
October 2016	30.2%	30%
November 2016	29.9%	30%
December 2016	29.7%	30%
January 2017	29.5%	30%
February 2017	29.4%	30%
March 2017	30%	30%
April 2017	29.6%	33.5%
May 2017	29.6%	33.5%
June 2017	29.6%	33.5%
July 2017	29.4%	33.5%
August 2017		33.5%
September 2017		
October 2017		
November 2017		
December 2017		
January 2018		
February 2018		
March 2018		

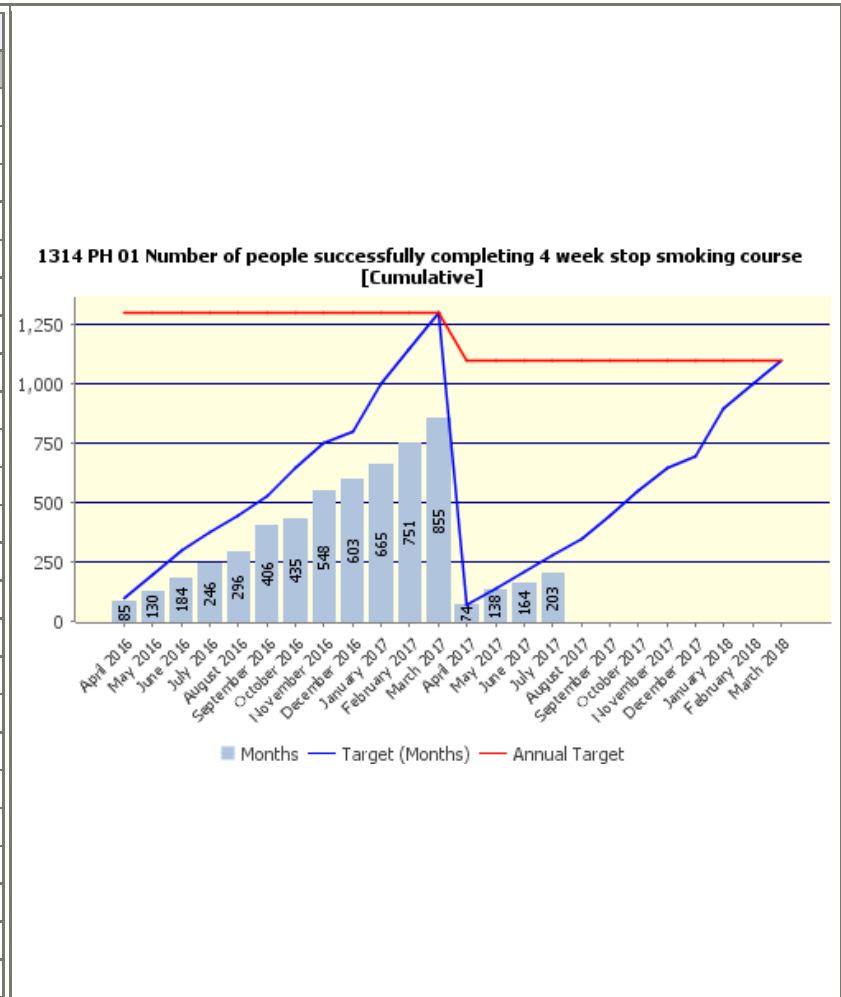


At the end of Jun-17, 520 of 1769 long term service clients were receiving a Direct Payment. Although the performance in this area remains just below the target, it remains stable month on month. Work is due to commence with our partner agency, Vibrance, who manage a large proportion of the Direct Payments with the aim of providing robust application and monitoring of Direct Payments and an increased confidence in their delivery. A new Direct Payment policy is being written, this is also aimed at raising awareness, increasing confidence and ensuring the operational teams are supporting Adults to access this service. The outcomes of the action plan should start to show in the performance over the coming quarter.


CP 3.8	Number of people successfully completing 4 week stop smoking course [Cumulative]		
Expected Outcome		Format	Aim to Maximise
Managed By	Lee Watson		
Year Introduced	2013		

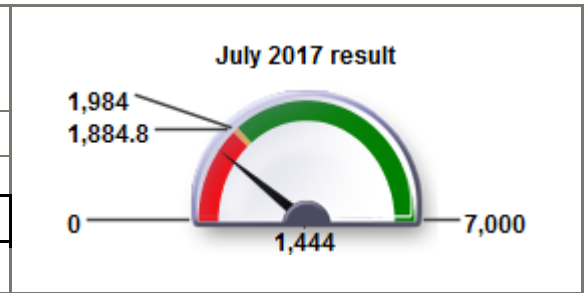


Date Range 1		
	Value	Target
April 2016	85	100
May 2016	130	200
June 2016	184	300
July 2016	246	380
August 2016	296	450
September 2016	406	530
October 2016	435	650
November 2016	548	750
December 2016	603	800
January 2017	665	1,000
February 2017	751	1,150
March 2017	855	1,300
April 2017	74	70
May 2017	138	140
June 2017	164	210
July 2017	203	280
August 2017		350
September 2017		450
October 2017		550
November 2017		650
December 2017		700
January 2018		900
February 2018		1,000
March 2018		1,100

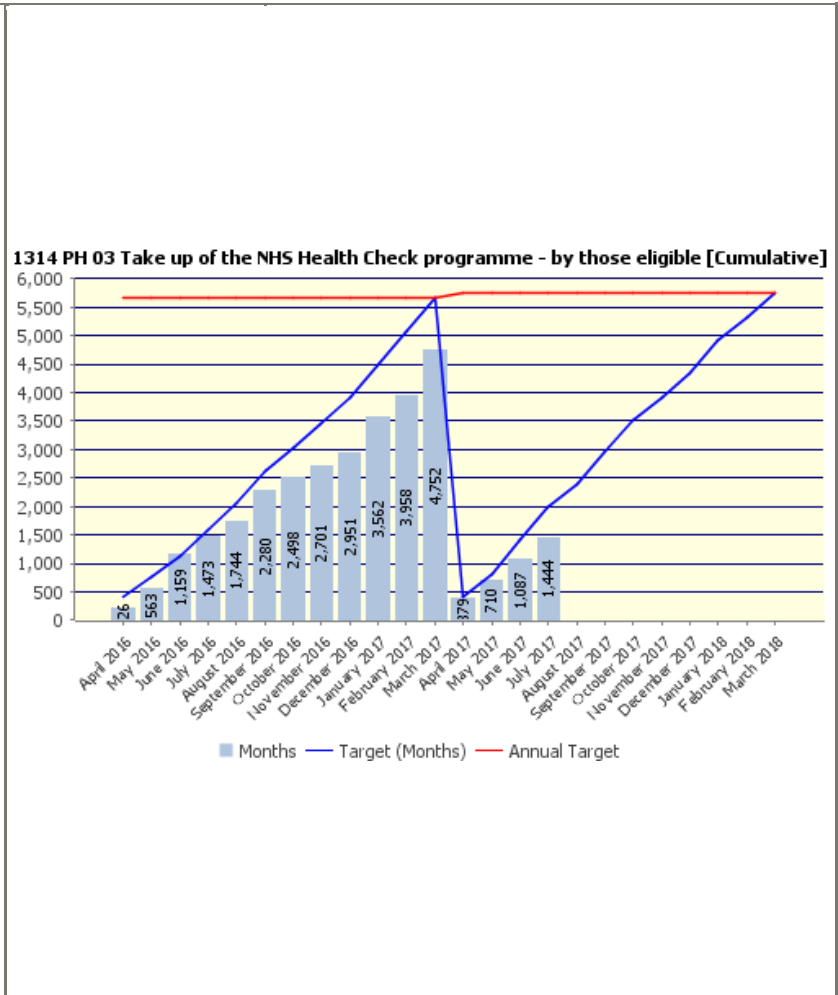


Department of Health Guidelines state that quit attempts can be registered up to 42 days after a “quit date” is set. Therefore final data will not be available for this period for a further 2 months. Currently behind trajectory, 4 week quit recovery plan developed and being implemented. Recent statistics show smoking prevalence in adults has fallen to 17.2% and footfall through stop smoking services continues to decline.


CP 3.9	Take up of the NHS Health Check programme - by those eligible [Cumulative]		
Expected Outcome		Format	Aim to Maximise
Managed By	Margaret Gray		
Year Introduced	2013		

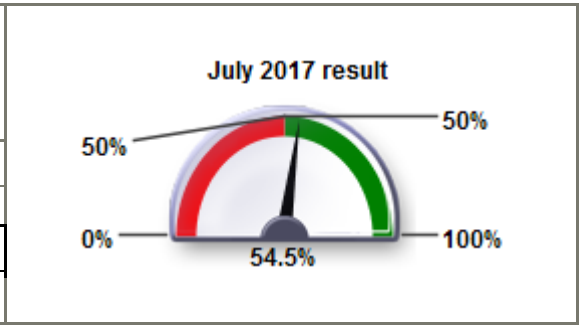


Date Range 1		
	Value	Target
April 2016	226	406
May 2016	563	763
June 2016	1,159	1,120
July 2016	1,473	1,592
August 2016	1,744	2,064
September 2016	2,280	2,632
October 2016	2,498	3,038
November 2016	2,701	3,443
December 2016	2,951	3,914
January 2017	3,562	4,482
February 2017	3,958	5,050
March 2017	4,752	5,673
April 2017	379	414
May 2017	710	828
June 2017	1,087	1,406
July 2017	1,444	1,984
August 2017		2,398
September 2017		2,976
October 2017		3,506
November 2017		3,920
December 2017		4,334
January 2018		4,912
February 2018		5,326
March 2018		5,740

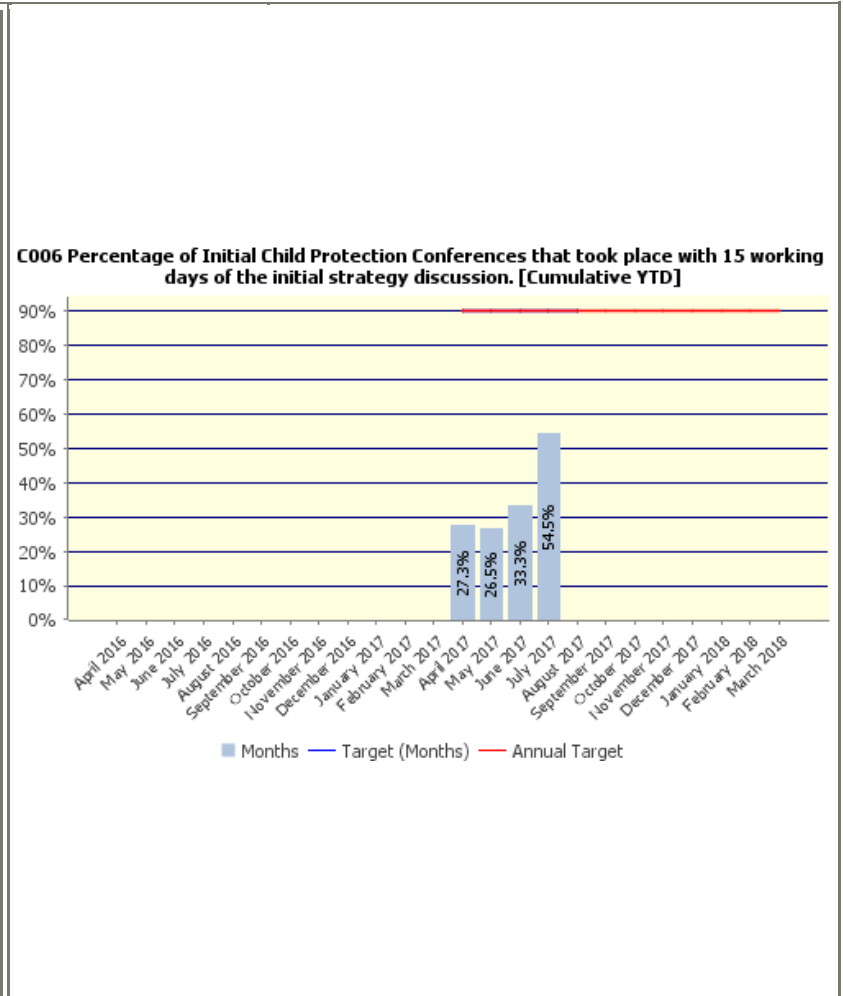


Under trajectory. Recovery plan being developed with outreach provider & local GP practices. Public Health team offering support to all practices to improve uptake

CP 3.10	Percentage of Initial Child Protection Conferences that took place with 15 working days of the initial strategy discussion. [Cumulative YTD]		
Expected Outcome		Format	Aim to Maximise
Managed By	John O'Loughlin		
Year Introduced	2017		




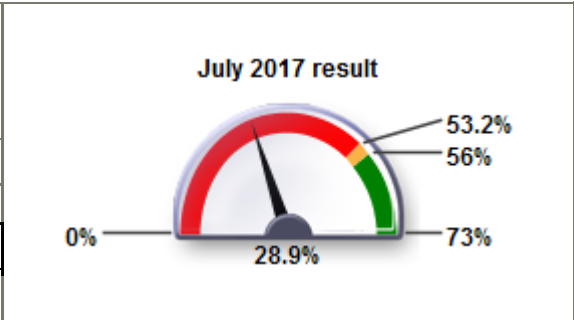
Date Range 1		
	Value	Target
April 2016		
May 2016		
June 2016		
July 2016		
August 2016		
September 2016		
October 2016		
November 2016		
December 2016		
January 2017		
February 2017		
March 2017		
April 2017	27.3%	90%
May 2017	26.5%	90%
June 2017	33.3%	90%
July 2017	54.5%	90%
August 2017		90%
September 2017		
October 2017		
November 2017		
December 2017		
January 2018		
February 2018		
March 2018		



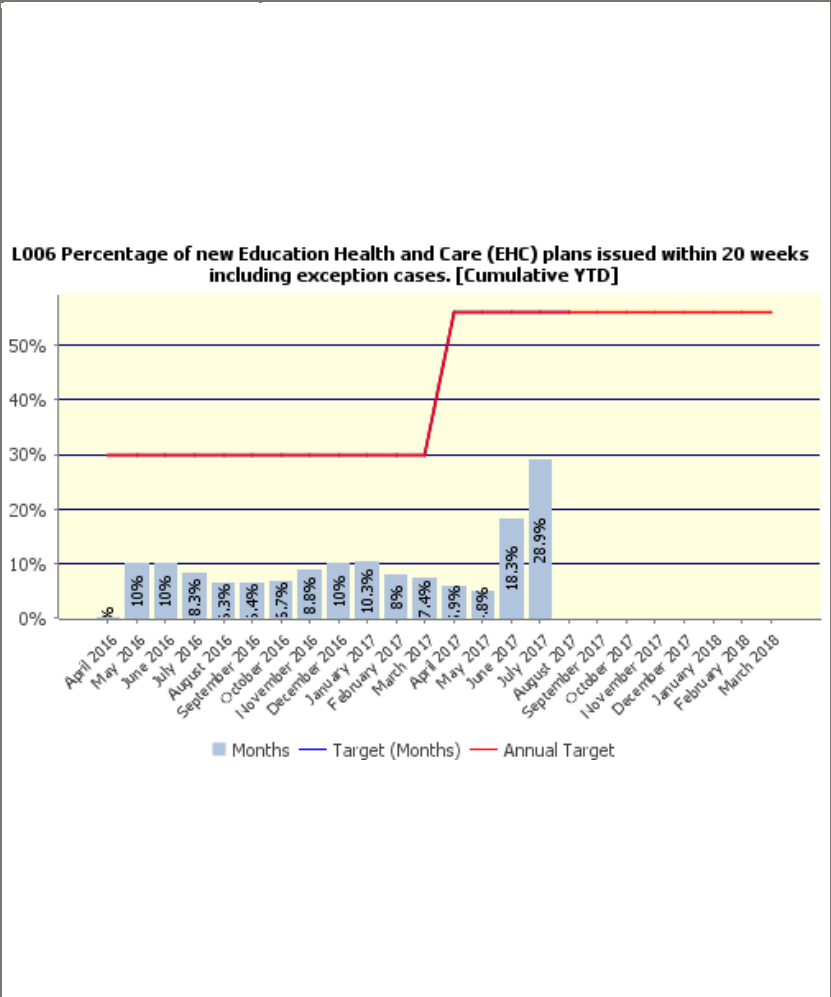
Performance has improved by 21% during July. It is anticipated that improvement will continue. As this is a cumulative measure the strength of performance each month will not be fully reflected in this measure.

Aim: EXCELLENT: Priorities • Work with & listen to our communities & partners to achieve better outcomes for all • Enable communities to be self-sufficient & foster pride in the town • Promote & lead an entrepreneurial, creative & innovative approach to the development of our town.
 Expected Outcome: At risk of missing target 1

CP 5.6	Percentage of new Education Health and Care (EHC) plans issued within 20 weeks including exception cases. [Cumulative YTD]		
Expected Outcome		Format	Aim to Maximise
Managed By	Brin Martin		
Year Introduced	2016		



Date Range 1		
	Value	Target
April 2016	0%	30%
May 2016	10%	30%
June 2016	10%	30%
July 2016	8.3%	30%
August 2016	6.3%	30%
September 2016	6.4%	30%
October 2016	6.7%	30%
November 2016	8.8%	30%
December 2016	10%	30%
January 2017	10.3%	30%
February 2017	8%	30%
March 2017	7.4%	30%
April 2017	5.9%	56%
May 2017	4.8%	56%
June 2017	18.3%	56%
July 2017	28.9%	56%
August 2017		56%
September 2017		
October 2017		
November 2017		
December 2017		
January 2018		
February 2018		
March 2018		



As a result of the current performance an action plan is in place for this indicator and has been presented to Executive DMT which will be monitored on a monthly basis. Between Apr-17 and Jul-17, 26 out of 90 EHC plans were issued within the 20 week timescale, an improvement of 10.6% over last month. Performance is likely to remain below target for several months due to the backlog of cases that, when completed, will not be within the 20 week timescale. Additional resources are being identified to clear the backlog. The GM for SEND is currently working with the data team to implement a robust improvement plan that will see an incremental month by month improvement in the timeliness of EHCPs.

SECTION 4 – Partnership Indicators

Health and Wellbeing Indicators

	[Potential] Performance Measures	Rationale for inclusion	Latest Performance
1.	<p>Referral for treatment - % of patients referred from GP to hospital treatment within 18 weeks</p> <p>http://southendccg.nhs.uk/news-events/governing-body-papers/june-2017/1752-item-10b-acute-commissioning-and-performance-report-010617/file</p>	National standard, providing a measurement of key area of performance and a key area of public concern. Can be produced monthly and is easy to benchmark.	<p style="text-align: center;">87.6% (May 2017)</p> <p>Against national target of 85%</p>
2.	<p>Cancer treatment - % patients treated within 62 days of GP urgent suspected cancer referral</p> <p>http://southendccg.nhs.uk/news-events/governing-body-papers/june-2017/1752-item-10b-acute-commissioning-and-performance-report-010617/file</p>	National standard, providing a measurement of key area of performance and a key area of public concern. Can be produced monthly and is easy to benchmark.	<p>62 Day Operational Standard 83% (May 2017)</p> <p>Against national average of 82.4%</p> <p>30 out of 36 patients were treated within 62 days.</p>
3.	<p>A&E - % of patients attending Southend Hospital A&E, seen and discharged in under 4 hours (95% target)</p> <p>http://southendccg.nhs.uk/news-events/governing-body-papers/</p>	National standard. Provides information relating to the effectiveness of the urgent care system. Can be produced monthly and is easy to benchmark.	<p style="text-align: center;">95.3% (April 2017)</p> <p style="text-align: center;">92.42% (Year to date)</p>
4.	<p>Mental health - Improving Access to Psychological Therapy (IAPT) - % of people with common mental health problems accessing the service and entering treatment in the current year</p> <p>http://southendccg.nhs.uk/news-events/governing-body-papers/june-2017/1750-item-08-integrated-commissioning-and-performance-report-010617/file</p>	Provides an indicator for a priority area for councillors and one of the HWB Strategy ambitions. Can be produced monthly and is easily benchmarked.	<p>15.8% as at 31st March 2017 (against the target of 15.54%)</p> <p>Based on performance over the rest of the year to date, it seems likely that the target will be close to the national NHS England target for 2017/18 of 16.8%.</p>
5.	<p>Dementia - % of people diagnosed with dementia against the estimated prevalence. (66.7% national ambition).</p> <p>http://southendccg.nhs.uk/news-events/governing-body-papers/june-2017/1750-item-08-integrated-commissioning-and-performance-report-010617/file</p>	Issue of increasing prevalence and concern among the public. Can be produced monthly and is easy to benchmark.	<p>56.54% achieved in April 2017, this is against the 66.7% diagnosis ambition target.</p> <p>This is a 0.6% increase from the February figure. Southend remains the only CCG in the East of England that is compliant with the national target.</p>

6.	<p>Primary Care – GP Patient Survey: - Overall experience of the GP surgery (very/fairly good; fairly/very poor; neither good nor poor)</p> <p>https://gp-patient.co.uk/surveys-and-reports</p>	<p>Provides residents views on the quality of GP service in the borough. Survey is now produced annually.</p>	<p>Overall experience of GP surgery – July 2017</p> <p>Very good – 42% Fairly good – 41% Neither good nor poor – 11% Fairly poor – 4% Very poor – 3%</p> <p>National Average of patients rating ‘Good’ is 85%</p>
7.	<p>End of life care - Preferred Place of Death (PPoD) – Percentage of patients referred to the Palliative Care Support Register (PCSE) who have expressed a preference for place of death and who achieve this preference. *</p>	<p>Nationally accepted as a key performance indicator for end of life care; integral to Ambitions for Palliative and End of Life Care: a national framework for local action 2015-2020. Can be produced monthly.</p>	<p>Southend: 90.9%</p> <p>The PPoD achievement for Southend in July 2017 is 30 out of 33.</p> <p>(no national target at present)</p>

*although patients make a preference for a place of death, often home, the reality of the last days/hours of life often prompts patients and/or relatives/carers to change their mind and seek what they consider to be a place of safety and support, which is invariably the acute trust. Patients are documented for PPoD as: Home; Hospital; Hospice; Care/Nursing Home; Community Hospital.

Local Economy Indicators

Performance Measures		Latest Performance Economic Scorecard Reported Quarterly										
1.	Average House Prices	<table border="1" style="margin: auto; border-collapse: collapse;"> <thead> <tr style="background-color: #d3d3d3;"> <th></th> <th style="text-align: center;">April 2016</th> <th style="text-align: center;">April 2017</th> </tr> </thead> <tbody> <tr> <td style="background-color: #d3d3d3;">Average Price</td> <td style="text-align: center;">£242,109</td> <td style="text-align: center;">£261,827</td> </tr> <tr> <td style="background-color: #d3d3d3;">% Change</td> <td style="text-align: center;">14.51% (Apr 15-16)</td> <td style="text-align: center;">8.14% (Apr 16-17)</td> </tr> </tbody> </table>			April 2016	April 2017	Average Price	£242,109	£261,827	% Change	14.51% (Apr 15-16)	8.14% (Apr 16-17)
	April 2016	April 2017										
Average Price	£242,109	£261,827										
% Change	14.51% (Apr 15-16)	8.14% (Apr 16-17)										
2.	Planning Applications	<p style="margin: 0;">Economic Scorecard Reported Quarterly</p> <table border="1" style="margin: auto; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: center;">July 2015 - June 2016</td> <td style="text-align: center;">1734</td> </tr> <tr> <td style="text-align: center;">July 2016 - June 2017</td> <td style="text-align: center;">1913</td> </tr> </tbody> </table>		July 2015 - June 2016	1734	July 2016 - June 2017	1913					
July 2015 - June 2016	1734											
July 2016 - June 2017	1913											
3.	Job Seekers Allowance Claimants	<p style="margin: 0;">Economic Scorecard Reported Quarterly</p> <table border="1" style="margin: auto; border-collapse: collapse;"> <thead> <tr style="background-color: #d3d3d3;"> <th></th> <th style="text-align: center;">June 2016</th> <th style="text-align: center;">June 2017</th> </tr> </thead> <tbody> <tr> <td style="background-color: #d3d3d3;">JSA Claimants (Number)</td> <td style="text-align: center;">1,498</td> <td style="text-align: center;">1,517</td> </tr> <tr> <td style="background-color: #d3d3d3;">JSA Claimants %</td> <td style="text-align: center;">1.4%</td> <td style="text-align: center;">1.4%</td> </tr> </tbody> </table> <p style="margin: 0; font-size: small;">Source: Office of National Statistics</p>			June 2016	June 2017	JSA Claimants (Number)	1,498	1,517	JSA Claimants %	1.4%	1.4%
	June 2016	June 2017										
JSA Claimants (Number)	1,498	1,517										
JSA Claimants %	1.4%	1.4%										

Community Safety Indicators

Short name	Month's value (April-July cumulative)	Comment – explanation of current performance, actions to improve performance and anticipated future performance																																													
Score against 10 BCS crimes; Theft of Vehicle, theft from vehicle, vehicle interference, domestic burglary, theft of cycle, theft from person, criminal damage, common assault, wounding's, robbery. [Cumulative]	2656	<p>There was a significant increase in footfall in June with the warm weather and missing children was a re-occurring challenge. The promotion and use of free child safety wristbands was utilised. Multi-agency high street patrols continued to engage with the homeless, whilst active patrols dealt with persistent street drinkers by issuing formal warnings. An operation was undertaken to tackle antisocial behaviour (ASB) in identified hotspots and a criminal behaviour order was issued to a serious and persistent offender of ASB.</p> <p>June also saw another large unauthorised car cruise (only 11 days after the previous one), Community safety responded to this, with the aid of Safer Roads Team, Fire and Rescue, Essex Police and Active Citizens.</p> <p>Reviews of the Southend CSP and Community Safety Hub are on-going.</p> <p>June BCS Breakdown: Theft of a vehicle – 4%; Theft from a vehicle - 7% ; Vehicle interference – 1%; Burglary in a dwelling – 0%; Bicycle Theft – 4%; Theft from the person - 2%; Criminal damage (exc 59) - 19%; HMIC Violence without injury – 39%; Wounding (Serious or Other) – 22%; Personal Robbery – 3%.</p>																																													
Performance Measures	Rationale for inclusion	Latest Performance Available																																													
10 BCS crimes	Provides a broad indication of the level of crime in the borough, is a familiar performance measure and is easy to benchmark.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Individual Components of 10 BCS Comparator Crime</th> <th style="text-align: center;">iQuanta (June 2017)</th> <th style="text-align: center;">Essex Police Performance Summary Offences (Rolling 12 months to June 2017)</th> <th style="text-align: center;">Increase/ Decrease (previous years data) %</th> <th style="text-align: center;">Cumulative Solved Rates Difference ** %</th> </tr> </thead> <tbody> <tr> <td>10 BCS Crimes - total</td> <td style="text-align: center;">*</td> <td style="text-align: center;">7029</td> <td style="text-align: center;">↓1.5</td> <td style="text-align: center;">*</td> </tr> <tr> <td>Theft of a vehicle</td> <td style="text-align: center;">36</td> <td style="text-align: center;">369</td> <td style="text-align: center;">↑8.5</td> <td style="text-align: center;">↓0.6</td> </tr> <tr> <td>Theft from Vehicle</td> <td style="text-align: center;">67</td> <td style="text-align: center;">879</td> <td style="text-align: center;">↓11.6</td> <td style="text-align: center;">↓1.3</td> </tr> <tr> <td>Vehicle Interference</td> <td style="text-align: center;">8</td> <td style="text-align: center;">168</td> <td style="text-align: center;">↓4.0</td> <td style="text-align: center;">↓2.8</td> </tr> <tr> <td>Burglary in a dwelling</td> <td style="text-align: center;">0</td> <td style="text-align: center;">641</td> <td style="text-align: center;">↑19.4</td> <td style="text-align: center;">↓2.2</td> </tr> <tr> <td>Bicycle theft</td> <td style="text-align: center;">32</td> <td style="text-align: center;">467</td> <td style="text-align: center;">↑15.9</td> <td style="text-align: center;">↓0.4</td> </tr> <tr> <td>Theft from the person</td> <td style="text-align: center;">18</td> <td style="text-align: center;">222</td> <td style="text-align: center;">↓18.4</td> <td style="text-align: center;">↓0.5</td> </tr> <tr> <td>Criminal Damage (exc 59)</td> <td style="text-align: center;">138</td> <td style="text-align: center;">1784</td> <td style="text-align: center;">↓7.7</td> <td style="text-align: center;">↓2.4</td> </tr> </tbody> </table>	Individual Components of 10 BCS Comparator Crime	iQuanta (June 2017)	Essex Police Performance Summary Offences (Rolling 12 months to June 2017)	Increase/ Decrease (previous years data) %	Cumulative Solved Rates Difference ** %	10 BCS Crimes - total	*	7029	↓1.5	*	Theft of a vehicle	36	369	↑8.5	↓0.6	Theft from Vehicle	67	879	↓11.6	↓1.3	Vehicle Interference	8	168	↓4.0	↓2.8	Burglary in a dwelling	0	641	↑19.4	↓2.2	Bicycle theft	32	467	↑15.9	↓0.4	Theft from the person	18	222	↓18.4	↓0.5	Criminal Damage (exc 59)	138	1784	↓7.7	↓2.4
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			Violence Without Injury	404	2924	↑13.4	↓4.3
			Wounding (Serious or Other)	165	*	*	*
			Robbery (Personal Property)	23	206	↑14.4	↓0.3
		<p>*Not recorded.</p> <p>**Solved rates show the ratio between the number of police-recorded crimes where the offender has received a formal sanction (includes; charges, cautions, penalty notices and cannabis warnings), and the total number of crimes recorded in the time period covered. (Solved rates do not include restorative justice or a community resolution.</p>					
Potential Performance Measures		Rationale for inclusion		Latest Performance			
				Number (Rolling 12 months to June)		Increase/Decrease %	
2	Total number of crimes +/- incidents	Provides a broad indication of the level of crime in the borough, covering all crimes		Total number of Incidents	Total number of Crimes	Crimes - ↓3.17%	Incidents ↑9.03%
				4071 (June)	15118		
3	Anti-social Behaviour	A key concern of members and public that is not reflected in the 10 BCS crimes performance measure.		7029		↓1.5%	
4	Number of arrests (cumulative)	Provides key performance information relating to Police activity to tackle crime. However, the measure may be misleading as the number of arrests has been declining as a result of greater use of alternatives to formal charges (penalty notices, community resolution, cautions etc..) – a trend which is likely to continue.		368		↑6.6%	
5	'Positive disposals' (outcomes of crimes 'cleared up' other than a formal conviction –..)	Recognises the full range of possible outcomes taken following arrest, such as community resolution, cautions etc...		189 (14.4%)		↓27.03%	
6	Number of domestic abuse incidents	High profile area of work and a demand pressure on resources.		3749		↑2.27%	
7	Number of incidents of missing people reported	High profile area of work and a demand pressure on resources.		129		↑46.6%	



Revenue Budget Monitoring 2017/18

Period 4

as at 31 July 2017
Portfolio Summary

Contents

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1. Commentary

This report outlines the budget monitoring position for the General Fund and Housing Revenue Account for 2017/18, based on the views of the Directors and their Management Teams, in light of expenditure and income to 31 July 2017.

The starting point for the budget monitoring is the original budget as agreed by Council in February 2017.

2. Overall Budget Performance – General Fund

As at the end of July, an underspend to the overall Council budget of £2,026,000 is currently being forecast for the year-end. This position reflects a projected overspend of £278,000 in Council departmental spending offset by a £2,304,000 underspend on financing costs. The variances which services are reporting are detailed in section 3. The forecast net underspend of £2,026,000 is currently expected to be transferred to earmarked reserves to ensure the General Fund balance remains at £11 million.

General Fund Portfolio Forecast Comparison 2017/18 at 31 July 2017 - Period 4

Portfolio	Latest Budget 2017/18 £000	Projected Outturn 2017/18 £000	July Forecast Variance £000	June Forecast Variance £000
Leader	2,371	2,312	(59)	0
Culture, Tourism & the Economy	12,538	12,613	75	55
Corporate and Community Support Services	11,954	11,877	(77)	110
Housing, Planning & Sustainability	5,122	5,122	0	0
Children & Learning	26,709	27,621	912	809
Health & Adult Social Care	39,090	39,317	227	213
Transport, Waste & Regulatory Services	22,617	21,817	(800)	(800)
Technology	4,390	4,390	0	100
Total Portfolio	124,791	125,069	278	487
Non-Service Areas	15,436	13,132	(2,304)	(165)
Earmarked Reserves	(17,074)	(15,048)	2,026	(322)
Net Expenditure / (Income)	123,153	123,153	0	0

Where Portfolios are forecasting an overspend by the end of the year, the relevant Director has been advised that appropriate action plans must be in place to address any projected overspend position so that a balanced budget for the Council is produced by the year end.

3. Service Variances - £278,000 forecast overspend

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

Portfolio	Unfavourable £'000	Favourable £'000	Net £'000	Previous period £'000
Leader				
Part year vacancy for Chief Executive post		(50)		0
Treasury Management costs		(9)		0
	0	(59)	(59)	0
Culture, Tourism & the Economy				
Theatre contract negotiations ongoing	75			75
Grounds Maintenance income shortfall	50			50
Pier admission income		(50)		(50)
Pier repairs and maintenance due to capital scheme				(20)
	125	(50)	75	55
Corporate and Community Support				
Underspend on PA costs for Director of Legal and Democratic Services		(10)		0
Vacant posts in the Financial Planning and Control team		(60)		0
Vacant post in Asset Management team		(33)		0
Additional rents (including Backrent) for SBC Properties		(50)		0
Income relating to Council Tax Court Costs		(25)		0
Benefits Admin Team Staffing	41			60
Civic Centre contract cleaning	60			0
Income in the Registrations team		(5)		0
Vacant hours in the Voluntary Organisations team		(10)		0
Members internet costs		(20)		0
Overtime costs for Mayor's Chauffeur	10			0
Legal Services Court Costs and Barristers' Fees	25			50
	136	(213)	(77)	110
Housing, Planning & Sustainability				
	0	0	0	0
Children and Learning				
Children with disabilities and associated cost of direct payments	20			4
Children's Placements - forecast for current cohort of PVI looked after children	356			356
Leaving Care accommodation costs and support costs	193			164
Staffing pressure costs in children services	120			61
Support costs for Children under Sect 17 and Sect 20		(76)		(44)
Funding pressures at the Marigold Assessment centre mostly attributable to transport costs	82			88
Forecast on current in-house fostering placements and impact of adoption referral income	217			180
	988	(76)	912	809

...Continued			
Health and Adult Social Care			
People with a Learning Disability - Lower than estimated residential care placements and direct payments		(120)	(131)
People with Mental Health Needs - Higher than estimated residential care placements, direct payments and supported living	110		106
Older People - residential care packages and complex packages	292		279
Physical and Sensory Impairment - Higher than estimated residential care placements	28		29
Health contribution towards Integrated commissioning		(70)	(70)
Underspend on service contracts		(13)	0
	430	(203)	227
Transport, Waste & Regulatory Services			
Flood Defences pump station servicing	60		60
Flood Defences land licence	40		40
Waste MBT still in commissioning phase		(900)	(900)
	100	(900)	(800)
Technology			
ICT capitalisation of temporary staff not completed in full			100
	0	0	0
Total	1,779	(1,501)	278

Non Service Variances (£2,304,000 forecast underspend)

Financing Costs – (£2,304K)

This provision is forecast to be underspent against budget at the year-end as; revised Minimum Revenue Provision Policy (£1,924K); PWLB interest is lower (£470K) due to reduced borrowing; HRA interest (£4K); interest on short term borrowing £69K; reduced interest to be received on energy efficiency schemes £25K.

4. Appropriations to / from Earmarked Reserves

Net appropriations from Earmarked Reserves totalling £12,282,000 were agreed by Council when setting the 2017/18 budget in February 2017. The current outturn position allows for further in-year net appropriations from reserves totalling £2,765,760. Total net appropriations from/(to) reserves for 2017/18 will therefore equal £15,047,760.

- £4,086,000 from the Capital Reserve as agreed at Cabinet in June 2017
- £90,550 from the Business Transformation Reserve to enable the progression of projects
- £75,000 from the Public Health Reserve Grant Reserve
- £644,710 from the General Grants Reserve
- £20,500 from the Public Health DAAT Reserve
- £125,000 to the Election Reserve (2017-18 is a fallow year)
- £2,026,000 appropriation to Reserves at the year end for projected year end underspend

£2,765,760 Total from Reserves

5. Revenue Contributions to Capital Outlay (RCCO)

The original budget for 2017/18 included planned revenue contributions for capital investments, via the use of Earmarked Reserves, of £3,804,000. Due to additions to the capital programme agreed at Cabinet in June 2017, this budget has now increased to £7,988,000. Earmarked Reserves will fund £7,890,000 of this, with the remaining £98,000 funded from energy savings generated from energy efficiency projects.

6. Performance against Budget savings targets for 2017/18

As part of setting the Council budget for 2017/18, a schedule of Departmental and Corporate savings was approved totalling £7.502 million. These are required to achieve a balanced budget.

A monthly exercise is in place to monitor the progress of the delivery of these savings. A breakdown, by RAG status, of the Departmental Savings is shown below:

	Red £000	Amber £000	Green £000	Original Savings Total £000	Projected Outturn £000	Forecast Variance £000
Department						
Chief Executive	0	785	205	990	990	0
People	671	751	3,119	4,541	3,428	(1,113)
Place	20	247	1,704	1,971	1,956	(15)
Total	691	1,783	5,028	7,502	6,374	(1,128)

Although the current forecast is showing a shortfall of £1,128,000 against the required savings total of £7.502 million, it is currently expected that the total savings will be delivered in full as part of each Department's overall budget total by the end of the financial year either by finding alternative savings or ensuring amber and red savings are delivered in full.

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

The HRA budget was approved by Council on 23rd February 2017 and anticipated that £3,392,000 would be appropriated to earmarked reserves in 2017/18.

The closing HRA balance as at 31st March 2017 was £3,502,000.

The current forecast is projecting higher than anticipated rental income of £250,000 due to a lower number of void properties than estimated in the budget. There is also a £29,000 pressure due to resident patrol services in Victoria Ward and a £4,000 pressure on capital financing charges because the interest payable on the HRA's internal borrowing is higher than expected.

8. Budget Virements

In line with the approved financial procedure rules all virements over £50,000 between portfolio services or between pay and non-pay budgets are to be approved by Cabinet.

Below is a table showing the virements which fall within these parameters:-

	DR £	CR £
Virements over £50,000 in reported period	1,148	(1,148)
Virements over £50,000 previously reported	2,101	(2,101)
Virements approved under delegated authority	456	(456)
Total virements	3,705	(3,705)

The virements for Cabinet approval this period are:

- £ 102,900 Align MARAT funding with Children Social Care
 - £ 408,310 Transfer Access Team budget to create a Single Point of Access Team in Adult Services
 - £ 65,100 Create 2 Occupational Therapist roles in Adult Services
 - £ 250,000 Transfer budget from Learning Disability Residential to Mental Health Residential
 - £ 126,600 Transfer 3 posts from Broker Team to Single Point of Access Team
 - £ 137,650 Transfer 2 Mobile Trusted Assessors & van costs from Occupational Therapists Team to Single Point of Access Team
 - £ 58,000 Movement of funding to correct Legal & Democratic and Non-Domestic Rates budgets
- £1,148,560 Total**

Due to the changes made at Appointments Council, amendments have been made to the hierarchy structure within this report which has adjusted the opening budget shown in the original budget book. An additional exercise has been undertaken to ensure that all costs are allocated to the correct portfolio service within the Children & Learning Portfolio in line with CIPFA guidance.

General Fund Forecast 2017/18
at 31 July 2017 - Period 4
Portfolio Holder Summary

Portfolio	Gross Expend £'000	Gross Income £'000	Original Budget £'000	Virement £'000	Latest Budget £'000	Expected Outturn £'000	Forecast Variance £'000	Budget to Date £'000	Spend to Date £'000	To Date Variance £'000
Leader	2,567	(180)	2,387	(16)	2,371	2,312	(59)	3,201	3,136	(65)
Culture, Tourism & the Economy	16,350	(3,757)	12,593	(55)	12,538	12,613	75	4,251	4,464	213
Corporate and Community Support Services	121,679	(109,623)	12,056	(102)	11,954	11,877	(77)	4,604	4,372	(232)
Housing, Planning & Sustainability	7,725	(2,603)	5,122	0	5,122	5,122	0	1,681	1,852	171
Children & Learning	105,228	(78,991)	26,237	472	26,709	27,621	912	8,891	9,592	701
Health & Adult Social Care	67,470	(28,522)	38,948	142	39,090	39,317	227	11,425	11,569	144
Transport, Waste & Regulatory Services	33,996	(11,602)	22,394	223	22,617	21,817	(800)	7,718	7,413	(305)
Technology	5,354	(971)	4,383	7	4,390	4,390	0	1,467	1,523	56
Portfolio Net Expenditure	360,369	(236,249)	124,120	671	124,791	125,069	278	43,238	43,921	683
Reversal of Depreciation	(23,460)	4,629	(18,831)	0	(18,831)	(18,831)	0	(6,277)	(6,278)	(1)
Levies	590	0	590	0	590	590	0	187	187	0
Financing Costs	16,594	0	16,594	0	16,594	14,290	(2,304)	3,376	2,291	(1,085)
Contingency	5,228	0	5,228	(63)	5,165	5,165	0	1,180	0	(1,180)
Pensions Upfront Funding	7,467	0	7,467	0	7,467	7,467	0	0	0	0
Miscellaneous Income	0	0	0	0	0	0	0	0	221	221
Sub Total	6,419	4,629	11,048	(63)	10,985	8,681	(2,304)	(1,534)	(3,579)	(2,045)
Net Operating Expenditure	366,788	(231,620)	135,168	608	135,776	133,750	(2,026)	41,704	40,342	(1,362)
General Grants	0	(3,537)	(3,537)	0	(3,537)	(3,537)	0	(1,064)	(1,434)	(370)
Corporate Savings	0	0	0	0	0	0	0	0	0	0
Revenue Contribution to Capital	3,804	0	3,804	4,184	7,988	7,988	0	1,268	0	(1,268)
Contribution to / (from) Earmarked Reserves	(12,282)	0	(12,282)	(4,792)	(17,074)	(15,048)	2,026	(6,185)	(16,894)	(10,709)
Contribution to / (from) General Reserves	0	0	0	0	0	0	0	0	0	0
Net Expenditure / (Income)	358,310	(235,157)	123,153	0	123,153	123,153	0	35,723	22,014	(13,709)

Use of General Reserves						
Balance as at 1 April 2017		11,000		11,000	11,000	0
Use in Year		0	0	0	0	0
Balance as at 31 March 2018		11,000	0	11,000	11,000	0

**General Fund Forecast 2017/18
at 31 July 2017 - Period 4
Leader
Portfolio Holder - Cllr J Lamb**

Service	Gross Expend £'000	Gross Income £'000	Original Budget £'000	Virement £'000	Latest Budget £'000	Expected Outturn £'000	Forecast Variance £'000	Budget to Date £'000	Spend to Date £'000	To Date Variance £'000
a Corporate Subscriptions	73	0	73	0	73	73	0	24	17	(7)
b Corporate and Non Distributable Costs	1,764	(180)	1,584	(16)	1,568	1,509	(59)	2,935	2,831	(104)
c Emergency Planning	85	0	85	0	85	85	0	28	25	(3)
d Strategy & Performance	645	0	645	0	645	645	0	214	263	49
Total Net Budget for Portfolio	2,567	(180)	2,387	(16)	2,371	2,312	(59)	3,201	3,136	(65)

Virements

£000

Transfer from earmarked reserves	0
Allocation from Contingency	0
In year virements	(16)
	<u>(16)</u>

**General Fund Forecast 2017/18
at 30 June 2017 - Period 3
Leader
Portfolio Holder - Cllr J Lamb**

Forecast Outturn Variance	Year to Date Variance
a.	
b. The Chief Executive post was vacant for the first three months of the year, resulting in an expected underspend of £50k against budget. A forecast underspend of £9k on Debt Management Expenses (enhanced cash fees being deducted at source rather than by invoice).	Year to date budgets for Corporate Initiatives and Pension Costs are currently underspent however due to the ad-hoc and high value nature it is not possible to forecast outturn with any degree of confidence. Any underspend against the Carbon Reduction budget will be used to repay the investment in the Energy/Climate change team.
c.	
d.	Salary mismatch with the Partnership team which will be resolved once further information is received

**General Fund Forecast 2017/18
at 31 July 2017 - Period 4
Culture, Tourism & the Economy
Portfolio Holder - Cllr A Holland**

Service	Gross Expend £'000	Gross Income £'000	Original Budget £'000	Virement £'000	Latest Budget £'000	Expected Outturn £'000	Forecast Variance £'000	Budget to Date £'000	Spend to Date £'000	To Date Variance £'000
a Arts Development	554	(305)	249	5	254	254	0	145	178	33
b Amenity Services Organisation	3,615	(670)	2,945	0	2,945	2,995	50	1,107	1,223	116
c Culture Management	67	(6)	61	0	61	61	0	20	19	(1)
d Library Service	3,394	(394)	3,000	0	3,000	3,000	0	1,208	1,188	(20)
e Museums and Art Gallery	1,135	(68)	1,067	0	1,067	1,067	0	373	362	(11)
f Parks And Amenities Management	1,693	(665)	1,028	0	1,028	1,028	0	281	236	(45)
g Sports Development	53	0	53	0	53	53	0	18	18	0
h Sport and Leisure Facilities	615	(304)	311	0	311	311	0	53	51	(2)
i Southend Theatres	849	(27)	822	0	822	897	75	279	302	23
j Resort Services Pier and Foreshore and Southend Marine Activity Centre	2,689	(884)	1,805	0	1,805	1,755	(50)	363	335	(28)
k Tourism	136	(18)	118	0	118	118	0	39	43	4
l Economic Development	571	(250)	321	0	321	321	0	65	104	39
m Town Centre	210	(59)	151	0	151	151	0	67	46	(21)
n Better Queensway	0	0	0	0	0	0	0	0	24	24
o Climate Change	106	(43)	63	(60)	3	3	0	37	146	109
p Closed Circuit Television	450	(32)	418	0	418	418	0	140	146	6
q Community Safety	213	(32)	181	0	181	181	0	56	43	(13)
Total Net Budget for Portfolio	16,350	(3,757)	12,593	(55)	12,538	12,613	75	4,251	4,464	213

Virements

£000

Transfer from earmarked reserves

38

Allocation from Contingency

0

In year virements

(93)

(55)

**General Fund Forecast 2017/18
at 30 June 2017 - Period 3
Culture, Tourism & the Economy
Portfolio Holder - Cllr A Holland**

Forecast Outturn Variance	Year to Date Variance
a.	
b. There has been a reduction in the income anticipated, based on the current position and compared against income received in 16/17.	Bulk of supplies purchased at the start of the year for use throughout.
c.	
d.	
e.	
f.	Due to vacant post and annual income being received at the start of the year.
g.	
h.	
i. Commercial negotiations in relation to the Theatres contract remain on-going.	
j. Pier admission figures are higher than anticipated so far resulting in increased income to date.	
k.	
l.	
m.	
n.	
o.	Carbon Reduction Credits purchased in advance at a lower price.
p.	
q.	

56

General Fund Forecast 2017/18
at 31 July 2017 - Period 4
Corporate and Community Support
Portfolio Holder - Cllr A Moring

Service	Gross Expend £'000	Gross Income £'000	Original Budget £'000	Virement £'000	Latest Budget £'000	Expected Outturn £'000	Forecast Variance £'000	Budget to Date £'000	Spend to Date £'000	To Date Variance £'000
a Departmental Support for the Chief Executive	771	0	771	0	771	761	(10)	234	143	(91)
b Accountancy	2,071	(352)	1,719	0	1,719	1,659	(60)	594	552	(42)
c Accounts Payable	126	(5)	121	0	121	121	0	42	33	(9)
d Accounts Receivable	185	(75)	110	0	110	110	0	37	37	0
e Insurance	155	(245)	(90)	0	(90)	(90)	0	51	55	4
f Asset Management	383	(5)	378	0	378	345	(33)	127	112	(15)
g Community Centres and Club 60	104	(1)	103	0	103	103	0	31	29	(2)
h Corporate and Industrial Estates	430	(2,611)	(2,181)	0	(2,181)	(2,231)	(50)	(720)	(845)	(125)
i Council Tax Admin	854	(595)	259	0	259	234	(25)	90	(46)	(136)
j Non Domestic Rates Collection	165	(305)	(140)	30	(110)	(110)	0	44	34	(10)
g Housing Benefit and Council Tax Benefit	1,990	(1,195)	795	0	795	836	41	264	165	(99)
k Admin										
l Rent Benefit Payments	98,947	(99,050)	(103)	0	(103)	(103)	0	(135)	141	276
m Internal Audit & Corporate Fraud	835	(188)	647	0	647	647	0	217	141	(76)
n Buildings Management	2,645	(113)	2,532	64	2,596	2,656	60	1,164	1,199	35
o Cemeteries and Crematorium	1,263	(2,525)	(1,262)	0	(1,262)	(1,262)	0	(351)	(282)	69
p Customer Services Centre	1,985	(290)	1,695	0	1,695	1,695	0	563	554	(9)
q Dial A Ride Service	122	(19)	103	(16)	87	87	0	29	20	(9)
r Registration of Births Deaths and Marriages	329	(371)	(42)	0	(42)	(47)	(5)	(14)	(43)	(29)
s Transport Management	160	0	160	7	167	167	0	56	53	(3)
t Vehicle Fleet	527	(344)	183	(4)	179	179	0	57	71	14
u Partnership Team	277	0	277	0	277	277	0	92	43	(49)
v Support To Voluntary Sector	779	0	779	0	779	769	(10)	259	255	(4)
w Human Resources	1,745	(497)	1,248	0	1,248	1,248	0	416	409	(7)
x People & Organisational Development	406	(91)	315	0	315	315	0	106	96	(10)
y Tickfield Training Centre	290	(97)	193	0	193	193	0	85	88	3
z Democratic Services Support	354	0	354	9	363	363	0	122	116	(6)
aa Mayoralty	185	0	185	0	185	195	10	76	79	3
ab Member Support	705	0	705	25	730	710	(20)	237	231	(6)
ac Elections and Electoral Registration	352	0	352	(121)	231	231	0	135	98	(37)

ad Local Land Charges	192	(297)	(105)	0	(105)	(105)	0	2	(13)	(15)
ae Legal Services	1,170	(243)	927	(58)	869	894	25	289	286	(3)
af Corporate Procurement	610	0	610	0	610	610	0	203	242	39
ag Property Management and Maintenance	567	(109)	458	(38)	420	420	0	202	319	117
Total Net Budget for Portfolio	121,679	(109,623)	12,056	(102)	11,954	11,877	(77)	4,604	4,372	(232)

Virements

£000

Transfer from earmarked reserves	(125)
Allocation from Contingency	10
In year virements	13
	<u>(102)</u>

**General Fund Forecast 2017/18
at 30 June 2017 - Period 3
Corporate and Community Support
Portfolio Holder - Cllr A Moring**

Forecast Outturn Variance	Year to Date Variance
a. The full budget for the post of PA to the Director of Legal & Democratic Services will not be required.	An underspend relating to the salary budget for the former Director of Corporate Services will be used to fund the Level 4 Management Review
b. An underspend due to vacant posts in the Accounts Payable and Financial Planning and Control team. A post in the Financial Planning and Control team has been vacant for over a year due to problems recruiting at the Level advertised. This has now been job evaluated and interviews will be held imminently.	
c.	
d.	
e.	
f. Underspend resulting from a vacancy where due to market forces, the post continues to remain unfilled	
g.	
h. Income for rentals is higher than forecast due to back-rent for the café at the Forum, the Cockle Sheds at Leigh, and Borough Combination Ground. There is also a forecast increase in the on-going rental streams due to the impending acquisition of the Range site and rent reviews of the properties detailed above for back rents.	
i. Higher than budgeted Court Costs income will be partially offset by a corresponding increase to the Bad Debt Provision	
j.	
k. The DWP imposes targets to avoid Administration Delay and Errors to Housing Benefit claims. It is more cost effective for the service to incur agency and overtime costs than breach the targets. The service manager is actively working to reduce the overspend and the reliance on contractors.	Income received from ECC and Thurrock for the Social Fund is offsetting an overspend on Housing Benefit Administration
l.	Period 4 monitored position
m.	Vacant posts are offsetting the overspend on contractors

Forecast Outturn Variance	Year to Date Variance
n. Contract cleaning is forecast to over spend against budget. A review is currently underway to reduce this.	
o.	Income for the service is currently below the profiled budget although it is expected to increase during the winter period.
p.	
q.	
r. A small underspend of £5k is currently forecast by year end.	Due to the seasonal nature of weddings, income is currently higher than budget.
s.	
t.	
u.	Salary mismatch with the Partnership team which will be resolved once further information is received
v. Vacant hours in the Voluntary Organisation team are expected to result in an underspend.	
w.	
x.	
y.	
z.	
aa. Overtime for the mayor's chauffeur	
ab. An expected £20k underspend relating to internet costs. These are category managed meaning that any underspend will offset the anticipated overspend across the organisation for ICT spend.	
ac.	2017-18 is a fallow year for local elections with the exception of one by-election. As part of the budget process it was agreed that the underspend will be transferred to the Election Reserve
ad.	
ae. An underspend on the employees' budget due to vacancies is offsetting a pressure on court costs and legal fees. Further work is being undertaken to ensure that all relevant costs (outside of day to day business) are being recharged to the correct department. The income budget was increased in the previous financial year, however to date the service has been unable to meet this target due to the reduced uptake by schools as they become Academies.	

Forecast Outturn Variance

Year to Date Variance

af.

ag.

General Fund Forecast 2017/18
at 31 July 2017 - Period 4
Housing, Planning & Sustainability
Portfolio Holder - Cllr M Flewitt

Service	Gross Expend £'000	Gross Income £'000	Original Budget £'000	Virement £'000	Latest Budget £'000	Expected Outturn £'000	Forecast Variance £'000	Budget to Date £'000	Spend to Date £'000	To Date Variance £'000
Housing										
a Strategy & Planning for Housing	164	0	164	0	164	164	0	0	0	0
b Private Sector Housing	2,734	(1,056)	1,678	0	1,678	1,678	0	550	551	1
c Housing Needs & Homelessness	822	(534)	288	0	288	288	0	95	135	40
d Supporting People	2,508	0	2,508	0	2,508	2,508	0	836	1,156	320
Planning										
e Building Control	400	(410)	(10)	0	(10)	(10)	0	(4)	(1)	3
f Development Control	862	(603)	259	0	259	259	0	126	(36)	(162)
g Regional and Local Town Plan	235	0	235	0	235	235	0	78	47	(31)
Total Net Budget for Portfolio	7,725	(2,603)	5,122	0	5,122	5,122	0	1,681	1,852	171

Virements

Transfer from earmarked reserves
Allocation from Contingency
In year virements

£000

0
0
0
0

**General Fund Forecast 2017/18
at 30 June 2017 - Period 3
Housing, Planning & Sustainability
Portfolio Holder - Cllr M Flewitt**

Forecast Outturn Variance	Year to date Variance
a.	
b.	
c.	
d.	
e.	
f.	Development Control income received for a large scale application.
g.	

**General Fund Forecast 2017/18
at 31 July 2017 - Period 4
Children and Learning
Portfolio Holder - Cllr J Courtenay**

Service	Gross Expend £'000	Gross Income £'000	Original Budget £'000	Virement £'000	Latest Budget £'000	Expected Outturn £'000	Forecast Variance £'000	Budget to Date £'000	Spend to Date £'000	To Date Variance £'000
Retained										
a Childrens Commissioning	935	(316)	619	82	701	701	0	241	211	(30)
b Children with Special Needs	1,149	(169)	980	0	980	1,000	20	326	338	12
c Early Years Development and Child Care Partnership	10,769	(9,562)	1,207	0	1,207	1,207	0	390	391	1
d Children Fieldwork Services	5,562	(135)	5,427	27	5,454	5,744	290	2,143	2,312	169
e Children Fostering and Adoption	4,546	(191)	4,355	(15)	4,340	4,557	217	1,446	1,621	175
f Youth Service	2,602	(1,483)	1,119	320	1,439	1,439	0	485	503	18
g Other Education	940	(754)	186	0	186	186	0	61	55	(6)
h Private Voluntary Independent	3,475	(120)	3,355	0	3,355	3,711	356	1,118	1,454	336
i Children Specialist Commissioning	1,751	(60)	1,691	102	1,793	1,822	29	259	282	23
j School Support and Preventative Services	28,371	(22,347)	6,024	21	6,045	6,045	0	2,021	2,042	21
k Youth Offending Service	1,906	(632)	1,274	(65)	1,209	1,209	0	401	383	(18)
Delegated										
l Schools Delegated Budgets	43,222	(43,222)	0	0	0	0	0	0	0	0
Total Net Budget for Portfolio	105,228	(78,991)	26,237	472	26,709	27,621	912	8,891	9,592	701

Virements

£000

Transfer from earmarked reserves
Allocation from Contingency
In year virements

431

31

10

472

**General Fund Forecast 2017/18
at 30 June 2017 - Period 3
Children and Learning
Portfolio Holder - Cllr J Courtenay**

Forecast	Outturn	Variance	Year to Date	Variance
a.				
b.	Small overspend	variance on Children with Disabilities		
c.				
d.	Overspend pressure on leaving care accommodation and support costs and staffing pressures in relation to teams running at full establishment, with agency cover.		Reflecting Year to date pressures on leaving care accommodation and support costs	
e.	Over spend pressures within Inhouse fostering care provision due to the increased numbers of children looked after and service running at increased capacity. Early forecasts also indicate continued pressure on transport costs at the Marigold Assessment centre, and a marginal overspend on Adoption services.		Reflecting Year to date pressures on Inhouse fostering care provision, marigold assessment centre	
f.				
g.				
h.	Overspend pressure due to increased Looked after children numbers during 2016/17. Additional financial pressures are also included due to 2 high cost secured placements. The service is taking undertaking measures which will reduce further financial pressures through the work of the Edge of Care team.		Year to date overspend on PVI reflecting current financial pressures.	
i.				
j.	Note – whilst this report presents the Council’s financial position. It needs to be noted there are significant financial pressures in the High Needs DSG block funding. This position has been highlighted to the Education Board throughout 2016/17, and the Education Board on the 6 th July have agreed the high needs budget allocation for 2017/18 including the required savings targets. There is considerable risk on the delivery of these savings targets within 2017/18. The main financial pressures have risen through increased demand on Education Health And Care plan top up funding to mainstream schools including out of borough top up funding, as well as increased Southend Occupancy attending Southend’s Special school with higher funding needs awarded to pupils. Council Officers and the Education Board are working towards a revised and consistent top up funding approach across all school settings for intended implementation from April 2018.			

k.

l.

**General Fund Forecast 2017/18
at 31 July 2017 - Period 4
Health and Adult Social Care
Portfolio Holder - Cllr L Salter**

Service	Gross Expend £'000	Gross Income £'000	Original Budget £'000	Virement £'000	Latest Budget £'000	Expected Outturn £'000	Forecast Variance £'000	Budget to Date £'000	Spend to Date £'000	To Date Variance £'000
Adult Social Care										
a Adult Support Services and Management	224	0	224	0	224	154	(70)	74	85	11
b Commissioning Team	2,120	(346)	1,774	(188)	1,586	1,573	(13)	528	531	3
c Strategy & Development	1,797	(215)	1,582	22	1,604	1,604	0	587	584	(3)
d People with a Learning Disability	14,383	(1,421)	12,962	(250)	12,712	12,592	(120)	4,228	4,175	(53)
e People with Mental Health Needs	3,350	(167)	3,183	250	3,433	3,543	110	1,142	1,206	64
f Older People	28,807	(14,592)	14,215	210	14,425	14,717	292	4,803	4,914	111
g Other Community Services	2,522	(865)	1,657	66	1,723	1,723	0	574	572	(2)
h People with a Physical or Sensory Impairment	4,572	(1,211)	3,361	32	3,393	3,421	28	1,119	1,131	12
i Service Strategy and Regulation	124	(69)	55	0	55	55	0	18	29	11
Health										
j Public Health	6,991	(7,141)	(150)	(21)	(171)	(171)	0	(1,266)	(1,276)	(10)
k Drug and Alcohol Action Team	2,313	(2,230)	83	21	104	104	0	(338)	(338)	0
l Young Persons Drug and Alcohol Team	267	(265)	2	0	2	2	0	(44)	(44)	0
Total Net Budget for Portfolio	67,470	(28,522)	38,948	142	39,090	39,317	227	11,425	11,569	144

Virements

Transfer from earmarked reserves	£000
Allocation from Contingency	131
In year virements	22
	(11)
	<u>142</u>

**General Fund Forecast 2017/18
at 30 June 2017 - Period 3
Health and Adult Social Care
Portfolio Holder - Cllr L Salter**

Forecast Outturn Variance	Year to Date Variance
a. Health contribution towards Integrated Commissioning.	
b.	
c.	
d. Early outturn forecasts are predicting the full 2017/18 PE1 Learning Disability saving delivery of £500k. The £120k under spend is in relation to daycare services.	
e. Initial outturn on Mental Health is showing a year end pressure of £110K. This is mainly due to opening budget pressures on care package costs, particularly in residential care.	Year to date overspending largely because of higher than anticipated residential care packages.
f. Early outturn forecasts are predicting the full 2017/18 PE1 Older People savings delivery of £1mil. The £279K forecast overspend is reflecting the budget pressures on complex intensive homecare services, direct payments and residential care. This forecast will be monitored closely during the financial year.	Pressures on homecare, direct payments and residential care packages.
g.	
h. Early outturn forecasts are predicting budget pressures on complex intensive homecare services, direct payments and residential care. This forecast will be monitored closely during the financial year.	
i.	
j.	
k.	
l.	

General Fund Forecast 2017/18
at 31 July 2017 - Period 4
Transport, Waste & Regulatory Services
Portfolio Holder - Cllr T Cox

Service	Gross Expend £'000	Gross Income £'000	Original Budget £'000	Virement £'000	Latest Budget £'000	Expected Outturn £'000	Forecast Variance £'000	Budget to Date £'000	Spend to Date £'000	To Date Variance £'000
Transport										
a Highways Maintenance	9,830	(2,048)	7,782	151	7,933	7,933	0	2,638	2,785	147
b Bridges and Structural Engineering	412	0	412	0	412	412	0	137	137	0
c Decriminalised Parking	1,157	(1,666)	(509)	0	(509)	(509)	0	(165)	(131)	34
d Car Parking Management	1,031	(6,485)	(5,454)	0	(5,454)	(5,454)	0	(1,634)	(1,686)	(52)
e Concessionary Fares	3,217	0	3,217	0	3,217	3,217	0	1,597	1,540	(57)
f Passenger Transport	400	(64)	336	0	336	336	0	156	186	30
g Road Safety and School Crossing	234	0	234	0	234	234	0	78	76	(2)
h Transport Planning	599	(854)	(255)	0	(255)	(255)	0	(497)	(648)	(151)
i Traffic and Parking Management	503	(5)	498	0	498	498	0	174	204	30
Waste and Cleansing										
j Public Conveniences	550	0	550	0	550	550	0	197	166	(31)
k Waste Collection	4,393	0	4,393	(27)	4,366	4,366	0	1,452	1,555	103
l Waste Disposal	5,533	0	5,533	0	5,533	4,633	(900)	1,841	1,409	(432)
m Street Cleansing	1,381	(7)	1,374	9	1,383	1,383	0	445	448	3
n Household Recycling	486	0	486	(7)	479	479	0	152	155	3
o Environmental Care	386	(4)	382	(143)	239	239	0	78	59	(19)
p Waste Management	487	0	487	(10)	477	477	0	96	96	0
Other Services										
q Flood and Sea Defence	745	(11)	734	0	734	834	100	244	312	68
r Enterprise Tourism and Environment Central Pool	1,354	0	1,354	0	1,354	1,354	0	451	483	32
Regulatory										
s Regulatory Business	523	(11)	512	23	535	535	0	174	158	(16)
t Regulatory Licensing	304	(433)	(129)	227	98	98	0	(43)	(30)	13
u Regulatory Management	227	0	227	0	227	227	0	74	55	(19)
v Regulatory Protection	244	(14)	230	0	230	230	0	73	84	11
Total Net Budget for Portfolio	33,996	(11,602)	22,394	223	22,617	21,817	(800)	7,718	7,413	(305)

Virements

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

£000

223

0

0

223

**General Fund Forecast 2017/18
at 30 June 2017 - Period 3
Transport, Waste & Regulatory Services
Portfolio Holder - Cllr T Cox**

Forecast Outturn Variance	Year to date Variance
a.	Less winter grit purchased due to high stock levels from previous year. Tree maintenance costs also lower than anticipated.
b.	
c.	
d.	Annual car parking permit income received in advance.
e.	
f.	
g.	
h.	South Essex Active Travel programme currently behind the anticipated spend profile for the grant.
i.	
j.	
k.	
l.	<p>As a result of the Waste Mechanical Biological Treatment facility (MBT) remaining in a commissioning phase for longer than anticipated, the gate fee is still at a reduced rate which will result in a significant underspend this year. Our future waste disposal options are still being discussed with Essex County Council and as such, disposal costs in future years remain unquantified.</p> <p>As a result of the Waste Mechanical Biological Treatment facility (MBT) remaining in a commissioning phase for longer than anticipated, the gate fee is still at a reduced rate which will result in a significant underspend this year. Our future waste disposal options are still being discussed with Essex County Council and as such, disposal costs in future years remain unquantified.</p>
m.	
n.	
o.	
p.	
q.	Costs will be incurred due to the storage of spoil in relation to the flood defence scheme and the servicing of pumping stations across the Borough.
r.	
s.	

t.

u.

v.

**General Fund Forecast 2017/18
at 31 July 2017 - Period 4
Technology
Portfolio Holder - Cllr T Byford**

Service	Gross Expend £'000	Gross Income £'000	Original Budget £'000	Virement £'000	Latest Budget £'000	Expected Outturn £'000	Forecast Variance £'000	Budget to Date £'000	Spend to Date £'000	To Date Variance £'000
Information Communications and a Technology	5,354	(971)	4,383	7	4,390	4,390	0	1,467	1,523	56
Total Net Budget for Portfolio	5,354	(971)	4,383	7	4,390	4,390	0	1,467	1,523	56

Virements

Transfer from/(to) earmarked reserves

Allocation from Contingency

In year virements

£000

7

0

0

7

General Fund Forecast 2017/18
at 31 July 2017 - Period 4
Technology
Portfolio Holder - Cllr T Byford

Forecast Outturn Variance	Year to date Variance
a.	

Housing Revenue Account Forecast 2017/18
at 31 July 2017 - Period 4
Deputy Chief Executive - Simon Leftley

Description	Original Budget £'000	Virement £'000	Latest Budget £'000	Expected Outturn £'000	Forecast Variance £'000	Budget to Date £'000	Spend to Date £'000	To Date Variance £'000
a Employees	215	0	215	215	0	0	0	0
b Premises (Excluding Repairs)	732	0	732	761	29	244	255	11
c Repairs	4,831	0	4,831	4,831	0	1,858	1,855	(3)
d Supplies & Services	68	0	68	68	0	23	5	(18)
e Management Fee	5,827	0	5,827	5,827	0	2,241	2,241	0
f MATS	1,124	0	1,124	1,124	0	375	371	(4)
g Provision for Bad Debts	383	0	383	383	0	0	0	0
h Capital Financing Charges	11,364	0	11,364	11,368	4	2,629	2,633	4
Expenditure	24,544	0	24,544	24,577	33	7,369	7,360	(10)
i Fees & Charges	(393)	0	(393)	(393)	0	(131)	(100)	30
j Rents	(26,673)	0	(26,673)	(26,923)	(250)	(8,896)	(9,097)	(200)
k Other	(277)	0	(277)	(276)	0	(259)	(342)	(83)
l Interest	(135)	0	(135)	(135)	0	0	0	0
m Recharges	(459)	0	(459)	(459)	0	(153)	(122)	31
Income	(27,936)	0	(27,936)	(28,186)	(250)	(9,439)	(9,660)	(221)
n Appropriation to Earmarked reserves	3,392	0	3,392	3,609	217	3,392	3,392	0
o Statutory Mitigation on Capital Financing	0	0	0	0	0	0	0	0
Net Expenditure / (Income)	0	0	0	(0)	(0)	1,322	1,091	(231)
Use of Reserves								
Balance as at 1 April 2017	3,502	0	3,502	3,502	0			
Use in Year	0	0	0	0	0			
Balance as at 31 March 2018	3,502	0	3,502	3,502	0			

75

**Housing Revenue Account Forecast 2016/17
at 28 February 2017 - Period 11
Deputy Chief Executive - Simon Leftley**

Forecast Outturn Variance	Year to Date Variance
a.	
b. Resident patrol services at Victoria Ward partially offset by lower council tax on void properties.	
c.	
d.	
e.	
f.	
g.	
h. Interest on internal borrowing.	
i.	
j. Rental income is higher than estimated because of a lower number of voids than allowed for in the budget.	
k.	
l.	
m.	
n. Underspend will be transferred to the HRA capital investment reserve.	
o.	

76



**Capital Programme Budget
Monitoring 2017/18**

Period 4

as at 31st July 2017

Departmental Summary

Capital Programme Monitoring Report – July 2017

1. Overall Budget Performance

The revised Capital budget for the 2017/18 financial year is £94.737million which includes all changes agreed at June Cabinet. Actual capital spend at 31st July is £15.844million representing approximately 17% of the revised budget. This is shown in Appendix 1. (Outstanding creditors totalling £0.963million have been removed from this figure).

The expenditure to date has been projected to year end and the outturn position is forecast to reflect the Project Manager's realistic expectation. This is broken down by Department as follows:

Department	Revised Budget 2017/18 £'000	Outturn to 31 July 2017/18 £'000	Expected outturn 2017/18 £'000	Latest Expected Variance to Revised Budget 2017/18 £'000	Previous Expected Variance to Revised Budget 2017/18 £'000
Chief Executive	24,169	7,377	20,604	(3,565)	(29)
People	16,709	805	15,827	(882)	(882)
Place	41,751	6,065	41,041	(710)	(225)
Housing Revenue Account (HRA)	12,108	1,597	12,108	-	-
Total	94,737	15,844	89,580	(5,157)	(1,136)

The capital programme is expected to be financed as follows:

Department	External Funding			Total Budget £'000
	Council Budget £'000	Grant Budget £'000	Developer & Other Contributions £'000	
Chief Executive	24,163	-	6	24,169
People	5,300	11,393	16	16,709
Place	28,830	10,483	2,438	41,751
Housing Revenue Account (HRA)	11,635	-	473	12,108
Total	69,928	21,876	2,933	94,737
As a percentage of total budget	73.8%	23.1%	3.1%	

The funding mix for the total programme could change depending on how much grant and external contributions are received by the Council by the end of the year.

The grants and external contributions position to 31st July is as follows:

Department	Grant Budget £'000	Developer & Other Contributions Budget £'000	Total external funding budget £'000	External funding received £'000	External funding outstanding £'000
Chief Executive	-	6	6	-	6
People	11,393	16	11,409	3,687	7,722
Place	10,483	2,438	12,921	7,237	5,684
Housing Revenue Account (HRA)	-	473	473	473	-
Total	21,876	2,933	24,809	11,397	13,412

2. Department Budget Performance

Department of the Chief Executive

The revised capital budget for the Department of the Chief Executive is £24.169million. The budget is distributed across various scheme areas as follows

Department of the Chief Executive	Revised Budget 2017/18 £'000	Outturn to 31 July 2017/18 £'000	Expected outturn 2017/18 £'000	Latest Forecast Variance to Year End 2017/18 £'000	Previous Forecast Variance to Year End 2017/18 £'000
Asset Management (Property)	23,319	7,175	19,754	(3,565)	(29)
Cemeteries & Crematorium	492	202	492	-	-
Subtotal	23,811	7,377	20,246	(3,565)	(29)
Priority Works (see table)	358	-	358	-	-
Total	24,169	7,377	20,604	(3,565)	(29)

Priority Works	£'000
Budget available	500
Less budget allocated to agreed schemes	(142)
Remaining budget	358

Actual spend at 31st July stands at £7.377million. This represents 31% of the total available budget.

Asset Management (Property)

Planning consent has now been granted for the Library Car Park reconstruction and enhancement scheme with an expectation to start on site during January 2018. As the scheme will commence so late into the financial year, budget of £3.536million will be included as a carry forward request in the report to November Cabinet.

The contract has now been let for the New Beach Huts phase two and works have now commenced. This scheme is scheduled to be completed in September 2017.

The former gas works site was purchased on 21st July and this cost is reflected in the spend to date.

The remaining budget of £29k on the Thorpe Hall Avenue Toilet Refurbishment scheme will be used in connection with the tram stop works however this will not be required until 2018/19. A carry forward request of £29k will therefore be included in the report to November Cabinet.

Cemeteries and Crematorium

Landscaping works are continuing on the plot of land identified in Sutton Road Cemetery. It has now been confirmed by the Environment Agency that the new legislation will not have an impact on the project and it is possible to raise the ground level sufficiently as per the original plans. The works are now almost complete.

The installation of the Pergola Walk Memorial is almost complete with the final paving works currently taking place.

Priority Works

The Priority works provision budget currently has £358k remaining unallocated.

Summary

Carry forward requests to be included in the report to November Cabinet include £29k for the Thorpe Hall Avenue Toilet Refurbishment scheme and £3.536million for the Library Car Park Reconstruction and Enhancement Scheme.

Department for People

The revised Department for People budget totals £16.709million.

Department for People	Revised Budget 2017/18 £'000	Outturn to 31 July 2017/18 £'000	Expected outturn 2017/18 £'000	Latest Expected Variance to Year End 2017/18 £'000	Previous Expected Variance to Year End 2017/18 £'000
Adult Social Care	1,758	64	876	(882)	(882)
General Fund Housing	3,246	263	3,246	-	-
Children & Learning Other	64	14	64	-	-
Condition Schemes	704	64	704	-	-
Devolved Formula Capital	173	173	173	-	-
Early Years	536	60	536	-	-
Primary and Secondary School Places	10,228	167	10,228	-	-
Total	16,709	805	15,827	(882)	(882)

Actual spend at 31st July stands at £0.805million. This represents 5% of the total available budget.

Adult Social Care

The Community Capacity grant is used to enable vulnerable individuals to remain in their own homes and to assist in avoiding delayed discharges from hospital. Plans for 2017/18 include project management for social care redesign, costs of sheltered housing review outcomes, development of independent living centre and investment in technology and equipment to promote independence. Total spend of £500k is forecast for 2017/18 therefore an accelerated delivery request of £54k will be included in the report to November Cabinet.

The majority of the works on the redevelopment of the Priory site will take place in 2018/19 therefore a large proportion of the budgets on the two Priory schemes will be included in the report to November Cabinet. These total £936k.

General Fund Housing

The Private Sector Renewal scheme is in place to ensure that the private sector stock is kept in a good condition. Plans are currently in progress for spend of the £625k budget in 2017/18.

The Empty Dwellings Management scheme is in place to fund works authorised under an Empty Dwellings Management Order (EDMO) to bring long term empty homes back into use and to a habitable standard.

Under the Disabled Facilities scheme, the deadline for the Adaptations Framework Agreement tender was 24th July. Tender evaluations are now taking place.

Children & Learning Other Schemes

Retentions of £50k are being held for Kingsdown Special School roof works and will be paid once outstanding snagging and defects works are completed and fully signed off. This figure is included in the outstanding creditors shown above.

Condition Schemes

A budget of £704k has been allocated to address larger conditions in schools where the cost is over the schools capabilities to fund. Most of these works will be undertaken over the school summer holidays to minimise disruption to the schools. Retentions of £30k are being held for works completed last year at nine primary schools.

Devolved Formula Capital

This is an annual devolution of dedicated capital grant to all maintained schools. The grant for 2017/18 is £173k. This grant amount will reduce as further maintained schools convert to academy status.

Primary and Secondary School Places

The primary expansion programme is now complete with final retention payments of £98k being held against five projects until the twelve month snagging period is over. A watching brief of demand against availability will be kept. If a need is identified, a further expansion of primary places will be explored to ensure that the council's statutory duty to provide a good school place for all those that request it can be met.

A secondary expansion programme is progressing to ensure that the extra places supplied in primary are matched in secondary as they are needed. One secondary school has planning permission and the project is about to complete the tender stage. A second secondary school is completing the feasibility stage and two other secondary schools are progressing towards feasibility stage.

Summary

Carry forward requests to be included in the report to November Cabinet are LATC Delaware and Priory for £839k and Priory House Condition Works for £97k.

An accelerated delivery request of £54k will also be included for the Community Capacity scheme.

Department for Place

The revised capital budget for the Department for Place is £41.751million. This includes all changes approved at June Cabinet. The budget is distributed across various scheme areas as follows:

Department for Place	Revised Budget 2017/18 £'000	Outturn to 31 July 2017/18 £'000	Expected outturn 2017/18 £'000	Latest Expected Variance to Year End 2017/18 £'000	Previous Expected Variance to Year End 2017/18 £'000
Culture	5,266	299	5,266	-	-
ICT Programme	4,914	792	4,704	(210)	-
Enterprise, Tourism & Regeneration	5,848	1,322	5,848	-	-
Southend Pier	3,767	313	3,767	-	-
Coastal Defence & Foreshore	923	55	648	(275)	-
Highways and Infrastructure	6,339	1,372	6,339	-	-
Parking Management	612	41	612	-	-
Section 38 & 106 Agreements	2,293	17	2,068	(225)	(225)
Local Transport Plan	2,974	264	2,974	-	-
Local Growth Fund	5,477	1,275	5,477	-	-
Community Safety	420	-	420	-	-
Transport	540	44	540	-	-
Energy Saving Projects	2,378	271	2,378	-	-
Total	41,751	6,065	41,041	(710)	(225)

Actual spend at 31st July stands at £6.065million. This represents 15% of the total available budget.

Culture

A budget of £20k for works at Southchurch Park Bowls Pavilion has been identified as a match funding contribution to aid a bid to Sport England. The Council are currently working with the Bowls Club on supporting the bid.

The scheme to replace various playground gates within the borough's play areas to enable compliance with health and safety recommendations is currently at the procurement stage with plans to progress the scheme once this is complete.

Works are currently in the process of being programmed for various other culture schemes including Hard Surface Path Improvements, Replacement of Asbestos Stage Safety Curtain

at the Palace Theatre, Belton Hill Steps and External Cladding at the Cliffs Pavilion. Works are expected to commence on these schemes during the financial year.

ICT

As part of the Barracuda Replacement scheme, corporate spam and virus filtering has now been directed to Microsoft 365. Cyber security consultancy services are currently being commissioned to provide a holistic view of all security platforms.

The tender process is underway and evaluations have started as part of the Place Business Transformation in End to End Reporting scheme. A contractor has been appointed to support transformation of the symology system, which manages infrastructure assets including highways, land, property, bridges, structures, public lighting and distribution networks. This scheme will continue with phase two in the next financial year therefore a carry forward request of £210k will be included in the report to November Cabinet.

A Smoothwall Solution has been purchased and professional services commissioned to implement the solution for the Websense Replacement scheme. Implementation has been scheduled for September 2017.

The development of the Liquid Logic Case Management System scheme is on track to be delivered in line with the revised schedule. Sign off has now been received for the children's system configuration and training has commenced.

Enterprise, Tourism & Regeneration

The Regeneration projects include all the work currently taking place on the City Deal Incubation Centre, Airport Business Park and Queensway.

Local Growth Funding (LGF) of £3.2million for the Airport Business Park to support the delivery of on-site infrastructure and the relocation of Westcliff Rugby Club was spent by 31st March 2017 as per the grant conditions. The remaining phase one works are continuing and are nearing completion except from the utility elements which will continue through September. Planning approval for the rugby clubhouse has now been received and the relocation agreement and pre-commencement conditions are still to be completed.

Recruitment of a consultation lead is underway for the Airport Business Park scheme. The consultation is expected to commence in October 2017 for an outcome and decision by Cabinet in January 2018.

Southend Pier

Design works are in progress for the bearing refurbishments, condition works, pavilion platform, pier view gallery and the entrance enhancements on Southend Pier. Various factors such as listed building approval, English Heritage approval, the Marine Management Organisation and the Environment Agency may influence and delay the works. More information will be available later in the financial year.

Coastal Defence and Foreshore

A budget for improving the resilience of the borough to flooding from extreme weather events has been included in the 2017/18 capital programme. The main area to be worked on include the airport, City Beach and Shoebury Common. Surveys are to be carried out by the contractor for gully defects and repairs.

The cliff slip investigation works are continuing with feasibility studies to be carried out to the west of Clifton Drive.

Spend of £50k is anticipated on the Shoebury Common Sea Defence scheme this financial year therefore a carry forward request of £275k will be included in the report to November Cabinet.

Highways and Infrastructure

An allocation of £102k has been received from the Department for Transport for the maintenance of pot holes across the borough. The rest of the Highways Maintenance programme is underway and will continue for the remainder of the financial year.

The Street Lighting budget is a multi-million pound, multi-year scheme to be part funded by the Challenge fund from the Department for Transport. The luminaire installations are now 96% complete and the Columns are 98% complete. Works have started earlier than planned on the individual and entire road column replacements and all Central Management System base stations have been installed.

Parking Management

An updated parking strategy has been commissioned which will form the basis of improvement plans to the borough car parks. Feedback from the recent review is currently being assessed for any upgrade requirements.

Section 38 and Section 106 Schemes

There are a number of S38 and S106 schemes all at various stages. Some of the larger schemes include works around Acacia Drive, Bellway Prittlebrook, Essex House and Hinguar.

Various schemes are scheduled to be carried out in 2018/19 therefore a carry forward request of £225k will be included in the report to November Cabinet for these schemes.

Local Transport Plans (LTP Schemes)

The Local Transport Plan schemes cover various areas including better networks, traffic management, better operation of traffic control systems and bridge strengthening.

Works on the Automatic Vehicle Location (AVL) system and upgrades to the older Real Time Passenger Information signs are currently on track to be completed in year. The tourist signage information boards are due to commence in August.

Local Growth Fund

The A127 Growth Corridor projects will support the predicted growth associated with London Southend Airport and the Joint Area Action Plan (JAAP) proposals developed by Southend, Rochford and Essex County Councils to release land and create 7,380 high value jobs. The improvement will also support background growth of Southend and Rochford.

The final business case for A127 Kent Elms junction improvements has been approved by the South East Local Enterprise Partnership and all funding has been received.

Work commenced at Kent Elms on 21st November 2016 and a dedicated Public Liaison Officer is in place. School crossing patrols are in place for the duration of the works. Utility diversion works are underway although there has been a delay to Nation Grids works which has had a knock on effect causing a delay to completing BT diversions. Three lanes inbound and two new pedestrian crossings were in place at the end of June. Traffic signal calibration and validation is now complete.

Options are being prepared to put forward for the business case at the Bell junction and air quality implications are to be investigated. A draft engagement and consultation document has been prepared and is to be updated. Air quality specialist work has now commenced.

Transport

The road safety audit stage three has now been reviewed on the A127 Tesco junction improvements with minor adjustments are now complete. Stage four is yet to be completed.

Southend Transport Model is an on-going scheme to support various multi modal transport projects. A review of the model is complete with options on updating the model to be considered.

Energy Saving Projects

Several projects are being surveyed for potential use of the energy efficiency budget and procurement documents for feasibility are being drafted for energy works on the pier.

Summary

Carry forward requests to be included in the report to November Cabinet are various S106 schemes totalling £225k, Place Business Transformation in End to End Reporting for £210k and Shoebury Common Sea Defence scheme for £275k

Housing Revenue Account

The revised budget for the Housing Revenue Account capital programme for 2017/18 is £12.108million. The latest budget and spend position is as follows:

Housing Revenue Account	Revised Budget 2017/18 £'000	Outturn to 31 July 2017/18 £'000	Expected outturn 2017/18 £'000	Forecast Variance to Year End 2017/18 £'000	Previous Forecast Variance to Year End 2017/18 £'000
Decent Homes Programme	7,703	1,450	7,703	-	-
Council House Adaptations	565	114	565	-	-
Sheltered Housing	345	-	345	-	-
Other HRA	3,495	33	3,495	-	-
Total	12,108	1,597	12,108	-	-

The actual spend at 31st July of £1.597million represents 13% of the HRA capital budget.

Decent Homes Programme

The 2017/18 programme for Decent Homes is progressing in accordance to plan. Fire safety works at Chiltern are progressing well and the fire doors and screens to Pennine and Quantock are in the process of being manufactured.

Council House Adaptions

This budget relates to minor and major adaptations in council dwellings. Spend depends on the demand for these adaptations and works are currently in progress for 2017/18.

Sheltered Housing

This budget is to be used in conjunction with the Sheltered Housing review.

Other HRA

Phase two of the Land Review is progressing with planning permission for 15 units at Rochford Road granted by the Development Control Committee on 2nd August. Initial highways works have now commenced with the Council's approved contractor and the tender for the build works contractor is now open. The deadline for this tender is 29th August. An update has now been issued to local residents confirming the next steps of the project and the proposed timescales.

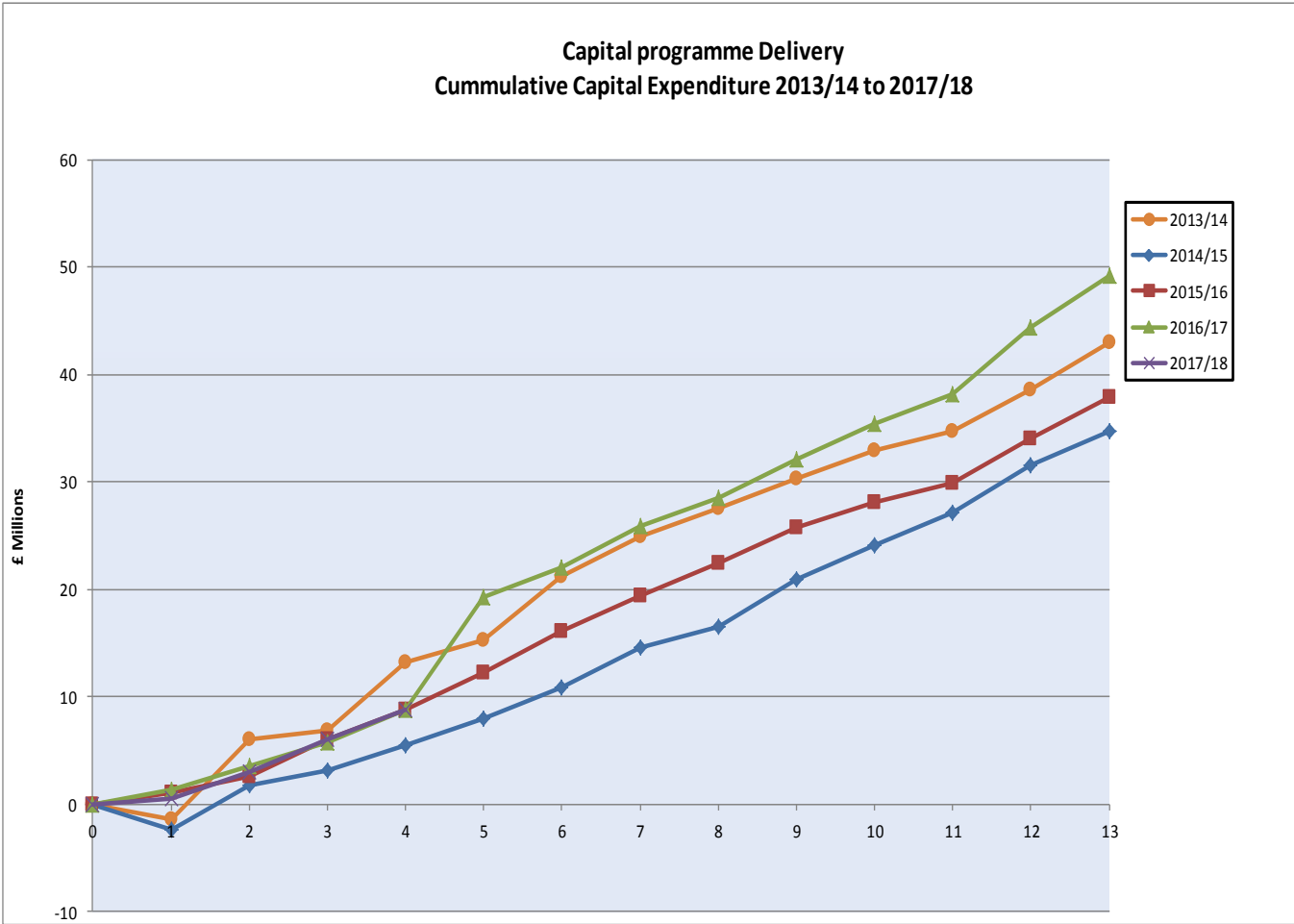
Summary of Capital Expenditure at 31st July 2017

Appendix 1

	Original Budget 2017/18 £000	Revisions £000	Revised Budget 2017/18 £000	Actual 2017/18 £000	Forecast outturn 2017/18 £000	Forecast Variance to Year End 2017/18 £000	% Variance
Chief Executive	6,400	17,769	24,169	7,377	20,604	(3,565)	31%
People	13,582	3,127	16,709	805	15,827	(882)	5%
Place	48,140	(6,389)	41,751	6,065	41,041	(710)	15%
Housing Revenue Account	8,610	3,498	12,108	1,597	12,108	0	13%
	<u>76,732</u>	<u>18,005</u>	<u>94,737</u>	<u>15,844</u>	<u>89,580</u>	<u>(5,157)</u>	<u>17%</u>
Council Approved Original Budget - February 2017	76,732						
Chief Executive amendments	18,427						
People amendments	(1,041)						
Place amendments	(385)						
HRA amendments	4,864						
Carry Forward requests from 2016/17	6,206						
Accelerated Delivery requests to 2016/17	(856)						
Budget re-profiles (June Cabinet)	(11,927)						
New external funding	2,717						
Council Approved Revised Budget - June 2017	<u>94,737</u>						

Actual compared to Revised Budget spent is £15.844M or 17%

Capital programme Delivery
Cummulative Capital Expenditure 2013/14 to 2017/18



Year	Outturn £m	Outturn %
2012/13	61.0	97.9
2013/14	43.3	93.8
2014/15	34.8	83.8
2015/16	37.9	97.0
2016/17	48.8	89.0

Southend-on-Sea Borough Council

Agenda
Item No.

7

Report of Deputy Chief Executive (People)

to
Cabinet

on

19th September 2017

Report prepared by:
Andrea Atherton, Director of Public Health

Suicide Prevention Strategy for Southend, Essex and Thurrock “Let’s Talk About Suicide”

1. Purpose of Report

1.1. To present the draft Suicide Prevention Strategy for Southend, Essex and Thurrock “Let’s Talk About Suicide”

2. Recommendation

2.1. That the draft suicide prevention strategy and associated actions are agreed.

3. Background

3.1. The impact of any death is profound, affecting loved ones, friends, work colleagues and entire communities. The impact of a death from suicide can be more complex due to often unexpected nature of the death as well as the delays in investigation and conclusion.

3.2. Mental health is a key factor in suicide, yet the majority of those who take their own life were not in contact with mental health services. In the main, the causes are the everyday pressures of health, relationships, and finances that we may all struggle with. As such, there is no one solution to preventing suicide. By having a thriving and prosperous local economy, safe communities, a focus on health and wellbeing, and a strong start in life, we can reduce some of those risks.

3.3. In 2012, the government of the day published a report entitled Preventing Suicide in England, which set a welcome blueprint for local authorities and others. This has since been supplemented with further guidance from Public Health England. The All-Party Parliamentary Group (APPG) on Suicide and Self-Harm Prevention Inquiry into Local Suicide Prevention Plans in England 2015 recommended that all local authorities have in place suicide audit work, a suicide prevention plan and a multi-agency group to implement the plan. This is now seen as a political imperative, with all areas recommended to have multi-agency suicide prevention plans in place by the end of 2017.

4. Let's Talk About Suicide – The Strategy

4.1. Preventing Suicide in England identified six key areas for action to deliver the objectives:

- Reduce the risk of suicide in key high-risk groups
- Tailor approaches to improve mental health in specific groups
- Reduce access to the means of suicide
- Provide better information to those bereaved or affected by suicide
- Support the media in delivering sensitive approaches to suicide and suicidal behaviour
- Support research, data collection and monitoring

4.2. Our actions are set out to mirror those of the national strategy. The action plan set out by the strategy reflects the on-going and intended work of a multitude of organisations and partnerships articulated in a range of documents. These include SET Mental Health and Wellbeing Strategy, Crisis Care Concordats, Safeguarding plans and SET Local Transformation Plan for children and young people's mental health.

4.3. The intention of this suicide prevention strategy, in this first year, is to collate and cross reference the strategic intent and action plans of various local groups and organisations that have a role to play in suicide prevention.

4.4. In addition to the actions already intended by the relevant organisations and partnerships the strategy makes some additional recommendations that will be taken forward by task and finish groups and report into the Suicide Prevention Implementation Programme Working Group for the Mental Health and Wellbeing Strategy.

4.5. Its approach is to recommend that the actions are owned by the responsible organisations and partnerships, with annual oversight by the Health and Wellbeing boards and an annual summit focused solely on suicide prevention.

4.6. The suicide prevention strategy was considered at the July meeting of Southend Health and Wellbeing Board, when it was agreed that a specific local task and finish group would be established to monitor the delivery of appropriate actions in Southend.

5. Reason for recommendation

5.1. This approach recognises the complex geography of Southend, Essex and Thurrock with overlapping boundaries and jurisdictions which require both local and shared approach to suicide prevention. It still allows for local flexibility whilst maintaining a broader overview for those partners who cross local boundaries.

5.2. The three upper-tier local authorities in greater Essex have agreed to work in partnership as a pragmatic measure to working more effectively, reducing duplication and creating better outcomes for our populations. Southend, Essex and Thurrock (SET) have used a common tool for the suicide audits conducted, and have jointly analysed our results in order to gain a richer understanding of

the causal factors, means and circumstances of deaths; and also to identify any 'hotspots' in our wider geography.

- 5.3. The Southend, Essex and Thurrock Mental Health and Wellbeing Strategy 2017-21 identifies suicide prevention as a priority. There is a Strategy Implementation Work stream for this priority that will oversee the delivery of the Suicide strategy, thus linking the objectives and delivery of the two strategies together (see Appendix 1).
- 5.4. The strategic approach to suicide prevention follows the six areas for action in the national "Preventing Suicide in England" (HM Government, 2012) strategy.
- 5.5. The Mid and South Essex Sustainability and Transformation Plan identified reducing suicide and self-harm as one of three key priorities for mental health. This has also provided a better link to clinical leadership for the partnership.

6. Corporate Implications

6.1. Contribution to Council's Vision & Corporate Priorities

Let's Talk About Suicide's aims of reducing suicide rates will support positive outcomes for the council's key aims of Safe, Healthy, and Prosperous – helping to deliver the vision of 'Creating a better Southend'

6.2. Value for Money

The cost of a suicide has been calculated as £1.67million, with 70% of that figure representing the emotional impact on relatives (National Suicide Prevention Alliance) With around 175 deaths through suicide each year across Southend, Essex and Thurrock (a cost of £292.2 million) prevention of even one suicide offers value for money.

6.3. Legal Implications

None

6.4. People Implications

There would be no negative people implications

6.5. Property Implications

There would be no property implications – no suicide 'hotspots' were identified within the town.

6.6. Consultation

As the strategy reflects the ongoing and intended work of a multitude of organisations and partnerships, we have not consulted specifically with the public on this strategy. The SET Mental Health and Wellbeing Strategy was shaped and informed by an independent review of Essex's mental health services and by the views and experiences of hundreds of people with lived experience of mental

health problems, their carers and families, as well as by clinicians and commissioners.

In addition to this a stakeholder event was held on 8th March 2017 in order to test acceptability and completeness. This particularly addressed:

- Were there any actions are we missing
- What should be done at Southend, Essex & Thurrock footprint and what is for local action?
- What will success would look like in 12 months and 5 years?

6.7. Equalities and Diversity

The strategy was informed in its development by an audit of all suicides in Southend, with data collected on a suite of characteristics, in order to identify any specific actions for common factors or groups with specific characteristics.

6.8. Community Safety Implications

Working on an SET basis for suicide prevention allows for the development of a systematic approach to audit data collection and the further investigation through a task and finish group of methods for real time surveillance and data sharing with Essex Police and Network Rail in particular.

6.9. Risk Assessment

This is a national imperative where real progress has been made in reducing the already relatively low suicide rate to record low levels. In Southend we are statistically similar to the national rate, however, we have continued economic pressures on the general population, coupled with the increasing local prevalence of depression and anxiety it is important to take actions to prevent an increase in the rate.

6.10. Environmental Impact

None

7. Appendices

7.1. SET Draft Suicide Prevention Strategy

7.2 SET Mental Health and Wellbeing Strategy Implementation Workstream Brief



SET_Strategy_Implementation_workstrea

LETS TALK ABOUT SUICIDE

Preventing suicides in Southend, Essex and Thurrock 2017



Version Control Sheet

Title	Suicide Prevention Strategy
Owner	Southend, Essex and Thurrock Public Health Teams
Date	June 2017
Version number	1
status	Draft
Next review date	June 2018

DRAFT

Foreword

The impact of any death is profound, affecting loved ones, friends, work colleagues and entire communities. The impact of a death from suicide can be more complex due to often unexpected nature of the death as well as the delays in investigation and conclusion.

The causes of suicide are many. Mental health is a key factor yet the majority of those who take their own life were not in contact with mental health services. In the main, the causes are the everyday pressures of health, relationships, and finances that we may all struggle with. As such, there is no one solution to preventing suicide. Everything we do – as councils and health services, in partnership with many others such as schools and employers – can promote the wellbeing of the population and reduce the risks of suicide. By having a thriving and prosperous local economy, safe communities, a focus on health and wellbeing, and a strong start in life, we can reduce some of those risks.

In 2012, the government of the day published a report entitled *Preventing Suicide in England*, which set a welcome blueprint for local authorities and others. This has since been supplemented with further guidance from Public Health England. The Select Committee has produced its views and recommendations, and it is now seen as a political imperative.

No single organisation can do this alone. We will work through existing agencies and partnerships to build upon and strengthen those actions that we know have an impact.

There are around 175 deaths through suicide each year across Southend, Essex and Thurrock.

We are proud to present this strategy as our first step in tackling this agenda. We hear from those affected by suicidal thoughts and from families and carers that a key part of improving care is to reduce stigma. We are building on some ground-breaking work in other parts of the UK and abroad, where conversations are had about depression, anxiety and suicide. The title “*Lets Talk About Suicide*” reflects the importance of having the conversation whether that is with professionals or simply tackling the stigma of mental health and suicide in particular. The title “*Lets Talk About*” is also used for our Mental Health and Dementia strategies for the same reason.

Andrea Atherton

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Southend

Mike Gogarty

Director of Public Health

Essex

Ian Wake

Director of Public Health

Thurrock

Acknowledgements

With thanks to all those who have helped us with the strategy through interviews, signposting, and attending our stakeholder events. We particularly thank Maggie Pacini, Liesel Parks, Funmi Worrell, Gemma Andrews and Marcus Roberts for their hard work in pulling together this strategy.

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DRAFT

Executive summary

Introduction

Suicides are not inevitable. The Southend, Essex and Thurrock partners have agreed to take the ambition of 'Zero Suicide' as the drive for transformational change with optimistic and ambitious expectations. We will build this approach through the branding of **'Let's Talk About Suicide'**.

National context

In 2012 the Government published its suicide strategy, *Preventing Suicide in England* (DH, 2012). This was in response to rising rates of suicide since 2008. The national rate of suicide is 10.1 per 100,000 persons. We know that men are more likely than women to commit suicide with national rates of 15.8 and 4.7 per 100,000 for males and females respectively. Those known to mental health services are at higher risk, yet more suicides occur in people not under the care of mental health services. The Five Year Forward View for Mental Health (2016) recommends that the Department of Health, Public Health England and NHS England support all areas to have multi-agency suicide prevention plans in place by 2017, and the Secretary of State for Health committed to action to achieve this in his foreword to the Third Progress Report on the national suicide prevention strategy.

Local context

Concerns about suicide rates in Essex were highlighted in the 2016 Joint Strategic Needs Assessment. Locally, suicide rates are similar to the national figures at 10.4, 11.3 and 11.3 per 100,000 persons for Essex, Southend and Thurrock respectively. The trends for person suicide rate are similar to national, although Essex rates are above regional. However, the Essex suicide rate for females tracked as statistically significantly greater than the national average between 2010 and 2014 and should be closely monitored.

The *Southend, Essex and Thurrock Mental Health and Wellbeing Strategy 2017-2021* identifies suicide prevention as a priority for Greater Essex and is intended to drive a range of improvements in mental health services that would be expected to have a positive impact on suicide rates, including improved access to treatment for depression and anxiety, better crisis care and a focus on recovery support following discharge from specialist mental health services.

The Mid and South Essex Sustainability and Transformation Plan (STP) has identified reducing suicide and self-harm as one of three key priorities for mental health. The West Essex and Hertfordshire STP plan identifies taking forward a multi-agency approach to suicide as a priority for

promoting improved mental health. The Suffolk and North East Essex STP plan indicates a whole system approach to the delivery of specific services such as crisis mental health care and suicide prevention.

The Southend, Essex and Thurrock Local Transformation Plan for children and young people's mental health *Open Up, Reach Out* recognises that 'the risk of suicide and self-harm is one of the major concerns of children and young people, families, carers and school staff'.

The Mid-Essex Suicide Prevention Project is one of a group of four pilots led by the East of England Strategic Clinical Network under the 'zero suicide' approach; learning from these pilots should inform local action. These pilots were positively and independently evaluated by the Centre for Mental Health.

A separate report is available on the audit of suicides in 2014/15. Those who died in Southend, Essex and Thurrock were more likely to be male and young to middle aged. Risk factors included drug and/or alcohol problem, previous suicide attempt and/or episodes of self-harm, mental or physical health problems, relationship stress, financial difficulties, involvement in criminal justice system, and recent bereavement. Two thirds died in their own home; rail and coastline are small but significant locations with scope for intervention. Hanging and poisoning were the most common means of death; opiates being the most common cause of poisoning. About one third of people were known to be in contact with or had previous contact with mental health services.

A separate review of suicide in young people found:-

- More likely to occur in boys than in girls
- Most of the young people were not previously known to mental health services.
- Hanging was the means of death for 10 of the 11 young people (poisoning accounting for the other).
- It was not always clear whether death was the intention, or whether accidental or a fatal self-harm episode.

Actions

The action plan set out by the strategy reflects the ongoing and intended work of a multitude of organisations and partnerships, articulated in a range of documents including the SET Mental Health and Wellbeing Strategy, Crisis Care Concordats, safeguarding plans, and the SET Local Transformation Plan for children and young people's mental health.

Preventing Suicide in England identified six key areas for action to support delivery of the objectives

1. Reduce the risk of suicide in key high-risk groups

The majority of action is addressed in the Southend, Essex and Thurrock Mental Health and Wellbeing Strategy 2017-2021 which outlines ambitions and identifies a wide range of outcomes for mental health, supported by implementation plans.

Of the key high risk groups there is little specific mention of targeted action for young and middle aged men, nor specific occupational groups. Current action addresses the key groups of those known to mental health services, people with a history of self-harm, and people in the criminal justice system.

2. Tailor approaches to improve mental health in specific groups

As well as the specific focus on suicide, a broader approach should be taken, looking more at general mental health well-being across the whole population, and recognising the particular needs of specific, often marginalised, groups.

There is a significant amount of work on children and young people as a specific group in Southend, Essex and Thurrock. There is ongoing work addressing veterans, survivors of abuse, people with long term conditions, undiagnosed depression, and dual diagnosis. There is less evidence of targeted work for those vulnerable to social and economic circumstances, LGBT and BME groups.

3. Reduce access to the means of suicide

Hanging is the main means of death and efforts to address this has, as its focus, inpatient and criminal justice custodial settings both of which have been the subject of recent inspections. But within broader community settings some action can be taken to reduce suicide in frequently used locations and managing clusters. There is some mention locally of what may be done re safe prescribing and other methods of minimising self-poisoning. The audit did not show any particular frequently used locations and locally there is continued engagement with National Rail. There was little mention of other action relating to the built environment as a means of suicide e.g. high rise structures.

4. Provide better information and support to those bereaved or affected by suicide

Those left behind face the often intolerable aftermath of a suicide. There is structured support available for some but not all; for example there is support to pupils in schools or occupational

support for staff such as mental health staff, police and prison staff who have dealt with suicide in their job but for others it is more ad hoc with the voluntary sector as the significant source of support.

5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour

As well as supporting the media to report suicides responsibly, attention must be directed to informal social media, and how suicide is portrayed. Key action is implementation of Editors' code of conduct relating to suicide reporting.

6. Support research, data collection and monitoring

Local, as well as national data and research must be used. Reliable and timely suicide statistics are the cornerstone of any local suicide prevention strategy and ongoing audit is vital.

The key source of information is the proposed mental health strategy for wider Essex. Further work is needed to understand efforts to address the wider social determinants, especially for the majority of people who are not under the care of mental health services.

Prevention group

The geography and organisational structure across wider Essex is complex. Forums are variously organised on local government boundaries and/or pan CCG boundaries. Certain partner agencies, e.g. the police, probation and community rehabilitation, rail etc., cover wider Essex. As such, there is no one forum that encompasses the entirety of the suicide prevention agenda across Greater Essex. Setting up a suicide prevention group – whilst focusing on the specific agenda – would not necessarily have robust governance and would have duplication of membership of existing partnerships.

The approach taken in the strategy is to recommend that the actions are owned by the responsible organisations and partnerships, with regular agenda items on suicide and a nominated champion on each group, with annual oversight by the Health & Wellbeing Boards and an annual summit focused solely on suicide prevention. This approach still allows for local flexibility whilst maintaining a pan Essex overview especially for those partners who cross local boundaries, whether NHS or other.

Recommendations

The full list of recommendations can be found in section 7. In short, further work is needed in key areas 3 (addressing the means of suicide), 4 (support for the bereaved), and 5 (working with the media). Key area 6 (information and monitoring) has recommendations about the content and timing of further audits. Much work is in place or intended for key areas 1 and 2 (higher risk groups) but there is a gap around interventions for men, certain occupational groups, LGBT, BME and generally addressing the wider social determinants.

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1. Aims

‘We need to encourage professionals and communities to be so much more open about mental health and suicidal thoughts. People worry that if you mention “suicide” you could be putting ideas in their head – in fact, the opposite is true’.

Director of Development, Mental Health Provider from *Hope for Better Mental Health*

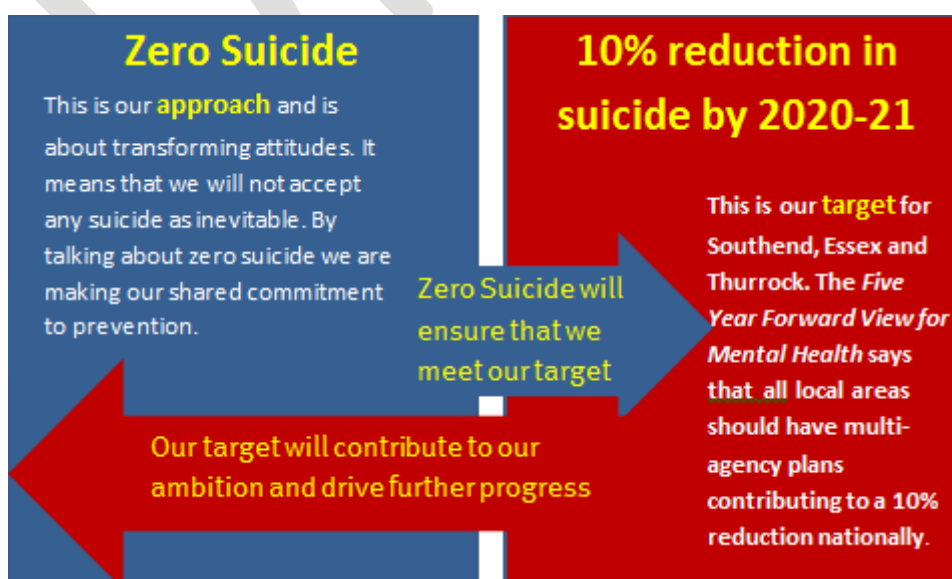
“For Diane, one of the hardest things to come to terms with was how difficult it is to openly discuss the reasons behind suicide. Being able to meet with others who held similar views and experiences had begun to ease the impact these questions were having on Diane’s well-being. Attending her local carers group and forging a network of bereaved Mums were the two outlets she valued most in her own recovery.”

From ECC/Public Office, *Hope for Better Mental Health*

This strategy adapts the Zero Suicide approach that was pioneered in Detroit in the USA and has recently been developed in Mid Essex as one of four pathfinder sites in the East of England.

What does this mean? For us, it means that the starting point for this strategy is our belief that it is not inevitable that anyone in Southend, Essex or Thurrock will take their own life. While we may not be able to prevent every suicide, by making Zero Suicide our ambition we will transform the way that we think about suicide, and prevent more people taking their own lives.

It is not helpful therefore to think of Zero Suicide as a short-term performance measure – it is more a philosophy or mind set. Adopting this approach will enable us to meet (and we hope to exceed) the national requirement for a 10% reduction in suicide rates, by aspiring to prevent every suicide. It will also remind us that we should not accept any level of suicide as inevitable or unavoidable.



Suicide prevention is a useful barometer or vital sign of the success of the local economy as it encompasses health, care and the wider determinants of health. It is important that we view this as a whole society issue not just health care as only about a quarter of suicides occur in people under the care of mental health services.

Taking an outcomes-based approach, we propose that reducing suicide rates is a high level indicator demonstrating success across each of the local authority's key objectives:

- ECC's key strategic aims – inclusive economic growth, help people live healthily & independently and create great places to live & work;
- Southend's key objectives - safe, health and prosperous;
- Thurrock's objectives – learning & opportunity, economic prosperity, respect & responsibility, health & wellbeing;

As well as the CCGs stated objectives about improving the health & wellbeing of their populations.

As we 'turn the curve' of suicide rates, we will know that collectively we are delivering to our full potential. It takes a partnership approach to deliver zero suicide whilst also allowing individual organisations to deliver against specific key performance indicators.

We will build this approach through the branding of '**Lets Talk About Suicide**'. This approach recognises the importance of conversations and safety planning between professional and person at risk, but also notes the need to address the stigma of mental health with the general population. Everybody should have an openness, willingness and the confidence to explicitly talk about suicidal thoughts.

2. National Context

Introduction

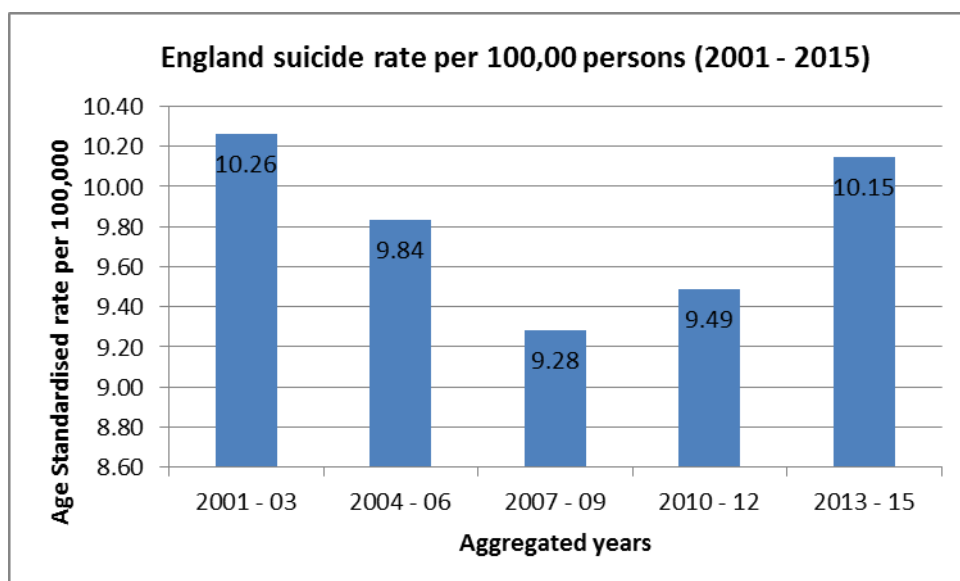
- 1.1. In 2012 the Government published its suicide strategy, *Preventing Suicide in England* (DH, 2012). There have been updates; the most recent being *Preventing Suicide in England: third progress report of the cross government outcomes strategy to save lives* (DH, 2017). Both documents provide useful overviews and information to guide local prevention strategies.
- 1.2. Suicides are not inevitable. An inclusive society that avoids the marginalisation of individuals and which supports people at times of personal crisis will help to prevent suicides. Government and statutory services [and communities] have a role to play (DH, 2012; p9).
- 1.3. In 2013 the All Party Parliamentary Group on Suicide and Self-Harm Prevention published its initial deliberations. This was followed by The All-Party Parliamentary Group (APPG) on Suicide and Self-Harm Prevention Inquiry into Local Suicide Prevention *Plans in England 2015*. The main recommendations from the latter were that all local authorities must have in place:
 - a) Suicide audit work to in order to understand local suicide risk.
 - b) A suicide prevention plan in order to identify the initiatives required to address local suicide risk.
 - c) A multi-agency suicide prevention group to involve all relevant statutory agencies and voluntary organisations in implementing the local plan.
- 1.4. Definitions of suicide vary and caution is needed when comparing data. Appendix 1: **Suicide definitions** includes more detail of the various definitions used.

Suicide in the general population

Time trends

- 1.5. In England, there were 14,429 suicides in 2013-15 compared with 13,233 in 2010-12. The trend in the suicide rate dipped between 2005 and 2012 but has since been rising slightly. The three-year average rate for 2013-15 was 10.1 suicides per 100,000 for the general population (PHE, Suicide Prevention Profiles; accessed 20/3/17).

Figure 1: Suicides (Death rates from Intentional Self-harm and Injury of Undetermined Intent), England, 3 year averages, 2001 - 2015

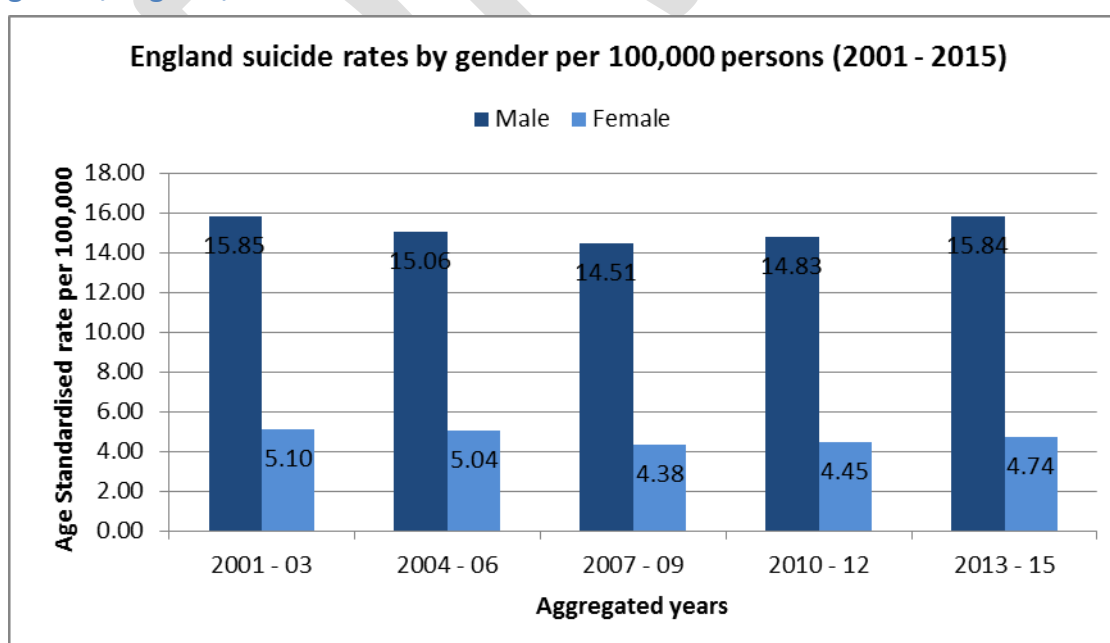


Gender

1.6. In comparison to women, men are more likely to take their own lives, with adult males typically accounting for about three quarters of all suicides. For 2013-15, the three-year average rate for males was 15.8 per 100,000 population; compared with 4.7 females per 100,000 population.

1.7.

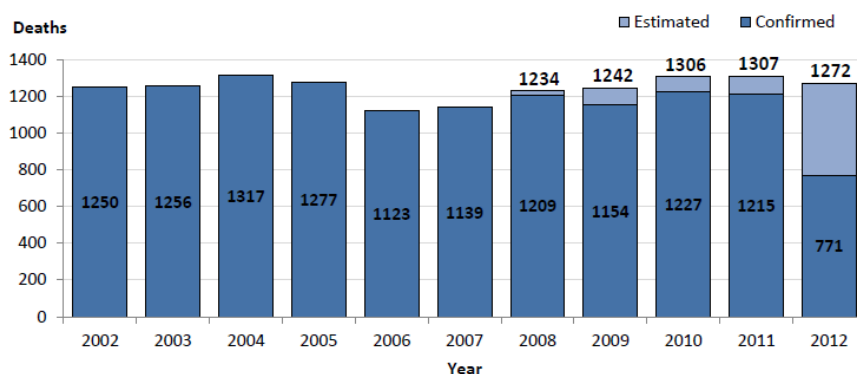
Figure 2: Suicides (Death rates from Intentional Self-harm and Injury of Undetermined Intent by gender, England, 2015



People in contact with mental health services

1.8. The Statistical Update on Suicide records that in 2012 there were 1,272 estimated suicides by people in contact with mental health services in the year prior to death (fig. 3)(DH, 2015; p7). Although for those in receipt of mental health services the actual rates of suicide appear to be falling they are still high. Overall the suicide rate for mental health service users is 87 per 100,000, compared to 8.8 per 100,000 in the general population (National Confidential Inquiry into Suicide and suicide in people with mental illness, 2015, p20). Although people in contact with mental health services are at particularly high risk of committing suicide, most suicides actually occur in people who have not been in contact with mental health services in the previous 12 months.

Figure 3: Suicides by people in contact with mental health services (in 12 months prior to death), England 2002 - 2012*



* The estimated figures provide the most accurate estimate of the number of cases expected. The projected figure may change as data becomes more complete.

Source: National Confidential Inquiry into Suicide and Homicide by people with mental illness

Methods of suicide

1.9. Hanging (including strangulation and suffocation) is the most common method of suicide for both sexes, (57 per cent for males; 41 per cent for females).¹ The second most common method for both groups is drug poisoning.

National strategic context

1.10. The Government's *Preventing Suicide in England* strategy sets out six priorities for action:

1. Reduce the risk of suicide in key high-risk groups;
2. Tailor approaches to improve mental health in specific groups;
3. Reduce access to the means of suicide;

¹ It has been considered that the gender differences in suicide may have been attributable to the different choice of methods between males and females. With males choosing hanging, this method was more likely to result in death than drug poisoning. With hanging now being the most frequent method of suicide for females (although still less frequent than males), it is unlikely that this fully explains the difference.

4. Provide better information and support to those bereaved or affected by suicide;
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour;
6. Support research, data collection and monitoring.

The Government produces an annual report to review progress against the strategy, most recently *Preventing suicide in England: Third progress report (2017)*.

1.11. The Department of Health and NHS England published *Future in Mind – Promoting, protecting and improving our children and young people’s mental health and wellbeing* in March 2015. This identified five themes for the creation of a system that properly supports the emotional wellbeing and mental health of children and young people:

- Promoting resilience, prevention and early intervention;
- Improving access to effective support – a system without tiers;
- Care for the most vulnerable;
- Accountability and transparency;
- Developing the work force.

Future in Mind makes limited direct reference to suicide, but does note the rising numbers of young people presenting with self harm.

1.12. In February 2016, NHS England published the *Five Year Forward View for Mental Health*, following a review by an Independent Mental Health Task Force; this was followed in July 2016 by *Implementing the Five Year Forward View for Mental Health*.

1.13. The *Five Year Forward View for Mental Health* highlights a range of actions that should be taken to reduce suicide:

- Improving the seven day crisis response service across the NHS will help save lives as a major part of a drive to reduce suicide by 10% by 2020/21.
- The Department of Health, PHE and NHS England should support all local areas to have multi-agency suicide prevention plans in place by 2017, reviewed thereafter and supported by new investment (Recommendation 2).
- NHS Improvement and NHS England with PHE should identify what steps services should take to ensure that all deaths by suicide across NHS-funded mental health settings, including out-of-area placements, are learned from, and to prevent repeat events. This should build on insights through learning from never events, serious incident investigations and human factor approaches. The CQC should then embed this information into its inspection regime (Recommendation 57).

1.14. The implementation plan explains that, nationally, a further £25 million will be made available over the period to 2020-21 to support suicide prevention directly (£5 million in 2018-19, £10 million in 2019-20 and £10 million in 2020-21). It also expects the wider investment in mental health to have a positive impact on suicide rates.

- 1.15. The National Confidential Inquiry published *Making Mental Health Care Safer – Annual Report and 20 Year Review* (2016). It concludes that the number of suicides by mental health patients in the UK has increased in recent years. Suicide by mental health inpatients continues to fall, and there are now around three times as many suicides among patients in contact with Crisis Resolution and Home Treatment Teams (CRHTs). A third of CRHT patients who died of suicide had been under the service for less than one week, a third had been discharged from hospital in the previous two weeks and 43% lived alone.
- 1.16. The National Inquiry also found that over half of patients who died by suicide in the UK had a history of drug and alcohol problems, 13% had experienced serious financial difficulties in the previous three months, and 5% had been living in the UK for less than five years. Certain risk factors had become more common as antecedents for suicide in the last twenty years, including isolation, economic adversity, alcohol and drug misuse and recent self-harm. Non-adherence to medication is becoming less common as an issue.
- 1.17. In December 2016, the Health Select Committee published an interim support on suicide prevention to inform government thinking on a refresh of the national suicide prevention strategy. It highlighted five key areas for consideration:
- *Implementation*, arguing that the Government’s 2012 strategy had been characterised by inadequate leadership, poor accountability and insufficient action;
 - *Services to support people who are vulnerable to suicide*, including wider support for public mental health and wellbeing and targeted support for at risk groups;
 - *Adoption of consensus statement on sharing information with families* with better training for professionals;
 - *Timely and consistent data*, to enable swift and appropriate responses (e.g., to suicide clusters or new methods of suicide);
 - *Media*, including working more effectively with media breaches of reporting guidelines and looking at changes to restrict access to potentially harmful internet sites and content.
- 1.18. The interim report helpfully distinguishes three groups of people at risk of suicide:
- *Those not in contact with services*, who would benefit from greater emphasis on public mental health and wellbeing, and with a significant role for ‘non-traditional’ settings and the voluntary sector;
 - *People in contact with primary care*, with a need for training and support for GPs;
 - *Patients discharged from inpatient mental health care*, who should receive follow up support within three days, and not the current ten.

National guidance and best practice

- 1.19. Public Health England has recently published a number of resources to support evidence-based practice; see section 8 Resources:

- 1.20. The National Confidential Inquiry *Annual Report and 20 Year Review* (2016) identifies ten key elements of safer care in mental health services and a further four for safer care in the wider health system.
- 1.21. The National Institute for Health and Care Excellence (NICE) is currently developing guidance on *Preventing Suicide in Community and Custodial Settings*, with an expected publication date of May 2018.
- 1.22. The Centre for Mental Health's *Aiming for Zero Suicide* report (2015) provides a review of research evidence on suicide prevention. It concludes: 'there is clear evidence that there are medical and psychological interventions which can be very helpful to individuals who have considered or attempted to end their own lives. However, the evidence of effective interventions designed to reduce the overall suicide rate across a whole population is sparse and largely inconclusive'.

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3. Local Context

“A young woman has alcohol dependency, anxiety and depression, and has accessed many services. These included the Cedar ward in Rochford, various rehabs, detox centres, Alcohol & Drug Addiction Service (ADAS) in Harlow, Accident & Emergency departments (A&E), Crisis teams, GPs, medication and various therapies. She has used these therapies fairly recently and has now been sober for several months. She said that she relapses fairly regularly and has previously been sectioned. She feels support is lacking. She says that due to her eye contact and friendly nature she isn’t believed and her condition and thoughts of suicide are overlooked.”

Case Study from Healthwatch 666 Report

- 3.12 The geography and organisational structure across wider Essex is complex. There are three local authorities, seven CCGs, two mental health trusts that are in the process of merging into a single trust, three adult safeguarding boards, three children’s safeguarding boards, and one police authority, one Police and Crime Commissioner, a category B prison and three Healthwatches. To further complicate the picture, Essex is covered by three NHS Sustainability and Transformation footprints (including two with other county councils).

Sustainability and Transformation Plans

- 3.13 NHS England now requires every health and care system in England to produce a multi-year Sustainability and Transformation Plan (STP) showing how local services will develop and ensure their sustainability over the next five years. To deliver these plans local health and care systems are divided into 44 STP ‘footprints’. The three ‘footprints’ for Essex are: Mid and South Essex, North Essex and Suffolk, and West Essex and Hertfordshire. STP plans have been produced for each of these areas with more detailed operational plans to follow.

The Mid and South Essex Success Regime STP plan has identified reducing suicide and self-harm as one of three key priorities for mental health given higher than average rates of suicide in the county. The West Essex and Hertfordshire STP plan identifies taking forward a multi-agency approach to suicide as a priority for promoting improved mental health. The Suffolk and North East Essex STP plan indicates a whole system approach to the delivery of specific services such as crisis mental health care and suicide prevention.

Adult Mental Health and Wellbeing

The *Southend, Essex and Thurrock Mental Health and Wellbeing Strategy 2017-2021* was launched in 2017. The strategy includes a chapter on suicide prevention and has included a commitment to reduce suicide rates by 10% against the 2016-17 baselines by 2020-21 in line with the national ambition set out in NHS England’s *Five Year Forward View for Mental Health*. It also considers the

particular challenges and opportunities for suicide prevention interventions within particular areas of practice, including perinatal mental health and working with people with personality disorders.

Children & young People's Mental Health and Wellbeing

A new Emotional Wellbeing and Mental Health Service (EWMHS) was launched in November 2015. The new service has brought together the seven Clinical Commissioning Groups (CCGs) and the three local authorities in a single 'collaborative commissioning forum' with responsibility for all targeted and specialist support including a unified crisis response across Southend, Essex and Thurrock, with delivery led by a single provider (NELFT).

The same partners have developed a Local Transformation Plan – *Open up, Reach out* - as part of the national *Future in Mind* initiative to improve the mental health and emotional wellbeing of children and young people. *Open Up, Reach Out* recognises that 'the risk of suicide and self-harm is one of the major concerns of children and young people, families, carers and school staff'.

Priorities for self-harm and suicide reductions includes support with dedicated people in locality teams who have particular skills in suicide prevention and managing self-harm;

Crisis Care Concordat

The 2014 Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis.

The Concordat focuses on four main areas:

- Access to support before crisis point – making sure people with mental health problems can get help 24 hours a day and that when they ask for help, they are taken seriously.
- Urgent and emergency access to crisis care – making sure that a mental health crisis is treated with the same urgency as a physical health emergency.
- Quality of treatment and care when in crisis – making sure that people are treated with dignity and respect, in a therapeutic environment.
- Recovery and staying well – preventing future crises by making sure people are referred to appropriate services.

Although the Crisis Care Concordat focuses on the responses to acute mental health crises, it also includes a section on prevention and intervention. Rather than replacing existing guidance, it was designed to provide a framework on which to build further action. The full document can be viewed here: http://16878-presscdn-0-18.pagely.netdna-cdn.com/wp-content/uploads/2014/04/36353_Mental_Health_Crisis_accessible.pdf

Locally, the Crisis Care Concordat agreement is actioned through separate Crisis Concordat Groups across the different health, i.e. CCG geographies.

The North Essex Crisis Care Concordat Action Plan includes a comprehensive set of actions to deliver suicide prevention to primary care, secondary care and the emergency services. It highlights the importance of working with the British Transport Police regarding suicide prevention, including 'daily updates of suspicious activity of identified persons on the railways or near to'.

The SW Essex Crisis Care Concordat Action Plan (2014) highlights the need to involve British Transport Police in suicide prevention projects, and this work has since been taken forward.

The South East Essex Crisis Care Concordat Action Plan (2014) includes a number of actions and outcomes on suicide prevention, including:

- Developing a 'commissioning for prevention' approach with public health;
- Improving early intervention in psychosis services;
- Working with British Transport Police and other relevant agencies to reduce risk.

A Pan Essex System Preparedness Plan has been developed collaboratively by representatives of the 7 Essex CCGs, 3 Local Authorities, 5 Acute Trusts, 2 Mental Health Trusts, Ambulance Service Trust and Essex Police in response to the proposed amendments of the Mental Health Act (1983) by the Policing and Crime Bill (2016).

Safeguarding

Children's Safeguarding

Children's' safeguarding is a mandatory duty for local authorities, covered across Essex by three separate Children's' Safeguarding Boards for Southend, Essex and Thurrock residents. Despite boards being arranged by local authority/ resident geography, SET safeguarding procedures are agreed to provide continuity of systematic process across the greater Essex patch.

A Strategic Child Death Overview Panel for Southend, Essex and Thurrock supported by five local Child Death Review Panels is responsible for reviewing the deaths of any children - including deaths as a result of suicide - normally resident in the Greater Essex area, with a responsibility for: reducing the numbers of deaths; identifying matters of concern affecting the safety and welfare of children; identifying wider public health or safety concerns; and undertaking a co-ordinated agency response to all unexpected deaths of children.

The Essex Safeguarding Children Board has produced a Prevention of Youth Suicide Guidance Toolkit for Schools for use by professionals working with children and young people, which is being

reviewed.² As part of the development and roll out of the Toolkit, the ESCB supported workshops with 'Stay Safe' groups on teenage suicide, and quadrant based Case Review Learning Events on suicide among young people. Supplementary self-harm guidance is also currently in development.

Adults Safeguarding

The Care Act 2014 requires that all local authorities establish a Safeguarding Adults Board to oversee the work of agencies within its area to ensure that they are working effectively to prevent abuse and neglect of adults at risk. The aim of the SABs is to ensure the effective co-ordination and delivery of services to safeguard and promote the welfare of at risk adults in accordance with the Care Act 2014 and the accompanying Statutory Guidance.

Adults safeguarding is less formally regulated, since only specific groups of adults are deemed vulnerable. Across Southend, Essex and Thurrock the SABs mirror the functionality of the Children's Boards to optimise safeguarding procedures and share lessons learned around incident review. The SABs has a broad membership including statutory, voluntary and independent organisations.

The SABs meet regularly and receives leadership and support from an Executive Group and Operational Group that have different roles to ensure that abuse and neglect are prevented.

Board members work together to ensure that all organisations that buy services for, or provide services to adults at risk have effective policies and procedures in place to prevent abuse and neglect, and to respond appropriately and quickly when things do go wrong.

All of the Board's decisions and actions are carried out with the Six Safeguarding Principles in mind: Empowerment, Prevention, Proportionality, Protection, Partnership and Accountability.

Mid Essex Suicide Prevention Pilot

The Mid-Essex Suicide Prevention Project is one of a group of four pilots led by the East of England Strategic Clinical Network. It was set up in 2013 and is based on a 'Zero Suicide' approach pioneered by Dr Ed Coffey in Detroit.

The Zero Suicide initiative is one of six programmes of work explored in the ECC/Public Office report, *Hope for Better Mental Health – Exploring Co-Production and Recovery*, which considers initiatives 'in which recovery and co-production are combined with powerful results in the form of radically improved outcomes for service users'.³

² ESCB (2015), [Prevention of Youth Suicide Guidance Toolkit for Schools](#).

³ ECC/The Public Office (2015), [Hope for Better Mental Health – Exploring Co-Production and Recovery](#).

Role of the voluntary and community sector

A range of voluntary and community sector organisations provide services to people known to have mental health problems, including those who may be at risk of suicide, as well as individuals and families experiencing other problems that may heighten risk (e.g. drug and alcohol problems or debt). These organisations include the Citizens Advice Bureau (CAB), Depression Alliance, MIND, Open Door, Open Road, Phoenix Futures, and the Samaritans.

The Recovery College <http://inclusionthurrock.org/recovery-college/> is a partnership between Inclusion Thurrock (part of the NHS), Thurrock Mind (a charity with a proud tradition of helping those experiencing difficulties with their mental health), and the students of the college. The Recovery College is about providing educational courses to promote mental wellbeing.

Thurrock have a pilot project in conjunction with St Mungo's called Housing First which will look to prevent homelessness in a small referred group of residents who are referred. Prior history of self-harm/suicide attempts form part of the risk criteria to determine whether they are eligible for inclusion onto the pilot.

Local response to *Preventing Suicide in England*

In 2013 the All Party Parliamentary Group on Suicide and Self-Harm Prevention published its initial deliberations. This was followed by The All-Party Parliamentary Group (APPG) on Suicide and Self-Harm Prevention Inquiry into Local Suicide Prevention Plans in England 2015. The main recommendations from the latter were that all local authorities must have in place:

- a) Suicide audit work to in order to understand local suicide risk.
- b) A suicide prevention plan in order to identify the initiatives required to address local suicide risk.
- c) A multi-agency suicide prevention group to involve all relevant statutory agencies and voluntary organisations in implementing the local plan.

In response to these recommendations this document contains:

- a) The 2014/15 Southend, Essex and Thurrock Suicide Audit – summary in Section 4: Suicide audit and the full report published alongside this strategy.
- b) This report references key actions that have been identified as tackling suicide prevention – see section 5: Actions
- c) Recommendations around the governance for actions on suicide prevention – see section 7 of Recommendations.

4. Suicide audit

The full data report can be found in the SET suicide audit 2014/15 report that will be published alongside this strategy. Key findings are presented here.

Demographics

Approximately 73% of suicide cases were male, with approximately 27% being female. Most deaths occur in the age range 40-49 and 50-59 although Southend has a peak in 30-39 and Thurrock in the 20-29 year age groups. It is difficult to extrapolate on ethnicity as this was frequently not recorded.

Means of Death

Hanging and poisoning were the most common means of death for men and women respectively; this is slightly contrary to the national picture where hanging is usually most common for both sexes, and locally may reflect the high incidence of poisoning seen in Southend.

Suicide Locations

Place of death is defined by the location where the person was officially pronounced dead. Most deaths take place at home; however, of the audited deaths, a number died elsewhere in incidents involving open water, railway lines, or open spaces such as farm or field, and a few died in hospital after being conveyed there after an episode of injury elsewhere.

We did not explore death by suicide related to deprivation mapping postcode to ward and deprivation score; wards with higher deprivation scores are more likely to have higher rates of death by suicide.

Suicide and access to healthcare

Data completeness in the coroner's report meant that it was not always possible to be sure whether someone had or had not been seen recently by healthcare services such as mental health, GP or A&E.

Where records were available, the local picture is similar to the national in that a significant number are in current contact or known to mental health services within the last 12 months. The most common mental health conditions were depression and anxiety, with a smaller number of people diagnosed with Bipolar affective disorder or schizophrenia/ personality disorder.

In general practice, this contact may have been for reasons of mental health, physical health or simply a routine appointment, and represents an opportunity to recognise and offer support.

Very few had a record of contact with A&E but that may reflect data completeness.

Clinical and social factors

Where available in the record we were able to note factors such as bereavement, financial issues, forensic history, physical illness and disability, and relationship issues. All were prevalent in the deaths reviewed with illness and financial issues the most common. A small but significant number had a recorded history of misuse of drugs and/or alcohol. The highest number lived alone and a number had a shared living situation (living with friends, living in a hostel or another form of house-share).

Suicide in young people

The Southend Essex & Thurrock Strategic Child Death Overview Panel commissioned a review to explore what further actions SCDOP can take to reduce the risk of youth suicide in SET areas. Membership of the Group was made up from representatives of the Child Death Overview Panel and representatives of partner agencies

A summary of each of the 11 cases over the last 3 years was reviewed with a focus on the last 6 cases which occurred over the last 12 months.

Key findings and conclusions:

- Most of the young people were not previously known to services. In some cases the young people had been noted by their family as appearing happy and behaving normally on the day of the suicide. The time between making the decision and carrying out the attempt may be very short, 10 minutes to one hour. Boys, especially, are liable to act impulsively.
- Hanging was the means of death for 10 of the 11 young people (poisoning accounting for the other).
- It was not always clear whether death was the intention, or whether accidental or a fatal self-harm episode.
- Need to build resilience and problem solving strategies for young people
- Online support is key for children and young people. Appropriate support needs to be easy to find but it is difficult to ensure that the right pages appear at the top of the list when using online search facilities.
- Youth champions within schools could be used as young people will often talk about their concerns to peers first, before teachers or professionals.
- The involvement in suicide prevention work by schools who have had experience of supporting staff, children and families following the suicide of a child would be useful. It is felt that the schools involved would be keen to engage.

5. Tackling Suicide prevention in Southend, Essex and Thurrock

‘There is a certain attitude amongst professionals that “you can’t stop people killing themselves”. It’s pervasive. There is also a feeling that you shouldn’t involve families and carers and that you shouldn’t talk openly about suicide because it gives people ideas and makes them more likely to attempt suicide. This just isn’t the reality. Doing something is better than doing nothing’.

Strategic Lead, Zero Suicide from ECC/Public Office *Hope for Better Mental Health*

Preventing Suicide in England identified six key areas for action to support delivery of the objectives:

- 1 Reduce the risk of suicide in key high-risk groups
- 2 Tailor approaches to improve mental health in specific groups
- 3 Reduce access to the means of suicide
- 4 Provide better information and support to those bereaved or affected by suicide
- 5 Support the media in delivering sensitive approaches to suicide and suicidal behaviour
- 6 Support research, data collection and monitoring

This section signposts the key partnerships, agencies, strategies and actions which have relevance for suicide prevention across wider Essex. This summary of local action should be read in conjunction with the full strategies and action plans; these include both generic and suicide prevention specific actions from the most relevant strategies and action plans.

There are other actions not noted here that reflect the responsibilities of various agencies on social determinants of suicide risk such as debt, employment & the economy, housing; these actions primarily focus on achieving other outcomes but which have the additional benefit of reducing the risk of suicide.

Southend Essex and Thurrock Mental Health Strategy 2017 – 2021

This strategy has been developed collaboratively by the three local authorities (Southend, Essex and Thurrock) and seven clinical commissioning groups across Greater Essex. The implementation plan is currently in development across key areas of children & young people, perinatal mental health, adults common mental health problems, adults community mental health, adults acute and crisis, health and justice, adult secure pathways, and suicide prevention; there is a supportive piece on communications and engagement. The plans are being overseen by an implementation group.

In addition, the CCGs have quality and performance oversight of Essex Partnership University Trust; this will include their oversight of any CQC inspections including any remedial plans to address suicide risks in inpatient settings.

Under the Crisis Concordat, a Pan Essex System Preparedness Plan has been developed collaboratively by representatives of the 7 Essex CCGs, 3 Local Authorities, 5 Acute Trusts, 2 Mental Health Trusts, Ambulance Service Trust and Essex Police in response to the proposed amendments of the Mental Health Act (1983) by the Policing and Crime Bill (2016).

Collaborative Commissioning Forum for the Emotional Wellbeing and Mental Health of Children and Young People in Southend, Essex and Thurrock *Open Up Reach Out – transformational plan for emotional wellbeing and mental health of children and young people in Southend Essex and Thurrock 2015 - 2010*

https://www.essex.gov.uk/Documents/Full_version_Open_up_Reach_out_v17.pdf

This strategy has been developed collaboratively by the three local authorities (Southend, Essex and Thurrock) and seven clinical commissioning groups across Greater Essex.

NHSE and Chelmsford Prison Health and Social Care Partnership Board is accountable for delivery of care in Chelmsford Prison including response and actions relating to investigations of suicide in Chelmsford Prison.

Southend Essex and Thurrock Domestic Abuse Strategic Board has produced its strategy which aims to assist partnerships and agencies across Greater Essex in delivering appropriate joined up responses to those affected by domestic abuse.

[http://dnn.essex.gov.uk/Portals/68/Professionals/Domestic%20Abuse/2015%2009%2024%20Essex%20DA%20Strategy%20\(1\).pdf](http://dnn.essex.gov.uk/Portals/68/Professionals/Domestic%20Abuse/2015%2009%2024%20Essex%20DA%20Strategy%20(1).pdf)

The three local authorities have different discrete treatment systems for the management of drugs and alcohol services; the quality of substance misuse services are governed by PHE.

In Essex, the system operates a 'no wrong door' approach. The key point of contact for all individuals, professional and or public, is the Choices service, provided by Open Road and the Children's Society. Contact details are: 0844 499 1323 and Choices sites are located in all of the key urban centres across Essex.

Network Rail will notify and work with the local authorities where three or more suicidal incidents have occurred at any local stations within 12 months (suicides or injurious attempts). Network Rail has key partnerships with British Transport Police and the Samaritans.

<https://www.networkrail.co.uk/communities/safety-in-the-community/suicide-prevention-railway/>

The Essex Civilian Military Partnership Board, established as part of the commitment to the Essex Armed Forces Community Covenant, is organised around 5 key pillars — Health and Wellbeing, Economy and Skills, Safer and Stronger Communities, Education, Children and Young People, and Environment and Infrastructure - each of which addresses key suicide risk factors.

Thurrock has set up a Suicide Prevention Multi-Agency Group (SPMAG). The group will play an active role in developing a local strategy and action plan. The group is comprised of key partner organisations and stakeholders and reports to The Thurrock Health and Wellbeing Board. Emotional health and wellbeing is included in Thurrock Council's Health and Wellbeing Strategy (2016-21).

1. Reduce the risk of suicide in key high-risk groups

The key high risk groups include:

- Young and middle aged men
- People in the care of mental health services, including inpatients
- People with a history of self-harm
- People in contact with the criminal justice system
- Specific occupational groups, such as doctors, nurses, veterinary workers, farmers and agricultural workers

The audit data (see section 4 above for summary, full report published alongside this strategy) shows a higher than expected risk for young and middle age men with Thurrock and Southend and in older age groups in Essex. The audit showed the expected pattern of in care of mental health services, history of self-harm and contact with the criminal justice system. Data on occupation is available for suicide deaths in Southend, Essex and Thurrock but has not yet been analysed for this report as the focus was predominantly on employment status rather than specific occupations per se; the specific at risk occupations did not present within the audit although this may simply be due to small numbers (unreported data).

The Community Resilience Fund was used to launch the Essex Shed Network facilitated by Maldon CVS <https://essexshednetwork.wordpress.com/>. Active Essex including, Active Thurrock and Active Southend, are supporting local organisations to bid for funding for young people and disadvantaged communities. Initiatives such as these aim to reach out to men who do not typically engage with health and care services.

The Southend, Essex and Thurrock Mental Health strategy outline the actions and intentions to improve mental health and wellbeing locally. Various chapters of that strategy describe the efforts of the health and care system and wider partners to improve mental health services and outcomes across Greater Essex; these actions will have a positive impact on suicide prevention as a key outcome of success. These chapters outline action to target specific at risk groups as well as general improvements in health and wellbeing across the population. The chapters specifically highlight people in the criminal justice system in addition to the general population. What is less clear is how interventions may need to be further tailored for different groups.

Essex Partnership University Trust (NEP and SEPT trust merger from 1st April 2017) have produced actions in response to CQC inspection recommendations as to environment and safety e.g. addressing ligature risks.

The criminal justice system has a responsibility for risk assessment for those it comes into contact with. The prison, police and the probation / community rehabilitation services have risk assessment processes in place to inform custodial, sentencing and release plans with repeat assessment for significant changes in circumstances. Staff are not specifically trained in mental health although they do have training in safeguarding and core competence in risk assessment and management. There are recommendations in place on safe environments to minimise risk; The Pan Essex

Preparedness Plan addresses place of safety and Chelmsford prison has an action plan in place following recent inspections.

The Essex Rural Partnership is an opportunity to raise the profile of suicide risks in specific occupational groups such as farmers and agricultural workers.

Within the health care system, there are targets and incentives around staff mental health and wellbeing. Local Public Health teams are developing initiatives around healthy workplaces and workforce.

2. Tailor approaches to improve mental health in specific groups:

The additional specifically identified groups are:

- Children and young people, including those who are vulnerable such as looked after children, care leavers and children and young people in the Youth Justice System
- Survivors of abuse or violence, including sexual abuse
- Veterans
- People living with long-term physical health conditions
- People with untreated depression including perinatal depression
- People who are especially vulnerable due to social and economic circumstances
- People who misuse drugs or alcohol
- Lesbian, gay, bisexual and transgender people
- Black, Asian and minority ethnic groups and asylum seekers

A new emotional wellbeing and mental health service for children and young people was launched locally in 2015. All targeted and specialist services across wider Essex are now delivered by one organisation with locality-based teams managing local services, as well as working with schools, children centres and the voluntary, community and social enterprise sector (VCSE) on universal support and NHS England on acute services. Risk avert - which is being delivered in 30 Essex schools - supports young people to build resilience, learn skills to manage risk and become more connected at school.

Open up, reach out – Transformation plan for the emotional wellbeing and mental health of children and young people in Southend, Essex and Thurrock includes a specific commitment to work together with the local safeguarding children boards, local authorities and local schools.

The Children and Young People's Plan for Essex launched in 2016 includes a range of further actions to address risk and build resilience, with a particular focus on the most vulnerable <http://www.escb.co.uk/Portals/67/Documents/C%20and%20YP/ECC%20Children%20Young%20People%20Plan.pdf>

The ECC Children's' Mental Health Commissioner leads the strategic integration of mental health across children's settings on behalf of 7 CCGs and 3 local authorities. Prevention of Youth Suicide Guidance Toolkit for Schools was recently developed which now sits with the Essex Children's' Safeguarding Board to drive consistent countywide implementation. A supplementary self-harm guidance is also currently in development. New digital resources are being explored to complement the delivery of this agenda across all children's settings, including education.

The Essex Civilian Military Partnership Board, established as part of the commitment to the Essex Armed Forces Community Covenant, is organised around 5 key pillars — Health and Wellbeing, Economy and Skills, Safer and Stronger Communities, Education, Children and Young People, and Environment and Infrastructure - each of which addresses key suicide risk factors. There is a North Essex Veterans Mental health Network and the existing Veterans First service has been replaced by the newly launched national Veterans' Mental Health Transition, Intervention and Liaison Service.

CCGs are increasingly targeting the provision of IAPT (improving access to psychological therapies) to those with long term physical illness.

The development of a new, integrated 0-19 service provides an opportunity to review and develop the role of health visitors and other key professionals in identifying mothers who may be experiencing perinatal mental health issues. New funding has been secured for mental health midwives.

Ongoing monitoring of drug related deaths/ serious untoward incidents and the associated learning outcomes inform service development to address effective identification and support as part of the suicide prevention agenda. ECC operates a confidential enquiry process into drug related deaths and on a quarterly basis reviews possible trends and root causes to ensure that system-wide learning is disseminated and implemented where required.

The suicide audit showed the expected national trends of the majority of suicides occurring in people not known to mental health services but experiencing everyday pressures of social, personal and financial vulnerability. Agencies such as job centres/ DWP, Citizens advice bureaus, faith groups etc are all key points for a making every contact count approach. Further work may be needed to develop the role of these agencies in the suicide prevention agenda.

There were some noticeable gaps. The suicide audit noted poor recording on some characteristics including ethnicity & sexual orientation, and it is unclear how services account for equality and diversity and the specific needs of those with protected characteristics. It has been noted nationally about immigrants as an emerging risk group; we were unable to determine any local patterns within the audit as the data was insufficient to analyse this characteristic.

In 2013, the East of England Strategic Clinical Network established the 'zero suicide' programme in our region, with Mid-Essex CCG selected to lead the pilot in Essex, one of four across the region. These pathfinder initiatives have had a particular focus on reaching out beyond the 'usual suspects' to engage the widest range of partners in suicide prevention, including coroners, librarians, gym staff, housing association staff, publicans, social care assistants, paramedics, faith groups, Football Association Staff, CCG employees, private security staff and the British Transport Police. The Mid-Essex pilot had a particular focus on:

- Developing training programmes for third sector and voluntary organisations; and
- Training community nurses, primary care staff, GPs, police, British Transport Police, drug and alcohol staff and paramedics.

3. Reduce access to the means of suicide:

The majority of suicides reviewed in the audit were by means of hanging, usually in the home but sometimes in more public places. Jumping, firearms and asphyxiation were rarer means of suicide locally.

Secured placements - including criminal justice custody and mental health inpatient settings – have clear guidance about environmental safety planning. There is a role for environmental planning for the local authorities, and Community Safety Partnerships produce community safety plans which are an opportunity to explore further opportunities to address physical locations as means of suicide.

Network Rail will notify and work with local authorities where three or more suicidal incidents have occurred at any local stations within 12 months (suicides or injurious attempts). Each station will be assessed and physical and psychological barriers to be considered as part of a layered approach to mitigations. Network Rail will increase the opportunity and capacity for interventions e.g. continue to provide 'Managing Suicidal Contacts' training to all staff; increase opportunities for help seeking by suicidal individuals; ensure Samaritans signs are in stations particularly at specific access points with additional posters and cases made available and displayed at stations and Samaritans material displayed within waiting rooms; and seek other opportunities such as digital media. Network Rail are particularly keen to change the public image of such sites and work with local media to ensure they are aware and work within the Samaritans media guidelines (see area action 5 below).

The audit also identified waterways as a chosen location; there is a noticeable lack - nationally and locally - about the role of the Maritime and Coastguard Agency and RNLI, similar to that of Network Rail. The RNLI are keen to explore their community safety role further.

Prescribing for substance misuse is via EPUT or GPs who have to work to national and local guidance; this ensures that new or unstable patients are prescribed the medication as supervised consumption. Whilst most patients would come off supervised consumption after a few months those with more complex needs or lack of housing are kept on supervision to ensure they see a healthcare professional almost daily. All clients coming out of prison are given appointments in the community and put on a supervised consumption prescription. The Take Home Naloxone program has trained those who use drugs and their friends and family in using the injection so that if they see someone overdose they can administer Naloxone which reverses the overdose until a paramedic arrives.

4. Provide better information and support to those bereaved or affected by suicide:

It was recognized in the 2012 *Preventing Suicide in England strategy* that bereavement through suicide was an area poorly covered by previous suicide prevention strategies. Bereavement is also itself a risk factor for suicide. In addition, those affected by the loss of a loved one through suicide will have specific needs.

There are several bereavement charities and organisations, some of which specialize in helping those affected by suicide.

The agencies whose staff are most likely in contact with those deaths by suicide offer support to staff through debriefing, professional supervision and occupational health; these may not be comprehensive across all relevant agencies and uptake can be affected by a reluctance to seek help.

5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour.

It is known that the reporting of suicides by the media can promote other suicides – particularly using the same method or at the same location and that responsible reporting of suicide or reduced reporting can decrease suicides at frequently locations.

There are media guidelines on the reporting of suicide that set out clear instructions and recommendations on what an article should contain when it reports a death by suicide (see resources section 8).

6. Support research, data collection and monitoring.

The three local authority public health teams have completed an audit of 2014/15 deaths which is summarised in section 3 and full audit report appended to this strategy. Further work is needed locally to schedule more regular audit and surveillance.

Various agencies e.g. Network Rail & BTP, mental health trusts, prison, substance misuse services, undertake regular reviews of deaths within their services to understand root cause.

DRAFT

6. Suicide Prevention Group

In 2013 the *All Party Parliamentary Group on Suicide and Self-Harm Prevention* published its initial deliberations. This was followed by *The All-Party Parliamentary Group (APPG) on Suicide and Self-Harm Prevention Inquiry into Local Suicide Prevention Plans in England 2015*. The main recommendations from the latter were that all local authorities must have in place:

- a) Suicide audit work to in order to understand local suicide risk.
- b) A suicide prevention plan in order to identify the initiatives required to address local suicide risk.
- c) **A multi-agency suicide prevention group to involve all relevant statutory agencies and voluntary organisations in implementing the local plan.**

The intent of this Suicide Prevention Strategy - in this first year iteration – is to collate and cross reference the strategic intent and action plans of the various organisations and partnerships – many mentioned throughout this strategy – that have a role to play in suicide prevention across Essex.

The geography and organisational structure across wider Essex is complex. There are 3 local authorities, 7 CCGs, 2 mental health trusts, 3 adult safeguarding boards, 3 children’s safeguarding boards, one police authority, one Police Crimes Commissioner, three Healthwatches, etc. Essex is covered by 3 Sustainability & Transformation footprints (including two with other county councils) which may have implications for how organisations collaborate in the future.

Forums are variously organised on local government boundaries and/or pan CCG boundaries. Certain partner agencies, e.g. the police, cover wider Essex. As such, there is no one forum that encompasses the entirety of the suicide prevention agenda across wider Essex. Setting up a suicide prevention group – whilst focusing on the specific agenda - will not necessarily have robust governance and will have duplication of membership.

The approach taken in the strategy is to recommend that the actions are owned by the responsible organisations and partnerships, with annual oversight by the Health & Wellbeing Boards and an annual summit focused solely on suicide prevention. This recognises the complex geography of Southend, Essex and Thurrock with overlapping boundaries and jurisdictions which require both local and shared approach to suicide prevention.

This approach still allows for local flexibility whilst maintaining a pan Essex overview especially for those partners who cross local boundaries whether NHS or other.

7. Recommendations

In addition to the actions already intended by the relevant organisations and partnership forums, we have identified the following additional recommendations for action.

1: Reduce the risk of suicide in key high-risk groups

- 1.1 That organisations and forums undertake an impact assessment (similar to equality impact assessment) using the characteristics identified as high risk and apply to their current and intended interventions to ensure that each group has the best evidenced based targeted interventions
- 1.2 Explore feasibility of equipping people who are most likely to encounter people with mental health issues or suicidal thoughts with the skills and confidence to support them and to enable them to seek professional help (as per Zero Suicide initiative)

2: Tailor approaches to improve mental health in specific groups

- 2.1 As per recommendations 1.1, 1.2,

3: Reduce access to the means of suicide

- 3.1 That the intelligence task & finish group (see 6.1) check for possible frequently used locations
- 3.2 Explore further with the Maritime and Coastguard Agency and RNLI about deaths associated with our local waterways.
- 3.3 Explore further with Community Safety Partnerships actions to address any other frequently used locations.
- 3.4 Be prepared to convene task and finish group if a cluster of suicide deaths is identified.

4: Provide better information and support to those bereaved or affected by suicide

- 4.1 Information for those bereaved as a result of suicide should be made available through professionals and other organisations in first & follow up contact with bereaved people (Police Officers, prison staff, ambulance staff, coroners, GPs, death registration professionals and funeral directors etc).

5: Support the media in delivering sensitive approaches to suicide and suicidal behaviour

- 5.1 Design and delivery a comprehensive communications plan as part of the existing “Lets Talk About It” branding, with an intelligently mapped timeline (targeting known risk groups at times of high risk such as the start of school/ college terms, linking to national and local partnership campaigns).
- 5.2.a Ensure all professionals in contact with the media are aware of guidelines for reporting suicide.
- 5.2.b Liaise with local media to encourage reference to and use of guidelines for the reporting of suicide.

6: Support research, data collection and monitoring

- 6.1 A Task and Finish Group should be set up to design the audit schedule including the potential value of 'real time' surveillance and analysis of location/means to ascertain if any frequently used locations or emerging clusters.
- 6.2 Partners should be encouraged to respond to requests from the Office of the Coroner to provide the required data for inquests. In particular, capturing data on ethnicity is gaining importance as some other areas are observing trends in suicides in immigrants/white other categories which may indicate particular risks.
- 6.3 Organisations that experience deaths directly e.g. prisons, mental health services, rail, should share their thematic analysis of deaths for wider lessons learnt. We would also encourage GPs to review suicides as part of unexpected deaths audit to understand any lessons to be shared.

7: Planning and governance

- 7.1 That suicide prevention remains the business of the noted partnerships, with regular standing item (at a minimum annually) on suicide prevention
- 7.2 That each forum with a responsibility for suicide prevention nominates a member of that forum to be a suicide prevention champion
- 7.3 That we convene an annual summit of all partner agencies to review progress, which will report to the HWBs
- 7.4 That the Health & Wellbeing Boards hold the accountability for this multi- agency agenda and that they review progress on an annual basis

8. Resources

1. Reduce the risk of suicide in key high-risk groups

- Mental health of adults in contact with the criminal justice system (in development, due march 2017) <https://www.nice.org.uk/guidance/indevelopment/gid-cgwave0726>
- Preventing suicide in communities and custodial settings (in development, due 2018) <https://www.nice.org.uk/guidance/indevelopment/gid-phg95>

2. Tailor approaches to improve mental health in specific groups:

- The Risk Avert website is at <http://www.risk-avert.org/>
- The Essex Lifestyle Service website is at <http://www.essexlifestyleservice.org.uk/>The App can be downloaded at <https://itunes.apple.com/gb/app/lifestyle-essex/id967932040?mt=8>
- NICE guidelines (CG16) Self-harm in over 8s: short-term management and prevention of recurrence <https://www.nice.org.uk/guidance/CG16>
- NICE guidelines (CG133) Self-harm in over 8s: long- term management , <https://www.nice.org.uk/guidance/cg133>
- Department of Health and NHS England Future in mind: promoting, protecting and improving our children and young people’s mental health and wellbeing
- NICE guidelines (CG90) Depression in adults: recognition and management
- North Essex Veterans Mental Health Network <http://www.nevmhn.org.uk/>
- Preventing suicide among lesbian, gay and bi sexual young people: a toolkit for nurses; and Preventing suicide among trans young people <https://www.gov.uk/government/publications/preventing-suicide-lesbian-gay-and-bisexual-young-people>
- Sources of information and support for families, friends and colleagues who are concerned about someone who may be at risk of suicide https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/137640/Sources-of-information-and-support-for-families.pdf

3. Reduce access to the means of suicide:

- Preventing suicides in public places https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/481224/Preventing-suicides-in-public-places.pdf
- Identifying and responding to suicide clusters and contagion: a practice resource https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/459303/Identifying-and-responding-to-suicide-clusters-and-contagion.pdf

4. Provide better information and support to those bereaved or affected by suicide:

- Support after suicide: a guide to providing local services https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/582095/Support_after_a_suicide.pdf
- Support after suicide: developing and delivering local bereavement support services <http://www.nspa.org.uk/wp-content/uploads/2017/01/NSPA-postvention-framework-20.10.16.pdf>
- Help is at hand: support after someone may have died by suicide <http://supportaftersuicide.org.uk/help-is-at-hand/>

- <http://supportaftersuicide.org.uk/>
 - Guide to Coroners and Inquests and Charter for Coroner Services
 - The Inquest Handbook: A guide for bereaved families, friends and their advisors.
 - The Road Ahead... A guide to dealing with the impact of suicide, published by Mental Health Matters. www.mentalhealthmatters.com
 - Health talk online, a website where people can share experiences of ill health and bereavement, including bereavement by suicide. www.healthtalkonline.org
 - If U Care Share, a website and campaign organisation with links to sources of support. www.ifucareshare.co.uk
 - Winston's Wish, bereavement support for children and young people. www.winstonswish.org.uk/
 - Cruse Bereavement Care <http://www.cruse.org.uk/>
 - Survivors of Bereavement by Suicide, a self-help organisation to meet the needs and break the isolation of those bereaved by the suicide of a close relative or friend. www.uk-sobs.org.uk/
 - The Compassionate Friends, support for bereaved parents and their families after a child dies. www.tcf.org.uk/
- 5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour.**
- Samaritans media guidelines for the reporting of suicide and related resource materials <http://www.samaritans.org/media-centre/media-guidelines-reporting-suicide>
- 6. Support research, data collection and monitoring.**
- Suicide profile <https://healthierlives.phe.org.uk/topic/suicide-prevention> or <http://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide>

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Appendices

Appendix 1: Suicide definitions

A1.1 Most recent reports⁴ draw particular attention to the definition of suicide as currently used by the Office of National Statistics (ONS), which reflects the coding used by the WHO (ICD-10). Thus, the UK definition of suicide now includes death from: (a) intentional self-harm; (b) injury/poisoning of undetermined intent; and (c) as a secondary consequence ('sequelae') of intentional self-harm/event of undetermined intent.

A1.2 This definition will differ from a Coroner's verdict of suicide. Coroners record a verdict of suicide only when there is evidence beyond reasonable doubt that the injury was self-inflicted, and the deceased intended to take their own life (DH, 2015). Research studies tend to show that the majority of open verdicts are most likely suicides, although they do not meet the high legal standard of evidence required for a coroner to record a suicide verdict.

A1.3 In this paper we use the term suicide to refer to deaths from both intentional self-harm and injury or poisoning of undetermined intent (as adopted by the ONS).⁵

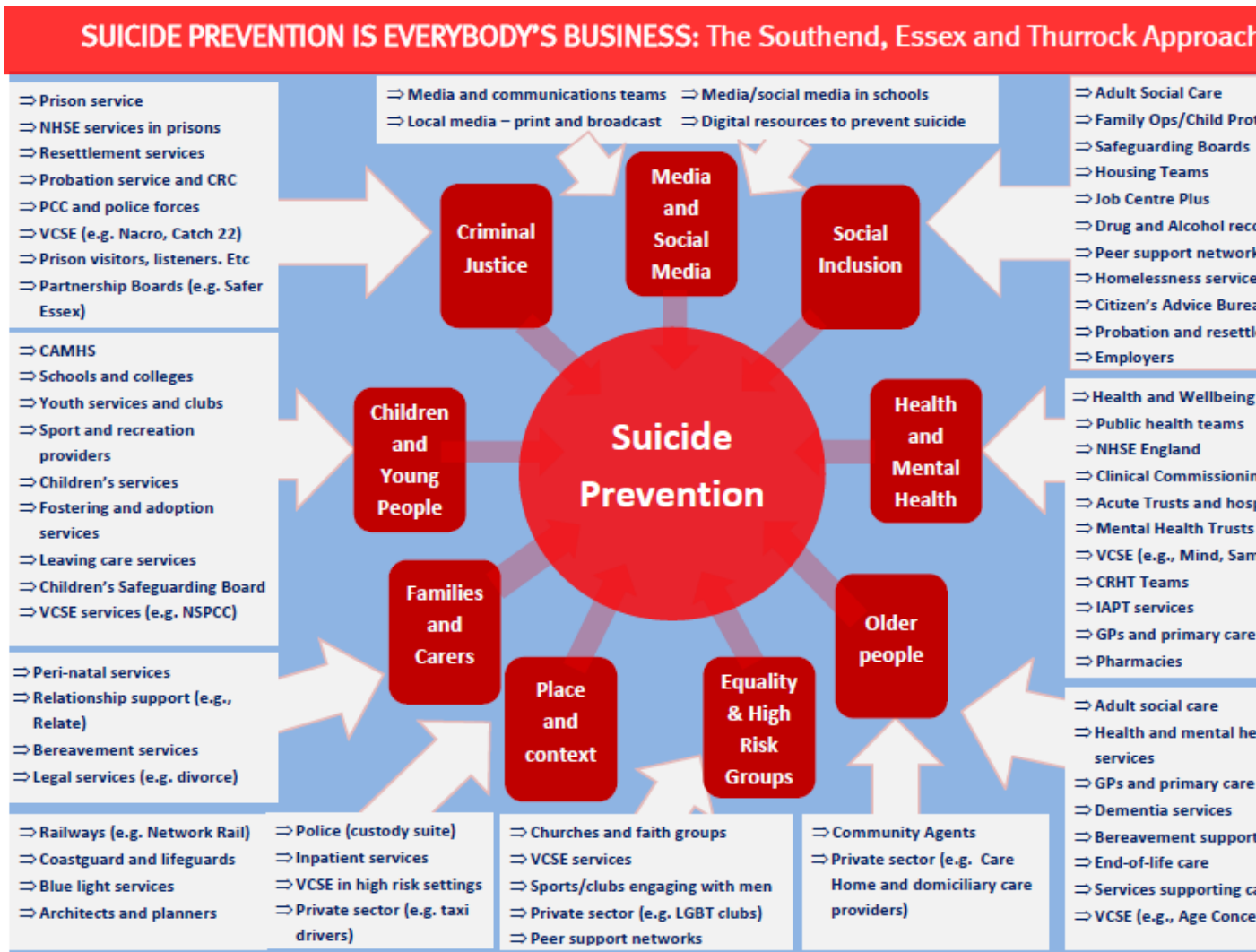
A1.4 It should be noted that suicides are recorded following inquest, and that inquests may not be conducted in the year of death. This will have an inevitable impact on the accuracy of statistical returns for any one year but is considered unlikely to have a great impact on the usability of UK suicide statistics.

A1.5 Note: The suicide rates presented by *The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness* (2015) (also used in this report) differ slightly from the ONS data.

⁴ Samaritans 2015; DH 2015

⁵ Some graphs, from sources other than ONS adopt different criteria (this is specified, where relevant).

Appendix 2: Suicide prevention is everybody's business



Southend-on-Sea Borough Council
Report of the Deputy Chief Executive
People
to
People Scrutiny Committee
on
10th October 2017

Report prepared by: Amanda Champ
School Performance & Improvement Group Manager (Interim)

Schools Progress Report
People Scrutiny Committee
Executive Councillor: Councillor James Courtenay
A Part 1 Public Agenda Item

Purpose of Report

- To inform members of the current position with regard to the performance of all schools, including those schools causing concern, and to update on known Academy developments.
- To update members with regard to the actions the Council is taking to support further improvements in schools.

Recommendation

- that members of the People Scrutiny panel note and approve the information in the report.

Inspections

In the period since the previous School Progress Report, the following Ofsted inspection visits have been undertaken

School	Date Report Published	Judgement	Length of Inspection	Date of Previous Inspection
Barons Court Primary	May 2017	Outstanding	15-16 th March	23 rd -24 th Feb 12. Outcome good
The St Christopher	July 2017	Outstanding	Short Inspection letter (8 th June)	Outstanding at previous inspection
Heycroft Primary	Sept 2017	Good	Short Inspection letter (5 th July)	12 th -13 th June 13 Outcome good

The profile of the number of pupils attending Good or Outstanding schools in the Borough remains high, currently at 85%. Several of the recent inspections, although very positive, have not affected this number.

Thirteen Southend Primary Schools are imminently due an Ofsted inspection. This is mainly due to the date of academy conversions which means most of these schools

are due their first inspection since gaining academy status. The Local Authority will be providing support for schools to prepare them for the requirements of the inspections.

Academies

We currently have 32 Academies (Federation of Greenways and PLT Campus counted as one school each) in Southend. Since January, the following schools have converted status:

- Bournemouth Park Academy
- PLT Southend Campus: Victory Park & Sutton House (formerly Seabrook College)
- Bournes Green Junior School
- Richmond Avenue Primary
- Lancaster School
- Kingsdown School
- St Nicholas School

We understand from the DfE that Futures College that the scheduled conversion on 1st November is now subject to further delay. Temple Sutton Primary School is potentially due for conversion January or February 2017 to join the Learning in harmony Trust.

School Performance and Improvement Strategy

A draft School Performance and Improvement Strategy is being drafted and was presented to School Performance sub group on 19.09.17 for comments and approval / amendments. The strategy sets out to define Southend Borough Council's process of support and intervention for schools and includes information on how we intend to monitor, challenge and support schools. The draft strategy will progress through the Council's governance procedures in due course.

As part of this strategy, each school in the Borough will receive the offer of a supportive review of performance by either an officer or a local Headteacher. This will allow greater "intelligence" of our schools, but also crucially allow us to understand better where the areas of best practice are within schools.

Diminishing the Difference (previously known as 'narrowing the gap') Pupil Premium Strategy

One area of school performance that remains stubbornly wide is the gap between disadvantaged pupils and their peers. We have received the final report from a consultancy company who were commissioned to undertake a diagnostic review of pupil premium provision in Southend Schools. A total of 21 schools took up the SBC funded offer to receive a half day visit. Implementation plans were co-authored by senior school staff and consultants. Key headline issues for SBC were identified as to:

- Further improve the quality of teaching so that all lessons are suitably differentiated and match the needs, interests and aspirations of all pupils;
- Develop highly personalised and bespoke interventions and support for the most complex cases; and
- Engage the most 'hard to reach' families to improve pupil attendance and increase engagement in learning

Phase two has commenced which will focus on the delivery of development and support for schools from two local Headteachers and the set-up of a pupil premium network.

Grammar School Strategy

The consortium of Selective Schools in Essex (CSSE) have confirmed that approx 200 additional applications (an improvement of 15%) have been received for Southend residents' postcodes SS0-9. There were 1422 applications for 2018 entry. Last year there were 1235 applications for 2017 entry and prior to this 1209 applications for 2016. Phase 2 is currently being planned and will include partnership work with schools as well as increased communications with potential applicants' families.

Overall performance of schools

A separate paper has been submitted to report on pupil outcomes at end of EYFS, KS1, KS2 and KS4. Overall, at all Key Stages, Southend schools continue to both improve and outperform against national benchmarks. Whilst we await the individual validated school results, we anticipate that Southend Borough as a whole will continue to improve its rankings nationally and in relation to our statistical and geographical neighbours.

Corporate Implications

Contribution to Council's Vision & Corporate Priorities

This report contributes to the Council's ambition that all schools will be good or outstanding.

Financial Implications

The work currently undertaken with school improvement is covered by the core staffing budget and the SLA with the teaching school alliance.

Legal Implications

None

People Implications

None

Property Implications

None

Consultation

None

Equalities and Diversity Implications

None

Risk Assessment
None

Value for Money

N/A

Community Safety Implications

None

Environmental Impact

None

Background Papers

None

Appendices

List of Southend Academies (as at 01/09/17)

Academy name	Date of conversion	Multi-Academy Trust	Single Academy
Belfairs Academy	01/06/2012	Legra Academy Trust	
Blenheim Primary and Nursery	01/09/2016	Learning in Harmony Trust	
Bournemouth Park Primary School	01/02/2017	Eastwood Park Academy Trust (EPAT)	
Bournes Green Infant	01/09/2016	Southend East Community Academy Trust (SECAT)	
Bournes Green Junior	01/08/2017	Southend East Community Academy Trust (SECAT)	
Cecil Jones Academy	01/09/2015	Legra Academy Trust	
Chase High School	01/04/2015	Brentwood Academies Trust	
Darlinghurst School	01/01/2014	Legra Academy Trust	
Friars Primary School and Nursery	01/09/2016	Portico Academy Trust	
Hamstel Infant School and Nursery	01/09/2016	Portico Academy Trust	
Hamstel Junior School	01/09/2016	Portico Academy Trust	
Hinguar Community Primary School	01/09/2016	Southend East Community Academy Trust (SECAT)	

Kingsdown School	01/09/2017	SEN Trust Southend	
Lancaster School	01/09/2017	SEN Trust Southend	
Porters Grange Primary School	01/04/2016	Portico Academy Trust	
Prince Avenue Academy & Nursery	01/04/2014	South East Essex Academy Trust (SEEAT)	
Richmond Avenue Primary and Nursery School	01/08/2017	Southend East Community Academy Trust (SECAT)	
PLT Southend Campus: Victory Park & Sutton House (formerly Seabrook College)	01/07/2017	Parallel Learning Trust (PLT)	
Shoeburyness High School	01/12/2011	Southend East Community Academy Trust (SECAT)	
Southend High School for Boys	01/02/2011		Southend High School for Boys Academy Trust
Southend High School for Girls	01/02/2011		Southend High School for Girls Academy Trust
St Bernard's High School	01/08/2011		St Bernard's High School
St Nicholas School	01/09/2017	SEN Trust Southend	
St Thomas More High School	01/08/2011		St. Thomas More High School
The Eastwood Academy	01/08/2011	Eastwood Park Academy Trust (EPAT)	
The Federation of Greenways Schools	01/10/2016	Learning in Harmony Trust	
The St Christopher School	01/03/2012	SEN Trust Southend (previously a single academy trust)	
The Westborough School	01/09/2010	The Challenger Multi Academy Trust	
Thorpedene Primary School	01/09/2016	Southend East Community Academy Trust (SECAT)	
Westcliff High School for Boys	01/09/2010		Westcliff High School for Boys
Westcliff High School for Girls	01/03/2011	South East Essex Academy Trust (SEEAT)	
West Leigh Junior School	01/04/2016	Portico Academy Trust	

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Southend-on-Sea Borough Council

Agenda
Item No.

10

Report of Chief Executive
to
People Scrutiny Committee
On 10th October 2017

Report prepared by:
Fiona Abbott

Scrutiny Committee - updates
A Part 1 Agenda Item

1. Purpose of Report

To update the Committee on a number of scrutiny matters.

2. Recommendation

That the report and any actions taken be noted.

3. East of England Ambulance Service

3.1 At the special Scrutiny Committee meeting in April representatives from health mentioned that the Ambulance Trust have offered the opportunity for members to visit the Operations Control Room at Broomfield, Chelmsford. It was also agreed that the Ambulance Trust be invited to a future meeting of the Committee when the STP / Success Regime is considered.

3.2 The visit took place on 7th September and 7 councillors and one of the co-opted members attended. The visit was hosted by Gary Baines, Sector Head of Service development, A&E Operations Mid and South Essex.

3.3 In July NHS England announced 'a new way of working for ambulance services'. A copy of the press release is attached at **Appendix 1**. The changes will be implemented in mid-October.

3.4 As the changes represent a significant change to the current system the Trust have been invited to the special meeting of the Committee which has been arranged for the evening of Wednesday 18th October 2017 to provide a presentation briefing on the developments and changes.

3.5 The other item of business on the agenda for the special meeting will be on the Mid and South Essex Sustainability and Transformation Partnership and also to seek approval to the establishment of a Joint Scrutiny Committee. Representatives from NHS England will also be attending the meeting.

4. Connecting communities to avoid isolation

4.1 At the meeting on the 11th July 2017, the Committee agreed that its in depth project for the current municipal year would be on the following topic – 'Connecting communities to avoid isolation' (Minute 170 refers).

- 4.2 The project team has held 1 meeting so far and the first evidence gathering session will be held on 16th October 2017. The Committee is asked to note the project plan attached at **Appendix 2**.

5. Other matters

- 5.1 IVF consultation – further to the special meeting on 18th September, NHS Southend CCG have advised that they have continued to publicise our IVF consultation and in the week following the meeting, had an additional 100+ responses to the survey. A further workshop was also planned for 5th October. The CCG will keep promoting the consultation to the end of October when it concludes.

- 5.2 Joint Committee - Complex Urological Cancer Surgery – last year the Committee was involved in a Joint Committee with Essex to consider NHS England's proposal for the reconfiguration of complex urological cancer surgery in the county of Essex. The Joint Committee met in September 2016 and attended by Councillors Nevin and Boyd and the outcome reported to the Scrutiny Committee in October 2016 (Minute 356 refers).

The Joint Committee held a 'virtual' meeting in May 2017 to follow up the recommendations. A letter was sent to NHS England and this is attached at **Appendix 3**. An update on Recommendation 7, regarding future anticipated investment, has been requested again and will be reported when it is received.

- 5.3 St Luke's and Shoebury Primary Care Developments – an update on both developments is attached at **Appendix 4** which the Committee is asked to note.
- 5.4 EPUT – the Committee will be aware that North Essex Partnership Trust and South Essex Partnership Trust merged to form the Essex Partnership University NHS Foundation Trust (EPUT) earlier in the year.

The Chairman was contacted by EPUT offering to meet to discuss the new clinical model for mental health services across the county. A briefing will be organised for members (date to be agreed) so the Trust can provide a detailed update on the changes.

6. Corporate Implications

- 6.1 Contribution to Council's Vision and Critical Priorities – Becoming an excellent and high performing organisation.
- 6.2 Financial Implications – there are costs associated with organising in depth projects relating to officer time but this will all be contained within existing resources.
- 6.3 Legal Implications – none.
- 6.4 People Implications – none.
- 6.5 Property Implications – none.
- 6.6 Consultation – as described in report.
- 6.7 Equalities Impact Assessment – none.
- 6.8 Risk Assessment – none.

7. Background Papers

Email correspondence with members regarding arrangements for special meeting, urology update, in depth scrutiny project.

8. Appendices

Appendix 1 – press release EEAST

Appendix 2 – project plan

Appendix 3 – letter to NHS England

Appendix 4 – update from NHS Southend CCG

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New ambulance standards announced by NHS England

A new way of working for ambulance services will be implemented across the country to ensure patients get the right response, first time.

This is following the largest clinical ambulance trial in the world and will update a decades old system. The demand for ambulance services is increasing every year but despite this, the way ambulance care is provided has broadly stayed the same.

These changes focus on making sure the best, high quality, most appropriate response is provided for each patient first time. They are designed to change the rules on targets so they are met by doing the right thing for the patient.

Under the current standards life-threatening and emergency calls should be responded to in eight minutes. This means that the ambulance service often send more than one vehicle to have the best chance of meeting the eight minute target. This frustrates ambulance staff and is inefficient.

Ending this out of date target will free up more vehicles and staff to respond to emergencies.

For a stroke patient this means that the ambulance service will be able to send an ambulance to convey them to hospital, when a motorbike or rapid response vehicle would 'stop the clock' but not get them the treatment they need.

From now on stroke patients will get to hospital or a specialist stroke unit quicker because the most appropriate vehicle can be sent first time.

Under the new system early recognition of life-threatening conditions, particularly cardiac arrest, would also increase. A new set of pre-triage questions identifies those patients in need of the fastest response.

Historically ambulance services are allowed up to 60 seconds from receiving a call to sending a vehicle. Giving call handlers more time to assess 999 calls that are not immediately life-threatening will enable them to identify patients' needs better and send the most appropriate response.

For the first time response targets will apply to every single patient, not just those in immediate need.

So, in future there will be four categories of call.

Category one is for calls about people with life-threatening injuries and illnesses. These will be responded to in an average time of seven minutes.

Category two is for emergency calls. These will be responded to in an average time of 18 minutes.

Category three is for urgent calls. In some instances you may be treated by ambulance staff in your own home. These types of calls will be responded to at least 9 out of 10 times within 120 minutes.

Category four is for less urgent calls. In some instances you may be given advice over the telephone or referred to another service such as a GP or pharmacist. These less urgent calls will be responded to at least 9 out of 10 times within 180 minutes.

This redesigned system for ambulance services in England focusses on ensuring patients get rapid life-saving, life-changing treatment and is strongly endorsed by expert organisations such as the Royal College of Emergency Medicine, the Stroke Association, and the College of Paramedics.

PEOPLE SCRUTINY COMMITTEE IN-DEPTH STUDY 2017/18	
TOPIC: CONNECTING COMMUNITIES TO AVOID ISOLATION	
FRAMEWORK FOR SCRUTINY / SCOPE OF PROJECT:	
<p>The innovative project will focus upon the enabling role of the Council and elected members, working in partnership with the voluntary sector, local volunteers, practitioners and local communities. The central aim is to reduce social exclusion and avoid isolation to increase individuals, families and carer's wellbeing promoting physical and mental health. This will promote opportunities to connect and mobilise both individuals and communities, encouraging positive relationships with a range of diverse organisations to encourage integrated working.</p> <p>The project will be instrumental in building a strong and connected community developing assets within a strengths based approach and learning from communities lived experience. Effective partnerships will be supported by appropriate signposting, professional transparency embracing person centred values to enhance co production and empower people to be actively engaged in 'the life of the town'. Through creating innovative opportunities individuals can take control of their own lives within a safe creative and unique community</p>	
Method: Through project team meetings, witness sessions and possible visits and/or workshops.	Target date: April 2018
MEMBERSHIP:	
<p>Councillor Cheryl Nevin (Chairman), Councillors Margaret Borton, Helen Boyd, Steve Buckley, Mo Butler, Lawrence Davies, Caroline Endersby, David Garston and Chris Walker.</p> <p>Officer / partner support – Sharon Houlden, Rob Walters and Fiona Abbott, project coordinator</p>	
SOURCES OF EVIDENCE	
<p>The evidence base will be:</p> <p>Research & evaluation Community consultation and understanding lived experiences Case studies, personal narratives Practitioner experience and judgements Context & examples (including from other areas) Information on rally Round, Active Citizens, Inspiring the Future programmes Stakeholders</p> <p><i>some useful websites –</i> http://unitedforallages.com/ http://www.inspiringthefuture.org/about/ https://www.skillsforlifefuture.com/</p>	

POTENTIAL FEEDBACK OPPORTUNITIES

It is proposed that we hold 1 witness session for demonstration of interactive map, show casing real life work / case studies then the project team will choose focus of investigations and meet with following:-

- (a) Relevant officers – adult services, public health, community engagement manager
- (b) South Essex Homes
- (c) Voluntary sector – Age Concern, Havens
- (d) Project 49
- (e) Focus group(s) feedback
- (f) Resident’s association meetings.
- (g) Community group consultation
- (h) Service integration (voluntary and statutory)
- (i) Care home sector (provisional)
- (j) Health - District nursing service / health visiting service
- (k) Executive Councillor(s)
- (l) University

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, which cover the following expected outcomes:

- VFM as Council
- Making a difference in tackling inequalities
- What is the community ‘added value’

Link to Corporate Priorities – to improve quality of life, prosperity and the life chances of people living in Southend

Recommendations will be evidence-informed.

Members' Suite
PO Box 11,
County Hall,
Chelmsford CM1 1LX
Email: cllr.ann.naylor@essex.gov.uk



3 May 2017

BY EMAIL

Ruth Ashmore,
Assistant Director of Specialised Commissioning.
NHS England - Specialised Services (Midlands and East of England)

c.c.
Jessamy Kinghorn
Head of Communications and Engagement
NHS England - Specialised Services (Midlands and East of England)

Dear Ruth

**JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE
COMPLEX UROLOGICAL CANCER SURGERY IN ESSEX**

Thank you for your formal response to each of the eight recommendations made by the Joint Health Overview and Scrutiny Committee (JHOSC) which was established to review NHS England proposals for a single specialist centre in Essex for complex urological cancer surgery.

At the time of making the recommendations last September it was agreed that an update be sought from you approximately six months later on your acceptance (or otherwise) of them and how they are being implemented. You will be aware that the members of the JHOSC intended to discuss your response and assess whether they could obtain sufficient reassurance that progress is being made without necessitating the convening of another formal meeting of the JHOSC (which would be particularly difficult due to imminent local and national elections).

I can confirm that, generally, the JHOSC is pleased with your responses to the recommendations and is reassured by your commitment to address the concerns raised by the JHOSC. It recognises that, in many cases, it is 'early days' and the right intention is there although it is too early yet for everything to be fully evidenced.

Recommendation 4 – mitigating actions to mitigate disadvantaged groups

The JHOSC were particularly pleased to see the processes being put in place by NHS England to ensure good communication and sharing of information between

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hospitals, the attention being given to minimising the amount of long distance travel for appointments and the provision of information on accommodation available near Southend Hospital (if required).

Recommendation 7 – further information on future anticipated investment

You will recall that the JHOSC discussion last year anticipating the possible expansion of local joint care clinics and also the future need for investment in robotic surgery had led to Recommendation 7(i) asking for further information on the future anticipated investment into the reconfigured service. You have outlined the context for assessing funding needs through the work of the Implementation Oversight Group. However, the JHOSC would like to know the overall calculated financial cost of moving to the new model and what reassurance process is in place that adequate funding will be available for the future investment needs of the new service model. In particular, are all consultants now in place for the new model – if not what timelines are planned for this to be completed? Has there been a need for any out-of-area (Essex) placements for treatment as a result?

Recommendation 8: re-instating the formal cancer alliance network groups

The JHOSC would have preferred to have seen a more local input rather than the proposed single cancer alliance for the East of England but recognise that that is not currently possible. The JHOSC feels that NHS England, through the Implementation Oversight Group, should take this opportunity to supplement the work of the new regionalised network with greater working with local Healthwatch.

Conclusion.

The JHOSC asks for further information as detailed under Recommendation 7 but is reassured by, and fully supports, the commitment and work being undertaken to address the JHOSC's concerns. It would like to think that important lessons have been learnt for future public and patient engagement and particularly the importance of regular and clear communications on proposals to minimise the likelihood of misleading media coverage.

Thank you for your time and effort in supporting the work of the JHOSC on this issue.

Yours sincerely

AGREED BY EMAIL

Essex County Councillor Ann Naylor
Chairman of the JHOSC

AGREED BY EMAIL

Southend-on-Sea Borough Councillor
Cheryl Nevin
Vice Chairman of the JHOSC

St Luke's and Shoebury Primary Care Developments - update

“Due to the current financial situation, NHS Southend CCG has been evaluating all of its estates projects, to ensure they are appropriate for its strategy and committed focus on locality working.

This evaluation process is on-going across the estates projects, with the St Luke's project at an advanced stage and the evaluation started for the Shoebury project.

A project group will be developed for the Shoebury project to assess all options and move the project forward.

A summary for the progress of the St Luke's project is as follows:

- 3 options were identified as part of the evaluation process.
- The option currently chosen for progression is to relocate the St Luke's practice into the nearby Cumberledge Lodge building (CIC), currently occupied by EPUT.
- EPUT aim to move all of the intermediate care service from CIC to Rochford Hospital.
- Draft financial plans have been developed, and timelines are being assessed.
- A new project governance structure has been agreed to deliver the project to its timescales, whilst involving all stakeholders.
- The next St Luke's stakeholder meeting is on 9 November.”

Andrea Bann
Primary Care Development Manager
SEE Primary Care Commissioning Team

NHS Southend Clinical Commissioning Group

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www.southendccg.nhs.uk



Working together for a healthy Southend



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