

Public Document Pack
SOUTHEND-ON-SEA BOROUGH COUNCIL

People Scrutiny Committee

Date: Tuesday, 10th July, 2018 @ 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, 10th April, 2018**
- 5 **Draft Primary Care Strategy for south east Essex**

Media Release (attached)

The following will be in attendance for this item - Dr Jose Garcia, Southend CCG Chair, Margaret Hathaway, Interim Accountable Officer, CPR CCG & Southend CCG, Andy Vowles, STP Primary Care Strategic Lead - presentation followed by a short period for questions from Committee members.

6 **Monthly Performance Report - May 2018**

Members are reminded to bring with them the most recent MPR for period end May 2018, which was circulated recently.

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

**** **ITEMS CALLED IN / REFERRED DIRECT FROM CABINET - Tuesday 19th June, 2018**

7 **Annual Report and 2017/18 Year End Performance Report**

Minute 46 (Agenda Item No. 7, Cabinet Book 1)
Called in by Councillors Ware-Lane and Burton

8 **Corporate Risk Register 2018/19**

Minute 47 (Agenda Item No. 8, Cabinet Book 1)

Called in by Councillors Ware-Lane and Burton

9 Joint Targeted Area Inspection

Minute 53 (Agenda Item No. 14, Cabinet Book 2)
Called in by Councillors Ware-Lane and Burton

10 Research, findings and recommendations on current and future provision of the Syrian Vulnerable Persons Resettlement Programme

Minute 54 (Agenda Item No. 15, Cabinet Book 2)
Called in by Councillors Ware-Lane and Burton

11 Annual Public Health Report

Minute 56 (Agenda Item No. 17, Cabinet Book 2)
Called in by Councillors Willis and Ware-Lane

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

NONE

**** **ITEMS CALLED-IN FROM FORWARD PLAN**

NONE

**** **OTHER SCRUTINY MATTERS**

12 Schools Progress Report

Report of Deputy Chief Executive (People)

13 Scrutiny Committee - updates

Report of Chief Executive

14 In depth Scrutiny projects and summary of work

Report of Chief Executive

15 Minutes of the Meeting of the Chairmen's Scrutiny Forum held on Monday, 11th June 2018

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

Councillor C Nevin (Chair), Councillor M Borton (Vice-Chair)
Councillors B Arscott, S Buckley, L Burton, A Chalk, A Dear, D Garne, S Habermel,
T Harp, A Holland, J McMahon, C Mulroney, G Phillips, M Stafford, C Walker,
J Ware-Lane, E Lusty, A Semmence, J Broadbent and Mr T Watts

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) VACANT (Voting on Education matters only)
- (ii) VACANT (Voting on Education matters only)

SAVS – A Semmence (Non-Voting)
Healthwatch Southend – J Broadbent (Non-Voting)
Southend Carers Forum – T Watts (Non-Voting)

Observers

- Youth Council -
- (i) M Riley (Non-voting)
 - (ii) I Genius (Non-Voting)

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SOUTHEND-ON-SEA BOROUGH COUNCIL

Meeting of People Scrutiny Committee

Date: Tuesday, 10th April, 2018

Place: Committee Room 1 - Civic Suite

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Present: Councillor C Nevin (Chair)
Councillors B Arscott, M Borton, H Boyd, A Bright, S Buckley,
M Butler, C Endersby, D Garston, S Habermel, A Jones,
C Mulrone, G Phillips, M Stafford and C Walker
J Broadbent – co-opted member

In Attendance: Councillors J Courtenay and L Salter (Executive Councillors)
F Abbott, B Martin, J K Williams and A Keating
Y Bey and I Genius - Youth Council - observers

Start/End Time: 6.30 - 8.25 pm

891 Apologies for Absence

Apologies for absence were received from Councillor L Davies (no substitute), Councillor A Chalke (no substitute), A Semmence, T Watts and E Lusty (co-opted members).

On behalf of the Committee, the Chairman welcomed the new Healthwatch Southend representative, Jean Broadbent and welcomed Mr I Genius (Deputy Youth Mayor), and new Southend Youth Council representative to the meeting.

In the absence of Councillor Davies, Councillor Borton acted as Vice Chair at the meeting.

892 Declarations of Interest

The following interests were declared at the meeting:-

- (a) Councillors Salter and Courtenay (Executive Councillors) – Disqualifying non-pecuniary interests in all 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 Boyd - agenda items relating to – Annual Education Report; Secondary Places report; School Progress report – non-pecuniary - Governor at Westcliff High School for Girls and South East Essex Academy Trust, south east Essex Teaching School Alliance;
- (c) Councillor Jones – agenda item relating to Secondary Places Report - non-pecuniary – parent of child attending St Bernards School;
- (d) Councillor Arscott – agenda item relating to Schools Progress report – non-pecuniary – Governor at Our Lady of Lourdes Catholic Primary School;
- (e) Councillor Jones - agenda item relating to Schools Progress report – non-pecuniary – Governor at Milton Hall School; known to Diocesan Director of Education;
- (f) Councillor Borton - agenda item relating to Schools Progress report – non-pecuniary – Governor at Milton Hall School;

- (g) Councillor Walker - agenda item relating to Schools Progress report – non-pecuniary – wife teaches at West Leigh schools;
- (h) Councillor Borton - agenda item relating to Scrutiny Committee updates – non-pecuniary – EPUT mentioned in report – daughter is nurse at Rochford Hospital;
- (i) Councillor Salter – agenda item relating to Scrutiny Committee updates – non-pecuniary – husband is Consultant Surgeon at Southend Hospital and holds senior posts at the Hospital; son-in-law is GP; daughter is a doctor at Broomfield Hospital;
- (j) Councillor Nevin - agenda item relating Scrutiny Committee updates – non-pecuniary – 2 children work at MEHT; step sister works at Basildon Hospital; previous association at Southend and MEHT Hospitals; NHS employee in Trust outside area;
- (k) Mr I Genius - agenda item relating to Scrutiny Committee updates – non-pecuniary – vice chair of Southend CCG community advisory group.

893 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.

894 Minutes of the Meeting held on Tuesday, 30th January, 2018

Resolved:-

That the Minutes of the Meeting held on Tuesday, 30th January, 2018 be confirmed as a correct record and signed.

895 Monthly Performance Report

The Committee considered Minute 820 of Cabinet held on 13th March 2018 together with the Monthly Performance Report (MPR) covering the period to end February 2018, which had been circulated recently.

In response to a question from Councillor Jones on CP 1.6 (rate of Children in Need per 10,000) the Director of Learning Executive Councillor undertook to provide a written answer updating on the conclusion to the work.

Resolved:-

That the reports be noted.

Note:- This is an Executive Function.

Executive Councillor:- As appropriate to the item.

896 Annual Education Report - March 2018

The Committee considered 827 of Cabinet held on 13th March 2018, which had been called in to Scrutiny, together with a report of the Deputy Chief Executive (People) presenting the Annual Education Report (AER) on the retrospective performance of Southend Schools for the academic year 2016/17.

The Committee made some suggestions for future AER's, for example including more narrative under each graphic and a wider range of achievement data at KS5. The Executive Councillor said he would review the content for future AER's.

Resolved:-

That the following decisions of Cabinet be noted:

"1. That the new format of the Annual Education Report be noted.

2. That the Annual Education Report, recognising the very positive outcomes for learners across all Key Stages, be approved."

Note: This is an Executive Function

Executive Councillor: Courtenay

897 Secondary School Places

The Committee considered 828 of Cabinet held on 13th March 2018, which had been called in to Scrutiny, together with a report of the Deputy Chief Executive (People) providing an update on the current position regarding the future provision for Secondary School places across the Borough from 2018-2020 and beyond.

Resolved:-

That the following decisions of Cabinet be noted:

"1. That the position regarding the provision of sufficient secondary school places, be noted.

2. That the decision to pursue a Free School option be reversed in favour of the expansion in existing secondary schools."

Note: This is an Executive Function.

Executive Councillor: Courtenay

898 Schools Progress Report

The Committee received and considered 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 schools causing concern and updated on known Academy developments. The Council's Director of Learning also provided an update on recent Ofsted Inspections.

Resolved:-

That the report be noted.

Note:- This is an Executive Function.

Executive Councillor:- Courtenay.

899 Scrutiny Committee - updates

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

Resolved:-

1. That the report and actions taken be noted.
2. To note the timetable for commenting on the Quality Accounts from EPUT and the Hospital Trust for 2017/18, as set out in section 3 of the report.
3. That the Committee's work programme for 2018/19 include primary care / GP provision in the Borough.
4. To endorse the terms of reference for the Joint Scrutiny Committee looking at the STP, as set out at Appendix 1 of the report.
5. To note the response made by the Joint Scrutiny Committee looking at the STP, as set out at Appendix 2 of the report.
6. That the Committee's current in depth scrutiny project 'Connecting communities to avoid isolation' be concluded in 2018/19.

Note:- This is a Scrutiny Function.

900 Vote of Thanks

The Chairman thanked the Committee for their contributions, support and participation at the meetings over the last Municipal Year. In response members of the Committee thanked the Chairman.

Chairman: _____

MEDIA RELEASE

EMBARGOED: MONDAY 25 JUNE 2018

Major plans announced to improve services - and bring more doctors to mid and south Essex

Primary Care Strategy unveiled as leading doctor says: “Patients told us they wanted change”

AN INNOVATIVE new strategy aimed at solving some of the biggest challenges facing the NHS in mid and south Essex have been unveiled by a group of GPs today. The proposals have been published by the five Clinical Commissioning Groups (CCGs) in the area and aim to:

1. Make it quicker and easier for patients to be seen locally by NHS professionals
2. Reduce pressure on GPs so they can focus on patients with the greatest need
3. improve the recruitment of GPs and other healthcare professionals to mid and south Essex

The proposals build on the development of localities/hubs within each CCG area, which has seen GP practices working together to improve the range of services available to local patients and the hours those services are available. The proposals have been developed by local GPs and other NHS and social care staff.

The strategy will also see the primary care workforce expand to include a wider range of expertise, making it quicker for patients to be seen locally by the right health and social care professionals including physiotherapists, mental health and social care professionals.

M/F



The proposals have been developed by GPs across the area through a steering group chaired by Dr José Garcia Lobera from the Pall Mall practice in Southend-on-Sea. It draws together work currently underway in each CCG area with the aim of investing up to an additional £30m in primary care by 2020/21.

Dr Garcia said; “Patients have told us through previous consultations and engagement work that they want change as many struggle to get an appointment to see their GP. At the same time, we know GPs are under enormous pressure and are often seeing more patients during the course of a day than they should.

“Whilst we appreciate many patients consider their local GP to be a first port of call for an illness or condition, it is often not a GP that a patient needs to see. By expanding our primary care workforce to embrace a much broader range of expertise we can ensure patients are seen more quickly by the right team so that GPs can focus on patients with the greatest need.”

As well as improving local primary care services for patients, the proposals play a key part in managing concerns about the number of GPs who could retire in the area over the next few years.

Dr Brian Balmer, Chief Executive of the Essex Local Medical Committees (LMCs) which has supported the development of the strategy, said; “We know that we have a large number of older GPs in mid and south Essex and are facing exceptionally high levels of retirement in the years to come.

“A key part of our proposal is to improve the work/life balance for GPs in mid and south Essex and provide greater opportunities to support their training and development. This will help us retain vital clinical staff and attract new recruits. We want to demonstrate that working as a GP in Essex is an attractive proposition and as such we are developing an exciting and positive plan for the future for our primary care services.”

M/F



The Governing Body of each CCG is being asked to consider the plans in the coming weeks before returning for a final discussion with the Joint Committee of the CCGs.

/ends

NOTES TO EDITORS

The five clinical commissioning groups which have developed the strategy are:

1. NHS Basildon and Brentwood Clinical Commissioning Group
2. NHS Castle Point and Rochford Clinical Commissioning Group
3. NHS Mid Essex Clinical Commissioning Group
4. NHS Southend Clinical Commissioning Group
5. NHS Thurrock Clinical Commissioning Group

CONTACT

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MID & SOUTH ESSEX STP Primary Care Strategy Communications and Engagement Plan

1/ What is Primary Care?

Primary care covers those NHS services which are most likely your first port of call when you are feeling unwell or need medical advice, and this includes your local GP practice, community pharmacy, dentist and optometry (eye health) services.

2/ Why are you trying to change primary care services?

We know many patients have come to see their local GP as the first person they want to see when they are feeling unwell or need medical advice. This has created an enormous amount of pressure on local GP practices and often means patients can struggle to get an appointment as quickly as they would like. We estimate the gap between demand for appointments and the number of available appointments is about 20,000 per week, and if we do nothing this will widen significantly in future.

We also know that a large portion of GP appointments are taken by patients who could actually be seen by a different health professional. As an example, a recent national analysis by NHS England concluded that patients with self-treatable conditions account for around 18 million GP appointments and 2.1 million visits to A&E.

In order to improve the situation for both patients and GP practices, we know we need to change the way services are delivered. A core part of our plan is to make it easier for patients to see other health professionals, closer to where patients live.

3/ So will my GP just refuse to see me?

If you need to see your GP you will get an appointment. But if it would be better for you to see someone else – such as a nurse, physiotherapist or mental health specialist – then you will be given an appointment with them instead. Not only does this mean you will be seeing the right professional for your illness or condition, but it also means you will be seen more quickly.

4/ So are these changes just about improving services for patients?

That's a big part of it. But we are also trying to make things better for local health workers and that includes your GP and practice staff. There is enormous pressure on GPs who often see more patients during the course of a day than we think they should.

This also makes it difficult to attract new GPs to come and work in mid and south Essex. By creating an environment where GPs can focus on patients with the greatest need and where they can also specialise in certain types of conditions or medicine, we think we will have a much better chance of attracting GPs to the area.

5/ I've heard about something called Localities. What are they?

This is an important part of this strategy. Each part of mid and south Essex has been separated into a number of Localities, or Hubs as they are called in some areas. For instance, Southend has four localities. GP practices within each Locality now have a better opportunity to work together and support each other. It will also make it easier for different services (such as community nurses, mental health and social care) to work together.

6/ Won't patients just go to A&E even more than they do now?

We know it is frustrating for patients when they cannot get an immediate GP appointment and that some will go to the hospital's A&E department instead, even though they know they don't have an urgent condition. We think if we can make it easier for them to get an appointment locally, even if it's with someone other than a GP, patients will be far less likely to go to A&E.

7/ Why are you suddenly trying to change primary care services?

These changes have been underway for the past few years across the five CCG areas, although each CCG has approached this in a slightly different way. Our aim is to bring all of this work together into a single strategy and allow our primary care teams to work together.

8/ So this just means I might see someone other than a GP?

No, what this also means is that we will have a varied team of health and social care professionals working side by side. We know some patients are using a number of different health and social care services and this new way of working means that different professionals – for instance, a social workers, a nurse and a pharmacist – can work together to deliver a single package of care. Hopefully this will mean patients won't have to keep repeating their story over and over again to different professionals and the care they receive will be more joined up.

We appreciate some people prefer to see a GP for all their medical needs and concerns, but this places enormous pressure on GP appointments. Not only is this bad for GPs and practice staff, it is also bad for patients. Some will have to wait longer for a GP appointment who could more easily and quickly be seen a different health professional whilst those who do need to see their GP will also have to wait longer.

Over time we hope patients will appreciate the many benefits of being navigated more quickly to other health professionals and only seeing their GP when they really should.

9/ Surely all we need is more money to hire more GPs?

We already have the money to hire more GPs, but we really struggle to recruit to this area. Although this is a national issue we know that across mid and south Essex we have significantly fewer GPs per head of population than the national average. We think this new way of working will provide a more attractive career opportunity that will draw GPs and other health professionals to mid and south Essex. This includes better premises, training and specialism opportunities. We also aim to reduce pressure on appointments so GPs can focus on those patients with the most complex needs.

10/ How many more GPs do we need in mid and south Essex?

We need to recruit another 120 GPs in mid and south Essex and have a detailed plan on how to do this. If successful, these plans will enable us to hit our national target of having 682 Full Time Equivalent (FTE) GPs in post by 2020.

But it's important to remember that it's not just about getting more GPs. In order to fully implement this new way of working we also need to recruit or redeploy almost 200 other health staff including clinical practitioners, physiotherapists, mental health and social care professionals.

11/ So how much will this cost and where's the money coming from?

We have identified an immediate funding need and estimate that in order to fully implement this strategy, recurrent investment is needed from this point year on year reaching approximately £30m by 20/21. Each of the CCGs has developed a detailed investment plan to support implementation of this strategy.

12/ Why wasn't this done before the STP started to look at changing local hospital services?

This work has been underway for several years and although the five CCGs are following very similar models, this work has largely been done by each in isolation. When the joint committee of the five CCGs was formed it created an opportunity for this work to be brought together under a single strategy. Not only will this allow us to take a 'big picture' view across the whole of mid and south Essex in terms of primary care, it also allows us to apply for millions of pounds of additional funding to support this work.

13/ Are local GPs on board with these changes?

We have worked with local practices to develop this approach and this has been important as we are essentially shifting services from being GP-delivered to GP-led. Importantly, we are seeking to ensure we can measure morale among GPs and practice staff to see if these changes are actually delivering an improvement to their working lives, alongside other measures of success. Importantly, the Essex Local Medical Committee (LMC) has also endorsed this approach. The Essex LMC is a local committee of GPs which represents their interests within Essex.

14/ Is the plan to close local practices?

We have a large number of older GPs and are facing exceptionally high levels of

predicted retirement. In fact, Health Education England recently identified that the retirement challenge in mid and south Essex is the greatest in England. We also have a high level of small and single-handed practices and so this will naturally lead to some practices closing as GPs retire. No patient is ever without a GP practice as they are automatically aligned to a new one should their current practice close. They also have the right to register elsewhere. Our challenge is to ensure we can lessen the impact of these retirements partly through attracting more GPs to the area but also by expanding our workforce with other health professionals who can manage appointments which are not appropriate for a GP.

15/ Where are all these additional staff members going to come from if you cannot recruit now?

We are heavily reliant on international recruitment in order to achieve our target. Although we have experience of running successful international recruitment programmes in the area, we recognise that this is a considerable risk. This is one of the reasons why, in this strategy, we want to move away from a service that is predominantly GP delivered to one that is GP led, building up a primary care workforce that includes a much wider range of professional disciplines. We have a detailed plan to recruit more GPs and nurses but also a wide range of other professionals so that we have vibrant, multi-disciplinary teams in general practice.

16/ Do you need to undertake another consultation?

We do not need to consult on the changes being developed but we do think it important local people and patients are involved. As such, each CCG will be delivering a programme of engagement for its local community to keep them informed and involved as plans develop.

Southend-on-Sea Borough Council

Agenda
Item No.

7

Report of Chief Executive & Town Clerk
to
Cabinet
on
19th June 2018

Report prepared by:
Adam Keating – Strategic Communications Manager
Louisa Thomas – Senior Business Management Advisor

Annual Report and 2017/18 Year End Performance Report

Cabinet Member: Cllr Lamb

Place, People and P&R Scrutiny Committee

1. Purpose of Report

- 1.1 To consider the approach to the Council's Annual Report and to note the end of year position of the Council's corporate performance for 2017/18 and 2018/19 targets.

2. Recommendations

- 2.1 To approve the suggested approach to the Council's Annual Report, draft content (Appendix 2) and draft design concept (Appendix 3) and
- 2.2 To note the 2017/18 end of year performance report and targets for 2018/19.

3. Background

- 3.1 In the context of the Southend 2050 programme, it is proposed that the Council should adopt a fresh approach to the traditional production cycle and style of the 'corporate plan and annual report'. This has historically been produced as one document and by June each year.

The plan for 2018 and into 2019 is to produce an annual report ahead of a five year delivery plan in November 2018. The timeline would be as follows:

- June 2018 – 2017/18 Annual Report
- November 2018 - Five year delivery plan
- June 2019 – 2018/19 Annual Report
- November 2019 - Delivery plan yearly refresh

4 Annual Report - suggested approach

- 4.1 It is recommended that from 2018, a new and fresh approach is adopted. This would mean a shorter, sharper and more visually appealing annual report (see draft content – **Appendix 2** and draft design concept – **Appendix 3**), that includes infographics of the Council’s performance (based, among other things, on end of year performance outlined below and in **Appendix 1**) with focused case studies and one that demonstrates real impact and outcomes for the community.
- 4.2 These infographics and case studies would also be replicated on social media and video as part of a mini-campaign to promote the good work of the council and how that has impacted on the local people. The annual report would become less of a long list of achievements, and focus on a number of outcomes against corporate priorities.
- 4.3 The annual report will also help set the context of developing the Southend 2050 vision and five year delivery plan with some explanatory narrative to outline this and current aims/priorities.

4.4 **Proposed timeline**

- Cabinet approval of draft approach, content and design – Tuesday 19 June
- Document finalised and designed, uploaded to website alongside media release and social media graphics – Tuesday 26 June onwards

5.0 **End of Year Performance – 2017/18**

- 5.1 The Council’s Monthly Performance Report (MPR) provides members, staff and public with an overview of Council performance in key areas relating to customers, staff, finance and projects. The content is reviewed each year, based on what has been identified as requiring particular focus for that year.
- 5.2 The MPR is monitored each month by service groups, Departmental Management Teams and Corporate Management Team and at Cabinet and Scrutiny Committees. Each assesses whether performance is on or off target - enabling appropriate action to be taken. This report outlines performance and provides analysis for the end of year position up to March 2018 of the corporate performance indicators reported in the MPR.
- 5.3 **Appendix 1** provides detail of the 2017/18 outturn with a commentary against individual indicators, including, where available, comparative performance information against other local authorities.
- 5.4 In considering corporate performance for 2017/18, account should be made of a number of contextual issues, including:
- the challenging targets set, particularly in relation to social care
 - the significant reductions in council spending over the last
 - the on-going challenging economic climate
 - the challenge of maintaining rates of improvement after periods of sustained better performance.
 - other new commitments and priorities.

6. Performance in 2017/18

6.1 The outturn for the Corporate Performance Indicators for 2017/18 is set out in Appendix 1. Overall 19 out of 31 PIs met their year-end targets. Benchmarking indicates that in many areas the council performs better than similar authorities and our statistical neighbours. The following are of particular note:

- The proportion of children in good or outstanding schools has increased to 86.1%.
- The proportion of concluded safeguarding investigations (section 42 enquiries with an action and a result of either Risk Reduced or Risk Removed
- Adult Social Care outcomes performed well in:
 - Delayed transfers of care (people) from hospital which are attributable to social care
 - Adults with learning disabilities in paid employment
 - Adults in contact with secondary mental health services who are in stable accommodation
- All three planning PIs continue to exceed target and perform in the top quartile for unitary authorities.
- The number of volunteer hours within cultural services exceeded its target by 7,741 hours (26,741 against a target of 19,000) highlighting the boroughs support of the cultural offer in Southend.
- The council's extensive offer of events and facilities in 2017/18 resulted in 6,303,463 visits to council run or affiliated arts and sports events or facilities, exceeding last year's performance.
- Cleansing standards for litter achieved 97% against the target of 93%.
- The percentage of Council Tax collected exceeded target by 0.2 % with a 97.50% collection rate. The percentage of Non-Domestic Rates collected also exceeded target with a 98.60% collection rate.

7. Annual Performance for Children's Services:

7.1 For the 2017/18 the Council had a strong vision of how performance would improve across Children's Services. The targets for the year were set at challenging levels, with the knowledge that they were ambitious but in line with the vision. At the start of the year performance did not improve as quickly as expected due to a number of factors including staffing turbulence and natural lag from practice improvement to be reflected in the statistics. This lag continued to weigh on performance through the year and fundamentally impacted the ability for targets to be met.

7.2 This, however, hides the significant improvements that have happened later in the year. For example, the proportion of Initial Child Protection Conferences that took place within 15 days of the Initial Strategy meeting, with a target of 90%, started the year at 27.3% in April but in November was 100% and February

90%, yet the cumulative out turn was 55.5%. A further example is the timeliness of visits to Looked After Children which averaged 63.7% for the first 3 months but 85.8% for the final 3 months of the year.

8.0 2018/19

Corporate performance for 2018/19 will continue via the Monthly Performance Report, with targets for 18/19 set out in Appendix 1.

9. Other Options

9.1 There is no requirement to have an Annual Report but it enables the Council to set out its key achievements in one document

10. Reasons for Recommendation

10.1 To ensure the Annual Report reflects key achievements of the Council over the last year and signals the direction of travel for the forthcoming year.

11. Corporate Implications

11.1 Contribution to Council's Vision and Corporate Priorities:

The Annual Report sets out key achievements of the Council for the last year and signals the direction of travel for the forthcoming year.

11.2 Financial Implications -

The cost of production of the Annual Report will be met within existing budgets.

11.3 Legal Implications - None

11.4 People Implications - None.

11.5 Property Implications - None.

11.6 Consultation – None specific

11.7 Equalities and Diversity Implications –

The Annual Report should reflect the Council's equality objectives, including celebrating the diversity of the borough

11.8 Risk Assessment - Corporate Risks are identified and monitored alongside the actions and indicators in the Corporate Plan.

11.9 Value for Money - The Council benchmarks its performance and spend against comparators to ensure that it is providing value for money.

11.10 Community Safety Implications - The Council has corporate priorities to 'Create a safe environment across the town for residents, workers and visitors' and to 'Work in partnership with Essex Police and other agencies to tackle crime' and has identified appropriate performance measures and actions.

11.11 Environmental Impact - The Council has corporate priorities to 'encourage and enforce high standards of environmental stewardship' and 'continue to promote the use of green technology and initiatives to benefit the local economy and environment'

12. Background Papers - None.

13. Appendices

Appendix 1: Corporate Priority Performance Indicators – 2017/18 Year End performance and targets for 2018/19.

Appendix 2: Annual Report 2017/18 – Draft content

Appendix 3: Annual Report 2018 – Draft design content

Corporate Performance Indicators - Year End 2017-18

Appendix 1

Comparative information, in most cases, is with all unitary authorities in England or with the appropriate 'family' group (eg those authorities with characteristics that are most similar to Southend). The majority of benchmarking data is from 2016/17 as data for 2017/18 from other authorities is not yet available – although this still offers a good indication into how our performance is progressing. Comparative performance is often described in terms of 'quartiles' where:

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

MPR Code	Short Name	Minimise, Maximise or Goldilocks	Year End 2017/18	Annual Target 2017/18	Outcome	Comments / Benchmarking	Annual Target 2018/19
Safe							
CP 1.1*	Rate of children subject to a Child Protection Plan per 10,000 population under the age of 18. [Monthly Snapshot]	Goldilocks	30	50.4 – 55.7	-	England Benchmark (2016/17) – 43.0 Regional Average (2016/17) – 30.6 Statistical Neighbours (2016/17) – 50.0 As previously identified the number of children subject to child protection plans has been decreasing. The rate of children subject to plans continues to reduce and this is partly explained by increasing resources in Early Help and the use of other preventative interventions such as Family Group Conferences.	38 - 48
CP 1.2*	Rate of Looked After Children per 10,000 population under the age of 18. [Monthly Snapshot]	Aim to Minimise	76.7	66	Not Met	The rate of children looked after remains above target. The rate does appear to have stabilised in the mid-70s. Other than children who need to	57 - 67

MPR Code	Short Name	Minimise, Maximise or Goldilocks	Year End 2017/18	Annual Target 2017/18	Outcome	Comments / Benchmarking	Annual Target 2018/19
19						<p>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. The Panel process has prevented the numbers escalating and, where safely possible, put other measures in place to support the family. Planned work around reunification should ensure that children do not remain in care for longer than necessary.</p> <p>England Benchmark (2016/17) – 62.0 Regional Average (2016/17) – 49.9 Statistical Neighbours (2016/17) – 68.0.</p>	
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	84.4%	90%	Not Met	<p>Group Managers continue to ensure themselves that children who have not been visited in timescales are safe and have been visited or a visit planned and they monitor this on a weekly basis. This is an area of continued focus</p> <p>England Benchmark (2016/17) – Not Published / Regional Average (2016/17) – Not Published Statistical Neighbours (2016/17) – Not Published</p>	95%
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	Aim to Maximise	87.2%	90%	Not Met	<p>The aim is for this measure to be at 100% and as such this continues to be an area of focus for the service. We need to ensure that all children are visited in line with their wishes, needs and risks. This is monitored</p>	95%

MPR Code	Short Name	Minimise, Maximise or Goldilocks	Year End 2017/18	Annual Target 2017/18	Outcome	Comments / Benchmarking	Annual Target 2018/19
	working days prior to the last day of the month.					and reported upon on a weekly basis. England Benchmark (2016/17) – Not Published / Regional Average (2016/17) – Not Published Statistical Neighbours (2016/17) – Not Published	
CP 1.6 20	Rate of Children in Need per 10,000 (including CiN, CPP and LAC and Care Leavers). [Monthly Snapshot]	Aim to Minimise	340.6	296.6	Not Met	The report for Children in Need is still in its infancy and we are monitoring figures for accuracy particularly in respect of children with disabilities cases in transition which should not be included in the figures reported. We will have more confidence in this report over the next couple of months which may then see a reduction in the numbers reported. England Benchmark (2016/17) – 330.0 Regional Average (2016/17) – 137.0 Statistical Neighbours (2016/17) – 350.0	PI not being used for 2018/19 MPR
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	91.3%	74%	Met	Performance for this measure has been strong throughout the year. The indicator has out turned much higher than the national benchmark demonstrating our strength in this area. England Benchmark (2016/17) – 87.5% Regional Average (2016/17) – 88.5% Statistical Neighbours (2016/17) – N/A	80%
Clean							

MPR Code	Short Name	Minimise, Maximise or Goldilocks	Year End 2017/18	Annual Target 2017/18	Outcome	Comments / Benchmarking	Annual Target 2018/19
CP 2.1	Number of reported missed collections per 100,000 [Monthly Snapshot]	Aim to Minimise	50	45	Not Met	The missed collection target was set as very high to encourage the contractor in achieving excellence in customer focussed service and getting collections right first time. This set target has been slightly missed and therefore, is deemed unachieved. However, the standard of overall waste collection performance is still extremely good and is within the top quartile performance measured against other waste collection authorities.	New PI created - see next PI listed.
¹² NEW	Number of reported missed collections per year is maintained in accordance with the Waste Contract	Aim to Minimise	-	na	na	Target reflects agreed annual target with the contractor	8,000
CP 2.2*	% acceptable standard of cleanliness: litter [Cumulative]	Aim to Maximise	97%	93%	Met	Targets have been achieved and exceeded for both litter & detritus. These standards have been the highest and best returns that have been attained previously since records began. This is a testament to the excellent street cleansing work being undertaken by Veolia to achieve these exceptional standards of cleanliness across the Borough.	94%
CP 2.3*	Percentage of household waste sent for reuse, recycling and composting [Cumulative]	Aim to Maximise	TBC	54.00%	Not Met	There has been a delay in receiving MBT data from ECC to validate our waste figures – Our end of year DEFRA data return will be submitted on time which will be by the end of June where DEFRA will then confirm validation of the data. Recycling	46.38%

MPR Code	Short Name	Minimise, Maximise or Goldilocks	Year End 2017/18	Annual Target 2017/18	Outcome	Comments / Benchmarking	Annual Target 2018/19
						targets have been re-balanced following discussion with the contractor.	
Healthy							
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	78.9%	70%	Met	This indicator has performed strongly through the year. It has out turned above target and is well above the national benchmark of 54%. England Benchmark (2016/17) – 54.0 Regional Average (2016/17) – 43.0 Statistical Neighbours (2016/17) – N/A	74%
22 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	81.8%	88.6%	Not Met	This performance indicator remains under the local target but above national target of 82.5%, 16 people were not at home after their reablement period, with a significant number of people having died before the 91 day review. We are committed to ensuring all people are given the opportunity of reablement where appropriate. We are working with partners and staff to ensure they identify the appropriate people for reablement and we are working closely with providers to ensure they identify reablement potential early on and encourage a strength based approach that will maximise the person's independence. England Benchmark (2016/17) – 82.5 Regional Average (2016/17) – 80.7 Statistical Neighbours (2016/17) – N/A	88.7%

MPR Code	Short Name	Minimise, Maximise or Goldilocks	Year End 2017/18	Annual Target 2017/18	Outcome	Comments / Benchmarking	Annual Target 2018/19
CP 3.3* 23	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	0.83	1.43	Met	<p>Delayed transfers of care from the acute and non-acute settings for social care remains a high priority and a strong performing area</p> <p>Performance continues to be enhanced by the strategic work being undertaken to pilot small initiatives to improve the experience of people coming into hospital and ensure they are safely discharged.</p> <p>Nationally Delayed Transfers of Care data for February 2018 by LG Inform ranks Southend-on-Sea Borough Council as 12th within all English single-tier and County Councils.</p> <p>England Benchmark (2016/17) – 6.3 Regional Average (2016/17) – Not Available Statistical Neighbours (2016/17) – 3.64</p>	1.81
CP 3.4*	The proportion of people who use services who receive direct payments (ASCOF 1C (2A)) [YTD Snapshot]	Aim to Maximise	29%	33.5%	Not Met	<p>Performance remains above the national benchmark of 28.3% and above the regional benchmark of 28.2%. As the domiciliary care is commissioned with the expectation of an enablement approach being adopted, aligned to localities, we are not surprised to see that people have trust in this offer and are choosing to access a direct service from us as opposed to a direct payment.</p> <p>The Service Contract to support people with Direct Payments is currently going through a tendering process, with adjustments to the specification to enhance the support</p>	33.00%

MPR Code	Short Name	Minimise, Maximise or Goldilocks	Year End 2017/18	Annual Target 2017/18	Outcome	Comments / Benchmarking	Annual Target 2018/19
						<p>for people using Direct Payments. It is anticipated that once the new contract is in place, we may see an increase in numbers of people choosing to have a direct payment option.</p> <p>England Benchmark (2016/17) – 28.3 Regional Average (2016/17) – 28.2 Statistical Neighbours (2016/17) – N/A</p>	
CP 3.5* 24	Proportion of adults with a learning disability in paid employment. (ASCOF 1E) [Monthly Snapshot]	Aim to Maximise	11%	10%	Met	<p>Performance over the year has been consistent and each month we have exceeded the specified target. The learning disability team continue to work with local employers and the dedicated employment team are now looking at plans to continue this work over 2018-19 with new initiatives to support people into paid employment.</p>	10%
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	6,303,463	4,350,000	Met	<p>Benchmarking not available An excellent performance across the town's culture and sport offers, along with a 10 year high for Pier visitors.</p>	4.4m
CP 3.7*	Public Health Responsibility Deal [Cumulative]	Aim to Maximise	42	40	Met	<p>The Workplace Champions Forum took place and was well attended. Local Businesses provided feedback and suggestions to further improve the programme. Work continues with the economic development and the South Essex Active Travel programme to improve joint working and provide local businesses with a co-ordinated service. Work also continues to</p>	40

MPR Code	Short Name	Minimise, Maximise or Goldilocks	Year End 2017/18	Annual Target 2017/18	Outcome	Comments / Benchmarking	Annual Target 2018/19
						support the corporate wellbeing group to improve health of Council staff.	
CP 3.8*	Number of people successfully completing 4-week stop smoking course [Cumulative]	Aim to Maximise	758	1,100	Not Met	The final figure for the year will not be available until 6 weeks' time. Recent statistics (locally and nationally) show smoking prevalence in adults has fallen to 17.2% and footfall through Stop Smoking continues to decline.	771
NEW 25	The number of successful treatments for smoking cessation	-	-	-	-	-	1,542
CP 3.9*	Take up of the NHS Health Check programme - by those eligible [Cumulative]	Aim to Maximise	4,553	5,740	Not Met	Recovery plan has resulted in an increase in activity across the providers. This still remains under target however the organisation is RAG rated as second in Eastern England overall.	7,240
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	55.5%	90%	Not Met	We continue to work hard to achieve timescales and it is expected that the average annual figure will continue to improve in 2018/19. We will continue to monitor these cases to ensure that any delay is child focused and the correct decision.	PI not being used for 2018/19 MPR
CP 3.11	The number of Early Help Assessments closed with successful outcomes for the clients (excluding TACAF).	Aim to Maximise	225	-	N/A	The number of Early Help Assessments or other assessments made by EHFSYOS that have resulted in a positive outcome in Mar-18 was 225. It is to be notes that this indicator does not have a target. The increased figure for this month reflects an end of year checking exercise across Liquid Logic and the	New PI created - see next PI listed.

MPR Code	Short Name	Minimise, Maximise or Goldilocks	Year End 2017/18	Annual Target 2017/18	Outcome	Comments / Benchmarking	Annual Target 2018/19
						early Help database The KPI reflects cases where a positive outcome has been achieved, this may be turning families lives around making improvements to all aspects of their lives or successfully preventing families escalating to require statutory services.	
NEW	The number of Early Help Assessments per 10,000 population under 18 years old	Aim to Maximise	-	-	-	-	209 - 231
Prosperous							
26 CP 4.3*	% of Council Tax for 2018/19 collected in year [Cumulative]	Aim to Maximise	97.50%	97.30%	Met	The final position for collection of Council Tax for 2017/2018 has both exceeded target for this year and shows an improvement on last year's final collection figure. In financial terms we have collected an extra £203,000 with achieving 0.2% above the target. The growth in our tax base has also seen an extra £5,219,000 additional Council Tax collected. The continuing growth with the increase in new homes coming onto the list is very encouraging and will continue to generate extra income throughout the 2018/2019 year. 2016/17 England All Unitary Average 99.31%	97.4%
CP 4.4*	% of Non-Domestic Rates for 2018/19 collected in year [Cumulative]	Aim to Maximise	98.60%	97.90%	Met	The final position for Business Rates collection for the 2017/2018 year shows that the current year's target has been exceeded, and is an improvement on last year's collection.	98.00%

MPR Code	Short Name	Minimise, Maximise or Goldilocks	Year End 2017/18	Annual Target 2017/18	Outcome	Comments / Benchmarking	Annual Target 2018/19
						<p>The final current financial year's collection is 98.6% which is 0.7% above the target for 2017/2018 and also 0.6% above the collection on last year. In financial terms we collected an additional £343,000 as we exceeded the target; however, overall due to the shrinking tax base in Business Rates we collected £2,013,000 less in rates.</p> <p>2016/17 England All Unitary Average 96.34%</p>	
27 CP 4.5*	Major planning applications determined in 13 weeks [Cumulative]	Aim to Maximise	94.87%	79.00%	Met	<p>In order to meet the target during a period of vacancies in the planning service, it has been necessary to reprioritise some non-statutory functions; officers have made the processing of planning applications the primary focus. The service has also moved staff from other duties to work on applications and engaged experienced temporary staff to supplement the existing establishment.</p> <p>England Top Quartile - 86% (2016/17)</p>	79%
CP 4.6*	Minor planning applications determined in 8 weeks [Cumulative]	Aim to Maximise	93.20%	84.00%	Met	<p>In order to meet the target during a period of vacancies in the planning service, it has been necessary to reprioritise some non-statutory functions; officers have made the processing of planning applications the primary focus. The service has also moved staff from other duties to</p>	84%

MPR Code	Short Name	Minimise, Maximise or Goldilocks	Year End 2017/18	Annual Target 2017/18	Outcome	Comments / Benchmarking	Annual Target 2018/19
						work on applications and engaged experienced temporary staff to supplement the existing establishment. England Top Quartile – 83% (2016/17)	
CP 4.7* 28	Other planning applications determined in 8 weeks [Cumulative]	Aim to Maximise	94.65%	90.00%	Met	In order to meet the target during a period of vacancies in the planning service, it has been necessary to reprioritise some non-statutory functions; officers have made the processing of planning applications the primary focus. The service has also moved staff from other duties to work on applications and engaged experienced temporary staff to supplement the existing establishment. England Top Quartile – 90% (2016/17)	90%
CP 4.8*	Current Rent Arrears as % of rent due.	Aim to Minimise	1.43%	1.77%	Met	Slight increase from last year, reflecting the impact of Universal Credit roll out from Summer 2017. Continuing impact of UC means target has been maintained at 1.77% for 2018/19. Benchmarking data for 2016/17 shows top quartile for this indicator for local benchmarking groups. National Top Quartile – 1.94% (2016/17) Peer Group – 1.49%	1.77%

MPR Code	Short Name	Minimise, Maximise or Goldilocks	Year End 2017/18	Annual Target 2017/18	Outcome	Comments / Benchmarking	Annual Target 2018/19
CP 4.9*	Percentage of children in good or outstanding schools. [Monthly Snapshot]	Aim to Maximise	86.1%	80%	Met	This indicator has met target for the year. We remain above the national benchmark of 83.6%.	85%
CP 29 4.10	Total number of households in temporary accommodation.	Aim to Minimise	140	100	Not Met	Did not meet target, however, use of temporary accommodation is increasing across the country. Q3 comparative performance shows those in temporary accommodation in Southend at 1.34 households per 1,000, against England average of 3.37, ranking Southend 109/292 authorities. Work is underway to address the issue, including, sourcing more private sector properties to help discharge our homelessness duty. This complements other work to address homelessness, including a bid for more resources from the Government's new street homelessness fund and the development of a new Housing Strategy.	New PI created - see next PI listed.
NEW	Total number of households in temporary accommodation per 1,000 households	Aim to Minimise	-	-	-	-	3.19
Excellent							
CP 5.1*	Number of hours delivered through volunteering within Culture, Tourism and Property, including Pier and Foreshore and Events.	Aim to Maximise	26,741	19,000	Met	Benchmarking not available 2017/18 has been an excellent year for volunteering with new initiatives at the Poppies, new first aiders at the seafront and continuing progress of the Make Southend Sparkle project.	19,500

MPR Code	Short Name	Minimise, Maximise or Goldilocks	Year End 2017/18	Annual Target 2017/18	Outcome	Comments / Benchmarking	Annual Target 2018/19
	[Cumulative]						
CP 5.2	Govmetric Measurement of Satisfaction (3 Channels - Phones, Face 2 Face & Web) [Cumulative]	Aim to Maximise	87.58%	80.00%	Met	<p>Satisfaction continues to be high on telephony with 1112 calls and an increase to 96.67% satisfaction in March. Face to Face has fallen to 69.43% this month but no clear reason for this. Overall figure for the 3 customer services (including the Web in March is 86.01% exceeding our target of 80% with the Year to Date figure standing at 87.58%.</p> <p>In all 3 channels (Phones, Face 2 Face & Web) Southend-on-Sea Borough Council was in the Upper Quartile Benchmark Group for satisfaction.</p>	PI not being used for 2018/19 MPR
CP 5.4*	Working days lost per FTE due to sickness - excluding school staff [Cumulative]	Aim to Minimise	7.14	7.20	Met	<p>The Council has come in below the sickness target for 2017/18. For 2018/19 there will be update to the First Care system which will assist in managing absence and provide better quality report going forward.</p> <p>Local Government Association Workforce Survey shows councils reported a median of 10.1 days lost per FTE employee in 2016/17.</p>	8
CP 5.5*	Increase the number of people signed up to MySouthend to 35,000 [Cumulative]	Aim to Maximise	36,705	35,000	Met	<p>Increased target sign ups to MySouthend by 7%; specifically in relation to revenues & benefits customers. These customers have been receptive to the new way of accessing and receiving information from the Council and the teams have worked hard to explain this to customers, spending time explaining</p>	45,000

MPR Code	Short Name	Minimise, Maximise or Goldilocks	Year End 2017/18	Annual Target 2017/18	Outcome	Comments / Benchmarking	Annual Target 2018/19
						the benefits and talking through some of the barriers. Once size doesn't fit all but those that can use MySouthend are being encouraged and supported to do so. The expectation is the figures will increase as we get more services onto the platform and merge to have one MySouthend.	
CP 5.6* 31	Percentage of new Education Health and Care (EHC) plans issued within 20 weeks including exception cases. [Cumulative YTD]	Aim to Maximise	58.7%	56%	Met	<p>Following a significant amount of effort from the team this performance indicator has recovered from less than 5% in May 2017 to beat the target for the year.</p> <p>This is now in line with the National benchmark and the current forecast for the coming financial year is a very strong performance.</p> <p>England Benchmark (2016/17) – 55.7% Regional Average (2016/17) – Not Available Statistical Neighbours (2016/17) – 57.0%</p>	95%

***Indicates Performance Indicator that will remain in the Monthly Performance Report for 2018/19.**

Goldilocks – Goldilocks is a descriptor that applies to situations where desired performance is neither too high nor too low but somewhere in-between.

Corporate Performance Indicators - Year End 2017-18

Appendix 1

Comparative information, in most cases, is with all unitary authorities in England or with the appropriate 'family' group (eg those authorities with characteristics that are most similar to Southend). The majority of benchmarking data is from 2016/17 as data for 2017/18 from other authorities is not yet available – although this still offers a good indication into how our performance is progressing. Comparative performance is often described in terms of 'quartiles' where:

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

MPR Code	Short Name	Minimise or Maximise	Year End 2017/18	Annual Target 2017/18	Outcome	Comments / Benchmarking	Annual Target 2018/19
Safe							
CP 1.1*	Rate of children subject to a Child Protection Plan per 10,000 population under the age of 18. [Monthly Snapshot]	Goldilocks	30	50.4 – 55.7	-	England Benchmark (2016/17) – 43.0 Regional Average (2016/17) – 30.6 Statistical Neighbours (2016/17) – 50.0 As previously identified the number of children subject to child protection plans has been decreasing. The rate of children subject to plans continues to reduce and this is partly explained by increasing resources in Early Help and the use of other preventative interventions such as Family Group Conferences.	38 - 48
CP 1.2*	Rate of Looked After Children per 10,000 population under the age of 18. [Monthly Snapshot]	Aim to Minimise	76.7	66	Not Met	The rate of children looked after remains above target. The rate does appear to have stabilised in the mid-70s. Other than children who need to	57 - 67

MPR Code	Short Name	Minimise or Maximise	Year End 2017/18	Annual Target 2017/18	Outcome	Comments / Benchmarking	Annual Target 2018/19
33						<p>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. The Panel process has prevented the numbers escalating and, where safely possible, put other measures in place to support the family. Planned work around reunification should ensure that children do not remain in care for longer than necessary.</p> <p>England Benchmark (2016/17) – 62.0 Regional Average (2016/17) – 49.9 Statistical Neighbours (2016/17) – 68.0.</p>	
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	84.4%	90%	Not Met	<p>Group Managers continue to ensure themselves that children who have not been visited in timescales are safe and have been visited or a visit planned and they monitor this on a weekly basis. This is an area of continued focus</p> <p>England Benchmark (2016/17) – Not Published / Regional Average (2016/17) – Not Published Statistical Neighbours (2016/17) – Not Published</p>	95%
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	Aim to Maximise	87.2%	90%	Not Met	<p>The aim is for this measure to be at 100% and as such this continues to be an area of focus for the service. We need to ensure that all children are visited in line with their wishes, needs and risks. This is monitored</p>	95%

MPR Code	Short Name	Minimise or Maximise	Year End 2017/18	Annual Target 2017/18	Outcome	Comments / Benchmarking	Annual Target 2018/19
	working days prior to the last day of the month.					and reported upon on a weekly basis. England Benchmark (2016/17) – Not Published / Regional Average (2016/17) – Not Published Statistical Neighbours (2016/17) – Not Published	
CP 1.6 34	Rate of Children in Need per 10,000 (including CiN, CPP and LAC and Care Leavers). [Monthly Snapshot]	Aim to Minimise	340.6	296.6	Not Met	The report for Children in Need is still in its infancy and we are monitoring figures for accuracy particularly in respect of children with disabilities cases in transition which should not be included in the figures reported. We will have more confidence in this report over the next couple of months which may then see a reduction in the numbers reported. England Benchmark (2016/17) – 330.0 Regional Average (2016/17) – 137.0 Statistical Neighbours (2016/17) – 350.0	PI not being used for 2018/19 MPR
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	91.3%	74%	Met	Performance for this measure has been strong throughout the year. The indicator has out turned much higher than the national benchmark demonstrating our strength in this area. England Benchmark (2016/17) – 87.5% Regional Average (2016/17) – 88.5% Statistical Neighbours (2016/17) – N/A	80%

Clean

MPR Code	Short Name	Minimise or Maximise	Year End 2017/18	Annual Target 2017/18	Outcome	Comments / Benchmarking	Annual Target 2018/19
CP 2.1	Number of reported missed collections per 100,000 [Monthly Snapshot]	Aim to Minimise	50	45	Not Met	The missed collection target was set as very high to encourage the contractor in achieving excellence in customer focussed service and getting collections right first time. This set target has been slightly missed and therefore, is deemed unachieved. However, the standard of overall waste collection performance is still extremely good and is within the top quartile performance measured against other waste collection authorities.	New PI created - see next PI listed.
³⁵ NEW	Number of reported missed collections per year is maintained in accordance with the Waste Contract	Aim to Minimise	-	na	na	Target reflects agreed annual target with the contractor	8,000
CP 2.2*	% acceptable standard of cleanliness: litter [Cumulative]	Aim to Maximise	97%	93%	Met	Targets have been achieved and exceeded for both litter & detritus. These standards have been the highest and best returns that have been attained previously since records began. This is a testament to the excellent street cleansing work being undertaken by Veolia to achieve these exceptional standards of cleanliness across the Borough.	94%
CP 2.3*	Percentage of household waste sent for reuse, recycling and composting [Cumulative]	Aim to Maximise	TBC	54.00%	Not Met	There has been a delay in receiving MBT data from ECC to validate our waste figures – Our end of year DEFRA data return will be submitted on time which will be by the end of June where DEFRA will then confirm validation of the data. Recycling	46.38%

MPR Code	Short Name	Minimise or Maximise	Year End 2017/18	Annual Target 2017/18	Outcome	Comments / Benchmarking	Annual Target 2018/19
						targets have been re-balanced following discussion with the contractor.	
Healthy							
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	78.9%	70%	Met	This indicator has performed strongly through the year. It has out turned above target and is well above the national benchmark of 54%. England Benchmark (2016/17) – 54.0 Regional Average (2016/17) – 43.0 Statistical Neighbours (2016/17) – N/A	74%
36 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	81.8%	88.6%	Not Met	This performance indicator remains under the local target but above national target of 82.5%, 16 people were not at home after their reablement period, with a significant number of people having died before the 91 day review. We are committed to ensuring all people are given the opportunity of reablement where appropriate. We are working with partners and staff to ensure they identify the appropriate people for reablement and we are working closely with providers to ensure they identify reablement potential early on and encourage a strength based approach that will maximise the person's independence. England Benchmark (2016/17) – 82.5 Regional Average (2016/17) – 80.7 Statistical Neighbours (2016/17) – N/A	88.7%

MPR Code	Short Name	Minimise or Maximise	Year End 2017/18	Annual Target 2017/18	Outcome	Comments / Benchmarking	Annual Target 2018/19
CP 3.3* 37	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	0.83	1.43	Met	<p>Delayed transfers of care from the acute and non-acute settings for social care remains a high priority and a strong performing area</p> <p>Performance continues to be enhanced by the strategic work being undertaken to pilot small initiatives to improve the experience of people coming into hospital and ensure they are safely discharged.</p> <p>Nationally Delayed Transfers of Care data for February 2018 by LG Inform ranks Southend-on-Sea Borough Council as 12th within all English single-tier and County Councils.</p> <p>England Benchmark (2016/17) – 6.3 Regional Average (2016/17) – Not Available Statistical Neighbours (2016/17) – 3.64</p>	1.81
CP 3.4*	The proportion of people who use services who receive direct payments (ASCOF 1C (2A)) [YTD Snapshot]	Aim to Maximise	29%	33.5%	Not Met	<p>Performance remains above the national benchmark of 28.3% and above the regional benchmark of 28.2%. As the domiciliary care is commissioned with the expectation of an enablement approach being adopted, aligned to localities, we are not surprised to see that people have trust in this offer and are choosing to access a direct service from us as opposed to a direct payment.</p> <p>The Service Contract to support people with Direct Payments is currently going through a tendering process, with adjustments to the specification to enhance the support</p>	33.00%

MPR Code	Short Name	Minimise or Maximise	Year End 2017/18	Annual Target 2017/18	Outcome	Comments / Benchmarking	Annual Target 2018/19
						for people using Direct Payments. It is anticipated that once the new contract is in place, we may see an increase in numbers of people choosing to have a direct payment option. England Benchmark (2016/17) – 28.3 Regional Average (2016/17) – 28.2 Statistical Neighbours (2016/17) – N/A	
CP 3.5* 38	Proportion of adults with a learning disability in paid employment. (ASCOF 1E) [Monthly Snapshot]	Aim to Maximise	11%	10%	Met	Performance over the year has been consistent and each month we have exceeded the specified target. The learning disability team continue to work with local employers and the dedicated employment team are now looking at plans to continue this work over 2018-19 with new initiatives to support people into paid employment.	10%
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	6,303,463	4,350,000	Met	Benchmarking not available An excellent performance across the town's culture and sport offers, along with a 10 year high for Pier visitors.	4.4m
CP 3.7*	Public Health Responsibility Deal [Cumulative]	Aim to Maximise	42	40	Met	The Workplace Champions Forum took place and was well attended. Local Businesses provided feedback and suggestions to further improve the programme. Work continues with the economic development and the South Essex Active Travel programme to improve joint working and provide local businesses with a co-ordinated service. Work also continues to	40

MPR Code	Short Name	Minimise or Maximise	Year End 2017/18	Annual Target 2017/18	Outcome	Comments / Benchmarking	Annual Target 2018/19
						support the corporate wellbeing group to improve health of Council staff.	
CP 3.8*	Number of people successfully completing 4-week stop smoking course [Cumulative]	Aim to Maximise	758	1,100	Not Met	The final figure for the year will not be available until 6 weeks' time. Recent statistics (locally and nationally) show smoking prevalence in adults has fallen to 17.2% and footfall through Stop Smoking continues to decline.	771
NEW 39	The number of successful treatments for smoking cessation	-	-	-	-	-	1,542
CP 3.9*	Take up of the NHS Health Check programme - by those eligible [Cumulative]	Aim to Maximise	4,553	5,740	Not Met	Recovery plan has resulted in an increase in activity across the providers. This still remains under target however the organisation is RAG rated as second in Eastern England overall.	7,240
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	55.5%	90%	Not Met	We continue to work hard to achieve timescales and it is expected that the average annual figure will continue to improve in 2018/19. We will continue to monitor these cases to ensure that any delay is child focused and the correct decision.	PI not being used for 2018/19 MPR
CP 3.11	The number of Early Help Assessments closed with successful outcomes for the clients (excluding TACAF).	Aim to Maximise	225	-	N/A	The number of Early Help Assessments or other assessments made by EHFSYOS that have resulted in a positive outcome in Mar-18 was 225. It is to be notes that this indicator does not have a target. The increased figure for this month reflects an end of year checking exercise across Liquid Logic and the	New PI created - see next PI listed.

MPR Code	Short Name	Minimise or Maximise	Year End 2017/18	Annual Target 2017/18	Outcome	Comments / Benchmarking	Annual Target 2018/19
						early Help database The KPI reflects cases where a positive outcome has been achieved, this may be turning families lives around making improvements to all aspects of their lives or successfully preventing families escalating to require statutory services.	
NEW	The number of Early Help Assessments per 10,000 population under 18 years old	Aim to Maximise	-	-	-	-	209 - 231
Prosperous							
40 CP 4.3*	% of Council Tax for 2018/19 collected in year [Cumulative]	Aim to Maximise	97.50%	97.30%	Met	The final position for collection of Council Tax for 2017/2018 has both exceeded target for this year and shows an improvement on last year's final collection figure. In financial terms we have collected an extra £203,000 with achieving 0.2% above the target. The growth in our tax base has also seen an extra £5,219,000 additional Council Tax collected. The continuing growth with the increase in new homes coming onto the list is very encouraging and will continue to generate extra income throughout the 2018/2019 year.	97.5%
CP 4.4*	% of Non-Domestic Rates for 2018/19 collected in year [Cumulative]	Aim to Maximise	98.60%	97.90%	Met	The final position for Business Rates collection for the 2017/2018 year shows that the current year's target has been exceeded, and is an improvement on last year's collection. The final current financial year's collection is 98.6% which is 0.7% above the target for 2017/2018. In	98.3%

MPR Code	Short Name	Minimise or Maximise	Year End 2017/18	Annual Target 2017/18	Outcome	Comments / Benchmarking	Annual Target 2018/19
						financial terms we collected an additional £343,000 as we exceeded the target; however, overall due to the shrinking tax base in Business Rates we collected £2,013,000 less.	
CP 4.5* 11	Major planning applications determined in 13 weeks [Cumulative]	Aim to Maximise	94.87%	79.00%	Met	In order to meet the target during a period of vacancies in the planning service, it has been necessary to reprioritise some non-statutory functions; officers have made the processing of planning applications the primary focus. The service has also moved staff from other duties to work on applications and engaged experienced temporary staff to supplement the existing establishment. England Top Quartile – 86% (2016/17)	79%
CP 4.6*	Minor planning applications determined in 8 weeks [Cumulative]	Aim to Maximise	93.20%	84.00%	Met	In order to meet the target during a period of vacancies in the planning service, it has been necessary to reprioritise some non-statutory functions; officers have made the processing of planning applications the primary focus. The service has also moved staff from other duties to work on applications and engaged experienced temporary staff to supplement the existing establishment. England Top Quartile – 83% (2016/17)	84%
CP	Other planning	Aim to	94.65%	90.00%	Met	In order to meet the target during a	90%

MPR Code	Short Name	Minimise or Maximise	Year End 2017/18	Annual Target 2017/18	Outcome	Comments / Benchmarking	Annual Target 2018/19
4.7*	applications determined in 8 weeks [Cumulative]	Maximise				<p>period of vacancies in the planning service, it has been necessary to reprioritise some non-statutory functions; officers have made the processing of planning applications the primary focus. The service has also moved staff from other duties to work on applications and engaged experienced temporary staff to supplement the existing establishment.</p> <p>England Top Quartile – 90% (2016/17)</p>	
42 CP 4.8*	Current Rent Arrears as % of rent due.	Aim to Minimise	1.43%	1.77%	Met	<p>Slight increase from last year, reflecting the impact of Universal Credit roll out from Summer 2017. Continuing impact of UC means target has been maintained at 1.77% for 2018/19. Benchmarking data for 2016/17 shows top quartile for this indicator for local benchmarking groups.</p> <p>National Top Quartile – 1.94% (2016/17) Peer Group – 1.49%</p>	1.77%
CP 4.9*	Percentage of children in good or outstanding schools. [Monthly Snapshot]	Aim to Maximise	86.1%	80%	Met	This indicator has met target for the year. We remain above the national benchmark of 83.6%.	82.5%
CP 4.10	Total number of households in temporary accommodation.	Aim to Minimise	140	100	Not Met	Did not meet target, however, use of temporary accommodation is increasing across the country. Q3 comparative performance shows those in temporary accommodation in	New PI created - see next PI listed.

MPR Code	Short Name	Minimise or Maximise	Year End 2017/18	Annual Target 2017/18	Outcome	Comments / Benchmarking	Annual Target 2018/19
43						Southend at 1.34 households per 1,000, against England average of 3.37, ranking Southend 109/292 authorities. Work is underway to address the issue, including, sourcing more private sector properties to help discharge our homelessness duty. This complements other work to address homelessness, including a bid for more resources from the Government's new street homelessness fund and the development of a new Housing Strategy.	
NEW	Total number of households in temporary accommodation per 1,000 households	Aim to Minimise	-	-	-	-	3.19
Excellent							
CP 5.1*	Number of hours delivered through volunteering within Culture, Tourism and Property, including Pier and Foreshore and Events. [Cumulative]	Aim to Maximise	26,741	19,000	Met	Benchmarking not available 2017/18 has been an excellent year for volunteering with new initiatives at the Poppies, new first aiders at the seafront and continuing progress of the Make Southend Sparkle project.	19,500
CP 5.2	Govmetric Measurement of Satisfaction (3 Channels - Phones, Face 2 Face & Web) [Cumulative]	Aim to Maximise	87.58%	80.00%	Met	Satisfaction continues to be high on telephony with 1112 calls and an increase to 96.67% satisfaction in March. Face to Face has fallen to 69.43% this month but no clear reason for this. Overall figure for the 3 customer services (including the Web in March is 86.01% exceeding	PI not being used for 2018/19 MPR

MPR Code	Short Name	Minimise or Maximise	Year End 2017/18	Annual Target 2017/18	Outcome	Comments / Benchmarking	Annual Target 2018/19
						our target of 80% with the Year to Date figure standing at 87.58%. In all 3 channels (Phones, Face 2 Face & Web) Southend-on-Sea Borough Council was in the Upper Quartile Benchmark Group for satisfaction.	
CP 5.4* 44	Working days lost per FTE due to sickness - excluding school staff [Cumulative]	Aim to Minimise	7.14	7.20	Met	The Council has come in below the sickness target for 2017/18. For 2018/19 there will be update to the First Care system which will assist in managing absence and provide better quality report going forward. Local Government Association Workforce Survey shows councils reported a median of 10.1 days lost per FTE employee in 2016/17.	8
CP 5.5*	Increase the number of people signed up to MySouthend to 35,000 [Cumulative]	Aim to Maximise	36,705	35,000	Met	Increased target sign ups to MySouthend by 7%; specifically in relation to revenues & benefits customers. These customers have been receptive to the new way of accessing and receiving information from the Council and the teams have worked hard to explain this to customers, spending time explaining the benefits and talking through some of the barriers. Once size doesn't fit all but those that can use MySouthend are being encouraged and supported to do so. The expectation is the figures will increase as we get more services onto the platform and merge to have one MySouthend.	45,000

MPR Code	Short Name	Minimise or Maximise	Year End 2017/18	Annual Target 2017/18	Outcome	Comments / Benchmarking	Annual Target 2018/19
CP 5.6* 45	Percentage of new Education Health and Care (EHC) plans issued within 20 weeks including exception cases. [Cumulative YTD]	Aim to Maximise	58.7%	56%	Met	<p>Following a significant amount of effort from the team this performance indicator has recovered from less than 5% in May 2017 to beat the target for the year.</p> <p>This is now in line with the National benchmark and the current forecast for the coming financial year is a very strong performance.</p> <p>England Benchmark (2016/17) – 55.7%</p> <p>Regional Average (2016/17) – Not Available</p> <p>Statistical Neighbours (2016/17) – 57.0%</p>	95%

***Indicates Performance Indicator that will remain in the Monthly Performance Report for 2018/19.**

APPENDIX 2:
ANNUAL REPORT 2017/18
DRAFT CONTENT

Introduction from the Leader and Chief Executive

Well, what a year it has been – packed full of numerous achievements and also challenges.

2017/18 was a year of successes across our 400 services – from becoming a Gigabit City to seeing 53 more local children take and pass the 11 plus. From securing £15m for our Better Queensway project (that we also launched in March 2018), to working with our community and voluntary partners to provide more spaces at our church winter night shelters. From our adoption team being consistently recognised nationally for their performance, to our parks and beaches receiving their green and blue flags yet again.

Southend-on-Sea is a place like no other. And what a place to live, work and play. A lively and vibrant place, with a burgeoning cultural and food scene and also blessed with many of the things you would expect from a traditional seaside town. And the council continues to deliver a vast range of good services to local people.

It is also right that we recognise the issues and challenges that we face. We are the size of small city (and still growing), combined with many of the demographic issues commonly found in a seaside town. We face issues with health and wealth inequality, the rise of online shopping and the impact on our High Street and social issues too such as rising homelessness. As a council we face reducing budgets versus additional demand and pressure on our services. But, we are tackling these issues head on and together with our partners, businesses and local community and look forward to a positive future.

As we look forward to that future, and developing a shared community vision for Southend 2050, we will be working closely with our local community and partners to map out our journey over the next five and ten years, and further ahead to 2050.

Cllr John Lamb – Leader of the Council
Alison Griffin – Chief Executive

What does the council do for me?

The council delivers over 400 services, with a variety and complexity unlike any other organisation. You may never use 398 of them, but for some people those services are absolutely vital to their wellbeing and way of life.

From our youth offending services to school nursing in the Borough, from our team who work with families and children who are on the ‘edge of care’, to our food inspectors who carry out inspections to ensure the places you eat are safe.

From our social workers and care home staff to our births, death and marriages team, the council is here for you throughout your life.

We manage/maintain:

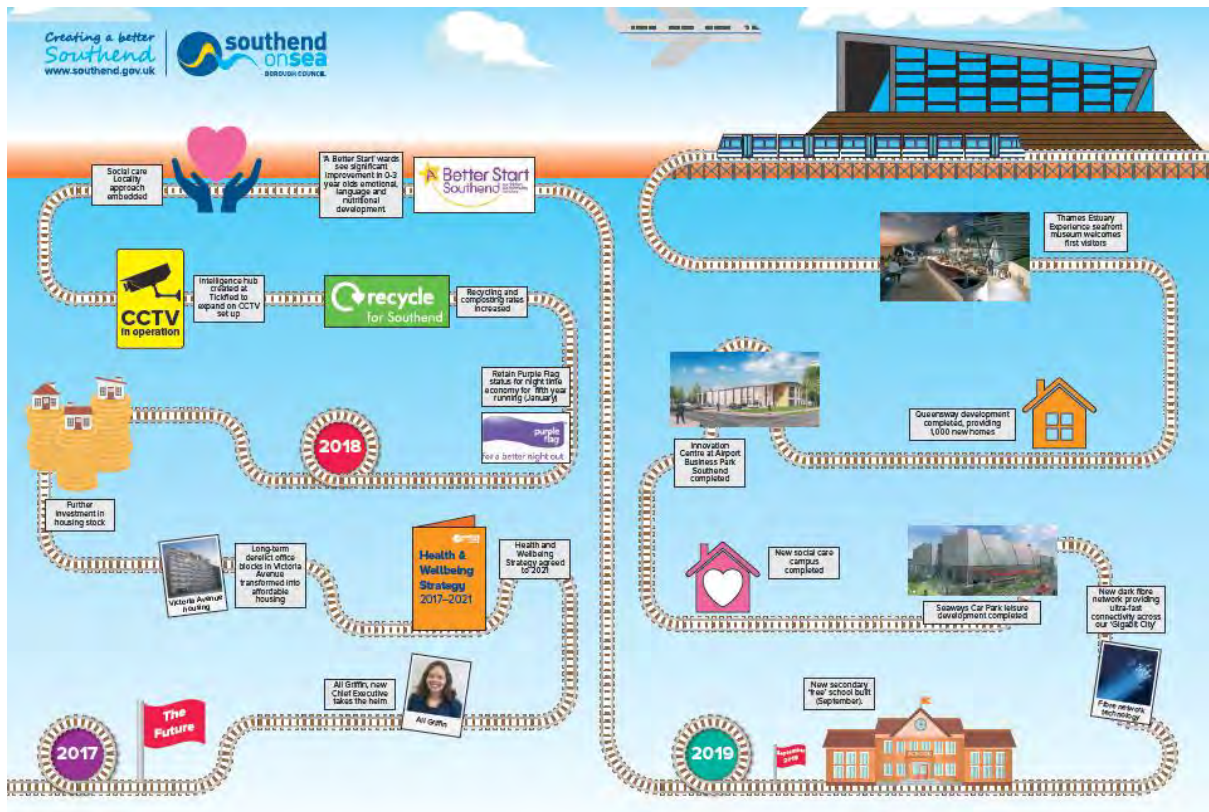
- 700,000 sqm of verges
- 90,000 sqm of planted areas
- 20,000 trees
- 1,000 dog and litter bins
- 400 km's of roads and pavements
- 40 open spaces
- 36 play areas
- 35 football pitches
- 32 parks
- 15 allotments
- 10 cricket squares
- 7 miles of coastline
- 7 rugby pitches
- 6 wheeled sport facilities
- 6 nature conservation areas
- 4 leisure centres
- 4 closed church yards
- 3 swimming pools
- 2 fishing lakes
- 2 theatres
- 1 golf course

We are responsible for:

- 282 looked after children
- 2 care homes looking after 52 elderly people
- 2 centres providing day services to vulnerable adults who have profound and multiple learning disabilities

2017/18 timeline

To be represented across at least a double page in Pier train style graphic (see below example)



12 April to 25 June:

- Poppies Wave at Barge Pier, Shoeburyness attracts over 100,000 visitors to the local area.

May 2017:

- All seven beaches receive ‘Seaside award’, with three receiving blue flag.

Summer 2017:

- Summer of activity takes place as part of the Borough’s 125th anniversary celebration.

June 2017:

- Council launches 11 plus campaign to encourage local children to consider grammar as an option. Campaign is deemed a success as extra 53 pupils pass the test in September 2017 (452 v 399).

July 2017:

- CityFibre officially activate Southend-on-Sea’s Gigabit City 90km network, offering hundreds of local businesses and 120 public sector sites next-generation digital infrastructure.

- ‘Twenty-One’, a new cultural space and café run by Focal Point Gallery opens on Southend seafront.

August 2017:

- Borough's sixth form students received their results, with figures showing number of students receiving A*/A grades and A* to E grades were above the national average yet again (98.5%).
- Plans for fifteen new affordable council homes in Rochford Road are approved. The approval follows on from the successful delivery of 18 affordable rented dwellings built in Shoeburyness.

September 2017:

- Free #SouthendFreeWiFi is launched across central Southend, Westcliff and Leigh in partnership with intechology wifi.

Pull out box:

Top of the class

DfE figures show excellent results across all key stages In Early Years (pre-school, aged 2-4), 74.3% of pupils are achieving a 'good level of development', comparing favourably to the 70.7% national average.

By the end of infants (Key Stage 1, Year 2, aged 7) 66.6% of Southend pupils are achieving the expected standard or above in combined reading, writing and maths, again comparing favourable to the national average of 63.7%.

By the end of primary school (Key Stage 2, Year 6, aged 11), 65% of Southend pupils are achieving or exceeding the expected standard in reading, writing and maths, significantly above the national average of 61%.

At the end of secondary school (GCSE, Key Stage 4), 72.3% of pupils achieved the new benchmark of 4+ in the combined subjects. This is compared to 69% for the similar measure last year and above the national average.

October 2017:

- Council successfully bids for £1.7m of Government funding from the Department of Transport towards £2.5m of road improvements in key town centre locations, including improving right turn access to Warrior Square and Tylers Avenue car parks and providing better car parking signage around the town.
- Council launches public consultation on its ambitious plans for the Queensway estate, with over 300 local people responding.

November 2017:

- The former gasworks site on Eastern Esplanade, purchased by the council as a long-term regeneration project site, opens as a temporary car park to provide additional seafront capacity on busy days, helping local residents, visitors and businesses.
- Council teams up with local homeless charity HARP and local churches to provide somewhere for homeless people to sleep through the winter months, with up to 20 extra places to sleep provided at seven different churches across Southend.

December 2017:

- Council announces that increased secondary school places from 2018 to 2020 (13 new forms of entry (FE) are set to be fully delivered through expansions at existing secondary schools.
- The Southend Central Area Action Plan (SCAAP), a key planning document that will guide development of central Southend and seafront over next five years is given go-ahead by government planning inspector.

January 2018

- Draft budget launched with over £20m of new and ambitious capital investment planned for the Borough, including for The Forum 2, commercial property acquisition, flood prevention, highways and fire improvement works

February 2018

- £15m of Government funding for Better Queensway project is announced (third largest single allocation of 134 awards made across the country). Funding will be used to carry out highways changes as part of the overall redevelopment.
- Departments from across the council come together to deal with severe and prolonged cold weather and snow. 320 tonnes of salt are used as crews are out for 196 hours across 6 days gritting 350 miles of highway.
- A total of 13,000 illegal cigarettes and 14kg of illegal hand rolling tobacco are seized from shops in Southend-on-Sea as part of a joint operation between the Council's Trading Standards team and Essex Police.
- Council signs up to The Association of South Essex Local Authorities (ASELA) to work across borders on strategic issues such as future infrastructure, planning and growth.

March 2018

- The council's highways team, along with partner Marlborough begin work to repair damaged roads across Borough, thanks to an additional £100,000 of funding. It follows on from the so called 'Beast from the East', with roads up and down the country heavily impacted by the adverse weather conditions.
- The search for a partner to work with the council to deliver the Better Queensway regeneration project is officially launched to the market.

April 2018

- Fire safety works across the Borough's tower blocks is completed, after the council brought forward £2m of planned capital funding for the to be completed quicker.

A further £1m, two-year fire improvement programme also starts on high priority council-owned buildings.

- A joint project to open a complex needs hostel and help get entrenched homeless people off the streets receives national recognition by becoming a finalist in the Local Government Chronicle (LGC) Awards Housing Initiative category.

May 2018

- National figures show adoption services team are the quickest nationally for matching a child entering care with an adoptive family, where there is no option for a child to remain within their birth family.

A year in numbers:

Infographics to represent these visually

6,303,463 people took part in a cultural and sporting activity or visited the Pier during 2017/18

90,000 of ultra fast fibre network connectivity across Southend.

80,000 tonnes of waste collected

36,705 people signed up for a MySouthend online account

26,741 hours given by volunteers

3600 pothole repairs each year

758 local people completed a 4-week stop-smoking course – numbers are falling as adult smokers has fallen to 17.2%

97.5% of council tax collected in 2017/18

97% - acceptable standard of cleanliness/litter achieved

94.87% of major planning applications determined in 13 weeks, well above national average of 86%

91% of adult safeguarding investigations concluded with actions being taken and risk therefore reduced or removed

58.7% of education health care (EHC) plans issued within 20 weeks across the year

86.1% of children in good or outstanding schools

79.9% of local adults in contact with secondary mental health services live independently compared to national average of **54%**

12 – Southend-on-Sea’s national ranking for having least number of people delayed from being discharged from hospital due to social care – 0.83 per 100,000 of population well below national average of 6.3.

Case studies (TBC)

The future – Southend 2050

During 2018, we are asking local partners, residents and businesses what they want Southend-on-Sea to be like in the future? What will make people want to live, shop, work and spend time here?

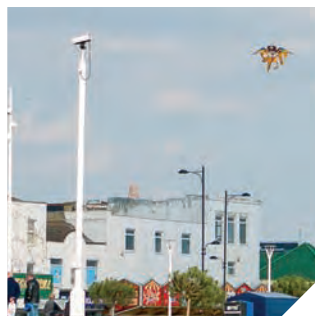
By working together and thinking creatively, ambitiously and collectively, we can create a shared vision for the future of Southend. The vision will help to shape the priorities we focus on, the choices we make and the way we work in the years ahead.

This work will help us to map out our journey over the next five and ten years, and further ahead to 2050.

South Essex 2050

The council is also looking to the future with its south Essex partners. We are working across borders on strategic issues such as infrastructure, planning and growth, skills, housing and transport connectivity and producing a Strategic Plan for South Essex.

This will guide the future development of new transport links, health and social infrastructure, business and skill opportunities and ensure that the 90,000 homes needed across south Essex over the next twenty years are built in the right place and with the right supporting infrastructure.





ANNUAL REPORT 2018

Introduction from the Leader and Chief Executive

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We manage and maintain

20k
Trees

32
Parks

35
Football pitches

15
Allotments

10
Cricket squares

1
Golf course

4
Leisure centres

We are responsible for:

282
Children in care

90k
sqm of planted areas

400 km's of roads and pavements

1,000
Litter and dog bins



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Southend-on-Sea Borough Council

Report of Chief Executive and Town Clerk
To
Cabinet
On
19 June 2018

Agenda
Item No.

8

Report prepared by: Louisa Thomas - Senior Business
Management Advisor

2018-19 Corporate Risk Register

Cabinet Member: **7 ci bW`cf`>c\ b`@Ja V**

Place, People and P&R Scrutiny Committees

1 Purpose of Report

- 1.1 To consider the 2018/19 Corporate Risk Register.

2 Recommendations

- 2.1 **That Cabinet considers the risks identified by the Corporate Management Team (CMT) for inclusion in the 2018/19 Corporate Risk Register, for presentation to Cabinet on 19 June and Audit Committee on 25 July 2018.**

3 Background

3.1 Corporate Risk Register 2018/19

- 3.1.1 The Council's Corporate Risk Register sets out the key risks to the successful delivery of the Council's corporate aims and priorities and outlines the key controls and actions to mitigate and reduce risks, or maximise opportunities.
- 3.1.2 The Corporate Risk Register has been refreshed to reflect the challenges for 2018/19 and the risks, and related controls and actions identified, are set out in **Appendix 1**.
- 3.1.3 The Corporate Management Team has identified the following areas to be included in, and then monitored and reviewed, as part of the Corporate Risk Register for 2018/19:
1. Council Budget / financial sustainability
 2. Recruiting and retaining staff
 3. Key external challenges
 4. Housing
 5. Local Infrastructure
 6. Secondary School Places
 7. Health and Social Care
 8. Information management and cyber security
 9. Children's Services Improvement Plan
 10. Waste Management
 11. Flooding/cliff slip

- 12. Major developments
- 13. Local Plan

3.1.4 The format of the Corporate Risk Register follows a 3 stage process:

1st stage: An 'inherent score' with the risk assessed with no controls, assurance or actions in place.

2nd stage: The 'current score' where the risk is assessed with controls, assurances and progress against identified actions. The current score is adjusted in light of progress against actions.

3rd stage: The target score which is the risk with the controls, assurances and actions, as if they have been completed

The current score is then adjusted in light of progress against actions.

3.1.5 Updates on the Corporate Risk Register are reported to CMT quarterly and to Audit Committee every 6 months.

3.1.6 Senior officers ensure specific risks are managed within service areas, within service plans and in accordance with the risk management strategy and processes. 'Red' rated risks with corporate implications can be escalated to CMT. Actions for all these risks are updated and reviewed by departmental management teams.

3.1.7 Operational risks, managed within departments, are also assessed as part of reviews undertaken by Internal Audit and project risks are monitored by the Corporate Management Team where applicable and relevant project teams.

4 Corporate Implications

4.1 Contribution to Council's Vision & Corporate Priorities

The Corporate Risk Framework underpins the operational effectiveness of the Council's Corporate Governance arrangements and specifically monitors progress of managing key risks associated with the successful delivery of corporate aims and priorities.

4.2 Financial Implications

Any financial implications arising from identifying and managing risk will be considered through the normal financial management processes. Proactively managing risk can result in reduced costs to the Council by reducing exposure to potential loss.

4.3 Legal Implications

The Accounts and Audit Regulations 2015 require that:

A relevant authority must ensure that it has a sound system of internal control which (a) facilitates the effective exercise of its functions and the achievement of its aims and objectives; (b) ensures that the financial and operational management of the authority is effective; and (c) includes effective arrangements for the management of risk..

- 4.4 People Implications
Any people and property implications arising from identifying and managing risk will be considered through the Council's normal business management processes.
- 4.5 Property Implications
None specific
- 4.6 Consultation
Consultation has taken place where relevant.
- 4.7 Equalities Implications
Corporate Equalities considerations have been considered in the drafting of the Register and any specific equality related risks have been identified for the Council.
- 4.8 Risk Assessment
Failure to implement a robust assurance framework which includes fit for purpose risk management arrangements increases the risk that Council objectives will not be delivered.
- 4.9 Value for Money
Effective forecasting and timely management of risk is a key factor in preventing waste, inefficiency and unnecessary or unplanned use of resource.
- 4.10 Community Safety Implications
None specific
- 4.11 Environmental Impact
None specific.

5 Appendices

Appendix 1 - 2018/19 Corporate Risk Register.

Corporate Assurance Risk Register 2018-19

Contents

- Section 1** **3 Stage Risk Scoring Process**
Brief description of the 3 stage risk scoring process and clarification of each stage
- Section 2** **Risk Matrix**
The matrix used for calculating Risk score
- Section 3** **Corporate Assurance Risk Register**
- Inherent, Current and Target scores
 - Controls and Assurances
 - Future Actions and comments

Southend-on-Sea Borough Council's Corporate Assurance and Risk Register is a best practice template for recording and managing risks. The Council also promotes the use of Assurance and Risk Registers for managing risks within service areas which are recorded and managed in service and project plans.

The Risk Register is a management tool where a review and updating process identifies, assesses and manages down the risk to acceptable levels. It provides a framework in which problems that may arise and adversely affect the delivery of the Council's aims and priorities are captured and actions instigated to reduce the likelihood and impact of that particular risk.

Section 1 - Three Stage Risk Scoring Process

Southend-on-Sea Borough Council operates a 3 Stage Risk Scoring process as outlined in the Council's Risk Management Toolkit which is available on the Council intranet site. The information below offers a brief overview of each stage of the Risk process.

Inherent score – the risk scored with no controls, assurances or actions in place.

Current score – the risk scored with controls, assurances and progressed actions.

Target score – the risk score with controls and assurances in place and linked actions completed.

As controls and assurances are put in place and actions completed the Risk will be more controlled and, therefore, the current score moves towards the Target Score. The current score from the last reported Corporate Risk Register is shown in brackets.

Section 2 - Risk Matrix

EXAMPLES				IMPACT	CORPORATE RISK GRID			
Reputational:	Compliance	Financial:	Service Provision / Continuity:		4	8	12	16
National publication (name and shame) by external body leading to a loss of control over the running of Council operations. Front page of national paper.	The council faces serious penalties or prosecution & criticism from institutions such as, Ombudsman, Information commissioner. Customers are treated unfairly & suffer damage by the council.	Over £1m loss More than 20% of total budget individually or cumulatively	Service delivery affected by over 3 months. Statutory / critical service delivery will cease for a period of time without any effective contingency.	Catastrophic	4	8	12	16
National or local front-page press article leading to a reduced ability to affectively deliver one or more services. National press article.	The council may face criticism and be ordered to comply with legislation by an external body as a result of a breach.	Between £500k - £1m, 10-20% of total budget individually or cumulatively	Delivery affected between 1 & 3 Months. Loss of a non-critical service for a significant period of time.	Severe	3	6	9	12
Disgruntled local groups/ individuals possibly leading to internal complaints with research into the causes. Local press article &/or ombudsman enquiry.	The council may commit largely undetectable breaches in legislation and internal procedures that could have other minor effects on reputation, service delivery etc.	Between £50k - £499k, 5 – 10% of total budget individually or cumulatively	Delivery affected by up to 1 month. Minor disruption or inconvenience to service delivery & customers. (Reduced staffing, late opening, temp loss of IT).	Material	2	4	6	8
Rumour and gossip	All other material risks.	Under £50k, less than 5% of total budget individually or cumulatively	Minor disruption	Negligible	1	2	3	4
					Unlikely <10%	Likely 10-40%	Very Likely 40-75%	Almost Certain >75%
					LIKELIHOOD			

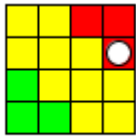
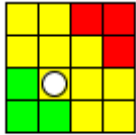
2018-19 Corporate Risk Register


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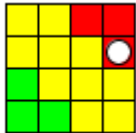
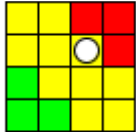
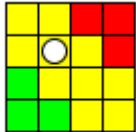


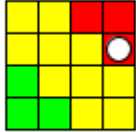
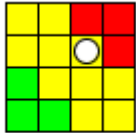

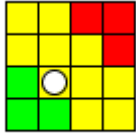




Risk Title	1. Council Budget/Financial Sustainability						
Stage 1 - Risk without controls (Inherent risk)							
Code	Risk - CAUSE, EVENT, EFFECT	Risk Owner	Risk type	Risk category	Inherent risk score		Impact Likelihood
1819CRR01	Risk that failure to manage the short term budget gap and growing demand for services and failure to ensure the council is financially sustainable after 2020/21 will result in significant adverse impact on council services	Joe Chesterton	Strategic	Financial/Reputational	16		
Stage 2 - Risk with Controls and Assurances (current risk)							
List of controls and associated assurances to ensure controls are working					Current risk score		Impact Likelihood
<p>1. Control: Budget setting process to identify required savings through: budget proposal reports to Departmental and Corporate Management Teams; member seminars; Cabinet; Scrutiny Committees; Council Assurance: reports to and minutes of meetings.</p> <p>2. Control: Management oversight of budget setting process through: reports to CMT and Administration Assurance: Reports/Minutes</p> <p>3. Control: Senior member and Chief Executive challenge to departments on proposed savings Assurance: Reports and minutes of meetings.</p> <p>4. Control: Director challenge to Directors Assurance: Minutes of Departmental Management Team meetings/emails.</p> <p>5. Control: Medium Term Financial Strategy (MTFS), including budget pressures to regularly consider financial impact of Government policy reported to CMT, Cabinet and Council Assurance: Reports and minutes of meetings.</p>					6		
Stage 3 - Further actions to reduce the risk (target risk)							
Code	Actions to further mitigate risk / maximise opportunities	Action Owner	Due date	Comments / update on progress	RAG Status	Target risk score	Impact Likelihood
1819CRA0101	Budget Timeline outlining key milestones to be agreed with the Administration and Senior Leadership Team.	Joe Chesterton	31-May-2018	Timeline in place with key deadlines		4	
1819CRA0103	Continual monitoring, risk assessment and reporting of progress on options to meet the saving targets required to set balanced budgets in 2018/19 to 2020/21	Joe Chesterton	31-Mar-2019	Saving proposals approved for 2018/19 were formatted in to the Budget setting for 2018/19.			
1819CRA0104	Continually monitor and assess government's position on grant to be distributed to Local Authorities and other Government announcements that impact funding	Joe Chesterton	31-Mar-2019	Director of Finance and Resources horizon scans all Government announcements, including the latest Autumn Budget Statement and Local Government Settlement for inclusion in final budget and in preparation for future budgets.			

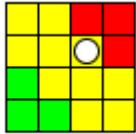
Risk Title	2. Recruiting and retaining staff						
Stage 1 - Risk without controls (Inherent risk)							
Code	Risk - CAUSE, EVENT, EFFECT	Risk Owner	Risk type	Risk category	Inherent risk score	Impact	Likelihood
1819CRR02	Risk that failure to have the appropriate staffing resources, with the right skills, will lead to a failure to achieve the Council's ambitions	Joanna Ruffle	Strategic	Service Provision	12		
Stage 2 - Risk with Controls and Assurances (current risk)							
List of controls and associated assurances to ensure controls are working					Current risk score	Impact	Likelihood
<p>1. Control: Managing Organisational Change Policy; Redeployment Policy & Procedure; Redundancy Policy & Procedure Assurance: Policy documents available via intranet.</p> <p>2. Control: Oversight of policies and procedures to ensure consistency of HR policies and processes and in implementing policies relating to restructures through the Corporate Management Team and Workforce Planning Panel Assurance: Reports to and Minutes of meetings.</p> <p>3. Control: All staff vacancies, redeployments and redundancies reviewed by the Workforce Planning Panel Assurance: Minutes of Workforce Planning Panel</p> <p>4. Control: Recruitment provider to identify recruitment hotspots and plan effective recruitment campaigns Assurance: Service Level Agreement, Contract management.</p>					6		
Stage 3 - Further actions to reduce the risk (target risk)							
Code	Actions to further mitigate risk / maximise opportunities	Action Owner	Due date	Comments / update on progress	RAG Status	Target risk score	Impact
1819CRA0201	Continue to embed Talent Management Strategy (including apprenticeships, graduate traineeships, graduate sponsorships and career progression)	Joanna Ruffle	31-Mar-2019	CMT strategy session took place on 11th April; work is underway to develop the 'New People Deal' for the Borough.		2	
1819CRA0202	Participate in regional Children's Social Care Workforce project	Joanna Ruffle	31-Mar-2019	This project is continuing and is focused on the reduction of agency workers for Childrens Services.			
1819CRA0203	Participate in regional Planners Workforce project	Peter Geraghty	31-Mar-2019	Continue to engage with colleagues regionally and looking at other options including public interest company.			
1819CRA0204	Develop a framework contract to deliver professional/interim resources to supplement the Reed contract	Joanna Ruffle	31-Mar-2019	A professional interim resources contract, has been supporting hard to fill posts; and providing specialist 'search and select' which has been used in a number of cases.			
1819CRA0205	Role of Resourcing Manager agreed and funded to drive talent management initiatives across the organisation	Joanna Ruffle	31-Mar-2019	The role of the Resourcing Manager is a permanent position within the HR management structure. The additional resource in People and HR is also permanent. Conversations are starting with the Department for Place to see if this would be beneficial. The new recruitment partner will be out to market shortly.			

Risk Title	3. Key External Challenges					
Stage 1 - Risk without controls (Inherent risk)						
Code	Risk - CAUSE, EVENT, EFFECT	Risk Owner	Risk type	Risk category	Inherent risk score	Impact Likelihood
1819CRR03	Risk that the impact of, or a failure to take advantage of, the Government's agenda and the lead up to Brexit, may hamper the ability of the Council to achieve key priorities	Alison Griffin	Strategic	Reputation	12	
Stage 2 - Risk with Controls and Assurances (current risk)						
List of controls and associated assurances to ensure controls are working					Current risk score	Impact Likelihood
<p>1. Control: Southend Borough Council active member of South East Enterprise Partnership (SELEP) Board and officers aligned to relevant working groups to engage and influence activity and decisions, Assurance: Minutes/Reports</p> <p>2. Control: Corporate Management Team - oversight of Key Projects Assurance: Minutes/ Project Management Reports to CMT</p> <p>3. Control: Success For All Children Group Assurance: Children and Young People Plan/Reports/Minutes</p> <p>4. Control: Health and Wellbeing Board Assurance: Joint Health and Wellbeing Strategy/Report/Minutes</p> <p>5. Control: Association of South Essex Local Authority Assurance: Report/Minutes</p>						
Stage 3 - Further actions to reduce the risk (target risk)						
Code	Actions to further mitigate risk / maximise opportunities	Action Owner	Due date	Comments / update on progress	RAG Status	Target risk score Impact Likelihood
1819CRA0301	Maintaining, renewing and building relationships with key partners	Alison Griffin	31-Mar-2019	A range of partnerships have been strengthened during the year including CSP, working with health on localities through HWB, the establishment of Association of South Essex Local Authorities (ASELA) to promote growth along the corridor.	✓	
1819CRA0302	Continue to undertake horizon scanning of key developments in relation to new government legislation, policy and Brexit negotiations	Alison Griffin	31-Mar-2019	On-going monitoring of policy developments and initiatives, particularly those that will have financial implications. Also using ASELA as well as other local government networks to strengthen our horizon scanning.	✓	
1819CRA0303	Work with Mid and South Essex health and social care partners to develop a multi-year Sustainability and Transformation Plan (STP)	Simon Leftley	31-Mar-2019	Southend Council have submitted a formal response to the public consultation of the proposals for the STP. The Council now awaits the outcome of an independent review of all the responses to the consultation. In addition the Council contributed to the Joint Health and Overview Scrutiny Committees (JHOSC) response to the proposals.	✓	
1819CRA0304	Ensure the on-going sustainability of the BEST (Business Essex Southend & Thurrock) Growth Hub within the LEP	Andrew Lewis	31-Mar-2019	A letter from SELEP has confirmed the allocation of BEIS budget to support the BEST Growth Hub of £256k p.a. for two years. Staff	✓	

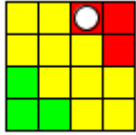




	umbrella through delivery of South East Business Boast and planning for longer term funding and operation.			have been advised of the changes and employment contracts will be adapted accordingly.			
1819CRA0305	Continue to make the case for Growth Fund Investment in Southend by working with the South Essex Growth Partnership and SELEP.	Andrew Lewis	31-Mar-2019	Outline Business case for Forum 2 was approved at the February SELEP Accountability Board. Airport Business Park project continues to progress against spend targets – with the full business case due to be sent to the SELEP Accountability Board in the summer. Detail of the UK Shared Prosperity Fund – funding post LGF and Brexit as yet unknown.			


Risk Title	4. Housing						
Stage 1 - Risk without controls (Inherent risk)							
Code	Risk - CAUSE, EVENT, EFFECT	Risk Owner	Risk type	Risk category	Inherent risk score		
1819CRR04	Risk that a failure to implement plans to address rising homelessness and failure to develop a robust housing strategy will lead to further street and other homelessness, increased use of temporary accommodation & an inability to meet rising housing demand over the next 20 years.	Simon Leftley	Strategic	Financial	12		 Likelihood
Stage 2 - Risk with Controls and Assurances (current risk)							
List of controls and associated assurances to ensure controls are working					Current risk score		
1. Control: Core Strategy and Local Development Plan in place Assurance: Strategy documents 2. Control: Cabinet/Scrutiny Assurance: Reports/Meeting minutes 3. Control: Housing Strategy Assurance: Documents 4. Control: Housing Working Party: Assurance: Reports and minutes of meetings					9		 Likelihood
Stage 3 - Further actions to reduce the risk (target risk)							
Code	Actions to further mitigate risk / maximise opportunities	Action Owner	Due date	Comments / update on progress	RAG Status	Target risk score	
1819CRA0401	Agree a new Housing Strategy for the borough aimed at ensuring the appropriate level of accommodation in the borough and reduce the need for temporary accommodation	Sharon Houlden	31-Mar-2019	Jan 18 Cabinet endorsed a proposed approach and timescales for the development of a Housing Vision and Strategy. The new vision and strategy is due for consideration at September Cabinet	✓	6	 Likelihood
1819CRA0402	Progress the Council's bid for additional resources from the Government's new street homelessness fund to tackle the issue in the borough	Sharon Houlden	31-Mar-2019	Bid submitted to the Ministry of Housing, Communities and Local Government - currently awaiting response	✓		
1819CRA0403	Ensure the development of the Council's Local Plan, links to the Council's housing strategy, and addresses the anticipated level of demand for housing in the coming decades	Peter Geraghty	31-Mar-2019	To be undertaken as part of development of Local Plan and related strategies.	✓		

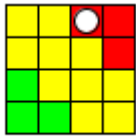


Risk Title	5. Local Infrastructure						
Stage 1 - Risk without controls (Inherent risk)							
Code	Risk - CAUSE, EVENT, EFFECT	Risk Owner	Risk type	Risk category	Inherent risk score		Impact Likelihood
1819CRR05	Risk that failure to maintain levels of access to regeneration funding opportunities will significantly restrict future infrastructure improvements in the borough	Andrew Lewis	Strategic	Financial	12		
Stage 2 - Risk with Controls and Assurances (current risk)							
List of controls and associated assurances to ensure controls are working					Current risk score		Impact Likelihood
1. Control: Highway/Footpath Assets Management inventory in place Assurance: Reports 2. Control: Monthly progress reported to DMT and senior managers Assurance: Reports/Minutes 3. Control: Regular reporting to Corporate Management Team Assurance: Reports/Minutes 4. Control: Cabinet/Scrutiny Assurance: Reports/Meeting minutes					9		
Stage 3 - Further actions to reduce the risk (target risk)							
Code	Actions to further mitigate risk / maximise opportunities	Action Owner	Due date	Comments / update on progress	RAG Status	Target risk score	Impact Likelihood
1819CRA0501	Produce a Transport Asset Management Plan to support the maintenance and improvement of the roads, pavements and street furniture across the Borough	Neil Hoskins	31-Mar-2018	Asset management plan & associated documents approved, now on website		4	
1819CRA0502	Continue to make the case for Growth Fund Investment in Southend by working with the South Essex Growth Partnership and SELEP.	Neil Hoskins	31-Mar-2019	Complete and works ongoing			
1819CRA0503	Conduct detailed self-assessment to support Challenge Fund bid	Neil Hoskins	31-Mar-2019	Design work to start 1st April 2018, construction plan to commence Oct 2018.			
1819CRA0504	Complete Whole Government Account return (with Finance Dept)	Neil Hoskins	31-Mar-2019	Return completed.			
1819CRA0505	Ensure compliance with spending profiles for Local Growth Fund to maintain access to available finance (notably for Airport Business Park and the Forum)	Adrian Beswick; Mark Murphy	31-Mar-2019	Working closely with partners to ensure spending profiles are achieved through programme and project management arrangements			



Risk Title	6. Secondary School Places					
Stage 1 - Risk without controls (Inherent risk)						
Code	Risk - CAUSE, EVENT, EFFECT	Risk Owner	Risk type	Risk category	Inherent risk score	Impact Likelihood
1819CRR06	Risk that failure to provide the required number of school places at secondary schools for 2018 and 2019 will lead to significant reputational and legal damage for the council.	Simon Leftley	Strategic	Reputational and Legal	9	 Likelihood
Stage 2 - Risk with Controls and Assurances (current risk)						
List of controls and associated assurances to ensure controls are working					Current risk score	Impact Likelihood
1. Control: School Places working party Assurance: minutes 2. Control: Archive of cabinet and Council decisions Assurance: minutes 3. Control: Correspondence between stakeholders, schools, Academy trusts, Local MPs, Ministers Assurance: correspondence 4. Control: Weekly report on progress from Learning to Executive Councillor Assurance: note of actions						
Stage 3 - Further actions to reduce the risk (target risk)						
Code	Actions to further mitigate risk / maximise opportunities	Action Owner	Due date	Comments / update on progress	RAG Status	Target risk score
1819CRA0601	Establish a secondary places project Board to monitor progress in actions and outcomes for both 18 and 19 places	Brin Martin	31-Mar-2019	Regular meetings of those involved with specific projects takes place, involving officers, contractors and the school. The outcomes of these meetings are shared with the Group Manager who has oversight of the build.	✓	4 Impact Likelihood
1819CRA0602	Where required escalate lack of progress directly with Cabinet, the Regional Schools Commissioner (RSC), Local MPs, press and the DfE	Brin Martin	31-Mar-2019	Cabinet has redacted the decision to pursue a free school in favour of expansion. Escalation will continue in the same way with the RSC when and if required.	✓	
1819CRA0603	Develop a secondary school places strategy to cater for the increasing pupil numbers.	Brin Martin	31-Mar-2019	The original plans have now been amended to an expansion model. This will be taken through the next school places working party, and will in essence for the medium term strategy.	✓	

Risk Title	7. Health and Social Care							
Stage 1 - Risk without controls (Inherent risk)								
Code	Risk - CAUSE, EVENT, EFFECT	Risk Owner	Risk type	Risk category	Inherent risk score	Impact	Likelihood	
1819CRR07	Risk that the implementation of Sustainability and Transformation Partnership (STP) proposals and implementation of the Localities Model does not result in effective health and social care outcomes for residents and also leads to significant cost increases in meeting service demand.	Simon Leftley	Strategic	Financial, Service Provision	9			
Stage 2 - Risk with Controls and Assurances (current risk)								
List of controls and associated assurances to ensure controls are working					Current risk score	Impact	Likelihood	
1. Control: South East Essex Locality Partnership. Assurance: Reports/Meeting Minutes. 2. Control: Health and Wellbeing Board. Assurance: Reports/Meeting Minutes. 3. Control: Locality Transformation Group. Assurance: Reports/Meeting Minutes. 4. Control: Corporate Management Team. Assurance: Reports/Meeting Minutes.					9			
Stage 3 - Further actions to reduce the risk (target risk)								
Code	Actions to further mitigate risk / maximise opportunities	Action Owner	Due date	Comments / update on progress	RAG Status	Target risk score	Impact	Likelihood
1819CRA0701	Continue to actively work with Mid and South Essex health and social care partners to develop the STP proposals to ensure positive outcomes in health and social care provision for Southend residents	Simon Leftley	31-Mar-2019	The Council has submitted a formal response to the public consultation of the proposals for the STP. The Council now awaits the outcome of an independent review of all the responses to the consultation. In addition the Council contributed to the Joint Health and Overview Scrutiny Committees (JHOSC) response to the proposals).		4		
1819CRA0702	That the Health and Wellbeing Board (HWB) oversees the development and implementation of the localities model for health and social provision in the borough.	Simon Leftley	31-Mar-2019	HWB hold regular discussions regarding the development of the STP proposals and the Southend Locality development. In March 2018 HWB agreed that a South East Essex governance approach to developing Localities was a requirement. The inaugural SEE Locality Partnership was held on 18th May 2018. This partnership is accountable to HWB and are responsible for the business plan being developed.				
1819CRA0703	Continue the work of the South East Essex Locality Partnership (which includes engagement with key stakeholders, both providers and commissioners) to manage the implementation of the Localities model including the development of plans for each locality.	Jacqui Lansley	31-Mar-2019	Draft Locality development plan to be considered by HWB on 20 June. The partnership is focused on developing the integrated health and care model, the outcomes framework and providing assurance to the operational teams re leadership for Locality development.				

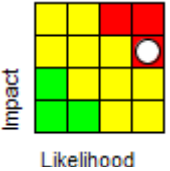
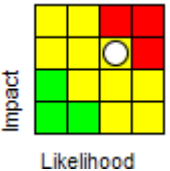
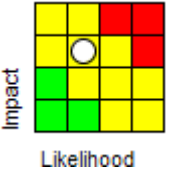
Risk Title	8. Information Management & Cyber Security					
Stage 1 - Risk without controls (Inherent risk)						
Code	Risk - CAUSE, EVENT, EFFECT	Risk Owner	Risk type	Risk category	Inherent risk score	Impact Likelihood
1819CRR08	Risk that a failure to ensure the Council has a coherent and comprehensive approach to data protection, including its cyber security arrangements, will result in significant financial and reputational damage to the Council	Joanna Ruffle	Strategic	Reputational, Financial	12	 Likelihood
Stage 2 - Risk with Controls and Assurances (current risk)						
List of controls and associated assurances to ensure controls are working					Current risk score	Impact Likelihood
<p>1. Control: Senior Information Risk Owner - Assurance: Annual SIRO report to Cabinet</p> <p>2. Control: Annual IG Toolkit assessment – Assurance: Report from independent assessment.</p> <p>3. Control: Regular reports to Corporate Management Team. Assurance: Reports/Minutes</p> <p>4. Control: Corporate Information Governance Group: Assurance: Reports/Minutes</p>						
Stage 3 - Further actions to reduce the risk (target risk)						
Code	Actions to further mitigate risk / maximise opportunities	Action Owner	Due date	Comments / update on progress	RAG Status	Target risk score
1819CRA0804	Ensure the Corporate Information Governance group continues to over the Council's approach to information management, including compliance with new data protection legislation.	Joanna Ruffle	31-Mar-2019	The Corporate Information Governance Group continues to meet monthly, to oversee GDPR preparations and other information related activity.		6 Impact Likelihood
1819CRA0802	Ensure the Council's project plan, and associated officer group, for implementation of the General Data Protection Regulation (GDPR) is revised to address continued compliance with data protection legislation.	Lysanne Eddy	31-Mar-2019	GDPR Project Plan considered at fortnightly cross Council GDPR Project Group and monthly CIGG meetings. Plan incorporates recommended action from external assessment and Internal Audit review. Over 300 staff and councillors (and x no. schools) have received training to date, key policies and processes have been reviewed and communications rolled out to raise awareness. Work will continue to ensure compliance with data protection legislation and to facilitate effective use of information.		
1819CRA0803	Ensure information management is a key part of the Council's transformation agenda.	Joanna Ruffle	31-Mar-2019	Transformation work continues and a wider piece of transformation work is about to be commissioned.		
1819CRA0804	Ensure the Council's cyber security arrangements are up to date and robust enough to withstand attacks.	Nick Corrigan	31-Mar-2019	Completed Essex-wide Cyber Security Testing (Essex On-line Partnership). For Southend users, 3.8% clicked on a rogue link; individuals		

				to be targeted for awareness training; further tests to be run. Cyber Security awareness now embedded into induction ICT Training.				
1819CRA0805	Review the Council's approach to the use and sharing of, information and data	Joanna Ruffle	31-Mar-2019	Work on this is part of the Council's preparation for GDPR. This work will continue into 18/19 and will be overseen by the Corporate Information Governance Group.				


Risk Title	9. Children's Services Improvement Plan					
Stage 1 - Risk without controls (Inherent risk)						
Code	Risk - CAUSE, EVENT, EFFECT	Risk Owner	Risk type	Risk category	Inherent risk score	Impact Likelihood
1819CRR09	Risk that the actions and expected outcomes from the Children's Services Improvement Plan are not achieved within expected timescales, resulting in a failure to achieve a rating of 'Good' in future Ofsted inspection	Simon Leftley	Strategic	Reputational	12	
Stage 2 - Risk with Controls and Assurances (current risk)						
List of controls and associated assurances to ensure controls are working						
<p>1. Control: Monitoring and updating of the Children Service's Improvement Plan by the CS Improvement Board. Assurance: Reports/minutes of CS Improvement Board meetings.</p> <p>2. Control: Monitoring and updating of the Leadership Narrative Document for Children's services. Assurance: Report/Minutes of Children's Services Improvement Board meetings.</p> <p>3. Control: Children's Service Improvement Board bi-monthly meetings Assurance: Report/Minutes.</p> <p>4. Control: Children's Departmental Management Team. Assurance: Monthly Performance reports/ minutes of meetings.</p> <p>5. Control: People Extended DMT Assurance: Reports to/notes from meetings.</p> <p>6. Control: Local Safeguarding Children's Board (LSCB) to complement the children's service improvement plans Assurance: Reports/minutes.</p> <p>7. Control: Improvement Board Independent Expert, advice and support. Assurance: Reports to John O'Loughlin, Simon Leftley and the Improvement Board</p>					Current risk score	9 Impact Likelihood
Stage 3 - Further actions to reduce the risk (target risk)						
Code	Actions to further mitigate risk / maximise opportunities	Action Owner	Due date	Comments / update on progress	RAG Status	Target risk score
1819CRA0901	Develop and enhance the resourcing available to the Council's Children's Service, with the recruitment of additional social workers; the embedding the work of the recently appointed 'Practise Lead' to promote good practice and 'Participation Lead' to	John O'Loughlin	31-Mar-2019	Recruitment and retention continues to be an area of focus by senior management with weekly updates to the Director. The new practice lead is in post and 0.3 of this post is dedicated to participation of children and young people. The participation element of the role is being developed and is bringing together/coordinating the range of work in relation to participation and developing the young person's participation plan.		6 Impact Likelihood
1819CRA0902	Embed the new Edge of Care Team, to support those children at risk of entering, or re-entering, the care system (particularly older children at risk from the breakdown of foster care placements.	John O'Loughlin	31-Mar-2019	Edge of Care team has worked with over 90 cases and currently have 50 open cases. Cases referred via placement panel or direct referral through the single front door for foster care placement breakdowns. Referral rates have doubled since the inception of this team and they are also now undertaking reunification cases of which they currently have 9. Edge of Care team members attend strategy meetings for unborn children when notified. Feedback from legal, courts, fellow professionals across social work teams and partner agencies has been extremely positive.		

1819CRA09 03	Implement and embed the Early Help Phase 2 programme, which, working in partnership with other care professionals will aim to improve the first contact service for vulnerable children.	John O'Loughlin	31-Mar-2019	Good progress with the implementation of Phase 2. Service Transformation Model and Toolkit completed with an action plan to drive to mature by 2019. Govt spot check completed with good results. 98% of referrals through the EHFS front door for year ending March 2018 have achieved successful outcomes. MASH + at the end of the 3 month pilot which is currently being reviewed but initial indications are extremely positive.				
1819CRA09 04	Undertake a full budget and performance review of Children's Services to assess levels of resourcing against the demand for services.	Simon Leftley	31-Mar-2019	There is recognition from CMT and the People Dept. of the continuing in year financial pressures for Children Services. Service and practise improvement is targeted through the work of the OFSTED improvement programme and it is still in scope for a longer term financial budget plan to be designed to accompany the service's future requirements. This will, through the Children Transformation programme and in conjunction with the findings from the demand research project carried out by Research in Practice (RiP), be tackled in collaboration with the wider Council via CMT.				

Risk Title	10. Waste Management							
Stage 1 - Risk without controls (Inherent risk)								
Code	Risk - CAUSE, EVENT, EFFECT	Risk Owner	Risk type	Risk category	Inherent risk score	Impact	Likelihood	
1819CRR10	Risk of contractor failing to meet contractual requirements to effectively manage waste contractual arrangements results in additional financial liability for the Council and loss of service quality.	Andrew Lewis	Strategic	Reputational, Financial	12		Likelihood	
Stage 2 - Risk with Controls and Assurances (current risk)								
List of controls and associated assurances to ensure controls are working					Current risk score	Impact	Likelihood	
1. Control: Regular contract management meetings with suppliers Assurance: Meeting Minutes/Reports 2. Control: Data set monitored by DMT and senior managers Assurance: Reports/Minutes 3. Control: Cabinet/Scrutiny Assurance: Reports/Meeting minutes					9		Likelihood	
Stage 3 - Further actions to reduce the risk (target risk)								
Code	Actions to further mitigate risk / maximise opportunities	Action Owner	Due date	Comments / update on progress	RAG Status	Target risk score	Impact	Likelihood
1819CRA1001	Ensure frontline waste collection, street cleansing and ancillary service contractor is performing to service outputs and that performance management is monitored to achieve service standards as specified within relevant contracts	Carl Robinson	31-Mar-2019	Performance management framework incorporated within the contract. Action has been addressed with Veolia senior management and includes a re-balancing of the recycling targets to ensure specification standards are met. Appropriate performance deductions will be applied as and where necessary in accordance with the contract.		6		Likelihood
1819CRA1002	Ensure SBC have access to waste disposal and treatment facilities that deliver value for money for the Council.	Carl Robinson	31-Mar-2019	SBC negotiations with Essex County Council have been concluded. The Mechanical Biological Treatment (MBT) facility will continue to be used in the medium term where it demonstrates value for money to SBC and environmental benefits are derived from using the plant.				

Risk Title	11. Flooding / Cliff Slip					
Stage 1 - Risk without controls (Inherent risk)						
Code	Risk - CAUSE, EVENT, EFFECT	Risk Owner	Risk type	Risk category	Inherent risk score	Impact Likelihood
1819CRR11	Risk that surface water flooding, breach of sea defences and/or seafront cliff movement, will result in damage to property and infrastructure as well as significant disruption.	Andrew Lewis	Strategic	Reputational, Reputational	12	
Stage 2 - Risk with Controls and Assurances (current risk)						
List of controls and associated assurances to ensure controls are working					Current risk score	Impact Likelihood
1. Control: Flooding Reports considered by Cabinet Assurance: Reports/Meeting minutes. 2. Control: Gully cleaning programme in place Assurance: Programme documents. 3. Control: Regular monitoring of Met Office weather alerts Assurance: Alerts/Reports 4. Control: Cabinet/Scrutiny Assurance: Reports/Meeting minutes					9	
Stage 3 - Further actions to reduce the risk (target risk)						
Code	Actions to further mitigate risk / maximise opportunities	Action Owner	Due date	Comments / update on progress	RAG Status	Target risk score Impact Likelihood
79 1819CRA1101	Ensure compliance with the requirements of the Floods and water Management Act 2010 with regard to Sustainable Drainage Systems (SuDS).	Milaila Bentz	31-Mar-2019	Flow attenuation and SuDS to be incorporated in several projects. Working on a design for the High Street.	✓	6 
1819CRA1102	Jointly investigate with Anglia Water Services, possible improvements to drainage system.	Milaila Bentz	30-Apr-2018	Draft proposals for Seaway Car-Park and Marine Parade identified. AECOM engineer to liaise with Seaway developer to agree locations. Marine parade works programmed autumn winter	✓	
1819CRA1103	Development of a Cliff Slip Strategy based on a risk minimisation approach	Milaila Bentz	31-Mar-2019	Invitation to Tender about to be issued.	✓	
1819CRA1104	Progression of Sea Defence Scheme at Shoebury Common - consultation options	Milaila Bentz	31-Jul-2018	Public consultation due for June 18.	✓	
1819CRA1105	Shoreline Management Strategy - consultation	Milaila Bentz	31-Mar-2019	Strategy presented to and agreed by, Cabinet.	✓	

Risk Title	12. Major Developments							
Stage 1 - Risk without controls (Inherent risk)								
Code	Risk - CAUSE, EVENT, EFFECT	Risk Owner	Risk type	Risk category	Inherent risk score	Impact	Likelihood	
1819CRR12	Risk that failure of partners to progress major infrastructure developments (e.g. Seaways, Airport Business Park and Queensway) will result in significant financial and reputational damage to the Council.	Joe Chesterton; Andrew Lewis	Strategic	Reputational, Financial	12			
Stage 2 - Risk with Controls and Assurances (current risk)								
List of controls and associated assurances to ensure controls are working					Current risk score	Impact	Likelihood	
1. Control: Corporate Management Team Assurance: Reports/Minutes. 2. Control: Corporate Management Team Assurance: Reports/Meeting Minutes 3. Control: Project Boards Assurance: Reports/Meeting Minutes 4. Control: Cabinet/Scrutiny Assurance: Reports/Meeting minutes					9			
Stage 3 - Further actions to reduce the risk (target risk)								
Code	Actions to further mitigate risk / maximise opportunities	Action Owner	Due date	Comments / update on progress	RAG Status	Target risk score	Impact	Likelihood
1819CRA1201	Queensway Area Regeneration Project, 17/18 actions: • Progress the finance option & housing plans for the Queensway area regeneration project • Consultation & communication with existing Queensway residents to inform specifications for the redevelopment.	Emma Cooney	31-Mar-2019	Consultation outcomes analysed and reflected in February 2018 Cabinet report accompanied by an interim report from consultation advisors Copper. Information shared with residents and businesses prior to publication. Cabinet report approved and considered at full Council with cross party support providing agreement to proceed with procurement. Procurement documents approved by Board with sign off by legal and procurement. Procurement process to include a session for short listed bidders to hear from Queensway residents directly. Project launched on 22nd March with films made for the event previewed by residents prior to launch.		6		
1819CRA1202	Airport Business Park 2017/18 actions: • To commence Phase 1 infrastructure works • To agree Westcliff Rugby Club relocation strategy and commence work • To submit a planning application for the Innovation centre	Andrew Lewis	31-Mar-2019	Completion of phase 1 infrastructure works on hold to allow for reprocurement in accordance with CPRs. Rugby Club works progressing on programme for an October relocation. Utilities connection to the clubhouse needs to be resolved prior to this. Planning Application for the Innovation centre concept design process commenced, forecast June 2018 for submission.				

1819CRA12 03	Seaway Car Park 2017/18 actions: • To support Turnstone to submit a planning application • To meet the Coach Park Relocation Condition •To support Turnstone in securing prime tenants	Joe Chesterton	31-Mar-2019	<p>Quarter 4 - The planning application is slightly delayed due to refining anchor tenant requirements, the final pre-application processes are underway with meetings set up.</p> <p>Letting to the Original Bowling Company Ltd (T/A Hollywood Bowl) has also exchanged.</p> <p>Coach Park Condition documentation is being finalised.</p>				
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Risk Title	13. Local Plan						
Stage 1 - Risk without controls (Inherent risk)							
Code	Risk - CAUSE, EVENT, EFFECT	Risk Owner	Risk type	Risk category	Inherent risk score		
1819CRR13	Risk that the failure to meet deadlines and make sufficient progress in producing a Local Plan will lead to Secretary of State intervention, resulting in reputational damage to the Council and the potential imposition of unwanted planning policies	Andrew Lewis	Strategic	Reputational, Financial	12		
Stage 2 - Risk with Controls and Assurances (current risk)							
List of controls and associated assurances to ensure controls are working					Current risk score		
1. Control: Reports to Cabinet Assurance: Council minute system 2. Control: Regular reports to Corporate Management Team Assurance: Reports/Minutes 3. Control: Member Local Development Framework Working Party Assurance: Reports/Minutes					9		
Stage 3 - Further actions to reduce the risk (target risk)							
Code	Actions to further mitigate risk / maximise opportunities	Action Owner	Due date	Comments / update on progress	RAG Status	Target risk score	
1819CRA1301	Ensure an in-principle decision to proceed with the preparation of the development of a Local Plan for the borough.	Peter Geraghty	31-Mar-2019	Report to 19.6.18 Cabinet to agree in principle decision to proceed and include time-table, budget and agreement to consult on a statement of community involvement.	✓	4	
1819CRA1302	Begin consultation with community and stakeholders on issues and options in line with 'Regulation 18'	Peter Geraghty	31-Mar-2019	Preparations will follow agreement to proceed at June Cabinet	✓		
1819CRA1303	Ensure continued alignment of the Local Plan with the development of the Joint Strategic Plan and other key Council strategies (including Corporate Plan, Southend 2050, Housing Strategy).	Peter Geraghty	31-Mar-2019	To be undertaken as part of development of the Local Plan	✓		

Southend-on-Sea Borough Council

Agenda
Item No.

9

**Report of Deputy Chief Executive for
People
to
Cabinet
on
19th June 2018**

Report prepared by: Ruth Baker
Head of Children's Service Transformation

Joint targeted area inspection (JTAI) of the multi-agency response to child sexual exploitation, children associated with gangs and at risk of exploitation and children missing from home, care or education in Southend-on-Sea

People Scrutiny Committee

**Cabinet Member: Councillor Helen Boyd
Part 1 (Public Agenda Item)**

1. Purpose of Report

- 1.1 To provide Cabinet with background summary of the Joint Targeted Area Inspection findings and to advise of the action being taken in relation to the findings.

2. Recommendations

- 2.1 That Cabinet notes the report.
- 2.2 That progress against the action plan is reported to Cabinet for assurance in the Journey of the Child Annual report.

3. Background

- 3.1 Between 19 and 23 March 2018, Ofsted, the Care Quality Commission (CQC), HMI Constabulary and Fire & Rescue services (HMICFRS) and HMI Probation (HMIP) undertook a joint inspection of the multi-agency response to child sexual exploitation, children at risk from gangs and exploitation and children missing from home, care and education. The JTAI was a joint inspection of children's services, Essex Police, the National Probation Service, the Community Rehabilitation Company, Youth Offending Services and Health providers. 16 inspectors inspected services over the course of 3 full days spread over 4 days with formal feedback on the fifth day. The inspectors were from Ofsted, HMICFRS, HMIP and CQC. Ofsted were the lead inspection agency.

The inspection included a 'deep dive' focus on the response to children and young people experiencing these vulnerabilities.

- 3.2 The joint targeted area inspection (JTAI) included an evaluation MASH+. In this JTAI, the evaluation of MASH+ focused on children presenting with the type of vulnerabilities which were the focus of the deep dive.
- 3.3 The inspection team also considered the effectiveness of the multi-agency leadership and management of this work, including the role played by the LSCB (LSCB).
- 3.4 The formal letter from the inspection was published on 9th May.
- 3.5 The inspectors' feedback reflected our view of the progress we have made against our improvement plan and the areas of challenge that we have identified.
- 3.6 There were no areas for immediate action identified by the inspection team.
- 3.7 During the inspection the inspectors identified no children who were unsafe.
- 3.8 The letter identifies a number of areas of strong practice including our response to children at risk of both criminal and sexual exploitation, the relationships between practitioners and young people, management oversight and decision making, the tenacity of practitioners, the Council's commitment to improving outcomes for children including the investment made in the services, the development of the adolescent intervention and prevention team, our use of performance information and our strategies relating to workforce development, recruitment and retention. In total the letter identifies 27 areas of strength across the partnership.
- 3.9 The letter identified 29 areas for improvement across the partnership. Of these 9 relate specifically to Council children's services. The areas for improvement identified were all, bar one very minor area, areas we had advised Ofsted were areas of focus for us.
- 3.10 Action is being taken on the areas for development and it is note that two of the areas are relatively easy to address as they relate to minutes of meetings being shared and the structure of a type of meeting.
- 3.11 We will be developing an action plan to address the identified areas for development. This will be completed in conjunction with our partner agencies so that we have a single plan across the children's system. The timescale for the completion of the plan is August however, as detailed above, improvement activity is already planned and being undertaken.
- 3.12 The Deputy Chief Executive, as DCS, will provide Ofsted with a written statement of proposed multi-agency response to the findings in the letter by 18th August 2018.
- 3.13 Progress against this plan will then be monitored by Childrens Services Improvement Board, by individual agencies, the LSCB and the Community Safety Partnership.

4. Other Options

- 4.1 We are required to submit to Ofsted, the statutory regulator, a written proposal of our multi-agency response to the findings of the inspection. We therefore have no other option than to comply with this requirement.

5. Reasons for Recommendations

- 5.1 Safeguarding children is a statutory duty of the Council and elected members need to be assured that progress is being made against the action plan in order to discharge this duty. This is the reason for the recommendation for the progress against the action plan to be brought back to cabinet in February 2019.

6. Corporate Implications

- 6.1 Contribution to Council's Vision & Corporate Priorities

- 6.2 Financial Implications

There are no financial implications identified at this time, however, this may change once the multi-agency response to the findings is agreed. At that point full consideration of an additional resources required will be undertaken and Members updated accordingly.

- 6.3 Legal Implications

None

- 6.4 People Implications

None

- 6.5 Property Implications

None

- 6.6 Consultation

We will use the opportunity of the development of the action plan to consult with young people who are currently using the services which were inspected.

- 6.7 Equalities and Diversity Implications

One of the areas for improvement related to diversity and this will form part of our multi-agency response and action plan.

- 6.8 Risk Assessment

None

6.9 Value for Money

None

6.10 Community Safety Implications

The multi-agency response and progress against the action plan will be taken to the Community Safety Partnership as there are findings which relate to community safety.

6.11 Environmental Impact

None

7. Background Papers

None

8. Appendices

Southend-on-Sea Joint Targeted Inspection Report.



9 May 2018

Simon Leftley, Deputy Chief Executive (People) & Statutory Director of Children's Services, Southend-on-Sea Borough Council

Margaret Hathaway, Interim Accountable Officer, NHS Southend CCG, NHS Castle Point & Rochford CCG

Tricia D'Orsi, Chief Nurse, NHS Southend CCG, NHS Castle Point & Rochford CCG

Roger Hirst, Police, Fire and Crime Commissioner

Stephen Kavanagh, Chief Constable of Essex Police

Carol Compton, Head of Youth Offending Service, Southend-on-Sea Borough Council

Alex Osler, CRC Director, Essex Community Rehabilitation Company

Steve Johnson Proctor, Divisional Director, National Probation Service

Liz Chidgey, Independent Chair of Southend-on-Sea LSCB

Dear local partnership,

Joint targeted area inspection of the multi-agency response to child sexual exploitation, children associated with gangs and at risk of exploitation and children missing from home, care or education in Southend-on-Sea

Between 19 and 23 March 2018, Ofsted, the Care Quality Commission (CQC), HMI Constabulary and Fire & Rescue services (HMICFRS) and HMI Probation (HMIP) undertook a joint inspection of the multi-agency response to these related areas of risk to children and young people in Southend-on-Sea.¹ This inspection included a 'deep dive' focus on the response to children and young people experiencing these vulnerabilities.

This letter to all the service leaders in the area outlines our findings about the effectiveness of partnership working and of the work of individual agencies in Southend-on-Sea.

The joint targeted area inspection (JTAI) included an evaluation of the multi-agency 'front door', which receives referrals when children may be in need or at risk of significant harm. In this JTAI, the evaluation of the multi-agency 'front door' focused on children at risk of sexual or criminal exploitation, those associated with gangs and those missing from home, care or education. Also included was a 'deep dive' focus on this vulnerable group of children and young people. Inspectors also considered the effectiveness of the multi-agency leadership and management of this work, including the role played by the local safeguarding children board (LSCB).

¹ This joint inspection was conducted under section 20 of the Children Act 2004.



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Partner agencies in Southend-on-Sea have a shared commitment to tackling risk to children and young people from sexual and criminal exploitation, gangs and going missing from home, care or school. Inspectors met with staff across agencies, who are tenacious in their efforts to engage with, and make a positive difference for, vulnerable children and young people.

When agencies have worked collaboratively to tackle risks to specific groups of children, they have used the learning from these focused areas of work well to improve wider services. Strong working relationships between professionals have been a key element when interventions have been successful. However, the contribution that health agencies could make has not been fully realised. There is limited emphasis on their role within the child sexual exploitation action plan and they are not consistently involved in operational meetings to assess risk and to plan interventions for vulnerable children.

To date, the LSCB has not sufficiently fulfilled its role as a 'critical friend' to partner agencies in their work to safeguard children, nor has it exercised sufficient challenge and leadership in relation to how well they are protecting children from the risk of sexual exploitation. The independent chair is aware of these weaknesses and has put in place measures to address them, but these have not yet had a significant impact.

The co-location within the new multi-agency safeguarding hub (MASH+) of health, police and local authority professionals has helped to improve initial decision-making for children. The MASH+ has also been successfully integrated with an existing strong early help offer.

The partnership has a shared commitment to continuous improvement and inspectors found a number of examples of effective practice. Further work by the partnership will be required for this to be consistently achieved for all vulnerable children in Southend-on-Sea.

Key Strengths

- Work in Southend-on-Sea to tackle child sexual and criminal exploitation, gangs and the risks arising from going missing from home, care or school is underpinned by strong working relationships and a shared commitment and drive for continuous improvement. This is reflected in how agencies have used national best practice and local learning to enhance the quality and impact of services. When agencies, particularly the police and local authority, have worked together to tackle the risks for a specific group of children and young people, learning from this joint working has acted as a catalyst to enhance the quality and effectiveness of wider services, for example through building on the success of the adolescent intervention team. This team, originally created to work with a specific group of



young people, has been expanded with additional staffing and made available to all vulnerable young people for whom there are relevant concerns.

- Leaders and managers have created a culture across the partnership in which staff feel supported in working flexibly, collaboratively and 'going the extra mile' by continuing to work with young people even when they may not at first want to engage with the services they are offered. This tenacity is making a real difference for some highly vulnerable children.
- Collectively and individually, agencies have put in place a broad range of awareness raising, education and prevention work with children, families and professionals. This includes: work done by child exploitation and online protection 'ambassadors' with over 1600 teachers and schoolchildren; former gang members providing awareness-raising training with professionals about how to recognise early signs of gang affiliation; and work by a well-established network of 'champions' helping to tackle child sexual exploitation by ensuring that this work continues to have a high profile and by supporting and advising their colleagues to intervene successfully.
- The coordinator for children who go missing and child sexual exploitation practice leads enhance the effectiveness of both individual practitioners and key operational and strategic meetings through providing expert guidance and knowledge of best practice. They act as focal points for information and intelligence. The profile of and leadership provided by the named GP, both within and beyond health agencies, support greater awareness, confidence and the ability of staff to intervene effectively with vulnerable children.
- The partnership has put in place a framework of meetings and procedures that have the capacity to support effective sharing and analysis of data and intelligence. Within this framework, data and intelligence have been used well to support planning for individual, and some groups of, children as well as to target disruption activity. Pre-tasking and pre-multi-agency child sexual exploitation (MACE) meetings use a helpful breadth of information and intelligence to identify which children could most benefit from consideration at MACE. These meetings are generally well attended by a broad range of relevant professionals.
- The quality and timeliness of decision-making has been enhanced by the new MASH+, co-locating health, police and local authority professionals. Decisions are well matched to risk and need for almost all children. Staff working in the MASH+ value the benefits that co-location provides for swifter and more joined-up decision-making. In particular, strategy discussions are now almost always attended by a health representative alongside the police and local authority, and this is supporting better-informed decision-making. This was an area for development noted at the local authority's last inspection in 2016.



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- An existing strong early help offer has also been further enhanced through co-location with MASH+. This supports swift and appropriate decisions for those children referred to MASH+ who may best benefit from an early help response and for those referred for early help whose level of need may warrant a statutory social work assessment. Young people's drug and alcohol services play a particularly effective role within the early help offer. This shared early help offer is further bolstered through the co-location of the 'volunteering matters' project.
- The commissioning and provider landscape is complex in Southend-on-Sea. The new Public Health and Integrated Commissioning Quality and Governance Group is aimed at strengthening quality and service delivery across universal, targeted and specialist health services. This partnership of local authority and CCG commissioners seeks to make best use of local resources, although it is at too early a stage to have had a significant impact to date.
- Well-focused work by the local authority has achieved improvements in key aspects of safeguarding services for children. These include the timeliness with which assessments are completed and the frequency with which children are seen. Strong system-leadership by the deputy chief executive has been a significant factor in engaging partner agencies in the creation of MASH+ and in the continuing development of a strong early help offer.
- A whole-council approach and the additional scrutiny and impetus provided by an improvement board has helped the local authority make progress and maintain its focus on areas of practice that are not consistently good, such as the quality of assessments and plans. Good corporate and political commitment to enhancing services to children is evident in the significant investment involved in putting in place a new electronic case recording system.
- A well-thought-out approach to performance management supports frontline managers with accurate reports of performance in their teams, helps middle managers to understand and drive up performance and gives senior managers a clear line of sight to strengths and weaknesses in quality and performance. Investment in additional management capacity has strengthened decision-making. While not all oversight is of a consistently high standard, managers generally provide appropriate case direction and avoid delays in most children's cases.
- The local authority has a considered and well-targeted approach to workforce development. Training priorities such as assessment and decision-making, or, more recently, the work to support restorative approaches, are linked to identified organisational priorities and areas for development. Training is used well to enhance the quality of practice and improve outcomes for children.
- Successful recruitment in the last year has enabled the local authority to reduce its reliance on agency staff and reduce staff turnover. At the time of the inspection, there was only one social work vacancy. This has helped reduce social



workers' average caseloads and means that they are now able to visit children more frequently than a year ago. This in turn means that children are more likely to build relationships of trust with their workers that make a difference to their lives.

- The use of child sexual exploitation risk assessments is well embedded within social work teams. These assessments are completed for most children who could benefit from them. Most are updated when children's circumstances change, giving an up-to-date picture of risk to inform safety planning for the child.
- Children with complex needs and those at risk of child sexual exploitation, going missing and wider child exploitation benefit from intensive and targeted support from workers with specialist expertise. Work is reflected in children's records, and professionals generally know them and their families well.
- The local authority has a good understanding of patterns of attendance in schools within the borough. Data management and analysis relating to attendance and persistent absence is strong, informing actions undertaken each half term, and each week for children looked after. A dedicated working group focuses on direct work with specific children and settings. Exclusions, reduced timetables and persistent absentees are scrutinised closely and, when problems are identified, support and challenge to specific schools or settings are effective.
- The local authority maintains a record of children who are electively home educated (EHE). Any families known to local authority children's services who choose to home educate their children are visited swiftly to assess how well children are safeguarded. Staff use the fair access panel to ensure that places can be accessed in mainstream schools if this is appropriate. The authority has proactively provided training in the primary and secondary curriculum for parents of EHE children and has also liaised with both Ofsted and the Department for Education about possible unregistered schools in the borough.
- Essex Police's commitment to protecting children from harm is clear. Through well-focused intelligence work and strong leadership, the police have successfully engaged partner agencies and secured sufficient resources to identify and enhance the safety of some of the most vulnerable children in Southend-on-Sea. The force's 'plan on a page' sets out clear priorities and a drive to protect children from sexual and criminal exploitation, gangs and the risks arising from going missing. Training has a strong emphasis on the sexual and wider criminal exploitation of children. All frontline officers have been provided with a vulnerability guide to assist in the identification of children at risk.
- The force has an open approach to improving their responses to the sexual and criminal exploitation of children. A 'health check' conducted by the national working group has highlighted the Southend-on-Sea community policing team



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hub approach to supporting vulnerable young people as a model of good practice. There is positive partnership outreach and disruption work between the team and the street engagement service. Rolling out an operation targeting people involved in drug-related crime (Operation Raptor) has strengthened the ability of agencies to combat the exploitation of vulnerable children, particularly through 'county-lines' drug running and by gangs. Inspectors saw examples of good practice by officers, including detailed and child-focused referrals through the national referral mechanism (NRM). Learning from national best practice, good use is being made of civil orders, such as community protection notices and child abduction warning notices (CAWNS), to safeguard vulnerable children.

- In the last 18 months, the police have been instrumental in raising awareness of modern slavery and human trafficking. Training a significant number of frontline professionals has led to the identification of more children who are criminally exploited and trafficked, with 20 referrals of children to the national referral mechanism in the past year. Relevant investigations reflect a shift from treating children as criminals to recognising their vulnerabilities and the wider context that may be leading to their offending behaviour, such as coercion or criminal exploitation by others. This shift in focus has also led to the force's missing person policy being amended, so that children who are regularly going missing are considered for referral to the NRM because of the potential for trafficking.
- The youth offending service (YOS), national probation service (NPS) and community rehabilitation company (CRC) staff have a good understanding of child sexual and criminal exploitation, gangs and the risks arising from going missing from home, care or school. This is supported by strong management oversight and supervision and is underpinned by the effective range of awareness raising and education across the partnership. Inspectors saw a significant amount of diversion work being successfully undertaken through the YOS triage programme and relatively low levels of young people subject to statutory supervision.
- Within NPS, case managers have a good understanding of escalation procedures, and inspectors saw examples of appropriate and informed professional challenge by probation officers when the MASH+ had not initially accepted referrals about children for whom there were safeguarding concerns. A good level of information-sharing in the early stages of the multi-agency public protection arrangements (MAPPA) process is helping to ensure robust risk management planning at the pre-release stage when there are child protection concerns.
- Health commissioners and providers take an active part, alongside other statutory agencies, in shaping local arrangements for protecting children and young people at risk of exploitation or abuse. A number of health partners are well engaged in work to implement the recently revised child sexual exploitation action plan, while others contribute to the various local child exploitation joint working forums.



- Effective information sharing and handover of care between different health practitioners, teams and services is crucial as children move through childhood and towards adulthood. This challenge is understood well by local leaders, who are making good progress in some key areas to ensure local health practitioners are alert to and better recognise risks to children and young people. The introduction of the Child Protection Information System in the emergency department at Southend University Hospital (SUH) and the 'flagging' of children at risk of sexual exploitation on information systems are important developments in raising the profile of children who are or may be vulnerable to harm or poor health outcomes. This means that relevant practitioners are aware of risks to young people's sexual health and can take prompt action to ensure that they are appropriately recognised, addressed and monitored.
- The emotional well-being and mental health service (EWMHS) has effective systems for referral to children's social care. The quality of referrals is steadily improving. EWMHS works well alongside the early help team, providing consultation advice, contributing to joint assessments and ensuring that children with increasing needs and behaviours of concern can promptly access services. The EWMHS adds value to the work of other teams such as the YOS and the young people's drug and alcohol team. This has led to improvements in the timeliness of access to specialist help for children with complex needs. EWMHS practitioners have been trained in evidence-based approaches to supporting children exposed to harm through sexual or criminal exploitation.
- The Safeguarding Children Forum and regular safeguarding newsletters produced by the clinical commissioning group (CCG) help reinforce expected standards of practice, and keep GPs informed about changes to local multi-agency arrangements and priorities. Learning events facilitated by the named GP, supported by safeguarding leads in other agencies, are highly rated. Inspectors observed one such event, which was effective in raising awareness about the experiences, care pathways and services available to children exposed to sexual abuse and exploitation. The development of health safeguarding champions in some services (including GPs and EWMHS) is having a positive impact on building the confidence and competence of the local workforce.
- Although areas for further improvement remain, local health agencies have taken action to address all recommendations for improvement identified in the CQC's previous inspection reports and have provided assurance to their trust boards and the LSCB that actions have been completed. For example, the co-location of health practitioners within the MASH+ provides prompt feedback and updates to case-holding health professionals about the outcomes of referrals. This has supported an improved standard of practice and levels of involvement in safeguarding children work since the last CQC inspection.



Case study: effective practice

Strong partnership working and a timely response tailored to the individual needs of a child have ensured that he is safer from harm. Risk, not only to him but also to the wider public, has been tackled effectively. He has built a relationship of trust with key professionals, providing a platform for further progress.

A 14-year-old has repeatedly gone missing. He has suffered from criminal exploitation and is at risk of sexual exploitation. A 'team around the teen', made up of four key professionals from his school, the police and the local authority, has created a tight network around him. This team of professionals has responded flexibly and creatively to reduce emerging risks before he suffers further harm. A recent example of this is when he was believed to be in possession of a knife. He had already been charged on a previous occasion with carrying a knife. When it was discovered that he was concealing a knife in his bedroom, it was recovered by the police officer known to the child during a well-co-ordinated joint visit with the adolescent intervention team worker.

Areas for improvement

- The current child sexual exploitation action plan, strategy and guidance documents are clear, up to date and contain specific actions, but are still very new and at too early a stage to have had a significant impact. It is not clear how local information, audit and scrutiny have underpinned the strategy, and some elements of the local approach are not as advanced as they could be. For example, work with local taxi drivers remains at an early stage of development. The focus on the contribution of health agencies is not strong enough. The strong working relationships that have underpinned much of the progress that has been made in developing and improving services for vulnerable children have not consistently been matched by an equally strong strategic drive and organisation. For example, Essex police produce an annual thematic assessment on a range of topics, with the current 2018/19 child sexual abuse and exploitation document providing not only national and county level information, but also the local Southend-on-Sea context. However, it was accepted by the partnership that the inclusion of broader partnership data would have benefited the report and assisted in the development, commissioning and targeting of services across the wider partnership.
- The implementation of MASH+ from December 2017. Not all partners are clear about the recent changes to systems and processes at the front door and not all partners have a sufficient understanding of the role of MASH+. Joint working between health practitioners and other agencies is not consistently strong,



particularly outside of the MASH+, where health engagement is continuing to improve. This has limited the speed and quality of information sharing for a few children. This lack of consistency and clarity about role and process and information sharing and engagement limits the collective ability of agencies to intervene as early and as effectively as they could with some children. Although the creation of MASH+ has led to an improvement in how well children's histories are recorded and taken into consideration in initial decision-making, inspectors saw some cases in which decision-making for individual children was too focused on the immediate presenting concern that led to the referral, and not enough weight was placed on longer-standing chronic concerns. Although inspectors saw no situations in which this has left children at immediate risk of significant harm, they did see examples of it leading to delay for some children in receiving the right level of services to match their needs.

- Decision-making in child protection strategy meetings is not consistently shared with the agencies in attendance. In a number of children's cases seen by inspectors, decisions about whether or not to commence a child protection investigation or to hold a child protection conference were taken by the local authority after meetings. Without a shared ownership of decisions, actions arising from these meetings are less well communicated and their completion is more difficult to monitor. Significant improvements achieved in the attendance of all relevant services, particularly health professionals, at strategy meetings convened by MASH+ are not as consistently achieved at strategy discussions held later in the process of intervention with children and their families. This has the potential to limit the range of information available and the quality of decision-making.
- When children missing from home and care are found, most are offered a return home interview. In some examples, well-focused and recorded return home interviews were used to help make sure that children and young people were receiving the services that best matched their individual needs. For example, learning from one interview led to a child's case being escalated from early help to a statutory social work service, while for another young person it identified peer groups, associates and patterns of behaviour that are helping professionals identify possible triggers for future episodes of going missing. However, while the majority of children and young people who have been missing from home or care are given the opportunity of a return home interview, the quality of information gathered and recorded is not consistently good. Further understanding and development of child-focused approaches are needed to ensure that individual children and young people's needs and voices are effectively sought and used to inform future planning to keep them safe.
- The diversity of children's identities and needs is not always understood and worked with to a consistently high standard. A lack of consistency in this area risks undermining the effectiveness of intervention. For example, some children with complex needs and educational histories who would benefit from having education, health and care plans (EHCP) do not currently have them.



Care Quality
Commission



- The conduct of MACE meetings lacks sufficient structure and rigour in considering the risks to individual children. This is also mirrored in the minutes of meetings, which are not consistently clear and sometimes lack relevant details, such as children's ages, while agreed actions often lack specificity and are not always well matched to presenting need. This does not support the tracking of action completion or monitoring of risk as effectively as it could. While a broad range of agencies generally attend, attendance is not always consistent for some key attendees, such as education and health professionals. Stronger connectivity is needed between the sexual health, maternity and EWMHS and the MACE processes to improve the depth of information available from these agencies to support best decision-making for vulnerable children and young people.
- Minutes and plans arising from multi-agency meetings, such as child protection strategy meetings and case conferences, child in need meetings and MACE meetings are not always sent to attendees in a timely manner and, in many cases, are not received at all. As a result, children, their families and the professionals who support them may not be clear about what is expected. This may limit the effectiveness of intervention.
- Although child sexual exploitation risk assessments are well embedded within the local authority, they are not always well used in other agencies. Inspectors found variable levels of confidence and competence in the use of the assessment tool to analyse risk, inform referrals or to escalate or reduce concerns for individual children or young people. Reporting on the use of CSE risk assessment tools within sexual health services is not yet in place to support the monitoring of trends.
- MAPPA meetings are generally only attended by police and NPS and therefore lack the benefit derived from a full multi-agency approach. Local authority staff only attend when there is a specific person already known to them being discussed, and other partners are often absent. This attendance gap has the potential to reduce the breadth of information and intelligence informing planning and decision-making.
- The LSCB has not sufficiently fulfilled its role as a 'critical friend' to partner agencies. Work by the board to assess how well agencies are tackling child sexual exploitation and associated vulnerabilities is under-developed. For example, the LSCB has not carried out any multi-agency audits to assess how well Southend-on-Sea children are being protected from sexual exploitation and it does not have a multi-agency dataset to measure performance in this area. This limits its ability to provide challenge and to drive improvement. The independent chair of the LSCB has recognised these shortcomings and, since taking up her role in early 2017, has worked to put in place structures to improve the functioning of the board. She meets regularly with senior leaders from the local authority and partner agencies and has instigated some positive challenge from the board.



However, these positive changes in the structure and functioning of the board are too recent for the board to add significant value to the work of partner agencies.

- The local authority has worked hard to improve the quality of assessments and plans, and while inspectors have seen the impact of this good work in a number of high-quality assessments and plans, this is not consistently the case. Some assessments lack a sufficiently sharp analysis of children's risks and needs and are not always updated when children's circumstances change over time, while many plans, whether they are for early help, child in need or child protection, lack clarity. Plans are often rather generic, lacking clear identification of risks and the actions needed to tackle them, and do not always sufficiently distinguish between the individual needs of brothers and sisters within larger families. This limits their effectiveness as a tool to monitor and drive progress for vulnerable children and young people.
- Although qualitative information from audits, peer reviews and other sources are used successfully by the local authority, such as in the development of the MASH+ and in monitoring the impact of improvement actions, there remains room for further improvement. Information from audits is not aligned closely enough with and included in performance documents. This would enhance the understanding of their quality and impact of practice, while the audits themselves lack a sufficiently sharp focus on identifying specific areas for individual or service improvement. In addition, the quality and impact of practice could be further enhanced through making better use of children's feedback.
- While the supervision received by social workers from their managers is regular, it is too often focused only on process and action completion. Supervision records lack sufficient focus on the lived experience of children and on giving workers the opportunity to reflect on the progress that children are making. This means that social workers do not always receive the clarity of guidance required to ensure that work with children is progressed as quickly and as well as it might be.
- The decision to use the HOLMES (Home Office large major enquiry system) to manage a recent operation to protect children from criminal and sexual exploitation and to disrupt the actions of perpetrators came as a result of difficulties in managing an operation with similar characteristics in the past. However, the information gathered was not routinely transferred to the main police computer systems and was therefore largely inaccessible to frontline officers who cannot access HOLMES. Although mitigated to some degree by the use of markers on the police national computer, which alert officers to a potential risk, this does not provide officers and staff with the detail needed to fully inform their decision-making.
- Greatest value is not currently being achieved from the community safety hub's very positive work in engaging children and young people and disrupting perpetrator activity. Officers do not receive training about statutory processes



before they attend partnership meetings such as child protection conferences. This limits their understanding of the procedures and processes involved and thus the potential effectiveness of their contributions. At present, the team does not have a broader investigative capability. This limits the benefit drawn from the team's particular role, for example the potential to map locations and numbers of young people and persons of interest to help target services.

- Current structures in Essex Police mean that it can be difficult to direct resources when intelligence received at a force level requires action at a local level. This may limit the timeliness of some interventions with vulnerable children. The force has recognised these limitations and has begun a review.
- Senior leaders in Essex Police have worked hard to improve responses to the sexual and criminal exploitation of children and young people, to gangs and to children who go missing. However, although current meeting structures provide a generally good level of strategic oversight, higher-level meetings could benefit from an overview and qualitative assessment of tactical delivery to provide reassurance that the strategic drive of the organisation to effectively safeguard vulnerable children is being translated into effective delivery at the frontline. A recent bid to introduce a dedicated audit team may provide a suitable framework for such a development.
- The force's approach to children detained in custody, who are often vulnerable and have complex needs, is not consistent. A recent review by a continuous improvement team found that requests recorded by custody staff to submit a notification to the local authority's children's services were not being actioned. This inspection found that this continues to be an area for development. Opportunities to provide intervention for children and young people are not consistently being taken at this early opportunity.
- The quality and timeliness of notifications that are submitted by frontline officers and staff to the local authority are inconsistent. The decision for these notifications to be submitted directly, without the need for supervisory oversight, was intended to ensure that they were submitted as quickly as possible. However, the current process has gaps in both compliance and quality. This means that some children may be left in need or at risk of harm without those agencies who could intervene having been informed. Although there are safety nets in place that significantly reduce the chances of vulnerable children being missed by agencies, such as the daily 'vulnerability meeting' in MASH+, it is clear that the notification system is not working as well or as consistently as is needed.
- Information from multi-agency meetings and panels is not always recorded on police systems in a timely and consistent fashion. This means that multi-agency decisions are not always visible to frontline officers and so their ability to respond effectively to safeguard children is limited.



- The lack of a current NPS office or formalised reporting facilities in Southend-on-Sea means that there are inconsistencies in the management of offenders and presents challenges to successful multi-agency working.
- While it is positive that a number of health organisations use a shared electronic recording system, with some health practitioners having read-only access to each other's records, key gaps remain in information governance and information-sharing protocols to enable MASH+ practitioners to have timely access to relevant information held by other health partners, including sexual health services, EWMHS and GPs.
- Joint protocols for information sharing and joint working between the EWMHS and school nursing service are not yet in place. This limits the ability to share information that could support better early identification of changes in young people's emotional health and well-being, including risks of going missing or vulnerability to exploitation or gang involvement.
- Case auditing and quality assurance of practice in health is not sufficiently strong to support ongoing learning and review and to help benchmark areas where targeted development work is still required. Although there are some good examples of learning and development activity, learning from national best practice has not been maximised.
- Supervision practice is inconsistent across health agencies. Inspectors also found that stronger management oversight is required in a number of areas to ensure that safeguarding referrals are of a consistently acceptable standard, for example with regard to referrals from the SUH emergency department and those completed by GPs. Coverage of level three training within the SUH emergency department and midwifery services continues to be an area for improvement to ensure that NHS trust targets are fully met.
- The knowledge of frontline health practitioners of criminal exploitation and gangs overall is relatively limited. Although SUH has recognised growing risk in this area, it still needs to progress its intention to develop a joint pathway for the management and care of children involved with or harmed by gangs.
- Southend-on-Sea has a relatively high number of teenage parents and comparatively high use of emergency contraception and abortions. The child sexual exploitation action plan does not currently contain specific actions that are linked to supporting wider learning from information in this area.
- Children and young people accessing health services do not always benefit from a thorough assessment or analysis of their health needs. Records are often descriptive, lacking analysis of the impact of concerns and vulnerabilities on the child or young person. This limits the opportunity for children and young people

to have their needs fully understood or have the right services involved to appropriately meet their needs and to improve their outcomes.

- NPS court officers use a targeted approach to requesting child safeguarding information relevant to adults appearing before the courts. These are responded to swiftly by MASH+. This allows for appropriate information to inform pre-sentence reports and informs safe sentencing in these individual cases. However, not checking on safeguarding information in all cases means that safeguarding concerns about which court officers were unaware could be missed and so not inform recommendations and sentencing. This is a missed opportunity, particularly in the light of the creation of MASH+ as an enhanced multi-agency 'front door'.

Case study: areas for improvement

A previous lack of sufficiently joined-up working between agencies, weak planning and reactive practice has meant that a vulnerable teenager did not receive the right help and support when needed and agencies had not succeeded in ensuring that she is significantly safer.

The child was supported under a child-in-need plan following concerns about her poor mental health, risks of sexual exploitation and conflict between her parents. A recommendation to convene a child protection case conference was not acted on for several months. During this time, the child had stopped attending school, with little planning for an alternative education provision and no assessment of learning needs. Agencies' practice has been reactive rather than proactive. Not all key professionals have been included in the child's plan and not all of her needs have been addressed. It has taken several months for a multi-agency plan to be formulated, and parenting assessments have not been started. While one key professional has forged a good relationship with the child, much is still unknown about her life and new concerns around exploitation continue to emerge. Although more recent planning and interventions reflect a clearer focus and greater urgency, they have not yet significantly improved the child's safety.

Next steps

The director of children's services should prepare a written statement of proposed action responding to the findings outlined in this letter. This should be a multi-agency response involving NPS, CRC, the clinical commissioning groups and health

providers in Southend-on-Sea and Essex police. The response should set out the actions for the partnership and, where appropriate, individual agencies².

The director of children's services should send the written statement of action to ProtectionOfChildren@ofsted.gov.uk by 18 August 2018. This statement will inform the lines of enquiry at any future joint or single agency activity by the inspectorates.

Yours sincerely

Ofsted	Care Quality Commission
 Yvette Stanley National Director, Social Care	 Ursula Gallagher Deputy Chief Inspector
HMI Constabulary	HMI Probation
 Wendy Williams Her Majesty's Inspector of Constabulary	 Helen Mercer Assistant Chief Inspector

² The Children Act 2004 (Joint Area Reviews) Regulations 2015 www.legislation.gov.uk/uksi/2015/1792/contents/made enable Ofsted's chief inspector to determine which agency should make the written statement and which other agencies should cooperate in its writing.

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Public Document Pack

Southend-on-Sea Borough Council

Department of the Chief Executive

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Dear Councillor

CABINET - TUESDAY, 19TH JUNE, 2018

Please find enclosed, for consideration at the meeting of the Cabinet taking place on Tuesday, 19th June, 2018, the following report that was unavailable when the agenda was printed.

Agenda No Item

15. **Research, findings and recommendations on current and future provision of the Syrian Vulnerable Person Resettlement Programme (Pages 1 - 8)**

Yours faithfully

Tim Row
Principal Democratic Services Officer

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Southend-on-Sea Borough Council

Agenda
Item No.

15

Report of Deputy Chief Executive (People)

to

Cabinet

on

19th June 2018

Report prepared by: Olivia Brown, Programme Coordination
Officer

Research, findings and recommendations on current and future provision of the Syrian Vulnerable Person Resettlement Programme (SVPR)

People Scrutiny Committee
Cabinet Member: Councillor Lesley Salter
A Part 1 (Public Agenda Item)

1. Purpose of Report

- 1.1 To inform Cabinet of current progress and to recommend that Cabinet endorses the extension of the Syrian Vulnerable Person Resettlement (SVPR) Programme by the Council for more families to settle in Southend.

2. Recommendations

- 2.1 To note progress on the current SVPR Programme in Southend as outlined in Section 3 below.
- 2.2 That the Programme is extended in order that more families can settle in Southend, comprising an additional 30 individuals by 2020.
- 2.3 That the Director of Adult Services and Housing, is authorised to:
- Reach agreement with the EELGA, Home Office and other relevant bodies in order to bring 30 additional individuals to Southend, reporting on progress at CMT and Cabinet at regular intervals
 - Reach agreement with local partners in order to identify the local resource to welcome future families.
 - Research and commission effective ways of delivering support services in order to achieve economies of scale.

3. Background

- 3.1 On 7th September 2015, the then Prime Minister, David Cameron, made a commitment for 20,000 Syrians in need of protection to be resettled in the UK under the SVPR Programme. It is run in partnership with the UNHCR, the Home Office and DCLG. All local authorities were asked to ascertain if families could be settled within their boundaries and to pledge to support the scheme. As a

result, on 18th September 2015, the Council wrote to the Home Office pledging to support families in Southend under the scheme. A Motion to Council on 5th January 2016 then confirmed Southend's commitment to settle 10-12 individuals. It was noted that the practicalities of supporting the Programme should be reviewed before any further commitment was made.

- 3.2 The first family, comprising 3 individuals arrived in July 2016; the second comprising 6 individuals arrived in September 2016. Appropriate housing was sought in the private rented sector in advance of arrival, and school places for children were identified. Frontline casework support, a criterion for at least the first 12 months of resettlement, was identified through the existing Peabody (formerly Family Mosaic) floating support contract. Regarding accommodation, this was sourced through community support, whereby church groups agreed lower rents for the two families in their properties based upon LHA rates. In sourcing future housing for more families we would take a similar approach and seek to build on these relationships that we have developed. All expenditure for the Programme, excepting a moderate amount of officer time, is met through Home Office funding.
- 3.3 Community involvement has been high, with befriending and welcome events providing a basis for continued relationships between the families and members of the community, and over 500 volunteer hours dedicated to supporting the families on and after arrival. If taken at the National Living Wage this equates to at least £3,750 in contributed hours. It should be noted that without involvement from these groups and especially church groups we would not have been able to bring any families to Southend. In addition, and most importantly, the families have expressed their gratitude in being resettled in Southend.
- 3.4 Significant benefits have been realised through this Programme, including improved health, integration of the children into local education environments and some strong improvement in adult English language skills. However challenges in successfully delivering the Programme remain, and there is a need to achieve economies of scale. Our current difficulty in providing 8 hours of good quality ESOL (English for speakers of other languages) locally and a sustainable casework mechanism to meet the often challenging needs of the families would be resolved by more families arriving and their support funding being pooled to commission services. Furthermore, the on-going support of the Programme will better see through the existing commitment we have made to the two families already settled.
- 3.5 As outlined above, there have been challenging aspects in delivering the SVPR Programme in Southend over the last year. However, despite these challenges, both families have told the SBC lead officer that they are very grateful for the opportunity to live in Southend and for the support they receive from all involved. There are many really positive stories to tell, both at the individual and family level. More broadly this Programme has propelled SBC to work cohesively with community organisations, faith communities and commissioned services towards even greater community cohesion.
- 3.6 It could also be argued that the relatively small commitment we have been able to make so far could be a factor in why integration has, in some ways, proved slow and challenging. Should more Syrian families be brought to the Borough in

the future, it is not unreasonable to expect that the families might thrive through mutual support as they share experiences and knowledge with one another – not so as to create an isolated Syrian community in Southend but so that cultural challenges to integration can be overcome with the support of fellow refugees.

- 3.7 That said, the Programme is perhaps more costly in financial terms than had been anticipated, and whilst full data is not yet available to quantify this, notably in respect of health requirements of families, this will always need to be considered alongside the equally unquantifiable benefits that living in Southend brings to these two families. In other areas in the Eastern region where larger numbers of refugees have been welcomed, economies of scale have been achieved by pooling funding in order to plug any delivery gaps e.g. commissioning bespoke, accessible ESOL provision and casework support. If we resettle more families locally, we will be able to commission a more intensive range of support services with the grants available in order to achieve such economies of scale. Any such commissioned services would be opened up to benefit other communities and utilise the Asset Based Community Development approach that is being embedded in Southend. This would also allow us to have more flexibility in how the families are supported when faced with inevitable financial challenges such as the benefit cap and Universal Credit. Support for partners to ensure that the Programme does not impact them financially e.g. the CCG, would also be recognised.
- 3.8 The proposal to extend the Council's current involvement in the SVPR Programme is made on the basis of the continuing need for a humanitarian response to the ongoing crisis in Syria. The government continues to pursue its commitments under the SVPR Programme and to seek the support of local authorities in this regard. Should the Council extend its offer to an additional 30 individuals it would receive significant additional future funding in order to meet the demands of the Programme. At current levels of government investment this is understood to be £615k over the next 5 years. With the additional investment it is believed that the Programme in Southend would be more sustainable and have greater capacity to meet the support and integration needs of the individuals that relocate here. It is therefore proposed that the Director of Adult Services and Housing is authorised to reach agreement with government bodies as per the above Recommendation 3 with a view to extending the Programme locally.

4. Other Options

- 4.1 That no commitment is given to settle further families within the Borough.

5. Reasons for Recommendations

- 5.1 This is a key national issue that Council needs to address.

6. Corporate Implications

6.1 Contribution to Council's Vision & Corporate Priorities

Safe

- Look after and safeguard our children and vulnerable adults

Healthy

- Work with the public and private rented sectors to provide good quality housing
- Improve the life chances of our residents, especially our vulnerable children and adults, by working to reduce inequalities and social deprivation across our communities

Prosperous

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

Excellent

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

6.2 Financial Implications

The budget for this programme is given to the local authority from Home Office funding, therefore the running of the programme is cost neutral to the council.

Breakdown of funding for families over 5 years

Current provision:

Based on all clients for year 1		
July 2016	September 2016	Total
£	£	£
25,560	51,120	76,680

Agreed numbers	Based on all clients' for years 2-5				
	2017/18	2018/19	2019/20	2020/21	Total LA payment
	£	£	£	£	£
Arrived clients: 9	45,000	33,300	20,700	9,000	108,000

Projection 1: 30 individuals over 2 financial years

Agreed numbers	Based on all clients for year 1		
	2017/18	2018/19	Total
	£	£	£
Arriving clients: 3 groups of 10 (1 in 17/18, 2 in 18/19)	85,200	170,400	255,600

Agreed numbers	Based on all clients for years 2-5						
	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	Total LA payment
	£	£	£	£	£	£	£
Arriving clients:10	-	50,000	37,000	23,000	10,000	-	120,000
Arriving clients:20	-	-	100,000	74,000	46,000	20,000	240,000
Total clients:30	-	50,000	137,000	97,000	56,000	20,000	360,000

Projection 2: 50 individuals over 3 financial years

Agreed numbers	Based on all clients for year 1			Total
	2017/18	2018/19	2019/2020	
	£	£	£	£
Arriving clients: 5 groups of 10 (1 in 17/18, 3 in 18/19, 1 in 19/10)	85,200	255,600	85,200	426,000

Agreed numbers	Based on all clients for years 2-5							Total LA payment
	2017/18	2018/19	2019/20	2020/21	2021/22	2022/2023	2023/2024	
	£	£	£	£	£	£	£	£
Arriving clients: 10	-	50,000	37,000	23,000	10,000	-	-	120,000
Arriving clients:30	-	-	150,000	111,000	69,000	30,000	-	360,000
Arriving clients: 10	-	-	-	50,000	37,000	23,000	10,000	120,000
Total clients: 50		50,000	187,000	184,000	116,000	53,000	10,000	600,000

Additional Funds made available for Year 1:

Education	£2,250 - £4,500 per child depending on age
ESOL	£850 per adult
CCG Per Capita claim	£2,500
Exceptional cases fund is available a Home Office discretion	

Exceptional costs are also available to the CCG.

The main costs that our current budget covers are interpreter costs (£14,821.49 to date), payments to local schools to aid the integration of children (£9,000) and property set up/ maintenance costs prior to the family's arrival (£7,011.26). A DFG of approximately £5,000 is being approved in order to adapt one property for the needs of

a disabled child. The Exceptional Cases fund will be accessible in order to pay for the 'making good' costs in the future to return the property to its original state.

The cost to staff time is estimated at £8,000 a year (1 level 7 post, 1 day a week).

As can be seen from the tables above, financial support tapers after year one. Due to funding limitations with our current provision, we were unable to procure large scale, targeted support services e.g. bespoke ESOL provision, as this would not be sustainable with just 2 families and no future arrivals planned to bring in more Year 1 funding. Therefore we are currently underspent. This underspend can only be used on families in Year 1 of the programme therefore we will be unable to spend it unless more families arrive. By taking in more families, we will have a larger budget to pool and therefore be able to commission more targeted support services as well as support the programme in future years.

6.3 Legal Implications

n/a

6.4 People Implications

Commitment to on-going internal staff resource allocation.

6.5 Property Implications

The future sustainability of the programme will require sourcing more appropriate properties from the private rented sector, ideally able to support complex family make ups and accepting of housing benefit claimants.

6.6 Consultation

n/a

6.7 Equalities and Diversity Implications

In learning how to do this well as an authority and local partnership, we will be able to support other refugee and asylum seeking communities now and in the future.

6.8 Risk Assessment

A reputational risk exists for SBC with community and faith groups, and the larger SVPR Programme management, if we are not meeting the targets that we should be. There is a risk that with only two families we reduce the capacity for integration of the families and increase isolation.

6.9 Value for Money

Funding for the programme is through the Home Office, therefore there is no cost to the Council in the direct running of the programme. The families are in receipt of benefits, but the aim of the programme is to support future independence. This funding is an investment into setting up the families to live independently and give back to the

community in the future. The community and social value being realised as a result of resettling families in Southend is vast due to volunteer engagement.

6.10 Community Safety Implications

n/a

6.11 Environmental Impact

n/a

7. Background Papers

Background document available

8. Appendices

None

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Southend-on-Sea Borough Council

Report of Deputy Chief Executive (People)

to
Cabinet

on

19th June 2018

Report prepared by: Krishna Ramkhelawon, Interim
Director of Public Health

Agenda
Item No.

11

The 2017 Annual Report of the Director of Public Health

People Scrutiny Committee
Cabinet Member: Councillor Lesley Salter

A Part 1 Public Agenda Item

1. Purpose of Report

1.1 To present the 2017 Annual Report of the Director of Public Health.

2. Recommendation

2.1 That Cabinet considers and notes the content and recommendations of the 2017 Annual Report of the Director of Public Health.

3.0 Background

3.1 The Health and Social Care Act 2012 requires the Director of Public Health to prepare an annual report on the health of the local population. This is an independent report which the local authority is required to publish. The report is an opportunity to focus attention on particular issues that impact on the health and wellbeing of the local population, highlight any concerns and make recommendations for further action.

4.0 The 2017 Annual Report of the Director of Public Health

4.1 There is increasing scientific evidence that good quality work is beneficial for physical and mental health and well-being. For most people their work is a key determinant of their identity, self-esteem and standing within the community. In addition to the provision of income, work provides a means of social interaction and fulfilment.

4.2 There is extensive evidence that there are strong links between unemployment and poorer physical and mental health and mortality, with re-employment generally leading to improved health. It is recognised that poor quality, insecure, and low-paid work can be as harmful to health as unemployment, and both can lead to health inequalities.

- 4.3 People will be required to work for longer in the future. This will require action to improve health earlier in the working life will help to maintain health into later life and maintain overall productivity
- 4.4 There are a number of implications of the current occupational landscape in Southend that can impact on health and wellbeing. It is well recognised that people in routine and manual work have a higher prevalence of poor lifestyle behaviours, such as smoking, which can contribute to poor health outcomes.
- 4.5 74% of adults are in employment, on average spending a third of their waking hours in the workplace. During the working day there is scope for employers to influence employee health behaviours and promote a culture of good health and wellbeing, and to provide a supportive environment to enable those with health problems to continue working

5.0 Other Options

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

6.0 Reason for Recommendations

- 6.1 The Health and Social Care Act 2012 requires Directors of Public Health to prepare an annual report on the health of the local population.

7.0 Corporate Implications

- 7.1 Contribution to Council's Vision & Corporate Priorities

The Council has a statutory duty to protect the health of the local population. The 2017 Annual Public Health Report highlights the key issues for people in Southend and actions being taken to address them.

- 7.2 Financial Implications

At this stage any financial implications arising from this report are unquantified and, as further work is undertaken, any resource implications will be identified and dealt with through the Public Health budget and other existing budgets as necessary.

- 7.3 Legal Implications

There are no legal implications arising directly from this report.

- 7.4 People Implications

There are Directorate performance indicators relating to the Public Health Responsibility Deal

- 7.5 Property Implications

None.

7.6 Consultation

There will not be any formal consultation on the Annual Public Health Report, although it will go through the relevant governance route within the Council as well as to the Southend Health & Wellbeing Board.

7.7 Equalities and Diversity Implications

The Annual Public Health Report provides evidence that population health needs are assessed and considered.

7.8 Risk Assessment

A risk assessment will be undertaken of individual initiatives introduced to tackle the key issues highlighted in the report.

7.9 Value for Money

No implications.

7.10 Environmental Impact

None.

8.0 Background Documents

8.1 Background documents are listed in the Annual Public Health Report.

9.0 Appendices

9.1 The 2017 Annual Report of the Director of Public Health for Southend.

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**ANNUAL REPORT
OF THE
DIRECTOR OF PUBLIC HEALTH
2017**

Health and Work



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Acknowledgements

I am indebted to many people who have supported and contributed to my report. These include: Margaret Gray, Ian Diley, Mellanie Vance, Zoe Amner, Tom Dowler, Marion Gibbon, Angela Squires, Simon D Ford and Lee Watson.

Foreword

The Director of Public Health has a statutory duty to produce an independent report on the health of the local population. The aim is to highlight the key issues facing local people, looking at patterns of poor health and wellbeing, and providing recommendations on how opportunities to improve health should be achieved.

The link between work and good health is reciprocal. Good health is an important enabler for us to engage in work successfully and there is good evidence that fulfilling working lives can be an important factor in good health, be it remunerated or voluntary work. The council has an important role to play in supporting organisations and individuals to build healthy working environments and to strengthen health and resilience in our communities to maximise fulfilling engagement in work.

This year, my annual public health report examines work and health in our borough. It focuses upon how we can work with our communities to build healthy work environments and maximise the benefits to health that work can bring.

As with my previous annual reports for 2015 and 2016, this review presents headline data and examines their importance for the population of Southend-on-Sea. More detailed information about the health and wellbeing of our population can be found in the borough's Joint Strategic Needs Assessment sections on the Council website (available at <http://southend.gov.uk>).

I hope you find my report of interest. As always, I would welcome your feedback and comments, and any suggestions you may have.

Dr Andrea Atherton, Director of Public Health

Overview – Work and Health

This year my independent annual report focuses on the topic of work and health. There is increasing scientific evidence that good quality work is beneficial for physical and mental health and well-being (1, 2, 3). For most people their work is a key determinant of their identity, self-esteem and standing within the community. In addition to the provision of income, work provides a means of social interaction and fulfilment (4).

With its positive impact on the health and wellbeing of employees, ultimately good work affects the productivity and profitability of businesses and contributes to economic growth.

There is extensive evidence that there are strong links between unemployment and poorer physical and mental health and mortality, with re-employment generally leading to improved health (2).

Currently 61.5% of the local population is of working age (defined as 16-64 years). Nationally there has been an overall increase in the proportion of men and women between 50 and state pension age who participate in the labour market, and by 2020 it is estimated that a third of British workers will be over the age of 50 years (5). This will also be reflected in local workforce statistics.

The employment culture of today has shifted from people remaining in a lifelong job in a variety of sectors and industries, to one with workers frequently switching positions and increasingly employed in desk based roles. There has also been a growth in flexible or part-time working, from 4% to 25% of total employment (6). Both the number of self-employed workers and the share of all employment accounted for by self-employment have also risen steadily over the past 15 years (7).

Alongside this shift in working patterns, there has also been a significant increase in the number of people commuting longer distances to get to work. For people living in East of England the average commute time to and from work is 60 minutes (8). Work and commuting can therefore occupy a substantial proportion of waking hours in the day and limit the opportunity to undertake health promoting behaviours, including the healthy food preparation and physical activity.

Despite the benefits of work, some work itself can be damaging to health. It is important to support employers to ensure the work environment is safe in relation to prevention of accidents and takes account of the health risks posed by workplace stress.

I previously described in my 2015 annual public health report how the workplace can be used as a setting to promote and deliver health and wellbeing initiatives to employees. The Southend Public Health Responsibility Deal was designed to support local small and medium sized businesses to improve the health of their customers and employees. There is a range of support available to Southend

businesses to enable them to commit to at least one of the following workplace health pledges:

Pledges for Workplace Health

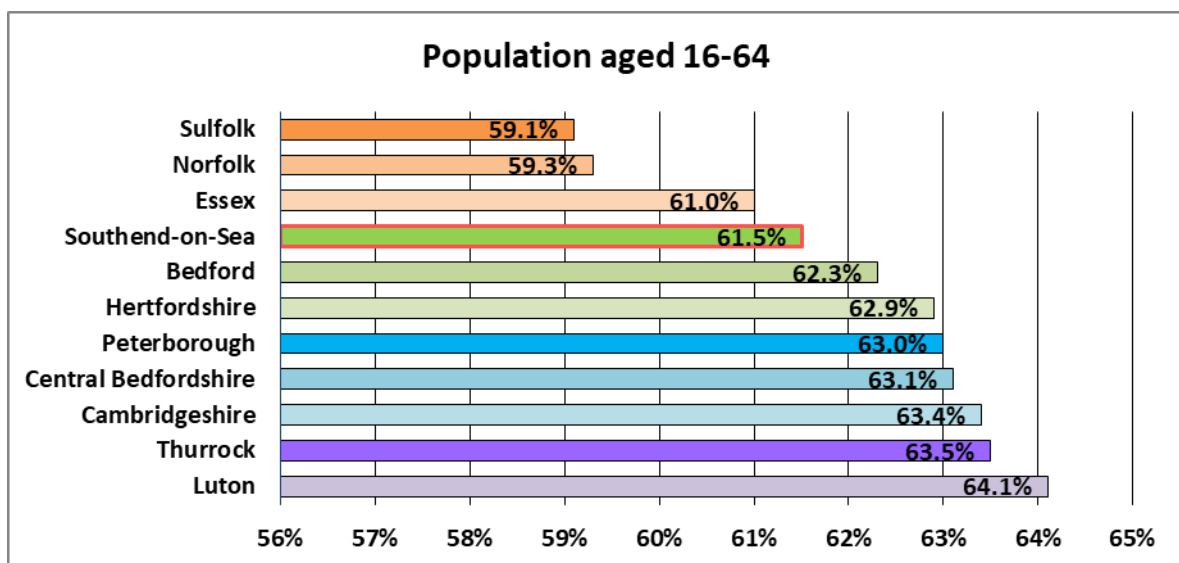
- Complete a workplace health needs assessment to shape future workplace health improvement activity
- Support Staff Attendance
- Support staff to give up smoking and support a smoke free
- Support your staff to live physically active lifestyles
- Sign up to be a Change4Life local supporter. Utilise Change4Life resources to support the national campaign

The Working Age Population

Who are the working age population?

This report includes men and women aged 16 – 64 years to define the working age population (1). In 2016, the total population in Southend was an estimated 179,800 of which 110,700 people (61.6%) were of working age (2).

Figure 1 The Working Age Population (Age 16-64 years) by Upper Tier Authority in East of England (% of total population in 2016)



Source: Nomis (2)

Figure 1 highlights that Southend has the fourth lowest proportion of their local population within the 16-64 working age group in the East of England region. This reflects the older age profile of Southend.

Future changes in the workforce

In order to plan for the future we need to understand how the workforce in Southend is expected to change over time.

The local population is set to grow by 15.9% between 2018 and 2038, to over 212,600 (3). Within this increase, the demographic composition of Southend is changing, with a growing number of older people. Currently 1 in 5 residents are aged 65+ (34,487 people), and this will increase so that by 2038, 1 in 4 Southend residents will be aged 65+ (3, 4).

Between 2018 and 2038, the proportion of the population who are of working age is expected to fall from 61% to 57%, whilst the proportion of people who are aged 65+ is expected to increase from 19% to 25% (3).

These demographic changes will lead to a change in the ratio of working to non-working people. In 2018, there are expected to be 158 people of working age for every 100 children and older people and this is set to change to 131 people of working age for every 100 children and older people by 2038 (3)

This makes it more important than ever to help more people in Southend to stay healthy, stay in good jobs and work productively for longer.

People are living longer, and in 2017, a 65-year-old can now expect to live for another 22.8 years, or 33.6% of their adult life. This is 9 years longer than a 65 year old was expected to live in 1948 when the state pension was first introduced (5).

As we live longer, we will need to work longer to fund our retirement. Over the course of 2019 and 2020 both the women's and men's state pension age will rise from 65 to 66, with an intention of rising to 68 between 203-39 (6).

There are now more people aged over 50 in employment than ever before (7) Nationally labour market participation is currently over 75% among those between 50 and state pension age, and over 12% for those beyond (8). However, whilst people are working for longer than they used to, one in five men and one in twelve women still leave work in the five years before they reach state pension age. A chronic health condition is a contributory factor in nearly half of men between the ages of 55 and state pension age who are no longer working (7). In addition to health issues, caring responsibilities and workplace factors also contribute to an earlier than planned exit from the labour market.

Unplanned early labour market exit can be harmful to overall well-being, particularly where there is less social interaction in retirement and difficulties in maintain living standards.

In addition to the personal financial impacts, early labour market exit also has an impact on the public purse, since £7 billion is paid each year in out-of-work benefits to people between the age of 50 years and state pension age (7).

Evidence suggests that employers who fail to retain their older workers are losing important skills from their workforce, and the premature loss of older workers can lead to loss of output and higher recruitment costs for employers. There is no systematic evidence that older workers are less productive than younger workers

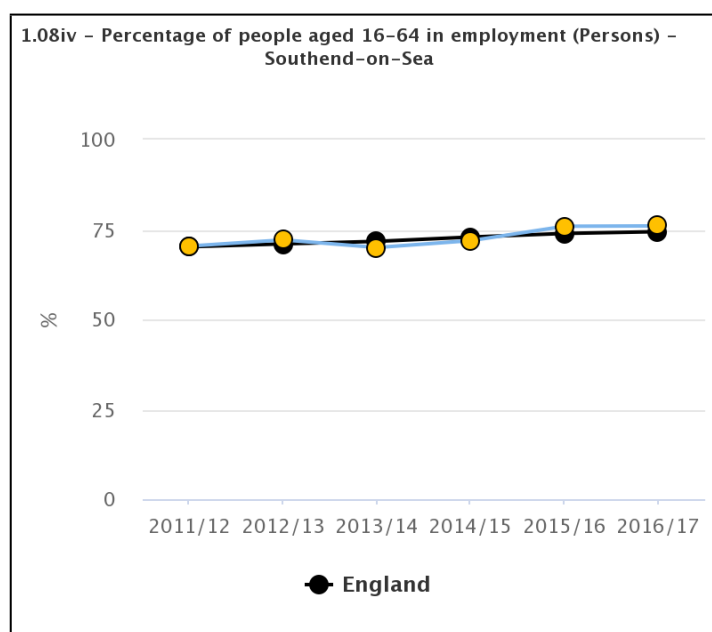
Focus for Action

People will be required to work for longer in the future. Action to improve health earlier in the working life will help to maintain health into later life and maintain overall productivity.

Who is working in Southend?

A high proportion of the Southend working age population are in employment. Since 2011/12, employment levels in Southend have generally been on an upward trajectory, with 76% of 16-64 year olds in employment in 2016/17. This compares to 74.4% across England (1).

Figure 1 Percentage of Southend residents aged 16-64years in employment (2011/12 – 2016/17) compared to England



Source: Public Health Outcomes Framework (1)

In 2016/17, 82.4% of men of working age in were in employment compared to 69.6% of women of working age, with women accounting for 46% of the overall working age population in employment.

Unemployment

Unemployment rates in Southend have been steadily reducing from 7.7% in 2011 down to 5% of the working age population in 2016. However, not everyone in Southend who would like a job in Southend can find one.

Unemployment is associated with an increased risk of mortality and morbidity, including cardiovascular disease, poor mental health, suicide and health-damaging behaviours (2). The length of time a person is unemployed also impacts on health, for example individuals unemployed for more than six months have lower wellbeing than those unemployed for less time (3).

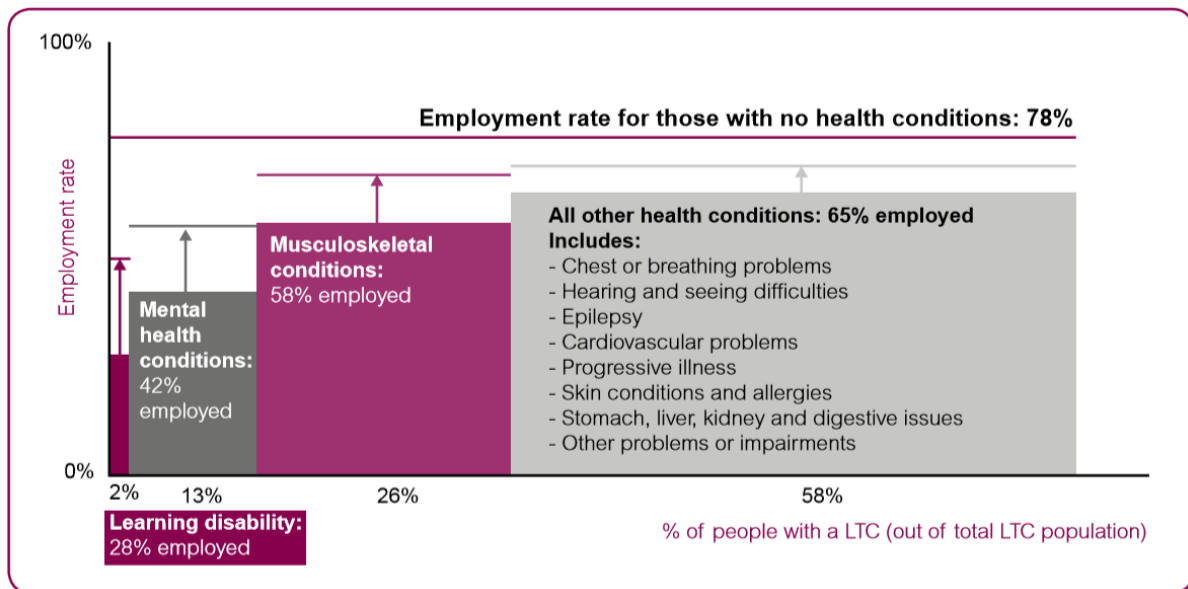
An inclusive workforce

It is recognised that gaining meaningful employment can pose a challenge for people of working age with health conditions, and those with learning disabilities. In

particular, people affected by mental ill health often face barriers in securing employment (4).

Figure 2 shows the employment rate and gap for people with key conditions and the potential for halving that gap.

Figure 2 Employment rate and gap for people of working age in England with health conditions and those with learning disabilities compared to those with no health conditions (2014)



Source: DWP Health and Work Core Statistics July 2014, Labour Force Survey Q2 2014

There are a number of Government operated schemes that help support employment among people with health problems, these include:

Fit for Work is a Government-funded initiative to support people in work with health conditions and help with sickness absence. It is designed to prevent people losing their job as a result of sickness.

Access to Work is a specialist employment support programme that aims to help people with a disability or long term physical or mental health condition to start or stay in work. It provides both practical advice and financial support.

New Enterprise Allowance is a scheme that provides a grant and support to individuals to set up their own business if they are receiving certain benefits.

In recognition of the fact that one in ten disabled people in work fall out of work each year, compared to one in twenty non-disabled people, a national strategy has recently been published to deliver the pledge “to see one million more disabled people in work over the next ten years” (6). This outlines key actions in three settings:

- **Welfare** – employment and financial support
- **Workplace** – supporting employers to create healthy, inclusive workplaces
- **Healthcare** - supporting employment through health and high quality for all

In addition the recently published review. *Thriving at Work*, details how investing in supporting mental health at work is good for business and productivity. The most important recommendation is that all employers, regardless of size or industry, should adopt 6 'mental health core standards' that lay basic foundations for an approach to workplace mental health (7).

The core standards are:

- Produce, implement, and communicate a 'mental health at work' plan
- Develop mental health awareness among employees
- Encourage open conversations about mental health and the support available when employees are struggling, and offer suitable workplace adjustments to those that require them
- Provide employees with good working conditions and ensure they have a healthy work life balance and opportunities for development.
- Promote effective people management through line managers and supervisors, ensuring appropriate training for managers
- Routinely monitor employee mental health and wellbeing

It also details how large employers and the public sector can 'lead the way' and develop these standards further through a set of 'mental health enhanced standards'.

Focus for Action

Developing inclusive workplaces to ensure people living with disability, those with learning difficulties and those with mental health problems are encouraged and supported to thrive at work.

Where are people employed in Southend?

Self-employed

Self-employment in the UK is currently higher than at any point over the past 40 years, and the rise in total employment since 2008 has predominantly been among the self-employed (1).

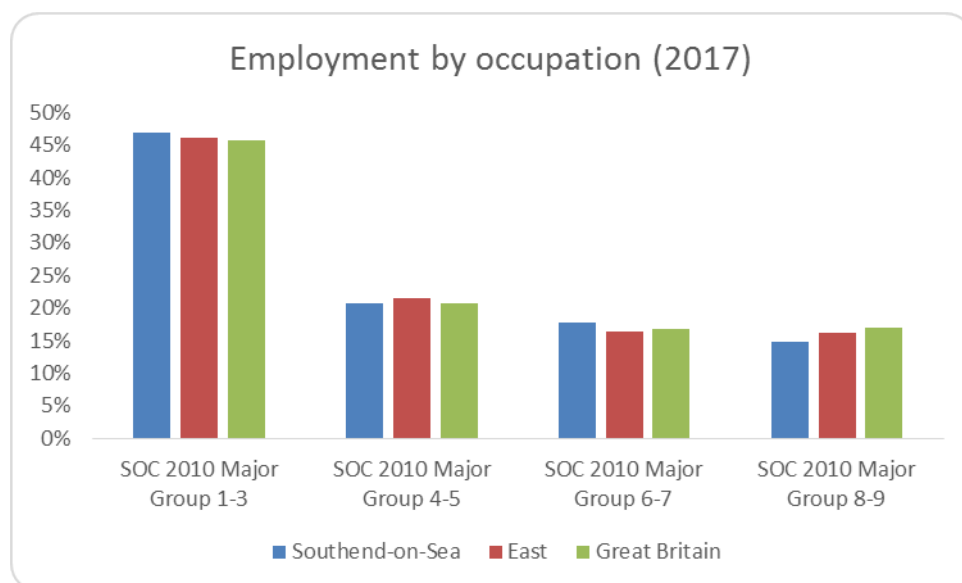
Older workers aged 50 to 64 are more likely to be in self-employment than other age groups, particularly those who continue to work beyond the age of 65 years (2).

In Southend 10.3% of people aged 16 to 64 are self-employed, which is similar to the national average (3). Men make up 69% of the self-employed in Southend.

Employment by Occupation Type

Figure 1 shows employment by occupation in Southend, as defined by the Standard Occupational Classification (4). This classification uses broad occupational categories which are similar in terms of the qualifications, training, skills and experience commonly associated with the competent performance of work tasks¹.

Figure 1 Employment by Occupation in Southend (July 2016- June 2017)



Compared with East of England and nationally, the current working population in Southend has a slightly higher proportion of people working in senior managerial and

¹ Major Group 1-3: Managers, directors, and senior officials; professional occupations; associate professional and technical,

Major Group 4-5: Administrative and secretarial; skilled trades occupations,

Major Group 6-7: Caring, leisure, and other service occupations; sales and customer service occupations,

Major Group 8-9: Process plant and machine operatives; elementary occupations

professional roles, and a lower proportion of people in skilled trade occupations and administrative and secretarial roles.

The public sector is the largest employer in Southend, accounting for 18.2% of employee jobs. The next largest category is wholesale and retail trade at 15.2%, followed by education at 10.6%. Accommodation and food services at 9.1%, are a major part of the visitor economy, along with the retail sector.

There are a number of implications of the current occupational landscape in Southend that can impact on health and wellbeing. It is well recognised that people in routine and manual work have a higher prevalence of poor lifestyle behaviours, such as smoking, which can contribute to poor health outcomes. Employment sectors also vary in the degree of opportunity they present for employees to move from unskilled low pay jobs to an occupation commanding a bigger salary.

Business types

Southend's enterprise base is heavily based on micro businesses (0 to 9 employees). Table 1 shows that of the 6355 enterprises in Southend in 2015, 91.3% had 0-9 employees. There are only 5 enterprises in Southend with more than 1,000 employees.

Table 1 Size of enterprises in Southend (2017)

Size of business by employees	Numbers	Percentage
Micro (0-9)	6355	91.3
Small (10-49)	510	7.3
Medium (50-249)	75	1.1
Large 250+	25	0.4
Total	6960	-

Source: Inter Departmental Business Register (ONS)

Southend's industrial structure is fairly uneven and distinct compared to the industrial structure of the country as a whole.

Key points to note are:

- There is a higher concentration of employees in the public administration; education and health sector as well as arts, entertainment and other services
- There is a very low concentration of employees in the transport and storage and information & communication sectors compared to the national industrial structure

It is also noteworthy that nearly 39.4% of employee jobs in Southend are part-time, above England, and that the last census data indicated that about 1 in 3 employees commute to a workplace outside of Southend.

Focus for Action

As the proportion of micro businesses in Southend-on-Sea is very high, this brings challenges for delivering workplace-based health interventions for large numbers of our working population. We will continue to offer support to businesses through the public health responsibility deal alongside our community-based initiatives and our wider health promotion communication.

Skills and education

Appropriate training and qualifications are significant factors in gaining well-enumerated employment and increasing income across the life-course. People who have a high level of education are less likely to be unemployed than people without that experience, are more likely to work full-time, are more likely to describe their jobs as fulfilling, and are less likely to experience economic hardship (1). There is robust evidence that sustained economic hardship leads to poorer health and well-being (2).

Opportunities should be provided for career development to be a lifelong endeavour, where people can access pathways and possibilities throughout their working lives (3). Access to such education can improve an individual's ability to maximise their personal and professional potential in their current work situation and open up possibilities for new employment positions.

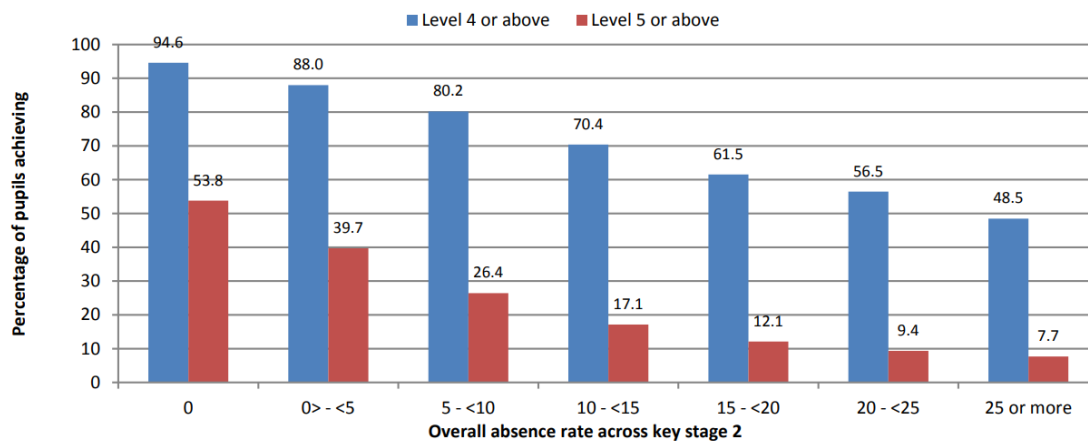
Education and qualifications in Southend-on-Sea

In Southend-on-Sea, 92.1% of the population have at least one recognised educational qualification. This figure is slightly lower than the regional (92.8%) and national average (92.3%). There is, however, a significant difference between the proportion of people in Southend-on-Sea with a qualification of NVQ2 and above (5 GCSEs grade C or above, or equivalent). While in Southend 70.4% of the eligible population achieve this qualification level, the figure is 73.3% regionally, and 74.7% nationally. This trend continues at NVQ4 or above (HND, Degree, or Higher Degree) with 30.7% of Southend's population being educated to this level, compared to 34.7% regionally and 38.6% nationally (4).

The proportion of 16 to 17 year olds not in education, employment, or training (NEET) is a challenge for Southend-on-Sea. The most recent available data (2016) suggests that 9% of our relevant population are classified as NEET. This is the highest figure across the East of England region and is a statistically significant difference to the national average (6%) (5).

However, for the Early Years Key Stage of education, the picture is bright for Southend. 74.1% of children achieve a good level of development at the end of reception year in school readiness assessments, which is the second highest figure in the region and significantly above the national average (5). Further, school absence is also significantly better than the national average and is the joint lowest in the region (4.3% of half days missed). There is strong evidence that low attendance at school is associated with poorer levels of educational attainment for children. Department of Education research has demonstrated that each extra day of school missed was associated with a lower attainment outcome (Fig 1) (6).

Fig 1 Percentage of pupils in state-funded mainstream schools achieving states levels at the end of KS2 in 2013/14 academic year by overall absence rate across KS2.



Overall absence rate across KS2	0	0> - <5	5 - <10	10 - <15	15 - <20	20 - <25	25 or more
Number of pupils	2,150	342,330	110,620	20,735	4,470	1,215	730

Source: Department of Education. 2016. The link between absence and attainment at KS2 and KS4: 2013/14 academic year.

Focus for Action

There is then a key task to ensure that the good start our children are getting in school translates into a high level of educational attainment and an ambition to partake in lifelong learning and career development.

Health issues in the working age population

It is estimated that between 130 and 140 million working days are lost to sickness or injury in the UK each year (1). This equates to just over 4 days of absence per worker. While this has a significant impact on productivity and employee wellbeing, the trend has been for a general decrease in this figure since 2003.

For the most recent available data (2016), minor illnesses such as coughs and colds were the most frequently cited cause of sickness absence and were the reason for around a quarter (24.8%) of all such absence. The second most frequent cause were musculo-skeletal complaints (22.4%) with 11.5% of total days lost caused by mental ill health (1).

The population groups most affected by work sickness absence in 2016 were women, older workers, people with long-term health conditions, smokers, public sector workers, and those working in organisations of 500 or more employees (1). In addition, ill health in the working age population is concentrated among manual workers and the least wealthy.

Annual Population Survey data from the Office for National Statistics suggest that 1.6% of working hours are lost to sickness absence in the East of England region each year. This is below the national UK rate of 1.9% (1).

The other side of the coin to absenteeism is sickness presence (or presenteeism). This is the practice of working while sick and can be the result of good intentions by staff or by direct or indirect pressure on staff from organisations or businesses to avoid absence. It is difficult to quantify the extent of presenteeism in the Southend or UK workforce but a Europe-wide survey of working conditions in 2010 found that on average UK respondents had worked while sick on five days in the preceding year (2). When workers are present in the workplace but unable to perform their duties properly, it impacts upon an organisation's productivity and potentially lengthens the employee's period of illness.

For many people within our population, long-term sickness is a barrier to employment. Where people are economically inactive (not employed or active seeking employment), long-term sickness is the second most frequent cause for men aged 16-64 and the third most frequent for women (3).

For Southend-on-Sea, in 2017 there were 5,700 people who were economically inactive due to long-term sickness. This equates to over a quarter of the economically inactive population of the borough (26%) and 5.1% of the overall borough population (4). The proportion of the population economically inactive due to long term sickness is markedly higher than for the East of England (3.6%) and higher than for Great Britain as a whole (4.8%).

The Public Health Outcomes Framework for England provides us with a tool to monitor the gap in the employment rate between people with long-term conditions and the general population (5). In 2016/17, there was a 28.8 percentage point gap in the employment rate between the two groups. The current employment rate in Southend-on-Sea is 80% so this means that the chances of being in employment are around one and a half times greater if a person does not have a long-term health condition. However for Southend's population, this gap is smaller than it is both regionally and nationally.

We also routinely monitor the gap in employment rate between people with a learning disability or in contact with secondary mental health services, and the overall employment rate. In 2016/17, the gap for people with a learning disability in Southend was 66 percentage points and for people in contact with mental health services it was 70 percentage points. This suggests that the general Southend working age population are nearly six times more likely to be in employment than people with a learning disability, and ten times more likely than people in contact with mental health services (5).

For people in employment, poor mental health is a major issue for the employee and their employers. Thriving at Work, a recent independent review commissioned by the Government, found that 300,000 people with a long-term mental health problem lose their jobs each year, and around 15% of people at work have symptoms of an existing mental illness (6).

In addition, it is recognised that poor quality, insecure, and low-paid work can be as harmful to health as unemployment, and both can lead to health inequalities. The Marmot Review of Health Inequalities focused on the need to "create fair employment and good work for all" (7). Further, some ill-health is directly work related. This can include sudden injuries, such as a trip or fall or from lifting and handling, 'slow' injuries, such as the development of repetitive strain injury (RSI) or the ill health effects of stress at work.

Promoting good health and wellbeing at work

The workplace is a setting where many people spend the largest proportion of their time and therefore it can play a key role in contributing to employee health and in turn the health and productivity of their organisation, families, local community and society.

74% of adults are in employment, on average spending a third of their waking hours in the workplace. During the working day there is scope for employers to influence employee health behaviours and promote a culture of good health and wellbeing, and to provide a supportive environment to enable those with health problems to continue working.

The World Health Organisation suggests that the benefits of the workplace as a setting for improving health are widespread for both the organisation and the employee:

To the organisation	To the employee
a well- managed health and safety programme	a safe and healthy work environment
a positive and caring image	enhanced self-esteem
improved staff morale	reduced stress
reduced staff turnover	improved morale
reduced absenteeism	increased job satisfaction
increased productivity	increased skills for health protection
reduced health care/insurance costs	improved health
reduced risk of fines and litigation	Improved sense of wellbeing

Source: WHO

Southend health and care organisations are developing integrated locality working which will help improve understanding of the health and care needs of particular groups of adults of working age within the population, and the interventions needed to support them.

Prevention in the workplace – local programmes

There are a multitude of evidence-based programmes of activity that can be offered from the workplace to help improve employee health:

- NHS Health Checks
- Mindful Employer
- Mental Health First Aid
- Investors in People
- Public Health Responsibility Deal
- Active Working
- Active Travel
- Stop Smoking Support
- NHS Health Trainers
- Health and Safety Policy and programmes

Focus for Action

For the area of work and health, the key challenges for public health services in Southend and across England, are to work with employers to develop workplaces that encourage health-positive behaviours, and to work with partners within our local authority and in organisations and businesses across the borough to tackle the employment gap for people with long-term health issues. Employment is a key determinant of population health and barriers to employment are a significant source of health inequalities.

Recommendations

- 1: Continue to promote positive lifestyle behaviours such as not smoking, regular physical activity, being a healthy weight, sensible drinking, and good mental wellbeing through community and workplace activities and resources.
- 2: Continue to promote Making Every Contact Count (MECC) training in brief interventions to increase awareness and access to appropriate support services
- 3: Promote the importance of workplace health in the ill-health prevention strand of locality service design modelling.
- 4: Encourage local workplaces to sign up to the National and /or Southend Public Health Responsibility Deal and put into place effective actions to support employees and customers to make healthier choices
- 5: Support workplaces in producing and implementing inclusive policies on recruitment and retention of people living with a disability, mental health problem or long-term condition
- 6: Encourage local employers to use Business in the Community / Public Health England workplace toolkits to improve prevention and management of MSK and mental health issues in the workplace

Summary health profile



Health Profile
2017.pdf

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Southend-on-Sea Borough Council

**Report of the Deputy Chief Executive
(People)**

to

People Scrutiny Committee

on

10th July 2018

Report prepared by: Amanda Champ
Head of School Performance & Improvement Service
(interim)

Schools Progress Report

**People Scrutiny Committee
Cabinet Member: Councillor Helen Boyd
A Part 1 Item**

1. 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.

2. Recommendation

For members to note and approve the information in the report.

3. Background

Ofsted Inspections

Cecil Jones Academy was inspected 5th December 2017. The report was not published at the time of the previous scrutiny committee meeting but is now in the public domain. OFSTED has judged the school to be inadequate. The Director of Learning has been in constant dialogue with the DFE to ascertain arrangements for supporting the school to improve.

The following primary and secondary schools have been inspected since January 2018

(Due to the number of schools being inspected information is presented in table form for ease of reference)

Name of school	Date of inspection	OFSTED judgement	Short or full inspection
Chase High School	15/03/2018	Requires improvement	full
Eastwood Primary School & Nursery	06/03/2018	Good	Short
Edwards Hall Primary School	22/05/2018	Good	Short
Fairways Primary School	06/02/2018	Good	Short

Leigh North Street Primary School	22/05/2018	Requires improvement	full
Milton Hall Primary School and Nursery	22/02/2018	Good	Short
St Thomas More High School	24/04/2018	Good	Short
The Eastwood Academy	08/03/2018	Good	Short

Following inspection of Leigh North Street Primary School, which remains a Local Authority maintained school, the Head of School Improvement Service has had several meetings with the Head Teacher and Chair of Governors in order to support the school and ensure the implementation of a robust post Ofsted action plan utilising support from the Teaching School Alliance, local leaders of education and Southend Borough Council officers.

Overall, pupils attending a good or outstanding school in Southend is now 83.9% against our local authority target of 82.5% it should be remembered that a good judgement now is made against a more robust inspection framework than when a school was previously inspected.

Academies

We now have 34 Academies (Federation of Greenways and PLT Campus counted as one school each) in Southend. Our Lady of Lourdes Catholic Primary School and Sacred Heart Catholic Primary School and Nursery became academies, joining St Thomas More Secondary School (which was already a single Academy) to form the Assisi Catholic Trust on 1st May 2018.

The conversion of Futures College has been further delayed but now converted on 1st July 2018. Temple Sutton Primary school has also been further delayed and now due to convert 1st September 2018.

Two further Catholic Primary Schools, St George's and St Helen's are due to join the Assisi Trust on 1st Sept 2018.

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

The 'every child, every school, same opportunities' pupil premium strategy being led by Milton Hall Primary School and Barons Court Primary School (commissioned by the LA) is well underway. There has been an excellent engagement rate from primary schools accessing at least one element of the strategy. The universal offer is open to all primary schools with a bespoke offer for targeted schools which have been identified through analysis of pupil premium progress and achievement data.

Evaluation and review of the project to date indicates that 33/34 (97.1%) primary schools within Southend are engaging with elements of the project based on their school's current needs.

A visit to Thames View Infants School was implemented on 27.04.18 with 4 primary schools attending to view outstanding provision within the EYFS and KS1 curriculum.

Further to the visit to Thames View primary in Barking a visit is being arranged for the Headteacher (Paul Jordan) to visit Southend and work in partnership with Hamstel Infants, Prince Avenue and Milton Hall.

Grammar School Strategy

This year's grammar school media campaign is now in full swing (Media Campaign dates: 4th June – 20th July 2018.)

The 'no fuss 11+' website has proved extremely successful with 1363 views of the home page alone (analytics details in appendix 2). The social media campaign is now in phase 2 Summary of results, as at 20th June 2018 (after 2.5 weeks) evidence is that the messages were viewed over 78,000 times by parents in the borough, digitally.

Overall performance of schools

Attendance analysis for 2016-17 was released in March (updated May) 2018.

Overall absence has remained the same in Southend as previous years. We are in the top 25% and our absence rates remain below our statistical neighbours.

Primary/Secondary/Special	% Overall Absence				
	2015/16	2016/17	Rank	Quartile	Rank Change
Bournemouth	4.7	4.9	109	3	-17
East Sussex	5.1	5.2	143	4	-1
Isle of Wight	4.8	4.9	109	3	2
Kent	4.7	4.8	99	3	-7
Medway	4.8	4.7	78	3	33
Plymouth	4.6	4.9	109	3	-38
Poole	4.5	4.4	28	1	25
Sheffield	5.0	5.1	133	4	2
Swindon	4.4	4.6	57	2	-20
Telford and Wrekin	4.5	4.5	43	2	10
Southend-on-Sea	4.3	4.3	15	1	7
Statistical Neighbour Average	4.7	4.8			
ENGLAND	4.6	4.7			

4. Other Options

N/A

5. Reasons for Recommendations

N/A

6. Corporate Implications

6.1 Contribution to Council's Vision & Corporate Priorities

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

6.2 Financial Implications

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

6.3 Legal Implications

None

6.4 People Implications

None

6.5 Property Implications

None

6.6 Consultation

None

6.7 Equalities and Diversity Implications

None

6.8 Risk Assessment

None

6.9 Value for Money

None

6.10 Community Safety Implications

None

6.11 Environmental Impact

None

7. Background Papers

None

8. Appendices

Appendix 1 - List of Southend Academies

Appendix 1 - List of Southend Academies (as at 29/06/18)

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	
Our lady of Lourdes Primary School	01/05/2018		
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)	
Sacred Heart Primary School	01/05/2018		
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 <i>(previously a single academy trust)</i>	
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	

Southend-on-Sea Borough Council

Report of Chief Executive to People Scrutiny Committee

On 10th July 2018

Report prepared by:
Fiona Abbott

Agenda
Item No.

13

Scrutiny Committee - updates A Part 1 Agenda Item

1. Purpose of Report

To update the Committee on a number of scrutiny matters.

2. Recommendations

- 2.1 That the report and any actions taken be noted.
- 2.2 To note the terms of reference for the Joint Scrutiny Committee looking at the STP, as set out at **Appendix 1**.
- 2.3 That 2 Members from the Committee be appointed as substitute Members to the Joint Scrutiny Committee looking at the STP.
- 2.4 To agree to the establishment of a sub group to scrutinise the Primary Care Strategy for south east Essex and 5 Members of the Committee be appointed to the sub group.
- 2.5 That the report and recommendations from the in depth scrutiny project 'Connecting communities to avoid isolation' attached at **Appendix 2**, be agreed and the Chairman be authorised to agree any final amendments to the draft report and that in accordance with Scrutiny Procedure Rule 10 (Part 4 (e) of the Constitution), to agree that the Chairman of the Project Team present the report to a future Cabinet meeting.
- 2.6 That the Youth Council be invited to present the outcomes from the mental health survey to the next meeting of the Scrutiny Committee.

3. Remit of People Scrutiny Committee

- 3.1 The Scrutiny Committee is responsible for the following areas:
 - All Child and Adult Education
 - Youth Services
 - Children's Social Services
 - Adult Social Services
 - Public Health
 - Commissioning/Procurement for Children, Adults and Public Health, and
 - Health scrutiny role (conferred by the Health & Social Care Act 2012)

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

3.2 A Briefing Paper providing information specifically on health scrutiny and the health system locally has recently been sent to members of the Committee. Elsewhere on the agenda for this meeting is information on the range of work undertaken by the Scrutiny Committees during 2017/18.

4. Joint Health Overview and Scrutiny Committee – Mid and South Essex Sustainability & Transformation Partnership (STP)

4.1 Further to the meeting in April 2018, the Committee will be aware that in accordance with relevant regulations a Joint Scrutiny Committee has been established comprising Members from Essex County Council, Thurrock Council and Southend Council¹. The terms of reference of the Joint Scrutiny Committee were approved in February 2018 and reported to the People Scrutiny Committee in April 2018 and are re attached for information at **Appendix 1**.

4.2 The purpose of the Joint Scrutiny Committee is to respond to the consultation document on acute reconfiguration - 'Your Care in the Best Place' - in Mid and South Essex and to monitor and scrutinise the work of the STP. The formal response to the public consultation by the Joint Scrutiny Committee was submitted on 22nd March 2018. The independent analysis of consultation feedback was published on 22nd May 2018. The full report can be found <http://www.nhsmidandsouthessex.co.uk/have-your-say/outcome-of-consultation/>

4.3 Southend is the lead authority for the Joint Scrutiny Committee, which is chaired by Councillor Arscott. The other Southend Members on the Committee are Councillors Nevin, Borton and Habermel. It is recommended that 2 Members from the People Scrutiny Committee are nominated as substitute Members on the Joint Scrutiny Committee. The meetings rotate across Southend, Chelmsford and Grays.

4.4 The most recent meeting of the Joint Scrutiny Committee was held on 6th June 2018. At this meeting the Joint Scrutiny Committee discussed the consultation responses. The key findings were that the 5 principles consulted upon were broadly supported, however there was some local variation - less general agreement with the proposals from residents within the Southend CCG area and less agreement from Thurrock residents on proposals to close Orsett Hospital once services had been transferred to centres closer to people's homes.

4.5 The CCG Joint Committee is due to meet on 6th July 2018 to reach final decisions. A verbal update from the meeting will be provided to Members. There will be post decision scrutiny by the Joint Scrutiny Committee and response to decisions. The next formal meeting will be held at the end of August.

¹ The papers for the formal meetings of the Joint Scrutiny Committee are available on each of the participating local authority websites

5. Primary Care Strategy for south east Essex

- 5.1 At the last meeting of the Committee it was agreed that the following item would be added to the Committees' work plan – primary care / GP provision in the Borough. Elsewhere on the agenda for this meeting the Committee will receive a short briefing from the CCG on the Primary Care Strategy for south east Essex.
- 5.2 In view of the importance of the issue, it is recommended that a sub group of 5 Members from the Committee is established to undertake scrutiny of the strategy. The terms of reference and the work plan etc. will be considered at its first meeting.
- 5.3 There are essentially 2 'layers' to the Primary Care Strategy – the STP wide Strategy and then the CCG plan to deliver the Strategy at a CCG / locality level, so the sub group would be focussing on the local delivery plan. The scrutiny of the STP level plan is being undertaken by the Joint Scrutiny Committee (see item 4 above) and also the Health & Wellbeing Board.

6. Connecting communities to avoid isolation

- 6.1 At the meeting on 11th July 2017, the People Scrutiny Committee agreed that its in depth project for 2017/18 would be on 'Connecting communities to avoid isolation' (Minute 170 refers).
- 6.2 The project plan was agreed by the project team in October 2017 and endorsed at the Scrutiny Committee on 10th October 2017 (Minute 374 refers). The project team has held 5 meetings in total, including a facilitated workshop session on 22nd November and an evidence gathering session on the afternoon of 12th January 2018.
- 6.3 The Scrutiny Committee received a detailed update at the meeting on 30th January 2018 (Minute 696 refers) and at the meeting on 10th April 2018, the Scrutiny Committee agreed that the project would be concluded early in the 18/19 Municipal Year (Minute 899 refers).
- 6.4 The final report from the in depth scrutiny review undertaken in 2017/18 is now attached at **Appendix 2**. The Scrutiny Committee is recommended to endorse the conclusions from the review, for approval by Cabinet.

7. Other matters

- 7.1 Children's Services Improvement Plan Scrutiny Panel – the Committee will recall that the Panel was established last year to help provide additional challenge to the implementation of the action plan, to be made up of Members of scrutiny and key members of the Improvement Board. At the Council meeting in May, the following were appointed to the Panel – Councillors Nevin (Chair), Arscott, Chalk, Davidson and Walker. The Panel has now met on 7 occasions with the most recent meeting taking place on 13th June.
- 7.2 Re location of Carnarvon Medical Centre – on 6th June 2018 the CCG advised that the Carnarvon Medical Centre would be relocating to new premises within the North Road Primary Care centre, North Road on 9th July 2018. The Scrutiny

Committee members and Ward Councillors were advised about the change on the same day – see **Appendix 3**.

- 7.3 Youth Council – the Youth Council recently undertook a Mental Health School Survey of children & young people in Years 7 – 13. The Report is due to be published in September and will be launched at a ‘Skills for Life’ Conference. Schools and youth organisations will be encouraged to sign up to a Charter. It is recommended that the Youth Council will be invited to provide an overview of the survey and also the Charter at the next meeting of the Scrutiny Committee.
- 7.4 Healthwatch Southend Annual Report – the Annual Report 2017/18 has recently been circulated to the Scrutiny Committee. It is also available on the Healthwatch Southend website – www.healthwatchesouthend.co.uk
- 7.5 Draft Quality Report / Accounts 2017/18 - at the April meeting of the Committee members were advised about the arrangements for the receipt of the draft Quality Account from EPUT and Southend Hospital (Minute 899 refers). At the meeting, the Committee agreed that the documents would be circulated to Committee members for any comments and for a submission to be sent to the Trusts in the time frame.

Submissions were sent to the Trusts as follows:-

Southend Hospital (sent 11th May 2018)

“The draft Quality Report / Account has been shared with the Chairman and members of the People Scrutiny Committee at Southend-on-Sea Borough Council, which is the health scrutiny committee. No comments were received. This should in no way be taken as a negative response. The Committee has, in the main, been content with the engagement of local healthcare providers in its work over the past year.”

EPUT (sent 17th May 2018)

“The draft Quality Report / Account has been shared with the Chairman and members of the People Scrutiny Committee at Southend-on-Sea Borough Council, which is the health scrutiny committee. No comments were received. This should in no way be taken as a negative response.

The Committee has, in the main, been content with the engagement of local healthcare providers in its work over the past year. In particular the Committee welcomed the member briefing given earlier in the year about the new clinical model for local mental health services and also the Trusts involvement in the scrutiny investigation into connecting communities.”

It should be noted that the documents are sent to us when there are no meetings scheduled and also submitted during the election period leading up to the local elections in early May 2018. The Committee is asked to note the Quality Accounts received for comments and how these were dealt with.

8. Corporate Implications

- 8.1 Contribution to Council’s Vision and Critical Priorities – Becoming an excellent and high performing organisation.

- 8.2 Financial Implications – there are no financial implications arising from the contents of the report. The cost of any Joint Scrutiny Cttee work can be met from existing resources.
- 8.3 Legal Implications – the Scrutiny Committee exercises the health scrutiny function as set out in relevant legislation. Where an NHS body consults more than one local authority on a proposal for substantial development of the health service or a substantial variation in the provision of such a service, those authorities are required to appoint a Joint Scrutiny Committee for the purposes of the consultation. Only that joint committee may - make comments on the proposal to the NHS body; require the provision of information about the proposal; require an officer of the NHS body to attend before it to answer questions in connection with the STP proposals.
- 8.4 People Implications – none.
- 8.5 Property Implications – none.
- 8.6 Consultation – as described in report.
- 8.7 Equality Analysis– none.
- 8.8 Risk Assessment – none.

9. Background Papers

- Email circulating Health Briefing
- Notes from project team meetings
- Email correspondence regarding relocation of Carnarvon Medical Centre
- Email circulating Healthwatch Southend Annual Report
- Email correspondence to Health Trusts regarding Quality Account submission

10. Appendices

Appendix 1 – Terms of Reference of Joint Scrutiny Committee

Appendix 2 – in depth scrutiny project – draft report

Appendix 3 – CCG notification regarding Carnarvon Medical Centre

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**ESSEX, SOUTHEND AND THURROCK JOINT HEALTH SCRUTINY
COMMITTEE ON THE SUSTAINABILITY AND TRANSFORMATION
PARTNERSHIP / SUCCESS REGIME FOR MID AND SOUTH ESSEX**

TERMS OF REFERENCE

1.	Legislative basis
1.1	The National Health Service Act 2006, as amended by the Health and Social Care Act 2012 and the Localism Act 2011 sets out the regulation-making powers of the Secretary of State in relation to health scrutiny. The relevant regulations are the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 which came into force on 1st April 2013.
1.2	Regulation 30 (1) states two or more local authorities may appoint a joint scrutiny committee and arrange for relevant health scrutiny functions in relation to any or all of those authorities to be exercisable by the joint committee, subject to such terms and conditions as the authorities may consider appropriate.
1.3	Where an NHS body consults more than one local authority on a proposal for a substantial development of the health service or a substantial variation in the provision of such a service, those authorities are required to appoint a joint committee for the purposes of the consultation. Only that Joint Committee may: <ul style="list-style-type: none"> • make comments on the proposal to the NHS body; • require the provision of information about the proposal; • require an officer of the NHS body to attend before it to answer questions in connection with the proposal.
1.4	This Joint Committee has been established on a task and finish basis, by Essex Health Overview Policy and Scrutiny Committee (County Council), Southend-on-Sea People Scrutiny Committee (Unitary Council) and Thurrock Health & Wellbeing Overview and Scrutiny Committee (Unitary Council).
2.	Purpose
2.1	The purpose of the Joint Committee is to scrutinise the implementation of the Mid and South Essex Sustainability and Transformation Partnership (STP) and Success Regime (SR) and how any service changes and proposals arising from them meet the needs of the local populations in Essex, Southend and Thurrock, focussing on those matters which may impact upon services provided to patients in those areas.
2.2	The Joint Committee will also act as the mandatory Joint Committee in the event that an NHS body is required to consult on a substantial variation or development in service affecting patients in the 3 local authority areas as a result of the implementation of the STP and SR.
2.3	In receiving formal consultation on a substantial variation or development in

	<p>service, the Joint Committee will consider:-</p> <ul style="list-style-type: none"> • the extent to which the proposals are in the interests of the health service in Essex, Southend and Thurrock; • the impact of the proposals on patient and carer experience and outcomes and on their health and well-being; • the quality of the clinical evidence underlying the proposals; • the extent to which the proposals are financially sustainable. <p>and will make a response to relevant NHS body and other appropriate agencies on the proposals, taking into account the date by which the proposal is to be ratified.</p>
2.4	The Joint Committee will consider and comment on the extent to which patients, the public and other key stakeholders have been involved in the development of the proposals and the extent to which their views have been taken into account as well as the adequacy of public and stakeholder engagement in any formal consultation process.
2.5	Notwithstanding any of the above, the relevant parent bodies may still exercise an overview role in relation to STP's, engaging in governance issues / strategic oversight and coordination across the STP footprints.
2.6	It is anticipated that the Joint Committee will continue its deliberations and hold meetings during the consultation and implementation of STP plans. The Joint Committee will review its remit after three years and also at any time at the request of any of the participating authorities.
3.	Membership/chairing
3.1	The Joint Committee will consist of four members representing Essex, four members representing Southend and four members representing Thurrock, as nominated by the respective health scrutiny committees.
3.2	Each authority may nominate up to two substitute members.
3.3	The proportionality requirement will not apply to the Joint Committee, provided that each authority participating in the Joint Committee agrees to waive that requirement, in accordance with legal requirements and their own constitutional arrangements.
3.4	Individual authorities will decide whether or not to apply political proportionality to their own member nominations.
3.5	The Joint Committee members will elect a Chairman and two Vice-Chairmen at its first meeting, one from each authority, so that each authority is represented in this role.
3.6	The Joint Committee will be asked to agree its Terms of Reference at its first meeting.
3.7	Each member of the Joint Committee will have one vote.

<p>4.</p> <p>4.1</p> <p>4.2</p>	<p>Co-option</p> <p>By a simple majority vote, the Joint Committee may at any time agree to co-opt representatives of organisations with an interest or expertise in the issue being scrutinised as non-voting members, but with all other member rights. This may be for a specific subject area or specified duration.</p> <p>Any organisation with a co-opted member will be entitled to nominate a substitute member.</p>
<p>5.</p> <p>5.1</p> <p>5.2</p> <p>5.3</p> <p>5.4</p> <p>5.5</p> <p>5.6</p>	<p>Supporting the Joint Committee</p> <p>The lead authority will be decided by negotiation with the participating authorities. The lead authority may be changed at any time with the consent of Essex, Southend and Thurrock.</p> <p>The lead authority will act as secretary to the Joint Committee. This will include:</p> <ul style="list-style-type: none"> • appointing a lead officer to advise and liaise with the Chairman and Joint Committee members, arrange meeting venues, ensure attendance of witnesses, liaise with the consulting NHS body and other agencies, and produce correspondence and scrutiny reports for submission to the health bodies concerned; • providing administrative support; • organising and minuting meetings. <p>The lead authority's Constitution will apply in any relevant matter not covered in these terms of reference.</p> <p>The lead authority will bear the staffing costs of arranging, supporting and hosting the meetings of the Joint Committee. Other costs will be apportioned between the authorities. If the Joint Committee agrees any action which involves significant additional costs, such as obtaining expert advice or legal action, the expenditure will be apportioned between participating authorities. Such expenditure, and the apportionment thereof, would be agreed with the participating authorities before it was incurred.</p> <p>The non-lead authorities will appoint a link officer to liaise with the lead officer, support liaison back to their respective HOSC and provide support to the members of the Joint Committee.</p> <p>Meetings shall be held at venues, dates and times agreed between the participating authorities.</p>
<p>6.</p> <p>6.1</p>	<p>Powers</p> <p>In carrying out its function the Joint Committee may:</p> <ul style="list-style-type: none"> • require officers of appropriate local NHS bodies to attend and answer questions; • require appropriate local NHS bodies to provide information about the proposals and to facilitate any site visits requested by the Joint Committee;

	<ul style="list-style-type: none"> • obtain and consider information and evidence from other sources, such as local Healthwatch organisations, patient groups, members of the public, expert advisers, local authority employees and other agencies. This could include, for example, inviting witnesses to attend a Joint Committee meeting; inviting written evidence; site visits; delegating committee members to attend meetings, or meet with interested parties and report back. • make a report and recommendations to the appropriate NHS bodies and other bodies that it determines, including the local authorities which have appointed the joint committee. • consider the NHS bodies' response to its recommendations; <p>6.2 In the event the Joint Committee is formally consulted upon a substantial variation or development in service as a result of the implementation of the STP, and considers:-</p> <ul style="list-style-type: none"> ➤ it is not satisfied that consultation with the Joint Committee has been adequate in relation to content, method or time allowed; ➤ it is not satisfied that consultation with public, patients and stakeholders has been adequate in relation to content, method or time allowed; ➤ that the proposal would not be in the interests of the health service in its area <p>the Joint Committee will consider the need for further negotiation and discussions with the NHS bodies and any appropriate arbitration.</p> <p>6.3 If the Joint Committee then remains dissatisfied on the above three points it may make comments to Essex, Southend and Thurrock Councils. Each Council will then consider individually whether or not they wish to refer this matter to the Secretary of State or take any further action.</p> <p>6.4 The power of referral to the Secretary of State is a matter which will not be delegated to the Joint Committee.</p> <p>6.5 Each participating local authority will advise the other participating authorities if it is their intention to refer and the date by which it is proposed to do so.</p>
<p>7.</p> <p>7.1</p> <p>7.2</p> <p>7.3</p> <p>7.4</p> <p>7.5</p>	<p>Public involvement</p> <p>The Joint Committee will usually meet in public, and the agenda will be available at least five working days in advance of meetings</p> <p>The participating authorities will arrange for papers relating to the work of the Joint Committee to be published on their websites, or make links to the agenda and reports published on the lead authority's website as appropriate.</p> <p>A press release may be circulated to local media at the start of the process and at other times during the scrutiny process at the discretion and direction of the Chairman and the two Vice Chairmen.</p> <p>Patient and voluntary organisations and individuals will be positively encouraged to submit evidence and to attend.</p> <p>Members of the public attending meetings and who wish to make a statement at the meeting must notify the clerk by close of business on the working day prior to</p>

	<p>the meeting. Each person will be limited to speaking for a maximum of three minutes. If the person speaking is speaking on behalf of a group / body, a spokesperson must be appointed. The period for statements from members of the public at the meeting will be at the Chairman's discretion and normally will not exceed 15 minutes in total. No response will be provided at the meeting.</p>
8.	Press strategy
8.1	The lead authority will be responsible for issuing press releases on behalf of the Joint Committee and dealing with press enquiries, unless agree otherwise by the Committee.
8.2	Press releases made on behalf of the Joint Committee will be agreed by the Chairman and Vice-Chairmen of the Joint Committee.
8.3	Press releases will be circulated to the link officers.
8.4	These arrangements do not preclude participating local authorities from issuing individual statements to the media provided that it is made clear that these are not made on behalf of the Joint Committee.
9.	Report and recommendations
9.1	The lead authority will prepare a draft report on the deliberations of the Joint Committee, including comments and recommendations agreed by the Committee. Such report(s) will include whether recommendations are based on a majority decision of the Committee or are unanimous. Draft report(s) will be submitted to the representatives of participating authorities for comment.
9.2	Final versions of report(s) will be agreed by the Joint Committee Chairman and two Vice Chairmen.
9.3.	In reaching its conclusions and recommendations, the Joint Committee should aim to achieve consensus. If consensus cannot be achieved, minority reports may be attached as an appendix to the main report. The minority report/s shall be drafted by the appropriate member(s) or authority (ies) concerned.
9.4	Report(s) will include an explanation of the matter reviewed or scrutinised, a summary of the evidence considered, a list of the participants involved in the review or scrutiny; and an explanation of any recommendations on the matter reviewed or scrutinised.
9.5	In addition, in the event the Joint Committee is formally consulted on a substantial variation or development in service, if the Joint Committee makes recommendations to the NHS body and the NHS body disagrees with these recommendations, such steps will be taken as are "reasonably practicable" to try to reach agreement in relation to the subject of the recommendation.
9.6	The Joint Committee itself does not have the power to refer the matter to the Secretary of State.

10.	Quorum for meetings
10.1	The quorum will be a minimum of three members, with at least one from each of the participating authorities. This will should include either the Chairman or one of the Vice Chairmen. Best endeavours will be made in arranging meeting dates to maximise the numbers able to attend from the participating authorities.

Connecting communities to avoid isolation Scrutiny Review

1. Background

At the meeting on the 11th July 2017, the People Scrutiny 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). The membership of the project team was Councillor Cheryl Nevin (Chairman), Councillors Helen Boyd, Steve Buckley, Mo Butler, David Garston, Chris Walker, Margaret Borton, Caroline Endersby and Lawrence Davies.

The project plan was agreed by the project team in October 2017 and endorsed at the People Scrutiny Committee on 10th October 2017 (Minute 374 refers). Updates were taken to the Committee meetings on 28th November 2017 (Minute 518 refers) and 30th January 2018 (Minute 696 refers).

The project team held 5 meetings in total, including a facilitated workshop session on 22nd November and an evidence gathering session on the afternoon of 12th January 2018.

2. Background / Context

According to an Age UK study¹, loneliness and isolation, or social isolation, are often discussed together and even used interchangeably. While they are related, they are distinct concepts.

It has been established that loneliness can be understood as an individual’s personal, subjective sense of lacking desired affection, closeness, and social interaction with others. Although loneliness has a social aspect, it is also defined by an individual’s subjective emotional state. Loneliness is more dependent on the quality than the number of relationships.

Age UK explain that social isolation refers to a lack of contact with family or friends, community involvement, or access to services. It is possible to be lonely but not to be socially isolated - research shows that it is also quite possible to be socially isolated but not lonely. Some people who live on their own or in remote places may not feel or report loneliness.

Loneliness causes feelings of disconnectedness from others, and not belonging, but it is not just an unpleasant experience, persistent loneliness can have profound impacts on physical and mental health, and quality of life. For example, loneliness can be as harmful for our health as smoking 15 cigarettes.

¹ https://www.ageuk.org.uk/documents/en-gb/for-professionals/research/age_uk_evidence_review_on_loneliness_june_2015.pdf?dtrk=true
accessed on 11th June 2018

Age UK highlight that studies have also found that loneliness leads to poor lifestyle behaviours; for example, alcohol has been shown to be used by people in order to alleviate a sense of a meaningless life, depression, anxiety and loneliness. Studies have also found a link with drug abuse and bulimia and loneliness. But loneliness does not just directly affect health and well-being; it can also become a vicious circle: research has shown that lonely people are more likely to view social encounters with more cynicism and mistrust, rate others and themselves more negatively, and expect others to reject them. In addition, lonely people tend to adopt behaviours that increase their likelihood of rejection.

3. The review

The scrutiny review explored issues around connecting communities and isolation focussing on the enabling role of the Council, partners and also the role of elected members.

The agreed project plan stated:

The central aim is to reduce social exclusion and avoid isolation to increase individuals, families and carer's wellbeing in 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.

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.

The project team held an evidence session in October 2017 and heard about the community engagement work being done locally (for example the intergenerational work at Earls Hall School) and also about the development of an interactive map, which identifies relational opportunities in the community. The project team also heard about work being done by Leeds City Council, who set up "Neighbourhood Network Schemes" over 20 years ago and the positive outcomes from that.

The project team held a workshop session in November 2017 and explored applying an asset based approach in Southend (looking at for example the west central area and east central area localities) and then spent time preparing for the evidence session in January 2018. The project team had previously indicated they would like to speak to a number of people / organisations as part of the review, as set out in the project plan. In the light of discussions at the workshop, the project team agreed the key organisations / people they would like to invite to the session.

The following attended the session on 12th January 2018:

- Traci Dixon and Stuart Long, South Essex Homes

- Alison Semmence, SAVS
- Matt King, Trust Links
- Reverend Hannah Bucke
- Councillor Lesley Salter, Chair Southend Health & Wellbeing Board
- Maurice Sweeting, Chair Education Board
- Gert Sheepers, University of Essex
- Karen Bayliss and Verbena Barker-Newyear, EPUT

The session was run in a world café style and facilitated by officers from the Service Transformation Team within the Department for People at the Council.

The key messages from the session were reported to Scrutiny Members at the People Scrutiny Committee meeting in January 2018 and are attached as an **Annex**.

At the Scrutiny Committee meeting in April 2018 the Committee agreed that the final report would be considered at the first meeting in the 2018/19 Municipal Year.

4. Our Conclusions and Recommendations

- 4.1 That following on from the workshop in January, the Service Transformation Team continue to work with members to establish how some of the key messages can be explored further. This will be aligned closely to the Southend 2050 work and, in particular, the Locality Approach.
- 4.2 To promote the offer of skills training to give residents confidence to write bids, to access grants and funding, to build trust between residents and the Council, enabling small groups to become more sustainable. Service Transformation are developing a template/checklist in this respect. An example of a successful small bid will be made available on the website in the near future.
- 4.3 To undertake a review of the Councils event policies with a view to removing unnecessary obstacles for small events to happen led by community groups.
- 4.4 Create an environment where local groups can link up with each other with the assistance of community catalyts/mentors/champions.
- 4.5 Continue to promote a strength based approach via our community hubs through a variety of means, including the website, in support of the Locality Approach.

In depth scrutiny project – ‘Connecting communities to avoid isolation’
Witness Session 2 & project team meeting
Friday 12th January 2018 - 14.00 – 16.30
Committee Room 5, Civic Suite, Southend-on-Sea

In attendance:-

Project Team

Cllr Cheryl Nevin (Chairman), Cllr Helen Boyd, Cllr Steve Buckley, Cllr Caroline Endersby Cllr David Garston and Cllr Chris Walker

Officer support

Rob Walters, Fiona Abbott and Tobias Hartley

Facilitators

Sarah Baker, Nick Constantine, Maxine Nutkins, Kamil Pachalko, Mark Carrigher and Catherine Benford

Invited guests

Traci Dixon and Stuart Long (South Essex Homes), Alison Semmence (SAVS), Matt King (Trust Links), Reverend Hannah Bucke, Councillor Lesley Salter (Chair Southend Health & Wellbeing Board), Maurice Sweeting (Chair Education Board), Gert Sheepers (University of Essex), Karen Bayliss (EPUT) and Verbena Barker-Newyear (EPUT)

Apologies were received from Cllr Margaret Borton, Cllr Mo Butler and Cllr Lawrence Davies, Sharon Houlden and Mousumi Basu (EPUT)

Notes from feedback discussion

The questions which were explored at the session were:-

1. *How can we build sustainability (and also flexibility)*
2. *How can we put information out and draw people in and have conversations about their lives ('give and get')*
3. *What might be the obstacles involved and how can they be avoided?*
4. *How can we identify and use those willing to be active, connecting to others (community leaders)?*
5. *How you see as the Council role – within existing assets and personal role (using our networks)*

The following key points were highlighted:-

How can we build sustainability (and also flexibility)

- Communities have changed – our role – adapt to it
- Co-production – different narrative needed
- Move from deficit to asset / strengths approach
- Be bold and honest about prevention

- Physical / subtle barriers too – some people need skills / confidence to go to groups etc.
- community infrastructure needs to be sustainably funded to enable the community to build and sustain capacity making its assets available
- Start early! E.g. Kindness Club
- Ensure that we do things with people, not just for people

How can we put information out and draw people in and have conversations about their lives ('give and get')

- Community Champions – Use people already in the public eye, such as postmen, hairdressers and car mechanics that may be able to help in a less intrusive way
- Reach out – use underutilised spaces / methods
- Hear stories and learn from 3rd sector
- Use a range of mediums to reach everyone that may be suffering. Use the typical mediums such as posters, leaflets and events but also try add things such as radio advertisements
- Use video diaries to show people's stories and their journey to loneliness. This can help show people it is not an isolated incident but is a wide-range issue
- Utilise the student community in Southend

What might be the obstacles involved and how can they be avoided?

- Obstacle of bureaucracy sometimes e.g. DBS checks
- Accessing grants / funding can be complicated process and could be simplified and introduce levels of access such as a more simply application process for smaller amounts of money
- Can't do things to people – need to be co-produced
- Embed community ethos when young (start young!)
- People might not enjoy the typical events such as coffee mornings – Include a diverse range of activities that everyone can be part of – be creative
- Some isolated people might lack confidence or suffer from anxiety. Cater for this accordingly and maybe run events that do not necessarily involve lots of other people – need to meet people 'where they are'
- Stigma of isolation/loneliness an issue
- Gender tailoring needed?
- Some isolated people might not have means of transport – Run a transport system to help people get to certain events or places
- Isolation is usually stereotyped to older people – Include younger adults and even children in all campaigning and show that this stereotype is not true

How can we identify and use those willing to be active, connecting to others (community leaders)?

- Have strong asset base already – issue is how they are mobilised
- Use community champions and utilise the infrastructure that is already in place e.g. GPs, milkman, school teachers etc.
- Listen to needs of each community / locality – ask what they want to focus on
- 'bottom up' approach
- Can technology make us more isolated?

How you see as the Council role – within existing assets and personal role (using our networks)

- Council is facilitator and enabler. – need light touch, partner approach instead
- It's around building trust – both ways - don't come with an agenda
- Can use its wide reaching media team and influence to spread the word
- The council could start a PR campaign to build this trust. This should be approachable, easy and simple. Encourage connectivity

5th June 2018

southend.ccg@nhs.net
www.southendccg.nhs.uk

Dear colleague

Important information: Relocation of Carnarvon Medical Centre

We are writing to advise you that Carnarvon Medical Centre, in Carnarvon Road, will be relocating to new premises within the North Road Primary Care Centre, North Road, on 9 July 2018.

This exciting opportunity to relocate to purpose-built and more modern premises will enable us to provide a better environment for our patients and a better working environment for GPs, nurses and practice staff.

Patients will be seen from the new premises, located on the first floor of the North Road Primary Care Centre, 183-195 North Road, Westcliff-on-Sea, from 9 July 2018. This is just a short distance from the current Carnarvon Road premises (approximately a ten minute walk – see map below).



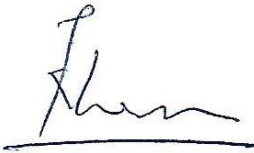
Letters have been sent to all registered patients to notify them about the relocation of the Medical Centre and to provide reassurance that this will not affect delivery of their current GP service; they will remain a registered patient of Carnarvon Medical Centre, following the relocation to North Road.

Opening hours, telephone numbers and surgery times will remain unchanged.

We will continue to engage with our Patient Participation Group to ensure they are kept updated regarding progress. We will also ensure patients are kept informed via updates posted on the Medical Centre website at www.carnarvon-medical-centre.co.uk and by making paper updates available in the Medical Centre.

If you have any questions, please contact Carnarvon Medical Centre on (01702) 466340.

Yours sincerely



Dr Fahim Khan
Senior GP
Carnarvon Road Surgery



Kevin McKenny
Director of Integration and
Transformation

Southend-on-Sea Borough Council

Agenda
Item No.

14

Report of Chief Executive
to

Place, People and Policy & Resources Scrutiny
Committees

On 9th, 10th and 12th July 2018

Report prepared by: Fiona Abbott

In depth Scrutiny projects and summary of work A Part 1 Agenda Item

1. Purpose of Report

- 1.1 For each Scrutiny Committee to agree the in depth scrutiny project to be undertaken in the 2018 / 19 Municipal Year.
- 1.2 The report also attaches some information about the work carried out by each of the Scrutiny Committees in the 2017 / 18 Municipal Year.

2. Recommendations

- 2.1 That the Scrutiny Committees select the topic it wishes to undertake for in-depth study in 2018/19.
- 2.2 To note the information attached at **Appendix 3**, the summary of work of the 3 Scrutiny Committees during 2017 / 2018.

3. In depth scrutiny projects

- 3.1 Involvement with in-depth studies enables Members to 'get their teeth into' a particular topic and also to influence and shape proposals before they are implemented.
- 3.2 Each of the studies are led by a Member project team / programme working party and the appointments were agreed at Council on 17th May 2018 (refer to **Appendix 1**).
- 3.3 Members should always aim to select a topic which can identify real service improvements and results in benefits / outcomes. A list of previous topics undertaken for in depth study since 2010 is attached at **Appendix 2**.
- 3.4 Sometimes there have one in-depth study conducted by two Scrutiny Committees. The last time this happened was 2016/17 when there was a joint study by the Policy & Resources and Place Scrutiny Committees 'To investigate the case for additional enforcement resources for Southend'.
- 3.5 The **Southend 2050 programme** aims to develop a shared vision of the place that Southend could become - capturing how it could feel to live, work or visit here in the future. A programme of work was developed to engage the Borough's stakeholders, in a way that leaves a legacy of systematic on-going engagement.

Resetting the vision for the Borough and Council and bringing together all transformation activity, including channel shift, will help redefine the Council's relationship with residents, customers and other stakeholders.

- 3.6 It would be therefore advantageous for each in-depth study in 2018/19 to be linked to the development of the Southend 2050 vision.
- 3.7 Given the given the high profile of the town centre and its importance in terms of the sense of prosperity and well-being it gives to the Borough, it is suggested that the Place Scrutiny and Policy & Resources Scrutiny Committees undertake a joint study into various aspects of the Town Centre, in the context of the vision for Southend 2050. This study would cover retail in a changing world, housing, community safety, acquisition of properties etc. (*shaping here, living here*).

With regard to the process for carrying out the joint study it is recommended that:

(a) a joint member project team is established consisting of 8 members drawn from both Scrutiny Committees and chaired by the Chairman of the Place Scrutiny Committee; and

(b) the membership of the project team is agreed by Council at its meeting on 19th July 2018.

- 3.8 The People Scrutiny Committee could usefully undertake a study into childhood and young people (including students) in the context of the vision for Southend 2050 (*thriving here*)
- 3.9 When the topics have been selected and the project teams have begun the review, they might also like to invite some external people to join their project team (rather than just being witnesses).
- 3.10 It should be noted that the People Scrutiny Committee has already agreed to conclude the project on 'connecting communities to avoid isolation' and the Place Scrutiny Committee needs to conclude its project on 'Maximizing the use of technology'.
- 3.11 Work undertaken by each of the Scrutiny Committees in the 2017/18 (attached at **Appendix 3**) is a summary of the work undertaken by each of the Scrutiny Committees in the 17/18 Municipal Year.

4. Corporate Implications

- 4.1 Contribution to Council's Vision and Critical Priorities – Becoming an excellent and high performing organisation.
- 4.2 Financial Implications – there are costs associated with organising in depth projects relating to officer time but this will all be contained within existing resources.
- 4.3 Legal Implications – none.
- 4.4 People Implications – none.
- 4.5 Property Implications – none.
- 4.6 Consultation – as described in report.
- 4.7 Equality Analysis – none.
- 4.8 Risk Assessment – none.

5. Background Papers

None

6. Appendices

Appendix 1 – membership of project teams / programme working parties

Appendix 2 – list of previous in depth topics since 2010

Appendix 3 – summary of work of the 3 Scrutiny Committees 2017 / 2018

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Membership of project teams (Programme Working Parties)

PEOPLE SCRUTINY PROGRAMME WORKING PARTY

Party	Members	Total 8	Substitutes
CON	Steve Buckley Alan Dear Denis Garne Judith McMahon Chris Walker	5	All
LAB	Cheryl Nevin (Chair) Margaret Borton	2	All
IND	Mike Stafford	1	All

PLACE SCRUTINY PROGRAMME WORKING PARTY

Party	Members	Total 8	Substitutes
CON	Alex Bright Kevin Buck Trevor Byford Jonathan Garston David McGlone	5	All
LAB	Kevin Robinson (Chair) Charles Willis	2	All
IND	Anne Chalk	1	All

POLICY & RESOURCES SCRUTINY PROGRAMME WORKING PARTY

Party	Members	Total 8	Substitutes
CON	Bernard Arscott Fay Evans David Garston Roger Hadley Dan Nelson	5	All
LAB	Ian Gilbert Helen McDonald	2	All
IND	Brian Ayling (Chair)	1	All

In depth Scrutiny projects since 2010

Since 2000, the Council has undertaken a number of in depth scrutiny projects and since 2010 has looked at the following areas:

- Maximizing the use of technology – 2017/18 (Place Scrutiny Committee)
- Connecting Communities to avoid isolation – 2017/18 (People Scrutiny Committee – to be concluded in 2018/19)
- Additional enforcement resources for Southend – 2017/18 (Policy & Resources Scrutiny Committee)
- Alternative provision – off site education provision for children & young people – 2016/17 (People Scrutiny Committee)
- To investigate the case for additional enforcement resources for Southend – 2016/17 (Joint Place / Policy & Resources Scrutiny)
- 20mph speed limits in residential streets – 2015/16 (Place Scrutiny Committee)
- Transition arrangements from children's to adult life – 2015/16 (People Scrutiny Committee)
- Control of personal debt and the advantages of employment – 2015/16 (Policy & Resources Scrutiny Committee)
- How the Council assists and excites individuals and community groups to achieve healthier lifestyles – 2014/15 (People Scrutiny Committee)
- The Council's Community Leadership role in promoting safer communities – 2014/15 (Policy & Resources Scrutiny Committee)
- Understanding erosion taking place on the Foreshore – 2014/15 (Place Scrutiny Committee)
- Southend primary schools' falling grammar school entry figures - 2013/14 (People Scrutiny Committee)
- Impact of welfare changes - 2013/14 (Policy & Resources Scrutiny Committee)
- Promoting a positive image for the town - 2013/14 (Place Scrutiny Committee)
- Housing – how we plan to meet the growing demand for social rented housing in the current poor national economic climate – 2012 /13 (Economic & Environmental Scrutiny Committee)
- To identify improvements so that looked after children are given the best chances in life and that they do not become NEET statistics (not in education, employment or training – 2012 / 13 (Children & Lifelong Learning Scrutiny Committee)
- Developing strong partnership links to encourage investment in the town and the supply of employment opportunity – 2012 / 13 (Economic & Environmental Scrutiny Committee)
- Child poverty – 2011/12 (Children & Lifelong Learning Scrutiny Committee)
- Volunteering in Cultural Services – 2011/12 (Community Services & Culture Scrutiny Committee)
- Youth anti social behaviour – perception & reality – 2011/12 (Economic & Environmental Scrutiny Committee)
- Young Carers – 2010/11 (Children & Lifelong Learning Scrutiny Committee)

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PLACE SCRUTINY COMMITTEE

Work programme 2017/2018 - evaluation

During the 2017/18 Municipal Year, the **Place Scrutiny Committee** held **6** meetings and met on the following dates – 10th July 2017, 9th October 2017, 27th November 2017, 29th January 2018, 14th February 2018 (special meeting) and 9th April 2018.

During the year, Members undertook the following scrutiny work:-

Call-ins/ references from Cabinet and Cabinet Committee – the Scrutiny Committee considered **27 call-in items** from Cabinet and **1 call-in item** from Cabinet Committee. No items were called in from the Forward Plan. **3 budget items** and **1 other item (SCAAP)** from January Cabinet meeting were **referred direct** to the Scrutiny Committee and considered at the meeting in January 2017. **2 items** from special Cabinet meeting held on 13th February 2018 were **referred direct** to the scrutiny meeting on 14th February 2018.

The following items were **referred up** by the Scrutiny Committee to Council for decision:

- In-depth Scrutiny Final Report – To investigate the case for additional; enforcement resources for Southend – 10th July 2017 (Minute 144 refers)
- Better Queensway – 14th February 2018 (Minute 749 refers)

Pre Cabinet items – the following item was considered by way of pre Cabinet Scrutiny in 2017/2018:

- Museums Disposal Policy – 10th July 2017

Scheduled items - each meeting as appropriate:

- Monthly Performance report – exceptions reports also considered.
- Minutes of the meeting of the Chairmen's Scrutiny Forum held on Tuesday 20th June 2017 - reported to July 2017 meeting (Minute 169 refers).
- Minutes of the meeting of the Chairmen's Scrutiny Forum held on Monday 20th November 2017 – reported to November 2017 meeting (Minute 501 refers).
- **22** Questions from members of the public, responded to by the relevant Executive Councillors.

In-depth scrutiny project: *In-depth Scrutiny study: Maximising the use of technology through the Smart Cities and Digital Futures agendas.* Topic agreed at meeting on 10th July 2017 (Minute 151 refers). Project plan agreed by project team and then the full Committee on 9th October 2017 (Minute 361 refers). Updates to meeting on 27th November 2017 (Minute 502 refers), 29th January 2018 (Minute 680 refers) and 9th April 2018 (Minute 890 refers)

Presentations & other matters considered:

- ◆ In-depth Scrutiny Final Report – To investigate the case for additional; enforcement resources for Southend – 10th July 2017 (Minute 144 refers)

Member briefing sessions

At the Chairmen's Scrutiny Forum meeting in January 2014, Members discussed the format of member briefing sessions / presentation. The Forum resolved that copies of any handouts / presentation slides from Member briefings / presentations should be placed centrally on the Council's intranet so they can be easily accessible to all Members. There is now a dedicated page on the intranet see [here](#)

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PEOPLE SCRUTINY COMMITTEE

Work programme 2017/2018- evaluation

During the 2017/18 Municipal Year, the **People Scrutiny Committee** held **7** meetings and met on the following dates – 11th July 2017, 18th September 2017 (special), 10th October 2017, 18th October 2017 (special), 28th November 2017, 30th January 2018 and 10th April 2018.

During the year, Members undertook the following scrutiny work:-

Call-ins/ references from Cabinet – the Scrutiny Committee considered **17 call-in items** from Cabinet. No items were called in from the Forward Plan. **3 budget items** were **referred direct** to the Scrutiny Committee and considered at the meeting on 30th January 2018. **3 items** were **referred direct** from special Cabinet on 29th January to Cttee meeting on 30th January.

The following item was referred to Council by the Scrutiny Committee to reconsider:

- Mid and South Essex STP – 30th January 2018 (Minute 691 refers).

Pre Cabinet items – the Scrutiny Committee considered **2** pre Cabinet items:

- 11th July 2017 – (a) Parental Contributions for Children’s Services (Minute 166 refers)
- 10th October 2017 – (a) Local Account ASC (Minute 372 refers)

Scheduled items - each meeting as appropriate:

- Monthly Performance report – exceptions reports also considered.
- Schools Progress report.
- Minutes of the meeting of the Chairmen’s Scrutiny Forum held on Tuesday 20th June 2017 - reported to July 2017 meeting (Minute 169 refers).
- Minutes of the meeting of the Chairmen’s Scrutiny Forum held on Monday 20th November 2017 – reported to November 2017 meeting (Minute 519 refers).
- **14** Questions from members of the public, responded to by the relevant Executive Councillors.

In-depth scrutiny project – ‘Connecting communities to avoid isolation’

Topic agreed at meeting on 11th July 2017 (Minute 170 refers). Project plan agreed at meeting on 10th October 2017 (Minute 374 refers). Updates to meeting on 28th November 2017 (Minute 518 refers) and 30th January 2018 (Minute 696 refers). The Final report to be considered at the first meeting in 2018/19.

Agenda items considered:

- 11th July 2017 – (a) presentation on Success Regime; (b) update on Ofsted Inspection outcome; (c) work programme evaluation 2016/17.
- 18th September 2017 (special) – (a) public consultation on IVF; (b) update on STP.
- 18th October 2017 (special) – (a) update on STP / agreement to form Joint Scrutiny Committee; (b) update from EEAST on Ambulance Response Programme and also the Independent Service Review.

Mid and South Essex Sustainability & Transformation Partnership (STP) - Joint Committee with Essex and Thurrock:-

- Informal meetings held 18th December 2017, 22nd January 2018 and 8th March 2018
- Formal meeting held 20th February 2018
- Formal meeting held on 13th March 2018

Chairman's Update Report:

- 11th July 2017 – (a) information on remit of the Cttee; (b) draft Quality Accounts submissions to SEPT (EPUT) and Hospital Trust; (c) Ambulance Trust & proposed visit; (d) update on Joint Committee re urological cancer surgery; (e) update on work of Children's Services Improvement Plan Scrutiny Panel; (f) information on proposed consultation re IVF.
- 10th October 2017 – (a) information on changes to Ambulance standards; (b) in depth scrutiny project – connecting communities - agreement to project plan; (c) update on IVF consultation; (d) update on Urology Joint Cttee; (e) update on St Luke's and Shoebury primary care developments; (f) EPUT – new clinical models (EPUT to be invited to give briefing); (g) advising about special meeting on 18th October 2017.
- 28th November 2017 – (a) update on IVF consultation; (b) update on STP and consultation launch on 30th November 2017; (c) update on St Luke's Primary Care development; (d) update from Alternative Provision scrutiny review.
- 10th April 2018 – (a) Quality Account process; (b) GP practice changes – West Rd surgery and closure of Lydia House surgery; (c) Joint Scrutiny Committee, endorse terms of reference and response to consultation; (d) information about the Independent Reconfiguration Panel; (e) update on work of the Children's Services Improvement Plan Scrutiny Panel.

Member presentations

- Briefing on admission arrangements review west of Southend catchments – 1st August 2017
- New clinical models - EPUT – 7th February 2018

Items for 2017/18

- Continue with Joint Scrutiny Committee looking at STP
- Consider Primary Care Strategy for south east Essex – 10th July 2018
- Primary care / GP provision in Borough
- Children's Services Improvement Plan Scrutiny Panel

POLICY & RESOURCES SCRUTINY COMMITTEE

Work programme 2017/2018 - evaluation

During the 2017/18 Municipal Year, the **Policy & Resources Scrutiny Committee** held **5** meetings and met on the following dates – 13th July 2017, 12th October 2017, 30th November 2017, 31st January 2018 and 12th April 2018.

During the year, Members undertook the following scrutiny work:-

Call-ins/ references from Cabinet – the Scrutiny Committee considered **25 call-in items** from Cabinet. No items were called in from the Forward Plan. **5 budget items** were **referred direct** to the Scrutiny Committee and considered at the meeting on 31st January 2018. **2 items** were **referred direct** from special Cabinet on 29th January to Cttee meeting on 31st January.

The following item was referred back to Cabinet by the Scrutiny Committee to reconsider:

- Transport Review (Policy) – 30th November 2017 (Minute 531 refers).

Pre Cabinet items:- None

Scheduled items - each meeting as appropriate:-

- Monthly Performance report – exceptions reports also considered when appropriate.
- Minutes of the meeting of the Chairmen’s Scrutiny Forum held on Tuesday 20th June 2017 - reported to July 2017 meeting (Minute 186 refers).
- Minutes of the meeting of the Chairmen’s Scrutiny Forum held on Monday 20th November 2017 – reported to November 2017 meeting (Minute 536 refers).
- **14** Questions from members of the public, responded to by the relevant Executive Councillors.

In-depth scrutiny project: - to continue with 2016/17 project on enforcement resources for Southend (with particular focus on enforcement, costs, Council Tax incentives) - agreed at meeting on 13th July 2017 (Minute 187 refers). Updates given at meeting on 12th October 2017 (Minute 384 refers); 30th November 2017 (Minute 535 refers). Report agreed at meeting on 12th April 2018 (Minute 908 refers).

Presentations & other matters considered:

- Work programme evaluation 2016/17 – 13th July 2017 (Minute 187 refers).
- quarterly Police briefing – 12th September 2017 – on domestic violence, MARAT, ASB
- quarterly Police briefing – 4th January 2018 – on gangs
- Reports from Council nominee(s) from specific outside bodies – Essex Police & Crime Panel; Essex Fire Authority; Kent & Essex Inshore Fisheries & Conservation Authority; Southend University Hospital NHS Foundation Trust – 12th October 2017 (Minute 383 refers)
- Reports from Council nominee(s) from specific outside bodies – Southend Hospital; Essex Police, Fire & Crime Panel; Kent & Essex Inshore Fisheries & Conservation Authority - 31st January 2018 (Minute 712 refers).

Items for 2018/19

- Summary Reports
- Further quarterly briefings from Police on issues.
- Pre cabinet item - Compulsory licensing scheme – July 2018 meeting

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SOUTHEND-ON-SEA BOROUGH COUNCIL

Meeting of Chairmen's Scrutiny Forum

Date: Monday, 11th June, 2018
Place: Committee Room 2 - Civic Suite

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Present: Councillors B Ayling, M Borton, C Nevin and K Robinson

In Attendance: F Abbott, J K Williams and T Row

Start/End Time: 6.00 - 7.00 pm

1 Appointment of Chairman for Municipal Year

Resolved:-

That Councillor Robinson be appointed Chairman for the Municipal Year.

2 Apologies for Absence

Apologies for absence were received from Councillor Mulronee.

3 Declarations of Interest

The following interest was made:-

(a) Councillor Nevin – non-pecuniary - 2 children work at MEHT; step sister works at Basildon Hospital; previous association at Southend and MEHT Hospitals; NHS employee in Trust outside area.

4 Role of Forum

The Director of Legal & Democratic Services outlined the role and constitution of the Forum.

5 Minutes of the Meeting held on Monday, 20th November, 2017

Resolved:-

That the Minutes of the Meeting held on Monday, 20th November, 2017 be confirmed as a correct record.

6 Update on in depth projects - 2017/18

The Scrutiny Officer provided a brief overview of the projects undertaken in 2017/18:-

(a) People Scrutiny Committee – ‘Connecting communities to avoid isolation’ - final report will be considered at the meeting on 10th July 2018.

(b) Place Scrutiny Committee will conclude its project on ‘Maximizing the use of technology’ shortly.

(c) Policy & Resources Scrutiny Committee – ‘Additional enforcement resources for Southend’ – agreed at Committee meeting held on 12th April 2018 and will be considered at Cabinet on 19th June 2018.

7 Discussion on potential in depth scrutiny projects for 2018/19 for Place, People and Policy & Resources Scrutiny Committees

The Forum discussed potential in depth projects for 2018/19 for the Scrutiny Committees. Each Committee is due to select the topic at the July meetings.

The Forum felt that the in depth projects could usefully focus on the Southend 2050 work as it is a corporate and key priority for the Council. The town centre in particular was mentioned, in context of the vision for Southend 2050 and a joint project (Place & P&R) was also mentioned as a good idea.

It was agreed that the Scrutiny Chairmen and Vice Chairmen should consider the suggestions further.

8 Update on Future Legislative Changes for Scrutiny

The Forum considered a report by the Chief Executive which advised Members about the House of Commons Communities and Local Government enquiry into the ‘*Effectiveness of Local Authority Overview and Scrutiny Committees*’.

The report outlined the key issues from the enquiry, the Government’s response and the Westminster Hall debate which took place on 17th May 2018. The Government has agreed that it will issue new guidance on scrutiny later in the year.

The Forum felt that the scrutiny system at Southend in the main appears to remain fit for purpose and more or less complies with the Government’s objectives which it will include in the guidance to be published later in the year, for example, Southend already appoints opposition Scrutiny Chairs and Vice Chairs.

Resolved:-

That a further report will be submitted to the Forum when the guidance has been published.

9 Scrutiny training

The Forum noted that a training session for Members had been arranged for 3rd July 2018 @ 18.00.

10 Any Items from Forum Members

Role of public in scrutiny

The Forum discussed how public can be involved in scrutiny so they can have a meaningful input and also the role of the co-opted members on the People Scrutiny Committee. As an example, it was suggested that it would be helpful, at the start of the July Scrutiny Committee meeting, for the new Healthwatch

Southend representative to give a brief overview about Healthwatch Southend / her role in the organisation.

11 Date of next meeting

The next meeting of the Forum will be arranged for late November 2018 (date to be confirmed).

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